

WORK PROGRAMME 2014/15 - YEAR END SUMMARY

Area of Work	Planned actions	Progress against actions and outcomes
<p>1. Communications & Engagement</p>	<ul style="list-style-type: none"> • Continue to develop multi-faceted communications to raise awareness of the work of HWC and embed within each project and piece of work • Engage a wide range of people from different backgrounds and communities to work with HWC working with existing networks and groups • Work in partnership with other ‘Voice’ organisations to promote good practice and develop and implement innovative ways of engaging with communities • Maintain sufficient capacity to respond to urgent issues as they arise 	<ul style="list-style-type: none"> ✓ Developing a stronger and positive working relationship with local media organisations. An increasing number of our press releases are being picked up as stories. Good coverage for some of our work, including work around Hinchingsbrooke. Frequently cold contacted by local journalists for comment on local health and care stories. ✓ Website constantly updated with news stories, consultation network opportunities and local events. 37 news stories written. New sections of the website developed, e.g. Enter & View. Analysis shows traffic to the website increasing over the year, particularly in the final quarter. ✓ Re-developed Consultation Network to increase access. This now has more than 100 members but non- members can also access information online. ✓ Social media engagement focus on Twitter and Facebook. Twitter activity substantially increased over the year, more than 1350 followers at end of March 2015. We have picked up a number of issues via social media channels. ✓ Newsletters: produced 3 hardcopy newsletters ✓ E-newsletter: increased the frequency of these from every 3-4 months to every 4 to 6 weeks, to help maintain contact support and engagement. ✓ Developed marketing materials, e.g. volunteering leaflet, GP postcards, Tell Us leaflet, 1st steps survey. ✓ Increasing volume of feedback from events.

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<p>Communications & Engagement (cont.)</p>		<ul style="list-style-type: none"> ✓ ‘Guidance for Collecting & Using People’s Stories’ published. Training package designed. ✓ Requests for talks to groups increasing as a result of advertising. Between 1 and 3 groups visited weekly. ✓ Extensive range of events attended including many partner AGMs and engagement events. ✓ Market stalls held in Fens/East Summer 14. ✓ Stall/display taken to all hospitals Winter 14/15. ✓ Library roadshow Spring 15 focusing on Fens/East. ✓ CEO Chairs the strategic Cambs Voice group, this has increasing membership and is progressing pieces of joint good practice work. A joint event is planned for the autumn.
<p>1. Engage with and listen to children & young people about their experiences and views on health and social care</p>	<ul style="list-style-type: none"> • Deliver a range of engagement activities to listen to the voices of children and young people • Work with partner organisations to improve children and young people’s influence in the development and delivery of health and social care services • Complete and promote model of working with schools • Ensure all work addresses the emotional health and wellbeing needs of children and young people, particularly at transitional ages and those most at risk such as young carers 	<ul style="list-style-type: none"> ✓ ‘Happy & Healthy’ project completed (jointly with The Dill Project). Feedback from children and teachers very positive. ✓ Public Health ‘Healthy Lifestyles’ Focus Group with Year 6 children. ✓ ‘Youth Connect’ network established. 57 members signed up with regular information being sent out. Contest held for network name. ✓ HWC talks given to Cottenham VC, Ely 6th Form, Huntingdon Regional College, St Neots Academy, Godmanchester and Oxmoor Youth Groups. ✓ Linking regionally to Young Health Ambassadors Forum and locally to Addenbrookes Active Forum and Carers’ Trust Young Carers’ Group. ✓ Ely 6th Form Project on emotional resilience in planning.

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<p>2. Provide an Information and Signposting service</p>	<ul style="list-style-type: none"> • Maintain and share HWC health and social care information database • Deliver a range of promotional activities to raise the profile of the service • Monitor, analyse, and report usage of the service tracking concerns and experiences and the impact made • Work with other information providers to ensure a seamless service 	<ul style="list-style-type: none"> ✓ 541 contacts during 2014/15 and increasing. ✓ There has been an increase in ‘information-giving’ activity during the last six months. ✓ The majority of signposting information continues to take place in the context of people sharing experiences and/or raising concerns. ✓ There continues to be a fairly small volume of contacts (although these have increased), but the complexity of issues remains high. ✓ Fewer people contact us about social care. However changes brought in by the Care Act has led to a small increase which is expected to continue. ✓ We continue to investigate ways of measuring the impact and effectiveness of the service, and this is a focus in the work plan for 2015-16. ✓ Positive feedback from callers ✓ Member of CCC/CCG Information & Comms Project Board and CCC/CQC intelligence-sharing group
<p>3. Develop and consolidate Healthwatch Cambridgeshire’s volunteering programme</p>	<ul style="list-style-type: none"> • Recruit to a range of volunteer roles across the county using the agreed good practice framework • Develop Outreach Volunteer activities and provide training and supervision to enable high quality delivery • Identify, develop and recruit to other volunteer roles • Volunteer support to be built into each project • Volunteer recognition activities 	<ul style="list-style-type: none"> ✓ Range of volunteer roles developed and recruited to. There are currently volunteers 29 including: ✓ 21 Enter & View ✓ 2 Volunteer Researchers ✓ 2 Street Reporters ✓ All volunteers receive induction, speaking and listening training and role-specific training, eg, Enter & View. ✓ All training developed and delivered in-house. ✓ Current volunteer recruitment on hold due to manageability issues, with the exception of the north of the county as this area is under-represented.

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<p>4. Influence the strategic agenda of health and social care commissioners</p>	<ul style="list-style-type: none"> • Raise the profile of engagement and voice in the planning and governance processes with commissioners and providers • Gather soft intelligence and contribute toward the monitoring by regulators and commissioners and escalate as appropriate • Develop and implement cross-border protocols to standardize work with other Healthwatch and share intelligence as appropriate • Work with Joint Strategic Needs Assessments Lead Officers to maximise the learning from experience 	<ul style="list-style-type: none"> ✓ Evidence routinely submitted to <ul style="list-style-type: none"> • CQC pre-inspection and ad hoc • Quality Surveillance Group • CCG Patient Safety & Quality Ctte • CCC Health Ctte • Healthwatch England (escalations and special enquiries) • District Council Overview & Scrutiny ✓ Key role in Health & Wellbeing Board, Better Care Fund, CCG System Transformation Board and JSNA Steering Group. ✓ HWC statements included in all Quality Accounts. ✓ Advice regarding consultation given to a range of partners, particularly Public Health in respect of JSNAs. ✓ Extra support given to Hinchingsbrooke Hospital to assist in developing and implementing their Patience Experience Strategy. ✓ Concerns and progress on issues: <ul style="list-style-type: none"> • Poor quality and long waiting lists for CAMHS - <i>increased funding and service redesign planned.</i> • Limited access to podiatry for people with diabetes/on low income - <i>change of policy being considered by CCG May 15.</i> • Lack of choice for cervical smear tests - <i>HWC part of NHSE Working Group.</i> • Low uptake of annual health checks for people with learning disabilities - <i>QSG setting up working group.</i>

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<p>Influencing strategic agendas (cont.)</p>		<ul style="list-style-type: none"> • Long waiting lists for older people’s social care assessments - <i>open escalated case with HWE - continuing to monitor.</i> • Quality and access to Fenland Anti-Coagulation Service - <i>LCGs/CCG possibly re-tendering. To be advised.</i> • Shortages of GPs, concerns re growth areas - <i>liaison with NHS England and facilitated local patient reps involved in HEE Working Group. National issue.</i> • Inaccessible language used in letters to patients regarding Continuing Health Care - <i>CCG reviewing all documentation.</i> • Lack of information after re-tendering of sexual health services - <i>informed Public Health & Providers - improvements made.</i>
<p>5. Develop intelligence gathering projects, based upon what people are telling us, and report to decision-makers</p>	<p>a) Research people’s experiences of maternity services and work with partners to collate views and feedback to commissioners.</p>	<ul style="list-style-type: none"> ✓ ‘Engaging Women in Maternity Services’ report published in August 2014. ✓ Progress on recommendations: <ul style="list-style-type: none"> • CCG policy established that MSLC funding is a local commissioning decision • LCGs have inconsistent views whether to commission or not • Escalated to HW England • Mixed views regarding national position therefore escalation closed • Report to be submitted to Maternity Services National Task Force during 2015

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Intelligence gathering projects (cont.)	b) Help improve equity of access to health and social care complaints systems and promote complaints and compliments as positive development.	<ul style="list-style-type: none"> ✓ Promoting ‘positive complaints thinking’ in all HWC work. ✓ Advising on complaints is a key function of the Signposting Service. ✓ Proposal for an independent Complaints Handling Audit being considered by CUH and CPFT.
	c) Gather and collate people’s experiences of using Ambulance Services	✓ Continuing as general call for comment.
	d) Gather and collate people’s experiences of using the 111 Service. Attend 111 Review Group to promote the role of experience.	<ul style="list-style-type: none"> ✓ HWC key member of group and all feedback taken on board. ✓ Advised on recruiting patient reps. ✓ Procurement of 111 and Out of Hours underway.
	e) Scope, plan and deliver work to explore the needs and experiences of the general population’s use of, and access to Primary Care, including availability of information, Out of Hours and 111.	<ul style="list-style-type: none"> ✓ First Steps to Health Survey completed to report end of April 2015. 1,400 responses received. To be published end of May 15. Headline findings: <ul style="list-style-type: none"> • Most people very positive about their GP surgery but difficulties getting appointments, especially for emergencies. • Low awareness of 111 and people who do know about it do not use it. • Appointment systems are difficult for people who cannot use the phone easily, people who are deaf, whose first language is not English or who have a mental health issue.
	f) Gather and collate people’s experiences of discharge from hospital and highlight any improvements required.	✓ Continuing as general call for comment.

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	<p>g) Promote what good residential care looks like and encourage people, especially families and carers, to tell us what is good and what can be improved. Deliver an intelligence-led Enter & View programme.</p>	<ul style="list-style-type: none"> ✓ Initial round of communications complete. ✓ Increasing intelligence being received. ✓ Enter & View programme developed and Authorised Representatives trained. ✓ All processes comply with the highest standard. ✓ Visits started April 2015. Planned with intelligence from CCC/CQC. ✓ 3 visits complete, 3 more planned in 1st tranche (April - June). ✓ Immediate impact from 1st visit as a result of early feedback.
<p>6. Ensure appropriate governance, review and reporting of all HWC activities</p>	<ul style="list-style-type: none"> • Maintain regular reporting arrangements including Annual Report and Audit • Review of work programme (6 monthly reports to Board) and policies (annually) • Production of a Business Development Plan that includes income generation • Involve the whole organisation in reviewing and planning strategic direction for 2015 onwards 	<ul style="list-style-type: none"> ✓ Grant Agreement in place with Local Authority. ✓ 2014/15 work programme delivered within budget. ✓ 5% reduction in funding 2015/16. ✓ Board of Directors comprises a Chair and 6 Non-Executive Directors. One space reserved for person from the north of the county, as this area is under-represented. ✓ Recruitment for Chair underway. ✓ Positive feedback from Stakeholder Feedback survey. ✓ Strategic Plan to be approved at May Board meeting. Developed in partnership with other organisations and informed by the views of communities. ✓ Balanced budget set for 2015/16. ✓ All documents publicly available. ✓ Board meetings held in public and publicised. ✓ Independent income generation opportunities submitted, with more being planned.

<p>7. Other Impacts</p>	<p><u>Consultations:</u></p> <ul style="list-style-type: none"> • Actively promote innovation and good practice to statutory partners running consultations • Actively involved in consultation regarding CPFT’s Personality Disorder Service • Supported CCG consultation regarding the Older People’s & Adult Community Services procurement • Carried out Focus Group work to support Public Health Lifestyle Services procurement • Commented on Cambs County Council Participation Strategy • Commented on Children & Young People’s Mental Health services consultation (DH) • Commented on and secured improvements on the 111/Out of Hours Procurement Consultation Document • Advised Cambs County Council re format and approach to Mental Health Strategy consultation <p><u>Intelligence shared and/or escalated to HW England:</u></p> <ul style="list-style-type: none"> • The length of waiting times for older people’s social care assessments* • The size and unique nature of the Older People’s & Adult Community Services procurement* • Concerns regarding safe staffing levels* (HWC asked to join NICE Safe Staffing Committee to advise) • Poor quality and long waiting lists for CAMHS (Pinpoint parent feedback)* • The inaccessibility of the language used by NHS England in recent consultations was raised via Healthwatch England <p><u>Intelligence shared with the CQC</u></p> <ul style="list-style-type: none"> • Feedback regarding care homes shared at CQC/County Council intelligence sharing meetings • Feedback regarding Trusts and GPs routinely shared pre-inspection • Specific intelligence collation for Papworth and Hinchingsbrooke inspections • Feedback regarding children’s wheelchair services provided by ‘Provide’(Pinpoint parent feedback) <p><u>Other</u></p> <ul style="list-style-type: none"> • Feedback regarding Learning Disability Health Checks fed back to NHS England (Speak Out Council report) • Briefing note to MPs used in Parliamentary Debate on CAMHS • Improvements to Public Health approach to Vision Screening consultation as a result of HWC input <p style="text-align: right;">*Formal escalation</p>
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