

# **CEO Report**

June 2025 – August 2025

CEO Summary & Impact.....	1
Communications .....	9
Engagement .....	12
Volunteering .....	15
Partnership Boards .....	See separate report
Experiences .....	16
Projects .....	22

## **CEO Summary and Impact**

### **National Context**

Since the last CEO report, the Government has announced its intention to abolish Healthwatch. Healthwatch England has advised all local Healthwatch to work closely with local authorities and Integrated Care Boards to plan transition arrangements and ensure that an independent patient voice is maintained wherever possible. Please see the response from Wes Streeting (Secretary of State for Health & Social Care), in reply to the local Healthwatch open letter.

### **Appendix 1**

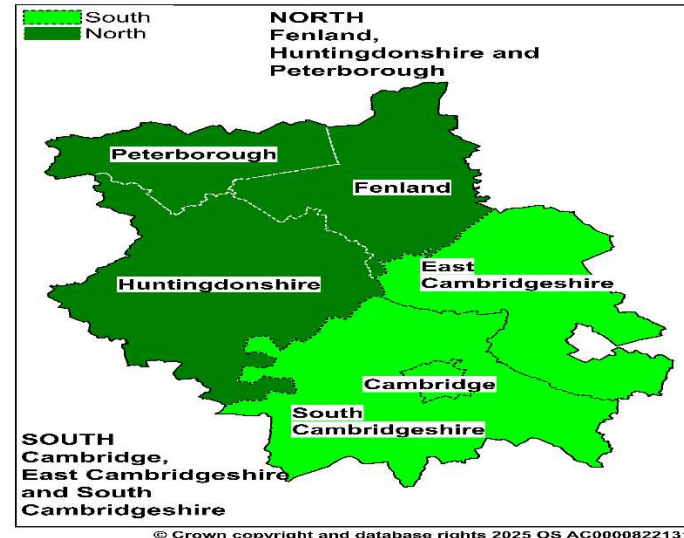
There is currently no confirmed timeline for these changes. As Healthwatch is embedded in the Health and Care Act 2012 (amended 2022), amendments will need to be drafted and presented to the House of Lords. A formal announcement is expected in the King's Speech in the New Year. Given the legislative process required, implementation is likely to be protracted, with October 2026 anticipated as the earliest possible date, although 2027 is more likely.

**ICB's** are expected to reduce running costs by 50%, becoming strategic commissioners only, Cambridgeshire, Peterborough, Hertfordshire, Bedford, Luton and Milton Keynes will merge into one ICB. The Chair of the new ICB is Robin Porter (MK Chair) and has a specific interest in reducing health inequalities. The CEO announcement is not yet public information.

**Local government reform** will require

Cambridgeshire's district councils to be closed and reorganised into two new unitary authorities.

1. Peterborough, Fenland, and Huntingdonshire
2. Cambridge, South Cambridgeshire, and East Cambridgeshire



**Local Position**

In the meantime, Healthwatch Cambridgeshire and Peterborough has received strong messages of support from professionals and community members. We remain committed to delivering our statutory duties under our current contract.

While our five priorities remain unchanged, some performance indicators will need to be adapted over time. For example, we will be unable to deliver an Annual Summit on primary care in October 2026. Instead, we will ensure that all our intelligence is shared directly with the designated primary care lead, once the new ICB and neighbourhood structures are in place.

**Improvements and Recommendations**

Over the past three months, Healthwatch Cambridgeshire and Peterborough has continued to drive meaningful improvements across the local health and care system. We made 13 formal recommendations through strategic meetings and community engagement activities, of which 4 have already been implemented.

A key meeting was held with the Manager of the ICB Patient Experience Team following the publication of their annual report. We provided advice on strengthening accessibility standards, including the provision of translation services and British Sign Language (BSL) support. In response to the recent increase in access-related complaints, we also recommended that demographic data be consistently collected and monitored. This will enable the ICB to identify and address health inequalities more effectively.

Priority	What we want to achieve	How we will do it
<b>1.</b>  <b>Mental Health</b>	More people will better service experiences, receive clearer information on what to expect, and benefit from services co-produced with those who have lived experience.	In 2025, we will spotlight mental health services, support local NHS partnerships, enhance two-way communication, and help people access the right care.
<b>Activities and Impact Summary</b>	The activity for our mental health priority during the period of June to August 2025.  <b>Activities</b> <ol style="list-style-type: none"> <li>1. Mental Health Summit scheduled for 8<sup>th</sup> October 2025 was fully booked within three weeks.</li> <li>2. The mental health survey is ongoing covering the University freshers fairs. The key headlines will be announced at the summit and the full report link will be given to all attendees. We have had 95 responses, and are hoping to get to 100.</li> <li>3. Our Information &amp; Signposting service has seen an increase in public feedback related to this priority area. As a result, the volume of feedback is rising: June – 27, July – 24, August – 23. Monthly feedback is summarised and shared with relevant partners and service providers.</li> <li>4. The key output measure is to increase the number of positive experiences reported as a result of HW influence. Progress so far includes: March to May, there were 6 positive number of feedback, during June to August, there were 14 positive number of feedback heading in the right direction, unfortunately negative feedback has also increased, there were 50 reports of negative feedback during June to August 2025.</li> </ol>	

	<p>5. We held a Peterborough based focus group supporting the council to redesign their community mental health offer to those with severe and enduring needs. We look forward to reporting on how our support and recommendations will be used.</p>	
<p><b>2.</b></p> <p><b>Primary Care</b></p>	<p>More people experience better services, receive clearer information, and help co-produce improvements with service providers.</p>	<p>We report monthly to primary care operational groups. Over the next year, it is likely that this function will move from the ICB to neighbourhoods.</p>
<p><b>Activities and Impact Summary</b></p>	<ol style="list-style-type: none"> <li>1. In May 2025, we launched the North and South Place Patient Participation Group (PPG) Forums, we have now held two forums since the launch which have been well received by those in attendance. The envisage that the forums will grow over time.</li> <li>2. Our Information &amp; Signposting service has seen a gradual decrease in primary care feedback over the last quarter. June - 95, July 78, August - 56. Monthly feedback is summarised and shared with relevant partners and service providers.</li> </ol> <p>The key output measure is to increase the number of positive experiences reported as a result of HW influence, unfortunately we have not seen much progress so far: March - May, 32% of overall feedback was positive, by comparison, June - August we can report 30% of overall feedback was positive.</p> <ol style="list-style-type: none"> <li>3. Similarly negative has increased starting at 44% of overall feedback for March to May, increasing to 60% for periods June to August 2025.</li> </ol> <p>The reports haven sent to the ICB Associate Director Primary Care Contracts &amp; Enabling.</p> <ol style="list-style-type: none"> <li>4. We provide soft intelligence primary care reports at the ICB request - June to August 2025 have paused since the ICB announced restructure.</li> </ol>	

<b>3.</b>  <b>Children &amp; Young People Engagement</b>	<p>More young people trust us to amplify their voices, speak up, shape services, and influence change</p>	<p>Our youthwatch have started their neurodiversity research project.</p> <p>A 'Vape Rap' has been produced following the Vaping Report.</p>
<b>Activities and Impact Summary</b>	<ol style="list-style-type: none"> <li>1. A key performance metric for us is the number and demographic breakdown of Youthwatch volunteers. To support this, we have invested in a new online volunteer management platform, which will enhance our ability to track performance, report on diversity, and strengthen our volunteer engagement. Two new members have joined Youthwatch since the last report, growing from 43 to 45 members.</li> <li>2. Our membership has become more diverse, with male representation increasing to six members, 28 members identifying as from non-White British backgrounds, and one new member representing the disabled community.</li> <li>3. One of our core output targets is to increase the volume of feedback received from young people. Last year, we collected 141 pieces of individual feedback through our Information and Signposting service. This year, we aim to increase that to at least 170. We can report that 62 pieces of feedback from young people has been received between April – August 2025.</li> </ol>	
<b>4.</b>  <b>Joined-Up Care</b>	<p>More people will have smoother transitions between GPs and hospitals, with clearer referrals and improved care services.</p>	<p>Majority of patient feedback involves more than one health organisation and can often cross over into health and community settings. Our database picks up stories from the public around problems with joined up care, and the consequences that arise. This report is sent to ICB Senior leadership every month.</p>
<b>Activities and Impact Summary</b>	<ol style="list-style-type: none"> <li>1. During the recent public consultation, the need for more joined-up care emerged as a top priority. This theme cuts across all four of our main priority areas. In response, Healthwatch England launched a national campaign focusing on GP-to-hospital referrals and invited the</li> </ol>	

public to share their experiences. Locally, Peterborough City Council has asked us to monitor patient feedback on hospital discharge into adult social care.

2. To support this work, we have introduced a second dedicated feedback form focused specifically on 'referral to treatment' (RTT) experiences. We are also capturing relevant feedback through our Information and Signposting database to ensure no insights are missed. All collected information will be shared with service providers, both local councils, and the ICB's Chief Operating Officer and Chief Partnerships and Integration Officer.

RTT Healthwatch number of feedback reports to date:

June – 31, July – 31 and August – 16. The results are as follows:

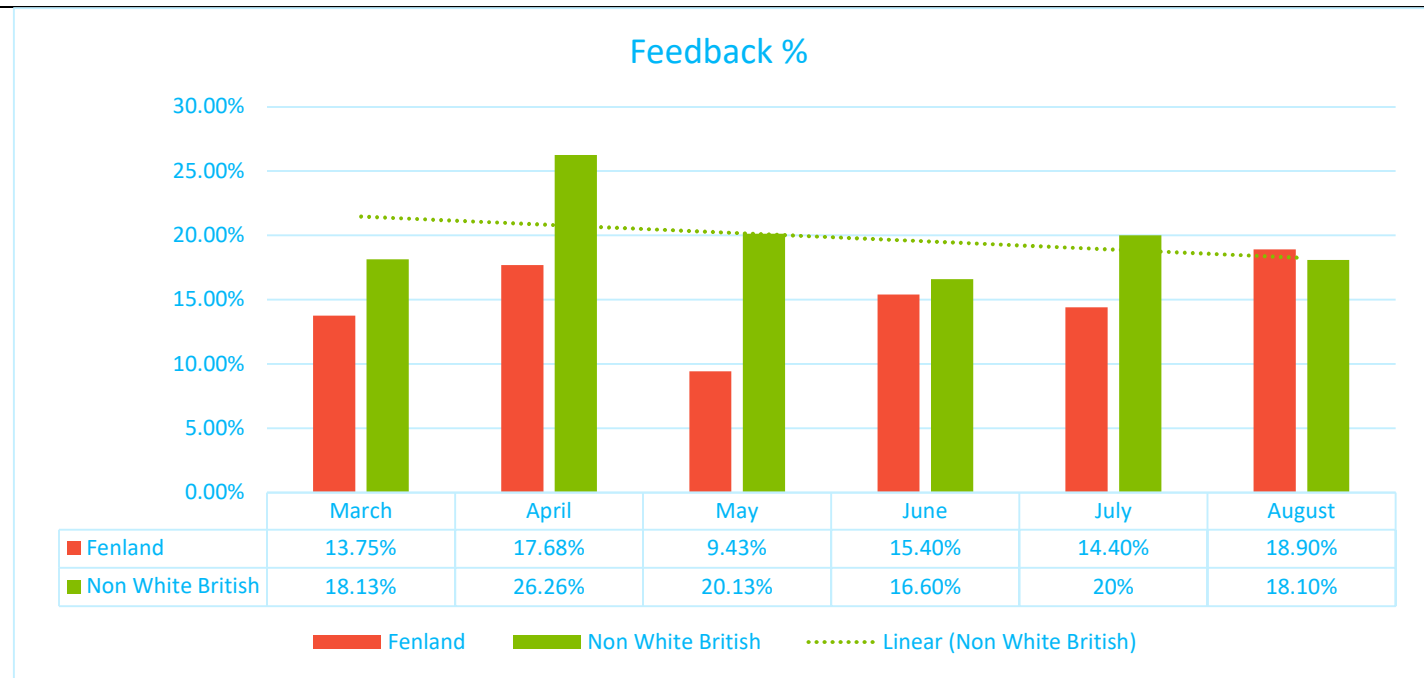
Sentiments	Cases
Negative	50
Neutral	1
Mixed	13
Positive	14
Unclear	0

Theme Areas	Cases
Access	57
Administrative	78
Behaviours	34
Digital Access	4
Environmental	20
Public Health	2
Treatment/Care	75
Miscellaneous	6

**ICB RTT Performance** -Completed admitted RTT pathways – May 2025 **Actual 5843 V Plan 6428**  
Variance **-9.1%**, this is an improvement on the last period.

<b>5.</b>  <b>Health Inequalities</b>	Greater awareness of barriers, increased engagement, inclusive care improvements, and lived experience consultation in social care.	Our demographic data is used as an internal measure to ensure we are supporting seldom heard communities and we are representative. An annual report is also sent to the local authorities to show our impact.
<b>Activities and Impact Summary</b>	<ol style="list-style-type: none"> <li>One of our key measures for supporting seldom-heard communities is increasing the diversity of our partnership boards by recruiting more independent members. To help achieve this, we have introduced a new recognition policy aimed at encouraging wider participation. The partnership boards play a vital role in reducing health inequalities, with commissioners from both local authorities actively participating to influence policy, strategy, and commissioning decisions.</li> <li>Our contract target requires a 1:1 ratio of people with lived experience to professionals on the boards. From June to August the figures were:             Older People's Board Ratio: 1:3             Carers Board Ratio: 1:2             Physical Disability Ratio: 1:1             Learning Disability Ratio: 2:1 (this figure does not include any support workers)             Sensory Impairment Disability Ratio: 1:1         </li> <li>Another measure to increase feedback from the public in the Fenlands and Non White British.             Recent feedback data shows: this is impressive when compared against the overall demographics for the county. Fenland represents 11.4% of the population, and Non White British also represents 11.4% of the population.         </li> </ol>	





Whilst non white British feedback has declined slightly, Fenland feedback is improving.

# **Communications**

## **What we have been working on**

### **1. Publications and Reports**

- Audit Documents: Produced separate, tailored audits for Cambridgeshire and Peterborough.
- Demographic Feedback & Sentiment Analysis (April 2022 – October 2024): Developed and edited a substantial report analysing trends in feedback by age, gender, and ethnicity. This included drafting the narrative, producing visual summaries, and preparing the report for sharing with partners.

### **2. Annual Summit**

Communications support for the Annual Summit 2025 was a major priority this quarter.

- Produced event branding, materials, and supporting documentation.
- Drafted and published pre-event communications, including invitations, website updates, and social media promotion.
- Managed event logistics by creating the registration system, coordinating sign-ups, and organising the layout of seating and spaces to ensure a smooth and accessible experience for attendees.
- Provided live coverage via social media during the event to showcase key sessions and amplify participation.

### **3. Social Media**

Maintained an active presence across Facebook, Instagram, and LinkedIn, with accessible content and consistent branding.

- **Campaigns promoted:**

- Annual Summit 2025.
- Mental Health Survey 2025.
- Recruitment campaign for the Administration Officer – Partnership Boards role.
- Enhanced Alan Hudson Centre Enter & View report (published and promoted).
- Regular local signposting posts and celebration of volunteer involvement.
- Co-developed and promoted the “Vape Rap”, a creative youth-focused campaign using music and spoken word to raise awareness of vaping and its health impacts.

- **Engagement trends:**

- Posts relating to the Annual Summit generated strong interaction, particularly on LinkedIn where partner organisations amplified our updates.
- Youth-focused posts around the Mental Health Survey achieved higher engagement, with Instagram performing especially well among younger audiences.
- Recruitment adverts achieved strong reach, with LinkedIn proving the most effective channel

#### **4. Articles and Media**

- Drafted and published articles promoting the Annual Summit, including pre-event pieces to drive registration.
- Produced articles on the youth mental health survey, encouraging participation and explaining its importance.
- Wrote internal and external pieces on the Administration Officer role, ensuring clear and accessible language.
- Developed web articles and partner newsletter content summarising reports, particularly the Life Changes Report and Demographic Feedback & Sentiment Analysis.

#### **5. Digital and Data Visualisation**

- Power BI Dashboards: Designed and tested a demographic analysis dashboard, enabling insight into public feedback by age, gender, ethnicity, and sentiment. This tool is now being used internally and supports reporting.
- Website: Regularly updated with fresh content, including recruitment adverts, event announcements, survey promotions, and news articles. Ensured accessibility standards (headings, alt text, plain English summaries) were consistently applied.

#### **6. Internal and Strategic Communications**

- Supported the Board and leadership team with polished materials for meetings, including visual data summaries and accessible briefing notes.
- Coordinated messaging across all communications so that reports, dashboards, and campaign activity told a consistent story.

#### **7. Mental Health Survey 2025 (Young People)**

This project had significant communications input over the summer:

- **Promotion:** Designed and delivered a targeted digital campaign across social media and website channels, with youth-friendly visuals and accessible language. Coordinated promotion with partners (schools, colleges, youth groups).
- **Trend Collation & Base-Level Ideas:** Began gathering and analysing early trends from responses to help shape messaging and identify emerging themes, providing a base-level understanding of issues young people are raising.
- **Case Studies:** Spoke with young people willing to share their experiences as case studies, capturing powerful, real-world stories to bring the survey data to life in future communications.
- **Partner Engagement:** Provided stakeholders with briefing materials and copy to help them promote the survey through their own networks.

## Engagement

During this period there were 4 Health and Care Forum meetings, bringing together 86 members of the public and PPG's with local health and care service providers. We are observing a higher attendance in the last 6 months.

During this period 13 different Patient Participation groups were represented at our health and care forums. This is an increase which is due to the forums we are facilitating to support PPG Reps and updating our PPG contact records.

Topics covered included:

- NWAFT hospital updates
- CPFT Adult Physical Health services
- REN Project (NIHR) National Institute for Health & Care Research
- CPFT Butterfly Volunteer project (End of life)

We are noticing an increased interest in researchers wanting to share their studies via our forums.

Healthwatch staff are now responsible for attending Integrated Neighbourhood Board meetings across the county. We hoped that our previous volunteer reps would continue to support this part of our work but due to funds not being available now, many have stepped back. A summary is compiled each quarter by the Head of Engagement. We continue to encourage Integrated Neighbourhood Managers to attend our Health and Care forums to ensure information is circulated in a joined-up approach.

### Engagement team

During the period June- August, we participated in 54 engagement events, speaking to 1593 people and collecting 426 experiences.

The engagement team have been busy as usual across a wide range of communities and groups. In the North Rebwar has increased attendance with refugee groups and men's health as well as a range of disability groups and additional summer activities involving extra weekend working. In the South Ildiko has focused on GP surgeries which have been very well received and many community hubs. Additionally, Cambridge Pride, Men's Health, GRT groups and foodbanks to name a few. We pride ourselves with making sure we always reach the most vulnerable groups.

Our visits to refugee hotels and events have highlighted the need for more information to be produced when refugees arrive in the country to support them to access and navigate our health services and how our systems work, including sexual health and substance misuse services. We are part of a multi-agency group (Migref in Peterborough) who are working on this.

A snapshot of other engagement events

- Peterborough, Cambridge and North Cambs Hospitals
- Steel Bones – Cambridge
- Armed Forces Day – Huntingdon

- Women's wellbeing Café – St Ives
- Golden Age event – Fens
- GRT drop-in groups.

### Youthwatch

In this period, we have facilitated 3 Youthwatch meetings and ran a face to face get together for the group during the summer holidays.

### Topics covered

- Invited a speaker from Healthy You, C. Card service to hear feedback from our group on ways of distributing and advertising the C.Card scheme to a wider audience.
- Sarah Stone from Plain Sailing delivered motivational training to the group. This was very inspirational.
- We heard from TEOM, young people with lived experience of autism and their feedback on primary care services.
- Visiting groups to hear more experiences from autistic young people as part of our research.
- Planning podcasts.

When attending young people's events, we heard about the difficulties YP with autism or SEN experience. This will all be used as evidence in our neurodiversity report. The Youthwatch group have received training on motivation from Plain Sailing, and Sue and Molly have met with many organisations who support neurodiverse YP to hear their lived experiences of attending primary care services. Our vaping video is now completed and on our website.

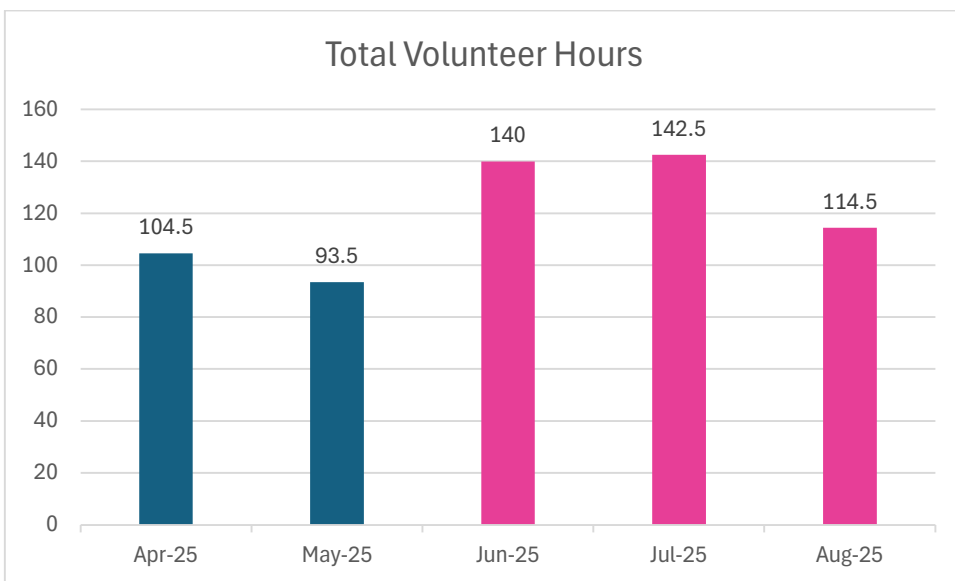
***“My son is 21 and has autism, he is also agoraphobic so unable to go to the GP surgery. I have great difficulty getting a GP to come to the home. My other son is also autistic and is a transgender male. I have to pay privately for his blood tests and hormone treatment as this is not available at my surgery”***

A snapshot of other young people's events attended:

- Youth Fusion – East Cambs

- Student Voice event – Cambridge
- Cambridge Pride
- Preparing for Adulthood event
- Circles neurodiversity charity

## Volunteering



- We currently have a total of 107 volunteers. Some of our volunteers are active in more than one role. During June, July and August 2025 our volunteers contributed 371 volunteering hours,
- Following implementation of our new volunteer management system, Volunteero, currently approximately 42% of our volunteers have downloaded and are using the Volunteero App. This is important as it allows our volunteers to directly interface with the system, including completing recruitment tasks and training and also being able to



accept individual engagement events and input volunteering hours. We are working hard to encourage more volunteers to use the app.

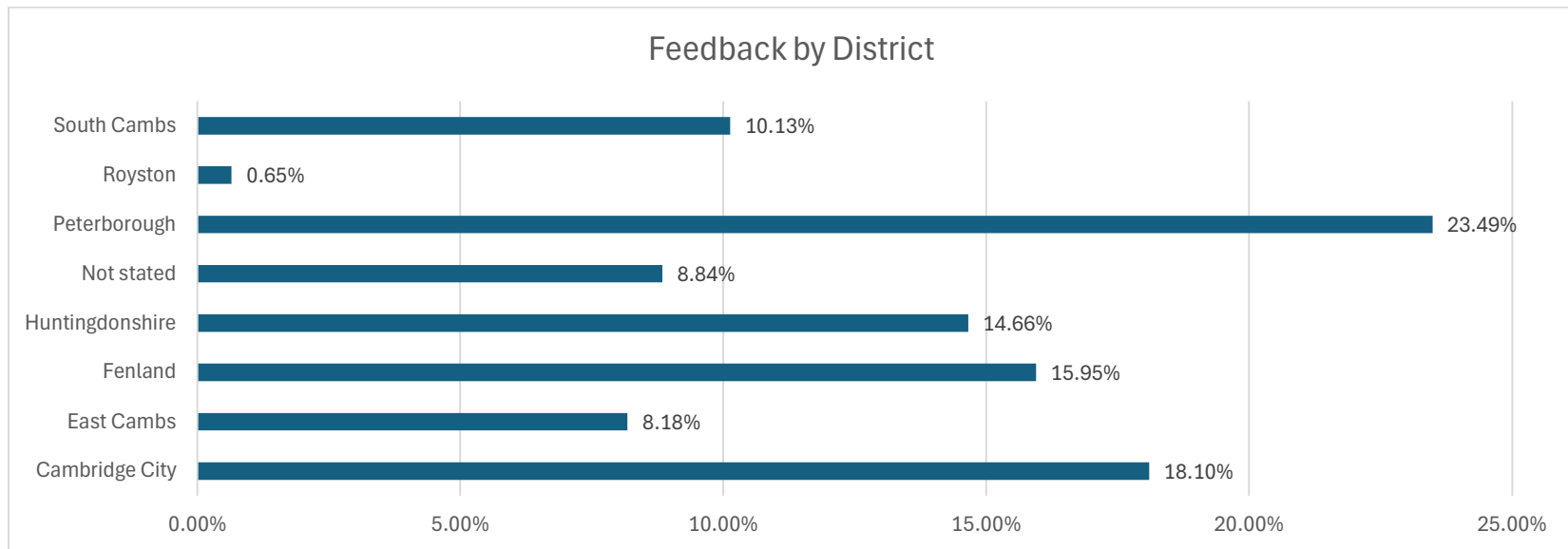
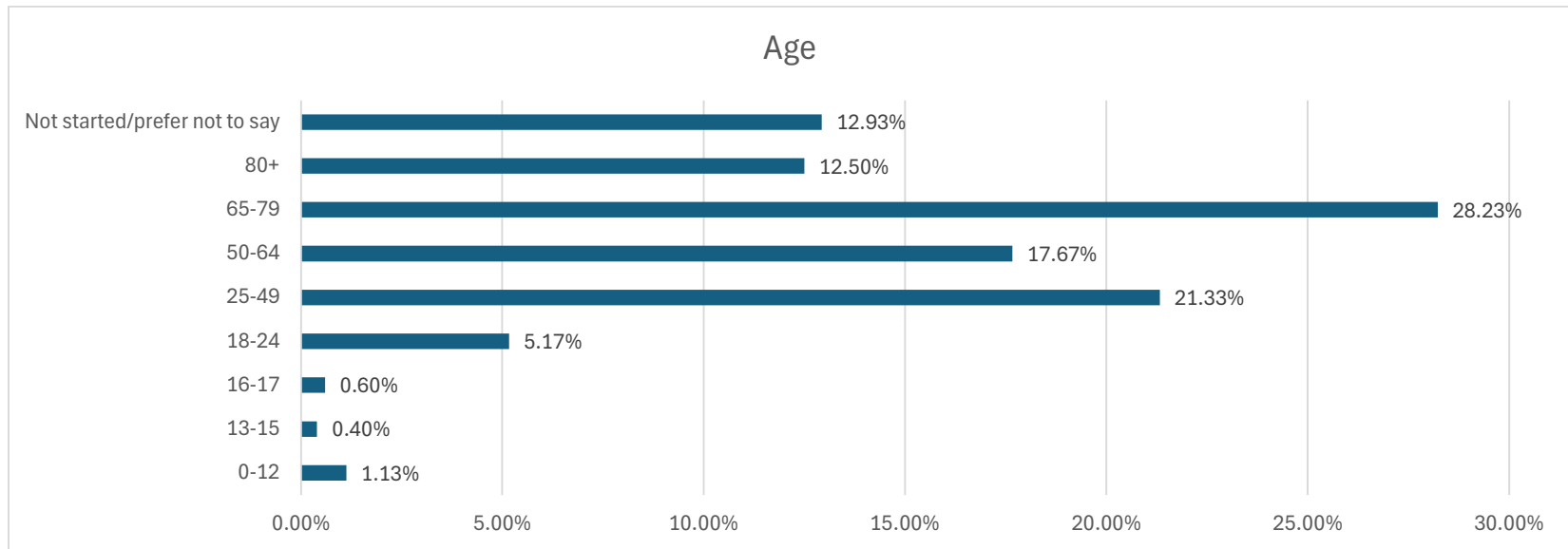
- During this reporting period some of the activity our volunteers have supported us in includes:
  - Supporting us to carry out Enter and View visits to Community Diagnostic Centres in Ely and Wisbech
  - Representing us on the Palliative and End of Life Care Board
  - An additional set of volunteers participate in the NHS Community Participation Group, a new group which met for the first time on 21 July as part of the People and Communities project work we are carrying out for the Integrated Care Board.

## **Experiences**

During the period 1 June to 31 August 2025 we recorded 464 pieces of feedback, 9.7% (45) of these required an element of signposting. 49% of experiences recorded came from women, 35.6% came from men with the remaining percentage made up from 'intersex', 'prefer not to say' and 'not known'. During this period we have heard feedback from a higher percentage of men than in previous periods.

The ethnicity and age distribution is set out in the tables below:

<b>Ethnicity</b>	<b>Percentage</b>
Any other ethnic group (please specify)	1.08%
Arab	1.72%
Asian / Asian British: Any other Asian / Asian British background (please specify)	1.51%
Asian/Asian British: Bangladeshi	1.29%
Asian / Asian British: Chinese	0.22%
Asian / Asian British: Indian	1.51%
Black / Black British: African (please specify)	3.22%
Black/Black British: Any other Black/Black British background (please specify)	0.86%
Black / Black British: Caribbean	0.65%
Mixed/Multiple ethnic groups: Any other Mixed/multiple ethnic groups background (please specify)	0.65%
Mixed/Multiple ethnic groups: Black African and White	0.22%
Not stated/prefer not to say	21.34%
White: Any other White background (please specify)	3.87%
White: British / English / Northern Irish / Scottish / Welsh	60.35%
White: Gypsy, Traveller or Irish Traveller	0.43%
White: Irish	1.08%
<b>TOTAL</b>	<b>100.00%</b>



## What we heard about

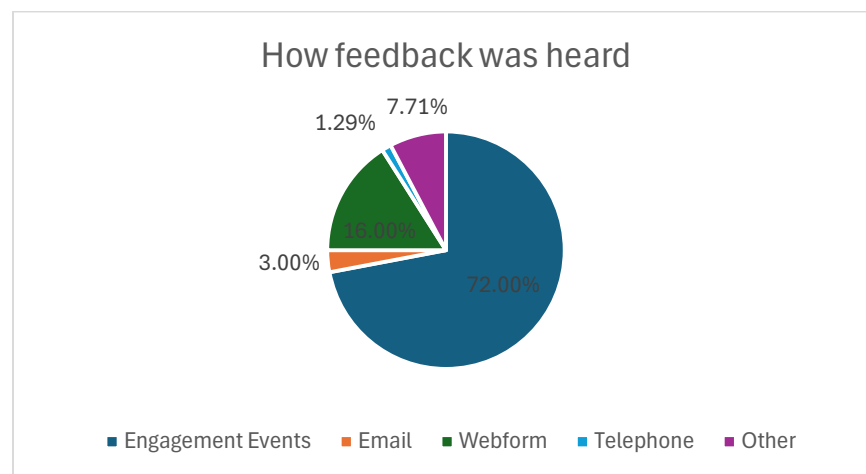
- Almost 50% of all feedback heard during the reporting period related to primary care. 82% of primary care feedback related to GP services, with 13% relating to dentistry and the remainder to pharmacies and opticians.
- 41% of feedback received related to hospital services. Of this 22% related to A&E, 12% related to Outpatients and 10% to Ophthalmology.

## Other areas we heard about:

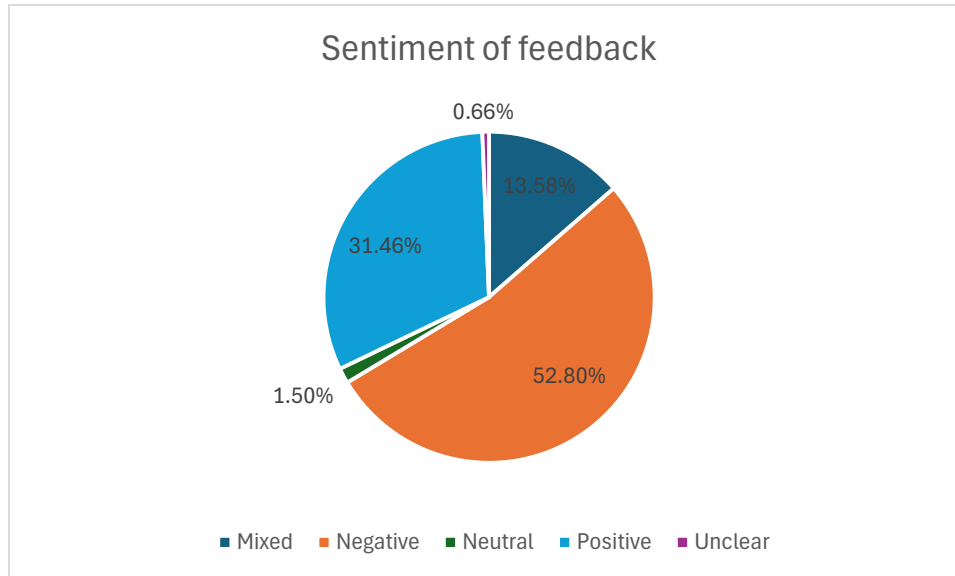
Almost 16% of feedback related to mental health services, 3.7% related to patient transport and 3.7% related to Social Care.

\*Please note, some feedback received relates to more than one service area.

## How feedback was received



## Sentiment of feedback



## PPG Development

- During this period we held two PPG forum meetings, one in North Place and One in South Place.
- The North meeting was well attended, with representation from nine PPGs, also attendance from one PCN member of staff. Two PPGs sent two representatives to the meeting.
- The South meeting was less well attended, with a lot of apologies received, however was attended by representatives from four PPGs, also PCN staff and Integrated Neighbourhoods representatives.

- At both meetings an excellent amount of feedback was shared and there were very productive discussions. Participants are enthusiastic about the meetings and express that they are grateful for the opportunity to network.
- We have recently carried out a survey of our PPG representatives and gave feedback about initial findings at the meetings. At this stage we had received responses from 18 PPGs. We have since re-opened the survey in order to gain additional responses.

### PPG representation

The table below shows progress in obtaining contacts from PPGs, both at PCN level and at individual practices:

<b>PPG Contacts held (North Place)</b>						
	<b>Fenland</b>		<b>Huntingdonshire</b>		<b>Peterborough</b>	
	May 2025	August 2025	May 2025	August 2025	May 2025	August 2025
<b>Contacts at PCN</b>	5/6	6/6	4/4	4/4	2/3	3/3
<b>Contacts at Practices</b>	9/21	14/21	7/16	9/16	3/11	4/11

<b>PPG Contacts held (South Place)</b>						
	<b>Cambridge City</b>		<b>East Cambs</b>		<b>South Cambs</b>	
	May 2025	August 2025	May 2025	August 2025	May 2025	August 2025
<b>Contacts at PCN</b>	4/4	4/4	2/2	2/2	2/3	3/3

<b>Contacts at Practices</b>	4/18	10/18	2/6	4/6	6/14	8/14
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## Projects

Project name	Description	Status	Comment
ICB People & Communities Project	One year project setting up a people and communities engagement group, alongside x2 focus groups on the NHS 10 year plan and the communities engagement strategy. Will become part of the ICB engagement governance.	Green	Continues into this year, £20k.  To host the NHS Community Participation Group to gain feedback on local priorities, six meetings a year with first meeting held on 21 July 2025 in Ely. Second meeting taking place on 29 September 2025.
Peterborough City Council Small Project work	<ul style="list-style-type: none"> <li>Facilitate dementia panel</li> <li>Focus group for community mental health</li> <li>ASC SWOT analysis</li> <li>Personal Assistants Review</li> </ul>	Green	<p>Within core funding, increased by 4.71% to fund small project work.</p> <p>Mental health focus group held on 15 August 2025, report being finalised.</p> <p>First meeting of dementia Panel due to be held on 29 September 2025.</p>

Research Inclusion and expansion opportunities across the ICS	Extension to the REN project. There will be a regular spot on the Health & Care Forums for research.	Green	£5k funding to support Health & Care Forums and continuation of the REN project.
PPIE Innovation Grants	<p>Youthwatch C &amp; P and Central Bedfordshire Project Joint Bid 'If I ran the NHS'</p> <p>This innovative youth-led project will empower 13–25–year-olds across Bedfordshire, Cambridgeshire and Peterborough to ask: "If I ran the NHS, how would I fix it?" While young people often hear that the NHS is 'broken', they are rarely invited to understand its systems, take part in research, or shape services.</p>		<p>Bid to be submitted, awaiting outcome.</p> <p>£1165.00 (C &amp; P Portion)</p> <p><b>Not awarded</b></p>
ICB WorkWell engagement work	Engage with communities to increase number of self-referrals to WorkWell, targeting people less likely to be engaged with via generic channels of engagement including social media. Target areas of Huntingdonshire, Fenland (in particular March area) and parts of South Cambs including Royston. Proposal being developed.	Amber	Up to £24373.00 for 2025–26