

CEO Report

January and February 2021

Purpose

1. This report summarises Healthwatch Cambridgeshire and Peterborough activities for January and February 2021.

Key issues

2. Workshops with staff and Directors have been held to review our strategic priorities and explore the focus of activity for the coming year. The work programme for 2021/22 has been drafted using the findings of these workshops. This is attached as appendix 1. This work programme is an overview, more detail of activities is set out in individual work plans. The General Purposes Group will be reviewing our strategy to ensure it accurately reflects the current health and care environment.
3. The NHS England Integration Index project is near completion. The personas will be published as part of the national programme, the date of which is yet to be finalised. We are also assisting Healthwatch England and NHS England develop a standard methodology for the approach.
4. During February we held two public workshops to gather people's view on the proposed performance standards for urgent and emergency care. The report has been submitted to NHS England and we are awaiting the national publication of the national response.
5. The local health and care system has submitted its application to transform into an Integrated Care System (ICS). Our Healthwatch has secured representation at all levels in the new governance and is well placed to promote ideas of learning and listening to patients and the public. Legislative proposals are set out in a white paper¹.
6. Reporting against key performance indicators is presented in the sections listed below. Future Board agendas will feature an item about the experiences we are hearing about and the work we are doing to respond to these. The annual business development report is presented to this meeting as a separate item.

- Strategic priorities: section 8

¹ Integration and innovation: working together to improve health and social care for all (HTML version) - GOV.UK (www.gov.uk)

- Concerns and escalations: sections 9 to 12
- Communications: sections 13 to 26
- Engagement: section 27
- Volunteering: section 28
- Experiences: sections 29 and 30
- Impacts and influencing: sections 31 to 35
- Projects: section 36.

Action required by the Board

7. The Board is asked to:
- Approve the work programme for 2021/22 and
 - Note the report.

Author

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10 March 2021

Strategic priorities

8. Table 1 below summarises ongoing and specific activities that are being undertaken to address our strategic priorities.

Priority	Current activities
1.Promoting Independence and Self-Care	<ul style="list-style-type: none"> • Information Service delivery • Website information
2. Access to Primary Care Services	<ul style="list-style-type: none"> • GP website review report and checklist • Representation at primary care intelligence sharing groups • Escalating access concerns, particularly NHS dentistry
3. Social Care and Integrated Support Services	<ul style="list-style-type: none"> • Partnership Board activities • Discharge from hospital report • Influencing the engagement approach of the ICS
4. Mental Health Services for Children, Young People and Adults	<ul style="list-style-type: none"> • Working with partners to understand lived experience and share with commissioners and providers • Members of CPFT collaborative group • Autism workshop • Transition experiences as part of Integration Index project
5. Involving people in redesigning the services they use	<ul style="list-style-type: none"> • NHS England/Improvement Integration Index project. • Opportunities to contribute via health and care forums and partnership boards • Research opportunities

Table 1 Activities aligned to strategic priorities

Concerns and escalations

9. A significant proportion of our enquiries continue to be about finding NHS dental treatment, this is often over 20 a week. People are reporting that the problems now extend across the whole of Cambridgeshire and Peterborough. We contribute intelligence to fortnightly meetings with NHSE/I, some of the issues we present are pleasingly resolved by this liaison meeting. We log all feedback and share with Healthwatch England who are escalating the issue nationally². We are exploring further collaborative project work.

² 20201208 A review of our evidence Q2 2020-21.pdf ([healthwatch.co.uk](https://www.healthwatch.co.uk))

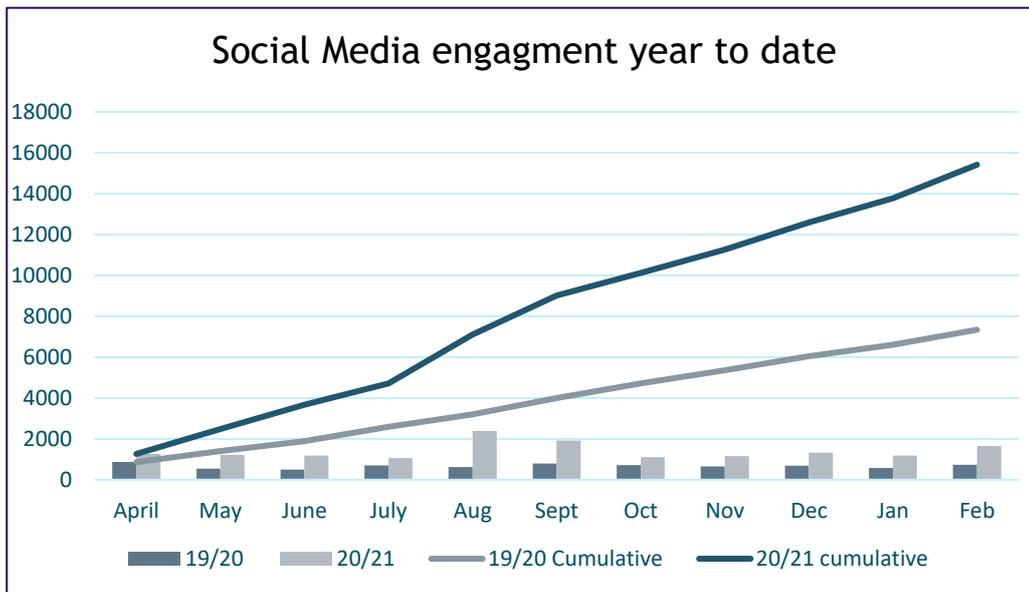
10. We are receiving many enquiries about covid-19 vaccinations, primarily about eligibility and access. Our websites are frequently refreshed with the updated information. Specific concerns have arisen regarding people with learning disabilities, self-employed and family carers, people who are housebound and how to reach BAME communities. We have worked with our CCG, voluntary sector and local authorities to pass on these worries and work together to resolve and reassure.
11. There has been a change to the GP provision in Royston. We have received enquiries from local people who are worried about a reduction in provision. Before the second covid wave, we were working with the CCG and NHSE/I on this change of service and had recommended a range of communications. We have now been successful in getting the new provider to update their website. We are keeping Healthwatch Hertfordshire informed of developments.
12. The transfer of the Peterborough Urgent Treatment Centre from Thorpe Road to Peterborough City Hospital has been delayed. We are member of the Steering Group and have responded to public concerns about access and patient confidence to go to PCH. We will continue to reflect public concern and work with the CCG to address these.

Communications

13. **Publications and promotional focus** - The focus in this period has been around ensuring that we have kept our information and advice articles up to date and continued to share accurate information to help people through the third national lockdown.
14. In February we focussed on LGBTQ+ history month, with blogs, advice articles and calls for experiences from the community. These had excellent engagement, especially on social media.
15. We also shared some national consultations around A&E, mental health and a strategy for disabled people.
16. **Our PR activities** resulted in five articles in the traditional press, including local papers and BBC radio, and 13 in other local stakeholders' publications, including local community newsletters, local authority briefings and voluntary sector publications.

17. **Websites** - In this period, both websites have been updated regularly with news, reports, blogs, events and advice articles. We have continued to see a significant increase in visitor numbers to both websites from the same period last year.
 - Healthwatch Cambs: 6,069 users - increase of 226%
 - Healthwatch Pboro: 5,620 users - increase of 326%
18. We are getting a high level of new website visitors every month, mostly via internet searching and mobile phone users. Each user is looking at fewer pages, but this reflects that people are visiting for specific information, e.g., covid vaccine or testing advice articles.
19. Our advice articles remain amongst our most popular content, with our top three articles:
 1. Testing for coronavirus - 5,594 users
 2. Your questions about the Covid-19 vaccine - 1,546
 3. Finding an NHS Dentist - 1,183
20. **Who we are hearing from via the website** - We continue to get a high number of people (160 in this period) contacting us via the website to share an experience or ask for advice.
21. Analysis shows that we are hearing from people of all ages - particularly those age 25-34, and from people in every district, although need to do more in Fenland and East Cambs.
22. Two in five identified as an unpaid carer, and two in five identified as having a disability or long-term condition. We are hearing from more men than before - two in five (42%) as opposed to only 22% in the Covid-19 survey last year.
23. We are also hearing from people within the LGBTQ+ community, including:
 - 5% (7 people) who identified as lesbian, gay or bi-sexual.
 - 2% (3 people) who identified as non-binary or preferred to self-describe their gender identity.
 - 8% (11 people) who identified as being a different gender to that which they were assigned at birth.
24. **E-news** - sent two segmented editions of the local Healthwatch e-news to a circulation of over 1,000 readers in January and February, with average open rates at 44% and click through rates of 8.5%.

25. **Social media** - this continues to be an important tool to share information updates with our communities and our engagement remains strong - with a cumulative increase in engagement of 110% year to date (graph 1).



Graph 1: Social media year to date

26. We use a variety of social platforms to engage with different audiences, including Facebook, Twitter, LinkedIn and Instagram. And have focused mostly on increasing the number of people who comment on, share or click a website link (See table 2).

<i>Jan - Feb</i>	Totals	Average per month	% change from same period last year
Posts	292	146	43 ↑
No of followers	5363	na	16 ↑
Shares / RT	371	186	1
Reactions - likes	810	405	34 ↑
replies / mentions / comments	176	88	63 ↑
Clicks	735	368	54 ↑
video views	12	6	100 ↑
Total engagement*		1046	38 ↑

Table 2 Social media interactions

*Total engagement excludes video views

Engagement

27. Our health and care forums and partnership boards continue to meet online as scheduled. Table 3 shows attendance and the topics discussed during January and February.

Meeting	Date of meeting	Attendees *	Key speakers and updates
Fenland Health and Care Forum	11/2	18	<ul style="list-style-type: none"> • Covid-19 update • Update from QEH • Update from CPFT
Greater Cambridge Health and Care Forum	3/2	13	<ul style="list-style-type: none"> • Covid-19 update • CQC update • Co-ordination hub update • CUH update
Huntingdonshire Health and Care Forum	12/1	16	<ul style="list-style-type: none"> • Information and Signposting update • NWAFT update • CPFT update • AJM Healthcare
Peterborough Health and Care Forum	21/1	12	<ul style="list-style-type: none"> • Covid-19 update • NWAFT update • CPFT update • Little Miracles update
Peterborough Health and Care Forum	25/2	11	<ul style="list-style-type: none"> • Transfer of Peterborough UTC to PCH • NWAFT update • CPFT update
Wheelchair User Forum	8/2	11	<ul style="list-style-type: none"> • Covid-19 update • Everyone Health • AJM Healthcare
Older People's Partnership Board	Next meeting 8/3		<ul style="list-style-type: none"> • Covid-19 update • Update from Older People's Services
Carers Partnership Board	12/1	19	<ul style="list-style-type: none"> • GP website report • Update from all-Age Carers Service
Physical Disability	9/2	13	<ul style="list-style-type: none"> • Covid-19 update • Stroke Association update

Partnership Board			<ul style="list-style-type: none"> Update from Physical Disabilities Team
Sensory Impairment Partnership Board	Next meeting 2/3		<ul style="list-style-type: none"> Covid-19 update E-scooters update
Learning Disability Partnership Board	Next meeting 18/3		<ul style="list-style-type: none"> Day opportunities Financial assessments Update from All-Age Autism Strategic Board

Table 3 Health and care forum and partnership board meetings and topics

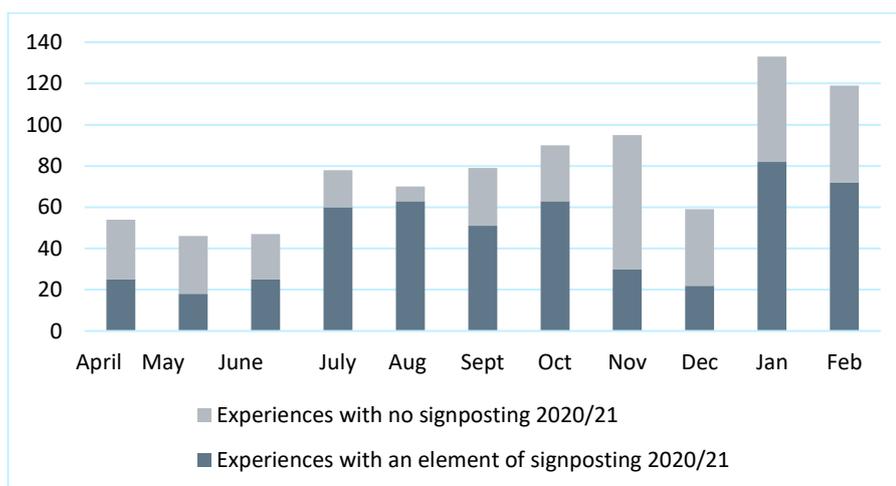
**Attendees exclude Healthwatch staff and Directors*

Volunteering

28. We are continuing the wellbeing calls to our volunteers, some of these are being made by the new Engagement Manager and therefore serving as a helpful introduction. Volunteers continuing to assist with mapping of local groups and VCS contacts. We have recently recruited two new volunteers under 30.

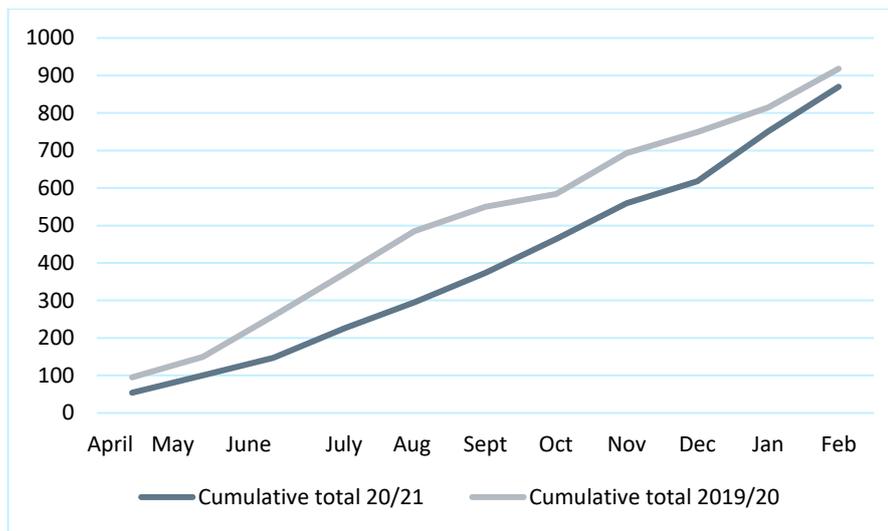
Experiences

29. The number of experiences collected and signposting enquiries for the year to date are show on graph 3 below. These experiences are in addition to 1,131 responses received through the Covid-19 survey.



Graph 3 Experiences by month 2020/21

30. A comparison of cumulative totals is shown in graph 4.



Graph 4 Comparison of totals 19/20 and 20/21

Other impacts and influencing

31. We have researched and updated our guidance for attending online meetings. This follows on the comments made at a previous Board meeting about accessibility of our meetings for people with visual impairment.
32. Our three hospitals and the CCG are developing their response to the Ockenden Report³. Through our work with the Local Maternity and Neonate System and excellent links with our Maternity Voices Partnership, we will be working to assist development of the voice element. A Director has taken on a lead for this.
33. A workshop about support for adults with autism was held in February. It was attended by 12 people, a mixed group of adults with autism and carers. The final report of what people said is currently being drafted.
34. In January we submitted a response to NHS England/Improvement's consultation on the future of integrated care systems. This focused on the need to work together and engagement meaning fully with local people.
35. We have submitted a supportive consultation response to NICE regarding their shared decision making guideline.

³ Ockenden review of maternity services at Shrewsbury and Telford Hospital NHS Trust - GOV.UK (www.gov.uk)

Projects

36. Current project status is listed below in table 5. More detail can be found in the business development report, also on this agenda. The new Projects Programme Group is scheduled to meet this month.

Project name	Description	Status	Comment
Consultation on proposed A&E performance standards	Two public workshops to gather views on the proposed new standards for urgent and emergency care	Green	Workshops held in February. Report being submitted to NHS England.
NHS England Integration Index project	Integrated care review for two specific patient personas. Mental Health Transitions and South Asian with Diabetes.	Green	Commissioned by NHSE/I via Healthwatch England. To complete by April 21.
Experiences and support needs of adults with autism	Working with new countywide Autism Board to provide patient and carer experiences to support CCG/local authority strategy.	Green	Focus group held in February 21. Report to be published.
Gypsy, Roma and Traveller project	Lottery funded three year engagement project to develop a network of volunteer listeners.	Amber	Main project on hold due to Covid-19. Interim project supporting digital inclusion completed.
CQC Experts by Experience	Sub-contract to recruit, train and maintain a pool of Experts by Experience to support CQC inspections.	Red	On hold due to Covid-19.

Table 5 Project summary and status

Draft Work Programme 2021/22

	Overview of activities	Outputs	Impact on strategic priorities	Lead
1.Information and intelligence	Delivery of Healthwatch information service	Usage and trends tracked and reported to Board annually	1-4	Julie McNeill
	Maintenance of experiences evidence base, progressing and tracking concerns	Tracking system in place, regular scheduled briefings to Board and staff	1-4	
	Data analysis elements of project work	Briefings and reports with identified themes and findings	1-4	
	Developing a shared understanding with social prescribers of available community support	Consistent and comprehensive information available for people to access from primary care	2	
	Work with primary care to improve quality of information (with JNR)	Actions from 2020 GP website project		
	Development of website information to support self-care (with AR)	Information pages on both websites	1	
	Development of an information strategy	Strategy considered and approved by Board	1-5	
	Policy and service change horizon scanning	Changes, and likely impact of change, disseminated to Board and appropriate staff	1-5	

2.Communications	Delivery of year two of the communications and engagement strategy to promote Healthwatch and its activities to identified stakeholders, ensuring brand values are maintained. Developing promotional materials - both digital and hardcopy, and ongoing PR activities.	Websites and social media developed; e-newsletters, newsletters, briefings, promotional materials produced and PR activities.	1-5	Angie Ridley
	Work with colleagues to identify and deliver a programme of integrated campaigns, based on local intelligence and linked to national initiatives, including Healthwatch England, NICE and others. This includes developing and promoting surveys as part of project / campaign activities.	Integrated campaigns planned and implemented. Evidence of extended reach to isolated groups	1-5	
	Work with colleagues in extending and upgrading use of online tools and skills for digital engagement.	Evidence of increased skills and broader usage of online tools	1-5	
	Development of website information to support self-care (with JMN)	Information pages on both websites	1	
	Provide communications support to project activity work - including marketing advice, promotion, and report editing.	Surveys promoted, briefings and reports published	1-5	
3.Community engagement	Expand attendance of Health and Care Forums and Partnership Board meetings and promote an integrated health and care approach	Systematic logging and progressing of identified intelligence (with JMN) Increased evidence of health input to partnership boards	5	Caroline Tyrell-Jones
	Gather learning and assess possibilities for future engagement approaches, blending online and face to face.	New models considered and in use	1-5	

	Implement system for volunteers to develop knowledge of and links to local voluntary and community groups (VCS) and other organisations	Accurate and up to date VCS contacts recorded on our CRM database Evidence of increased feedback on people's experiences of care from VCS partners	1-5	
	Scope and develop new engagement opportunities with excluded communities	Share understanding of the experiences in excluded communities with service providers	1-5	
	Establishing a network of VCS organisations who work primarily on voice amplification	Network meetings in place with comprehensive membership and terms of reference agreed.	5	
4.Projects	Implementation of Business Development Strategy	Increased external income aligned to short term business ambitions	1-5	Jo McHattie
	Development of bids to support project work	Increased project income and impact, in line with Healthwatch remit	1-5	
	Development of methods and processes to engage with young people about health and social care (with CTJ)	Evidence of increased engagement with young people Share understanding of the experiences of young people with service providers	4,5	
	Establish Project Programme Group to provide overview of project development, delivery, and reports to Board	Project register, reported outcomes and learning from project reviews Board governance in place for externally funded projects	1-5	

5.Strategic influencing	Representation of Healthwatch on local groups maximises influencing opportunities	Evidence of influence from minutes and reports, and positive feedback on reputation	1-5	Sandie Smith
	Overview of escalations, projects, evaluation and quality	Reporting and evidence of impact Quality assurance methods and processes in place and reviewed	1-5	
	Adoption of Healthwatch England Impact Tracker	Impact Tracker used from April 2021 and reviewed positively	1-5	
	Develop patient and public elements of integrated care system at system, Alliance and place levels linking to existing hubs and local authority structures	Patient and public views and voice embedded and sustainable in local integrated care system plans	3, 5	
	Host a public event drawn from all Healthwatch networks, including Council-commissioned Partnership Boards and Local Healthwatch Forums	Co-production of opportunities for integrated care, including local people, strategic commissioners, providers and voluntary sector partners Event report	3, 5	
	Support providers, including primary care, to develop effective approaches to patient involvement	Feedback from providers in response to requests for help and advise	5	

6. Finance and workforce	Management and reporting of financial position, including tracking of income and expenditure and ring-fenced budgets	Bimonthly reports to General Purposes Group and Board, and production of annual audited accounts	1-5	Carole Russell
	Maintain overview of HR systems and support to managers where required	Bimonthly HR updates to General Purposes Group Training catalogue	1-5	
	Assure on Healthwatch Health and Safety	Risk assessments recorded and escalated Policies reviewed and approved by Board	1-5	
7. Governance	Ensure effective and transparent governance and oversight	Transition group manages smooth transition re change of Chair Board development plan informed by Guarantor and Director feedback	1-5	Val Moore Sandie Smith
	Review of operational models to take account of implications of Covid-19	Evidence of review including reports to Board	1.5	