

CEO Report

June, July and August 2022

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Highlights

1. This report updates the Board of the activities of the organisation during June, July and August.
2. Over 100 people attended our Summit in Peterborough in July. We were delighted to be joined by Louise Ansari, the National Director for Healthwatch England. We heard from people with lived experience and from some of our system leaders, as well as hosting a number of workshops on new ways of working. For example, in primary care. The evaluation was overwhelmingly positive and people have given us excellent suggestions for future events.
3. We are delighted to have built up excellent links with a number of young people's groups and have received a significant amount of feedback from young people (see sections 16 and 27). We are now planning how we take forward the things that they have told us.
4. Our Health Champion volunteers have completed their first project, collecting experiences from people who have used urgent and emergency at Addenbrooke's. The final report has been published. Their second project, collecting people's experiences of health inequalities, is underway.
5. We have helped promote a range of health screening programmes to communities in Peterborough who have otherwise low take up.
6. We are concerned about the impact of the rising cost of living on peoples health and their need for support. We have therefore introduced a way of identifying these problems.
7. The Healthwatch Cambridgeshire and Peterborough strategy is being refreshed to ensure that the priorities are relevant and informed by the experiences of our local communities.

Strategic priorities

Priority	Current activities
1.Promoting Independence & Self-Care	<ul style="list-style-type: none"> • Your Care Your Way campaign • Information Service delivery • Website information.
2. Access to Primary Care Services	<ul style="list-style-type: none"> • Representation at primary care intelligence sharing groups • Escalating access concerns • Supporting the development of public facing information.
3. Social Care and Integrated Support Services	<ul style="list-style-type: none"> • Partnership Board activities • Membership of 'Home First' regional group • Influencing and supporting ICS engagement.
4. Mental Health Services for Children, Young People and Adults	<ul style="list-style-type: none"> • Increased focus on engagement with young people • Members of CPFT collaborative group.
5. Involving people in redesigning the services they use	<ul style="list-style-type: none"> • Opportunities to contribute via health and care forums and partnership boards • Health Champions (South ICP) project • Promoting involvement and co-production opportunities.

Engagement

14. During this period there were six health and care forum meetings, bringing together members of the public with local health and care service providers. Topics covered included:

- Primary care – Estates (regarding new housing developments)
- Joint Emergency Team (JET)
- Cambridge ME support group
- Integrated Neighbourhoods updates

At these meetings we hear people's views and concerns around their care including messages which reflect a need for better communication around changes to the system, particularly in primary care. Providers and commissioners who come to the meetings are able to take these experiences back to their organisations.

15. During June, July and August, we participated in 44 engagement events, speaking to 1109 people and collecting 471 experiences. During August 2022, 70.8% of feedback stories heard were through engagement events.

16. During this period we have engaged with a number of local organisations working with children and young people. Our engagement team met with a number of groups of 17-18 year olds taking part in residential programmes offered by the National Citizen Service (NCS), speaking to over 200 young people and hearing their experiences. The top five service areas they told us about were GP practices, Dentistry, Accident and Emergency, CAMHS, and Outpatients. The top themes within this were communication between staff and patients, provision of information, continuity of care, booking appointments and diagnosis.

- 17.** We have continued to engage with groups who are less frequently heard from. Examples of groups we have connected with during this period include, Chinese community event, Diabetes Wellbeing day for Bangladeshi Community (Cambs), Peterborough consortium opening ceremony and the Hindu Association, also events focusing on connecting with Eastern European communities including Paston farm (with Community Connectors), Better Bretton, Playdays in Wisbech and Millfield Festival. We have also engaged with groups working with homeless people including the Garden House Project and Kings Ripton Young Persons Hostel.
- 18.** Other events we have attended during this period include, Cambridge Pride, Peterborough Pride, Think Communities Cost of Living Roadshow. We have also continued to schedule regular attendances at local hospital sites including during this period Hinchingsbrooke Hospital and North Cambs Hospital to hear people's experiences.

Volunteering

19. There are currently 30 active volunteers, based in the following areas:

District			
Peterborough	11	East Cambs	2
Fenland	3	Cambridge City	5
Huntingdon	3	South Cambs	6
Totals			30

20. A number of our volunteers have expressed an interest in our new volunteering roles, in particular our representation role. Several of our volunteers have attended training to enable them to carry out this role, which will allow them to represent our Healthwatch at specified meetings. This will include involvement with local Integrated Neighbourhoods once these engagement opportunities are developed.
21. Our volunteers have continued to support our engagement activity, attending events with our engagement team, and helping us to speak to more people and hear their feedback. Five of our volunteers have also been involved in carrying our Place assessments with our local healthcare trusts.
22. We are currently planning to recruit new volunteers to support our busy programme of engagement events and are involving our current volunteers in how we go about this, listening to their ideas and their own motivations for volunteering with us.

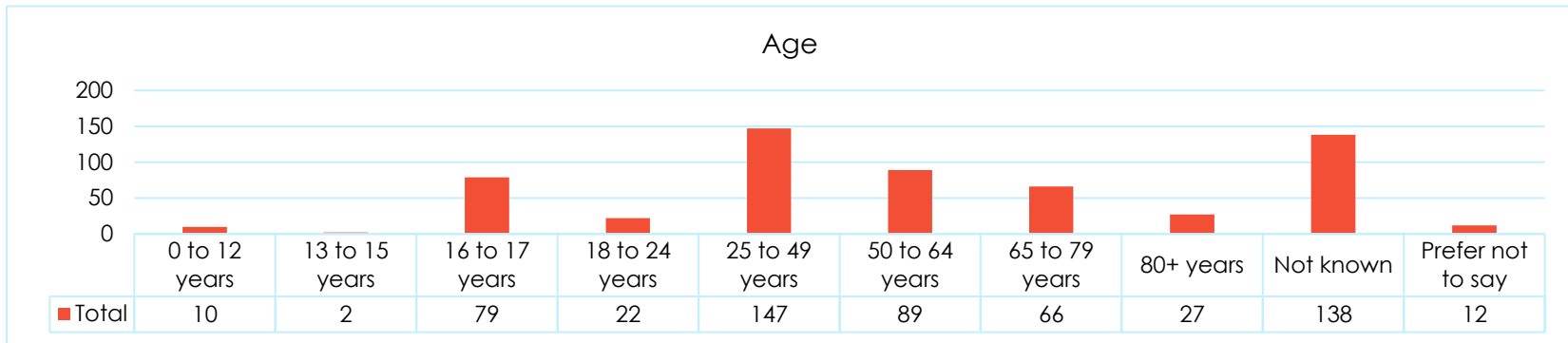
Partnership Boards

- 22.** During this period there have been meetings of the Carers Partnership Board, Older People's Partnership Board, Physical Disability Partnership Board and Sensory Impairment Partnership Board. The Wheelchair User Forum have also met.
- 23.** Topics covered included:
- Aging Well Strategy
 - Carers Strategy refresh
 - NHS 111 option 3 – palliative care
- 24.** We are continuing recruitment to the Partnership Boards and have succeeded to recruit new Independent Members to the Physical Disability and the Carers Partnership Boards. We are following up on expressions of interest for the Sensory Impairment Partnership Board and Older Peoples Partnership Board and have a further expression of interest for the Physical Disability Partnership Board.
- 25.** Issues raised and impacts from Partnership Board meetings during this period included:
- Physical Disability Partnership Board task and finish group to help with accessibility of planning applications for new developments
 - Wheelchair User forum – Adult Social Care Forum are introducing training for paid carers in safely pushing a person in a manual wheelchair as part of safe lifting and handling training
 - The challenges arising from new GP surgery layouts post-Covid was raised at the Health Sub-group of the Learning Disability Partnership Board. A request was made for short videos and information around new roles in GP surgeries. This will be raised at Health Inequalities Operational group.

Experiences

- 26.** During June, July and August we recorded 592 pieces of feedback, 23% (138) of these required an element of signposting. This compares to 485 for the same period in 21/22 and 196 in 20/21.
- 27.** 47% of experiences recorded came from women, 29% came from men, and 2% from non-binary individuals. Ethnicity and age distribution is set out in the tables below.

Ethnicity	Count	Percent
White: British / English / Northern Irish / Scottish / Welsh	301	51%
Not known	169	29%
White: Any other White background	34	6%
Any other ethnic group	21	4%
Prefer not to say	14	2%
Asian / Asian British: Indian	9	2%
Asian / Asian British: Pakistani	9	2%
Asian / Asian British: Any other Asian / Asian British background	7	1%
White: Irish	5	1%
Arab	5	1%
Mixed / Multiple ethnic groups: Any other Mixed / Multiple ethnic groups background	4	1%
Black / Black British: African	4	1%
Asian / Asian British: Bangladeshi	3	1%
Asian / Asian British: Chinese	3	1%
Mixed / Multiple ethnic groups: Black Caribbean and White	2	0%
White: Roma	1	0%
Black / Black British: Caribbean	1	0%
Grand Total	592	100%



- 28.** 23% of the experiences we recorded came from Peterborough residents, closely followed by Fenland, Huntingdonshire, and Cambridge City. Only 9% and 5%, respectively, of the experiences were from residents of South and East Cambridgeshire. Volume of feedback is greater in locations the engagement teams have worked in, 65% of recorded feedback came directly from engagement events.
- 29.** During this period, many people described difficulties with accessing services and booking appointments. A lack of communication, information providing from services, and long waiting times were also prominent themes. The service areas we heard about most were:
- GP practices
 - Dentists
 - Accident and Emergency
 - Outpatients'
 - Inpatient Care.

Impacts and influencing

- 30.** These are some of the direct impacts of Healthwatch work during June, July and August.
- i. CCS have implemented the Sign Live system as a result of our discussions.
 - ii. We have been informed of further improvements to GP websites following our continuing feedback.
 - iii. We have advised two GP practices on PPG development.
 - iv. We have promoted involvement opportunities to local people including ICS Clinical Policies Forum, hospital governor positions and working with CPFT.
 - v. We obtained clarification regarding the policy for age-related decisions not to treat.
 - vi. We influenced the development of the CCS Complaints Policy.
 - vii. Improvements have been made to NWAFT admin and call centre systems and processes as a result of our feedback.
 - viii. Our Local Medical Committee have reminded GPs about the Royal College of GP's standard for supporting veterans. There will be discussion at our health and care forums to follow this up.
 - ix. We have given feedback to the ReSPECT training coordinator about the confusion people have understanding medical terms and this will be included in their training.
 - x. We have facilitated greater voluntary and community input into the Peterborough Health Scrutiny Committee.
 - xi. A greater focus on information for patients and carers about Virtual Wards.
- 31.** We have submitted evidence to two consultations:
- DHSC Call for evidence regarding mental health and wellbeing plan
 - General Dental Council strategy.

Projects

Project name	Description	Status	Comment
Community nursing	Focus group as part of a regional Healthwatch collaboration	Green	Focus group participants recruited. Focus group being held late September.
Health Champions (South ICP)	Two-year project to recruit and train volunteers to undertake community engagement and research projects.	Green	First project has been completed and report produced. Second project underway.
Gypsy, Roma and Traveller project	Lottery funded three-year engagement project to develop a network of volunteer listeners and provide training for frontline NHS, social care and local authority staff.	Green	Current training round completed. National training course held for Healthwatch colleagues. Volunteer recruitment underway.
Maternity narratives	Collecting five stories from women about their childbirth experiences.	Green	Healthwatch England commission to collect narratives that focus on mental health experiences.