

CEO Report

Work Programme 2017/18: Half year progress

Purpose

1. This report provides a six monthly update on the Healthwatch Cambridgeshire and Peterborough Work Programme and sets out progress against our strategic priorities:
 - Primary Care
 - Mental health
 - Self-care
 - Urgent and Emergency Care
 - The Sustainability and Transformation Plan (STP) for Cambridgeshire and Peterborough
2. Summaries of this progress are below, with further detail in sections 12 to 31.

Key issues

3. We are building good relationships and networks with many primary care providers and Patient Participation Groups (PPGs). This has been helped by our PPG Development Toolkit. We continue to gather a growing amount of feedback regarding primary care services and use our intelligence to assist with decision-making at a range of strategic groups.
4. Mental Health services remain a priority for Healthwatch this year because significant challenges remain around access to care and treatment for adults, and the effectiveness of such support once accessed. There are major continuing pressures on services for Children and Young People caused by increased demand, leading to problems with access to all levels of support.
5. We work closely with other mental health organisations and services; promoting public and patient engagement opportunities and best practice and gathering feedback. Our young people's engagement reports were well received very positive. Some of this work will continue despite having lost dedicated funding.
6. Social care remains a priority for Healthwatch this year because of the continued demand pressures especially around older people's care at a time of continued reductions in funding. Social care is a broad term and it can be challenging to decide where to focus our efforts from one year to the next. Social care feedback has tended to be around care homes and quality of

care packages. We have used this intelligence to feedback to the many groups we attend. The need for further integration with health is clear.

7. Self-care is a new priority for us and further work will be developed in this area.
8. We are concerned about the pressure on the urgent and emergency care services and are using our feedback systems to help inform service redesign and make sure that these work for patients.
9. The relationship with the STP Delivery Unit is positive and our advice about engagement has been recommended to all work streams lead officers. We continue to encourage more meaningful public and patient input across all areas of work.
10. The Work Programme is on track to deliver in all areas. Achievements and progress against the Work Programme is set out in Appendix 1.

Action required by the Board

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

Author

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15th November 2017

Primary Care

12. The Patient Participation Group (PPG) Development Toolkit has been published and circulated to all GP Practices in Cambridgeshire and Peterborough. This has been followed up by a presentation to the CCG Patient Reference Group, individual discussion and advice and support to practices.
13. We have supported and advised practices on how best to involve their PPG and their wider patient population in business changes, ie merger and federating.
14. We are building relationships with a growing number of practices to gather intelligence and feedback about patient experience. We are working well with Peterborough Patient Forum to encourage community discussions and help each other raise issues and improve services.
15. Healthwatch is involved a number of strategic decision-making groups, where we offer our patient feedback to help inform decision-making. We promote public and patient engagement and offer support and advice around involving people in change. We are also involved in the early stages of health provision development in Northstowe.

Mental Health

16. Healthwatch works closely with the Service User Network (SUN) and other organisations who support people using mental health services and their carers. We see our role as collecting experiences, particularly from people who are not able to access services, and working with these groups to help resolve issues. We have established a quarterly meeting between service user and carer representatives and health and social care Commissioners where reports on their experience are shared and areas for attention agreed. We are encouraged to see a new senior manager post in CPFT to drive better engagement with service users and carers across the Trust.
17. Healthwatch is part of the new CCG led Community Mental Health Partnership Board which includes carer and service user representatives as members. We are at the stage of working to ensure that the set of actions established by the group to improve these services across CPFT and the voluntary sector reflect the public's priorities, which are about better access and more continuity of care.
18. We have also had input to the tender exercise led by Cambridgeshire County Council with regard to adult mental health services commissioned from the voluntary sector. This is currently 'on hold' as the process is being amalgamated with the tender exercise for substance misuse services.

19. An issue we have highlighted to Commissioners and providers is the difficulty for Wisbech people to access the First Response Service, as this is via 111, and there is a different provider in that area. CPFT have put in place an interim solution involving the local CPFT crisis team but we continue to monitor this situation.
20. We are building links with the new mental health service, PRISM, who will be a key resource for the people we speak to who do not reach thresholds for secondary care provided by CPFT.
21. 'Minding Us'¹ was published in September. This report looked at the experiences of young people who face additional life challenges and therefore tend to be frequent users of mental health services. The findings are being used to inform the development of the new model of children and young people's mental health service; i-thrive.
22. Having met the new Associate Director for Children's Services in CPFT to highlight gaps in services and in public involvement, we are encouraged to note that a new part time post to develop ways of engaging with young people at all levels of the service has been created and filled.
23. We continue to work closely with Pinpoint who are the main voice for the parents of young people with additional needs including mental health issues. We are supporting their current programme to promote the voice of young people and their families in shaping future services.
24. Funding for our dedicated Youth Engagement work has ended and so will no longer be delivering emotional wellbeing work in schools. We will, however, build links with the new CAMHS Wellbeing Leads and help with providing accurate information on local services. We are also continuing to support the Parent Advisory Group for the CLAHRC Research Project; DEAL, which is looking at how younger children can be supported to have good emotional wellbeing.

Social Care

21. We receive good intelligence regarding social care from our own contacts as well as via the Partnership Boards in our two local authorities and other forums. This is used in a number of ways, including;
 - Direct feedback to Commissioners, Regulators and Providers
 - Being a member of the Local Authority, CCG and CQC Information Sharing Group
 - Progressing concerns through the County Council Adult Social Care Forum
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¹ <http://www.healthwatchcambridgeshire.co.uk/news/Minding-Us>

22. In the new staff structure, a senior manager will have a focus on adult social. We have good relationships with large numbers of VCS groups in Cambridgeshire and need to extend this to Peterborough and develop more through more partnership work.
23. We are aware of many new contracts and initiatives in social care, eg the CCC Early Help Team and Neighbourhood Cares, and press for clear public information about access and more integration with health.
24. Three Enter and View Visits were carried out in Cambridgeshire during the summer to look at Food and Nutrition in some local care homes². Our findings were generally positive and it was noteworthy that in one case all of our 'ideas to take forward' were carried out very promptly by the care home concerned.

Self-care

25. This an area for us to develop in the coming months. Improving relationships with PPGs will give us an opportunity to support local roll out of new models of care with good information and advice on ways to engage with the patients.

Urgent and Emergency Care

26. From the feedback we receive we know that access to urgent and emergency care is a key priority for local people and a significant pressure for the local health economy. There are several major pieces of service redesign underway and Healthwatch is represented on these decision-making bodies and advisory groups:
 - Minor Injuries Units redesign to become Local Urgent Care Hubs
 - A&E Delivery Boards
 - STP Urgent and Emergency Care Delivery Board
27. As ever, our representatives look at these developments through the patient perspective, particularly looking at information, communication, engagement and integration.
28. We have been involved in the Steering Group overseeing the move of Cambridge Out of Hours GP service to Addenbrookes and have raised a number of concerns, many of which have been mitigated against and resolved. In particular, we have advised how communications to the public can be made more readable and contain less NHS jargon and walked through the site to check that signs are understandable and well placed. We will be revisiting this service next year to see how the service is working for patients.

² <http://www.healthwatchcambridgeshire.co.uk/news/first-our-care-home-food-and-drink-reports-published>

<http://www.healthwatchcambridgeshire.co.uk/news/whittelsey-care-home-visit-report-published>

Sustainability and Transformation Plan (STP)

29. We gave advice and support to STP Delivery Unit colleagues and Delivery Engagement Leads regarding best practice in patient and public involvement and how this might be achieved.
30. We made specific offers to advertise for Patient Reps and to consider how we could assist in supporting reps in their roles.
31. Healthwatch staff and Directors are involved in a number of change programmes, detailed previously. See Chair's report for further detail on STP.

WORK PROGRAMME 2017/18
Half Year Progress

Area of Work	Actions	Position as at September 2017
1. Communications	<ul style="list-style-type: none"> • Design and deliver communications, using a range of formats and channels to raise awareness of the work of HWCP • Review effectiveness and reach of communication and develop approach accordingly • Implement a consistent approach, including branding and website, and shared resources across Cambridgeshire and Peterborough 	<ul style="list-style-type: none"> • All communications activity reviewed, including promotional materials and news bulletins, plan in place to develop one brand across the new organisation • Plans in being developed to design one website • Clarification on branding being sought from HW England • Development sessions held with staff, volunteers and Directors to implement the HW England Tone of Voice Guidance
2. Engagement	<ul style="list-style-type: none"> • Engage with a wide range of people from different backgrounds and communities with a focus on local priority areas • Partnership engagement (trailing Partnership Agreement) • Identify and progress opportunities to work with existing networks and groups • Development of Practice Participation Group Toolkit and promotion of best practice involvement in primary care 	<ul style="list-style-type: none"> • Engagement activity, including numbers, reported to Board on a bi-monthly basis. Groups engaged with show a good spread of diversity and geography. • Joint volunteer training with some VCS groups is scheduled, to include gathering feedback. A Partnership Agreement is being developed with partner organisations, so that expectations are clear. • PPG Development Toolkit finalised and circulated as in section 5 of the CEO Report (November 17) • Engagement activity is being planned to support CQC inspections.

Area of Work	Actions	Position as at September 2017
3. Engage with and listen to children and young people about their experiences and views on health and social care	<ul style="list-style-type: none"> • Deliver a range of commissioned engagement activities through schools and other young people's groups, to listen to children and young people regarding emotional wellbeing (see detailed JCU Work Plan) • Work with partner organisations to improve children and young people's influence in the development and delivery of health and social care services • Promote Youth Connect network and use to facilitate engagement of young people 	<ul style="list-style-type: none"> • In May 17 'Being Happy Being Me', a report about young people's views about emotional wellbeing was published. • 'Minding Us' was published in September. This report looked at the experiences of young people who face additional life challenges. • Ongoing liaison with CPFT to improve access to information and services and involvement in local research work. • Youth Connect is being reviewed as a part of our Comms Review.
4. Provide an Information and Signposting service	<ul style="list-style-type: none"> • Record and analyse experiences collected, compiling into regular feedback to providers, commissioners and regulators • Develop interim protocol for sharing experiences and delivering Signposting Service across Cambridgeshire and Peterborough • Raise concerns as appropriate, recording progress and tracking outcomes • Plan development of one feedback centre and evidence-base across Cambridgeshire and Peterborough • Work with other information providers to maximize capacity and prevent duplication • Deliver a range of promotional activities to raise awareness of the service 	<ul style="list-style-type: none"> • Numbers of experiences and signposting enquiries reported to Board on a bi-monthly basis. • Single Signposting Service in place and being promoted across Cambridgeshire and Peterborough. • Plans for one feedback system and database of evidence in place. • Links to other information services are well established.

Area of Work	Actions	Position as at September 2017
5. Development and delivery of an intelligence-led Enter and View programme	<ul style="list-style-type: none"> • Identify opportunities for Enter and View visits across Cambridgeshire and Peterborough using HWCP intelligence and knowledge of the system and produce a single schedule of visits • Liaise with providers to deliver programmes, tracking and reporting outcomes • Support partnership visits • Recruit and retain Authorised Representatives • Produce a single set of policies, procedures and guidance 	<ul style="list-style-type: none"> • Plans for an intelligence-led Enter and View schedule are in place. New lead officer to be identified in the new staff structure. • Updates on progress and impacts from previous visits received and publicised. • Policy to be reviewed and reported to Board for approval. • CCG partnership visits being discussed. • Visits 17/18: <ul style="list-style-type: none"> ○ 3 in Cambs re food and drink in care homes ○ 3 in Peterborough to GP practices • There are 17 Authorised Representatives across the whole area. •
6. Recruit and retain volunteers	<ul style="list-style-type: none"> • Develop a unified approach to volunteering across Cambridgeshire and Peterborough and produce reviewed policy, practice and procedures • Support volunteers in existing roles • Recruit and induct into any new roles identified • Volunteer recognition activities • Develop a single timetable of development and support activities across Cambridgeshire and Peterborough with local needs identified • Extend HWC Volunteer Newsletter to Peterborough 	<ul style="list-style-type: none"> • Unified approach to volunteering is being developed. Supported by a revised policy, handbook and supporting documents. • Volunteer development sessions being held in various locations. • A total of 39 volunteers. 8 people have been recruited to the new Community Listener role. • A combined Volunteer newsletter will be sent to all volunteers as from November.

Area of Work	Actions	Position as at September 2017
7. Influence the strategic agenda of health and social care commissioners	<ul style="list-style-type: none"> • Raise the profile of engagement and voice in planning, consultation and decision-making processes • Support and facilitate best practice in patient and public involvement across the STP Programme • Gather soft intelligence and contribute toward the monitoring by regulators and commissioners and escalate as appropriate • Develop an in-year priority setting/decision making tool • Review and revise attendance at meetings and reporting across Cambridgeshire and Peterborough 	<ul style="list-style-type: none"> • Directors and staff attending extensive range of decision-making groups and bodies including STP Delivery Boards. Using HW intelligence to help inform decision-making. • Advice and support offered to STP Delivery Unit and Delivery Engagement Leads regarding patient and public involvement. • New priorities set by Board. Progress against these set out in CEO Report. • Decision-making tool being trialled by team.
8. Intelligence-led projects	a) Discharge Charter ‘Heading Home from Hospital’	<ul style="list-style-type: none"> • Charter work paused due to lack of financial support to produce a written version. However, the leaflet we drafted was used by the CCG to support implementation of NHS England’s ‘Choice Policy’. Credits and distribution to be confirmed.
	b) Gypsy and Traveller Action Plan	<ul style="list-style-type: none"> • Continuing to lobby NHS England Equalities Committee. Support of a number of equalities organisations secured.
	c) NHS Accessible Information Standard	<ul style="list-style-type: none"> • Project report being launched and presented to Board November 17.
	d) Maternity Services	<ul style="list-style-type: none"> • Three Maternity Voices Partnerships established, extensive support given to The Rosie MVP. Supported production of our CCG Better Births Plan and facilitated parent input into the STP Local Maternity System Group. • Continuing to highlight lack of tongue-tie correction service. Question re CCG policy position raised.

Area of Work	Actions	Position as at September 2017
9. Intelligence-led projects (cont.)	e) Prisoner Engagement	<ul style="list-style-type: none"> • Arrangements in place with Peterborough Prison to support existing Wellbeing Reps, collect feedback and support new training as required.
10. Organisational development and governance	<ul style="list-style-type: none"> • Alignment of commissioner intentions to governance policy • Development of organisational structure to deliver revised priorities and work programme • Review all employment and policy documentation for new Healthwatch • Set and monitor budget for new Healthwatch • Maintain required regular reporting arrangements including Annual Report and Audit • Review and provide suitable office accommodation • Plan and start implementation of an internal quality assurance system 	<ul style="list-style-type: none"> • New Grant Agreement agreed and signed. Work Programme and funding to cover 18 months. • Staff review nearing completion. Vacant posts in new structure to be filled by external recruitment. • Revised employment documents and policies being produced with specialist external HR support. • Finance reports presented to Board on a bi-monthly basis • Annual Reports produced on time for both Cambridgeshire and Peterborough Healthwatch. • Internal QA system to be designed when new staff in place. • Accommodation to be reviewed in quarter 4.