

CEO REPORT September & October 2015

Highlights & Impacts

1. 'My Own Mind'

The final report of the 'My Own Mind' project has now been published. This project worked with students at Ely College to explore young people's experiences of stress and anxiety. We are very pleased that the report received press coverage in both the Cambridge News and the Ely News. We are now exploring ideas about this model can be developed and offered to other schools.

2. Podiatry Policy

We have been liaising with the CCG for a number of months regarding the variable access to free podiatry care for people with long term conditions. We are pleased that a new policy was approved by the CCG Governing Body in September. This policy states that anyone with a long term condition, such as diabetes, and is deemed as medium risk can access free podiatry care. Previously in some areas it was only available to people considered as high risk.

3. Access to Health Screening

People have told us that it can be difficult getting appointments for health screening services, such as mammography, smear tests and some cancer screening. We are pleased to be part of a NHS England Working Group that has been looking at how screening can be offered and promoted in such a way that overcomes barriers for people. This has included better appointment systems and posters in toilets. We are being kept informed of how this work progresses and will be involved in the review of this work.

4. Mental Health Crisis Services

Our Information and Signposting Service is receiving a number of calls from people unable to access help with mental health crises. Working closely with Mind in Cambridgeshire we have been able to collect these experiences and feed in to the reshaping of local mental health services that is happening as part of the Crisis Care Concordat. We will be closely with SUN on the consultation for a proposed new service.

5. Acute Trusts in Special Measures

With two out of three of the county's Acute Trusts in Special Measures it is a challenge to offer in-depth support to both. We are however managing to be fully involved in both Improvement Plans and liaise with the Trust Development Authority, who lead the Hinchingbrooke improvement work, and Monitor, who lead the CUH improvement work. We specifically focus on asking how patient experience feeds through the improvement plans, learning from complaints and how patients are involved in all of the Trusts' work.

6. Hear Me! Cambs Voice partnership event

We played a key role is organising and delivering a good practice in engagement event in Ely during October. This event was organised by all of the Cambs Voice organisations; Voiceability, SUN, Age UK, the Alliance, YMCA, the Carers Trust and the County Council. There were workshops and presentations on the following topics:

- Engaging the Gypsy, Romany and Traveller Communities
- Building skills for getting involved
- Human Libraries
- Working with people with learning disabilities
- My Own Mind young people's project
- Age UK's trip to Parliament

Over 30 professionals working in health and care engagement, commissioning and service delivery came along. These attendees said that the session was very useful and Cambs Voice are now working on building on that interest.

7. Co-Commissioning of Primary Care

Primary Care is now being commissioning jointly between the CCG and NHS England. This is a new approach which could present difficulties around conflicts of interest, ie with a GP-led body commissioning GP services. The CCG has established a joint committee to oversee this work. I represent Healthwatch Cambridgeshire on this committee and welcome the opportunity to raise questions about Primary Care and work closer with commissioners from both the CCG and NHS England. The committee meets in public and conflicts of interests are minimised by not having any practising GPs in its membership. The CCG are currently applying for fully delegated authority to commission Primary Care. A consultation was undertaken prior to this decision. The Healthwatch Cambridgeshire response was included verbatim in the paper that was considered by the CCG Governing Body as part of the decision-making process.

Key Performance Indicators

A set of Key Performance Indicators (KPIs) have been collated to show progress on Healthwatch Cambridgeshire's key areas of work:

- 1. Cumulative total of experiences gathered
- 2. Signposting service activity
- 3. Influencing activity
- 4. Engagement activity
- 5. Enter & View
- 6. Reach



2. Signposting service

- Nature of calls
 - Increasing complexity
 - Multiple referrals
 - o Returning callers
 - Issues involving multiple calls

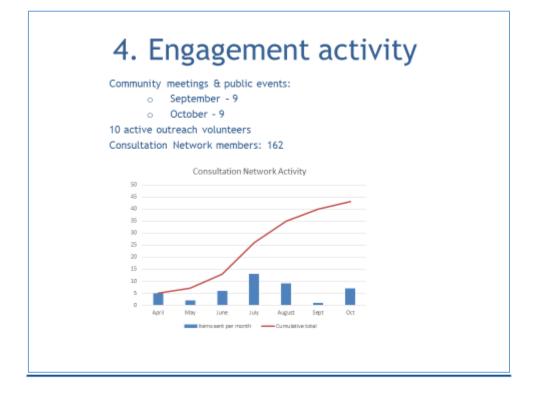
Enable identification of issues

- o Podiatry
- Mental health crisis services
- Screening services
- Very small number of purely signposting enquires



Key changes influenced:

- CCG Podiatry Policy
 - New MH Crisis Service
 - Screening Services
- Consultations responded to:
 - National Maternity Services Review
 - Delegated Primary Care Commissioning
 - CQC 'Place' Assessments
 - NHS England Patient & Public Engagement Policy
 - Primary Care Co-Commissioning & Conflicts of Interest (Deloitte)



5. Enter & view: NHS and social care

- 13 visits May to September 2015
- 20 volunteers trained
- 9 reports published as at October 2015
- 4 reports planned for November 2015

