CEO Report
September and October 2020

Purpose

1.	This report summarises Healthwatch Cambridgeshire and Peterborough activities for September and October 2020.

Key issues

2.	Following the announcement of the second national lockdown, all activities and working arrangements have been reviewed. Staff are all now working at home and no further face to face meetings will take place. Engagement with communities is solely via social media platforms.

3.	The work plan has been reviewed and amended to reflect the ambitions to the end of 2020/21. This is attached as Appendix 1.

4.	The final Your care during Covid report was published on 22 October[1]. 1,131 responses were received over the period late May to the end of August. See sections 10 to 18 for more detail and plans for taking forward the findings.

5.	The Giving GP websites a check-up review was published on 16 September[2]. The report has been widely welcomed by GPs, the Local Medical Committee (LMC) and the CCG. A number of practices have already contacted us to discuss our findings for their websites. The report has contributed to discussions at a regional and national level; highlighting the need for greater consistency across GP websites. See sections 19 to 22 for more detail on the report findings.

6.	Our Healthwatch has been invited to assist in delivery of the NHS England Integration Index project. This project requires us to work with people from diverse communities to describe their journeys through specific pathways. More detail is awaited, delivery will be completed by March 2021.

7.	Reporting against key performance indicators is presented in the sections listed. The annual engagement report is presented to this meeting as a separate item.

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[1] https://www.healthwatchpeterborough.co.uk/news/2020-10-22/covid-survey-report-highlights-health-and-care-struggles-during-pandemic

[2] https://www.healthwatchcambridgeshire.co.uk/report/2020-09-16/giving-gp-websites-check

- Strategic priorities section 9
- Communications sections 23 to 27
- Engagement sections 28 and 29
- Experiences sections 30 and 31
- Impacts and influencing sections 32 to 41
- Projects section 42.

Action required by the Board

8.   The Board is asked to:
- Note the report.

Author

Sandie Smith, CEO

11 November 2020

Strategic priorities

9. Table 1 below summarises ongoing and specific activities that are being undertaken in response to our strategic priorities.

Priority	Current activities
1.Promoting Independence and Self-Care	• Information Service delivery • Website information
2. Access to Primary Care Services	• GP website review report published • Engagement with Patient Participation Groups • Escalating access concerns, particularly NHS dentistry
3. Social Care and Integrated Support Services	• Partnership Board activities • See escalations for specific impacts • Survey of small sample to gather insight into being discharged from hospital to home
4. Mental Health Services for Children, Young People and Adults	• Working with partners to understand lived experience and share with commissioners and providers • Members of CPFT collaborative group • Supported pre-tendering engagement activities
5. Involving people in redesigning the services they use	• Healthwatch England online engagement project completed • NHS England/Improvement Integration Index project. • Opportunities to contribute via health and care forums and partnership boards • Opportunities to take up research participation

Table 1 Activities aligned to strategic priorities

'Your care during Covid'

10. Our survey to gather insight into people's experience of using health and care services during the Covid-19 pandemic closed in August. Three briefings of the interim findings were published July, August and September and shared with commissioners and providers at the time. The full report reflected the experiences of 1,131 people from across Cambridgeshire and Peterborough.

11. Of the people we heard from:
    • Nearly one in three were unpaid carers
    • Six in ten needed to use health services during the survey period
    • Over four in ten had a long-term health condition or disability
    • 73 people with additional communication needs
    • Nearly two in three said they or someone they cared for was at risk of serious illness from Covid
    • More than one in 10 shared an experience of using social care.

12. The key themes identified from the responses:
    • Gratitude for NHS and care workers
    • Communication and reassurance
    • Mental health and lonely journeys
    • Challenges for families and carers
    • Concern for those without digital access.

13. Further analysis has shown us that these are the key findings:
    • Many older people, those with disabilities or long-term health conditions, carers and those not online hit hardest
    • Nearly a third said there was a high or significant impact on their mental health and wellbeing
    • Three in ten avoided getting help for their health
    • Of those that did, three quarters rated it highly
    • Shutdown of dental services worsened existing problems around access to high street NHS care.

14. The report highlights the lessons for everyone planning and delivering health and social care services:
    • People need clear and timely communication
    • Build on technology use but find solutions for those who cannot manage remote appointments
    • Address the concerns over health inequalities and digital exclusion
    • Understand the isolation for new families and the disruption impact on those with additional needs
    • Potential to co-produce self-care information
    • Incorporate new ways of working co-operatively to strengthen community networks.

15. Our Healthwatch is sharing these findings with the providers and commissioners of health and social care. More detailed data is available to specific Presentations are planned for a number of strategic meetings including the North Alliance group and the CCG Integrated Performance Committee. We will track how the learning is taken account in planning and delivery of services.

16. We are continuing to collect people's feedback about using health and social care services and will be launching the joint Healthwatch and Care Quality Commission #BecauseWeAllCare campaign locally to find out more about people's experiences of services as the pandemic progresses.

17. The issues raised regarding digital exclusion are being followed up through a range of actions, with some improvements already seen (see section 36 below). We are also planning a series of workshops to enable the commissioners and providers to listening to people's experiences of:
    - Young people's mental health services
    - NHS Dentistry
    - Autism services.

18. We will be looking at how the conclusions and recommendations of the October Parliamentary Health and Social Care Committee inquiry are responded to at a local level[3]

'Giving GP websites a check-up'

19. During June and July our Healthwatch volunteers audited 98 GP websites across Cambridgeshire and Peterborough. They checked how easy it was to find key information that was up to date, clear and easy to understand. The aim was to find information that a patient might need without having to make a telephone call to the practice.

20. Our volunteers found that:
    - Half of GP websites did not have the latest Covid-19 guidance for the public
    - Just 22 out of 98 websites had links to information about changes to cancer services during the pandemic
    - It was difficult to find information about advocacy support when making a complaint

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[3] https://committees.parliament.uk/committee/81/health-and-social-care-committee/news/119677/mps-saycompelling-case-for-weekly-testing-of-nhs-staff-to-stop-nhs-becoming-a-covidonly-service-in-second-wave/

- 72 sites had links to self-care information but some links did not work
- Less than half had information about the practices' Patient Participation Groups
- Two out of three sites did not have good examples of accessible information for patients with sensory loss or learning disabilities.

21. We are now producing a checklist to help practices identify information that is most important for people. We will repeat the audit in six months with a sample of websites.

22. Our Project Manager has been contacted by other Healthwatch who were interested in finding out more about our project. The project methodology has been adopted by at least two other Healthwatch.

Communications

23. **Publications and promotional focus** – The focus in this period has been around publishing three reports: Covid survey briefing 3, our Giving GP Websites a Check-up report and the Covid-19 survey final report - Your care during Covid.

24. **PR activities** resulted in 13 articles in the traditional press, including local papers and BBC radio, and 8 in other local stakeholders' publications, including CCG and local authority briefings.

25. **Websites** - In this period, both websites have been updated regularly with news, blogs, reports, and advice articles. Data shows 21,929 users accessed the website in this period, 400% above the same period last year, and more than double the users during the preceding two months. Our most popular content continues to be our advice and information articles, accounting for most of the huge spike in visitor numbers.
    - Testing for Coronavirus (24,074-page visits = 58% of all website traffic)
    - Finding an NHS dentist / getting dental care during the pandemic
    - Information about coronavirus
    - Hospital visiting restrictions.

    More than 9,000 people clicked on a link to visit the NHS website to find out more about coronavirus and / or book a Covid-19 test as a result of visiting our website during this period.

26. **E-news** – sent two segmented editions of the local Healthwatch e-news to a circulation of over 1,000 readers, with average open rates at 34%, rising to 43% when resending to non-openers. Open rates are likely to be an underestimate. We continue to send a monthly team e-news to Directors, staff and volunteers.

27. **Social media** - Social media has been an important tool to share information updates with our communities, particularly Facebook. The number of people who share, comment and click on our posts continues to increase significantly when compared to the same period last year, see table 2 and graph 1. Video content remains popular, especially our vloggers Nathalie and Sean who recently did a video encouraging people with a learning disability to get their flu jab.

Sept - Oct 20-21	Totals	Average per month	% change from same period last year
Posts	229	115	46% ⬆
No of followers	5137		14% ⬆
Shares / RT	575	288	36% ⬆
Reactions – likes	1112	556	41% ⬆
replies / mentions / comments	338	169	68% ⬆
Clicks	996	498	63 % ⬆
video views	319	160	100 ⬆
Total engagement*	3828	1914	50% ⬆

*Total engagement excludes video views

Table 2
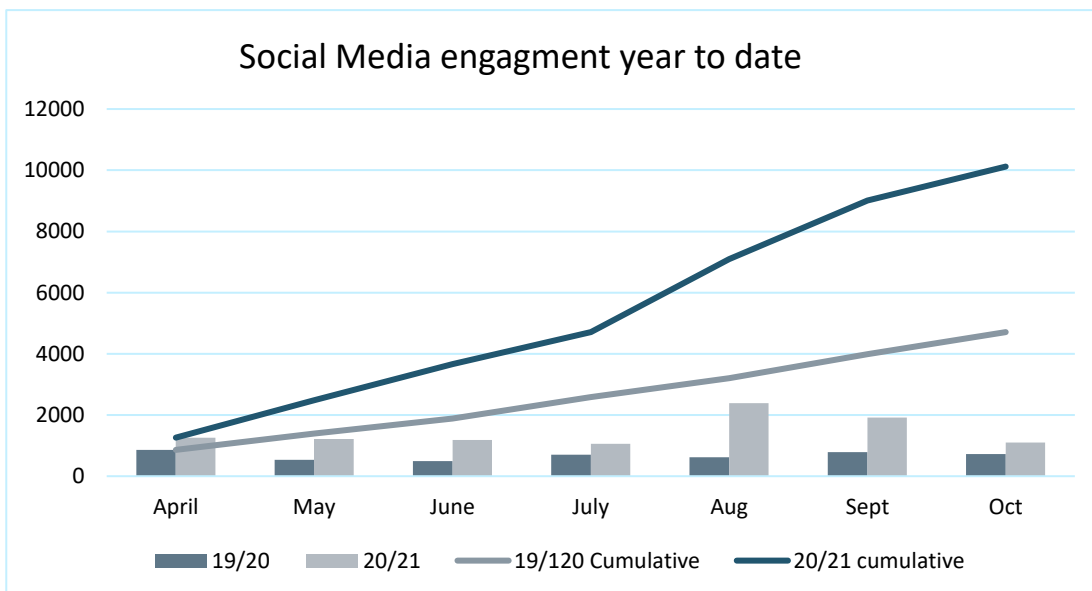
Graph 1

Engagement

28.   Our health and care forums and partnership boards continue to meet online as scheduled. Table 3 shows the activities of these groups during September and October, as well as next meeting dates. The annual engagement report, with fuller details, is a separate item on this agenda.

| Meeting	Date of meeting	Attendees*	Key speakers and updates
Fenland Health and Care Forum	8/10	14	• ARC East of England Project – Food and Covid (University of Hertfordshire) • Updates from Queen Elizabeth Hospital, Oasis Centre
Greater Cambridge Health and Care Forum	7/10	17	• ARC East of England Project – Food and Covid (University of Hertfordshire) • Audiology and Cambridgeshire Hearing Help • VCS update
Huntingdonshire Health and Care Forum	1/9	16	• ARC East of England Project – Food and Covid (University of Hertfordshire) • Updates from NWAFT, CPFT
Peterborough Health and Care Forum	24/9	17	• Healthwatch Information and Signposting update • Updates from NWAFT, CPFT, Octagon, Little Miracles
	22/10	15	• Integrated Neighbourhoods • Updates from NWAFT, CPFT, Octagon, Little Miracles
Wheelchair User Forum	Next meeting 5/11		• AJM Healthcare service user guide • Experiences of transition from children's services to adult services and wheelchair users
Older People's Partnership Board	21/9	19	• A vision for domiciliary care • Experiences of social care during Covid-19

Carers Partnership Board	8/9	11	• A vision for Domiciliary Care • All Age Carers Service – Caring Together, Centre 33, Making Space
Physical Disability Partnership Board	Next meeting 10/11		• Healthwatch Information and signposting service • GP website report
Sensory Impairment Partnership Board	22/9	15	• A vision for domiciliary care • E-scooters • Experiences of social care during pandemic
Learning Disability Partnership Board	17/9	17 *Excluding Healthwatch staff and Directors*	• Experiences of social care during Covid-19 • Priorities of the partnership board

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

29. We were commissioned by Healthwatch England to assist with the development of a training module to upskill the network on online engagement. This module will be available to the whole network later this month.

Experiences

30. The number of experiences collected and signposting enquiries for the year to date are show on graph 2 below. These experiences are in addition to 1,131 plus responses received through the Covid-19 survey.

31. Graph 3 shows the cumulative total of experiences collected to date this year compared to 2019/20. This reflects the change in our Healthwatch operations. We are now collecting more of our feedback from people contacting our Information Service for help. Prior to the Covid-19 period over twice as many experiences were collected through face to face engagement.

Experiences by month 2020/21

Graph 2

Experiences 2019/20 and 2020/21: Cumulative comparison
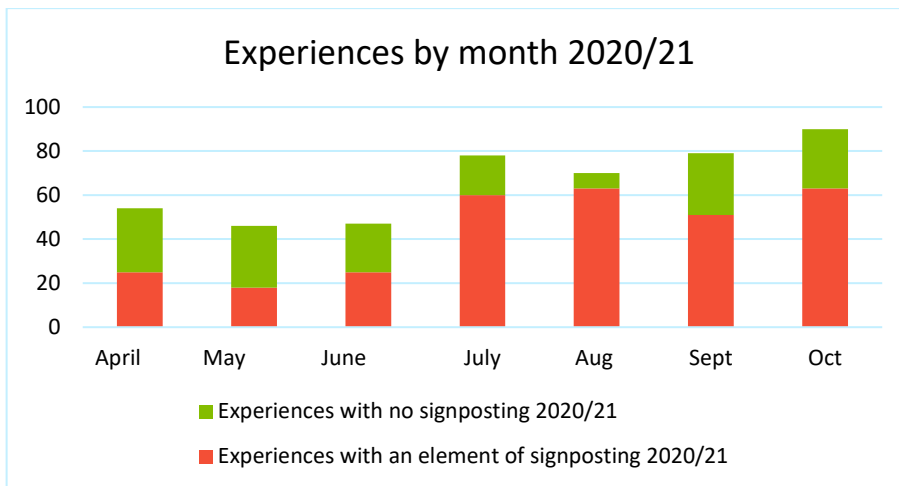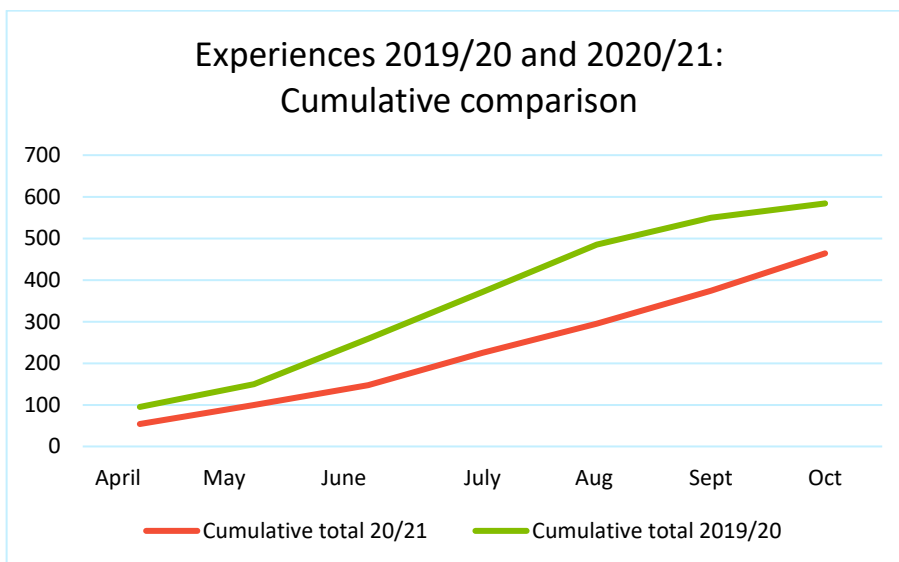
Graph 3

Impacts and influencing

32. NHS dentistry continues to be the most frequent topic for callers to our Information Service. We have liaised with a number of organisations, including 111 and other local Healthwatch, to ensure we have the most up to date guidance, so that we give accurate information. We are collating data and have joined a weekly Healthwatch NHS England to contribute our intelligence.

33. The CCG consultation on relocating the Peterborough Urgent Treatment Centre closed at the end of September. Our Healthwatch supported the consultation by promoting it locally, chairing two public online meetings, holding a discussion at our Peterborough Health and Care Forum and submitting a formal response. The CCG Governing Body agreed the move but not until April 2021. The mitigations we put forward have all been accepted[4].

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[4] https://www.cambridgeshireandpeteroroughccg.nhs.uk/about-us/governing-body-meetings/

34.   We continue to hear from people about problems they are having registering with a GP and telephone access to specific practices. We are feeding this back to the practices and have resolved several individual problems. The LMC have reminded practices of the regulations regarding registration. The CCG primary care team are undertaking a piece of work to improve telephony systems, so we are keeping them informed of individual problems.

35.   We have highlighted inconsistent public communications about the Test and Trace programme and fed back to Healthwatch England the problems that people are experiencing with the app.

36.   Digital exclusion has been a major concern throughout the pandemic. We were aware that there were a number of projects to help people with getting equipment and new skills. We raised this with the County Council. They have undertaken a mapping and have accepted that connectivity, both broadband and mobile networks, needs to be a priority for improvement. Our partnership boards will be doing more work to look at narrowing the digital divide.[5]

37.   The Acting Police and Crime Commissioner, Ray Bisby, attended a round table event that was held as part of Hate Crime Week [6]. The Acting Commissioner listened to people's experiences and promised to take to the Policing Minister the issue of people with disabilities being filmed by strangers, who then post on social media.

38.   CUH and NW Anglia hospitals have now written to patients regarding the status of their treatments and consultations. An issue first raised in our July Covid-19 survey briefing. We have expressed our concern that this has taken so long. We have been told that there are tight national restrictions on communications that has impeded this happening before. We have raised this as an issue with Healthwatch England.

39.   The findings in our third Covid-19 briefing, about the isolation of some new mothers, was included in a CCG bid for extending peri-natal mental health services.

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[5] https://www.healthwatchcambridgeshire.co.uk/news/2020-09-28/staying-connected-not-everyone%E2%80%99s-online

[6] https://www.healthwatchcambridgeshire.co.uk/blog/2020-10-13/tackling-disability-hate-crime

40. We submitted a formal response to the North East Cambridge Area Action plan. We highlighted people's worries about the impact of growth on local health and care services, particularly GPs, and to call for joined-up planning of new services.

41. Our Engagement Officer facilitated NHS England attendance at Peterborough Community Champions meeting, to gather feedback to inform the development of the new specification for the regional Translating and Interpreting Service.

Projects

42. Current project status is listed below in table 4. Completed projects are reported elsewhere in this report.

Project name	Description	Status	Comment
Discharge from hospital	Collecting experiences from people discharged from hospital to home	Green	Report anticipated early December 20
UKRI Enhancing Place-based partnerships in Public Engagement	Community based participatory research. Engagement with seldom heard groups to find out more about health needs	Green	To complete by end of November 20
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 to commence Sept 20.
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 4 Project summary and status

Work Plan - November 20 to March 21

	Overview of activities	Outputs	Priority	Lead
1.Information and intelligence	Delivery of information service	Usage and trends tracked and reported to Board	1-4	Julie
	Maintenance of evidence base progressing and tracking concerns	Tracking system in place, regular scheduled briefings to Board and staff	1-4	
	Development of website information to support self-care (with AR)	Information pages on both websites	1	
	Data analysis elements of project work including discharge from hospital survey	Briefings and reports with identified themes and findings	1-4	
	Policy and service change horizon scanning	Changes, and likely impact of change, disseminated to Board and appropriate staff	All	
2.Communications	Promoting Healthwatch activities and supporting delivery of services digitally	Websites and social media maintained, e-newsletters, development of promotional materials and PR activities	All	Angie
	Development of an integrated approach to campaigns and project work (with all management team)	Evidence cross team working in projects and campaigns	All	
	Developing and promoting surveys and other activities to support project work	Surveys distributed, briefings and reports published	All	

3.Community engagement	Consolidate and extend attendance of Health and Care Forums and Partnership Board online meetings.	Systematic logging and progressing of identified intelligence (with JMN)	5	Caroline
	Gather learning and assess possibilities for future engagement approaches, blending online and face to face.	New models considered and developed	All	
	Maintain VCS contacts on the CRM, work with partners to gather experiences and deploying volunteers to build relationships with local community groups and organisations.	Accurate and up to date VCS contacts recorded on CRM. Evidence of increased feedback from VCS partners.	All	
	Support volunteers, develop new engagement opportunities with a focus on excluded communities.	Feedback shows that volunteers are engaged. Increased feedback from excluded communities.	All	
	Development of structures and methods to engage with young people (with JMH)	Evidence of increased engagement with young people. Workshop with young person's focus.	4,5	
4.Projects	Implementation of Business Development Strategy – short term	Evidence of meeting immediate business ambitions	All	Jo
	Plan meeting long term business ambitions	Evidence of planning and action	All	
	Overview of project development, delivery, reporting and review	Project register, reported outcomes and learning from project reviews	All	

5.Strategic influencing	Representation maximises influencing opportunities	Evidence of influence, eg meeting minutes and reports	All	Sandie
	Overview of escalations, projects, evaluation and quality	Reporting and evidence of impact	All	
	Implementation of Healthwatch England Impact Tracker	Impact Tracker in place by April 2021	All	
	Support the system to improve engagement and consultation standards	Evidence of feedback to improve standards	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 production of annual audited accounts	All	Carole
	Maintain overview of HR systems and support to managers where required	Bimonthly HR updates to General Purposes Group Training catalogue	All	
	Act as the organisational Health and Safety lead, giving assurance of general and covid-19 risk assessments	Risk assessments recorded. Policies reviewed.	All	
7. Governance	Work with the Chair to ensure effective and transparent governance and oversight	Board development plan informed by Guarantor and Director feedback Sub-group in place to oversee smooth transition re change of Chair Director recruitment completed by end of 2020.	All	Sandie
	Review of operational models, peri and post-Covid-19	Evidence of review including reports to Board	All	