

## Chair's Report

### Purpose

1. This report sets out public activities carried out by the Chair since the last Board meeting. Directors representative activities are maintained in a strategic engagement log.

### Key issues

2. Appendix 1 lists the Chair's external meetings from 1 November to 31st December 2018.
3. Paragraph 6-10 highlights the NHS 10-year plan, how public and patient involvement and engagement has shaped it so far, and the need for further engagement to continue locally.
4. Paragraphs 10 onwards update on local health and care issues.

### Action required by the Board

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

### Author

Val Moore, Chair

16<sup>th</sup> January 2019

## Healthwatch England and local engagement on health and care services

6. The government has just published the NHS 10-Year Plan. The box below shows its headlines. I have made a preliminary comment on these headlines, drawing on what Healthwatch Cambridgeshire and Peterborough have heard from local people, or where we think most challenges might be found.
  
7. During 2018, looking at local Healthwatch annual reports and other projects, Healthwatch England captured over 400,000 experiences and views about what matters most to people about their health and social care. Broadly speaking the 10-Year Plan attempts to address the main issues. There is some scepticism about how far the new money will go after existing commitments are factored in, and whether the workforce required will be available.
  
8. Local Healthwatch will have a part to play in helping gather further feedback on taking this forward, ensuring that a five-year plan and its funding for our STP area has the input and engagement of local people it needs.

NHS 10-Year Plan headlines	Our Healthwatch comment
!0-year plan, but just the start	We welcome the opportunity for more conversations in local communities and for groups of patients about how change should be taken forward
A big push on healthy lifestyles	<p>There is concern that Council’s public health budgets are still being cut</p> <p>Accessing health information is still difficult for many. Knowledge and motivation to understand a health condition and get support requires more time from health professionals than people feel they can have access to. Our work on accessible information for people with sensory or learning disabilities shows more needs to be done</p>
More integrated care in the community and personalised approaches, including personal budgets	<p>We agree that ‘personalised’ services represent a stronger vision for patients than the term integration, which says more about how organisations need to work together</p> <p>Linking people to support from voluntary and social groups near them can make a huge difference for people, but requires the voluntary sector to be better involved and supported</p>

	<p>Locality health, and in some pilot areas social care teams, exist already in the community - they need time and the right staff to develop to their potential. Health and social care workforce are very scarce locally</p> <p>Where is the promised paper on social care funding reform?</p>
<p>A digital revolution, including GP booking and management of prescriptions</p>	<p>Access to GPs is a local concern for people, variable to where they live and their needs</p> <p>Our limited conversations with people about digital technology in healthcare has shown people to be open minded but aware that for some, more support will be needed</p> <p>We were surprised that our STP has only just started work on this Paper and faxes still dominate in healthcare, but the use of CUH IT systems out in some practices is showing progress</p>
<p>Earlier access to mental health support, including to help young people and for crisis care</p>	<p>Of increasing concern locally, for children and adults. There is a paper on this Board agenda about exactly this, including people's stories</p> <p>There is simply a lot of ground to make up to put mental health on a parity with physical health, and most likely not enough money to go around</p>
<p>Earlier detection of cancer</p>	<p>Will our area get one of the 10 diagnostic centres being trialled?</p> <p>Again, workforce shortages in key specialities are a real problem locally</p>
<p>Priority topics summarised:</p> <ul style="list-style-type: none"> <li>- Cancer</li> <li>- Mental health</li> <li>- People with two or more chronic health problems:</li> <li>- Healthy ageing and dementia</li> <li>- Children's health</li> <li>- Cardiovascular and respiratory diseases</li> <li>- Learning disability and autism</li> </ul>	<p>These priorities certainly match local needs</p> <p>Healthwatch is also concerned that services develop within their means for other important topics or groups of people. For example, our work shows unmet need for Gypsy, Romany and Traveller groups, and the importance of public health and health care planning in all the new communities within our existing cities and new town.</p> <p>What about inequalities in health?</p> <p>We are concerned about access to dentists and children's oral health in some localities.</p>

## Local health and care issues

9. Healthwatch attended the first STP Board meeting in public on 22nd November. It was well attended by the public who contributed comments and questions at the end. We continue to support efforts to re-set of communication and engagement and review of the STP groups, and particularly in light of the NHS 10-year Plan and more specific intentions to develop Integrated Care Organisations over time.
10. Concerns about what is happening to local GP services is a constant theme from the public - access to appointments, the roles of professionals, and practice mergers and relocations. The CCG took over the commissioning from NHS England during 2018 and the Committee meetings held in public and website is a model of transparency. Our Chief Executive Sandie Smith attends this Committee and supports practices to communicate changes with the public and develop their patient participation groups.
11. Healthwatch now facilitates a community forum for Huntingdonshire largely comprised of local GP practice patient participation group representatives. I attended this for the first time recently and can see how valuable the intelligence they bring and their willingness to share ideas and action is. Patient participation groups and forums like this where people can engage directly with health care providers - chiropody services this time - will be hugely important in developing the NHS Plan to fit local needs.
12. The Healthwatch Board become more and more concerned by stories of people's access to mental health support and services gathered by the team and through our own contacts and personal experience. I welcome the opportunity to focus on this during this month's Healthwatch Board meeting to establish our approaches to support children and adults who don't get the care they need, and to develop our Healthwatch role in partnership with others.

### Appendix 1- Meetings attended by the Chair 1<sup>st</sup> November to 31st Dec 2019

Meeting	Purpose	Date
CCG and STP Communications team leads	Joint planning	2/11
Cambridgeshire Community Services Consultant Excellence Awards Panel	Participant	5/11
Caroline Walker, CEO North West Anglia Foundation Trust	One to one	6/11
Care Advisory Group workshop	Participant	8/11
Ageing Well Strategy Board	Member	13/11
Joint Safeguarding Executive Board, Cambridge and Peterborough	Member	20/11
Cambridgeshire Health and Wellbeing Board	Member	22/11
STP Board meeting	Observer	22/11
Child protection training	Participant	28/11

Plus:

BBC Look East - What drives people's attendance at A&E, 19/12

Healthwatch Public Board meeting, 14/11

Healthwatch Board development meeting, 17/12.