

## **CEO Report**

Sept 2025 – Nov 2025

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## CEO Summary and Impact

### National Context

Since the previous CEO report, local Healthwatch across England attended a meeting with the Department of Health and Social Care (DHSC) on 29 October 2025. Although no firm timelines were confirmed, DHSC advised that the revised draft legislation to update the Health and Care Act 2012 (amended 2022) is expected to be introduced to the House of Commons in early 2026. Should it receive approval, it would then progress to the House of Lords. The full legislative process is anticipated to take a minimum of twelve months, and DHSC indicated that funding arrangements for local Healthwatch are likely to be aligned with the legislation and with the financial year cycle to March 2027. They emphasised that this remains a complex process and may be subject to delay.

Local authorities have also provided verbal assurance that they expect Healthwatch funding to continue into the next financial year, noting that funding is paid in arrears as standard practice.

In addition, Louise Ansari, Chief Executive of Healthwatch England, has announced that she will step down from her role on 16 December 2025.

The summary of statements from the government and a summary of HWE updates are below.



Summary of  
Government Statemer



HWE Update.pdf

### Petition

The national campaign, led by approximately 20% of local Healthwatch organisations (not including Cambridgeshire and Peterborough), to retain the Healthwatch contract remains active. The campaign has secured support from several Members of Parliament, and the associated petition has now exceeded 10,000 signatures, thereby triggering a formal government response. The link to the response is provided here: [Review decision to abolish independent local Healthwatch – Petitions](#)

## **Local Healthwatch Network**

At a recent East of England Healthwatch networking session, local organisations discussed their approaches to sustainability, future organisational direction, partnership working, and potential name changes. The majority reported plans to diversify their service offer, including exploring work with acute trusts, universities, and other partners, while also preparing to deliver alternative public and patient feedback functions should the national reforms require it.

Although there was consensus that it is too early to implement major structural changes ahead of the government proposals being formally considered, many areas have begun preparing for transition. This includes taking steps to ensure that their Healthwatch contract could be hosted by the organisation under a non-Healthwatch name, creating greater flexibility for the future.

## **Impact**

We are increasingly able to evidence how our work drives service improvements. However, many of our recommendations require long-term system change, so measurable impact may not always be visible within a single reporting year. This means our impact is sometimes best demonstrated over time, as changes develop from early feedback through to implementation.

Our 2022 Healthwatch community listening report on urgent and emergency care at Addenbrooke's highlighted consistent concerns about long waits without information, an overcrowded waiting environment, challenges for disabled people, and the need for child-friendly spaces and clearer arrival processes. These findings were formally shared with the Trust to inform future design and development, and we are now seeing tangible changes that reflect what residents told us. Recent improvements at CUH include a refurbished and expanded Urgent Care Centre with 15 consultation rooms and a flexible waiting area that can be used as a dedicated children's space, alongside screens to support communication and patient information. The Emergency Department front-door and waiting room have been reconfigured to improve comfort and flow, and a new digital check-in system has been introduced to support clearer arrival processes and faster streaming to the right care. These developments directly mirror the priorities identified by local people in our report and demonstrate how patient voice continues to shape urgent and emergency care within the Trust. Please see letter from the Deputy CEO at CUH dated 1<sup>st</sup> December 2025.



Update on  
Developments in Urg

## Recent Impact

1. The Healthwatch Enter and View report for Ely and Wisbech Community Diagnostic Centres (CDCs) has played an important role in shaping service improvements by capturing real patient and staff experiences and turning them into practical recommendations. The findings highlighted strengths, such as shorter waiting times, modern facilities, and positive staff interactions, as well as areas where changes could improve accessibility, communication, and the patient journey. Key suggestions included clearer explanations in appointment letters about why patients may be asked to travel, better accessibility features, improved seating options, and enhanced methods for calling patients to appointments. These recommendations were formally received by Cambridge University Hospitals, who confirmed they are committed to responding and have already developed an action plan to address them.

As a direct result of this report, the CDC service has begun planning improvements such as reviewing signage and safety measures, new accessibility seating, enhancing privacy and audibility in waiting areas, and updating patient information to support clearer decision-making about travel and appointment options. The findings are also being used by North west Anglia Foundation Trust (NWAFT) to inform the development of the future Peterborough CDC, ensuring good practice is built in from the start. This demonstrates how patient voice has influenced operational and environmental adjustments, contributing to more accessible, responsive, and patient-centred diagnostic services across the region.

2. Youthwatch has also had some impact this year, with young volunteers helping to shape services that matter to them. Their input into the newly branded countywide C-Card scheme is being used to make condom pick-up points more accessible, including exploring drop-off in post lockers for those who prefer privacy. Young people

also reviewed the Cambridgeshire Community Service young people's wellbeing and school nursing portal, resulting in clearer information, updated consent wording, new self-referral options, and a video explaining the school nursing offer. Youthwatch insight has been used to inform the Healthy Behaviours report, and their vaping survey contributed evidence to a piece of commissioned research. These achievements show the power of youth voice, ensuring that services are not only designed for young people, but shaped with them.

<b>Priority</b>	<b>What we want to achieve</b>	<b>How we will do it</b>
<b>1. 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>	<p>The activity for our mental health priority during the period of September to November 2025</p> <p><b>Activities</b></p> <ol style="list-style-type: none"> <li>1. The Mental Health Summit received huge amounts of praise across the system.</li> <li>2. 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, Sept – 30, October – 34, November – 32. Monthly feedback is summarised and shared with relevant partners and service providers.</li> <li>3. The primary outcome measure is an increase in the number of positive experiences reported as a result of Healthwatch influence, demonstrating where our work has led to service improvements or better user experience. Early progress shows an upward trend. Between March and May, we recorded 6 instances of positive impact. This rose to 14 between June and August, showing early momentum and increased responsiveness from services. During the same period, however, negative experiences also rose, with 50 reports recorded,</li> </ol>	

	<p>indicating continued pressure within systems and highlighting where further influence is needed.</p> <p>From September to November, the picture strengthened further, with 27 positive experiences reported, almost double the previous period, alongside 23 neutral or mixed responses and 46 negative. While negative reports remain high, the sustained growth in positive feedback suggests our work is generating increasing change over time. The trajectory indicates that more people are beginning to see improvements influenced by Healthwatch, and as system engagement deepens, we expect positive outcomes to continue to build as recommendations translate into action.</p> <p>4. Our Mental Health Youth to Adult Transitions survey was collated and shared widely through integrated Care System.</p>	
<b>2. Primary Care</b>	More people experience better services, receive clearer information, and help co-produce improvements with service providers.	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.
<b>Activities and Impact Summary</b>	<p>1. In May 2025, we launched the North and South Place Patient Participation Group (PPG) Forums, we have now held three forums since the launch which have been well received by those in attendance.</p> <p>2. Our Information &amp; Signposting service has seen a steady change in primary care-related feedback over recent months. Numbers have gradually decreased from 95 contacts in June, to 78 in July and 56 in August, before stabilising at 88 in September, 84 in October, and 85 in November. This suggests an initial reduction in demand followed by a levelling-off pattern. Monthly insights continue to be summarised and shared with system partners and providers to support ongoing learning and service improvement.</p>	

	<p>Our aim is to increase the proportion of positive experiences reported as a result of Healthwatch influence. Progress to date shows marginal movement rather than clear growth. Between March and May, 32% of all primary care feedback received was positive. This dipped slightly to 30% during June to August, before recovering to 33% between September and November. While the shift is small, it indicates early stabilisation rather than decline, and provides a baseline from which we can continue to track impact over the coming months.</p> <p>3. Negative experiences show a similar trajectory, though at a higher volume. Reports of negative feedback increased from 44% in March–May to 60% across June–August, before easing to 49% in September–November. This reduction is encouraging and suggests some improvement in experience or response to pressure within the system, though negative feedback remains a significant proportion. All reports are routinely shared with the ICB Associate Director for Primary Care Contracts &amp; Enabling, helping ensure issues raised by local people contribute to service oversight and improvement discussions.</p>	
<b>3. Children &amp; Young People Engagement</b>	More young people trust us to amplify their voices, speak up, shape services, and influence change	Our youthwatch have started their neurodiversity research project.
<b>Activities and Impact Summary</b>	<p>1. A key performance metric for us is the number and demographic breakdown of Youthwatch volunteers.</p> <p>Youthwatch has seen impressive growth over the year, with volunteer numbers rising steadily month by month. Starting from 15 active volunteers in April, the group expanded to 18 by August, 24 by September, and reached a peak of 28 volunteers in October. This upward trajectory reflects strong recruitment, improved visibility, and increasing interest from young people in shaping local health and care services. The rapid expansion in the latter part of the year demonstrates momentum and growing confidence in Youthwatch as a platform for youth voice and influence.</p>	

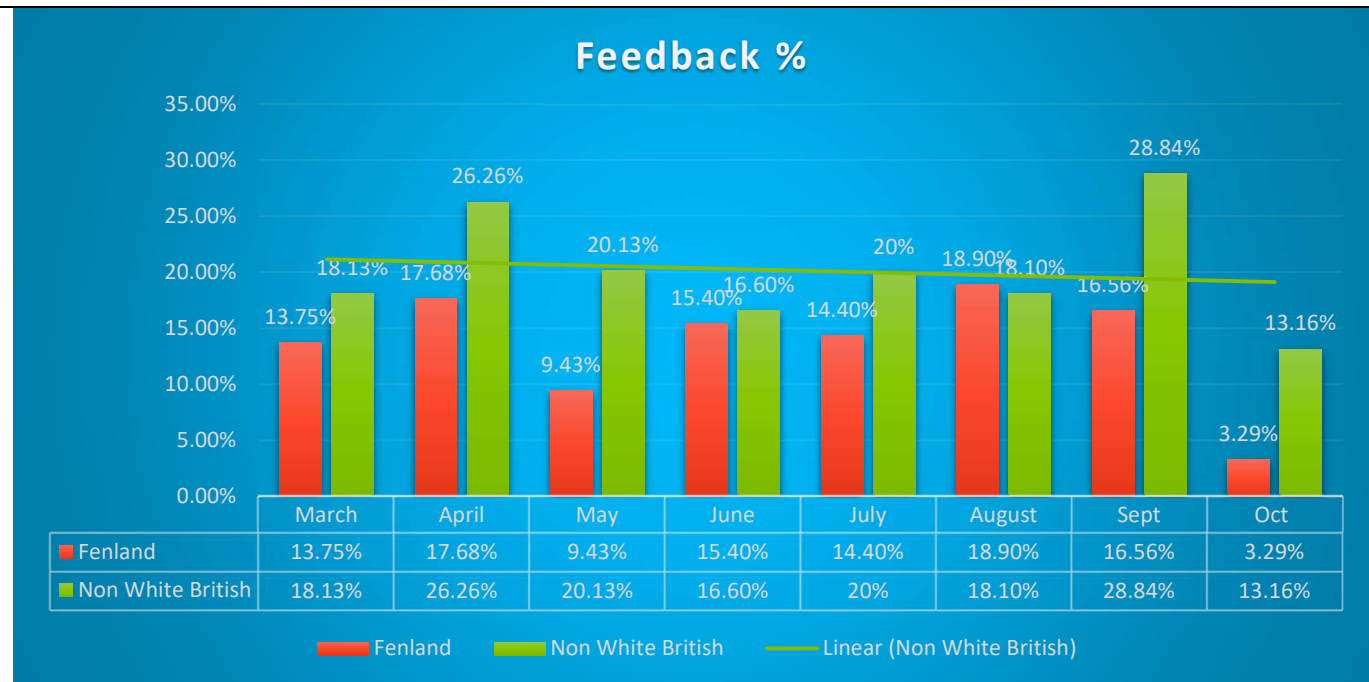
	<p>The group is also becoming more diverse, showing progress in representation. Female participation has been consistently strong, increasing from 14 in May to 23 by October, while male membership has grown from 1 in April to 5 by October, demonstrating that engagement is broadening across genders. Representation from young people with disabilities increased from zero at the start of the year to three by October, showing early progress in accessible recruitment. Importantly, the number of volunteers from Black, Asian and Minority Ethnic backgrounds has remained strong throughout, increasing from 9 in April to 14 by October. This means Youthwatch is not only growing in size, but becoming more inclusive and reflective of the communities it represents.</p> <p>Together, this data highlights a significant and positive trajectory, more young people, from a wider range of backgrounds, are stepping forward to influence change in local services.</p> <p>2. A key output for us this year is to increase the volume of feedback received from young people. Last year, we collected 141 individual feedback submissions through our Information &amp; Signposting service, and we set an ambition to raise this to at least 170. We are firmly on track to exceed this target. Between April and August 2025, we received 62 pieces of feedback from young people over five months. Momentum has since accelerated, with a further 66 pieces collected between September and November alone, almost matching the previous total in just three months. This demonstrates a strong upward trend in engagement, showing that more young people are connecting with us.</p>	
<b>4. Joined-Up Care</b>	More people will have smoother transitions between GPs and hospitals, with clearer referrals and improved care services.	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.



<b>Activities and Impact Summary</b>	<ol style="list-style-type: none"> <li>1. During Healthwatch 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 public to share their experiences. Locally, Peterborough City Council has asked us to monitor patient feedback on hospital discharge into adult social care.</li> <li>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.</li> <li>3. In October, I attended the ICS Planned Care Board, chaired by the Royal Papworth Trust, to present our findings on joined-up care across Cambridgeshire and Peterborough. While the ICB already receives monthly reports from us, the Chief Operating Officer requested that I share these insights directly with providers. The Board includes representatives from neighbourhood, primary, and secondary care.</li> </ol> <p>I presented three significant negative case studies alongside two examples of good practice. The case studies generated notable discussion, with some senior leaders expressing visible concern regarding the issues raised. I confirmed that our monthly reports will now be shared routinely with the Planned Care Board, with the expectation that recurring themes will be monitored and acted upon.</p>
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	RTT Healthwatch number of feedback reports to date:  June – 31, July – 31, Aug – 16, Sept – 46, Oct – 38, Nov – 19.																															
	<table><tr><th>Sentiments</th><th>Cases</th></tr><tr><td>Negative</td><td>104</td></tr><tr><td>Neutral</td><td>2</td></tr><tr><td>Mixed</td><td>35</td></tr><tr><td>Positive</td><td>40</td></tr><tr><td>Unclear</td><td>0</td></tr></table>	Sentiments	Cases	Negative	104	Neutral	2	Mixed	35	Positive	40	Unclear	0	<table><tr><th>Theme Areas</th><th>Cases</th></tr><tr><td>Access</td><td>126</td></tr><tr><td>Administrative</td><td>181</td></tr><tr><td>Behaviours</td><td>84</td></tr><tr><td>Digital Access</td><td>8</td></tr><tr><td>Environmental</td><td>41</td></tr><tr><td>Public Health</td><td>6</td></tr><tr><td>Treatment/Care</td><td>173</td></tr><tr><td>Miscellaneous</td><td>19</td></tr></table>	Theme Areas	Cases	Access	126	Administrative	181	Behaviours	84	Digital Access	8	Environmental	41	Public Health	6	Treatment/Care	173	Miscellaneous	19
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5. Health Inequalities	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.																														
Activities and Impact Summary	1. 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.																															

	<p>2. Our partnership boards contract target requires a 1:1 ratio of people with lived experience to professionals on the boards. Current membership:</p> <p>Older People's Board Ratio: 1:3</p> <p>Carers Board Ratio: 1:2</p> <p>Physical Disability Ratio: 1:1</p> <p>Learning Disability Ratio: 2:1 (this figure does not include any support workers)</p> <p>Sensory Impairment Disability Ratio: 1:1</p> <p>3. Another measure to increase feedback from the public in the Fenlands and Non White British.</p> <p>Recent feedback data shows consistently high engagement from both Fenland residents and people from Non-White British backgrounds, significantly above their representation within the local population. Fenland accounts for 11.4% of the county population, yet monthly feedback from this area regularly exceeds that level, reaching 13.75% in March, peaking at 18.9% in August, and remaining strong through September at 16.56%. Although October shows a dip in the graph below, the overall pattern demonstrates that we are successfully hearing from communities that often experience barriers to having their voice included.</p> <p>Engagement from Non-White British communities is even more notable. While this group also represents 11.4% of the population, feedback levels have consistently performed well above this benchmark, ranging from 13.16% to 28.84%, with multiple months exceeding 20%. The trend line in the chart shows a stable trajectory across the year, indicating that our outreach and engagement approaches are effectively connecting with ethnically diverse communities. This is a positive indicator of equity in voice, showing that we are reaching, and hearing from, groups whose experiences are essential to shaping fair and inclusive health and care services</p>
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## **Communications**

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

In the last three month, we have concentrated on sharing our priority reports.

- The Summit along with breakout session presentations and notes.

[Mental Health Summit 2025 – Closing the Gaps!! | Healthwatch Cambridgeshire](#)

- The youth to adults Mental Health Transitions survey report with was produced in partnership with the providers in the county.

[New Healthwatch Survey Report Reveals Impact of Delays and Poor Transitions on Young People’s Mental Health | Healthwatch Cambridgeshire](#)

- The Community Diagnostic Centre Enter and View was widely shared across all platforms.

[Patients praise local diagnostic centres for speed and care, but call for clearer communication! | Healthwatch Cambridgeshire](#)

Hannah Settle joined us as Head of Communications and Impact in Mid November and has provided a brief overview of our social media performance across Facebook, Instagram, and LinkedIn from 1 September to 30 November 2025, along with some observations and areas to focus on.

### **Highlights**

- Followers: 4,008 total, with 176 new followers over the period.
- Reach and Impressions: Posts reached 19,074 people, with 42,037 total page and profile impressions.
- Engagement: Average engagement rate was 4.01%, with 389 reactions, 115 shares, and 18 comments.
- Inbound interaction: We received 35 messages, showing active engagement and interest from our community.
- Content output: A total of 277 posts were published across all channels, maintaining a strong presence.

## **Areas for Improvement**

- While engagement is steady, comments and conversations remain relatively low compared to reach. We could explore more interactive content or prompts to encourage replies and discussion.
- Message response time could be highlighted more consistently to encourage ongoing engagement from followers.
- Considering the high number of posts versus reactions, reviewing post timing, format, and content type may help improve reach-to-engagement ratio. This is something I have already started exploring since I started.

## **Key Learnings/Next Steps**

- Posts that were shared more widely indicate that content with actionable information, community relevance, or calls to action performs best.
- Cross-platform strategy could be optimised by comparing each network's contributions individually i.e. insights on which type of content resonates on LinkedIn vs. Instagram/Facebook will be helpful.

In the new year Hannah will have a view on the two months she has been in post and will take a look at performance and to give a clearer view of any improvements or trends we're driving.

## **Partnership Boards**

During the period September to November 2025 all five Partnership Boards have held meetings. A weekly wrap-up email has been introduced for all boards, allowing the Project Manager for the Partnership Boards to keep all Independent Members informed and updated as well as providing a friendly way of keeping the information in one place. This has been well received by the members and is now being sent directly to the Local authorities and commissioners at their request. This ensures that any issues or praise for a service can be spotted quickly and acted upon.

Independent members took part in a survey for Podaris in August and September. The survey formed part of a National Centre for Accessible Transport (NCAT) funded project led by Podaris, with collaborators at the University of Liverpool, Translink and Cambridgeshire & Peterborough Combined Authority (CPCA). As a result of their involvement some of our members were interviewed by Podaris and their insights will directly shape the methodology that transport authorities use when making investment decisions to ensure that transport planning becomes more inclusive and equitable in practice.

Following on from the Podaris work Cambridge City invited several members of the sensory impairment partnership board and wheelchair users forum to take part in a Disability Test Purchase scheme. This is to test taxi drivers' responses to people with disabilities so that Cambridge City can share good practice and address any poor practice.

### **Membership of Partnership Boards:**

Our renewed recruitment process is achieving great results with 13 new Independent Members in this period. We've been running a targeted recruitment campaign to raise awareness of the Older People's Board and to make sure that we represent all the different areas within Cambridgeshire and Peterborough, so far this campaign has resulted in 7 new independent members joining. We also have 3 new members joining the Sensory Impairment Board, 1 new member for our Carers Board, 1 new member for our Learning Disability and/or Autism Board, and 1 new member for the Physical Disability Board.

We are currently planning a targeted campaign for the Physical Disability Board so we hope to see improved number attending that Board soon.

### **Impacts/Influencing – Partnership Boards**

#### **Co-production with another non-profit organisation**

The Learning Disability Partnership Board meetings are now planned very closely with VoiceAbility and the content and structure of the meetings has been improved. An opportunity for a warm-up activity for the Speak Out Leaders (people of lived experience) and Independent Members has been included, as well as group work to ensure that everyone's

voice is heard. Meetings have been given a clear focus or topic which has been chosen from discussions with Speak Out Leaders and Independent Members. (For example, the next meeting in December will focus on benefits, PIP, and tribunals as requested.)

Feedback from VoiceAbility staff has been very positive, praising this collaborative approach and the increased accessibility of the Board meetings:

- “Thank you very much for this Lucy and for your approach to the meeting this morning. It felt very much a collaboration between us all, which we all appreciated.”
- “It felt like a really helpful and collaborative prep meeting with -----, which we all appreciated – thank you.”
- “Thanks for facilitating a great meeting today!”

Feedback about Learning Disability Health Subgroup was also very positive and described as a much improved meeting that was well-attended by professionals, including LD nurses, which enabled VoiceAbility to share their feedback/presentations with a wider audience.

### **Local system change**

Following a report by the Partnership Project Manager about an unsatisfactory Annual Health Check for an adult with a learning disability, Healthwatch Cambridgeshire and Peterborough CEO took this forward for the attention of the ICB. The Deputy Director of Childrens and all age LDA Commissioning / Deputy Chief Nurse has asked her team to follow up the comments around Annual health checks so they can improve services in the March area. The project Manager has been involved in putting individuals directly in contact with the Senior Leader Nurse in ICB as well.

The Independent Members should represent at least 50% of the total attendance at each meeting and we are exceeding this in 3 of our 5 regular meetings. The ratio of our membership is currently:

Older People’s Board Ratio: 3:1

Carers Board Ratio: 3:1

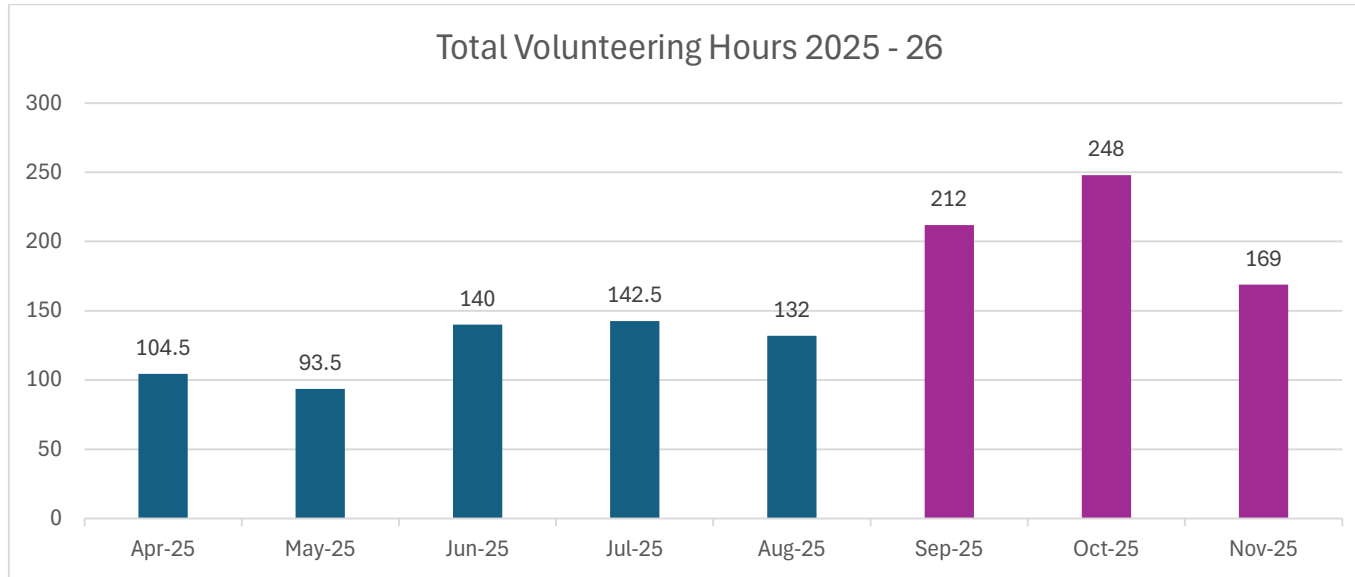
Physical Disability Ratio: 1:1

Learning Disability Ratio: 2:1 (this figure does not include any support workers)

Sensory Impairment Disability Ratio: 1:1



## Volunteering



- We currently have a total of 102 volunteers. Some of our volunteers are active in more than one role. During September, October and November 2025 our volunteers contributed 629 volunteering hours, In October we had a higher number of volunteer hours due to our Summit.
- Most of our volunteer recruitment is via the Support Cambridgeshire volunteer recruitment portal, enquiries via our website in response to our volunteering webpages and through engagement activity. During this period most of the new volunteers recruited have joined us either to contribute to our Youthwatch or as Independent Members of our Partnership Boards.
- During this reporting period some of the activity our volunteers have supported us in has included:

- Contributing to NHS Community Participation Group meetings.
- Representing us on the Palliative and End of Life Care Board and on the NWAFT People and Patient Voice Partnership (PPVP) meetings..

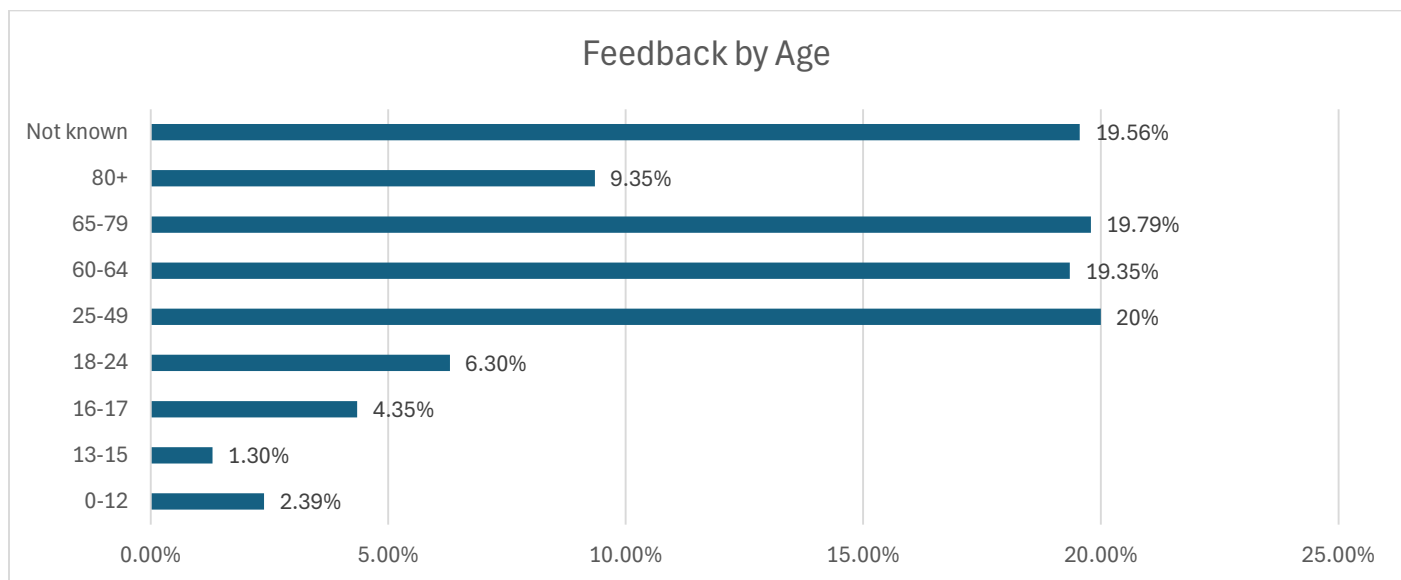
## Experiences

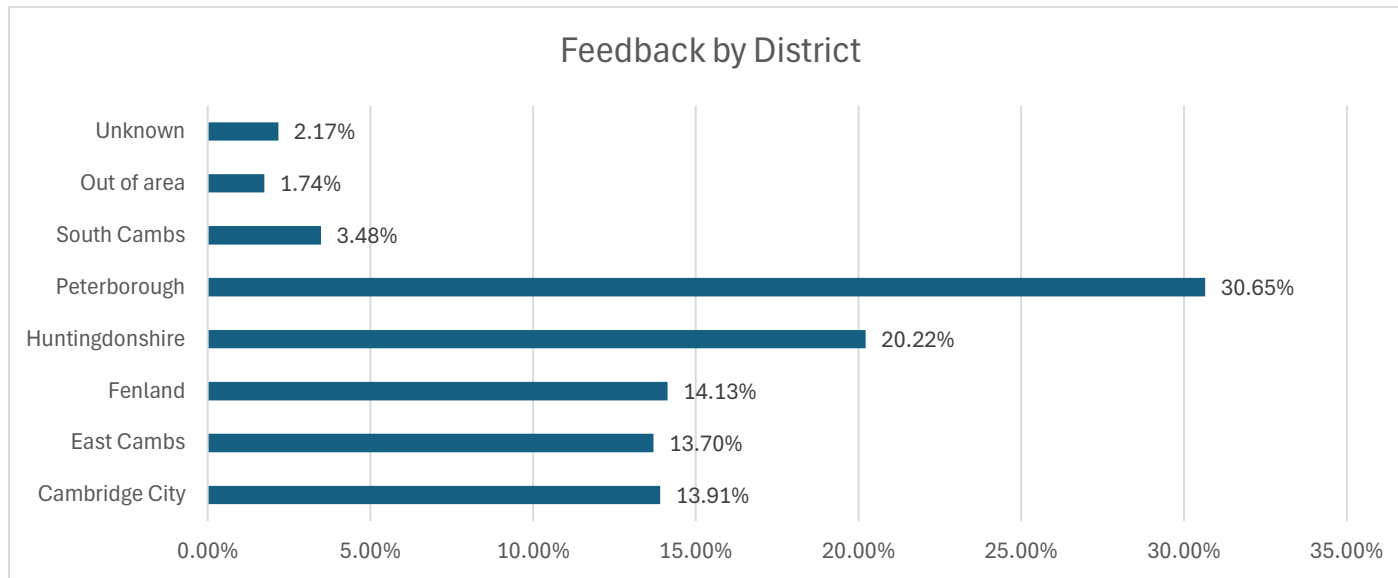
During the period 1 September to 30 November 2025 we recorded 460 pieces of feedback, 12.4% (57) of these required an element of signposting. 55% of experiences recorded came from women, 30% came from men with the remaining percentage made up from 'intersex', 'Non-binary', 'prefer not to say' and 'not known'.

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

<b>Ethnicity</b>	<b>Percentage</b>
Any other ethnic group (please specify)	1.52%
Arab	0.87%
Asian / Asian British: Any other Asian / Asian British background (please specify)	0.87%
Asian/Asian British: Bangladeshi	1.09%
Asian / Asian British: Chinese	0.43%
Asian / Asian British: Indian	0.22%%
Asian/Asian British: Pakistani	0.65%
Black / Black British: African (please specify)	4.35%
Black / Black British: Caribbean	0.43%
Mixed/Multiple ethnic groups: Any other Mixed/multiple ethnic groups background (please specify)	1.09%
Mixed/Multiple ethnic groups: Asian and White	0.22%
Mixed/Multiple ethnic groups: Black African and White	0.22%
Mixed/Multiple ethnic groups: Black Caribbean and White	0.43%

Not stated/prefer not to say	28.92%
White: Any other White background (please specify)	3.70%
White: British / English / Northern Irish / Scottish / Welsh	52.39%
White: Gypsy, Traveller or Irish Traveller	0.43%
White: Irish	1.52%
White: Roma	0.65%
<b>TOTAL</b>	<b>100.00%</b>





### **What we heard about**

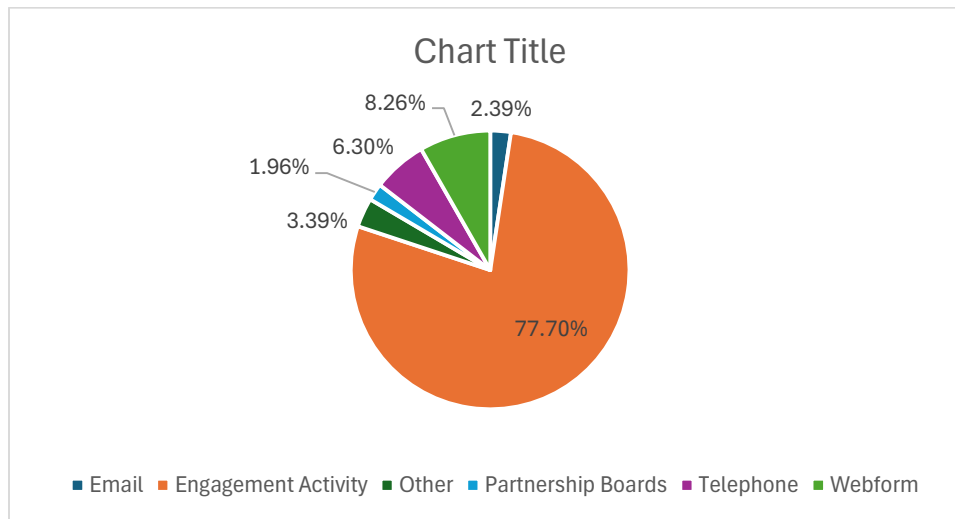
- Of all feedback heard during the reporting period 56% related to primary care. 75% of primary care feedback related to GP services, with 14% relating to dentistry and the remainder to pharmacies and opticians.
- 41% of feedback received related to hospital services. Of this 19% related to A&E, 17% related to Cardiology and 6.4% to Outpatients.

### **Other areas we heard about:**

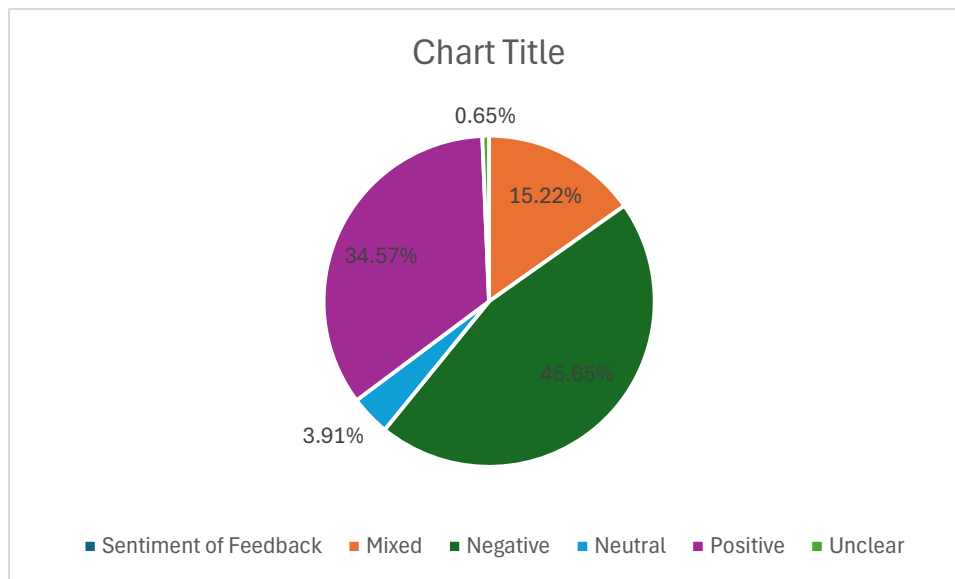
Over 20% of feedback related to mental health services (up from 16% in the last reporting period), 4.8% related to patient transport (consisting of emergency ambulance services 48%, non-emergency patient transport 22% and other patient transport 30% )and 4% related to Social Care.

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

## How feedback was received



## Sentiment of feedback



## GP Patient Participation Group Development

- We hold PPG forum meetings both in North Place and South Place. Each forum meets on a quarterly basis. Once a year we hold a combined PPG Seminar bringing together representatives from PPGs across the whole of Cambridgeshire and Peterborough. The first seminar was held in November.
- The meeting was well attended with representatives from 14 PPGs. Some PPGs sent more than one representative. The meeting was held in a workshop format with attendees giving feedback via table discussions on set questions,

### 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>
	Nov 2025	Nov 2025	Nov 2025
<b>Contacts at PCN</b>	2/3	4/4	6/6
<b>Contacts at Practices</b>	4/11	9/16	10/21

PPG Contacts held (South Place)			
	Cambridge City	East Cambs	South Cambs
	Nov 2025	Nov 2025	Nov 2025
<b>Contacts at PCN</b>	4/4	2/2	3/3
<b>Contacts at Practices</b>	10/18	4/6	8/14

## 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 took place on 29 September 2025 which was attended by 17 people. Topic discussed was the Community & Mental Health Review. The third meeting was on 24 November, attended by 8 people. Topics discussed were WorkWell and Pioneer Neighbourhoods.

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. Second meeting scheduled for 1 December 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.
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.		<p>Up to £24373.00 for 2025-26. Proposal submitted awaiting response.</p> <p>Not awarded – the lead on this work discovered that Cambridgeshire was doing well on this programme of work and were exceeding targets and no longer required our support.</p>