

Chair's Report

Purpose

1. This report sets out public activities carried out by the Chair since the last Board meeting and the main issues noted.

Key issues

2. As a first report, sections 6-14 capture initial reflections on the Healthwatch Cambridgeshire organisation relating to culture, relationships, impacts and reputation following the 2 months in the role of Chair (approximately 23 working days).
3. Section 15-16 summarise observations on the challenges facing the local health and social system and notes potential areas for joint working development following discussion with leaders during this period. Some of these considerations for Healthwatch Cambridgeshire should be further tested over the next months and considered as part of strategy review and business planning.
4. The appendix lists the Chairs external meetings 9th Sept to 31st October 2015.

Action required by the Board

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

Author

Val Moore, Chair

18 November 2015

Initial reflections on the organisation

The culture of Healthwatch Cambridgeshire

6. Following talks with volunteers, staff and the non-executive directors I observe a high degree of motivation to the core purpose of the organisation. The mission is consistently articulated on the website and corporate materials and through what people say. Team members focus on the needs of patients and the public and act to help quickly where they can. There are also many instances where appropriate connections are made between the voices and their underlying needs to the opportunities for change within the Cambridgeshire system as a whole, and where constraints may exist.
7. All non-executive directors wish to play an influential role. Some talk about their extent of knowledge of the NHS as a determinant of distance from the perceived dominant NHS focus of the Healthwatch culture. There are acknowledged limitations in the Board diversity and inevitable constraints on time available for engagement.
8. The volunteer group is at a stable number of just under 30. Getting the balance between working within programme constraints, and recognising the various talents, wishes and generosity of volunteers is a difficult one. Their needs, including being well informed and networked, have been listened to by staff and supported. Non- executives have empathy and appreciation of the volunteer role, and I am grateful for the efforts of everyone in this journey to build and maintain a common culture.
9. Organisational culture and practice are reflected in a compact but comprehensive set of policies. Team members have mastered their individual briefs and are clearly willing to inform and contribute to new team processes such as publication sign-off and database development. The need for a more fully developed infrastructure of systems and processes naturally becomes greater as an organisation matures and the external system develops around. Challenges exist: to manage even greater flows of information and relationships; to maintain consistency of product outputs and drive up their quality and impact; and to spend enough time together given home working and the virtual teams of volunteers and directors.

Strength of relationships

10. The Chief executive leads by example to provide a hub of excellent working relationships with managers and leaders in external organisations and community representatives. Team members replicate relationship webs in their specialist operational areas. The non-executive directors contribute to the Healthwatch presence through prioritised panels and public meeting

opportunities. There is a desire to take a shared approach to making the most of the strong relationships that people have and filling gaps.

11. These relationships are ever changing. Questions are asked: who is the most important group to relate to at the current time; who is the relationship ‘owner’; who needs to make and support decisions; how is intelligence captured and used; what does success in this relationship look like; how are impacts recorded? There is work to be done therefore to ensure continued, valued impact in an increasingly complex health and social care system.

Impacts and ambition

12. That we have influenced podiatry policy based on what people told us about it is a key achievement, gaining national recognition. Helping people to access services better as a result of the policy change is the next important impact. Capturing the experiential and health economic benefit of this policy shift will help to illustrate the positives of an inclusive and accessible foot care service, and other such successes, for the challenged health economy.
13. Good ideas and suggestions to improve experience of care have been identified in recently published write-ups from the Enter and view pilot activity in care homes. As with the example of influencing podiatry policy, there is more to do to influence practice following Enter and view activities. Enter and view has so far engaged both the volunteer network and the directors. How to focus the use of these powers and associated activity going forwards will merit careful consideration in the accompanying Board paper as our position as critical friend to the range of local health and social care providers is not isolated from our powers to escalate concerns.

Network and reputation

14. A regional TV interview was given on the difficult issue of the Chief Executive resignation and the pending ‘Inadequate’ hospital inspection for Cambridge University Hospitals Foundation Trust. It was an opportunity to speak independently about people’s experience of care and the Healthwatch role in uncertain times for patients, hospital staff and system partners. I am grateful to colleagues for their help in preparation and for on going liaison with partners on other similar public interventions. Whilst dealing with sensitive issues by contributing timely, clear messages our own network and reputation are important foundations for success. I observe that both are in good condition currently and that partners are open to our feedback and support.

Overview of challenges for the health and social care system in Cambridgeshire

15. Key issues noted during the period are as follows:

- The 3 main regulators for the NHS (Monitor, Trust Development Authority for providers, and NHS England who devolve the commissioning budget to the Clinical Commissioning Group) have established oversight mechanisms for the challenged health economy
- Both Hinchingsbrooke Healthcare NHS Trust and Cambridgeshire University Hospitals Foundation Trust are in special measures
- The financial challenge to the NHS is quantified but being revised upwards to a less favourable position
- The financial challenge to the County Council public health, children and adult care services is quantified and budget cuts are proposed. Shared roles with Peterborough are being developed
- The engagement challenge, with staff and the public, is acknowledged as central to identifying, and delivering, effective changes to NHS quality and efficiency but is not fully matured in its reach and its integration
- Prevention and the integration of health services is supported, particularly by the Uniting Care contract (older people's care priority), and selected priority services (e.g. emergency care, maternity), but the process is not transparent and some potential high level solutions are not yet in the public domain
- Integration of health and social care is not generally well supported by the current strategic processes for transformation. Whilst there is information exchange via a variety of groups, ways of influencing decision-making is less clear and budgets are considered separately
- The Health and Wellbeing Board is making steps to develop its role to support joint working and integration.

Considerations for Healthwatch Cambridgeshire

16. A number of joint working interests have emerged:

- Opportunities to speak at Membership/ governors meetings/ Boards
- Agreement to build on collaboration between communications teams, patient experience and public engagement leads with Healthwatch, including a strengthened joint understanding of the evidence base
- Offers of examples of effective public involvement/patient experience-led change initiatives which if publicised could encourage further change
- Exploring ways in which strategic use of Enter and view activities can add value
- Offer to include Healthwatch questions about experience into new and on going research projects involving key community groups or service users, for example in Fenland.

Appendix - Meetings attended by the Chair 9th Sept to 31th October 2015

Meeting	Purpose	Date
Cambridge University Hospitals (CUH) Foundation trust Board meeting	Observer and networking	9 September
Dementia Friends training	Participant, along with HWC volunteers	14 September
Clinical Commissioning Group (C&PCCG) Governing Body AGM	Observer and networking	15 September
Health and Wellbeing Board public meeting	Member	17 September
Regional Healthwatch meeting	Induction and substitute for CEO	18 September
System Transformation Board	Member	21 September
Maureen Donnelly, Chair of C&PCCG	Chair to Chair	30 September
Julie Farrow, CEO of Hunts Forum	Induction	1 October
Alan Burns, Chair of Hinchingsbrooke Healthcare NHS Trust	Chair to Chair	5 October
Jane Ramsey, Chair of CUH	Chair to Chair	7 October
Why public health research matters. Institute of Public Health	Presentation on Healthwatch and networking	8 October
Aidan Thomas, CEO of Cambridgeshire and Peterborough Foundation Trust (CPFT)	Induction	12 October
Andy Vowles, Director of Strategy, C&PCCG	Induction	12 October
David Whiles, Chair of Healthwatch Peterborough	Chair to Chair	14 October
Julie Spence, Chair of CPFT	Chair to Chair	21 October
Cambridgeshire County Council Health Committee quarterly liaison meeting	Induction and networking	22 October
Health and Wellbeing Board development meeting	Member	29 October

Other

Chair/ Non - Executive Director one to ones x 5

Commissioner/ Healthwatch meeting x 1

BBC TV, East studio interview (CUH concerns)

BBC Radio Cambridgeshire interview (introducing new Healthwatch Chair)

BBC Radio Cambridgeshire (new CUH Chief Executive announced)

