

CEO Report

July and August 2020

Purpose

1. This report summarises Healthwatch Cambridgeshire and Peterborough activities for July and August 2020.

Key issues

2. We are delighted to have received the Investors in Volunteers award. This is deserved recognition for all of our team who are committed to making the volunteering experience with Healthwatch as good as it possibly can be.
3. The work plan has been reviewed and amended to cover the period from now until January 2021. This is attached as Appendix 1.
4. The survey of Covid-related health and care experiences closed on 31st August. Briefing 3 was published on 1st September¹. The findings are generally consistent across all three briefings. The full data set is now being analysed with a full report due to be published in the coming weeks. Over 1,000 responses have been received in total. See sections 22 to 24 for the difference our findings are making.
5. Reporting against key performance indicators is presented in the following sections
 - Strategic priorities section 9
 - Engagement activity sections 10 to 13
 - Communications sections 14 to 18
 - Experiences and escalations sections 19 to 21
 - Impacts and influencing sections 22 to 27
 - Projects section 28.
6. The organisation continues to engage with communities using social media platforms, very little face to face engagement is taking place. Any face to face meetings are fully risk assessed and approved by the CEO. Training on Covid-19 risk assessments was delivered to all staff at the September team meeting.

¹ <https://www.healthwatchcambridgeshire.co.uk/report/2020-09-01/covid-19-survey-briefing-3>

7. Staff are still primarily working at home. A small number of staff are working in the offices on different days. Full Covid-19 risk assessments have been carried out. These working arrangements align to Healthwatch England guidance.

Action required by the Board

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

Author

Sandie Smith, CEO

16 September 2020

Strategic priorities

9. Table 1 below summarises ongoing and specific activities that are being undertaken in response to our strategic priorities.

Priority	Current activities
1. Promoting Independence and Self-Care	<ul style="list-style-type: none"> • Information Service delivery • Website information
2. Access to Primary Care Services	<ul style="list-style-type: none"> • GP website review report publishing findings this month • Engagement with Patient Participation Groups • Escalating access concerns, particularly NHS dentistry
3. Social Care and Integrated Support Services	<ul style="list-style-type: none"> • Partnership Board activities • See escalations for specific impacts • Survey of small sample to gather insight into being discharged from hospital to home
4. Mental Health Services for Children, Young People and Adults	<ul style="list-style-type: none"> • Working with partners to understand lived experience and share with commissioners and providers • Members of CPFT collaborative group • Supporting pre-tendering engagement activities
5. Involving people in redesigning the services they use	<ul style="list-style-type: none"> • Healthwatch England online engagement project • Opportunities to contribute via health and care forums and partnership boards • Opportunities to take up research participation

Table 1 Activities aligned to strategic priorities

Engagement Activity

10. As the restrictions related to Covid-19 are still in place, engagement activity is being undertaken through the Health and Care Forums and Partnership Boards. Table 2 sets out the detail of these meetings. Planned agenda items have been included for those meetings happening after this report was written.

Meeting	Date of meeting	Attendees*	Key speakers and updates
Fenland Health and Care Forum	13/8	10	<ul style="list-style-type: none"> • CCC Domiciliary Care • CCC Library Service • Updates from QEH and CPFT
Greater Cambridge Health and Care Forum	5/8	15	<ul style="list-style-type: none"> • National Diabetes Prevention Programme • CCC Domiciliary Care • VCS update
Huntingdonshire Health and Care Forum	7/7	18	<ul style="list-style-type: none"> • National Diabetes Prevention Programme • CCC Domiciliary Care • Updates from NWAFT, CPFT and CQC
Peterborough Health and Care Forum	23/7	13	<ul style="list-style-type: none"> • CCC Domiciliary Care • Updates from NWAFT, CPFT and Octagon
	27/8	14	<ul style="list-style-type: none"> • Food and Covid-19 research • Proposed relocation of UTC (CCG) • Updates from NWAFT and Little Miracles
Wheelchair User Forum	10/8	15	<ul style="list-style-type: none"> • Personal wheelchair budget • Where are AJM Healthcare on the co-production and co-design journey?
Older People's Partnership Board	Next meeting 21/9		<ul style="list-style-type: none"> • A vision for domiciliary care • Experiences of social care during Covid-19
Carers Partnership Board	28/7	14	<ul style="list-style-type: none"> • Direct Payments Support Service and People Plus • Positive service developments resulting from Covid-19
	08/09		<ul style="list-style-type: none"> • A vision for domiciliary care • Update on the Carers Service

Physical Disability Partnership Board	18/8	9	<ul style="list-style-type: none"> Update on emerging research on the impact of COVID on the brain and risk of neurological effects (Headway)
Sensory Impairment Partnership Board	Next meeting 22/9		<ul style="list-style-type: none"> A vision for domiciliary care E-scooters
Learning Disability Partnership Board	Next meeting 17/9		<ul style="list-style-type: none"> Experiences of social care during Covid-19 Priorities of the partnership board

Table 2 Health and care forum and partnership board meetings and topics

**Attendees exclude Healthwatch staff and Directors*

11. The intelligence gathered from all our meetings is compiled into our evidence-base, thereby contributing to the organisational understanding of people's experiences.
12. As an exception, members of the team have undertaken some face to face engagement with families as part of the annual Oxmoor summer project. The events had been comprehensively risk assessed and we were satisfied that they were safe. Approval of the CEO is required for any face to face engagement.
13. The engagement team are using this period to extend and develop its links to a range of communities, specifically targeting those who are seldom heard and/or more likely to be digitally excluded. They are also encouraging members of these communities to attend our Health and Care Forums.

Communications

14. **Publications and promotional focus** - The focus in this period has been around responding to the pandemic. We continued to promote our Covid-19 survey and published the first and second briefings. We also promoted the AGM, our Health and Care Forums and the Investors in Volunteers success. We also circulated circa 3,000 promotional flyers to people who were shielding, receiving food parcels or accessing food banks.

15. **Our PR activities** resulted in 21 articles in the traditional press and at least 12 articles in partner and other newsletters.
16. **Websites** - In this period, both websites have been updated regularly with news, blog, report, event and advice articles. Both websites are seeing significantly more user traffic than the same period last year via both desktop and mobile, particularly the Healthwatch Peterborough site. 85% of people are finding us via organic search on the Healthwatch Peterborough site, mostly via mobile.

Data shows 9,987 users have accessed our websites in this period, almost three times the number of visitors in the same period last year. Advice and information articles remain some of our most popular content, in particular people are interested in:

- Testing for coronavirus which had more than 7,000 hits on Healthwatch Peterborough site
- Information on Coronavirus (Covid-19)
- Getting dental care during the Covid pandemic

People are also enjoying our blogs / vlogs and in this period, we published three: Frances's sensory impairment vlog/blog, Rob's shielding experience and an update from Nathalie and Sean.

People are staying on the websites longer, the bounce rate on both sites is lower and we are receiving a significantly higher number of contacts and experiences via the websites than previously. We received 398 contacts via the website during this period, including general enquiries, sharing of experiences and completing the Covid-19 survey.

17. **E-news** - sent two segmented editions of the local Healthwatch e-news with a circulation of just under 1,000 readers with average open rates at over 30% of readers. This is likely to be an underestimate. Readership rates remain consistent with previously reported patterns.
18. **Social media** - Social media has been an important tool to share information updates with our communities, particularly Facebook. Reach (the number of people who have seen our posts) and engagement (the number of people who have interacted with our posts) have both increased significantly when compared to the same period last year.

In August we undertook some limited Facebook advertising, spending less than £100 and this achieved 341 clicks to the website and more than 2,000 video play throughs. We are working to increase the number of people engaging on

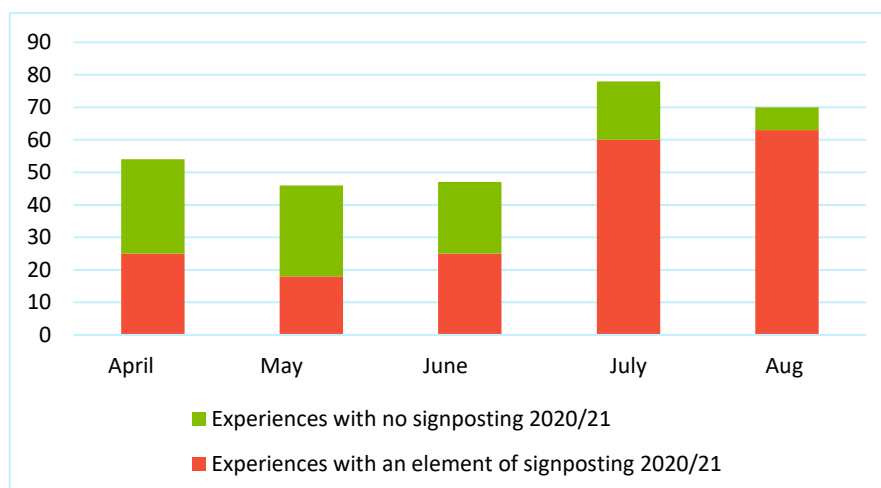
the platform, commenting, sharing their opinions and clicking through to one of the websites to access our content.

<i>July - Aug 20-21</i>	Totals	Average per month	% change from same period last year
Posts	275	138	48 ↑
No of followers	4955	4955	13 ↑
Shares / RT	641	321	63 ↑
Reactions	1915	958	69 ↑
Replies / mentions	346	173	74 ↑
Clicks	926	463	58 ↑
video views	2358	1179	100 ↑
Total engagement*	3828	1914	66 ↑

*Total engagement excludes video views

Experiences and escalations

19. The number of experiences collected and signposting enquiries for the year to date are show on Graph 1 below. These experiences are in addition to 1,000 plus responses received through the Covid-19 survey.
20. These figures demonstrate how our Healthwatch operations are changing. We are now collecting more of our feedback from the increasing number of people who are contacting us for assistance and information. Prior to the Covid-19 period the large majority of experiences were collected through face to face engagement.



Graph 1 Experiences collected and signposting

21. As a result of what we have been told, we have escalated the concerns listed below using the escalation process. We have taken action, as appropriate, to seek assurances and to inform commissioners and providers what we are hearing.
- Flu vaccinations
 - Digital exclusion
 - Access to NHS dentistry
 - Concern regarding lack of health Board meetings in public
 - People seeking information about Covid-19 testing prior to international travel

Impacts and influencing

22. The findings from our survey are already being used in planning the recovery phase. We have been involved in discussions to explore how people's experiences can be used in developing both the system 'Phase 3' recovery plan and the winter plan.
23. The findings have also enabled us to progress further our existing concern around access to NHS dentistry. It has also helped to raise awareness of new concerns such as the experiences of maternity services and the importance of PALS during the emergency period.
24. We continue to highlight the need for clear information about appointments and treatments as part of the NHS Reset.
25. Our Healthwatch assisted Healthwatch England to identify people to participate in the research project 'The doctor will zoom you now', which looked gathering the experiences of people using telephone and online consultations during the Covid-19 period. The research report² has been shared with our providers who have told us they have found it very helpful, sharing widely with their staff.
26. We have undertaken a review of representation to ensure we have the right people attending the right meetings and so maximising our influencing potential. We have 68 strategic meetings identified, with a lead Director or staff member allocated to each. Not all of these groups have resumed usual business and our approach will be kept under close scrutiny. Our attendance at a group or meeting must have the potential to make a difference and not

² <https://www.healthwatchcambridgeshire.co.uk/news/2020-07-28/getting-most-out-online-and-telephone-appointments>

be a 'tick box exercise'. Any request for Healthwatch attendance is scrutinised and an offer made to help gain patient representation, if this is thought to be more appropriate.

27. During July and August our Healthwatch took part in the national CQC workshops, the Healthwatch England 'round table' and the regional East of England LGA workshops, all of which were gathering community feedback to inform recovery planning.

Projects

28. Current project status is listed below in table 3.

Project name	Description	Status	Comment
Discharge from hospital	Collecting experiences from people discharged from hospital to home	Green	In delivery.
Online engagement training module	Successful bid to test and support development of Healthwatch England training module.	Green	In delivery.
Gypsy, Roma and Traveller project	Lottery funded three year engagement project to develop a network of volunteer listeners.	Amber	Main project on hold due to Covid 19. Interim project supporting digital inclusion to commence Sept 20.
CQC Experts by Experience	Sub-contract to recruit, train and maintain a pool of Experts by Experience to support CQC inspections.	Red	On hold due to Covid19.

Table 3 Project summary and status

APPENDIX 1

Work Plan - September 20 to January 21

	Overview of activities	Outputs	Priority	Lead
1.Information and intelligence	Delivery of information service	Usage and trends tracked and reported to Board	1-4	Julie
	Maintenance of evidence base progressing and tracking concerns	Tracking system in place, regular scheduled briefings to Board and staff	1-4	
	Development of website information to support self-care (with AR)	Information pages on both websites	1	
	Analysis of project work including covid-19 survey and GP website audit	Briefings and reports with identified themes and findings	1-4	
	Policy and service change horizon scanning	Changes, and likely impact of change, disseminated to Board and staff	All	
2.Communications	Promoting Healthwatch activities and supporting delivery of services digitally	Websites and social media maintained, e-newsletters, development of promotional materials and PR activities	All	Angie
	Development of an integrated approach to campaigns and project work (with all management team)	Evidence cross team working in projects and campaigns	All	
	Drafting Communications and engagement strategy (with CTJ)	Strategy in place and discussed by Board	All	
	Developing and promoting surveys to support project work including covid-19 survey and GP website audit	Surveys distributed, briefings and reports published	All	

3.Community engagement	Consolidate and extend attendance of Health and Care Forums and Partnership Board online meetings	Systematic logging and progressing of identified intelligence	5	Caroline
	Gather learning and assess possibilities for future engagement approaches, blending online and face to face.	New models considered and developed	All	
	Update VCS contacts on the CRM and work with partners to gather experiences, particularly those not online.	Accurate and up to date VCS contacts recorded on CRM. Evidence of increased feedback from VCS partners	All	
	Support volunteers, develop new engagement opportunities, focus on excluded communities and young people	Feedback shows that volunteers are engaged. Projects completed. Feedback from excluded groups.	All	
	Development of structures and methods to engage with young people (with JMH)	Evidence of increased young people	4,5	
4.Projects	Implementation of Business Development Strategy - short term	Evidence of meeting immediate business ambitions	All	Jo
	Plan meeting long term business ambitions	Evidence of planning and action	All	
	Overview of project development, delivery, reporting and review	Project register, reported outcomes and learning from project reviews	All	
	Patient Participation Groups engagement	Evidence of increased engagement with PPGs	2	

5.Strategic influencing	Representation maximises influencing opportunities	Evidence of influence, eg meeting minutes and reports	All	Sandie
	Overview of escalations, projects, evaluation and quality	Reporting and evidence of impact	All	
	Implementation of Healthwatch England Impact Tracker	Impact Tracker in place by April 2021	All	
	Support the system to improve engagement and consultation standards	Evidence of feedback to improve standards	5	
6. Finance and workforce	Management and reporting of financial position, including tracking of income and expenditure and ring fenced budgets	Bimonthly reports to General Purposes Group and production of annual audited accounts	All	Carole
	Maintain overview of HR systems and support to managers where required	Bimonthly HR updates to General Purposes Group	All	
7. Governance	Work with the Chair to ensure effective and transparent governance and oversight	Board development plan informed by Guarantor and Director feedback Director recruitment completed by end of 2020.	All	Sandie
	Review of operational models peri and post-Covid	Evidence of review including reports to Board	All	