

HEALTHWATCH CAMBRIDGESHIRE AND PETERBOROUGH

Work programme 2019/20: end of year report

QUALITY STATEMENT 1 Strategic context and relationships Having a strong understanding of the strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch.		
Activity	Lead	Achievements
1.1 The work of Healthwatch Cambridgeshire and Peterborough is informed by reported experiences and concerns of local people and set out clearly in the organisation's Strategic Priorities and the Work Programme.	SS	The Healthwatch Cambridgeshire and Peterborough Strategy for 2020-25 has been approved and is ready for promotion. The strategy has been compiled from extensive stakeholder engagement and the priorities identified from analysing a range of data. The strategy has been subject to a full consultation and amendments made in light of comments received. The annual work plan 2020/21 is in development.
1.2 Work strategically to raise the profile of engagement and voice in the planning and governance processes with commissioners and providers.	SS	Healthwatch Cambridgeshire and Peterborough are represented at a wide range of key strategic and transformation health and care meetings. Attendance is coordinated and lists circulated. Feedback from meetings is recorded, shared and actioned as required. The purpose and impact of attendance is reviewed regularly.
1.3 Use soft intelligence to inform commissioners, regulators and providers of local experiences through formal and partnership structures and direct reporting.	SS	Intelligence is compiled on a bi-monthly basis and shared with providers, commissioners and regulators. Directors and staff receive this summarised intelligence to inform discussions at strategic meetings. Summarised intelligence about our current concerns is shared with the CCG Integrated Performance and Assurance Committee and QSG.

QUALITY STATEMENT 2

Community voice and influence

Local Healthwatch enables local people to have their views, ideas and concerns represented as part of the commissioning, delivery, design and scrutiny of health and social care services.

2.1 Undertake a range of communications activities that raises awareness of the work of Healthwatch Cambridgeshire and Peterborough in wide range of formats.	AR	Communications activity and reach is reported in detail to the Board annually. The bi-monthly CEO Report contains more frequent updates. Communications activity has steadily increased over the past year, showing steadily increasing reach and impact. The new Cambridgeshire website was launched in February 2020. Plans are in hand to launch the new Peterborough website in April 2020.
2.2 Develop and deliver a range of community engagement activities, some of which will be led by Healthwatch Cambridgeshire and Peterborough and some working with partners.	CTJ	Engagement activity is reported to the Board annually. The bi-monthly CEO Report contains more frequent updates. The Greater Cambridge Forum was set up this year, and the network of Forums reviewed. A number of actions have been put in place to improve consistency across the four Forums, this includes common Terms of Reference and a standard process for collecting experiences and responding to questions.
2.3 Engage a wide range of people from different backgrounds and communities, particularly inclusive of those people whose voices are less heard, to work with Healthwatch Cambridgeshire and Peterborough working with existing networks and groups.	CTJ	<p>Proactive engagement work is focussed in Fenland and Peterborough, the areas where there are more seldom heard and excluded groups of people. Links have been established with a good number of groups and organisations working with these communities. These continue to grow. We have assisted providers and commissioners to reach several of these groups and so facilitated getting more diverse voices heard and are partners in bids for local project work.</p> <p>In the year 2019/20 we attended 143 events and spoke to 4772 people.</p>
2.4 Promote opportunities for participation and giving feedback.	AR	All partners are encouraged to advertise their opportunities for participation and feedback through Healthwatch Cambridgeshire and Peterborough. These are promoted through Healthwatch networks, including websites and social media.

<p>2.6 Work in partnership with the voluntary, statutory and independent sector to facilitate opportunities to participate and promote engagement.</p>	CTJ	<p>The Engagement Team have well established links with a wide range of voluntary and community sector groups and organisations, including Caring Together (was Carers' Trust), Age UK, Care Network, Arthur Rank, MacMillan and MIND. Healthwatch Cambridgeshire and Peterborough are members of all local CVS. We are exploring opportunities for a number of partnership projects with VCS partners.</p>
<p>2.7 Maintain an active and informed volunteer base.</p>	CTJ	<p>Volunteer numbers and activity is reported to the Board in the CEO Report. At the end of March 2020 there were 37 active volunteers:</p> <ul style="list-style-type: none"> • 15 of our volunteers are under 50 • 30% male and 70% female • 8 volunteers are from non-white British communities. <p>This a more representative picture than 2 years ago. We have worked hard on meeting people from 'hard to reach communities' and recruiting them to become volunteers, which is reflected in the figures above. Our volunteers are equally spread across all areas of Cambridgeshire and Peterborough. Volunteers are trained in engagement, giving talks and presentations, safeguarding, GDPR and Enter and View. All new volunteers have induction.</p> <p>Social activities and volunteer recognition activities are frequently held, as are a wide range of training and development opportunities. The Investors in People application is due for final assessment April 2020. We have feedback to indicate that the standards are all well met and that the application will be approved.</p>
<p>2.8 Actively encourage the public to attend Healthwatch Cambridgeshire and Peterborough Board meetings have a regular item for Public Questions.</p>	AR	<p>Board meetings are publicised in newsletters, on our websites and on social media. The agenda has a standing item for Public Questions.</p>
<p>2.9 Involve local stakeholders in strategic planning and priority setting.</p>	SS	<p>A wide range of stakeholders have been involved in the strategic planning process. The new strategy has been informed by a stakeholder perception survey and community forum workshops.</p>

QUALITY STATEMENT 3**Making a difference locally**

A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services could be improved by collecting the views and experiences of the members of the public who use them.

3.1 Develop and implement one experience collecting, recording and reporting system	JMN	Completed. The Healthwatch England Customer Relationship Management system is now used to record all feedback. Briefings and feedback are sent to key partners on a regular basis. Community forum, group and partner feedback is being incorporated. The impact and outcomes of our work is reported to the Board in the bi-monthly CEO report.
3.2 Deliver a programme of Enter and View visits and maintain a group of trained and DBS checked Authorised Representatives	CTJ	Three Enter and View visits to Peterborough Care Homes completed, two reports published. One report placed on hold due to COVID19 emergency. 2020/21 visits on hold due to system emergency. There is a pool of appropriate Authorised Representatives in place. Arrangements for joint visits with CCG Quality Team have been agreed and set up. Visits to commence once business returns to normal.
3.3 Develop and deliver project work as indicated by intelligence gathered from local people, with resulting recommendations for change fed through to commissioning and decision-making bodies.	SS	The internal escalation process is being used regularly. A project register is used to track internal escalation work and externally funded projects. All escalations are reported to Board in the CEO report. See attached table of escalations.

QUALITY STATEMENT 4**Informing people**

A core part of the role of local Healthwatch is to provide advice about local health and social care services to the public.

4.1 Deliver a health and social care Information & Signposting Service that collects experiences as well as directing people to suitable services.	JMN	<p>Details of the Information and Signposting Service activity is reported to the Board annually. The bi-monthly CEO Report contains more frequent updates. Director and Staff Briefing of current concerns, actions and responses.</p> <p>In 2019/20 we received 1022 pieces of feedback in total, of which 773 had no signposting and 249 had an element of signposting</p>
4.2 Collect data to inform trends of usage and referrals.	JMN	<p>Trends and referrals are reported to Board bi-monthly in the CEO Report. Detail is reported to Board annually, last reported due January 2020, this includes source of intelligence, eg email, telephone, online form.</p>
4.3 Maintain relationships with other Information & Signposting Service providers to minimise duplication and ensure easier navigation of the system for local people.	JMN	<p>Proactive relationships are developed and maintained with other information services, particularly the PALS service for each provider. We are linked into the Social Prescribing Programme Board and seeking to develop extensive networks with Social Prescriber Link Workers, so we can offer a back up Information Service. We will also contribute to SPLW training.</p>
4.4 Gather intelligence on the implementation of the NHS Accessible Information Standard and feedback to commissioners, regulators and providers.	JMN	<p>Completed and embedded into other projects including Enter and View.</p>

QUALITY STATEMENT 5 Relationship with Healthwatch England Local Healthwatch works with Healthwatch England to enable people's concerns to influence national commissioning, delivery, and the redesign of health and social care services.		
5.1 Sharing project-based and routinely gathered intelligence with Healthwatch England.	JMN	All published reports are shared with Healthwatch England. Healthwatch England also receive all routinely gathered intelligence via their CRM.
5.2 Escalation of concerns that cannot be resolved locally.	SS	There is no longer a formal escalation process to Healthwatch England. Concerns and escalations are shared with regional and national colleagues on an individual basis. Impacts are reported to Board in the bi-monthly CEO report.
5.3 Supporting and contributing to regional and national Healthwatch projects and strategic development.	SS	<p>Healthwatch Cambridgeshire and Peterborough actively supports national Healthwatch work, responding promptly to requests for information and contributing to projects. We have recently been one of six Local Healthwatch to undertake evaluation of the new A&E standard trial. National report due in January 2020, to be followed by publication of our local project at CUH.</p> <p>As the largest Healthwatch in the East of England, Healthwatch Cambridgeshire and Peterborough takes a lead role in regional activities. We have agreed to pilot the new HW England Quality Framework. Early next year staff are attending the Making a Difference Toolkit training and discussing piloting the Research Governance Framework.</p> <p>Reports published during this period:</p> <ul style="list-style-type: none"> • What Would You Do - local views on the NHS Long Term Plan (commissioned by NHS England via HW England) • Empowering people at the End of Life (Cross-Partnership Board event) • Ashlynn Grange Enter and View report • Field House Enter and View report