

CEO Report November and December 2020

Purpose

1. This report summarises Healthwatch Cambridgeshire and Peterborough activities for November and December 2020 and presents the opportunity to discuss our work with children and young people.

Key issues

2. Mental health services for children and young people is a strategic priority for our Healthwatch. Sections 9 to 15 summarises what we know about these services and what we hear from children and young people and organisations that provide support.
3. In December we published ‘Leaving hospital during Covid-19’; a report that looked at the experiences of a small number of people who left hospital during the summer of 2020. The report findings are summarised in sections 16 to 19.
4. At the end of 2020 we launched our local promotion of the #BecauseWeAllCare campaign. This is a joint Healthwatch England and CQC campaign to encourage people to feedback their experience of using health and care services. We have a toolkit of resources that we have shared with partners asking them to support this campaign and help us hear from people about their lived experience of using health and care services at this unique time. In November we received 84 pieces of feedback via our website alone.
5. The local health and care system is advancing its plans to transform into an Integrated Care System. 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. We have submitted a response to the national consultation on ICS legislation.
6. Reporting against key performance indicators is presented in the sections listed. The annual information and signposting report is presented to this meeting as a separate item.
 - Strategic priorities: section 8
 - Communications: sections 20 to 24
 - Engagement: section 25
 - Volunteering: sections 26 to 30
 - Experiences: sections 31 and 32
 - Impacts and influencing: sections 33 to 39
 - Projects: section 40.

Action required by the Board

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

Author

Sandie Smith, CEO

13 January 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 procurement working groups • Escalating access concerns, particularly NHS dentistry
3. Social Care and Integrated Support Services	<ul style="list-style-type: none"> • Partnership Board activities • See escalations for specific impacts • Discharge from hospital report
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 • Supported pre-tendering engagement activities
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

Children and young people

9. Between 2015 and 2017 Healthwatch Cambridgeshire published three reports that explored children and young people's views on mental health and wellbeing:
 - 'Thriving'¹
 - 'Minding us'²
 - 'Being happy, being me'³
10. The findings of the latter two reports were used by the CCG to inform the development of the transformation plan for children and young people's mental health services. At this time there was a requirement for all CCGs to describe their improvement plans.
11. Since then we have continued to hear of the pressure on services, long waits for CAMHS and local counselling services, such as CHUMS. Our Healthwatch has raised concerns with the Local Safeguarding Children's Board and has been pleased to see a focus on improvements. These improvements have culminated in a retendering of the young people's counselling services, currently underway. We have contributed feedback to inform this process.
12. Our Covid-19 report showed that the pressure on these services has increased significantly during the pandemic. Many services are still being delivered by telephone or online. Waiting lists for help continue to grow. There is information about wellbeing and low-level support on the Keep Your Head website; however, we hear that many people do not know about this resource.
13. Our Healthwatch has maintains excellent communications channels with organisations working with young people, especially those working in mental health provision. We work hard to promote lived experience of young people and help organisations link up with different groups and communities.
14. Mental health services for children and young people is a strategic priority for us and we are keen to look at how we can better involve young people in developing services, both our own and the system.
15. We have been commissioned by NHSE/I, via Healthwatch England, to map the pathways and experiences of young people as they transition from children's to adults' mental health services. This work will be completed by April 2021.

¹ [Thriving - improving young people's mental health | Healthwatch Cambridgeshire](#)

² [Minding Us FINALpdf_0.pdf \(healthwatchcambridgeshire.co.uk\)](#)

³ [Being Happy, Being Me - new report into young people's mental health | Healthwatch Cambridgeshire](#)

Leaving hospital during Covid

16. This report was published in December and told the stories of 35 people leaving hospital between June and August 2020. We had been asked to consider carrying out a survey by the local authorities who wanted to know about people's experiences and how they could improve support for patients.
17. The survey showed that:
 - Around one in five patients were not told they would get support from health or social care after leaving hospital.
 - Nearly two in three people were not given information about who to contact if they needed health advice or support after leaving hospital.
 - Only one in five people were given information about voluntary sector support which could help them after they left hospital.
 - Three in four people said they definitely felt prepared to leave hospital or felt prepared to leave to some extent.
 - Nearly three in four people discussed where they were being discharged to and went to the place they wanted to go to.
 - Most people were positive about the care put in place.
 - Just over one in three people said they waited more than 24 hours to be discharged from hospital.
 - The main reason for people waiting longer was due to transport arrangements although some people experienced multiple reasons for delay.
 - Some patients felt they did not have suitable equipment for use at home or knew how to use it correctly.
18. These findings are consistent with the national report⁴ and underline other patient feedback we have received highlighting the need for better communication between health and care services and patients and their families.
19. We have shared the findings with our hospital, local authorities and community health services and will be working with them to improve information for patients, families and carers.

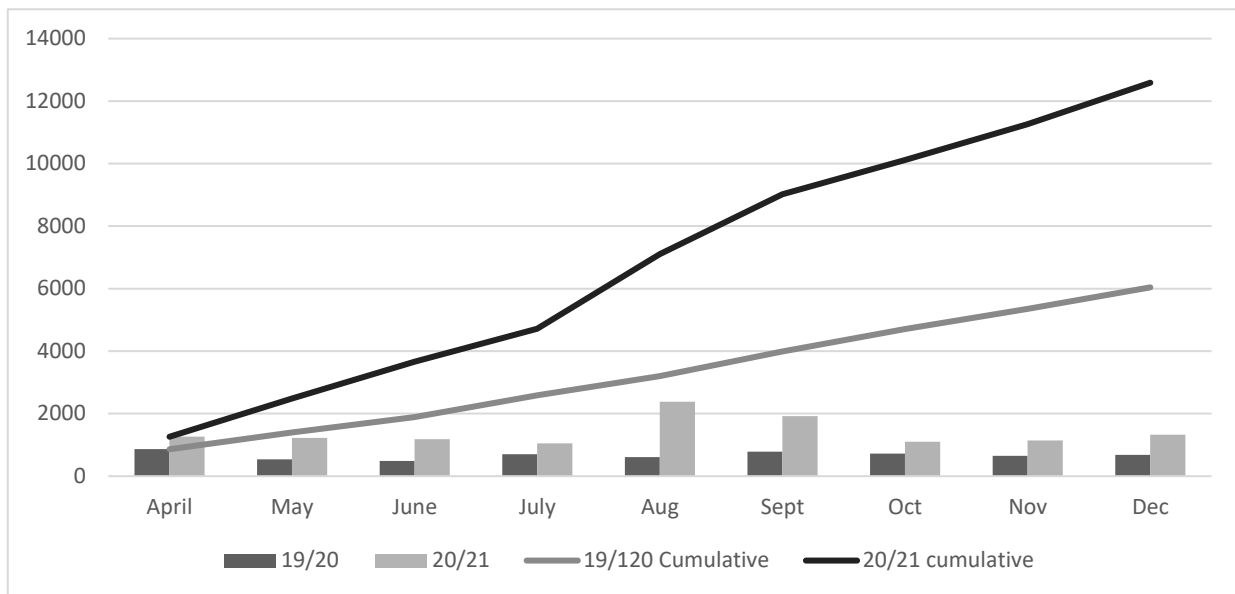
⁴ Microsoft Word - 20201008 Hospital discharge report final.docx (healthwatch.co.uk)

Communications

20. **Publications and promotional focus** - The focus in this period has been around our 'Leaving hospital during Covid-19' and the soft launch of the 'Because We All Care' campaign to encourage people to feedback their experiences of health and care services. This was soft launched on 18 November with a video from Healthwatch volunteer Eunice.
21. **Our PR activities** resulted in 15 articles in the traditional press, including local papers and BBC radio, and 12 in other local stakeholders' publications, including local community newsletters, local authority briefings and voluntary sector publications.
22. **Websites** - In this period, both websites have been updated regularly with news, blogs, reports, events and advice articles. More than 14,000 people looked at the websites in this period, 474% more than the same period last year. Our advice articles continue to be popular content, particularly around the issues of coronavirus and dental access, with more than 10,000 people seeking advice about coronavirus testing.
23. **News** - sent two segmented editions of the local Healthwatch e-news to a circulation of over 1,000 readers, with average open rates at 37%, rising to 45% when resending to non-openers. Open rates are likely to be an underestimate.
24. **Social media** - this continues to be an important tool to share information updates with our communities, particularly Facebook. We are keen to increase reach - which is the number of people who see and share our posts, and to increase the number of people who comment on our posts or click through to our websites.

<i>Nov - Dec 21</i>	Totals	Average per month	% change from same period last year
Posts	225	113	53 ↑
No of followers	5230		0
Shares / RT	280	140	49 ↑
Reactions - likes	521	261	-13 ↓
replies / mentions / comments	132	66	-11 ↓
Clicks	1132	566	61 ↑
video views	868	434	100
Total engagement*		1033	36 ↑

Table 2 Social media activity



Graph 1 Social media engagement comparison 2020/21 and 19/20

Engagement

25. Our health and care forums and partnership boards continue to meet online as scheduled and are seeing a good number of people attending. Table 3 shows attendance and the topics discussed during November and December.

Meeting	Date of meeting	Attendees *	Key speakers and updates
Fenland Health and Care Forum	3/12	23	<ul style="list-style-type: none"> BMI Can Do It presentation GP website update Updates from QEH and CPFT
Greater Cambridge Health and Care Forum	2/12	9	<ul style="list-style-type: none"> BMI Can Do It presentation Updates from CUH, and COVID-19 Hub, local VCS
Huntingdonshire Health and Care Forum	3/11	15	<ul style="list-style-type: none"> Hospice at Home - Arthur Rank Hospice Macmillan Cancer Services update Updates from NWAFT and CPFT
Peterborough Health and Care Forum	17/12	11	<ul style="list-style-type: none"> BMI Can Do It presentation Updates from NWAFT, CPFT and Octagon Proposed relocation of UTC (CCG) Updates from NWAFT and Alzheimers Society

Wheelchair User Forum	5/11	16	<ul style="list-style-type: none"> • AJM Healthcare service user guide • Experiences of transition from children's services to adult services and wheelchair users
Older People's Partnership Board	7/12	10	<ul style="list-style-type: none"> • GP website survey • Pharmacy update - Sati Ubhi • TOR review
Carers Partnership Board	17/11	18	<ul style="list-style-type: none"> • Direct Payments Support Service and People Plus • Positive service developments resulting from Covid-19
Physical Disability Partnership Board	10/11	9	<ul style="list-style-type: none"> • Healthwatch Information and signposting service • GP website report
Sensory Impairment Partnership Board	1/12	15	<ul style="list-style-type: none"> • GP website survey • Pharmacy update • E-scooters update
Learning Disability Partnership Board	10/12	26	<ul style="list-style-type: none"> • Learning disability mortality review • GP website survey

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

**Attendees exclude Healthwatch staff and Directors*

Volunteering

26. Since the beginning of the year, the team have maintained contact with all our volunteers through a range of activities including wellbeing calls. The calls are organised by our Volunteers Manager and the engagement team on a bi-monthly basis. The team also make regular contact with our volunteers by emails, sending communications including Covid-19 information and newsletters, self-help information and training courses also provide interest. We ensure our volunteers receive links to all our reports and send out requests for support regarding our project work. These are all well received by the volunteers.
27. Our volunteers have supported many of our projects including the GP website survey, interviews for the 'Leaving hospital during Covid-19' survey, the Because We All Care campaign video, as well as attending focus groups and advising on easy read aspects of our work.
28. Monthly volunteer team meetings are arranged and are regularly well attended by our volunteers. Separate meetings are organised for our Access Champions, these supported by the support worker at Peterborough College.

29. We currently have 37 active volunteers. Since April 2020 five new volunteers have been recruited, also one volunteer has returned to Healthwatch following a break from volunteering. Chart 1 shows volunteers by district, currently we have more volunteers in Peterborough than in any of our other areas despite having struggled to recruit volunteers in Peterborough in the past. In terms of volunteers by District across Cambridgeshire, we still have a shortage of volunteers in East Cambs. However, elsewhere there is good coverage.

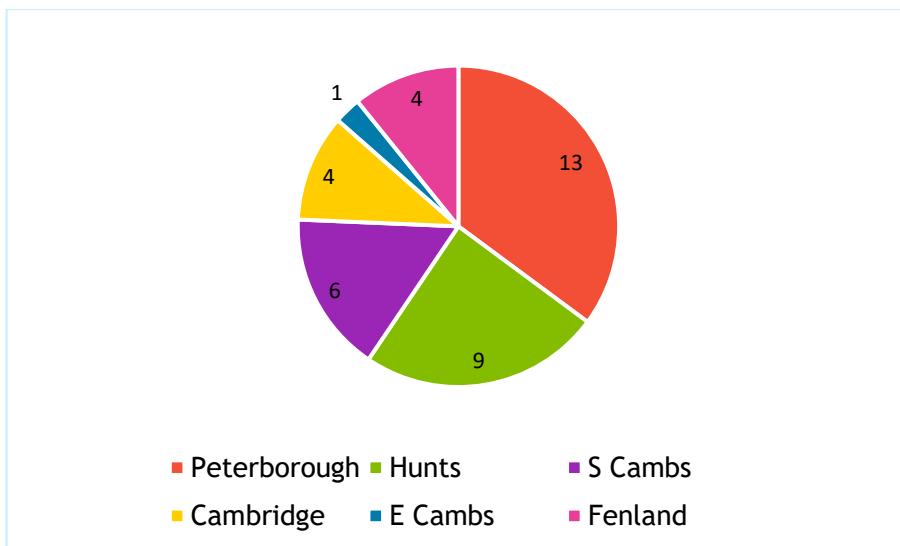


Chart 1 Volunteers by district

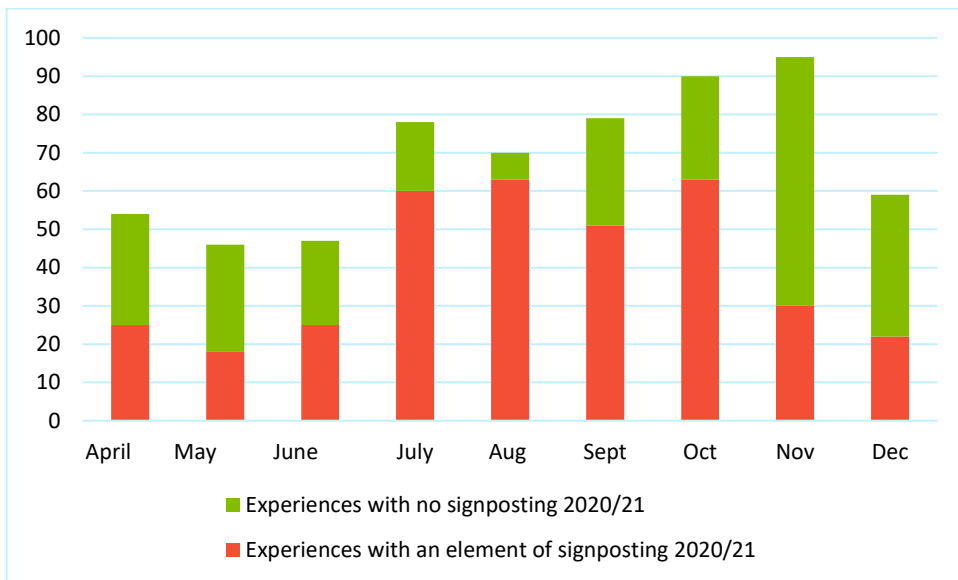
30. Following the completion of our diversity audit in 2019, there has been a focus on improving the diversity of our volunteers. We have succeeded in reaching out to younger and more ethnically diverse people. See age breakdown comparison in table 4. In terms of ethnicity, we now have 8 (22%) volunteers from BAME communities, representing a real improvement. We will continue to work on this so that we understand and communicate with all parts of the community across Peterborough and Cambridgeshire. We want everyone to feel part of Healthwatch; able to talk to us and join us as a volunteer.

Age	2019	2020
15 - 24	1 (2.5%)	3 (8%)
25 - 44	3 (7.5%)	9 (24%)
45 - 64	8 (20%)	6 (16%)
65+	28 (70%)	18 (49%)
Unknown	0	1 (3%)

Table 4 Age of volunteers 2019 and 2020

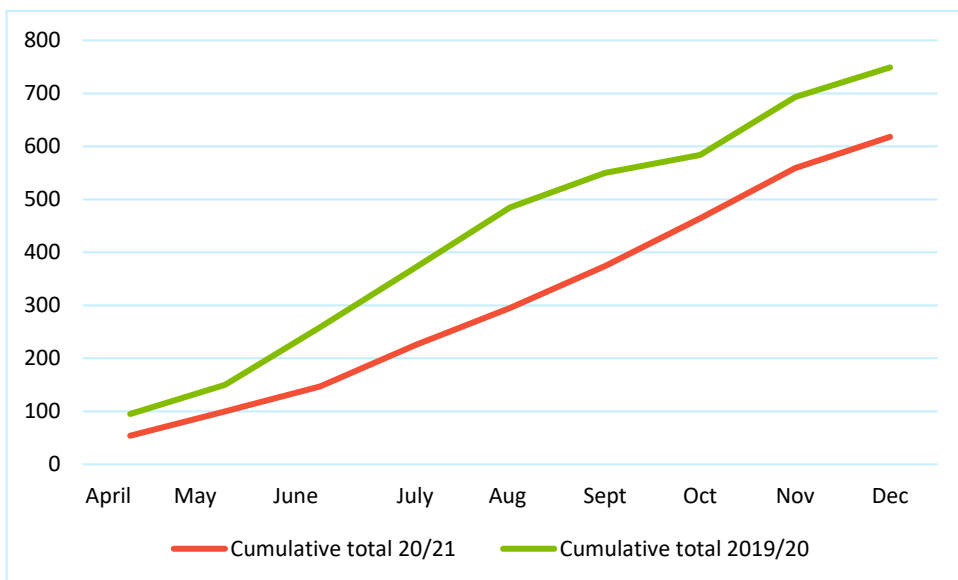
Experiences

31. 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 responses received through the Covid-19 survey.



Graph 2 Experiences by month 2020/21

32. A comparison of cumulative totals is shown in graph 3.



Graph 3 Comparison of totals 19/20 and 20/21

Impacts and influencing

33. We have a significant number of calls regarding problems people are having getting NHS dentist appointments. A fortnightly intelligence sharing meeting has been set up by NHS England commissioners attended by ourselves and other Healthwatch in the region. Individual issues are being actioned and we have the opportunity to influence the development of the new NHS dentistry contract.
34. A number of primary care contracts in Cambridgeshire and Peterborough are being procured. Healthwatch are now invited to the Steering Groups working on these procurements. We have influenced the approach to engaging patients and ensured that local people are kept informed and their concerns accessed. Our details have been included in letters to patients and we have been able to clarify and reassure people who have contacted us. FAQs have been written as a result of our feedback.
35. Following the publication of our report on GP websites we have produced a checklist⁵ to help practices with maintaining informative and accessible websites. The report and the checklist have been endorsed and promoted by the LMC and CCG.
36. The findings of our Covid-19 report continue to be proving helpful to highlight public concerns. We highlight the need for accurate and timely information for patients and the public in many strategic discussions, as well as the need for mental health support for people. Both points of major concern as the health and care system responds to the second wave.
37. Ongoing work arising from this report also include a series of workshops, the first on autism services for adults, is scheduled for February. We are also raising awareness of digital exclusion and linking communities to resources, such as training, support and sources of low cost or free devices.
38. Local projects are being developed by Primary Care Networks and resourced by a CCG Innovation Fund. Healthwatch is represented on the panel that considers the projects to advise on patient involvement and to look at how the projects make a difference to people.
39. We have worked with the UK Research Institute on a project; Enhancing Place-based partnerships in Public Engagement. This was a community based participatory research project, we assisted with connecting and engaging with seldom heard groups of people to find out more about their health needs.

⁵ GP checklist amends 4 Dec 2020 Final_1.pdf (healthwatchpeterborough.co.uk)

Projects

40. Current project status is listed below in table 5. Completed projects are reported elsewhere in this report.

Project name	Description	Status	Comment
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 scheduled for February 21.
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