

CEO Report November 2016 (September and October 2016)

Purpose

1. This report sets out Healthwatch Cambridgeshire's Key Performance Indicators for the past two months and updates on progress on the annual Work Programme and our Strategic Priorities.

Key issues

2. Sections 7 - 11 summarises activity against the organisation's strategic priorities.
3. Sections 12 - 18 reports on the Key Performance Indicators.
4. Appendix 1 is the half year progress report on the annual Work Programme.
5. Information and Signposting activity is set out in the six monthly report as a separate item on this meeting's agenda.

Action required by the Board

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

Author

Sandie Smith, CEO

9th November 2016

Strategic Priorities

7. The following sections explain what we have done to address this year's topical priorities. In addition to this work, experiences that are reported to us will always be raised through the usual routes.
8. **Mental health** - Local people tell us that they have difficulty finding help with their mental health particularly in a crisis.
We will work with other local specialist mental health organisations to listen to people and work together to get people views heard when services are being planned.

We are compiling an evidence base from the intelligence we receive through our Signposting Service and visiting local groups to listen to their experiences. People have told us that they are concerned about not being involved in decisions about their care and about being discharged without any support being in place.

We are establishing closer ways of working between CPFT and service users, focusing on shared decision making, and involving the local Service User Network (SUN). We are also raising awareness of the Recovery Coach service and what support is available.

9. **Children and young people** - Children and young people tell us that services do not ask them about their experiences of using health and care services. Young people want more information about emotional wellbeing, they say that help is often difficult to get.
We will go to schools and places where young people are to listen to what is important to them. We will put these experiences and ideas together and take them to decision-makers.

We have secured funding for our Youth Engagement Worker for another year. This funding is from the Joint Commissioning Unit, made up of the CCG, Peterborough City Council and Cambridgeshire County Council.

We have a planned schedule of delivery in three schools, have extended Youth Connect to Peterborough, compiled Resource Packs for young people who may need support for their emotional wellbeing and are supporting a regional research project. Further detail in Work Programme Quality Statement 2.

10. **Primary care** - During the past year access to GP appointments was one of the biggest concerns that people told us about. We know that General Practice is under pressure with growing demand and workforce challenges. It is likely that there will be changes to how primary care, including general practice, is commissioned.

We will continue our conversations with the public, commissioners and service providers to understand better how patient and public voice can support improvements.

Concerns regarding capacity in General Practice and the inconsistency of people's experiences getting access to appointments continues to be a major theme in our feedback. Primary Care is jointly commissioned by NHS England and the CCG. We sit on the Committee that oversees this commissioning and use this as a way of keeping all parties informed of what people tell us. At this committee we have raised these issues:

- The need to improve the system for understanding and learning from complaints;
- The review of the Alternative Medical Scheme (was the Violent Patient Scheme);
- The need for a more co-ordinated approach to the provision of primary care in growth areas.

We are working with a local Practice to develop a good practice toolkit for Patient Participation Group (PPG) development. We are speaking to Practice Managers to raise awareness of what good looks like and ways in which PPGs can connect Practices to their communities.

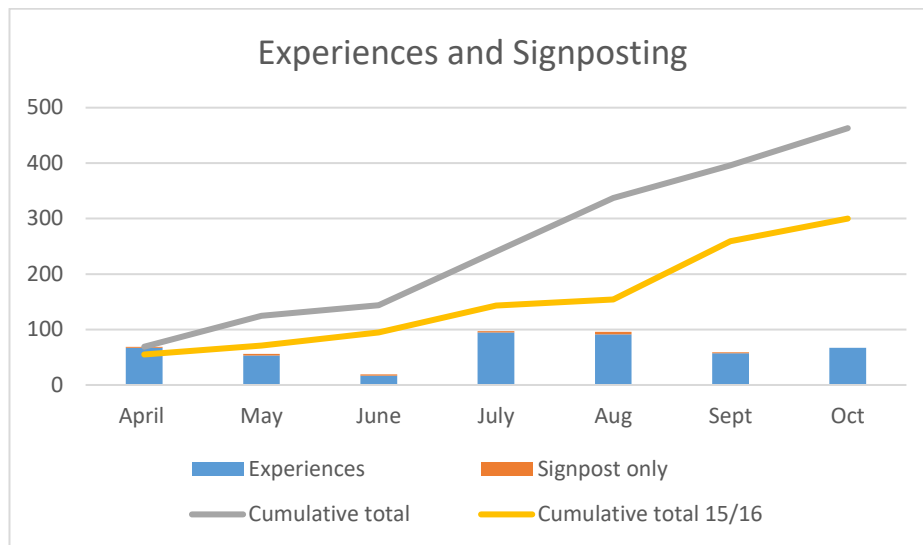
11. **Discharge from hospital** - Leaving hospital is difficult for many people. Often we hear that people are sent home without support in place or stay in hospital much longer than they should.
We will work with commissioners and providers to help people understand the standards of care they can expect and who to go to get help.

Discharge is a very complicated system. We are working with a group of volunteers to develop a Discharge Charter. This has the support of the Safeguarding Adults Board and the CCG. This Charter will improve people's discharge experience by helping them understand how the system works, what they can expect and who to contact for further information.

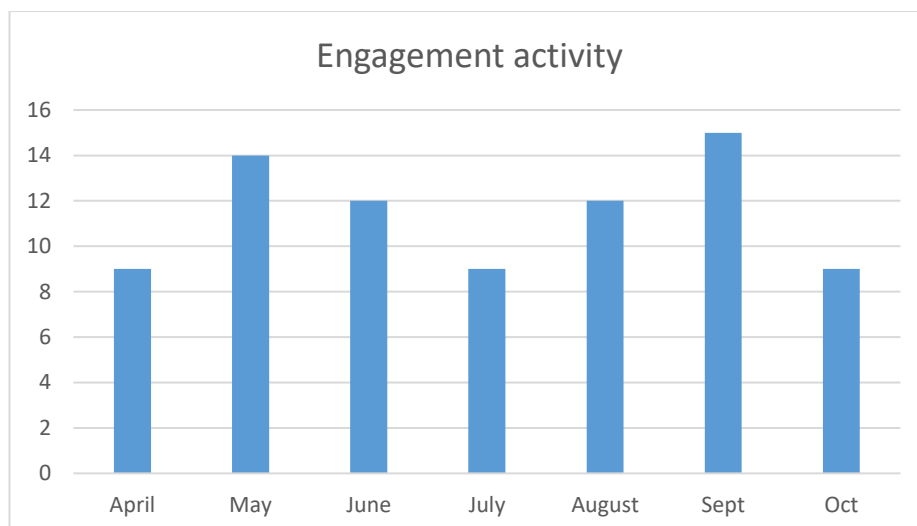
We have also identified confusion about Care Plans and where responsibility for this lies in new discharge systems, such as 'Discharge to Assess'.

Key Performance Indicators

12. Collecting Experiences



13. Engagement Activity



14. The team spoke to a total of 645 people during September and October at a range of events including:

- BME Dementia Awareness event
- East Anglia Lupus Information Day
- Arbury 'Not quite over the hill' Club
- The Snack Shack Huntingdon

15. During these two months 1,600 hours were contributed by volunteers solely on engagement activities.

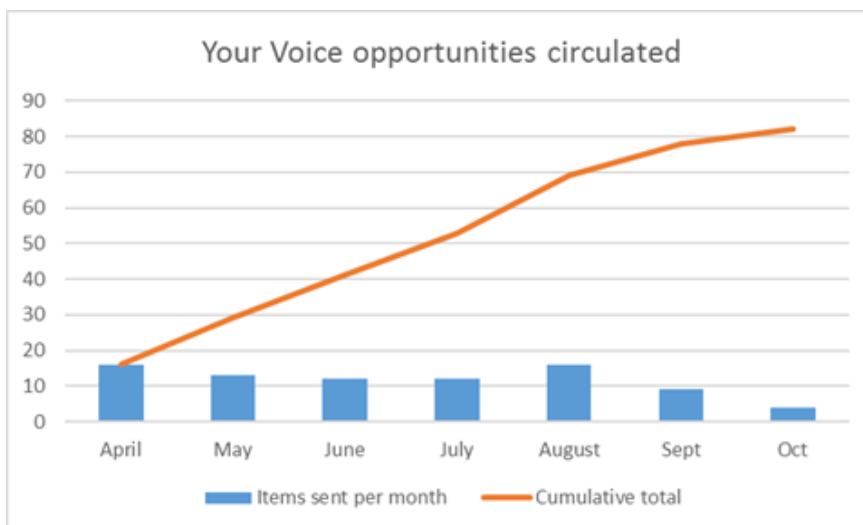
16. In October we 'auditioned' at the WI Speakers' Showcase. I am pleased to report that our talk is now an approved WI presentation. We are expecting a number of invitations from local WI groups as a result.

17. Impacts and Influencing Activity

| Issue | Action | Impact |
|---|---|--|
| 'Sitting Comfortably' Wheelchair Services report | The report has raised awareness of all Commissioners of the need for service improvements and the benefits of service user involvement. | Retendering of the service is being scheduled with a lead officer in place shortly. There will be a User Advisory Group as part of this. |
| CCG policy changes, eg IVF | HWC have raised awareness of vulnerable groups, signposted to key stakeholders and commented on engagement plans and consultation documents. | The CCG have welcomed more awareness of vulnerable communities and have included key stakeholders in discussions. |
| Changes to CCG gluten-free prescribing recommendation to GPs | We have liaised with the LMC, HW England and Coeliac UK. We have highlighted the needs of disadvantaged groups and that everyone gets the medical advice they need. | Greater awareness of the needs of disadvantaged groups. National discussions in hand between Coeliac UK and HW England. |
| Think Local Act Personal (TLAP) survey on the Care Act only available on line | We contacted TLAP to highlight this. It was confirmed that the decision was made by DH so they could get rapid feedback. | TLAP Lead confirmed they will highlight the restrictive sampling in the final report. |
| Safety and quality concerns immediately prior to launch of new Integrated Urgent Care Service | Written concerns to CCG Chief Officer. | CCG welcomed our check and addressed all points of concern. Reassured that patient safety will not be compromised during changeover. |

18. Reach

| | |
|---|---------------|
| Facebook averages per month Set & Oct | Totals |
| Posts | 46 |
| Engaged users (link clicks, shares, comments) | 194 |
| New page followers | 9 |
| Total followers at end of Oct | 262 |
| Twitter average per month for Sept & Oct | Totals |
| Tweets | 120 |
| Interactions (link clicks, RT, likes, mentions) | 517 |
| New followers | 29 |
| Total followers at end of Oct | 2,508 |
| Your Voice e-news 4 editions in Sept & Oct | Totals |
| Recipients (average each month) | 1,020 |
| Read by (average each month) | 236 |
| Engaged with - links clicked (average each month) | 52 |



NB The HWC website is linked to NICE and NHS England’s own involvement pages which should provide further up to date relevant opportunities

Media engagement:

- Parish / community newsletter articles - 8
- Voluntary, community and statutory articles - 3
- BBC TV - 1



Work Programme 2016/17 - 6 Month Progress Report

| QUALITY STATEMENT 1: Strategic context and relationships Having a strong understanding of the strengths and weaknesses of the local health and social care system is critical to the success of local Healthwatch. | |
|--|--|
| Activity | Progress |
| 1.1 The work of Healthwatch Cambridgeshire, as set out in the Strategic Priorities and the Work Programme, is informed by reported experiences and concerns of local people 1.2 Work strategically to raise the profile of engagement and voice in the planning and governance processes with commissioners and providers 1.3 Use soft intelligence to inform commissioners, regulators and providers of local experiences through formal and partnership structures and direct reporting. | <p>The organisational way of working is driven by gathering intelligence, understanding what it tells us and getting this analysis to decision-makers. Evidenced by our strategic review process and refreshed strategy and priorities for 2016/17.</p> <p>Our presence at the decision-making level is strategically determined with priority given to the greatest potential for influencing change. Evidenced by our active membership of the STP Clinical Advisory Group, Primary Care Co-commissioning Committee and CUH Stakeholder Assurance Group, for example.</p> <p>Our intelligence is compiled into bi-monthly reports (was quarterly) which are sent to providers, commissioners and regulators. This intelligence informs our questioning at, for example, Quality Surveillance Group, the CCG's Patient safety and Quality Committee, Adult Social Care Forum and CCC/CCG/CQC Intelligence Sharing meeting. The aim is to provide immediate intel reports through the new data collecting system.</p> <p>There is increasing evidence of system pressures in Cambridgeshire.</p> |

| <p>QUALITY STATEMENT 2: Community voice and influence Local Healthwatch enables local people to have their views, ideas and concerns represented as part of the commissioning, delivery, design and scrutiny of health and social care services.</p> | |
|--|---|
| Activity | Progress |
| <p>2.1 Undertake a range of communications activities that raises awareness of the work of Healthwatch Cambridgeshire, balancing digital and hard copy preferences</p> | <p>Communications activity uses many different media and is reported to the Board at each meeting as part of the CEO Report. There is a six-monthly Communications Report to the Board which gives more detail. During this year we have appointed a Digital Marketing Apprentice to assist with this work and combined our e-bulletin with our Consultation Network into a single fortnightly communication; ‘Your Voice’. This goes to 1,000 people (approx).</p> |
| <p>2.2 Develop and deliver a range of community engagement activities, some of which will be led by Healthwatch Cambridgeshire and some working with partners</p> | <p>Community engagement activity is reported to the Board at each meeting as part of the CEO Report. The number of events and people spoken to is now being recorded. During this year extra staff hours have been assigned to engagement work and this has seen a corresponding increase in the number of groups and events covered.</p> |
| <p>2.3 Engage a wide range of people from different backgrounds and communities, particularly inclusive of those people whose voices are less heard, to work with HWC working with existing networks and groups</p> | <p>People who are least heard are the priority for our engagement work. Details are reported to the Board as part of the CEO Report. We continue to work on the Gypsy, Romany and Traveller Project.</p> |
| <p>2.4 Developing channels to connect with young people and make it meaningful and easy for them to give their views</p> | <p>Our Youth Engagement Worker is now funded to also work in Peterborough. Three schools have invited us to work with students. Plans are in place to ensure equal spread. Youth Connect is now covering both areas and has over 150 young people signed up. We also have been commissioned by the CCG to repeat the ‘Thriving Project’ with more difficult to hear groups of young people.</p> |

| Activity | Progress |
|---|--|
| <p>2.5 Maintain the Consultation Network to increase community involvement and promote opportunities for participation and giving feedback</p> <p>2.6 Work in partnership with the voluntary, statutory and independent sector to facilitate opportunities to participate and promote engagement</p> <p>2.7 Maintain an active and informed volunteer base</p> <p>2.8 The public are actively encouraged to attend Healthwatch Cambridgeshire Board meetings which has a standing item for Public Questions</p> <p>2.9 Healthwatch Cambridgeshire involves local stakeholders in strategic planning and priority setting.</p> | <p>The Consultation Network has been combined with our e-newsletter into a newly branded fortnightly ‘Your Voice’ bulletin. This goes to approx. 1,000 people. At any one time we have between 12 and 20 involvement opportunities posted on our website. We receive very positive feedback regarding our bulletins.</p> <p>We work closely with local VCS groups, eg attending their groups listen to experiences of their service users. We always work in partnership, eg for the Wheelchair Services report. Linking in with groups, eg Pinpoint and SUN Network, to raise concerns and involve people in developing solutions.</p> <p>We currently have 22 volunteers actively helping with outreach and Enter and View activities. We support and develop our volunteers so that they are fully engaged with Healthwatch principles. We look to constantly find new people to volunteer with us.</p> <p>Our Board meetings are widely advertised, the agenda and supporting papers are posted on our website one week in advance. Public questions are welcomed and taken throughout the meeting and recorded in the minutes.</p> <p>The Strategic Review held earlier this year to inform a strategic refresh included stakeholders from across all sectors. A public survey also formed part of this review. The findings from the review are posted on the website.</p> |

| QUALITY STATEMENT 3: Making a difference locally A local Healthwatch needs to formulate views on the standard of health and social care provision and identify where services could be improved by collecting the views and experiences of the members of the public who use them. | |
|---|--|
| Activity | Progress |
| 3.1 Implement an online Feedback Centre and revise intelligence sharing processes accordingly 3.2 Deliver a programme of Enter and View visits and maintain a group of trained and DBS checked Authorised Representatives 3.3 Project work is driven by intelligence gathered from local people, with resulting recommendations for change fed through to commissioning and decision-making bodies. | The Board has decided to use the HW Lincs style Feedback Centre. HW Peterborough have also chosen this system. Learning visits underway and timetable to be planned. A programme of Intelligence-led Enter and View visits are in hand: <ul style="list-style-type: none"> • CUH Out Patients - reported in June 2016 • Hincingbrooke A&E - to report in December 2016 • CUH A&E - to be carried out Nov/Dec 2017 Plans are in hand for our representatives to go on CCG visits A project to assess how well the NHS England Accessible Information Standard is being implemented is now being planned. Impact and progress on recommendations from previous reports is reported in the CEO Report. |

| QUALITY STATEMENT 5: Relationship with Healthwatch England Local Healthwatch works with Healthwatch England to enable people’s concerns to influence national commissioning, delivery, and the redesign of health and social care services. | |
|--|--|
| Activity | Lead |
| 5.1 Sharing project-based and routinely gathered intelligence with Healthwatch England 5.2 Escalation of concerns that cannot be resolved locally 5.3 Supporting and contributing to regional and national Healthwatch projects and strategic development. | The bi-monthly summaries of our intelligence and our reports are routinely shared with Healthwatch England. To date in 2016/17 these issues have been escalated: <ul style="list-style-type: none"> • CCG policy on prescribing gluten-free products (informally) • Gypsy, Romany and Travellers are not a category on the NHS Data Dictionary We are an active and involved Healthwatch. Our CEO is a regular attendee at the Regional meetings and we host the regional Information and Comms meeting. We have also been driving forward the idea of a Regional Healthwatch Conference later in 2016/17, this would be the first nationally. We are also part of the HW England Conference advisory group. |