

## Chief Executive Report – April 2026 to June 2026

### National Picture

The Health Reform Bill is being debated in Parliament, which includes the abolition of the Healthwatch contract.

<b>Date / Timeframe</b>	<b>Legislative Milestone</b>	<b>Status/Notes</b>
<b>13 May 2026</b>	Bill announced in the King's Speech	Formal announcement of proposed legislation.
<b>14 May 2026</b>	Bill introduced to the House of Commons (First Reading)	Start of the Parliamentary process.
<b>1 June 2026</b>	House of Commons Second Reading	Debate on the Bill's general principles.
<b>June 2026</b>	Commons Committee Stage	Detailed scrutiny of the Bill (anticipated c.10 sittings).
<b>Early July 2026</b>	Commons Report Stage and Third Reading	Final Commons consideration before the Bill is sent to the House of Lords.
<b>Mid/Late July 2026</b>	House of Lords Second Reading	Initial Lords debate before the Summer Recess (Parliament rises on 23 July).
<b>1–17 September 2026</b>	House of Lords Committee Stage	Detailed line-by-line scrutiny (anticipated six sittings over three weeks).
<b>Mid-October 2026</b>	House of Lords Report Stage	Further consideration and amendments following Parliament's return on 12 October (anticipated four sittings over two weeks).
<b>Week commencing 2 November 2026</b>	House of Lords Third Reading	Final Lords consideration of the Bill.
<b>Week commencing 9 November 2026</b>	Parliamentary consideration of amendments	If the Lords make amendments, the Bill returns to the Commons for agreement.
<b>Week commencing 16 November 2026</b>	Royal Assent	Expected final stage, after which the Bill becomes an Act of Parliament.

*Note: The timetable is indicative and subject to changes in Parliamentary business*

Our letter to MP's approved at the last development session has been receiving attention with responses from 4 of the 8 MPs the week 29<sup>th</sup> June to 3<sup>rd</sup> July. Concerns have been noted from 2 liberal democrats, 1 conservative and 1 labour MP. They are particularly concerned about keeping feedback independence and the public having trust and confidence in where they leave their feedback.

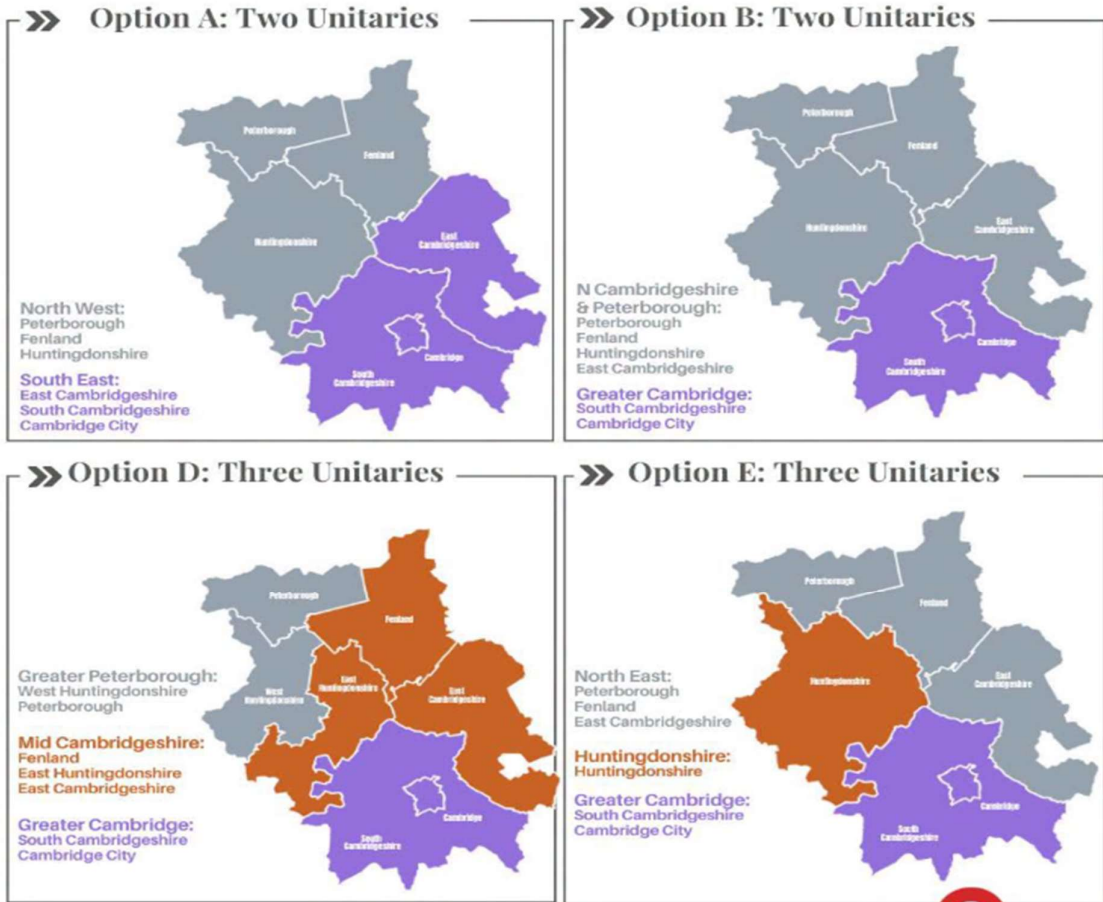
In addition, our local authority 5 year contract comes to an end as at 31/03/2027, and the councils are currently undergoing some public consultation on the Healthwatch. Peterborough City Council held their first consultation on the 4<sup>th</sup> June 2026, and are planning on more taking place. Cambridgeshire County Council are scheduling three events.

- Tuesday 28 July, time TBC, Huntingdon Library meeting rooms 1 and 2 (combined)
- Wednesday 19 August, time TBC – this could either be at Cambridge Central Library or at our Sunley House office, Papworth Everard
- Monday 24 August, time TBC, March Library Wordsworth room

### **Devolution**

We expect the decision on the proposed four council structures to be made during July 2026, and it is likely that the decision will inform how the councils commission engagement and public feedback going forward which could change from the current joint commissioning arrangements.

We are currently looking at options for Healthwatch Cambridgeshire and Peterborough in terms of structure. The local authority specification due to be released in the Autumn is likely to influence that.



# Local Government Reorganisation

## How did we get here?

July 2026: Government decision



### ICB Central East Update



**Stakeholder update:  
Message from Jan Thomas**

Chief Executive

*Dear Partners,*

*I wanted to share some personal news that I will be taking on a one-year secondment with NHS England as the new Executive Director of System Development.*

*This national role will include a focus on transforming commissioning and guiding the future development of ICBs. It is an opportunity to shape the next phase of our NHS, and one I have thought carefully about before agreeing to.*

*I want to be clear about my continued commitment to our ICB, our staff, our partners, and the communities we serve. This is a secondment for one year, and I will remain as Chief Executive of Central East throughout this period.*

*Day-to-day leadership of the ICB will be shared by Sarah Stanley, our Deputy Chief Executive and Executive Clinical Director, and Louis Kamfer, our Executive Director of Strategy, Planning & Evaluation who will also become Deputy Chief Executive. Supported by the wider Management Team and our dedicated ICB staff, I have full confidence in the team we have put in place to drive delivery of the priorities presented in [Our Way](#).*

*While the secondment is national in scope, it presents an opportunity to put the work we are doing together in Central East at the heart of national debates about the future of strategic commissioning. I will be proud to share our values, the lessons we have learned, and our successes in reducing utilisation and improving outcomes.*

*Best wishes,  
Jan*

### **Other updates**

The board agreed to a shorter CEO report at the last Board meeting, as each activity delivered by the organisation is presented at one of the Board meetings over the year.

The information and signposting department is being presented at this meeting, and therefore no further details are published in the CEO report.

## **Comms & Impact**

### **Healthcare and Social Care Feedback**

#### **NHS Healthcare**

Positive feedback was led by praise for NHS staff, with 31.6% of responses highlighting the professionalism, compassion and dedication of doctors, nurses, pharmacists and other frontline teams.

The most common concerns related to long waiting times and appointment delays (13.7%), including waits for GP appointments, referrals, diagnostic tests, treatment and mental health services. Appointment booking difficulties (8.0%) were also frequently reported, alongside communication issues and poor patient experience (7.3%), with people highlighting problems receiving updates, understanding care plans and feeling listened to.

#### **Adult Social Care**

People continued to value positive experiences of adult social care, with 23.1% of feedback highlighting good access to services, including supported living, home care, carers' support and community activities. Staff professionalism, compassion and continuity of care accounted for 11.5% of positive feedback, while 3.9% praised clear, person-centred assessment processes.

The most common concerns related to access to services and communication (30.8%), with people reporting difficulties navigating the system, contacting the right teams and receiving updates. Concerns about equality, fair access, safeguarding and involvement in decision-making (15.4%) were also raised, alongside delays to assessments and support (3.9%), including care packages, equipment provision and housing support.

## **Enter and View Reports**

### **Orchards Care Home – Enter and View Report**

We carried out an Enter and View visit to Orchards Care Home to gather insight into the experiences of residents, relatives and staff. The visit explored key areas including dignity in care, communication, activities, environment, and overall wellbeing.

Residents shared their views on daily life in the home, helping us to understand both strengths in care delivery and areas where improvements could enhance experience and quality of life.

For the full report click [here](#).

### **Field House Care Home – Enter and View Report**

Our Enter and View visit to Field House Care Home focused on resident experience, staff engagement, and access to health and social care support. We spoke with residents and staff to understand how care is delivered day-to-day and how well individual needs are being met. The findings highlighted both positive practice and opportunities to further strengthen person-centred care and resident involvement. For the full report click [here](#).

### **Engagement Team**

Due to the considerably low numbers of social care feedback we receive, we have decided to working with the local authorities (LA) to concentrate on actively engaging people to leave social care feedback. The LA's issued a social care survey for Healthwatch to use to be able to provide more meaningful feedback.

The Healthwatch Engagement Team and the Peterborough City Council (PCC) Commissioning Team delivered a programme of targeted engagement events to raise awareness of the survey and encourage participation. Events were held in the PCC Sand Martin House Community Spaces and at the Roots and Rise Community site in Queensgate Shopping Centre. Additional engagement took place across a wide range of community settings, including care homes, sensory impairment groups, older people's organisations, cultural and international events, dementia and multiple sclerosis groups, cost of living events, SEND and carers' groups, family events, community centres, GP practices, homeless services, and during Patient Experience Week.

Between April and May, the team attended 24 engagement events, with a further 13 events taking place or planned during June, demonstrating a sustained commitment to reaching diverse communities across Cambridgeshire and Peterborough.

A key theme emerging from engagement activity was the ongoing challenge of accessing transport for healthcare. Concerns initially raised through the Fenland Health and Care Forum and Partnership Boards closely mirrored feedback gathered independently by East Cambridgeshire Community Coordinators. Recognising the shared issues, organisations collaborated to maximise impact by planning a multi-agency workshop involving transport providers, health partners and voluntary organisations. This work aligns with the Cambridgeshire County Council Public Health and Transport Steering Group, which is supporting improvements across the system.

The feedback highlighted several recurring issues. Patients described complex and inflexible hospital transport booking systems, confusing eligibility criteria and long advance booking requirements that do not reflect short-notice appointment changes. Delays in transport following hospital discharge, particularly during evenings and weekends, were common concerns. Rural communities, especially in Fenland, reported limited public transport options, with poor connectivity to major hospitals such as Addenbrooke's and the Queen Elizabeth Hospital, King's Lynn. High travel costs were also preventing some patients from attending appointments, particularly those reliant on taxis due to mobility or sensory impairments.

Accessibility concerns included shortages of community transport and volunteer drivers, insufficient wheelchair spaces on demand-responsive services, and reports of private taxis refusing assistance dogs. Positive feedback was also received, particularly regarding the helpfulness of Park and Ride drivers and the dedication of hospital transport staff despite wider system pressures.

Partners, including Cambridgeshire County Council Public Health, East Cambridgeshire Community Coordinators, EMED, voluntary organisations, Healthwatch, volunteer driver schemes and local residents, continue to work together to identify practical solutions. This collaborative approach aims to improve transport accessibility, reduce inequalities and ensure patients can access healthcare safely and reliably.

### **Patient Experience Week**

During Patient Experience Week May 2026, we delivered a wide programme of engagement activity across Cambridgeshire and Peterborough, focusing on listening directly to patients, carers, and members of the public about their experiences of health and care services.

Across the week, our team visited a range of primary care settings including Addenbrooke's Hospital, Peterborough City Hospital, Hinchingsbrooke Hospital, North Cambridgeshire Hospital, and several GP locations across the county. Engagement took place through in-person conversations, surveys, and outreach activity, supported by volunteers and staff working in high-footfall areas.

In total, we spoke to over 400 people across the week, gathering feedback on access to care, communication, waiting times, discharge processes, and overall patient experience. This provided a strong snapshot of current public experiences across both NHS and community services. Our activity was also covered by Peterborough Community Radio including an interview with our CEO, Jess Slater.

The feedback collected has been reviewed and has been used to identify key themes, highlight good practice, and inform ongoing improvement work with local health and social care providers.

### **CDA (Cambridgeshire Deaf Association) Listening Event**

We held an informal listening event in partnership with the Cambridgeshire Deaf Association (CDA) to hear directly from members of the Deaf community about their experiences of health and social care services.

The session took place at the Allia Future Business Centre in Peterborough and provided a safe, accessible space for people to share their views, connect with others, and help identify key issues affecting access to services. Two interpreters were present throughout the event to ensure full communication support and enable inclusive participation for all attendees.

The event focused on listening to lived experience and understanding the barriers people face when accessing health and care services, with a particular emphasis on communication, accessibility, and overall experience of services.

During the session, attendees shared the following key themes and experiences:

- Challenges accessing and booking appointments
- Failure to recognise and act on communication needs
- Barriers to accessing appropriate interpretation services and technology
- Limited staff awareness and understanding of interpretation requirements
- Inadequate promotion of interpreter support within hospital settings

The insights gathered will be used to inform our ongoing work with local health and care partners and help shape improvements in accessibility and service design for Deaf communities across Cambridgeshire and Peterborough.

This event forms part of our wider commitment to ensuring that voices from underrepresented communities are heard and acted upon. We also successfully received two enquiries from members of the deaf community to join our Sensory Impairment Partnership Board.

## **Partnership Boards**

The Partnership Boards and Wheelchair Users' Forum continue to provide an important mechanism for capturing the lived experiences of residents and ensuring that these directly inform service improvement across Cambridgeshire and Peterborough. During the reporting period, meetings focused on key themes including hospital care, community transport, direct payments, wheelchair services, physical activity, and support for carers and people with learning disabilities. Across all boards there has been a strong emphasis on moving beyond identifying issues to securing clear commitments from partners to address concerns and report back on progress.

A significant theme has been improving healthcare experiences. Members of the Learning Disability Partnership Board provided detailed feedback on communication in hospitals, accessibility, appointment processes and the consistency of support for people with learning disabilities and autism. This has resulted in follow-up work with Cambridge University Hospitals, including reviewing Learning Disability Nurse provision, improving patient flagging within hospital systems and ensuring accessible information standards are consistently applied. Similarly, the Older People's Partnership Board highlighted concerns about hospital discharge processes and non-emergency patient transport, prompting commitments from EMED to improve communication with patients waiting for transport and to explore solutions for the loss of community transport services in Fenland.

The Carers Partnership Board focused on the challenges carers experience when accessing direct payments and the administrative burden associated with managing them. Members also raised concerns regarding the reliability of domiciliary care services. In response, local authority representatives committed to reviewing information available to carers, promoting greater awareness of direct payments and providing performance information relating to commissioned home care services.

The Physical Disability Partnership Board and Wheelchair Users' Forum continued to champion accessibility and independence. Discussions centred on the transition to the new NHS Wheelchair Service provider, Ross Care, alongside wider issues including equipment delays, hospital support, accessibility of leisure facilities and access to wheelchair funding. These conversations have generated a series of practical actions, including improved information for patients, follow-up with hospitals regarding discharge support and continued engagement with service providers during implementation.

Collectively, the Partnership Boards continue to demonstrate the value of co-production by bringing together people with lived experience, commissioners, providers and voluntary sector organisations. The boards not only identify emerging issues but also create accountability through agreed actions and follow-up, ensuring that feedback from residents contributes directly to service development, policy discussions and quality improvement across health and social care systems

### **Patient Participation Group (PPG) Forums**

The latest round of PPG forums were held in May. There were face-to-face meetings in both North Place and South Place. Attendance as follows:

#### **North Place 13 May 2026**

14 attendees representing 10 PPGs

#### **South Place 27 May 2026**

9 attendees representing 5 PPGs

At both meetings we discussed relationships between PPGs and practice staff. A wide variety of experiences shared, both positive and negative. Concerning feedback included:

- PPGs who rarely or never have any practice staff attending meetings (feedback has nowhere to go).
- Practice staff setting agendas or chairing meetings (not led by patient voice).
- One PPG who had previously enjoyed a positive relationship with practice staff but this had abruptly changed when they raised concerns and asked for feedback about problems with the online triage system.

GP websites were also discussed. Back in 2020 we carried out an audit and highlighted issues including poor accessibility and out-of-date information which was a particular problem at the time due to the pandemic. We have more recently been asked for an update on this by the Adult Social Care Forum. Therefore, we have asked the PPG representatives to have a look at their practice websites and share feedback. It was raised at both meetings that information about PPGs tends to be very out-of-date with difficulties to getting this updated.

The PPGs have asked if someone in a senior position from the ICS could attend possibly the combined seminar in November. They requested Jan Thomas. However we have suggested that Dawn Jones, Primary Care Lead would be better

placed to address their concerns. We are sending on all feedback gathered both from the meetings and from other PPGs who were unable to attend and requesting that she or a member of her team attend the November meeting.

## **Youthwatch**

### **Neurodiversity Report**

We published our Neurodiversity report exploring barriers autistic people face when accessing primary care services. The report was informed by direct engagement with autistic young people, families, and health professionals through workshops and co-production activity.

Key issues identified included communication barriers, inconsistent appointment experiences, difficulties with masking and being understood by professionals, and challenges in accessing timely and appropriate support. Young people also highlighted the need for clearer systems, improved flexibility in how appointments and results are managed, and better staff understanding of neurodiversity.

As a result of this work, GP practices and clinicians committed to a range of improvements, including longer appointments for those with multiple conditions, enhanced communication approaches, additional staff training, and further exploration of health passports in primary care settings.

For the full report click [here](#).

## **Volunteering**

We currently have 103 active volunteers.