

END OF YEAR PERFORMANCE AND IMPACT REPORT 2020/21



April 2020 to March 2021

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Introduction to Healthwatch Trafford

This report has been produced by Healthwatch Trafford (HWT). The Healthwatch network consists of 152 Healthwatch organisations across each of the local authority areas in England. It also has a national body called Healthwatch England based in London. We are all independent organisations who aim to help people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Under the 2012 Health and Care Act, Healthwatch was given the following statutory functions which are commissioned by local authorities:

- The power to enter health and care funded services either announced or unannounced.
- Membership of the local Health and Wellbeing Board
- The requirement to provide guidance and information in response to queries from the public around health and social care services.
- The ability to involve local people in the commissioning of health and care services and offer suggestions as to how services could be improved
- The duty to advise Healthwatch England/the Care Quality Commission how services could be improved or if there is a need for a special review or investigation.

Everything we say and do is informed by our connections to local people and our expertise is grounded in their experience. We are the only body looking solely at people's experience across all health and social care in Trafford. As a statutory watchdog, our role is to ensure that local decision makers put the experiences of people at the heart of their care so that those who buy (commissioners) and provide our services (NHS Trusts, GPs, the voluntary sector, and independent providers) can benefit from what Trafford people tell us. An important part of our role is working in partnership with other Trafford organisations through participations at Boards and Committees and Part 6 (page 18) provides more detail of our involvement.

We also produce quality, expert checked guides and information to give the people of Trafford the ability to navigate the health and care system. We provide direct signposting, online information and engage with local communities at events and by other means to ensure we reach those that need our help.

We have produced several reports in the past covering many elements of health and social care in Trafford. These can be found on our website at <https://healthwatchtrafford.co.uk/our-reports/> or by contacting us directly using the details on the back cover.



Introduction to this report

Our work in 2020 was quite different in many respects from what we had envisaged, due to the unprecedented global COVID-19 pandemic and subsequent lockdown restrictions.

We have not been able to undertake engagement work in the ways we would have liked. Although we have adapted so that some of that work has been able to continue, we have also had to look at where our time and resources are best used.

We published a report in November 2020 on the public experience of accessing health and care services during the first six months of the pandemic and then re-opened the survey to include vaccinations in the New Year. We worked with the Deputy Medical Director to establish what would be most useful to the Clinical Commissioning Group (CCG)

We have been involved in the various COVID-19 response groups and committees that formed in Trafford, which brought together multiple agencies and stakeholders within Trafford involved in designing and delivering services in response to coronavirus including the vaccination programme. These have proved to be effective forums for sharing the recommendations made in our reports, as well as data provided by the public through our surveys on the elements of the COVID response that worked well and places where there are still issues to be addressed. This has helped to shape the design and development of services and allowed the public voice to be part of that process.

Another issue that many have faced during the COVID-19 pandemic has been difficulty accessing NHS dental services, in particular registering with an NHS dentist in their locality. Services were severely restricted due to social distancing regulations and dental practices have been working to strict safety guidelines, firstly under lockdown and now as part of the recovery programme. We published a report on access to dental services in January 2021 and have ensured that the information we provide (both verbally and via our website) is accurate and up to date.

Not all the work that we undertake has an immediate or short-term impact; sometimes it can contribute to longer term developments and this year we have seen evidence of this relating to our report on Myalgic Encephalomyelitis/Chronic Fatigue Syndrome published in 2017¹.

This report gathered over 1,000 responses and was fed into the process for the redesign of the National Institute for Clinical Excellence (NICE) guidelines on ME/CFS, which were published in August 2020 (<https://www.nice.org.uk/guidance/indevelopment/gid-ng10091/documents>). Further detail is provided in Part 2.

¹ <https://healthwatchtrafford.co.uk/wp-content/uploads/2021/05/Tired-of-explaining-ME-CFS-Report-by-Healthwatch-Trafford.pdf>

How this report is structured

- [In Part 1](#) we demonstrate our outcomes for 2020/21.
- [In Part 2](#) we discuss our workplan for 2020/21.
- [In Part 3](#) we look at the work of our volunteers.
- [In Part 4](#) we discuss our current governance processes and how we would like to move forward into 2021/22.
- [In Part 5](#) introduces our draft workplan for 2021/22 upon which comments and suggestions from stakeholders are always encouraged.
- [In Part 6](#) Healthwatch Trafford's representative role

PART1 - Our outcomes for 2020/21

Research and Engagement

Impact of COVID-19 on our workplan for this year

- Added a new project on COVID-19 (July-September 2020)
- Added a follow up project on COVID-19 and vaccines (March 2020)
- Dental access infographic/mini report following public concerns around access to dentistry during the pandemic (February 2020)

Impact of COVID-19 on our research and engagement

- The pandemic has had several phases and overall been disruptive to our usual way of working; there were three lockdown periods between March 2020 and March 2021.
- The impact of social distancing and other associated changes has meant many of our usual partners changed how they worked, with some services being suspended altogether and others offering a limited service seeing fewer people.
- The usual public annual events at which we might meet members of the public have been cancelled or moved online.
- Our work this year was aimed at engaging with a wider group of people than usual due to the planned work on inequalities in North Trafford. During this unprecedented time, we needed to find alternative ways to engage with both new and existing contacts (groups and individuals).
- In order to continue to engage, we approached groups and individuals remotely using a variety of methods; telephone, leaflet, email, zoom/MS Teams calls and attending local online information sessions. In some cases, we offered small donations to encourage groups where English is not the first language to express their views.

PART 2 - Our 2020/21 Workplan



- 1 We continued to engage with the community across the four neighbourhoods in Trafford. The main means of engaging with people were via our website and social media, online focus groups, virtual visits to community groups, surveys, and reports.
 - Our healthwatchtrafford.co.uk website visits numbered over 162,265 (unique page views). Our four most popular pages were those focused on COVID-19 information including our regularly updated coronavirus landing page.
 - The public's experiences of local health and care are captured within our website's service review centre and have contributed to a number of projects throughout the year, both for us and our partners, and have allowed us to develop project ideas for the coming year.
 - By the end of March 2021 our Twitter profile had 2295 followers. These include several local health and social care organisations. This has resulted in a total of 73,341 impressions over the year, or an average of 6112 per month.
 - Direct contact through phone/email to the office. We have received 81 complaints and concerns about services which we have assisted with, as well as over 155 people that we guided to the organisations and resources they needed via our signposting service.
- 2 Healthwatch 100 is our ongoing panel of local residents who've signed up to participate in our rolling programme of quickfire surveys about key topics of interest. During 2020/21 we produced two reports on the findings of Healthwatch 100 surveys.
 - **Appointment Booking:** A report looking at experiences of booking healthcare appointments in Trafford.
 - **Trafford COVID-19 report:** A report looking at the experiences of health and social care services during the period of the coronavirus pandemic in Trafford.

Detailed breakdown of published reports

Title: Dentistry Review - Trouble Accessing a Dentist?

Date: February 2021

Summary:

Healthwatch Trafford dentistry infographic, Jan 2021: issues reported to our helpline and our guide to what to do if you have problems.

The infographic was shared with the Local Dental Committee and Healthwatch England.

Healthwatch England has also published a longer report on the issues related to dental access during the pandemic which reinforces our findings².

Key findings:

- The majority of people who got in touch were unable to find a dentist accepting NHS patients.

Title: COVID-19 Report

Date: November 2020

Summary:

A report on the experiences of people in Trafford of using health and care services during the months of the coronavirus pandemic.

Key findings:

Finding one - had people accessed services

- A significant number had tried to access services during the pandemic.
- The largest reason not to access was the feeling that it was unnecessary.

Finding two - which services were commented on

- GPs, hospital outpatients, and dentists were the most commented on.

Finding three - how had services reacted during COVID-19

- GPs use of telephone and video was welcomed as an effective way to continue services.

² <https://www.healthwatch.co.uk/news/2020-12-09/dentistry-and-impact-covid-19>

- That both hospital outpatient services and dentists were closed caused concern, people were unsure how long before these would return.

Finding four - awareness of hubs for support during COVID-19

- People were not generally aware of the Community Hubs within Trafford.

Finding five - access to information

- GP surgeries, television, social media, the internet, friends and family, and Trafford Council were the top ways of accessing information.
- Clear communication was felt to be the most important way that information could be improved.

Finding six - mental health effects

- There were a variety of effects on mental health; while the majority felt it had become slightly worse there were a significant number that felt unaffected.
- The reasons for mental health changes were complex with a mix of changes to social life, work, confinement, shielding, and family being together all the time playing a part.

Finding seven - general shared experiences

- There were several areas mentioned related to general experience:
 - Access to services
 - Caring
 - Family
 - Life in general
 - Shopping
 - Work
 - Positive
 - No change

Recommendations:

- Service response - Services have responded well in some areas and more unevenly in others. Naturally, the pandemic has necessitated dramatic changes in how clinics and face-to-face appointments are run, but alongside this people have struggled when in an emergency or struggled to understand when closed services might re-open. The channels for emergency treatment, as well as ways to find out when a service will re-open, should be clear for people.
- Ways to reach people - From those we engaged, the GP, television, and social media were the most mentioned channels for information on health

and care. Service organisers should reflect on this and how best to reach people, as well as consider those without access to the channels mentioned in this report. Some ways to reach people might be through local groups, or leaflets.

- Clarity in communications - COVID-19 has presented challenges for local health services due to the many unknowns about the virus in its early stages. The response to COVID-19 has also meant a number of changes to rules when in both private and public spaces. At a minimum local health services should commit to providing clear ways people can find out what the impact of changes are and accessible updates for patients when treatments are cancelled or delayed.
- Community Hubs - While we did not find everyone in our survey knew about or used Trafford's COVID hubs, our focus group work suggested their role is important for isolated residents. Due to the many unknowns about how the pandemic will progress, clarity on the purpose of hubs and who can access them on an ongoing basis is required.
- Mental health and general experiences of COVID-19- It is clear from the comments we received that strain was placed on residents from all backgrounds during the pandemic. Effort should be made to ensure that whatever the cause or difficulty due to COVID-19 residents can find support. In order to achieve this, local health services should take into account the work that local charities and other groups, as well as professionals, are doing.

Title: Ascot House

Date: July 2020

Summary:

Patient and family experience report of the Ascot House intermediate care facility from 2018-19.

Key findings:

- Most people were very happy with the quality of staffing, with the attitudes of staff praised in particular.
- The availability and variety of nutritious food was popular with the patients.
- Issues with communicating intentions with relatives was the biggest negative.
- For some it is important to have choice over the gender of care staff when they are conducting personal care.

Recommendations:

- More regular and comprehensive communication of changes and plans to patient's family, so they can be kept up-to-date and enable them to make their own arrangements.
- Provide more varied entertainment materials for patients such as games, magazines and books.
- Provide more social engagement opportunities for patients and do more to encourage them to join in.
- Offer patients their preference of gender of care worker wherever possible.

Title: Appointment booking

Date: May 2020

Summary:

A report looking at experiences of booking healthcare appointments in Trafford.

Key findings:

- 52% of people would prefer to book appointments online either with an app or via a website.
- Most people currently book via telephone.
- The biggest issues were waiting times and availability of appointments.

Recommendations:

- Publicise online booking systems where they exist - either by app or via a website - and explain the process of registration to make it easier.
- Find alternatives to the telephone booking systems that rely on patients to call at a specific time and cause competition for an appointment. This system as it stands particularly disadvantages people who work, have children or other access requirements.
- Ensure more people are available to answer the telephone during busy periods.
- Offer call-backs when the call cannot be answered.
- Provide training and monitoring of reception staff in handling calls effectively and not making medical judgements of callers.
- Where possible, enable more routine appointment slots outside of regular surgery hours.

Title: Enter and View Executive Summary report

Date: March 2021

Summary:

This summary report looks back at the lessons from our enter and view programme since 2015.

Key findings:

- We visited 4 neighbourhood areas in Trafford.
- Pre-lockdown we conducted 14 'dignity in care' reviews for the Local Authority.
- There were 37 visits, 30 of which were care homes.
- Made 98 recommendations through our reports.

Recommendations:

- Overall a lot of good practice was identified, such as information packs in resident rooms and displays detailing changes being made.
- We also highlighted where not enough activities were being made available, communication needed to improve, staff shortages were affecting care, and the problem in getting community dental care in homes.

Healthwatch England (HWE)

- In previous years the office has worked with HW England on the programme to improve research quality across the network. Due to the pandemic things have changed.
- One change has been the shift online. Our Research and Projects Officer has co-delivered webinars with HW England, one on designing surveys, and two on analysing qualitative research. This time commitment has been funded by HW England.
- In February the former Intelligence, Informatics, and Research Group was relaunched as the Research Information Networking Group. The Research and Project Officer attended the relaunch, with further development ongoing.
- Use of Facebook Workplace has increased with many of the HW England engagement starting here now. It has become a useful site for the network from a research perspective bringing the research office at HW England closer to local offices.

Healthwatch in Greater Manchester

- Due to the pandemic, we have been unable to meet at a Healthwatch officer level, though this was revived digitally. The group have met twice and insights and best practice across local organisations are shared. It is also an opportunity to build relationships between staff across the ten Healthwatch and introduce new starters.
- All local Healthwatch across Greater Manchester have conducted their own work on the public's experiences of accessing services during the COVID 19 pandemic. We have collated the individual reports into a Greater Manchester (GM) wide overview report, which is due to be published early in the new financial year.

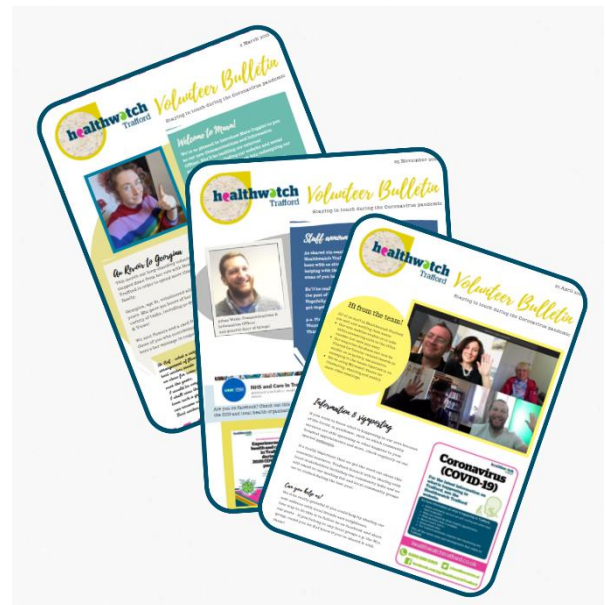
Commissioned work

- Healthwatch Bury - We seconded a member of staff to HW Bury for two months (one day per week) to help support them prior to their new Chief Officer taking up post (Nov - Dec 2020)
- Healthwatch Stockport support - Analysed the data and provided annotation for their COVID 19 report (February 2021)

PART 3 - Our volunteers

Adapting our volunteer management to the pandemic restrictions

- 1 For an organisation whose volunteers' main focus is to conduct engagement with the public about health and care, we are pleased to have maintained our relationship with a healthy number of volunteers despite the unprecedented circumstances of 2020. We recruited 10 new volunteers and closed the year with 36 volunteers - only 3 fewer than at the start of the year. Healthwatch Trafford has the largest number of volunteers in Greater Manchester and has held this 'record' for several years.
- 2 During the initial COVID-19 lockdown we shifted gears from our planned workplan and focused on ensuring the welfare of our volunteers: all face-to-face activities were postponed and we offered support to get together via webchat.
- 3 We moved all recruitment online too, meeting potential volunteers via Zoom, conducting group inductions and training sessions by sharing presentations virtually. The situation has led to unexpected improvements in our methods - for instance, new young volunteers used to be met within their school premises which required lengthy permission conversations with school staff, plus travel time for the Volunteer Officer. The process is now much more streamlined and time-efficient: we seek quick parental permission via email and meet for a speedy chat online.
- 4 We now stay in touch with our volunteers through monthly Zoom chats, emailed bulletins and frequent individual emails/texts. We're gradually involving all volunteers within a new Microsoft Teams channel which should further strengthen our online communication and file sharing. Feedback to our annual survey in December 2020 indicates our volunteers feel we have adapted as best we can in the circumstances, but we very much miss our real-life contact with our volunteers and will definitely take up the suggestion from a volunteer in this year's survey to *"arrange a fantastic get together for a real celebration when COVID is under control!"*



Volunteer activities over 2020-21

Our volunteers gave over 450 hours of time to supporting the activities in our 2020-21 workplan. A breakdown of their time over the year can be found at appendix 2, with highlights of their efforts described below.

- Training - We have encouraged our volunteers to use this time to develop their skills by sharing online training opportunities and rolling out our own in-house training, such as our new session on how to run online focus groups. Staff and volunteers of all ages came together for a fascinating asthma-awareness training session run by Breathchamps founder Heather Henry specifically for Healthwatch Trafford in January. We are working our way towards becoming an accredited Breathchamps organisation, which will enable us to raise awareness and support young people with the condition.
- Sharing knowledge - Our adult volunteers really value the opportunity to participate in the monthly public health Voluntary, Community and Social Enterprise COVID-19 Question & Answer sessions coordinated by Thrive. Taking it in turn to attend and report back to their peers, our volunteers appreciate being kept up to date and to have the opportunity to ask questions in order to help us assess how best to support people in Trafford during this time.
- Business support - we formed a new Readers' Panel of volunteers to vet all our publications from a lay perspective prior to release, ensuring they have the most impact.
- Team effort - over the year we have learned how to plan a project virtually with our volunteers. After helping us to shape our HW100 COVID survey, then identifying stakeholders and focus group questions for the North Trafford project, the GP website review in February 2021 was developed completely in partnership with our volunteers of all ages. We held meetings to discuss the areas of information they wished us to look for, deciding how to grade and report on the findings, then conducting 3 reviews of each of the 29 websites in Trafford and recording the results. Volunteers provided quality assurance of our analysis, proof-read our final report and they look forward to hearing the response from local GPs. Improving communication is one of the ways to reduce inequalities as it provides consistent and statutory information.
- We held virtual Christmas get-togethers with our volunteers in December to thank them for their efforts over the year. All our volunteers received a hand-delivered 'cream tea in a bag' complete with thermal mug for all those COVID walks.



Our team of Youthwatch Trafford young volunteers aged 14-18 goes from strength to strength. During 2020-21:

- They've written articles for their website youthwatchtrafford.co.uk including a new guide for young people on healthy living, diet and exercise developed in partnership with Trafford Council's dietician.
- Echoing our main website, a new COVID information section was published on our Youthwatch Trafford website, including a guide for young people living during the pandemic, written by one of our young volunteers. Youthwatch also produced a young person friendly version of our COVID survey report.
- Social media - Five of the Youthwatch team undertook our in-house social media training in December and have begun to contribute by sharing information with their peers through social media (follow them @youthwatchtraff!). Youthwatch has regularly posted on their social media feeds about our news and information from other local services. They have created social media content for self-care week including a signposting video as part of Calm Connections' mental health RESET 2020, an event for young people and their families all about mental health services.
- Bee Counted - Our Youthwatch team have worked with Youth Focus North West through the year, playing an active role in developing the Greater Manchester Partnership's Bee Counted programme to train young health inspectors. This included developing the methodology for assessing local services against the GM Youth Agreement - inspections are starting in April 2021.



PART 4 - Our current governance processes and how we would like to move forward into 2021/22.

1. We continue to work within a tight budget where most of our resource is spent on staffing. Due to COVID-19 we have been forced to suspend our Enter and View and Dignity In Care visits; we will take this opportunity to review the programme of visits with the Local Authority, as well as roles and responsibilities of the other members of staff based on the requirement to deliver on our 2021/22 work plan.
2. We intend to continue recruiting Directors to our board, with the aim of having a minimum of nine (we currently have seven). We require a minimum of four Directors at each board meeting to be quorate. We do already have a scheme of delegation in place, but we now need to firm up on deputising arrangements for our Chair and some of the groups which we are represented on. These will include Trafford CCG's Governing Body, the Health Scrutiny Committee, the Health and Wellbeing Board (where we are a statutory member) and some of its sub-committees. We will review all the groups we currently attend both at a Greater Manchester and local level to see whether we add value and have impact.
3. Our organisational policies and procedures require review. We are in discussion with other Greater Manchester Healthwatch to see whether we could potentially harmonise these and share the costs including access to HR advice and support which we are unable to provide ourselves.
4. In the latter part of the year under review, we discussed what changes might arise from the Government's proposals for an Integrated Care System (ICS). We were the first Healthwatch in Greater Manchester to be invited onto the local One System Board and this invitation was warmly welcomed. Prior to the Government's announcements we provided a proposal as to how we could enhance our role in this new environment.

PART5 - Our draft 2021/22 Workplan

1. In looking at our work plan we have taken a number of 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. 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.
2. This year we are looking at working more closely and aligning our work programme with that of the Local Authority and CCG. This involves ongoing discussions throughout the year as well as agreeing topics for project work.
3. A key focus this year will be around Learning Disability (LD) and the associated services that exist to offer support. One of the key drivers for this being that LD Day Care Services are unregulated by the CQC, therefore it is felt that some independent feedback on the support and quality of service provided would be welcomed.

Details of our work are explained further in Appendix 1.

PART 6 - Healthwatch Trafford's representative role

1. Here follows a list of the groups on which we represented Trafford in 2020/21.

This is a task undertaken by our Chair, Directors and Chief Officer and which takes up a significant amount of time. As indicated earlier we will be reviewing our involvement in these groups to establish whether we add value and have an impact.

- Trafford One System Board
- Trafford CCG Governing Body
- Health and Wellbeing Board
- Start Well Board
- Live Well Board
- Age Well Board
- Patient Reference Advisory Board
- Local Care Alliance
- HWT/Moorside Liaison Group
- Trafford General Hospital Liaison Meeting
- Primary Care Committee
- Quality, Finance and Performance Group (CCG)
- COVID Communication and Engagement Group
- Trafford Public COVID Engagement Group
- Mental Health Transformation Board
- Learning Disability Transformation Board
- Health Scrutiny Committee
- Trafford Safeguarding Board Policy and Procedures Sub Committee
- Trafford Carers Partnership Board
- Voluntary and Community Sector Collective
- Local Medical Committee Sub Committee
- Trafford Deaf Partnership

In addition, we are continually keeping abreast of new initiatives and partnerships, making contact with the key staff members and volunteers, and looking at how best we can work together. For example, Community Care Navigators, Primary Care Networks, Community Hubs and the youth service based in Talkshop.

2. Greater Manchester representing all ten local GM Healthwatch

- Greater Manchester Combined Authority
- Mental Health Programme Delivery Board
- Adult Mental Health Acute Board
- GM Oral Health Group
- GM Quality Board
- Quality Improvement and Best Practice in Care Homes and Living Well at Home Group
- Single Hospital Service meetings with Manchester University Foundation Trust



Appendix 1 - Summary of the 2021/22 workplan

Healthwatch Trafford

Work Plan Summary 2021-22

Background

This is a summary of the key workstreams within the 2021-22 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 go forward. 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).

Workstreams

Projects:

1. Inequalities in Health and Care in North Trafford

This is an extension of the North Trafford project; although we managed to get a good response from the public of North Trafford, we have struggled to get responses to the professional survey. We have enlisted the help of Dr Manish Prasad (Deputy Medical Director for Quality at Trafford CCG) to promote the survey through his networks, so we hope that this will increase the number of responses. We will aim to close the professional survey at the end of April and produce a report in May. Analysis of the responses from the public is already underway.

Timescale:

- May 2021

Focus of work:

- Review existing data to identify current inequalities between North Trafford and the rest of the Borough (and Greater Manchester where applicable).
- Engage with representative sample of the population in North Trafford, including but not limited to; minority groups, support groups for those with specific conditions, young people, users of existing services, hard to hear groups and individuals.
- Identify barriers to health and care services; consult with providers and service users on possible solutions.
- Identify areas of good practice that can be shared and/or rolled out to other areas and providers.

Desired Outcomes:

- Identification of key barriers to accessing health and care services in the identified area.
- Identify areas of best/good practice.
- Produce public report containing recommendations for improvements based on findings.
- Report discussed with commissioners and providers of services; where appropriate produce action plan to review and implement recommendations. Work with providers and commissioners on any service redesign or development to facilitate positive change.

2. 2nd COVID 19 Survey

Timescale:

- Open ended until such time as further feedback is no longer beneficial to partners.
- Analysis and feedback to stakeholders on an ongoing basis through existing meetings and forums (i.e Trafford COVID Engagement and Communications Group)
- Summary reports of feedback received

Focus of work:

- People's experience of health and care services during the pandemic/lockdown (including vaccination centres and the visibility and accessibility of community hubs). Data to be gathered via online survey and possible online focus groups with broad spread of demographic cohorts throughout the borough.

- Effect of lockdown and changes to services on the mental health of respondents

Desired Outcomes:

- Summary reports produced with recommendations.
- Analysis of feedback shared with coordinators of Trafford's COVID 19 response (TCCG, TMBC etc) and used to identify learning and help shape future provision of services. Including but not limited to; Health Scrutiny, Locality Plan Comms and Engagement Group, Health and Well Being Board, CCG Governing Body.
- Work with providers and commissioners on any service redesign or development to facilitate positive change.

3. GM Dentistry Report

Timescale:

- April - May 2021

Focus of work:

- Compiling feedback from all GMHW around access to dental services under COVID restrictions.

Desired Outcomes:

- Publication of report.
- Highlight issues around dental services in GM to commissioners and providers.
- Work with providers and commissioners on any service redesign or development to facilitate positive change.

4. Income Generation

Timescale:

- Ongoing throughout the year, known dates listed below.

Contracted Work

- Care Quality Commission; HWT commissioned to undertake work on inequalities with identified groups in June-July 2021.
Contract value £1700

- Healthwatch England Training (delivered by Research & Project Officer) have commissioned us to undertake eight more training sessions in 2021. 2xMay, 2xJuly, 1xOct, 1xNov, 1xJan, 1xFeb; Contract value £2400
- To be confirmed; Ongoing delivery of the Personal Health Budget Information Service commissioned by TCCG; contract value £4000
- HW England Customer Record Management (CRM) Pilot; details to be confirmed by HWE; contract value c£1000
*note HWT already holds this money along with £9k to be distributed to other local GMHW for their participation. May - July provisionally (HWE to confirm).

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.

5. Local Authority/TCCG collaborative Project (1): Day Care Services

Timescale:

- TBC, provisional June - September 2021

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.

6. Local Authority/TCCG collaborative Project (2): To be confirmed in discussion with LA/CCG

Timescale:

- TBC, provisional November - February 2021

Focus of Work:

- TBC in consultation with LA/CCG

Desired Outcomes:

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

7. HW100 Surveys

Timescale:

- Five conducted at bi-monthly intervals between May and January 2021

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.

8. HWT Impact Report

Timescale:

- April - May 2021

Focus of Work:

- A summary of the work of HWT in 2020-21 and associated impact.

Desired Outcomes:

- Raise awareness of HWT amongst partners and stakeholders.

9. Enter and View/Dignity In Care Visits

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's 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 relatives.
- Improve relations with care home providers through regular contact and increase understanding of the issues faced by residential care providers.

10. Follow Up Work

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

11. Scoping Exercises

- Care Home website review

Additional activities

Additional Work

Core Activities:

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

Information and Signposting

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

Engagement

2. Engagement: Develop Engagement Strategy to ensure that we have effective methods of communication for all sections of the populous. 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

3. 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

4. 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.

Appendix 2 - Public engagement

	2019-20 Totals	2020-21 Totals	Apr 2020	May 2020	June 2020	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<i>Engagement activities -total</i>	55	23	0	0	1	1	0	5	1	3	8	3	0	1
<i>Locality 1</i>	9	2	0	0	0	0	0	2	0	0	0	0	0	0
<i>Locality 2</i>	14	2	0	0	0	0	0	2	0	0	0	0	0	0
<i>Locality 3</i>	12	1	0	0	0	1	0	0	0	0	0	0	0	0
<i>Locality 4³</i>	19	1	0	0	1	0	0	0	0	0	0	0	0	0
<i>Outside Trafford (e.g. Manchester)</i>	1	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>All Trafford</i>	0	1	0	0	0	0	0	1	0	0	0	0	0	1
<i>Number of public contacts⁴</i>	1,490	2699	0	100	20	30	2000	18	0	256	34	107	66	68
<i>Number of complaints / concerns recorded</i>	52	81	3	2	1	2	10	11	10	10	4	7	6	15
<i>Number of public signpostings</i>	108	155	8	2	3	9	11	14	10	4	20	13	11	50
<i>Healthwatch 100: # of NEW people signed up</i>	33	191	0	0	0	35	0	0	1	0	0	155	0	0

³ The four neighbourhoods of Trafford are defined as:

Locality 1 - Old Trafford, & Stretford, - Gorse Hill, Longford, Stretford and Clifford; Locality 2 - Sale - Bucklow St Martin's (Sale) Ashton upon Mersey, Brooklands, Priory, Sale Moor and St Mary's; Locality 3 - South Trafford - Altrincham, Bowden, Broadheath, Hale Barns, Hale Central, Timperley and Village; Locality 4 - Urmston & Partington - Bucklow St Martin's (Partington), Davyhulme East, Davyhulme West, Flixton and Urmston. *Note that we also now visit venues outside of Trafford (e.g. Wythenshawe in Manchester).*

⁴ 'Public contacts' are defined as members of the public engaged with at public events or through targeted work (this excludes all other public contact e.g. regarding complaints/concerns, signposting, HW100, social media tweets/shares, visits to website - so does not duplicate other figures in this table)

	2019-20 Totals	2020-21 Totals	Apr 2020	May 2020	June 2020	July 2020	Aug 2020	Sept 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<i>Healthwatch 100: # of surveys conducted</i>	5	2	0	0	0	1	0	0	1	0	0	0	0	1
<i>Healthwatch 100. # of survey responses</i>	260	331	0	0	0	146	85	19	0	0	0	0	0	81
<i>Number of new volunteers (total)</i>	(39)	10 (36)	1	1	1	4	0	3	0	0	0	0	0	0
<i>Number of volunteer hours</i>	947	465	33	27	49	25	19	21	50	36	41	44	76	45
<i>Business support</i>	147	59	0	7	4	16	0	2	12	1	1	3	1	13
<i>Engagement/ Outreach</i>	357	16	1	3	8	1	0	0	0	2	2	0	0	0
<i>Research</i>	268	125	14	5	3	5	2	1	8	5	1	8	50	23
<i>Strategic</i>	81	92	18	0	14	0	14	0	16	0	14	0	16	0
<i>Vol management /Training</i>	94	173	1	12	20	4	3	18	14	28	23	33	9	8
<i>Number of feedbacks received via website</i>	195	71	7	2	3	7	4	5	9	6	7	6	6	9
<i>Website visits (inc. Youthwatch)</i>	55,035	166,470	9042	6947	7589	15,633	20,600	32,615	14,512	13,478	12,191	14,955	10361	8547
<i>Reports published (not inc. performance reports)</i>	16	8	0	2	1	2	0	0	0	1	0	0	1	1

Appendix 3 - Reports published by Healthwatch Trafford in 2020/21

Reports
Enter & View: An Executive Summary (March 2021)
Trouble accessing a dentist? (February 2021)
Trafford COVID-19 report (November 2020)
Ascot House report (July 2020)
Performance Report April-May 2020
Performance Report June – July 2020
Performance Report August – September 2020
Performance Report October – November 2020
Performance Report December – January 2020
Annual Report April 2019-March 2020 (June 2020)
End of year performance and impact report 2019-20 (May 2020)
Booking appointments report (May 2020)

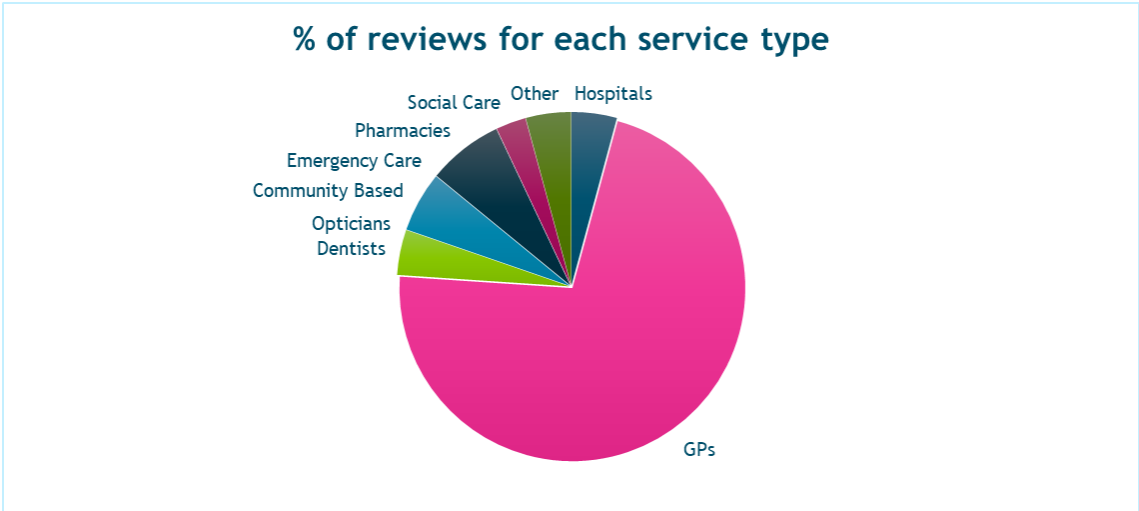
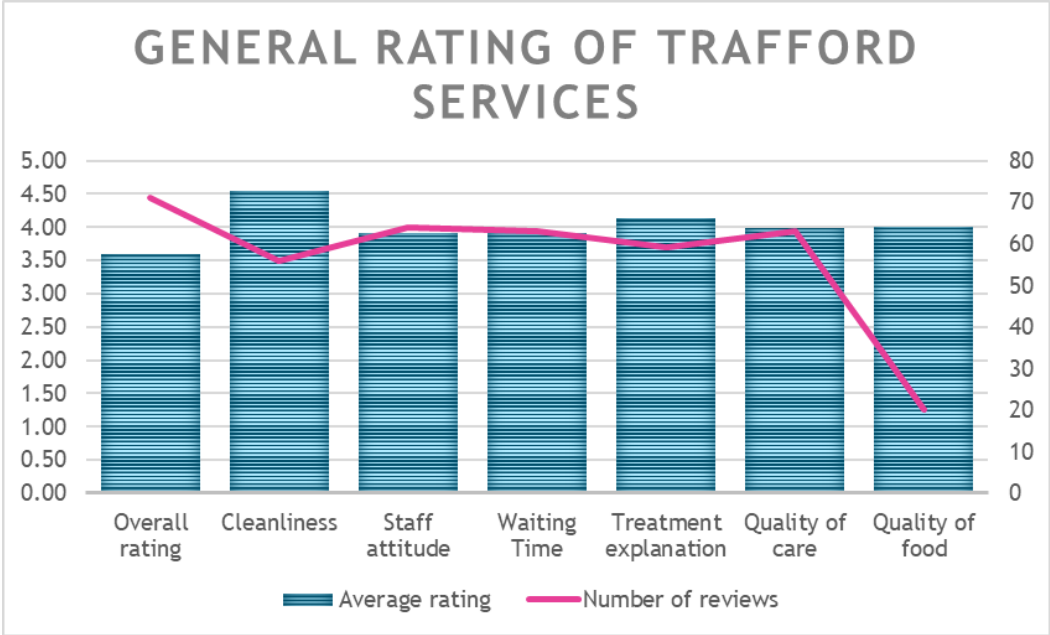
Appendix 4 - Summary of the feedback shared by those living or working in Trafford

In this section, feedback ratings are calculated using a five star scoring system where 1 is the lowest and 5 is the highest. A higher score indicates a better experience.

To make analysis more convenient, tables present low (poor) scores as red with higher (better) scores in green with hues progressing between the two.

Summary of overall service feedback rating by service type:

Service type	Number of reviews	% of reviews	Overall rating	Cleanliness	Staff attitude	Waiting time	Treatment explanation	Quality of care	Quality of food
Hospitals	3		4.33	4.67	4.33	4.33	4.33	4.33	4.00
GPs	51		3.69	4.55	3.96	3.79	4.09	3.96	3.60
Dentists	3		3.67	5.00	3.67	5.00	5.00	5.00	5.00
Opticians	0								
Community Based	4		3.75	4.50	4.25	4.33	3.75	3.75	5.00
Emergency Care	0								
Pharmacies	5		3.00	4.80	3.20	3.60	4.00	3.75	3.67
Social Care	2		5.00	4.50	5.00	4.50	5.00	5.00	5.00
Other	3		1.00	1.00	1.00			1.00	
Total reviews	71								

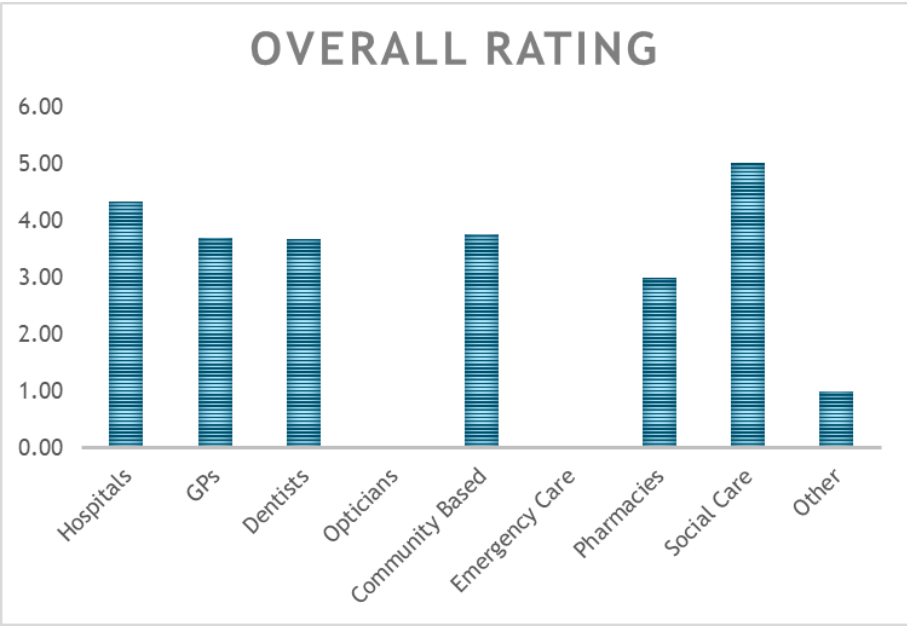
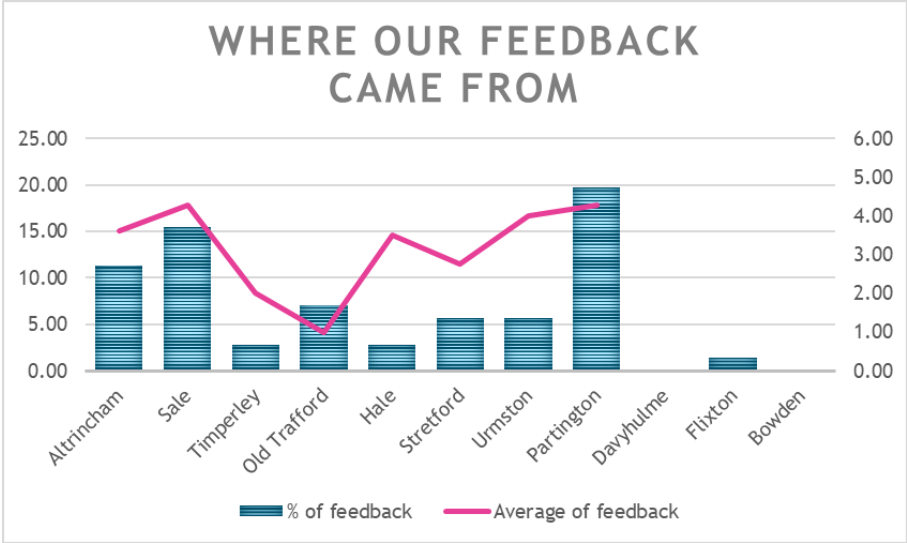


Overall summary of category satisfaction:

Category	Average rating	Number of reviews
Overall rating	3.59	71
Cleanliness	4.54	56
Staff attitude	3.91	64
Waiting Time	3.90	63
Treatment expl	4.14	59
Quality of care	3.98	63
Quality of food	4.00	20

Summary of feedback by area of person leaving it:

Area	Count	% of feedback	Average of feedback
Altrincham	8	11.27	3.63
Sale	11	15.49	4.27
Timperley	2	2.82	2.00
Old Trafford	5	7.04	1.00
Hale	2	2.82	3.50
Stretford	4	5.63	2.75
Urmston	4	5.63	4.00
Partington	14	19.72	4.29
Davyhulme	0	0.00	
Flixton	1	1.41	5.00
Bowden	0	0.00	



Appendix 5 - Our People

Position	Person
Chair	Heather Fairfield
Chief Officer	Andrew Latham
Communications and Information Officer	Adam Webb (until Jan 2021) Mara Cuppini (joined Feb 2021)
Development Worker	Marilyn Murray (until March 2021)
Research and Projects Officer	Alexander Tan
Volunteer Coordinator	Katherine Bays
Engagement Officer	Madeleine Colledge (joined April 2021)
Directors	Brian Hilton
	David Esdaile
	Elaine Mills
	Heather Fairfield
	Jean Rose
	Kerry Blackhurst
	Nasima Miah until (May 2021)
	Susan George
	Tony Fryer (until December 2020)
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	

Acknowledgements

We wish to thank those that have made our work this year possible. Thanks to all the people that responded to our surveys, attended our drop-ins, were so accepting of us at their meetings and groups, and of course left us feedback using their own initiative from around the borough.

We are grateful to our partners and stakeholders, whose cooperation, approachability, and practicality have helped us to be the 'critical friend' we are here to be.

We would also like to give thanks to our fantastic volunteers, whose skills, experience, and efforts allow us to achieve so much more than we would otherwise be able to.

If you require this report in an alternative format, please contact us with your requirements.



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