

# **CEO Report**

## April and May 2022

Highlights.....	1
Strategic priorities .....	3
Communications .....	4
Experiences .....	5
Impacts and influencing .....	6
Projects .....	8
Work programme 2022/23 ..	9

## Highlights

- 1.** This report updates the Board of the activities of the organisation during April and May and summarises achievements against the work programme for 2021/22.
- 2.** We have seen exceptional demand for our Gypsy, Roma and Traveller cultural competency training, which Friends, Families and Travellers and the Roma Support Group have been commissioned to deliver. All spaces on the six courses were filled within four days. Our funder agreed we could increase this phase to 10 sessions, all of these are now full, with a waiting list of 80.
- 3.** Evaluation so far shows that the majority of attendees scored the session as five out of five for usefulness. We have showcased the work to Healthwatch England and they are setting up a training course for the Healthwatch network. CUH and CPFT are organising their own in-house training as a result of coming to our sessions.
- 4.** Our Health Champion volunteers have just completed their first project. This gathered the experiences of people using urgent and emergency services. The report has been shared with the commissioner and a summary will be published during the summer. Co-design of the second project has started. This project will explore people's experiences of health inequalities.
- 5.** We have completed research on behalf of Cambridgeshire County Council, helping them gather ideas from people about the new independent living service provision. The report, which suggests a wide range of new ideas, has been welcomed by the county council. Many ideas will feature in the new housing schemes being planned.

- 6.** Hybrid meetings, i.e. a mix of face to face and online, are being trialled by our Partnership Boards. A report will be produced which will provide learning for the format of our other meetings. Initial feedback is positive but does show that top rate equipment and new chairing skills are critical.
- 7.** The contract for our core funding is being finalised by our commissioner. This will be circulated to the Board once received.
- 8.** The Healthwatch Cambridgeshire and Peterborough strategy is being refreshed to ensure that the priorities are relevant and informed by the experiences of our local communities.
- 9.** Please see separate report about our activities and achievements around engagement, volunteering and the partnership boards.

## Strategic priorities

Priority	Current activities
1.Promoting Independence & Self-Care	<ul style="list-style-type: none"> <li>• Your Care Your Way campaign</li> <li>• Information Service delivery</li> <li>• Website information.</li> </ul>
2. Access to Primary Care Services	<ul style="list-style-type: none"> <li>• Representation at primary care intelligence sharing groups</li> <li>• Escalating access concerns</li> <li>• Supporting the development of public facing information.</li> </ul>
3. Social Care and Integrated Support Services	<ul style="list-style-type: none"> <li>• Partnership Board activities</li> <li>• Membership of 'Home First' regional group</li> <li>• Influencing and supporting ICS engagement.</li> </ul>
4. Mental Health Services for Children, Young People and Adults	<ul style="list-style-type: none"> <li>• Increased focus on engagement with young people</li> <li>• Members of CPFT collaborative group.</li> </ul>
5. Involving people in redesigning the services they use	<ul style="list-style-type: none"> <li>• Opportunities to contribute via health and care forums and partnership boards</li> <li>• Health Champions (South ICP) project</li> <li>• Promoting involvement and co-production opportunities.</li> </ul>



## Communications

**10. What we've been working on.** We have continued to promote general Healthwatch events and activities, including the Your Care Your Way campaign, our advice service, our Championing Access event and a call for Deaf volunteers for the Partnership Boards.



**11. Social media engagement was up 18% on the previous year,** with the highest level of engagement on Facebook which is our main channel. However, engagement has grown on Instagram where we primarily target young people and is up by over 400% on the same period last year. Social media reach for this period is estimated at 32,800 people seeing our content.



**12. Press and earned media** Eight voluntary, community and statutory partner newsletters and nine in traditional media articles including radio and newspapers. This is likely to be an under-representation as we only record those that we have confirmed detail of.



**13. Our websites regularly updated with news articles, blogs, events and advice articles**

There have been more than 8,600 users on our websites. People are looking at between 1.5 and 2 pages per user, with a low bounce rate (a bounce is leaving the page they enter without taking any action) which is positive indication that the sites are working well.



**14. Working with partner organisations.** Attending regular meetings with local NHS and local authority comms leads. In this period, we fed back on things like the ICS website, as well as offering support in sharing local public health and system messages.

## Experiences

15. During April and May we recorded 444 pieces of feedback, 23% (99) of these required an element of signposting. This compares to 333 for the same period in 21/22 and 100 in 20/21.
16. 25% of the people we heard from were 25 and younger, with an even spread across other age groups. We recorded 58% of the feedback being from women, 26% from men, the remainder were unknown, preferred not say or had a different gender identity. We are working to get more feedback from men.
17. 33% of experiences collected during these two months came from people living in Peterborough; other locations being equally distributed. Volume of feedback is greater in locations the engagement teams have worked in. We target areas and communities who we do not hear from.
18. Many people told us about difficulties getting a service, booking appointments, communications and access. The major themes we heard about in April and May were:
  - GP practices
  - NHS dentistry
  - Outpatient care
  - Accident and Emergency

## Impacts and influencing

- 10.** As part of their Accessible Information Standard (AIS) campaign, Your Care Your Way, Healthwatch England sent Freedom of Information (FOI) requests to every provider in England to assess compliance. NWAFT and CUH have shown that they have sound plans in place to improve compliance with the standard.
- 11.** We followed up the providers in our area that did not respond to the FOI request. Cambridgeshire Community Service (CCS) shared with us their work on AIS which is comprehensive. We will be showcasing their work at our Summit and the regional Healthwatch conference, both of which are in July. We are still following up with CPFT.
- 12.** The story we published about autistic people's information needs<sup>1</sup> has been used for staff training by CUH and NWAFT. A presentation was given to the Allied Health Professionals Faculty, hosted by CPFT, to raise awareness of the standard and promote the AIS online training package<sup>2</sup>.
- 13.** We have also supported the Healthwatch England campaign to improve dental contracting arrangements nationally by writing to all of our MPs. We signpost people in need of major dental care although dentists offering routine care to new NHS patients is almost non-existent.

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<sup>1</sup> [Laura champions our campaign to improve information for disabled people | Healthwatch Cambridgeshire](#)

<sup>2</sup> [Accessible Information Standard - elearning for healthcare \(e-lfh.org.uk\)](#)

- 14.** We are working with other Healthwatch to highlight the difficulties that people face when living on our border areas. Our Healthwatch had led this work by developing the Healthwatch protocol for working across borders. Locally, we have escalated this to Cambridgeshire Overview and Scrutiny and raised with the South ICP.
- 15.** We meet regularly with the CCG to share our intelligence around primary care and support communications to the public around procurements and service changes. Healthwatch Lincolnshire have kindly shared with us a 'Who's who in primary care' booklet and we are working with the CCG to adapt and promote locally.
- 16.** We have reviewed our strategic engagement plan to ensure we have the right people in the right place to have maximum impact and influencing in the emerging ICS (see Chair's report). The Chair and the CEO have advised the ICS on their engagement strategy and are pressing ICS colleagues to get information out to the public about the new system. We have secured agreement that every transformation workstream will have a minimum of two patients representatives. Healthwatch can assist in finding and supporting these people.
- 17.** We have submitted evidence to two consultations:
  - Call for evidence for Ten Year Cancer plan (Dept Health and Social Care)
  - The Long Term Plan for mental health, learning disability and autism (NHS England).



## Projects

Project name	Description	Status	Comment
Health Champions (South ICP)	Two-year project to recruit and train volunteers to undertake community engagement and research projects.	Green	Health Champions completed research phase of Project 1 -Urgent and Emergency Care at Addenbrookes. On track with report submitted. Public summary report due June 22.  Project 2 in planning.
Gypsy, Roma and Traveller project	Lottery funded three-year engagement project to develop a network of volunteer listeners and provide training for frontline NHS, social care and local authority staff.	Green	First phase of cultural awareness training rollout to commenced in March 22. Increased first phase from 6 –10 workshops due to exceptional demand. All 10 now full and a waiting list in place.
Independent Living Service	Healthwatch to recruit and facilitate two focus groups to inform the design of the new service.	Blue	Completed. Two focus groups held. Report submitted to funder May 22.

## Work Programme 2022/23

	<b>Overview of activities</b>	<b>Outcomes</b>	<b>Lead</b>
<b>1. Information and intelligence</b>	Delivery of Healthwatch information service, line managing Information Officer, responding to queries from the public, colleagues and stakeholders. Liaising with other Healthwatch as appropriate.	Usage and trends tracked and reported to Board annually	Information and Research Manager
	Maintenance of experiences' evidence base, progressing and tracking concerns. Coordinating Impact Tracker and staff training on completion.	Tracking system maintained, monthly briefings to Board and staff	
	Research support for project work, leading and training staff on production of high quality evidenced-based reports.	Briefings and reports with identified themes and findings	
	Policy and service change horizon scanning. Sharing information about relevant new services and developments in support and guidance.	Changes, and likely impact of change, disseminated to Board and appropriate staff	

<b>2. Communications</b>	Review the communications and engagement strategy to ensure it meets the developing needs of the organisation.	Plan in place to refresh the communications strategy.	Communications Manager
	Promote Healthwatch and its activities to identified stakeholders, ensuring brand values are maintained. Developing promotional materials – both digital and hardcopy, and ongoing PR activities.	Websites and social media developed; e-newsletters, newsletters, briefings, promotional materials produced and PR activities.	
	Work with colleagues to identify and deliver a programme of integrated campaigns, based on local intelligence and linked to national initiatives.	Integrated campaigns planned and implemented.	
	Provide communications support to project activity work – including marketing advice, promotion, and report editing.	Surveys promoted, briefings and reports published	

<b>3. Community engagement</b>	<p>Deliver a programme of public engagement that balances gathering feedback from the general public and understanding the health and care experiences of people from excluded communities.</p>	<p>Intelligence gathered from a broad cross section of communities.</p> <p>Evidence of a range of events and formats used to collect feedback.</p> <p>Increased volume of intelligence received from young people and excluded communities, as described in CORE20PLUS5.</p>	Communities Programme Manager
	<p>Coordinate Partnership Board meetings. Trial new meeting formats and evaluate feasibility of hybrid meeting.</p> <p>Recruit new Independent Members. Integrate intelligence received into main Healthwatch Database.</p>	<p>Meeting formats being trialled and evaluation in hand. Report to be produced.</p> <p>50% target of Independent members met for every Partnership Board.</p> <p>Evidence of increased intelligence and actions taken as a result.</p>	

	<p>Increased profile of Health and Care Forums specifically amongst communities at risk of health inequalities.</p>	<p>Evidence of increased engagement of people from excluded communities and opportunities for their stories and experiences to be shared.</p>	<p>Communities Programme Manager</p>
	<p>Co-produce a review of all volunteer systems and policies to ensure volunteer contributions are meaningful and maximized.</p>	<p>New roles developed and embedding.</p> <p>Training programmed reviewed and strengthened as indicated.</p> <p>Volunteer handbook reviewed and amended informed by best practice models.</p> <p>Volunteer policy reviewed and for approval by Board June 2022.</p>	

<b>4. Projects</b>	Deliver the funding ambitions set out in the Business Development Strategy and develop bids to support project work.	Increased project income and impact, in line with Healthwatch remit.	Business Development Manager
	Manage the Project Manager coordinating the Lottery funded project and ensure effective delivery of the project objectives.	Effective delivery of the Gypsy, Roma and Traveller project within timescales and budget.	
	Manage the Project Manager coordinating the Health Champions project and ensure effective delivery of the project objectives.	Effective delivery of the Health Champions project within timescales and budget.	
	Manage delivery of ad hoc projects resulting from successful bids.	Effective delivery of ad hoc projects within given timescales and budget.	
	Oversee project planning, review and reporting systems.	Effective use of project planning tools. Under frequent review.	

<b>5. Strategic influencing</b>	Oversee representation of Healthwatch on strategic and decision-making groups that maximises influencing opportunities.	Evidence of influence from minutes and reports, and positive feedback on reputation	Chief Executive Officer
	Overview of escalations, projects and quality.	Reporting and evidence of impact Quality assurance methods and processes in place and reviewed	
	Work with local leaders of the Integrated Care System to ensure local people's voices and views are heard and considered.	Patient and public views and voice embedded and sustainable in local integrated care system plans	
	Host a public event drawn from all Healthwatch networks, including Council-commissioned Partnership Boards and Local Healthwatch Forums.	Co-production of opportunities for integrated care, including local people, strategic commissioners, providers and voluntary sector partners. Event report	
	Support providers, including primary care, to develop effective approaches to patient involvement.	Feedback from providers in response to requests for help and advice.	

<b>6. Finance and workforce</b>	Management and reporting of financial position, including tracking of income and expenditure and ring-fenced budgets	Reports to General Purposes Group and Board, and production of annual audited accounts	Office and Finance Manager
	Maintain overview of HR systems and support to managers where required	HR support to managers and updates to General Purposes Group Training catalogue	
	Ensure compliance with Health and Safety standards	Risk assessments recorded and escalated Policies reviewed and approved by Board	
	Coordinate office-based resources and manage the Administration Officer.	Efficient and effective back-office functions and resources.	
<b>7. Governance</b>	Ensure transparency that meets the highest standards of transparency as required by a Community Interest Company.	Systems of reporting in place to ensure effective reporting and management of risk.  Production of annual report and supporting statements to meet statutory requirements.	Chair/CEO