

# Our Strategy

2020 - 2025

**'Listening to our communities and helping improve health and social care services.'**

**healthwatch**  
Cambridgeshire

**healthwatch**  
Peterborough

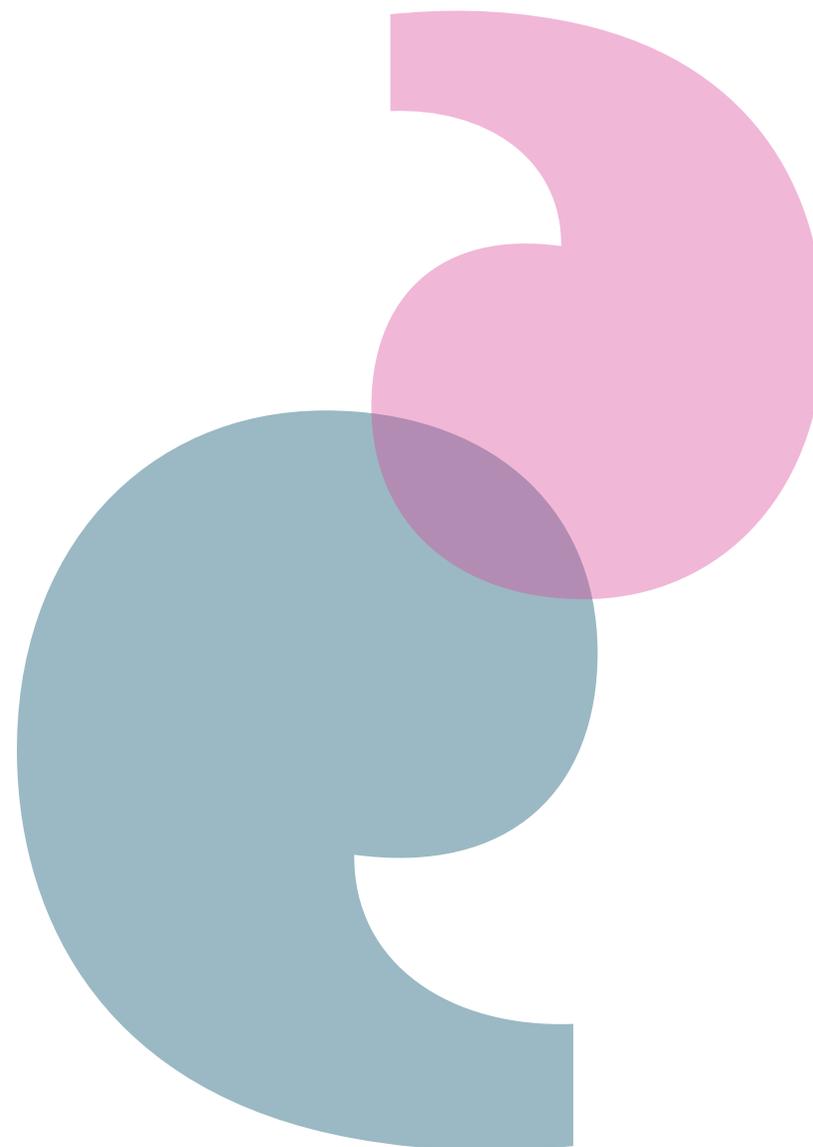


**We are the independent champion for people who use health and social care services in Cambridgeshire and Peterborough.**

Our job is to make sure that those who run local health and care services understand and act on what really matters to people.

We listen to what people like about services and what could be improved. And focus on ensuring that people's worries and concerns about current services are addressed.

We work to get services right for the future.



## About Healthwatch Cambridgeshire and Healthwatch Peterborough

Local Healthwatch organisations were established under the Health and Social Care Act 2012 to be a champion for people using health and social care services.

Healthwatch Peterborough and Healthwatch Cambridgeshire were established by their respective Local Authorities in 2013.

In April 2017 the two organisations merged to form a single Community Interest Company, Healthwatch Cambridgeshire and Peterborough.

### Our responsibilities

By law all local Healthwatch are required to:

- Provide information and signposting about health and social care services.
- Monitor concerns and complaints.
- Enable people to feed back about their experiences of health and social care services.
- Collate information and compile reports about people's experiences and views.

Local Healthwatch have the benefit of a national umbrella organisation, Healthwatch England, from whom we receive development and support.

Healthwatch England collects intelligence from the Healthwatch network, identifying national themes and producing reports on common areas of concern. They can raise issues at a national level.

### We will meet our responsibilities by:

- Listening to people from all communities in Cambridgeshire and Peterborough about their experiences of health and care services.
- Helping involve people in decisions about their care and how it is delivered.
- Giving people information to make choices about their health and care.
- Working in partnership to make change happen.
- Challenging when improvements can be made.
- Showing the difference we make.

We will work hardest to listen to and involve those who are least likely to be heard.

### What we plan to achieve

Our vision is that health and social care services work well for local people. Where we hear that services are not meeting people's needs, especially for vulnerable groups, we will speak out.

We will encourage services to listen to and learn from patient and public feedback, including complaints. So they can improve services where it is needed.

Cambridgeshire and Peterborough health and social care services face continuing financial challenges. We know system leaders are planning to make changes and do things differently, for example removing duplication and making services work better together.

We will be looking at how local people are involved in planning and influence decision-making as these changes take place and making sure that people's voices are heard.

We know that there are shortages of health and care staff, and that solutions will not be quick nor easy. But we are committed to working together with services to help design new models of care.

Over the next five years, we will increase local people's knowledge and understanding of the role and impact of Healthwatch.

Our ambition is to achieve:

- A local focus for gathering and using what people tell us, working with partner organisations and involving volunteers in all geographies (see priorities one, two and three).
- A way where people's views are effectively channelled into the redesign of primary care services, working with programmes including Integrated Neighbourhoods, Primary Care Networks and Think Communities (see priorities one, two and three).
- An improved understanding of self-care amongst communities (see priority one).
- Demonstrable close working with other organisations to influence improvements in mental health support services (see priority four).
- A greater understanding of digital opportunities across our communities and with providers and commissioners (see priority one).

We will develop a sustainable Healthwatch – building income sources, developing our people, partnerships and influencing capabilities.

We will create opportunities for young people to influence our Healthwatch and be heard on issues that matter to them.



## **Our strategic priorities**

The following pages present the five priorities that we will work on over the next five years.

For each priority we identify why we need this focus, describe what we will do and what we aim to achieve.

More detailed actions will be set out in the organisation's annual work programme, and the achievements towards the strategic priorities will be reviewed after two years.

As the environment for public and patient engagement and the local health and social care system changes, so will the work required to meet our five-year ambitions.

## Priority one: the promotion of independence and self-care

### Why this is important

People have told us that they want to be able to look after their own health and want better information to do this.

### What we will do

Identify opportunities to improve health information with an emphasis on health inequalities.

Explain self-care and promote ways in which people can take care of their own health needs.

Develop and promote initiatives that help people to help themselves, including information, training and skills development.

### What we aim to achieve

More informed and resilient local communities.

More support and information for people in their local area.

A shift in public attitudes towards people using their own and their communities' resources to address their health needs, as well as publicly-funded services.

Greater understanding of how technology can be used to support independence.



## Priority two: GPs, dentists, pharmacists and other primary care services

### Why this is important

Services like GPs, dentists and community pharmacists are the first point of contact for most people in the health care system. These services are often referred to as 'primary care services'.

Our feedback shows us that this is a key point of pressure in the care system and many people have difficulties getting appointments and services.

### What we will do

Collect feedback about the use of technology, for example online consultations and booking systems.

Understand the changing nature of primary care and help explain this to people, for example, the new health care roles working in practices.

Work with social prescribers to collect feedback and share information about services. Social prescribing, is a way of enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services.

### What we aim to achieve

People make the best possible use of the full range of primary care services.

Identification and promotion of what works best for people.

The redevelopment of primary care is influenced by local people's views.



## Priority three: social care and integrated support services

### Why this is important

People find the current health and social care system confusing and often have difficulties moving from one part of the system to another, particularly around leaving hospital.

### What we will do

Inform people about the current roles of the NHS and social care.

Argue for health and social care systems that are simpler, clearer and sensibly joined-up.

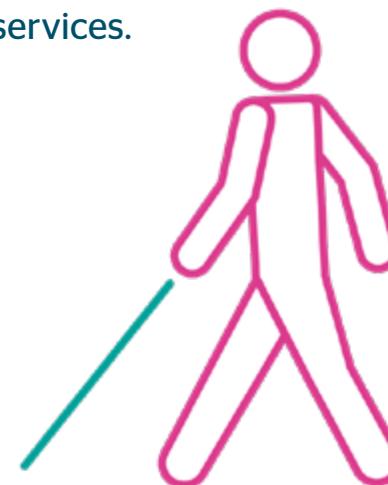
Highlight what we know about unmet health and social care needs to influence system change.

### What we aim to achieve

Better understanding of person-centred care.

Help the system to develop more integrated approaches.

Greater awareness of unmet needs and more consistent and higher quality social care services.



## Priority four: mental health services

### Why this is important

Too many people are struggling to get the help they need to manage their mental health.

In identifying mental health as a priority, we are recognising what people have told us about getting support to manage their mental health, as well as the experiences told to us by partner organisations. Our priorities are around children and young people's mental health, and adult mental health services.

### What we will do

Support the delivery of the new community mental health framework, through involving patients and carers in its development.

Ensure that what people tell us fully informs service developments in mental health.

Promote accurate and clear service information.

### What we aim to achieve

Mental health services for children, young people and adults that are accessible and increasingly meet the needs of the population.

Better access to good quality and helpful information.



## Priority five: involving people in redesigning the services they use

### Why this is important

Health and care is often organised around systems and services rather than the needs of people. We want to make sure people are involved in developing services at an early stage so that the service better meets their needs. This is often called co-production.

### What we will do

Help decision-makers understand the value that involving people in service development brings.

Consolidate our Partnership Boards and Healthwatch Forums across Cambridgeshire and Peterborough, with clear forward plans linked to commissioning intentions and timescales.

Promote and advise on best practice and facilitate participation and involvement opportunities.

### What we aim to achieve

Greater understanding of the value of involving people and how to achieve co-production.

A system shift towards more co-productive approaches.

Partnership Boards and Healthwatch Forums will advise on and undertake co-production activity.

## How we work

### How we are governed

As a Community Interest Company (CIC) we are governed by our Articles of Association and the requirements of a CIC. Strategy and direction of travel are overseen and managed by the Board of Directors, comprising a Chair, Directors and the CEO. Two Guarantors act as independent members to oversee the organisation's governance.

The Board meets bi-monthly in public. The agenda and reports about our activities and finances are uploaded on our websites and widely publicised. Questions from the public are welcomed at every meeting.

The General Purposes Group of the Board oversees the financial and workforce aspects of the organisation; making recommendations to the Board for approval of policy and budgets.

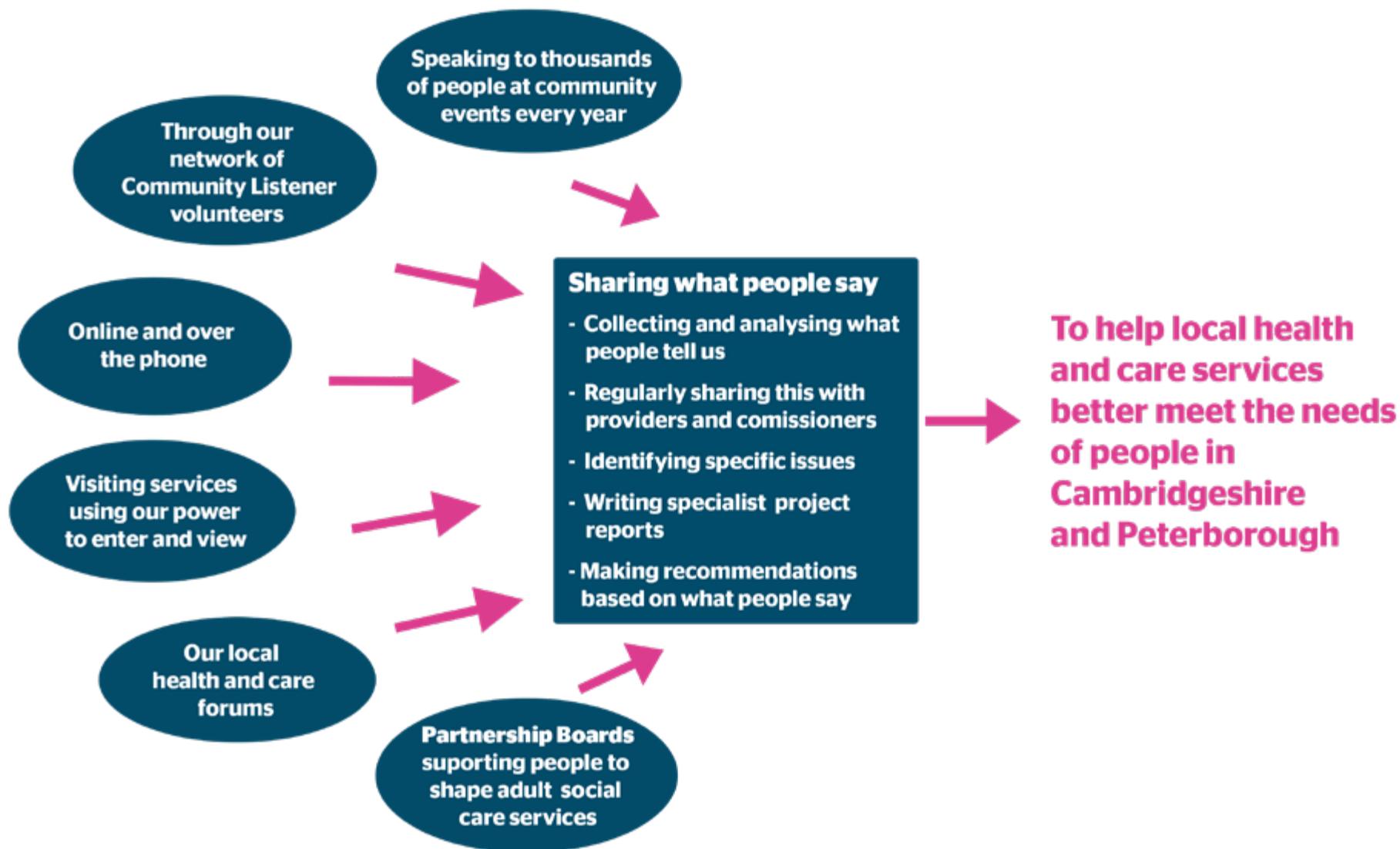
### Our values

- **Independence** - from the Local Authorities and all health and social care services, providers and commissioners, whether public or private.
- **User-focus** - we champion the voice of local people, patient and service users in the health and social care system.
- **Inclusivity** - we will work with the many different patient and service user groups across Cambridgeshire and Peterborough.
- **Respect** - we respect the opinion and experience of all people and work collaboratively with all groups, networks and organisations to pursue common goals.
- **Credibility** - local people, commissioners and partners can trust the reliability of our information.
- **Transparency** - open and accountable in all we do.

## How we work

### Listening to our communities

Giving people information to make choices



### Involving people in shaping services

### Our funding

Our statutory core funding comes from Peterborough City Council and Cambridgeshire County Council and is governed by a grant agreement.

Our financial sustainability is vital to do all the work we would like to do. And to continue to be a good employer, supporting the skills development and progression of our staff.

Since the merger of Peterborough and Cambridgeshire Healthwatch in 2017, we have made a number of efficiencies enabling more resources to be focused on our work.

At the same time, we also recognised the value of mixed income streams, forging new partnerships with local organisations and bringing new resources for public and patient engagement from sources outside the area.

This approach is now becoming part of our culture and provides us with valuable learning.

Over the next five years, we want to make sure that at least 20% of our funding comes from sources other than our core grant.

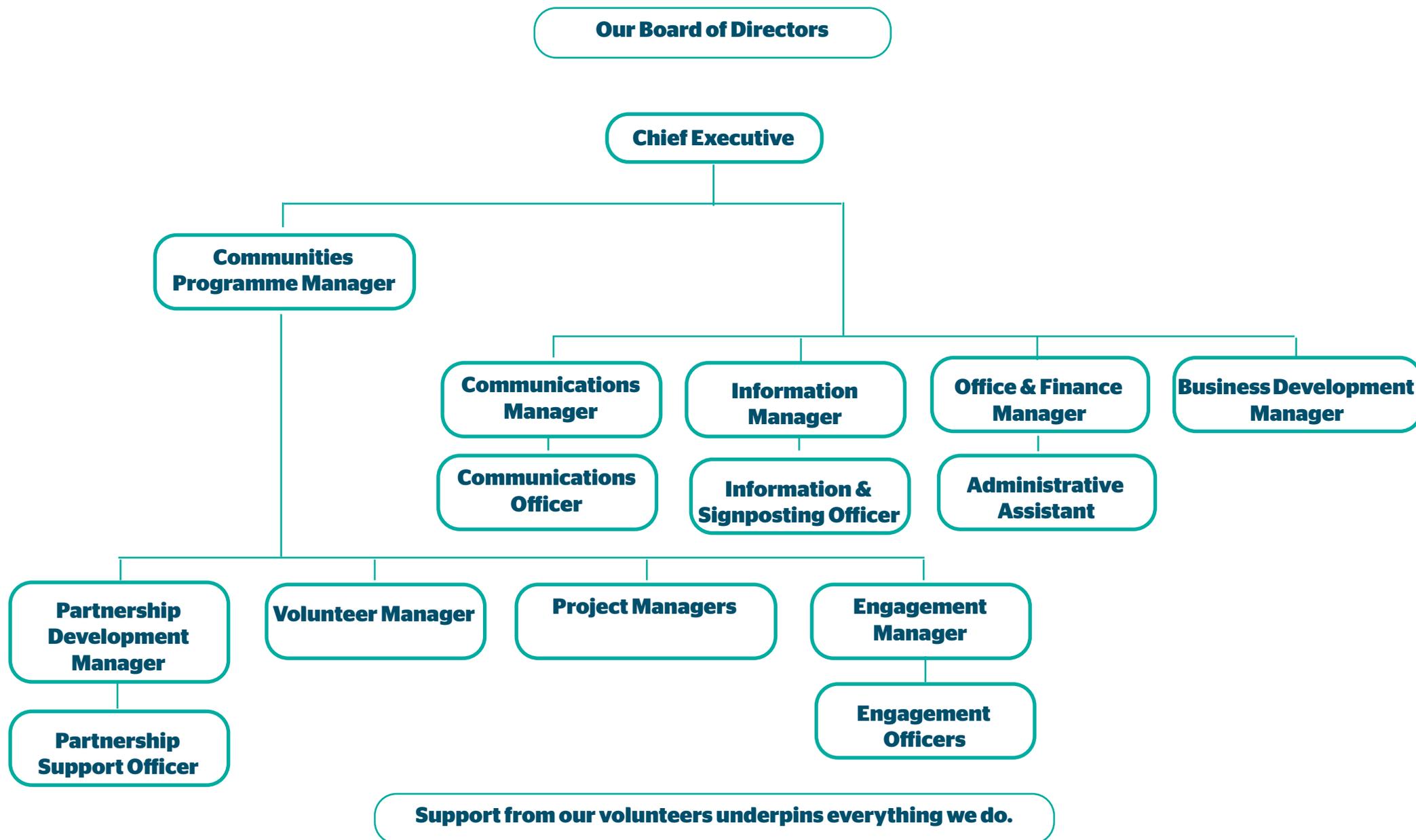
Our ambitions will be regularly reviewed as will our approach to tendering and seeking grant funding to ensure we maintain a financially-stable organisation.

The structure and culture of the organisation will continue to be flexible and open to income-generating opportunities that are consistent with our Healthwatch values and areas of expertise.

Our governance and team roles will adapt according to project accountability requirements, reflecting the gradual development of the organisation.



## Our people



## Our priorities

### How we set our priorities

Delivering health and social care services in Peterborough and Cambridgeshire is challenging. The remit of Local Healthwatch is expansive and demand significantly outstrips our capacity to respond to every call for action.

During each quarter, we may escalate certain topics based on public feedback to meet our vision of making services work for people.

In the past these topics may justifiably sometimes fall outside longer-term strategic aims. Prioritising is essential if we are to be successful in achieving lasting change.

Listening to our stakeholders and analysis of the data and intelligence collected over the past year has helped us to focus our future work.

The publication of the Long Term Plan for the NHS has enabled us to further systematically gather feedback from a large number of local people.

Our report ‘What Would You Do’ gives us insight into local people’s wishes for the NHS. We have taken these views into account when setting our priorities.

Most recently we have surveyed our stakeholders, giving us direction for this strategy.

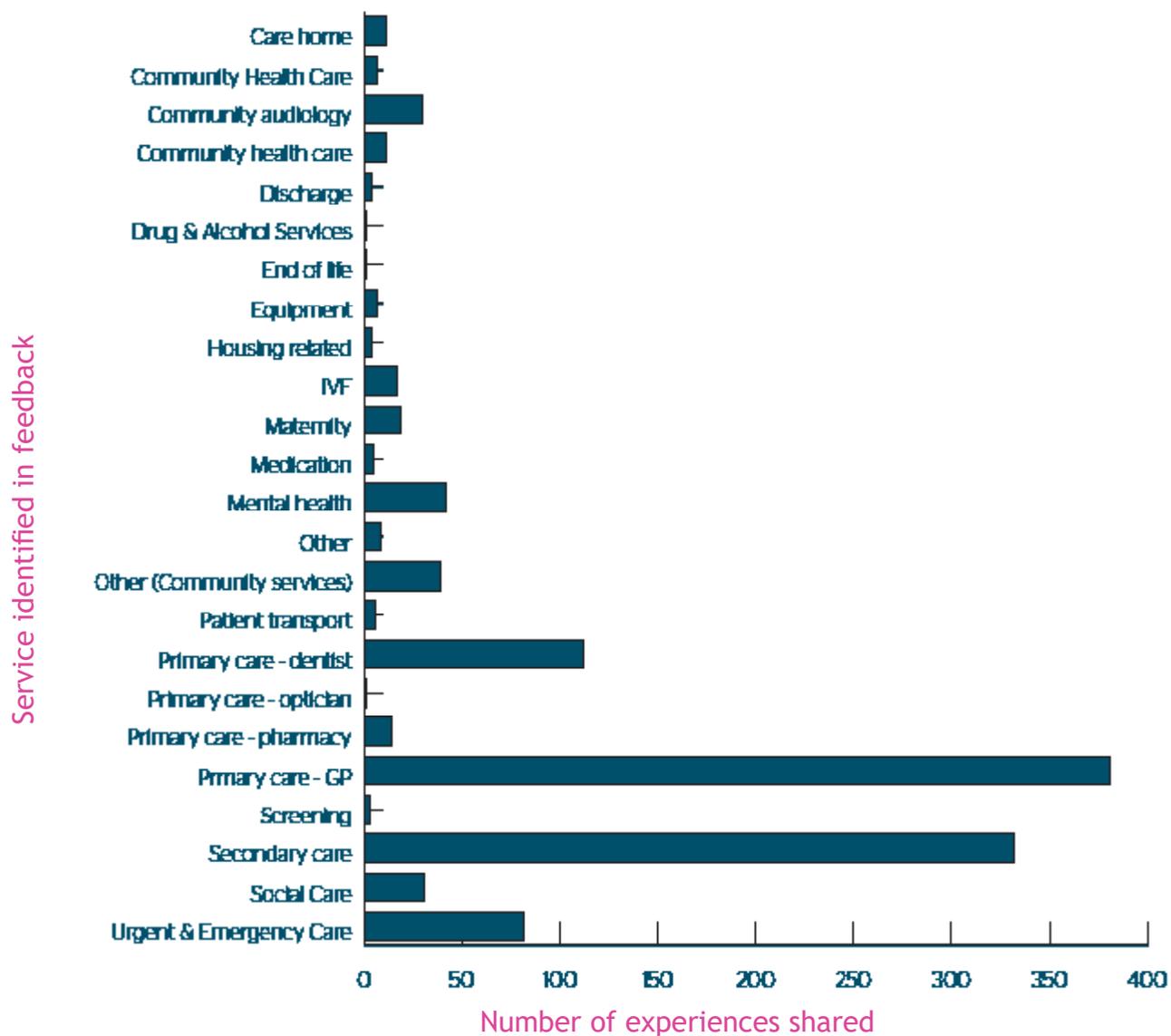
### Sources of evidence

This table summarises our strategic priorities and where the evidence for our choice comes from.

Source	Priorities				
	Self-care	Primary care	Social care and integrated services	Mental health	Involving people
Our intelligence 2018/19 (Appendix 1)		X		X	
STP priorities (Appendix 2)	X	X	X	X	
What Would You Do? report (Appendix 3)	X	X	X	X	X
Stakeholder engagement (Appendix 4)		X	X	X	
Draft Health and Wellbeing Strategy	X		X	X	

## Appendix 1

Themes from what people told us between April 2018 and June 2019.



## Appendix 2

### Sustainability and Transformation Partnership Priorities

The local Long Term Plan for the NHS is being produced by Cambridgeshire and Peterborough Sustainability and Transformation Partnership (STP).

This partnership is made up of local health providers, the Clinical Commissioning Group and the local authorities.

The new Long Term Plan, expected to be published in January 2020, will identify the priorities for the future of our local health and care system.

Appendix 3 explains how local Healthwatch has helped local people's views be taken account of in this plan.

In 2019-20 the priorities for the Cambridgeshire and Peterborough STP were:

- Integrated out of hospital care
- Outpatient transformation
- Redesigning care pathways to improve efficiency and reduce unwarranted variation
- Making the most of our assets
- Research and innovation

## Appendix 3

### What Would You Do? <sup>1</sup>

In 2019 we spoke to over 700 people about what they think the NHS should look like in the future. This work was to help our Sustainability and Transformation Partnership develop a local response to NHS England's Long Term Plan<sup>2</sup>.

We identified persistent themes from what people told us. These matched what we often hear when people share their experiences of health and care services.

- People we heard from want faster, easier access to primary care services, particularly to GPs.
- People are interested in self-help and are asking for support to access information and appropriate services to help them keep well.
- Support is not always offered. When people look for support themselves, sometimes whilst coping with illness or another's illness, information can be in lots of different places, not current, and often not accessible.
- Carers with long-term conditions have the additional challenge of caring for others. People can experience poor communication between services and as a patient. Often the patient/carer has to co-ordinate care themselves and chase to get anywhere.

- Patients want to be listened to, especially people with long-term conditions who are 'experts' in their condition and able to recognise when their health changes.
- People with conditions over a long time said they experienced worsening services.
- Care can seem to be service-centred rather than person-centred. We heard this particularly of autism and mental health services.
- Care is often not joined-up – especially for people with long-term or multiple conditions. People told us they wanted to be seen and treated holistically. The experience was of systems not 'talking' to each other, and people not understanding how the system works.
- There is a 'digital divide'. Not everyone does or can use the internet, but there is awareness of its potential.
- Travel and transport difficulties continue to be barriers to effective health care. There is some evidence of willingness to travel and the limits on this for some aspects of care and some groups.

1. [www.healthwatchcambridgeshire.co.uk/news/what-would-you-do](http://www.healthwatchcambridgeshire.co.uk/news/what-would-you-do)  
[www.healthwatchpeterborough.co.uk/what-would-you-do/](http://www.healthwatchpeterborough.co.uk/what-would-you-do/)
2. [www.england.nhs.uk/long-term-plan/](http://www.england.nhs.uk/long-term-plan/)

## Appendix 4

### Stakeholder Views

#### 1. Stakeholder engagement report

Magnify and Grow, a local business consultancy, were commissioned to carry out a stakeholder engagement to find out what people think about how we work and what we could do better.

During May and June 2019, 60 people responded to the Magnify and Grow survey and 10 key stakeholders were interviewed by telephone.

The report showed that Healthwatch Cambridgeshire and Peterborough are well regarded and thought to be effective by the majority of stakeholders.

The key strengths identified were:

- Approachable, committed and hard-working staff
- Able to convey the voice of local people
- Strong partnership working
- Good understanding of community issues and good community engagement

A minority of stakeholders said that local focus had been lost as a result of becoming a larger organisation.

The weaknesses that stakeholders perceived were:

- Low community profile
- No impact on providers
- Stretched over too large an area causing pressure on capacity and resources
- Not enough social care focus

The Healthwatch Cambridgeshire and Peterborough staff and directors considered the detail of the report. The CEO and Board drafted the new strategy with these findings and other information summarised in these appendices in mind.

### 2. Community workshops

Three workshops were held in Huntingdonshire, Peterborough and Fenland during July and August 2019 to gather more community views about the work of Healthwatch Cambridgeshire and Peterborough.

People at the workshops discussed how our Healthwatch should be working in the future and what our focus areas should be. These key themes were identified:

→ **Huntingdonshire:** Focus of discussion was centred upon how we communicate what we do to the wider local public who might have limited prior knowledge of what we do.

→ **Peterborough:** Discussion was focused on how we communicate our work and provide updates on matters previously discussed at the Community Forums. The group would like to continue having the opportunity to hear updates from providers so that they are able to ask questions about services which are important to them.

→ **Fenland:** Most of the discussion was focused around local concerns including transport difficulties and cross-border issues affecting services.



### 3. Findings from Healthwatch staff and directors' workshop, September 2019

We ran a workshop to find out what our staff and directors thought about our work and explore opportunities for the future.

#### Strengths

- Approachable, committed
- Good community engagement
- Good understanding of commissioning
- Information giving

#### Areas for development

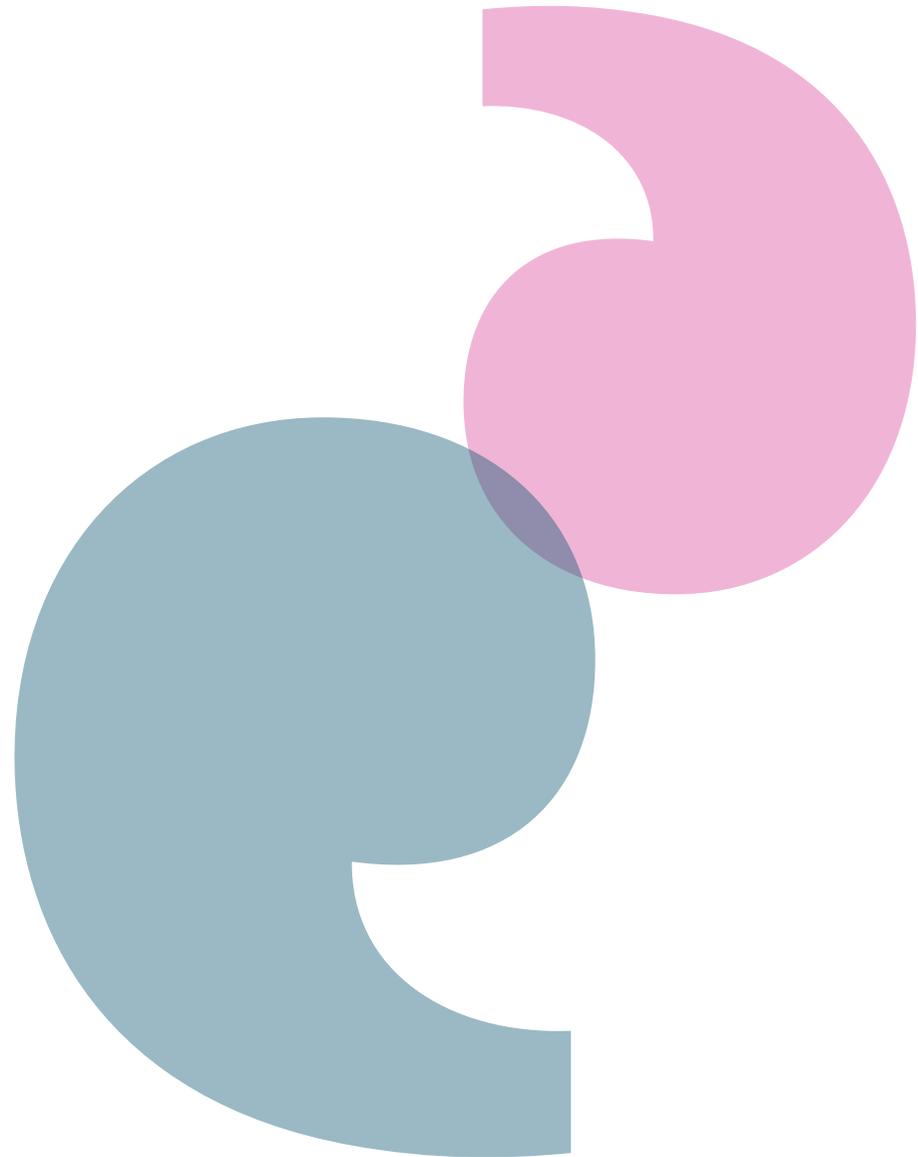
- Engagement of volunteers
- Identifying gaps in provision
- Project work
- Internal systems and organisational quality

#### Weaknesses

- Low volume of social care feedback
- Working across varied and many communities
- Limited budget and resources
- Perceived limited impact on providers

#### Long-term opportunities

- More community presence and visibility
- Working across sectors
- Involvement in STP developments / redesign / projects
- Engaging young people in our work
- Make an impact in service delivery and demonstrate this is happening
- Advising what a good service looks like



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