

## Chair's Report

### Purpose

1. This report sets out public activities carried out by the Chair since the last Board meeting, and comments on aspects of the local health and care system.

### Key issues

2. Appendix 1 lists the Chair's external meetings from 1 July through to 30 Sept 2021, which marks the end of my term of office. It's with great pleasure we welcome the new Healthwatch Chair, see Notification paper on today's agenda.
3. Fellow Healthwatch Directors have reviewed our strategic external engagement opportunities. I'd particularly like to thank Nadia Emmony for taking up opportunities to represent Healthwatch and the patient or public perspective on the Clinical Policies Forum and the Joint Prescribing Group, starting from November. Directors are keen to more fully understand the needs for representation in the developing health and care system, against their interests and skills and time available. They plan to carry this work into the autumn with our new Chair, as Sandie our Chief Executive reviews the external strategic engagement roles of senior staff.
4. It is impossible to fully convey the appreciation I have for all those at Healthwatch Cambridgeshire and then Healthwatch Cambridgeshire and Peterborough over the 6 years I've been involved. Here listed are a very few events along that timeline, that for me symbolise the spirit and passion and effectiveness of what you have achieved and are all about.

### Action required by the Board

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

Author Val Moore, Chair  
15th September 2021

## Chair's selection of landmark events delivered by our Healthwatch 2015-21

- 2015 - Our Thriving report on young peoples' mental health and wellbeing, kicked off a series of listening initiatives, publications and partnership work right through to 2021. All bringing people's experiences high on the agenda for health and social care stakeholders
- 2016 -Uniting Care, the name given to the bold integration of services for older people made a stunning collapse in late 2015 due to planning and funding errors. Our public challenge for answers to difficult questions showed Healthwatch to be a forthcoming critic on behalf of local people, as well as a trusted honest broker to then facilitate the learning event on what went wrong
- 2017 - Behind our Accessible Information as Standard report was an amazing collaboration across Peterborough and Cambridgeshire to improve implementation of the national standard. The events at Peterborough Deafblind Centre and at our AGM in Ely will remain long in the memory of those present due to the testimony of people most affected. This joint work between the two Healthwatch cemented belief as we successfully combined powers that year to have more impact across our communities of interest
- 2018 - This was the year of the forum. Building on the Peterborough model, we supported local practice participation groups and others to combine as collective voices in geographical areas, interacting with health and care service providers on a regular basis on things that matter to them. We also took on a three-year challenge to redesign and facilitate joint Partnership Boards on social care for PCC and CCC, supporting Independent Chairs and welcoming in new staff and resource. The most memorable forum (albeit a one-off and delivered in 2019!) was the interactive theatre 'Phyllis' brought to a large health and care professional audience in Huntingdon. It portrayed the humanity and family anguish behind the hospital experience of Phyllis, as the impacts of frailty and dementia manifested.
- 2019 - A brand new Community Values Panel showed we can develop new consultation methods to deliberate on thorny issues to do with the costs of healthcare. Our innovations continued. During 2021 we compared local service descriptions against real life experience of people with diabetes and those making transition from child to adult mental health services. Along with our current programme to develop volunteer community researchers for the new integrated health partners in the South, these examples show we can utilise external funds for activities and products to meet specifications from funders, and enhance ways to hear from local people
- 2020 - Powerful Covid -19 feedback from local people was provided month by month to health and care service leaders in the midst of the crisis by our communications, information and engagement teams working together. Our Volunteers showed exceptional creativity to design and carry out project work online to study the type and quality of information available to local people on GP websites at that time during the pandemic

- 2021 - Finally we achieved the aim to strengthen our governance by recruiting a youth ambassador to our Board as an Associate Director. She has demonstrated that the concept can work to elevate and maintain a high profile on young people in all we do. I hope the model can continue.

This list doesn't cover everything of landmark quality! There is huge significance in events each day for our Healthwatch team, for example to:

- collect and respond to people's feedback
- engage and publish on so many platforms
- speak out at a committee or meeting
- influence policies and funding
- chair a forum effectively
- provide advice on patient and public engagement to GP practices
- persist when problems with access to care continue such as dental care and for marginalised groups
- manage and lead each other and pay the bills, and to
- collaborate and learn from the Healthwatch Network.

I have learnt so much from listening and working with each and every one of the Healthwatch team who have demonstrated exceptional motivation and skills.

Special thanks go to my immediate team of Sandie Smith, for her exceptional skills and energy, and the Board for leading the co-creation of our strategies, getting involved and being so dynamic in helping to put it all into practice.

Our Guarantors Victor Lucas and Clive Morton, through donating their generous time, wisdom and encouragement have assured us and our commissioners that we are on the right track. I know the Board will join me in particularly thanking them both too.

### Appendix 1 - External meetings attended by the Chair 1<sup>st</sup> July to 30<sup>th</sup> Sept 2021

Meeting	Purpose	Date
Health Inequalities Board, C&PCCG	Member	1/7
Chair, CCC Health and Wellbeing Board	One to one	19/7
Integrated Commissioning Board	Independent Chair	19/7
Clinical Communities Forum and Joint Clinical Group	Member	21/7
CCC Adult and Health Committee Liaison	Member	26/7
System Partnership Board private and public meetings	Member	28/7
Clinical Communities Forum and Joint Clinical Group	Member	4/8
C&PCCG ReSPECT task group	Member	4/8
Clinical Communities Forum and Joint Clinical Group	Member	18/8
Joint Prescribing Group for C&PCCG (submitted written comments)	Lay member	1/9
Clinical Policies Forum, C&PCCG	Member	7/9
Cambridge Public Health Impact seminar planning	Steering Group member	7/9
System Partnership Ethics Committee meeting	Vice Chair	8/9
Clinical Communities Forum and Joint Clinical Group	Member	8/9
Executive Joint Safeguarding Board Cambridgeshire and Peterborough	Member	19/5
System Partnership Board private and public meetings	Member	15/9
Integrated Commissioning Board	Independent Chair	20/9
C&PCCG AGM	Observer	21/9
Cambridge Public Health Impact Seminar	Participant	29/9

Plus

Healthwatch Board in public, and AGM (21/7), and Development meeting (11/8)

Healthwatch Business development Programme Board and Mental Health Working Group