

# **CEO Report**

March 2025 – May 2025

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## CEO Summary and Impact

Over the past 6 month period, Healthwatch Cambridgeshire and Peterborough has continued to influence meaningful improvements across the local health and care system. We made 36 formal recommendations through strategic meetings and community engagement activities. Encouragingly, 8 (x5 strategic meetings, x3 enter and view) of these have already been fully achieved, with others progressing through active follow-up.

A key area of impact includes contributing to strategic developments, with at least one instance where our feedback directly shaped wider system planning and direction (detailed in Priority 4 below).

We also maintained strong accountability by ensuring 15 items were flagged for follow-up, helping us keep system partners focused on delivery and transparency.

This period's outcomes demonstrate the growing weight of our evidence and voice in decision-making forums, reinforcing our role as a trusted champion for people using health and care services.

The strategy is set out for the next five years, and I will be providing a summary of our activities and the impact we achieve within the following table format. The report will describe both strategic and operational progress and achievements.

Priority	What we want to achieve	How we will do it
<b>1. Mental Health</b>	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.	In 2025, we will spotlight mental health services, support local NHS partnerships, enhance two-way communication, and help people access the right care.

<b>Activities and Impact Summary</b>	<p>There are lots of activity around mental health during the period of March to May 2025, too many to report in full, so I have outlined some key highlights.</p> <p><b>Knowledge &amp; Learning</b></p> <ol style="list-style-type: none"> <li>1. The Non-Executive Directors have had an overview of CPFT services at their development session along with a Q &amp; A.</li> <li>2. The staff have had a presentation from HAY and the ICB on the new model of mental health community services. This was a great piece of work using coproduction methods, as a result of this presentation the staff member at HAY will be leading on one of our summit break out sessions – How to look after your own mental health.</li> </ol> <p><b>Activities</b></p> <ol style="list-style-type: none"> <li>3. Mental Health Summit scheduled for 8<sup>th</sup> October 2025. Retired Olympic Gymnast and Mental Health ambassador Louis Smith from Peterborough will tell his story. Keynote Speakers: Sarah Hughes, CEO MIND, Steve Grange, CEO CPFT Confirmed Panellists: Dr Helen Gilbert, The Kings Fund, Matt Gladstone, CEO, PCC, Jonathan Wells, Carer and Mental Health Advocate, XI TBC</li> <li>4. We developed and launched our own survey on transitions from youth to adult mental health services in partnership with Peterborough City Council, Cambridgeshire County Council, CPFT, the SUN Network, CPSL Mind, Fullscope, and the Integrated Care System. The decision to create this survey was driven by a lack of meaningful feedback from young people who had experienced the transition between the two services. To ensure the survey would have real impact, we collaborated closely with service providers to shape it in a way that supports future improvements.</li> <li>5. Our Information &amp; Signposting service has seen an increase in public feedback related to this priority area. As a result, the volume of feedback is steadily rising: February – 9, March – 10, April – 21, May – 11. Monthly feedback is summarised and shared with relevant partners and service providers.</li> </ol>
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	<p>The key output measure is to increase the number of positive experiences reported as a result of HW influence. Progress so far includes: March – 1, April – 1, May – 4. We have used the month of March as a baseline figure to improve on. Another measure is a reduction in negative feedback which I can report on later in the year.</p> <p>6. Peterborough City Council have increased our funding this year to help increase capacity to support the small project work mentioned in March 2025 CEO report. We are going to conduct a Mental Health focus group for people with severe and enduring needs to inform the council in time for their service specification going out for tender in the Autumn.</p>	
<b>2.</b>  <b>Primary Care</b>	<p>More people experience better services, receive clearer information, and help co-produce improvements with service providers.</p>	<p>Our 2026 Summit will highlight primary care, unite GP groups, support services, strengthen NHS partnerships, and enhance public-provider communication.</p>
<b>Activities and Impact Summary</b>	<p>1. In May 2025, we launched the North and South Place Patient Participation Group (PPG) Forums.</p> <p><b>Background:</b> In the North Place, a dedicated Project Manager previously supported PPG representatives to come together twice last year as part of PPG seminars. These sessions enabled members to share good practice, raise concerns, and collectively influence local health services. The ICB now regularly references these groups in its patient engagement reports to the Board.</p> <p>In the South, a smaller group – the Cambridge and South Cambs PPG’s (CPCPG) – had been operating independently following the end of CCG funding several years ago. Over the past year, we have supported this group, particularly around the Northstowe housing development, acting as a liaison between the group and the ICB to advocate for GP funding and service provision. This support is ongoing.</p>	

	<p>The CPCPG has now formally joined our South Place Forum, holding their last CPCPG meeting held on 12th June 2025. They will continue to shape Healthwatch forum agendas and we will escalate their concerns, along with those from the wider forum, to the ICB and other health partners to drive meaningful improvements in their communities.</p> <p>Each Place Forum meets quarterly, with the fourth meeting serving as a Countywide Seminar that brings together both North and South groups.</p> <p>2. Our Information &amp; Signposting service has seen an increase in public feedback related to this priority area. As a result, the volume of feedback is steadily rising: February – 92, March – 95, April – 134, May – 88. Monthly feedback is summarised and shared with relevant partners and service providers.</p> <p>The key output measure is to increase the number of positive experiences reported as a result of HW influence. Progress so far includes: March – 18, April – 50, May – 34. We have used the month of March as a baseline figure to improve on. Another measure is a reduction in negative feedback which I can report on later in the year.</p> <p>3. I attend the ICB's Primary Care Commissioning Sub-Committee (PCCSC) on a monthly basis. The committee receives reports from both the Primary Care Operational Group (PCOG) and the Primary Care Assurance Group (PCAG), which oversee quality, safety, and patient experience across primary care services—including GP practices, pharmacies, optometry, and dentistry. These groups also make recommendations to the PCCSC on how to allocate and spend primary care funding.</p> <p>As part of Healthwatch's role, we share soft intelligence with these groups, often at their request, to support inspections and service improvement. This intelligence helps inform decision-making within PCOG and PCAG. We also submit feedback from our Patient Participation Group (PPG) Forums to these bodies to ensure patient voices are heard.</p>
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	<p>One of our key performance measures is tracking requests for feedback. Last year, we received six formal requests; in just the first two months of this year, we've already received eight. These reports are also shared with CQC inspectors and CQC area managers and are often discussed at our quarterly Healthwatch and CQC joint meeting.</p> <p>In the past two months, Healthwatch has provided feedback reports for the following practices: Alconbury and Brampton surgeries, Parson Drive surgery, Thistle Moor Medical Centre, Comberton and, Eversden surgeries, Cornerstone Practise, Wellside surgery.</p>	
<b>3.</b>  <b>Children &amp; Young People Engagement</b>	<p>More young people trust us to amplify their voices, speak up, shape services, and influence change</p>	<p>Our 2027 Summit will spotlight youth services, expand Youthwatch volunteer group, enhance engagement, support partnerships, and improve public-provider communication.</p>
<b>Activities and Impact Summary</b>	<ol style="list-style-type: none"> <li>1. We have appointed a new Youth Engagement Officer to lead and expand our 'Youthwatch' programme, with a focus on growing our volunteer base. An additional £3,000 has also been allocated to support Youthwatch training and peer support throughout the year.</li> <li>2. A key performance metric for us is the number and demographic breakdown of Youthwatch volunteers. To support this, we have invested in a new online volunteer management platform, which will enhance our ability to track performance, report on diversity, and strengthen our volunteer engagement. Updated Youthwatch volunteer figures will be shared at the next Board meeting.</li> <li>3. The Youthwatch team has commenced their next research project, focusing on neurodiversity. This aligns with our organisational priority on mental health for the current year.</li> <li>4. Our Youthwatch vaping report has had a significant impact. One of its key recommendations – to provide more support for young people to quit smoking and vaping – is now being taken forward. The Healthy You Schools Programme is piloting a new cessation support service in Cambridgeshire for 12–18-year-olds in both schools and community settings, with</li> </ol>	

	<p>a similar initiative recently launched in Peterborough. Additionally, researchers from Sheffield Hallam University, who have been studying youth smoking and vaping for the past two years, are now referencing our report as part of their academic research.</p> <ol style="list-style-type: none"> <li>5. We have also increased our engagement with young people, with the engagement team now dedicating 20% of their time specifically to youth-focused activity.</li> <li>6. At a regional level, the East of England Healthwatch Leaders Network is prioritising youth engagement. We are exploring collaborative, funded project work with Central Bedfordshire to further this shared goal.</li> <li>7. One of our core output targets is to increase the volume of feedback received from young people. Last year, we collected 141 pieces of individual feedback through our Information and Signposting service. This year, we aim to increase that to at least 170.</li> </ol>	
<b>4. Joined-Up Care</b>	More people will have smoother transitions between GPs and hospitals, with clearer referrals and improved care services.	Our 2028 Summit will spotlight joined-up care, unite GP groups, support providers, enhance engagement, and strengthen public-provider communication.
<b>Activities and Impact Summary</b>	<ol style="list-style-type: none"> <li>1. During the recent 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.</li> </ol> <p>To support this work, we have introduced a second dedicated feedback form focused specifically on 'referral to treatment' (RTT) experiences. We are also capturing relevant feedback through our Information and Signposting database to ensure no insights are missed. All collected information will be shared with service providers, both local councils, and the ICB's Chief Operating Officer and Chief Partnerships and Integration Officer. We look forward to reporting back on the changes and service improvements this feedback may lead to.</p>	

	<p>2. I continue to represent Healthwatch on the ICB's Quality, Performance and Finance Sub-Board Committee, providing oversight and input into key areas. One of the ICB's core performance targets is the reduction of RTT delays. We are closely monitoring performance data to assess whether feedback gathered through our reports leads to measurable improvements.</p> <p>3. Another important metric for us is the number of recommendations made, with a target that at least 50% are acted upon. In response to my request for further information on how local hospitals are addressing RTT challenges, the Deputy CEO of North West Anglia NHS Foundation Trust (NWAFT) invited Healthwatch to contribute to their overall patient experience and engagement strategy. As a result, our Senior Management Team has been actively involved in shaping a new governance model that places greater value on patient experience.</p> <p>NWAFT incorporated 241 individual pieces of Healthwatch feedback last year to inform both their Target Operating Model and the development of the new Hinchingsbrook Hospital. This partnership highlights the tangible impact of our work and the value of patient voice in shaping service delivery.</p>	
<b>5. Health Inequalities</b>	Greater awareness of barriers, increased engagement, inclusive care improvements, and lived experience consultation in social care.	Our 2029 Summit will spotlight health inequalities, showcase progress, amplify voices, host engagement events, and support inclusive partnerships.
<b>Activities and Impact Summary</b>	<p>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.</p>	



	<ol style="list-style-type: none"> <li>2. Our contract target requires a 50:50 ratio of people with lived experience to professionals on the boards. As of April, the Carers Partnership Board is meeting this target. However, we recognise the need to grow membership across all other boards, and we currently have operational recruitment plans in progress to address this.</li> <li>3. Going forward, the partnership boards will also begin reporting on the diversity of their membership, incorporating demographic data such as geographical spread, ethnicity (including BAME representation), gender, and age. I expect to include these figures in my next CEO report.</li> <li>4. We are committed to increasing diversity across all our Healthwatch volunteering roles. The introduction of our new volunteer management database will significantly improve our ability to monitor and report on volunteer demographics, replacing our current manual system. This will give us a clearer understanding of who is getting involved and where we need to focus efforts to improve inclusivity.</li> <li>5. We are beginning to see an encouraging increase in volunteers from the Fenland area, and one of our key priorities is to gather more feedback from both the Fenland community and people from ethnically diverse backgrounds.</li> <li>6. Another measure to increase feedback from the public in the Fenlands and Non White British.</li> </ol> <p>Recent feedback data shows: this is impressive when compared against the overall demographics for the county. Fenland represents 11.4% of the population, and Non White British also represents 11.4% of the population.</p> <ul style="list-style-type: none"> <li>• <b>March:</b> 13.75% from Fenland, 18.13% from non-White British backgrounds</li> <li>• <b>April:</b> 17.68% from Fenland, 26.26% from non-White British backgrounds</li> <li>• <b>May:</b> 9.43% from Fenland, 20.13% from non-White British backgrounds</li> </ul> <p>We will continue to monitor these figures closely and adapt our engagement strategies to ensure our work reflects the voices of all communities we serve.</p>
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## Communications

### What we have been working on

- **Life Changes Report**

Published Life Changes Report (commissioned by Cambridgeshire South Care Partnership):

<https://www.healthwatchcambridgeshire.co.uk/report/2025-04-09/life-changes-report>

- **New mental health survey for young people**

[Are you between 17 and 25 years old? Have you used mental health services? Take our survey! | Healthwatch Cambridgeshire](#)

[Are you between 17 and 25 years old? Have you used mental health services? Take our survey! | Healthwatch Peterborough](#)

- **NHS Patient Data Project**

Published Patient Data Project, interview with Peterborough Community Radio: [Share your views on how the NHS uses your data by the 12th May! | Healthwatch Cambridgeshire](#)

- **Share Your Experience of Referrals (March – April)**

Supported Healthwatch England's referral campaign across our digital channels. Published: [Share Your Experience of Referrals | Healthwatch Cambridgeshire](#)

Following the closure of this survey, we adapted it to create our own referral experience survey, supporting our joined-up care strategy: [Share your experience of referrals from Adult Social Care, GP, Community Clinic, Hospital to any other service providing your treatment | Healthwatch Cambridgeshire](#). Jess Slater interviewed by BBC Look East on referral statistics.

## **Advice & Information**

We updated our mental health advice page: [Looking after your mental health | Healthwatch Cambridgeshire](#)

We've supported local NHS and Council campaigns including Cervical Screening, Your Voice Matters (young person's survey), Dying Matters Week, Easter NHS awareness campaigns (Pharmacy First, Mental Health Support, A&E), COVID spring vaccinations, Women's Health Survey, Blood Pressure Campaign (What's Your Number?).

## **Events**

- **Health & Care Forums**

We started the new debrief meetings with the Chairs and our one-page summaries.

- **Partnership Boards**

We have created promotional materials to support the new 'pop-up shops' campaign: ['Pop-up shops' for our Partnership Boards | Healthwatch Cambridgeshire](#)

**Spring Newsletter:** Published 28<sup>th</sup> May: [Spring 2025 Healthwatch Cambridgeshire and Peterborough Newsletter](#) 29.3% open rate, 4.3% click rate.

**Radio advertising:** Our advert with Peterborough Community Radio went live in April: [Home - PCRFM](#) and our advert with Heart Cambridgeshire went live in May: [Heart Cambridge Radio - Heart 103 - Cambridge](#)

## **Collaborating with partner organisations**

We continue to meet regularly with NHS communication leads at Comms Cells. We've shared all surveys and continue to explore ways to effectively support comms campaigns. We're working with University Centre Peterborough to create a vaping animation to raise awareness of the risks to vaping. Youthwatch are helping with the voiceover too.

## **Social Media**

Engagement has focused on specific campaigns designed to promote:

- Recruitment: Volunteer Chair for Peterborough Health and Care Forums, Palliative & End of Life Care Volunteer, Information and Signposting Feedback Volunteer.
- Events, Joining Partnership Boards, Engagement and Health and Care Forums.
- Awareness weeks: Neurodiversity Celebration Week, Stress Awareness Month, Bowel Cancer Awareness Month, Mental Health Awareness Week, Deaf Awareness Week.
- Healthwatch England articles: [Your right to an NHS dentist | Healthwatch Cambridgeshire](#); [A strain on sight: Waiting for NHS specialist eye care](#)
- New BSL videos are live on website and shared regularly.
- Investing in Volunteers Award promoted: [Investing in Volunteers Award | Healthwatch Cambridgeshire](#)

Analytics (reported 02.06.25): **Facebook:** 41,866 impressions, 39,274 users. **Instagram:** 7,216 impressions, 6,453 users. **LinkedIn:** 11,740 impressions, 47.8% increase in followers **Tiktok:** 11,704 impressions, 10,684 users.

**Other CEO BBC Cambs Radio Interviews:** 03/04/2025 – 6 in 10 people have no confidence in the NHS, 28/04/2025 – Elective Care Waiting Lists

## Engagement

During this period there were 4 Health and Care Forum meetings, bringing together members of the public with local health and care service providers. Sue Allan, Lead of Engagement is now co-ordinating all four H&C forums which will now run quarterly, for 2.5 hours, with more time for networking. We are currently recruiting for 2 Chairs for Huntingdon and Peterborough. Additional short meetings have been introduced to include the Chairs in the planning of the forums.

Topics covered included:

- Mental Capacity Act Strategy
- REN Project (NIHR) National Institute for Health & Care Research

A separate agenda item will now include a summary of updates from the North Place Integrated Neighbourhood Board meetings. We now have a Healthwatch Representative allocated to each Board meeting. Sue Allan will be co-ordinating this work to ensure we have a clear communication pathway between the Health and Care Forums, Integrated Neighbourhoods and public.

During this period 12 different Patient Participation groups were represented at our health and care forums.

During January and February, we participated in 37 engagement events, speaking to 847 people and collecting 232 experiences. Events are a little lower this period as this is one of our quieter times. However, experiences collected is similar to the previous period.

Our new Cambridge Engagement Officer Ildiko Docsova started in January and has hit the ground running. She is working hard to increase our presence in Cambridge City, East and South. Priorities include, GP surgeries, increasing engagement in East Cambridge, mental health services and young people events.

Events attended during January and February include:

- GP surgeries across (Fenland & Cambridge)
- Good Mood Cafes – CPSL Mind (Fenland, Huntingdon, Peterborough, Cambridge)
- Chinese New Year event (Peterborough)
- Health Day (Ely, East Cambridge)
- Mental Health Day (Peterborough)

Our engagement team are continuing to work on opportunities to hear more experiences from young people. During this period our engagement team have visited settings including:

- Stanground Academy Careers Day (Peterborough)
- College of West Anglia (Wisbech)
- Long Road College (Cambridge)

- Anglia Ruskin University (Peterborough)

This has included recruitment of young volunteers from these events.

The Head of Engagement and Volunteer Manager have facilitated 2 Youthwatch meetings. Topics have included:

- Planning a new Neurodiversity Project
- Training on neurodiversity and autism from guest speakers
- Input from the group to support the ICB 10 year strategy

We have been liaising with University College Peterborough who will be designing a variety of animation videos in co-production with Youthwatch as a result of our vaping report to share across our social media platforms. These will include health education messages and resources for young people to access. This was a recommendation identified in the report.

Here are just a few more examples of some of the settings we have visited to hear people's experiences of using health and care services:

- Golden Age event (Wisbech)
- Camsight (St Ives)
- Sanctuary Housing (Cambridge)
- Cervical Screening clinics with the Integrated Neighbourhood teams. (Peterborough & Fenland)

## Volunteering

Volunteering role	Number of roles	Number of Individuals
Integrated Neighbourhood Representative (North)	11	7
Community Researcher (South)	6	3

Community Listener	27	25
Authorised Representative	7	7
Youthwatch	13	6
Independent Member	50	43
Non-Executive Directors	10	6
TOTAL	124	97

Some volunteers are in more than one role.

- During March, April, May 2025 our volunteers contributed a total of 349 volunteering hours (151 in March, 104.5 in April and 93.5 in May).
- We are finalising implementation of our new volunteer management system, Volunteero which should make it easier for us to accurately log all our volunteering activity. The system has a linked 'app' which allows our volunteers to directly interface with the system, including completing recruitment tasks and training. They will also be able to input their volunteering hours. The app also allows us to acknowledge and recognise the contribution our volunteers make, but will of course not replace the acknowledgements we make in person including 'thank you' events etc. We hope to be able to use it to report progress at the next meeting.
- We are very pleased to report that we have been re-accredited with the Investing in Volunteers quality mark. This follows our previous successful accreditation in 2020. This piece of work has involved reviewing our processes and re-evaluating the way we work with volunteers as an organisation, We have found the process of being re-accredited valuable and our volunteers have enjoyed being involved in the journey.

## Partnership Boards

During the period March to May 2025 all Partnership Boards have held meetings, the issues discussed have included:

- Difficulties getting correct dosage tablets from Addenbrookes – the patient being expected to cut ‘coated’ tablets
- Impact on the families of young people transitioning to adult services.
- Challenges getting a Carers assessment and gaining help through social services in Peterborough.
- Wheelchair users pre-assessment forms do not allow for details of any additional help needed, staff not prepared for wheelchair user in advance
- Blood pressure being taken in a corridor because a wheelchair could not fit through the door.
- Being expected to stay in the wheelchair rather than a bed in A&E even for long periods, this causes discomfort and sores .
- Contractors for Care leaving people at the roadside and not helping patients to get inside for appointments.
- Long waiting times for replacement power wheelchairs, private hire is very expensive.
- Surveys and consultations being difficult if not in BSL
- Difficulty voting as the training at polling stations is poor for dealing with people who have sensory impairment
- ‘Red flags’ on patient records not being used in Peterborough so people having to explain repeatedly
- Hearing impaired people not being made aware when their name is called in a waiting room
- BSL not being available at health appointment, an example of a daughter having to sign to her deaf father that he has suspected cancer was discussed. Other examples of family members having to sign at private appointments were given.



## **Membership of Partnership Boards:**

During this period we have made progress in gaining access to various additional groups around Peterborough and Fenland which the team have started visiting. The presentation has been revamped and it is hoped that the proposed remuneration scheme will also assist with recruiting these members with lived experience.

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

### Sensory Impairment

There is an ongoing concern around taxi drivers not allowing assistance dogs in their vehicles and drivers not assisting passengers at either end of the journey. The licencing authority has been invited to attend the next sensory impairment meeting to hear these accounts directly because even after they have issued instructions to drivers these issues are still occurring for these regular users who have no other transport options.

### Carers

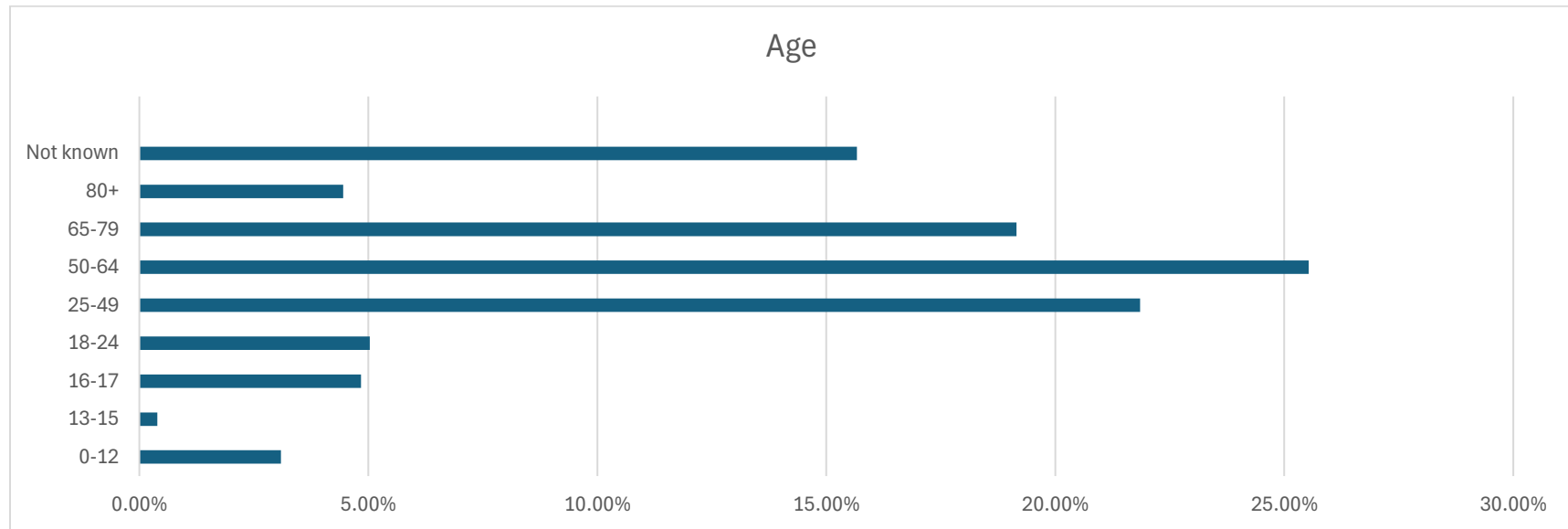
Caring Together have created and distributed two webinars as a result of conversations at previous Carers Boards. They will be shared with users shortly.

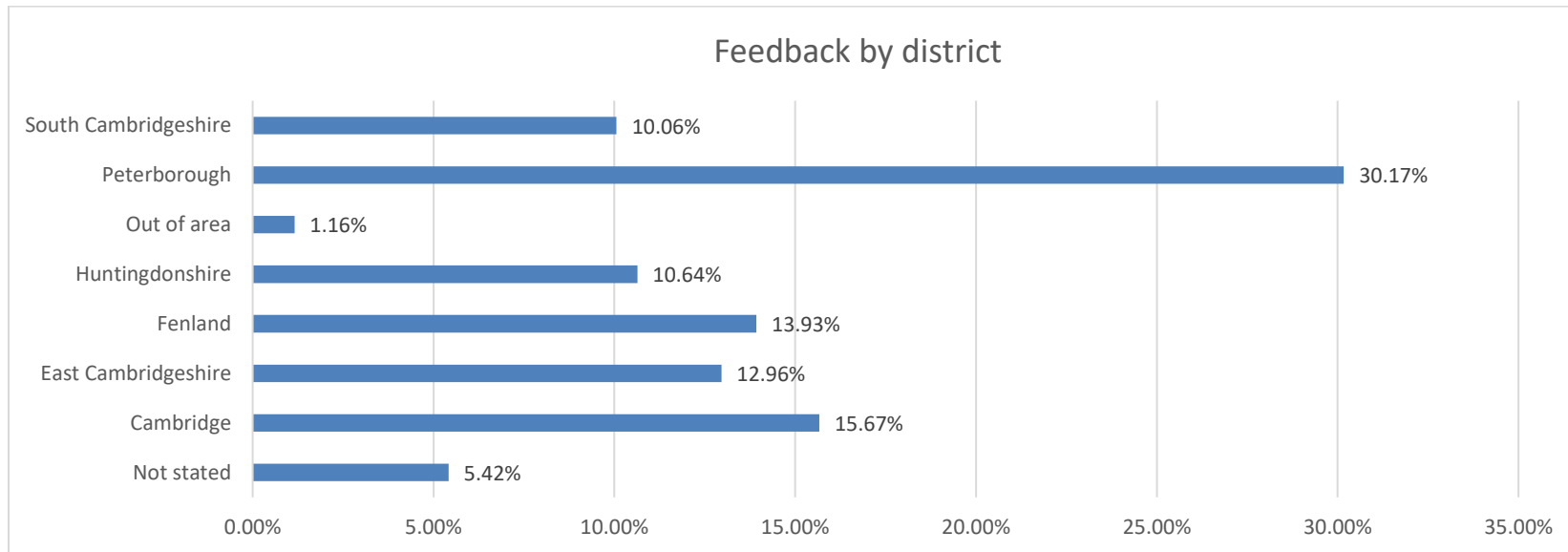
Family experiencing difficulties with mental health transitioning to adult care are now in contact with Caring Together and are receiving support.

## **Experiences**

During the period 1 March to 31 May 2025 we recorded 517 pieces of feedback, 10.64% (55) of these required an element of signposting. 62% of experiences recorded came from women, 28% came from men with the remaining percentage made up from 'prefer not to say' and 'not known'.

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





During this period, people are still describing difficulties with accessing GP appointments and we continue to hear dental feedback. Feedback on Primary care overall has accounted for 61% of all feedback during this period. The main four areas of feedback are:

- GP practices – 49.71%
- Dentistry – 7.35%
- Accident and Emergency – 6.96%
- Mental health (all services) – 5.03%

Probably as a result of choosing mental health as one of our priorities as well as the focus for this year's summit, we are starting to hear more feedback about mental health and hope so see further increases in future reports.

## Projects

Project name	Description	Status	Comment
ICB People & Communities Project	One year project setting up a people and communities engagement group, alongside x2 focus groups on the NHS 10 year plan and the communities engagement strategy. Will become part of the ICB engagement governance.	Green	Continues into this year, £20k.  To host the NHS Community Participation Group to gain feedback on local priorities, six meetings a year with first meeting arranged for 21 July 2025 in Ely.
Peterborough City Council Small Project work	<ul style="list-style-type: none"> <li>Facilitate dementia panel</li> <li>Focus group for community mental health</li> <li>ASC SWOT analysis</li> <li>Personal Assistants Review</li> </ul>	Green	Within core funding, increased by 4.71% to fund small project work.
Research Inclusion and expansion opportunities across the ICS	Extension to the REN project. There will be a regular spot on the Health & Care Forums for research.	Amber	Informed of £5k funding to support Health & Care Forums and continuation of the REN project.  <b>Waiting for contract and invoice to be raised.</b>

<p>PPIE Innovation Grants</p>	<p>Youthwatch C &amp; P and Central Bedfordshire Project Joint Bid 'If I ran the NHS'</p> <p>This innovative youth-led project will empower 13–25-year-olds across Bedfordshire, Cambridgeshire and Peterborough to ask: "If I ran the NHS, how would I fix it?" While young people often hear that the NHS is 'broken', they are rarely invited to understand its systems, take part in research, or shape services.</p>	<p>Red</p>	<p>Bid to be submitted, awaiting outcome.</p> <p>£1165.00 (C &amp; P Portion)</p>
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