

CEO Annual Report 2016/17

Purpose

1. This report sets out Healthwatch Cambridgeshire's Key Performance Indicators for 2016/17 and gives a summary of the achievements against the annual Work Programme and our Strategic Priorities.

Key issues

2. Sections 6 - 10 summarises activity against the organisation's strategic priorities.
3. Sections 11 - 21 reports on the Key Performance Indicators.
4. Appendix 1 is the annual Work Programme report.

Action required by the Board

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

Author

Sandie Smith, CEO (Cambridgeshire)

3rd May 2017

Strategic Priorities

6. 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.
7. **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 work closely with Service User Network (SUN) and meet regularly to share intelligence and plan responses. During the year we received a significant number of experiences about mental health from individuals, groups and partner organisations. We raised several issues regarding mental health services with the CCG and CPFT:

- 111 Option 2 and access to the First Response Service not available in Wisbech and around some county borders - clearer information being produced and service format being reconsidered
 - Low awareness of CPFT Recovery Coach service - now being promoted more widely
 - Greater demand than capacity at the Cambridge Sanctuary - data now being collected to demonstrate need to commissioners
8. **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.

During 2016/17 our Youth Engagement Worker has:

- Worked with seven secondary schools
- Extended Youth Connect to Peterborough
- Compiled Resource Packs for young people who may need support for their emotional wellbeing
- Supported the CLARC research project

(See Work Programme Quality Statement 2 for details)

9. **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 local Practices 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.

10. **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.

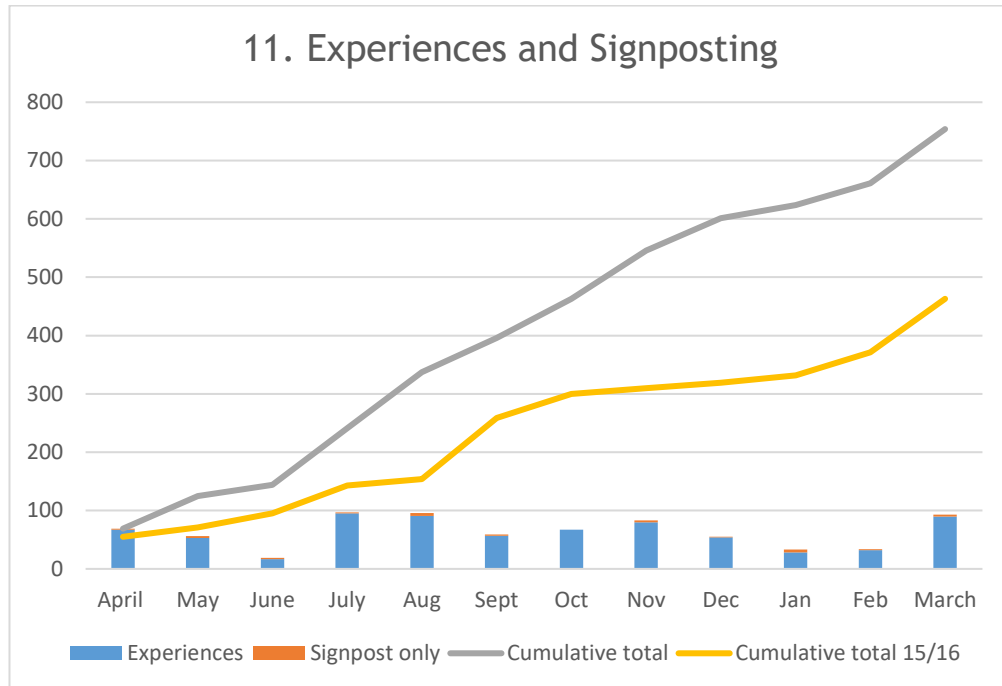
Discharge is a very complicated system. We have worked with patients and carers to develop a Discharge Charter 'Heading Home from Hospital' which will give patients and their families clear information about what to expect at discharge and who can resolve problems.

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

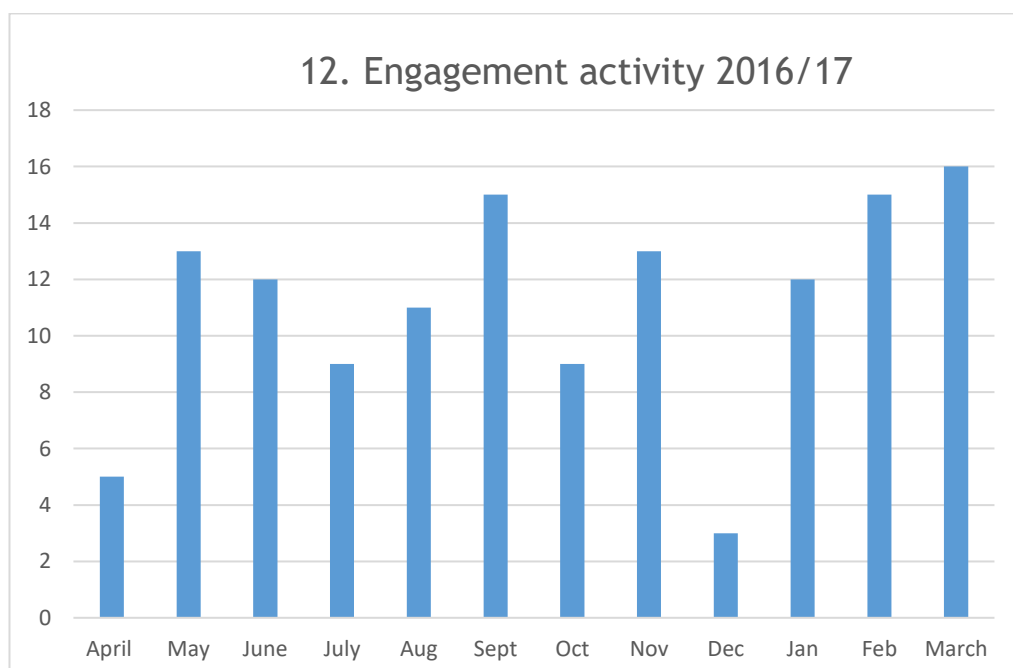
for further information. It is being trialled at CUH, with a view to expanding to the other Trusts.

Key Performance Indicators

Collecting Experiences



Engagement Activity



13. During the year the team spoke to a total of 3,867 people at 133 events, these included a range of conferences and meetings, and giving talks to specific groups, such as:

- Snack Shack Huntingdon
- Older LGBT workshop
- Benwick Ladies Club
- Bangladeshi Women’s Group
- Comberton Health Walkers
- Headway Staff Group
- St Ives COPE
- Oakington Tea and Talk
- CIAS Advocates
- Infant Feeding Clinic

14. Larger events included:

- Pinpoint Conference
- Cambridge Big Weekend
- Huntingdon Carnival
- Wisbech Rose Fair
- CAIL ‘Hidden Voices’ event

15. During the summer of 2016 we ‘auditioned’ at the WI Speakers’ Showcase, our talk is now an approved WI presentation.

Impacts and Influencing Activity

16. We responded to nine consultations, submitted two pieces of evidence to Parliamentary Select Committees and published four reports.

17. The impact of our work is detailed throughout this report, particularly in escalations (see 5.2). Other highlights:

- Leading the learning around the collapse of the CCG OPACS Contract;
- Hosting a community discussion about the Hinchingsbrooke and Peterborough Hospitals merger;
- Advising on best practice engagement for the STP process including carrying out a survey of the patient and public representatives and promoting opportunities; and
- Contributing an engagement section to the CCG’s ‘GP 5 Year Forward View’ submission.

Communications

18. Facebook	Totals
Posts	514
Engaged users (link clicks, shares, comments)	3847
New page followers	149
Total followers 31/12/2016	287
19. Twitter	Totals
Tweets	1250
Interactions (link clicks, RT, likes, mentions)	4999
New followers	511
Total followers 31/03/2017	2523
20. E-news / Your Voice e-news: 21 editions	Totals
Readership as of 31-03-2017	1081
Recipients, grown by	15%
Opened by (others do read in browser / e-mail display)	26%
Engaged with - links clicked	5%

- Our social media posts are reported to be seen by many thousands of people. We don't know how many are local or even real, so we just report actual interactions.
- Engagement levels on Facebook -5.5% of all people who see our messages interact with them in some way.
- Your Voice readership figure likely to be higher as many people read in email software without opening it. We also share it via social media.

21. Press and other media

- 38 articles in parish magazines
- 4 radio interviews and 3 BBC TV interviews
- 14 newspaper stories (Hunts Post, Wisbech Standard, Cambs Times)
- 5 voluntary and community sector newsletter articles e.g. Carers Trust

Work Programme 2016/17 Achievement 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	Achievement
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>Gathering and understanding intelligence and ensuring this is heard by decision-makers is the core of our work. The strategic review process for 2016/17 demonstrated how this approach drives our priority setting.</p> <p>We are active members of the STP Clinical Advisory Group, Regional Quality Surveillance Group and Primary Care Co-Commissioning Committee, for example. Representation is undertaken by the Chair, NEDs, CEO and the staff team.</p> <p>Our intelligence is compiled into bi-monthly reports 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. There is an ambition to improve the immediacy of intel reporting through a new data collection system (see 3.1).</p> <p>Every year HWC provides a statement for inclusion in Trusts’ Quality Accounts.</p> <p>There is increasing evidence of system pressures in Cambridgeshire.</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.	
Activity	Achievement
2.1 Undertake a range of communications activities that raises awareness of the work of Healthwatch Cambridgeshire, balancing digital and hard copy preferences	<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.</p> <p>In July we combined our e-bulletin with our Consultation Network into a single fortnightly communication; ‘Your Voice’. This goes to 1,079 people. There were 37 e-bulletins during 2016/17 (13 of these were in the previous Consultation Network format). Additional notifications of individual events and opportunities, such as HWC Board meetings, are also sent.</p> <p>See Communications KPIs for further detail and analysis of website and social media.</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>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 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>

Activity	Achievement
<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>2.4 Developing channels to connect with young people and make it meaningful and easy for them to give their views</p>	<p>People who are least heard are the priority for our engagement work. We continue to work on the Gypsy, Romany and Traveller Project:</p> <ul style="list-style-type: none"> • Escalated the NHS Data Dictionary concern (this community are not listed in national ethnicity categories) • Gathering feedback from the community • Identifying and promoting key points of service contact • Promoting awareness training <p>During 2016/17 our Youth Engagement Worker was funded to also work in Peterborough; engaging with seven secondary schools and completing projects in four.</p> <p>Dementia Friends sessions have been delivered to 330 children and young people in five primary schools and four other youth settings.</p> <p>HWC have supported CLARC research to support emotional wellbeing at primary school age and have helped develop a Parent Support Group for the project.</p> <p>We have promoted and gained feedback on mental health resource materials and compiled resource packs for all of the schools we have engaged with.</p> <p>Youth Connect is now covering both areas and has 228 young people signed up. 10 editions were sent out in 2016/17.</p>

Activity	Achievement
	<p>We were commissioned by the CCG to hold 10 Focus Groups with seldom heard groups of young people about emotional wellbeing:</p> <ul style="list-style-type: none"> • Young people with learning disabilities • Young offenders • Young people leaving care • Young people in secure accommodation • Young carers (x2) • Young people using mental health services • Young LGBT people • Deaf young people • Young Gypsies, Romanies and Travellers
<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>The Consultation Network has been combined with our e-newsletter into a newly branded fortnightly ‘Your Voice’ bulletin (see 2.1). 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. Concerns and feedback is recorded in the evidence-base.</p> <p>We have supported the development of a Maternity Voices Partnership at The Rosie maternity hospital.</p>

Activity	Achievement
<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>There has been ongoing liaison with a number of PPGs regarding working together. We are compiling a PPG Toolkit to help groups with their development and activities.</p> <p>We worked with service users, SUN and CPFT to set up a Mental Health Group looking at engagement and involvement. This work is now being undertaken by CPFT in-house.</p> <p>We currently have 25 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.</p> <p>We constantly look to evolve and develop our volunteering offer and recruit new volunteers. During this year we have developed our Community Listener role.</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 which informed the 2016 strategic refresh included stakeholders from across all sectors. A public survey also formed part of this review.</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	Achievement
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.	<p>We have opted for the same system as HW Peterborough. Implementation has been paused pending merger.</p> <p>A programme of Intelligence-led Enter and View visits were completed:</p> <ul style="list-style-type: none"> • CUH Out Patients - reported June 2016 and Action Plan followed up in March 2017 • Hinchingsbrooke A&E - reported December 2016 • CUH A&E - reported February 2017 <p>Representatives will be part of CCG visits and CCG Panels reviewing Serious Incidents.</p> <p>There were 16 Authorised Representatives during the year, carrying out the Enter and View visits. They were provided with training and ongoing support as part of the wider volunteer support and development package.</p> <p>A Discharge Charter 'Heading Head from Hospital was written with patients and carers and is now being trialled at CUH.</p> <p>We have been tracking progress against the findings of the Wheelchair Project and liaising with partners regarding patient and public input in the service redesign group.</p> <p>A project to assess how well the NHS England Accessible Information Standard is underway.</p>

QUALITY STATEMENT 4: Informing people A core part of the role of local Healthwatch is to provide information about local health and social care services to the public.	
Activity	Achievement
4.1 Deliver a health and social care Information & Signposting Service that collects experiences as well as directing people to suitable services 4.2 Collect data to inform trends of usage and referrals 4.3 Maintain relationships with other Information & Signposting Service providers to minimise duplication and ensure easier navigation of the system for local people 4.4 Gather intelligence on the implementation of the NHS Accessible Information Standard and feedback to commissioners, regulators and providers.	Information and Signposting activity is reported to the Board on a six-monthly basis. During the year we signposted people on 237 occasions to over 95 organisations , with PALS and NHS Complaints Service being the largest volume of referrals. During 2016/17 there were two CQC hospital inspections, these together with the extra engagement resource, have generated a noticeable increase in experiences reported and calls to the service. We work closely with other Information providers in the county, ensuring that we always have up to date and accurate information. When people need a little bit more help than signposting we do a ‘warm handover’. Links with Total Advocacy (newly commissioned combined service) have been established. See 3.3

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	Achievement
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.	<p>The bi-monthly summaries of our intelligence and our reports are routinely shared with Healthwatch England.</p> <p>In 2016/17 these issues have been escalated:</p> <ul style="list-style-type: none"> • Gypsy, Romany and Travellers are not a category on the NHS Data Dictionary (to HW England) • Access to 111 Option 2 (to the CCG) • CCG policy on prescribing gluten-free products (to the CCG) • Tongue Tie Policy (to the CCG) • CAMHS Service Redesign (to the CCG) • Confusion and long waits for MSK Services (to the CCG/STP) • Inconsistent access to ear wax removal (to the CCG) <p>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.</p> <p>We instigated and co-delivered the first Regional Healthwatch Conference in March 2017.</p> <p>Our Chair, NEDs and CEO attend a wide range of Healthwatch, CQC, NHS England and other regional events and workshops. Our CEO has spoken at the HW England Policy Group and belongs to the HW England Advisory Group.</p>