

# CEO Report

Dec 2025 – Feb 2026

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## **CEO Summary and Impact**

### **National Context**

Since the last board meeting the Department of Health and Social (DHSC) held another meeting with Local Healthwatch organisations early February 2026.

### **Legislation to abolish Healthwatch**

The latest briefing from the Department of Health and Social Care (DHSC) on the implementation of the Dash Review Recommendations.

Ben Widdicombe from DHSC was able to provide the latest thinking within DHSC when it comes to the potential legislative timeline, transitional arrangements and role of ICBs and local councils in the future system. The funding for 2026-2027 has been signed off at national level, it's the same as last year and councils have been notified. The government's plan is to terminate the Healthwatch contract within a few weeks beyond the end of the next financial year.

There were several questions submitted by local Healthwatch which could not be answered, mainly around the transition arrangements.

The legislation (Health Reform Bill) is scheduled to be presented to the commons after the Easter break, week commencing 13<sup>th</sup> April 2026, to be debated over the summer.

Parallel to this, a Directorate of Patient Experience is being set up, and HWE have had shared a set of principles to the DHSC to inform them. Next step is to appoint a Director, which has not been advertised yet and there are discussions about what that role should include.

## **Changes at Healthwatch England**

**Healthwatch England is part of the CQC and not an independent organisation like local Healthwatch organisations.**

**The strategic functions of HWE will be transferred to the Directorate of Patient Experience.**

### **Smaller team in place at HWE for 2026–27**

The staff were subject to the CQC's management-of-change process. This decision was taken in response to HWE pausing many projects and plans that would not deliver near-term impact.

The process will be completed by the end of May 2026. It will result in a smaller team that will focus on ensuring that HWE carry out their statutory functions until legislation is passed to abolish the Healthwatch contract, as well as supporting any actions needed to close down the organisation. Its statutory functions are to support local Healthwatch organisations.

### **How will we be affected?**

They are developing their business plan for 2026–27. They will operate at reduced capacity and tailor plans to ensure they have enough resources to continue delivering high-quality work and impact. However, they will continue to:

- Keep us updated on policy and other changes, provide training and maintain resources, including the digital platforms they provide or fund.
- Collect and analyse our insight and ensure that this information is used to help influence policy and practice at a national level.
- Support local authority commissioners with contract arrangements.

## **Local Healthwatch Network**

Local East of England Healthwatch met on the 2nd March 2026 and updated on their current position.

### **Suffolk (changed their name)**

After an external marketplace analysis, Healthwatch Suffolk has launched a refreshed brand and new website under the banner *Our next chapter*, signalling a clear new phase of development.

### **Essex (changing their name)**

Currently using an external organisation for a marketplace analysis, Healthwatch Essex is progressing a rebrand, with a soft launch planned for June. The organisation is expanding its team, though new roles are currently fixed-term.

### **Milton Keynes (changed their name)**

Now operating as *Engage, Share, Inspire MK*, has implemented a light-touch rebrand with a soft communications launch. Operationally, it remains business as usual.

### **Central Bedfordshire (waiting)**

Central Bedfordshire is maintaining a watching brief and meeting regularly with commissioners to assess short- and mid-term developments.

### **Bedford Borough (Hosted by Engaging Community Solutions)**

Not in attendance at meeting.

### **Luton (waiting)**

No current updates.

### **Thurrock (waiting)**

Thurrock has secured commissioning for its current form and function for the foreseeable future, providing stability. No other news.

### **Norfolk (reviewing, not changing name)**

Norfolk has completed a review of providers. Trustees have developed three potential operating models based on different outcome scenarios. The organisation is retaining its existing name due to its strong brand reputation and is reviewing its charitable objects.

### **Southend (Hosted by the Advocacy Group)**

As a hosted Healthwatch, Southend is working closely with Essex and Thurrock to determine arrangements under the new ICB structure. It is also contributing to the Department of Health consultation regarding online hospitals.

### **Hertfordshire (waiting)**

The board has not yet determined its future direction.

### **National Impact**

Healthwatch were consulted in the renewed national GP contract.

Under the GP contract for 2026–2027, £457m will be made available to help recruit more GPs, deal with urgent patients more quickly and ensure GP practices deliver high-quality clinical care.

Usually, the government only consults with the British Medical Association on the GP contract, but this year it formally sought views and evidence from us, National Voices (a coalition of health and care charities) and professional bodies including the Royal College of GPs. This broader consultation, the first of its kind, has made patient experience a core part of government decisions on what it expects from GP practices.

There are six key changes.

#### **1. Removal of “call back tomorrow” requests**

From 2026/27, GP practices should no longer ask patients to call back on another day to book an appointment. Patients submitting a request must receive a response outlining next steps by the end of the next working day. This aims to reduce repeated contact with practices and provide greater clarity about how and when care will be provided.

## **2. Same-day response for clinically urgent requests**

Requests assessed as clinically urgent must receive a same-day response from a GP or appropriately trained professional. In most cases, patients should receive same-day care, although this may not always be a face-to-face appointment. The change is intended to ensure timely assessment and clearer communication about next steps.

## **3. Online request systems must remain open during core hours**

GP practices will no longer be able to cap the number of online requests during core hours. This is designed to ensure patients can access services through their preferred route—online, telephone or in person—and to reduce situations where online systems close early in the day.

## **4. Clearer information on how to contact GP practices**

Practices must clearly display opening times and contact methods for walk-in, telephone and online access on their website, in practice materials and within the surgery. This is intended to improve transparency and help patients better understand when and how they can access appointments.

## **5. Greater use of Advice and Guidance before referrals**

GPs will be expected to use Advice and Guidance from specialists before making some planned care referrals where appropriate. This could allow patients to benefit from earlier specialist input and help reduce unnecessary referrals, although careful implementation will be needed to avoid delays.

## **6. Changes to GP registration processes**

All new patient registrations will use the national online registration system, with paper options available for those who cannot access digital services. The government will also retain a three-month grace period before removing patients from GP lists if data suggests they have left the country, helping reduce the risk of vulnerable people being removed in error.

## **Local Impact**

### **Adult Scrutiny Committee**

The Cambridgeshire County Council Adult Health and Care Scrutiny Committee invited Healthwatch to propose topics for scrutiny. Representatives from the Integrated Care Board (ICB) and other local NHS organisations will attend the committee to present information and respond to questions from Healthwatch and County Councillors.

Healthwatch recommended that General Practice (GP) services be scrutinised, as over 50% of the feedback we receive annually relates to GP surgeries. The most common themes within neutral and negative feedback are:

1. Treatment and care
2. Administration
3. Access to services

Further details can be found in our full reports, available here. The scrutiny meeting will take place on 24 March 2026.



Report to  
Cambridgeshire Coun



Healthwatch C and P  
- GP Mixed and Neutr



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- GP Negative Feedba

### **Partnership Boards**

The partnership boards facilitated by Healthwatch, and funded by Cambridgeshire County Council and Peterborough City Council, continue to generate local impact for the communities they represent. One recent example, which received local media coverage, involved engagement with the Cambridgeshire Police and Crime Commissioner.

The Commissioner organised an event where people with neurodiverse conditions, along with those who have caring responsibilities, were invited to review body-worn camera footage of police interactions with disabled people. This

provided an opportunity for individuals with lived experience to comment on current practice and contribute directly to discussions on how policing services could be improved.

The article published link: [Disability panel warns Cambridgeshire Police on blue lights use – BBC News](#).

**Additional Impact**

More local impact is demonstrated in the Youthwatch report this month.

Please see our new 'Impact' Page on the website - [Our Impact | Healthwatch Cambridgeshire](#).

<b>Priority</b>	<b>What we want to achieve</b>	<b>How we will do it</b>
<p><b>1.</b></p> <p><b>Mental Health</b></p>	<p>More people will better service experiences, receive clearer information on what to expect, and benefit from services co-produced with those who have lived experience.</p>	<p>In 2025, we will spotlight mental health services, support local NHS partnerships, enhance two-way communication, and help people access the right care.</p>
<p><b>Activities and Impact Summary</b></p>	<p>The activity for our mental health priority during the period of September to November 2025</p> <p><b>Activities</b></p> <ol style="list-style-type: none"> <li>1. Our Information and Signposting service has seen an increase in public feedback relating to this priority area. Monthly feedback volumes were: June (27), July (24), August (23), September (30), October (34), November (32), December (15), January (23), and February (20). This feedback is summarised each month and shared with relevant partners and service providers to support service improvement. Feedback volumes have decreased since December. Following national announcements regarding Healthwatch, we worked with the councils to update the online survey and refocus the engagement team on gathering more feedback about social care from December 2025 onwards. This shift will continue into 2026–</li> </ol>	

	<p>2027, as social care has historically been an area where we receive comparatively less feedback.</p> <p>2. The primary outcome measure is an increase in the number of positive experiences reported as a result of Healthwatch influence, demonstrating where our work has led to service improvements or better user experience. Early progress shows an upward trend.</p> <p>Between March and May, we recorded 6 instances of positive impact, alongside 50 pieces of negative feedback. Positive feedback increased to 14 between June and August, while negative feedback reduced to 37. During September to November, positive feedback rose further to 21, with negative feedback continuing to fall to 31. Between November and February 2026, positive feedback slightly reduced to 16, while negative feedback remained stable at 31.</p> <p>Overall, the trend shows an improvement over time. The proportion of positive feedback compared with negative feedback increased from around 11% in March–May to 27% in June–August, peaking at around 40% in September–November, before settling at around 34% in November–February. This indicates a generally upward trend in positive sentiment relative to negative feedback, despite a slight dip in the most recent period.</p>	
<p><b>2.</b> <b>Primary Care</b></p>	<p>More people experience better services, receive clearer information, and help co-produce improvements with service providers.</p>	<p>We report monthly to primary care operational groups. Over the next year, it is likely that this function will move from the ICB to neighbourhoods.</p>
<p><b>Activities and Impact Summary</b></p>	<p>1. In May 2025, we launched the North and South Place Patient Participation Group (PPG) Forums, we have now held four forums since the launch which have been well received by those in attendance.</p>	

	<p>2. Our Information and Signposting service has seen changes in primary care–related feedback over recent months. Contacts reduced from 95 in June to 78 in July and 56 in August, before increasing to 88 in September, 84 in October, and 85 in November. Numbers then declined again to 65 in December, 56 in January, and 42 in February 2026. Monthly insights continue to be summarised and shared with system partners and providers to support learning and service improvement.</p> <p>Our aim is to increase the proportion of positive experiences reported as a result of Healthwatch influence. Between March 2025 and February 2026, 30% of all primary care feedback was positive, 50.7% negative, and 19.3% mixed or neutral. Positive feedback has remained relatively stable to full year results at around 30% across the year, indicating limited improvement overall. To help address these issues, Healthwatch has raised primary care concerns through the Adult Health Scrutiny Committee, ensuring that GP services are discussed with both local authorities and the Integrated Care Board (ICB) as part of system oversight and accountability</p>	
<p><b>3.</b> <b>Children &amp; Young People Engagement</b></p>	<p>More young people trust us to amplify their voices, speak up, shape services, and influence change</p>	<p>Our youthwatch have started their neurodiversity research project.</p>
<p><b>Activities and Impact Summary</b></p>	<p>1. Youthwatch Volunteer Growth and Diversity</p> <p>A key performance metric for Youthwatch is the number and demographic diversity of volunteers. Youthwatch has experienced strong growth over the year, with volunteer numbers increasing steadily from 15 active volunteers in April to 18 by August, 24 in September, 28 in October, and 30 in November, where the total has remained to February 2026. This consistent upward trend reflects successful recruitment, improved visibility of the programme, and growing interest from young people in influencing local health and care services.</p>	

	<p>The group has also become more diverse over the year. Female participation increased from 14 in May to 25 by November, remaining stable at this level. Male membership grew from 1 volunteer in April to 5 by November, also remaining steady to date. Representation of young people with disabilities increased from none at the start of the year to 5 by December, demonstrating progress in more accessible recruitment. Participation from Black, Asian and Minority Ethnic backgrounds has also remained strong, rising from 9 volunteers in April to 16 by February 2026.</p> <p>Overall, Youthwatch is not only growing in size but also becoming more inclusive and reflective of the communities it represents, with more young people from diverse backgrounds contributing to local service improvement.</p> <p>2. Another key output for the year is increasing the volume of feedback received from young people. In the previous year, 141 pieces of feedback were collected through the Information and Signposting service, and the target for this year was 170.</p> <p>Between April 2025 and February 2026, we received 114 pieces of feedback from young people across 11 months, which means the year-end target is unlikely to be reached. This is largely due to a strategic decision to redirect engagement activity from December onwards towards collecting more feedback on social care services, where historically we receive lower levels of feedback. These services tend to involve a higher proportion of people aged over 25, which has influenced the balance of feedback collected during this period.</p>	
<p><b>4.</b> <b>Joined-Up Care</b></p>	<p>More people will have smoother transitions between GPs and hospitals, with clearer referrals and improved care services.</p>	<p>Majority of patient feedback involves more than one health organisation and can often cross over into health and community settings. Our database picks up stories from the public around problems with joined up care, and the consequences that arise. This report is sent to ICB Senior leadership every month.</p>

**Activities and  
Impact  
Summary**

1. During Healthwatch public consultation, the need for more joined-up care emerged as a top priority. This theme cuts across all four of our main priority areas. In response, Healthwatch England launched a national campaign focusing on GP-to-hospital referrals and invited the public to share their experiences. Locally, Peterborough City Council has asked us to monitor patient feedback on hospital discharge into adult social care.
2. In October, I attended the ICS Planned Care Board, chaired by the Royal Papworth Trust, to present our findings on joined-up care across Cambridgeshire and Peterborough. While the ICB already receives monthly reports from us, the Chief Operating Officer requested that I share these insights directly with providers. The Board includes representatives from neighbourhood, primary, and secondary care.

I presented three significant negative case studies alongside two examples of good practice. The case studies generated notable discussion, with some senior leaders expressing visible concern regarding the issues raised. I confirmed that our monthly reports will now be shared routinely with the Planned Care Board, with the expectation that recurring themes will be monitored and acted upon.

**Update March 2026** - There has been no further engagement with the ICB regarding the issue of joined-up care due the reorganisation procedures. I have therefore focused my efforts on the Place Board, where I am a member. As part of the upcoming delegation arrangements, member organisations will increasingly hold each other to account for outcomes, rather than relying solely on the ICB to measure performance.

At the North Place Partnership workshop on reviewing outcome measures, I recommended that the system consider tracking how often individuals are required to repeat their story when accessing services. Nationally, people report having to repeat their story an average of 11 times, and a reduction in this figure could serve as a meaningful indicator of improved

	<p>coordination and joined-up care. I will suggest the same at the South Place Partnership development workshop.</p> <p>The number of RTT (Referral to Treatment)–related feedback reports received by Healthwatch to date is 264.</p> <p>Sentiment between June 2025 – February 2026 (9 months)</p> <p>A total of 264 feedback cases were recorded. Administrative issues featured in every case, making this the most consistent theme across all feedback. In addition to administration, the most frequently reported themes were treatment and care (253 cases) and access to services (181 cases). Other commonly reported issues included behaviours (126 cases) and environmental factors (69 cases). Less frequently raised themes were miscellaneous issues (31 cases), digital access (12 cases) and public health (7 cases).</p> <p>In terms of sentiment, the majority of feedback was negative (155 cases). There were 52 cases recorded as positive and 52 cases as mixed, while 5 cases were neutral and none were classified as unclear. Overall, the feedback suggests that administrative processes, alongside treatment, care and access issues, continue to be the main areas influencing people’s experiences of service.</p>	
<p><b>5.</b></p> <p><b>Health Inequalities</b></p>	<p>Greater awareness of barriers, increased engagement, inclusive care improvements, and lived experience consultation in social care.</p>	<p>Our demographic data is used as an internal measure to ensure we are supporting seldom heard communities and we are representative. An annual report is also sent to the local authorities to show our impact.</p>

**Activities and  
Impact  
Summary**

1. One of our key measures for supporting seldom-heard communities is increasing the diversity of our partnership boards by recruiting more independent members. To help achieve this, we have introduced a new recognition policy aimed at encouraging wider participation. The partnership boards play a vital role in reducing health inequalities, with commissioners from both local authorities actively participating to influence policy, strategy, and commissioning decisions.

2. Our partnership boards contract target requires 50% of attendees to be people with lived experience to professionals on the boards. Current attendance:

Older People’s Board Independent Members: 70% of total attendance

Carers Board Independent Members: 66% of total attendance

Physical Disability Board Independent Members: 71% of total attendance

Learning Disability Board Independent Members: 66% (this figure does not include any support workers)

Sensory Impairment Disability Board Independent Members: 70% of total attendance

3. Another measure to increase feedback from the public in the Fenlands and Non White British.

Recent feedback data shows strong engagement from both Fenland residents and people from Non-White British backgrounds, in many months above their representation within the local population (11.4%).

For Fenland, feedback levels have fluctuated across the year but were above the population benchmark in several months. Monthly contributions were 13.75% in March, 18.9% in August, 16.56% in September, 3.29% in October, 23.18% in November, 8.85% in December, 9.49% in January, and 19.87% in February. This indicates periods of particularly strong engagement from Fenland residents, alongside some months where participation was lower.

Engagement from Non-White British communities has also been strong. Although this group represents 11.4% of the population, feedback levels reached a peak of 28.84% in September,

	with 13.16% in November, 13.27% in December, 17.52% in January, and 9.62% in February. Overall, these figures demonstrate that our engagement activity is successfully reaching ethnically diverse communities and ensuring their experiences contribute to shaping more inclusive health and care services.
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## Communications

### What We're Doing

#### Social Media Performance

We have seen strong engagement and growth across all platforms:

- All active accounts (Facebook, Instagram, LinkedIn): 214% increase in posts compared with prior period.
- Followers across all networks up by 2.9%
- Post impressions across all accounts up by 131%
- Facebook: Page views up 104%, post views up 122%
- Instagram: Profile views down 40.1%, but post views up 74.5%
- LinkedIn: Impressions up 219%, page impressions up 204%, and page reach up 214%
- Top performing content included photos of the team and the Youthwatch podcast

This demonstrates that increased posting frequency and a focus on engaging, relevant content are driving higher reach and interaction.

## **Surveys**

Both surveys have undergone improvements and tweaks to ensure we are maximising the level and quality of information we collect. These surveys are now live on both websites with updated paper-based surveys now also in circulation.

## **Recruitment – Charles Appiah, Data and Impact Analyst**

In February, Charles joined the Impact and Communications team as Data and Impact Analyst. He has already completed his induction and is getting to grips with the IMP system and supporting the wider team when it comes to analysing data from GP practices and case studies.

## **Website Communications & Articles**

Since November 2025, we have published the following articles to highlight local experiences and national policy updates:

- Share Your Experience: Help Shape Research on Ambulance Care After a Fall
- Government announces changes to GP contract – what this means for patients
- Refugee and asylum seekers' experiences of using the NHS
- NHS Launches Campaign to Promote Online GP Access
- Corridor Care and Long Waits in A&E: What People Are Experiencing
- NHS England Publishes Community Mental Health Survey 2024: National Qualitative Report
- Government Publishes Landmark National Cancer Plan for England
- DHSC Opens Consultation with Local Healthwatch on Creation of 'NHS Online'
- What the New Adult Social Care Priorities Mean for People in Cambridgeshire and Peterborough
- Urgent dentistry: why transparency and long-term reform are still needed
- National guidance issued on the use of chaperones
- England Launches First Men's Health Strategy

- Autumn Budget 2025 – What It Means for Local People
- Helping care seekers find the right information: Introducing the Peterborough Guide to Independent Living

These publications have raised awareness of local experiences, informed the public on policy changes, and reinforced our role as a trusted voice for patients and service users.

### **External Article – NHS Supply Chain**

We wrote an article for NHS Supply Chain about our Fenland Health and Care Forums and its impact on the community. This was co-produced with NHS Supply Chain with praise given to Ellie Addison who chairs this forum.

[Keeping Patients at the Heart of Care; How Clinical Expertise Is Making Sure Community Voices Are Heard » NHS Supply Chain](#)

### **Preparing for Patient Experience Week (27 April – 1 May)**

We are actively supporting the national campaign for *Patient Experience Week* by promoting Healthwatch and encouraging as much public feedback as possible. Our plan combines digital, community, and partnership activities, including a two-week social media countdown, daily themed posts, and targeted eNews. On the ground, we are consolidating our list of venues for the team to visit and hold stands and are currently confirming slots and coordinating with service providers to secure our presence and location within each venue to ensure maximum impact and visibility.

### **Co-hosting an Event with CDA (Cambridge Deaf Association)**

We are working with Cambridge Deaf Association (CDA) to co-host a “Deaf Voices on Health and Social Care” event. The Engagement Team will attend to gather feedback in person, supported by a BSL interpreter, creating an accessible space where the deaf community can share their experiences at a comfortable pace.

CDA highlighted that some members find it difficult to fully engage in fast-moving discussions at larger forums. This tailored event will allow us to explain the work of Healthwatch, gather meaningful feedback, and encourage

participation in the Sensory Impairment Board and Health and Care Forums, helping ensure deaf voices are represented in local health and social care discussions.

We are currently sourcing interpreters and finalising a date for the session.

## **Events**

All Health and Care Forum and Partnership Board events are now available to view and book on their respective websites. This gives us a place to provide clear call to actions via social media.

[Events | Healthwatch Cambridgeshire](#)

[Events | Healthwatch Peterborough](#)

## **Winter Newsletter**

The Winter Newsletter was delivered to 1,449 recipients (94% delivery rate).

- Open rate: 13.5% (195 unique opens; 378 total opens)
- Click rate: 2.1% (30 unique clicks; 293 total clicks)
- Clicks per unique open: 15.4%
- Bounce rate: 6.0% (92 bounces)
- Unsubscribe rate: 0.35% (5 unsubscribes)
- Abuse reports: 0

Engagement remains steady, with strong click activity from those who opened the newsletter and a very low unsubscribe rate, indicating continued relevance to our audience.

Newsletter - [Your Healthwatch Update: Stories, Reports and Insights](#)

## **Website Updates**

Website content is currently undergoing a broader review to ensure it is clear, engaging, and useful for all visitors. This includes:

- Updating the Partnership Boards page to provide new independent members with helpful resources and a clear explanation of each board's purpose.
- Reviewing and enhancing the Impact page to better showcase our work, outcomes, and insights.
- Ensuring the homepage serves as a go-to resource for new and noteworthy information, making it easier for visitors to find key updates, reports, and opportunities to get involved.
- Making content as engaging as possible while working within the existing Drupal site framework.

The aim is to make the website a central hub for both public engagement and internal communications, helping residents and stakeholders quickly access the information they need.

### **Printed Materials**

New posters encouraging members of the general public to provide their feedback have been distributed via our volunteer network into primary care services and public spaces. These posters have clear messaging and have been produced in multiple formats to target a wider range of responses.

Calendars for the Health and Care Forum events have been produced to support the Engagement Team, as have Partnership Board brochures to give further information on the purpose of the boards and why individuals should join.

[Posters](#)

[Post Cards](#)

[Partnership Boards Brochure](#)

[Health and Care Forum Calendars](#)

## Future Plans

- **Patient Experience Week:** Finalise venues, confirm slots, and maximise visibility and engagement both online and in the community.
- **CDA Event:** Source interpreters and confirm the date to ensure full accessibility and meaningful feedback collection.
- **Website Development:** Complete updates to the Partnership Boards, Impact page, and homepage to enhance clarity and engagement.
- **Continued Digital Growth:** Maintain social media momentum and continue producing high-performing content to increase reach and engagement.
- **Surveys and Feedback:** Monitor survey activity and explore ways to further increase response rates and quality of insights.
- **Printed Materials:** Continue distributing resources to support community engagement and promote participation in forums and boards.
- **Radio Advertising:** Launch a campaign for the Social Care Survey in Peterborough through PCFM, targeting residents to raise awareness and encourage participation.

## Partnership Boards

During the period December 2025 to February 2026 all five Partnership Boards have held meetings. The Partnership Board Managers weekly wrap-up email has been very successful for all Independent Members keeping them informed and updated as well as providing a friendly way of keeping the information in one place. The Local authorities and commissioners now send updates directly to Lucy to be included. The wrap up also addresses any current issues that have been raised during that week at the partnership board meetings. The emails are sent to all our Independent and Corresponding members, this inclusion has seen some corresponding members rejoining as active Independent members and they are sharing the updates with their own groups as well.

Our members of the sensory impairment partnership board took part in the Disability Test Purchase scheme in January. This tested taxi drivers' responses to people with disabilities, after each test the member was interviewed by the organisers about their experience so that Cambridge City can share good practice and address poor practice. They incorporated the use of UBER drivers as well on the day at the request of our members.

### **Membership of Partnership Boards:**

Our recruitment process is still achieving good results with a total of 16 new Independent Members in this period. The targetted recruitment campaign to raise awareness of the Older People's Board is ongoing in Peterborough and has so far resulted in 2 new independent members joining although there is further work to do in this area. We have had great success recruiting to the Physical Disability Board this period with 10 new members joining.

### **Impacts/Influencing – Partnership Boards**

#### **Co-production with another non-profit organisation**

Lucy is working with VoiceAbility and Cambridgeshire Constabulary to review Police camera footage to provide feedback on how police interaction with disabled members of the public can be improved. Independent members of our boards are actively involved in this work. Three constables will be attending the Learning Disability board on the 5<sup>th</sup> March to update them of the progress of this piece of work and also to update them about victim support and the Pegasus scheme.

#### **Local system change**

In a piece of cross board work with the ICB nine of our independent members from across the boards met to update and revamp the hospital discharge information leaflet which is given to patients and carers when they leave the hospital. Because this work was with the ICB this leaflet will be going to all hospitals in our area when it is finalised. A member of the ICB will be attending our meeting on the 16<sup>th</sup> March to give an update to the Older Peoples Board.

## Membership Numbers

The Independent Members should represent at least 50% of the total attendance at each meeting and we are exceeding this in all our regular meetings. The attendance of our members at our last round of meetings was:

Older People's Board Independent Members: 70% of total attendance

Carers Board Independent Members: 66% of total attendance

Physical Disability Board Independent Members: 71% of total attendance

Learning Disability Board Independent Members: 66% (this figure does not include any support workers)

Sensory Impairment Disability Board Independent Members: 70% of total attendance

Attendance in January has historically been poorer than at other times of the year as these members experience more difficulties in the winter period so have been unable to attend, although we are not experiencing this reduction at the moment. Lucy has chased members of the professional organisations who should be attending these meetings but due to other pressures they have not been attending.

## Engagement

### Health and Care Forums

During this period there were 4 Health and Care Forum meetings, bringing together 111 members of the public and 18 PPG's Representatives with local health and care service providers. I believe this has increased this period due to the topics on the agenda and more promotion to PPG's.

### Topics covered included:

- Space for Men, Mental Health Wellbeing service (Huntingdonshire)
- CUH - Verito report/Palliative Care Ward – PohWER Advocacy Service (Cambridge & South Cambs)
- Director of Clinical Improvement, ICB -Greg Lane /EMED Non-Emergency Transport. (Fenland & East Cambs)
- PCC Adult Social Care Commissioning Services Managers (Peterborough)

We are noticing an increased interest in researchers wanting to share their studies via our forums. The NIHR, REN researchers attend each forum to update on the studies live in GP surgeries, care homes and schools. Additionally, we heard from Aneeka He (Improving GP-neurologist communication study) and Safiya Barrington (The NWAFT Generation Study).

Following many months of discussions and concerns relating to hospital transport and community transport at the Fenland and East Cambs Forum, Healthwatch have now been invited to facilitate a joint workshop with East Cambs District Council who share the same concerns in May. This will bring services and Commissioners in a room together.

#### Themes arising from the forums

Fenland & East Cambs – Hospital/Community transport concerns & lack of services at North Cambs Hospital.

Peterborough – Hospital discharge concerns and respite care.

Huntingdon – Positive feedback about the GP appointment and triage systems across Huntingdonshire.

Cambridge & South Cambs – How will the T2 End of Life Care Ward replicate the service offered at Arthur Rank?

#### Integrated Neighbourhoods

Healthwatch staff aim to attend 12 Integrated Neighbourhood meetings in the North Place and 3 in South Place. Most of them take place every 3 months. Sue collates the information and produces a report every quarter.

The IN's are waiting for new guidance from NHS England for 2026. The format of the Board meetings will likely change in April 2026.

The Engagement Team have been supporting the IN's with a focus on women's health in the North patch.

#### Engagement team

During the period December 2025- February 2026, we participated in 163 engagement events, speaking to 630 people and collecting 258 experiences.

The engagement team have been busy as usual across a wide range of communities and groups. This period we are focusing our attentions on the Adult Social Care Survey and promoting and raising awareness of this in settings where people and families are affected.

Two targeted events in partnership with Peterborough City Council have taken place in January (Sand Martin House Café) and February (Roots and Rise Community Hub, Queensgate).

### Highlights

Ildiko – Meeting with individuals who Tracy Cripps (Scientist), Suzanne Goff (CCC), Matthew Wheeler (CDA) and GRT group regarding the idea to translate the NHS-Guide to different languages.

1. Rebwar – We visited both the Dragonfly and Verve hotels in collaboration with Patient Not Passport (PNP) to engage with asylum seekers. The purpose was to gather feedback on an NHS guide leaflet produced by PNP, which is seeking funding for translation into multiple languages. Additionally, we documented an experience shared by a recent arrival regarding NHS services, which has been escalated from the integrated neighbourhood level to the Integrated Care Board (ICB).

### A snapshot of some engagement events

- Golden Age event – March
- Cambridge Deaf Association – various events across Fenland
- Women’s Health events – across Peterborough & Fenlands with the Integrated Neighbourhoods
- Care Homes – across Peterborough & Cambridgeshire
- Gypsy, Roma, Traveller drop-in – Cambridge
- Ely College & Baby Bank – Ely
- International Women’s Day (Afghan women) – Cambridge

## Youthwatch

In this period, we have facilitated 3 Youthwatch meetings. These meetings have focused on planning for the workshop on 3<sup>rd</sup> March and meeting with the young people with lived experience who will be attending alongside clinicians from GP practices.

Sue and Molly have been spending time finalising the “Barriers young people with autism face when accessing primary care services” report and preparing a preliminary report for the workshop.

The aim of the workshop is to bring those with lived experience with professionals to share their experiences. We will ask the professionals to pledge to take one or more of the recommendations back their surgery and implement this into their daily practice. We hope they will be an exemplar to other surgeries. The report will be available end of April.

### A snapshot of other young people’s events attended:

- ARU level 5 students’ – Live Brief presentation. Sue presented to 30 students as part of their course work. This links to our autism project and the findings will support our final report. As we currently have many students volunteering for Healthwatch, it is a pleasure to collaborate with them.

## Highlights

We are very proud of our first podcast that is now live on our social media platforms and YouTube. This reflects our Vaping & Young People report.

We hope to record our second episode in April with a young person with autism.

Molly has provided a more detailed report on Youthwatch progress.

## Volunteers

All volunteers were invited to a social meet up in January for us to say thank you and treat them to a coffee and cake. We held these at various venues across the county and the Youthwatch social met online.

## **Volunteering**



- We currently have a total of 92 volunteers. Some of our volunteers are active in more than one role. During December 2025 and January and February 2026 our volunteers contributed 380 volunteering hours.
- Most of our volunteer recruitment is via the Support Cambridgeshire volunteer recruitment portal, enquiries via our website in response to our volunteering webpages and through engagement activity.
- During this reporting period some of the activity our volunteers have supported us in has included:

- Contributing to NHS Community Participation Group meetings.
- Representing us on the Palliative and End of Life Care Board and on the NWAFT People and Patient Voice Partnership (PPVP) meetings..

## Experiences

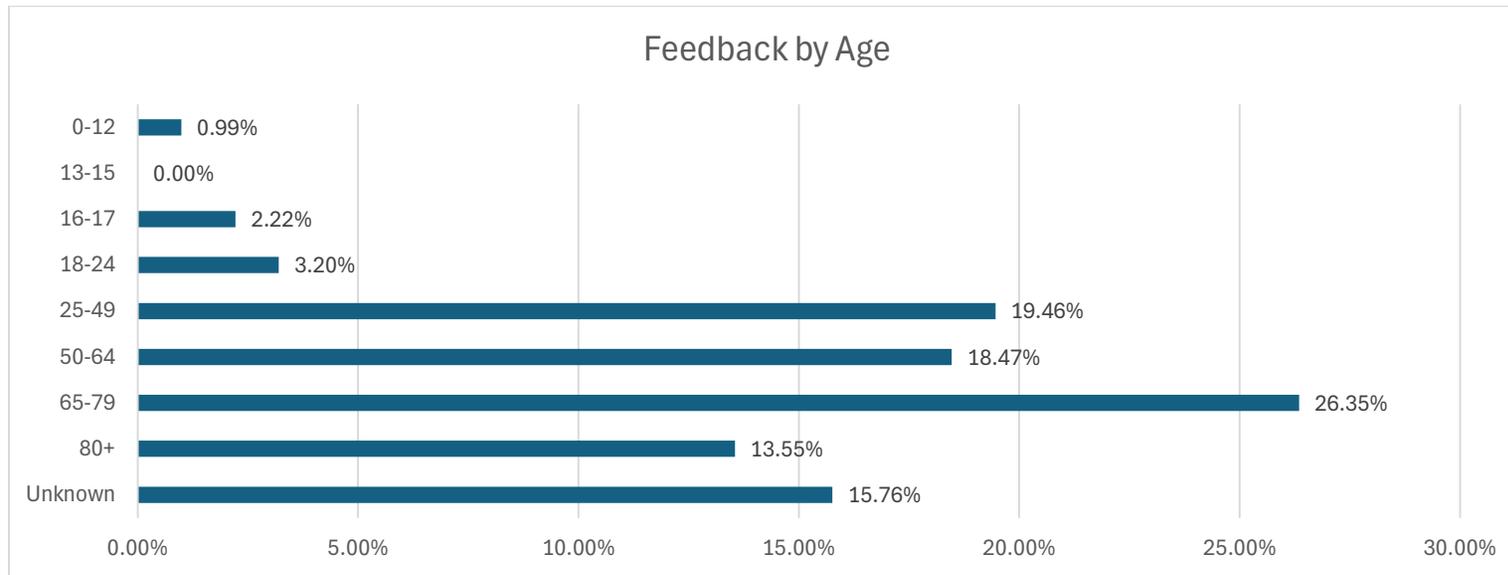
During the period 1 December 2025 to 28 February 2026 we recorded 406 pieces of feedback, 10.4% (42) of these required an element of signposting. 57% of experiences recorded came from women, 28% came from men with the remaining percentage made up from 'Prefer to self describe', 'Non-binary', 'prefer not to say' and 'not known'.

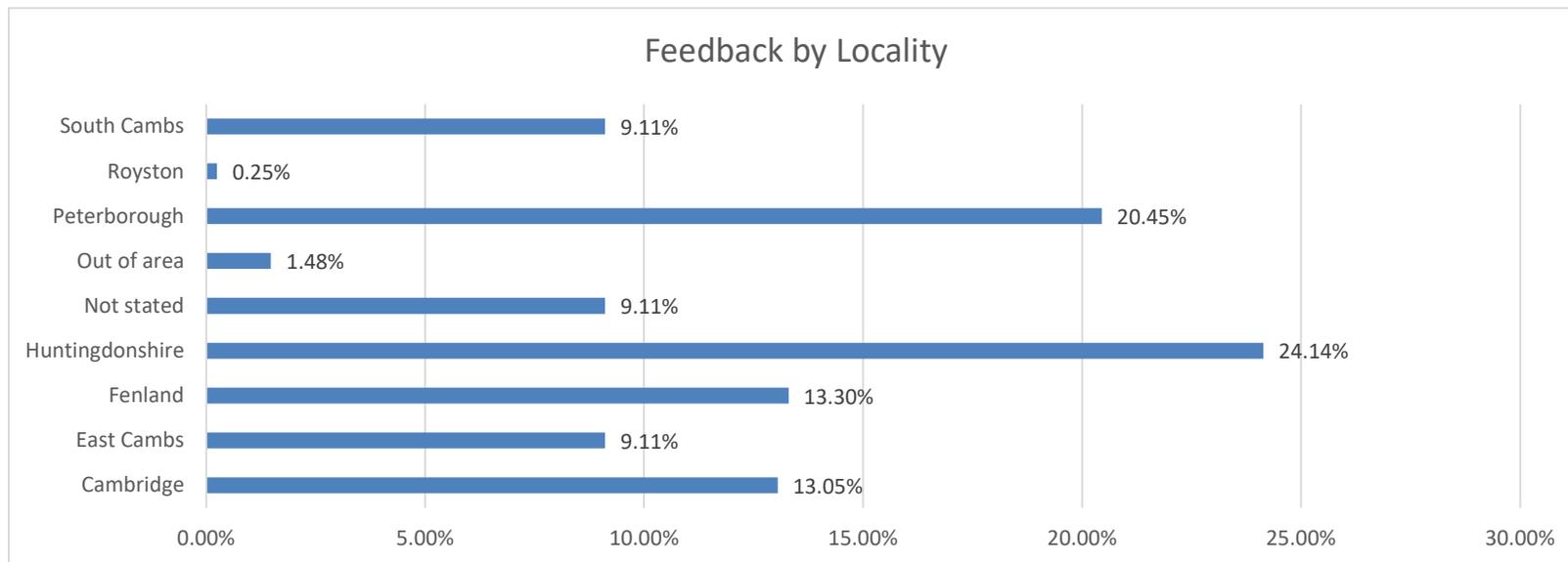
The ethnicity and age distribution is set out in the tables below:

<b>Ethnicity</b>	<b>Percentage</b>
Any other ethnic group (please specify)	0.98%
Arab	0.98%
Asian/Asian British: Bangladeshi	0.25%
Asian / Asian British: Indian	0.25%
Black / Black British: African (please specify)	2.46%
Black / Black British: Caribbean	0.25%
Mixed/Multiple ethnic groups: Any other Mixed/multiple ethnic groups background (please specify)	0.25%
Mixed/Multiple ethnic groups: Asian and White	0.98%
Not stated/prefer not to say	25.55%
White: Any other White background (please specify)	5.67%
White: British / English / Northern Irish / Scottish / Welsh	60.34%
White: Irish	2.04%

**TOTAL**

**100.00%**





#### What we heard about

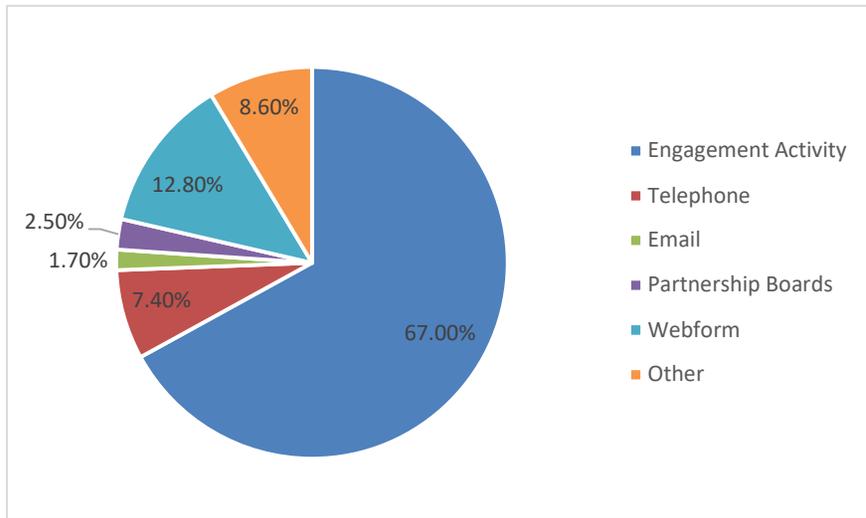
- Of all feedback heard during the reporting period 51.23% related to primary care. 73% of primary care feedback related to GP services, with 11.54% relating to dentistry and the remainder to pharmacies and opticians.
- 39% of feedback received related to hospital services. Of this 23% related to A&E, 11.46% related to Outpatients and 8.28% to Cardiology.

#### Other areas we heard about:

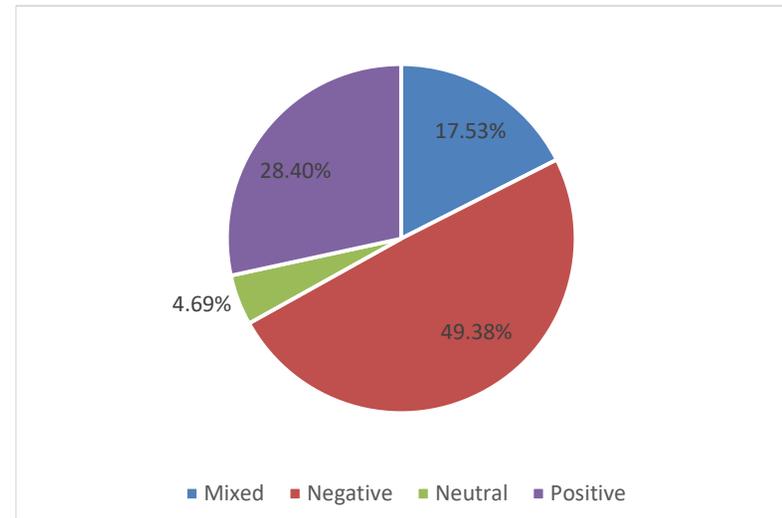
Feedback relating to mental health services accounted for 14.29% of experiences heard and 9.36% of all feedback related to Social Care (an increase from 4% from the last reporting period).

\*Please note, some feedback received relates to more than one service area.

### How feedback was heard



### Sentiment of feedback



## GP Patient Participation Group Development

- We hold PPG forum meetings both in North Place and South Place with each forum meeting on a quarterly basis. Both forums met in February 2026.
- Both meetings were well attended. The North Place forum had 18 attendees with 14 different PPGs represented which was our highest attendance so far. The South Place meeting was less well attended although we still had representation from nine PPGs. Jayshri Karadia from the Pharmacy Team from Cambridgeshire and Peterborough Integrated Care System attended the meeting to answer questions about medications shortages in line with concerns raised by PPGs at previous meetings.

## Projects

Project name	Description	Status	Comment
<p>Research Inclusion and expansion opportunities across the ICS</p>	<p>Healthwatch Cambridgeshire and Peterborough will work with the Integrated Care Board (ICB), NIHR Research Delivery Network and VCSE partners to improve community engagement with health research across the Central East region. Healthwatch will help lead a new Research Engagement and Inclusion group, support the development of community research hubs, and use its networks to promote research opportunities, particularly to underserved communities. This will include supporting community research champions, promoting studies and the 'Be Part of Research' registry, and ensuring people with lived experience can help shape research design and participation opportunities.</p>	<p>Amber</p>	<p>£12k, to lead on the Central East ICB cluster working Healthwatch Hertfordshire.</p> <p>Bid gone in, awaiting results.</p>