

CEO Report January and February 2020

Purpose

1. This report summarises Healthwatch Cambridgeshire and Peterborough activities for January and February 2020 and presents the Community Values Panel model to the Board for approval as a method of engagement.

Key issues

2. The new Healthwatch Cambridgeshire website¹ went live on 28th February. The new Peterborough site is anticipated to go live by the end of March.
3. As part of the Big Conversation Cambridgeshire and Peterborough Clinical Commissioning Group funded us to establish a Community Values Panel and deliver two deliberative events. The panel has met twice to consider key questions for the local health and care system and identify the values on which their views are based. The concept is based on the NICE Citizens' Council model which has been identified as national best practice. See sections 9 to 17 for details.
4. Healthwatch England have now published a briefing² which sets out the patient experience of the new A&E standards being tested at Addenbrooke's hospital. This is part of the of NHS England Clinical Standards Review. Our patient experience survey at the hospital contributed to these findings.
5. At our AGM last July, we signed the 'Time 2 Change' pledge and agreed actions to support the wellbeing of everyone working for Healthwatch Cambridgeshire and Peterborough. We are pleased to have completed a number of these actions. Most notably, we have two members of staff who are acting as Employee Champions and have organised a number of activities to help the wellbeing of our team.
6. Our key performance indicators for engagement and a volunteering update are set out in sections 18 to 21.
7. Numbers of experiences collected and signposting enquiries are reported in section 22. Impacts and influencing activity 23 to 29. Communications 30 to 34.

¹ <https://www.healthwatchcambridgeshire.co.uk/>

² <https://www.healthwatch.co.uk/report/2020-02-20/what-matters-people-using-ae>

Action required by the Board

8. The Board is asked to:
 - Note the report
 - Approve the Community Values Panel model as a method of engagement.

Author

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11th March 2020

Community Values Panel

9. The panel of 30 people was representative of the local populations. Cambridgeshire and Peterborough Insight data was used for segment calculations.
10. The panel opportunity was widely advertised. Over 100 applications were received from all areas and groups. An anonymous selection process was used to allocate the 30 spaces, with some people being given reserve spaces, in case of drop out. Each participant received a £50 payment per event plus reasonable travel expenses.
11. The topics for the first deliberative event was medications and prescribing. The statement to be considered was:

‘The CCG spends £5.3 million on medications each year which could be bought over the counter rather than via a prescription, for example paracetamol and antihistamine for hay-fever. Often these medicines are cheaper to buy over the counter than it is to pay for a prescription.’
12. The statement to be considered at the second event was:

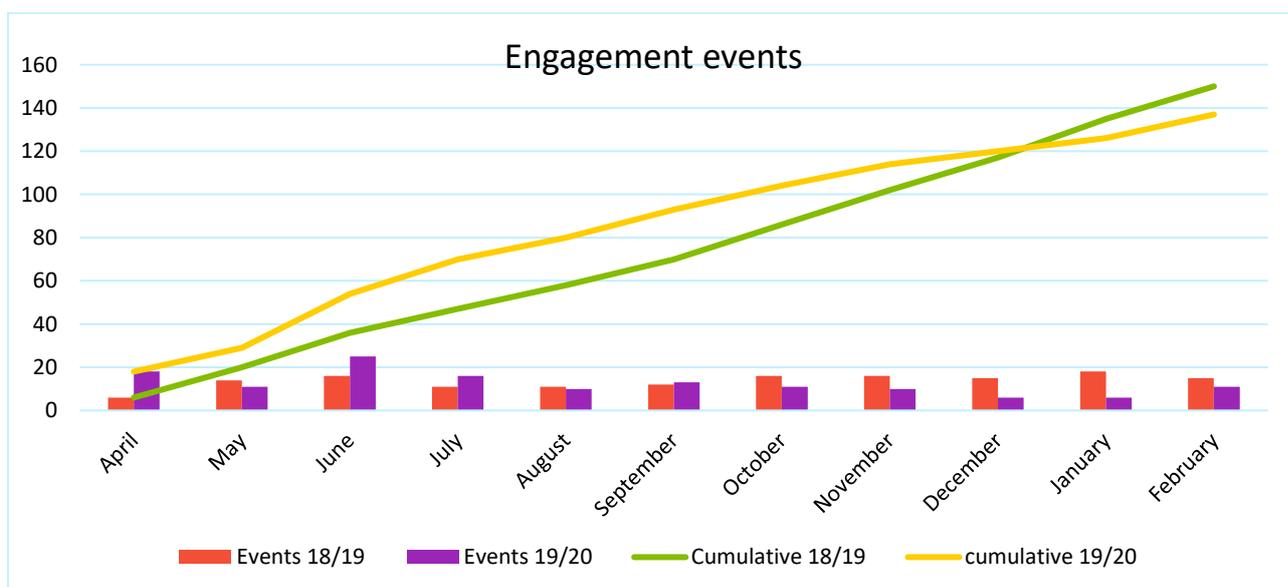
‘A&E departments in all of our hospitals are very busy. A&E staff often struggle to see people with urgent needs as quickly as they would like.’
13. The events followed these steps:
 - Question described
 - Initial vote to ascertain a benchmark of views
 - Presentation of background information by experts
 - Discussion in small groups to capture thoughts and questions
 - Question and answer session with experts
 - Table exercises to identify values
 - Final vote on the questions and plenary.
14. The reports and a summary of the work is on both of our websites³.

³ <https://www.healthwatchcambridgeshire.co.uk/news/2020-01-31/community-values-panel-helps-nhs>

15. Evaluation of both events showed that the majority of the participants found the events interesting and that their contributions were valued. Feedback from the first was used to inform development of the second.
16. The two events have now been reviewed and the learning compiled for future events. The review showed that all outcomes had been met but that the cost of delivering the events exceeded the funding received. The costs of delivering the events included facilitator cost, venue hire and refreshments and panellists' attendance payments and travel. Some of the Healthwatch staff costs were covered by the funding. Contribution from core funding has enabled the model to be developed. Our approach to the funding of further panels will be set out in our internal Business Development Strategy.
17. Key learning points are:
 - Drop out of Panel members is to be expected, it is important to identify reserves and be prepared not to get everyone turn up on the day.
 - Regular communication and good quality information helps keep people engaged in the process and reduces chances of drop out.
 - Induct new members prior to joining the existing Panel.
 - Thinking conceptually can be challenging, learning can take some time for some Panel members. Allow plenty of time for discussion.

Engagement Activity

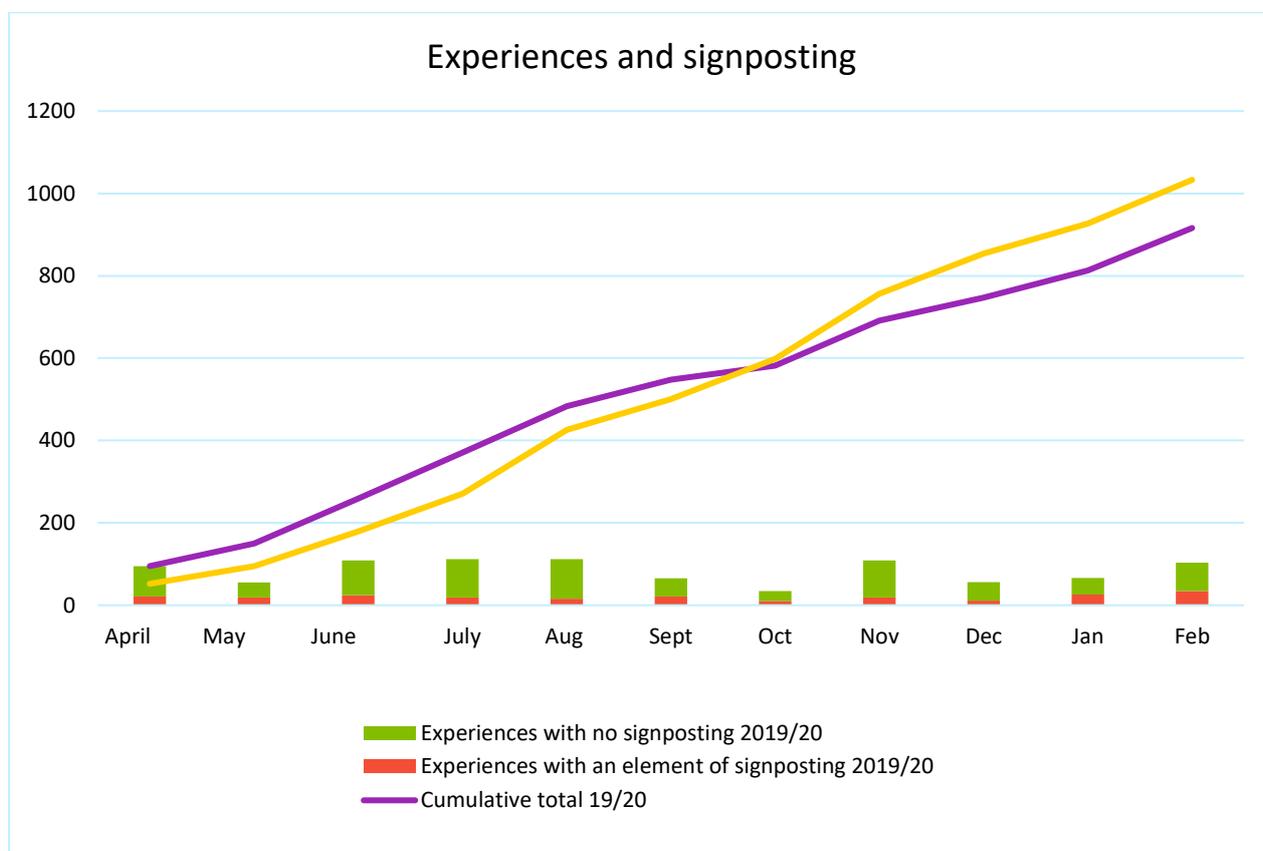
18. The team spoke to 766 people at 17 engagement events during January and February. This table shows a comparison to last year's activity. The Engagement Team has had reduced capacity due to sickness and a vacant post.



19. We have worked with other voluntary sector groups, including Parkinson’ UK and the SUN Network, and held several stands at Peterborough and Hinchingsbrooke Hospitals.
20. We currently have 37 volunteers who have contributed 72 hours of their time to support this engagement work. 35 of our volunteers are trained to do engagement, 6 to do presentations/talks to community groups and 10 who are trained to do Enter and View visits.
21. We continue to have a steady flow of applications from across all of our areas. Our Investors in Volunteering application is progressing well. There are regular volunteer meetings where we cover topics such as engagement and Investors in Volunteering. Volunteers have also asked for more information about outcomes and impacts and information and signposting. These topics will be covered at future meetings.

Experiences and concerns

22. Experiences collected and signposting enquiries for the year to date are show on the graph below. See sections below for actions taken in response to concerns identified.



Impacts and influencing

23. In 2017 we became concerned regarding the lack of voice evident in the Clare Lodge service, Peterborough. Since then we have been an active member of their Stakeholder Group and working with the service managers and the National Youth Advocacy Service to improve young people's engagement at Clare Lodge. We are now pleased to see a number of very positive steps forward; advocacy sessions have been increased and a number of actions are being put into place. There is clear evidence that the young people's voices are being heard and acted upon.
24. We are hearing an increasing number of stories about people having continuing problems finding an NHS dentist in Peterborough and Fenland. We have re-escalated our concerns to both Overview and Scrutiny Committees at Peterborough City and Cambridgeshire County Councils, requesting that they revisit the responses and actions of NHS England Commissioning Managers. We are also escalating the concerns through Quality Surveillance Group.
25. The Community Values Panel has made a significant contribution to the CCG Big Conversation, enabling greater understanding of the underplaying values of local people.
26. We have contributed to the development of our STP's Long Term Plan and the draft Health and Wellbeing Strategy. Highlighting public and patient experiences and views as identified by our intelligence and our 'What Would You Do' report. We have been involved in drafting the Health and Wellbeing Strategy and advising on the public facing consultation documents. We have also developed the easy read version of this document and advised how the consultation can be made more accessible to a wider range of people.
27. We continue to highlight the problems for Children and Young People's mental health services, having submitted intelligence to commissioners and working with partners on the provision of accurate information.
28. We are a member of the panel that considers patients being placed on the Special Allocations Scheme (was the Violent Patient Scheme). We raised this concern a number of years ago and are pleased to see a local service in place.
29. We have responded to Rural England's consultation 'Rural Proofing for Health', setting out the challenges and opportunities for the delivery of health services in rural areas.

Communications

30. **Publications and promotional focus:** We published two community values panels reports, promoted our Healthwatch strategy consultation and the Partnership Boards' What, Where, How event.

- 31. **Websites update:** The new Healthwatch Cambridgeshire website went live at the end of February. Project took three months and included developing more than 250 pages and articles, uploading 480 documents and more than 150 pictures. The new site showcases news stories and reports more effectively, promotes events and includes a new advice and information section. It's easier for people to navigate and get in touch. Work has now begun on the Peterborough site with the aim of getting this live by early in the new financial year.
- 32. **E-newsletters:** Monthly segmented e-newsletters were sent in January and February, maintaining opening rates above 30%, with 6 - 9% of recipients clicking on content. This is above average for the sector and is likely to be an underestimate of engagement.
- 33. **Media activities:** 7 articles in the traditional media and 6 in local voluntary and community publications.
- 34. **Social Media:** During January and February, we maintained our social media presence - primarily on Facebook and Twitter but also using Instagram and LinkedIn - with a total of 2,334 engagements on all channels. Year to date engagement on social media channels is 25% above the same period last year.

