



healthwatch
Cambridgeshire

Healthwatch Cambridgeshire

Annual Report 2016/17

Your feedback can help make local health and care services better.



This report covers the statutory activities of Healthwatch Cambridgeshire during 2016 -17. On 1st April 2017, we merged with Healthwatch Peterborough to become Healthwatch Cambridgeshire and Peterborough.



Contents

Highlights from our year	4
Welcome from us.....	5
Your views on health and care	7
Helping you find the answers	11
Making a difference together	13
Our plans for next year	23
Our people.....	25
Our finances	29





Highlights from our year

It starts with you. We have listened to your experiences. We have written reports and made recommendations. We have used what you've told us to help influence improvements in services.

We have spoken to 3,867 people at 133 local events across the county.



25 volunteers spent 240+ hours helping us listen to local people's experiences and visit services.



We have made three visits to local hospitals and written reports to help improve care.



We have published reports on wheelchair services and young people's mental health.



We responded to nine public consultations and given two pieces of evidence to Parliamentary Select Committees.



This year we have engaged with people more than 9,000 times on social media.





Welcome from us

This annual report tells the stories of how we have helped local people shape services. During this year, we have continued to see significant pressures on local health and care services.

We have talked with thousands of local people from communities across the county. Hearing your stories of health and care is where it starts.

What you tell us is fed back to local health and care planners and providers to help them improve services. We are encouraged that locally, they have welcomed hearing about and learning from your experiences.

The past year has seen the new Sustainability and Transformation Plans come into place in all areas of the country. Locally, we are pleased to have been part of designing the plans for change in Cambridgeshire.

We look forward to the plans starting to come to fruition and ever more local people having a say in the changes to come.

Change has come to Healthwatch too. During the year, we have been working ever closer with our neighbour, Healthwatch Peterborough, and on 1 April 2017 we merged to become one Community Interest Company; Healthwatch Cambridgeshire and Peterborough.

More than ever, we need to make all our resources count so that we can bring people's views into the heart of decision making about local health and social care services. The new merged Healthwatch will enable us to use our resources more effectively and have a greater and united voice for local people.

We want to thank everyone we have worked with, especially the people who have shared their experiences with us.

None of what we have achieved would be possible without our dedicated staff team, fantastic volunteers and supportive Board of Directors. We sincerely thank them all for their time, commitment and boundless enthusiasm.



Sandie Smith
Chief Executive



Val Moore
Chair



Who we are

We know that you want services that work for you, your friends and family. That's why we want you to share your experiences of using health and care services with us - both good and bad. We use your voice to encourage those who run services to act on what matters to you.

We are uniquely placed as a national network, with an independent Healthwatch in every local authority area in England.

Our vision

We are committed to listening to and working for all people in Cambridgeshire, to help improve health and social care services.

To realise our vision, we:

Aim to be representative of the local community we serve.

Engage with health and social care commissioners, service providers and communities when changes to service provisions are planned or public health issues addressed.

Engage and represent the community we serve, with particular emphasis on seldom heard groups.

Our priorities

Contextual themes

+ **Sustainable services.** The Clinical Commissioning Group is 'financially challenged'. Our traditionally low-spending County Council continues to see big reductions to its budget.

+ **Integrated care.** Commissioning integrated care is complex. We will look for evidence that stated outcomes reflect people's experiences of care.

+ **Access for communities.** Cambridgeshire is a rural county. Many people, even in towns, don't have equal access to local and specialist services.

+ **Changing communities.** Our local population is growing, particularly older people. It is vital solutions are found to provide effective and safe health and care services.

Topical priorities

These are the areas of care giving most concern to people, and so have been our focus for 2016 and 2017:

+ **Mental health.** Local people tell us that they have difficulty finding help with their mental health, particularly in a crisis.

+ **Children and young people.** Children and young people tell us that services do not ask them about their experiences. Young people want more information about emotional wellbeing; they say that help is often difficult to get.

+ **Primary care.** Access to GP appointments is one of the biggest concerns people tell us about. We know that General Practice is under pressure with growing demand and workforce challenges.

+ **Discharge from hospital.** Leaving hospital is difficult for many people.

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Your views on health and care



Talk to us
we challenge

healthwatch
Cambridgeshire

you
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Listening to local people

Everything we do starts with what local people like you tell us. We feedback what you tell us to local health and care decision makers. This helps them plan services that better meet the needs of our communities.

This year, we have spoken to more than 3,800 people at 133 local events across the county, from workshops and talks with local groups to information stands at public events.

People have also shared their stories with us through organisations they are involved with, social media, our website, email and calling our office.

Young people

We have listened to more than 600 young people, aged 11 to 23 years, through our Minding Us and Being Happy, Being Me projects. As part of these, we have visited four schools and ten young people's groups in Cambridgeshire and Peterborough.

The groups included talking to young people who may be at greater risk of mental ill-health, such as those who have been sexually exploited.

Young people told us what they think about the language that is used to describe mental health, what their experiences of services have been and how they would like to get help if they need it.

This work has been funded by local mental health commissioners to help them re-design services for children and young people.

It is a continuation of our Thriving project from 2015-16. Read more about this on page 14.

This year Kate Hales, our Dementia Friends Champion, signed up more than 500 new Dementia Friends. She has talked to lots of different types of groups, including private and public sector organisations, the police, a local deaf group, primary school children and young people (16-19).

Older people

Older people use health and care services more than people from any other age group. In addition to Kate's Dementia Friends sessions, over a quarter of the groups we visit are attended mostly by older people.

We also work closely with local voluntary and community groups to listen to people who are more likely to be excluded. For example, this year, we visited nine Cambridgeshire Hearing Help groups to listen to people's experiences of services. Most of the people we meet at these groups are older people with an acquired hearing impairment.

People with a hearing impairment are at a greater risk of social isolation. It can be harder for them to communicate with health and care professionals.

Organisations have a duty to give them information in an accessible format but not everyone understands this. We will be feeding what people told us into a report on how accessible local care is, to be published in 2017.



People who are disadvantaged, or vulnerable

Healthwatch has an important role to play in listening to the experiences of people who are not always heard by decision makers.

Some areas of Cambridgeshire have higher levels of deprivation. This can make it harder for the people who live there to access good quality care, or feedback meaningfully on their experiences.

To help tackle this, we visit more groups in parts of the county with the higher levels of need. One of these is the school holiday-time Snack Shack family events in Coneygear Park, Huntingdon.

These popular events are attended by families with school aged children. We go along, join in the fun, listen to people's experiences and can signpost people to services when they need extra help.

People who live outside Cambridgeshire

We listen to the experiences of people who volunteer, work or use services in Cambridgeshire, but do not live in the county. We do this as part of visiting different places in Cambridgeshire and talking to people online.

We often have people contact us that live in Cambridgeshire but are registered with a GP in a different local authority area and vice versa. This is common for people who live around the county borders.

Last year, we heard from 24 people who live outside of Cambridgeshire. This figure is probably much higher, as people don't always tell us where they come from when they are sharing their stories.

Visiting services

As a local Healthwatch we have a statutory power to Enter and View. This is our legal right to visit places that provide publicly funded health or care services, to see and hear how people experience these services.

This gives us the opportunity to:

- + Collect the experiences of people using these services, as well as those of their carers and relatives.
- + See the nature and quality of services.
- + Develop insights and recommendations, which we publicly report to the people who make decisions about these services.

This year, we reported on three Enter and View hospital projects at both Addenbrooke's and Hinchingsbrooke Hospitals.

As part of each visit, our team also carried out a "15-Steps Challenge" assessment. This is a way of looking at the care provided through the eyes of people who use the services.

After each visit, we wrote a report with recommendations and asked the hospitals to produce a plan to say what changes they would make to improve care. We are following up on each plan six-months after the publication.



Addenbrooke's Outpatients, June 2016

We spoke to more than 200 people on visits to three Outpatient Clinics. This is something the hospital asked us to help them with, as they wanted to improve people's experiences of care. Making sure people were always seen when and by whom they needed to be, had sometimes been difficult in these clinics.



Kate and four of our Enter and View volunteers at Addenbrooke's.

A number of changes have been made as a result of our visit, including:

- + Introducing a dedicated outpatients' helpline.
- + Writing appointment letters in a larger font with essential information in bold text.
- + Sending text message reminders to patients who want them. The hospital hopes to update this to let people reply by text.
- + Putting a new reception desk in the Outpatients' Main Entrance.
- + Renewing some hospital signage.

Hinchingsbrooke Emergency Department, December 2016

We spoke to 64 people on two unannounced visits to the Emergency Department.

The hospital wanted our feedback to help them improve care within the department, which was assessed as requiring improvement in the Care Quality Commission report, published in August 2016.

Although 'unannounced', the visits were planned with the knowledge and input of senior staff and the hospital was given a two-week window when they knew we would visit.

Our report made eleven recommendations. These have been accepted by the hospital who have developed a plan to address them.

Addenbrooke's Emergency Department, February 2017

We spoke to more than 50 people on two separate visits to the hospital, spending time in both the adult and children's areas of the Emergency Department, as well as the Ambulatory Care Unit and the Clinical Decision Unit.

Our report made seven recommendations to the hospital to improve care.

These recommendations have been accepted by the hospital who have developed a plan to address them.



**Helping
you find the
answers**

atcha
www.atcha



How we've helped people get the care they need

Our Information Service

We give people tailored information to help them find the service they need. People get in touch with us via a number of routes, including online, telephone, at local events and through referrals from other organisations.

Most people ask for information and signposting in the context of their personal experiences of health and care services. This helps us to identify themes and issues which we need to escalate, either locally or to Healthwatch England.

We have had several themes emerging which have been discussed nationally but continue to affect people locally.

Complaints

People still tell us that complaining affects their care, or that they worry that it will. Some people have told us that they can wait too long to get a response to their complaints. Others have said they are not kept updated about the progress of their response.

Access to GP appointments

We continue to hear that people are generally pleased with the standard of service from their GP, but that they struggle to get an appointment when they need one.

Complex enquiries

We often hear from people who have complex medical issues, or a mixture of health and care issues which have an effect on many areas of their life.

Sometimes we are asked about areas outside of our remit, such as housing or benefits. In these situations, we still try to find information and support for people.

The number of organisations we have signposted people to continues to grow. In 2016-17 we signposted people to a total of 94 separate organisations on 236 occasions.

We work with other local Healthwatch, as people cross county boundaries for their care.

It is not unusual for patients to live in another county but to be registered with a Cambridgeshire GP. Conversely, some people live in Cambridgeshire but are registered with a GP practice in a neighbouring county.

This changes referral and commissioning routes. In addition, many people from outside Cambridgeshire are cared for at our Acute and Specialist hospitals.

It can be difficult for patients to understand who is commissioning their care, and which local Healthwatch they should contact.



**Making a
difference
together**



How your experiences are helping influence change

An important role of Healthwatch is to make sure health and care services are focused on the needs of people, not organisations.

Our reports

As a local Healthwatch, we have a duty to use reports and recommendations to suggest how local care services could or ought to be improved.

Thriving, May 2016



Our report on young people's mental health was written to help the Emotional Health and Wellbeing Board for Children and Young People redesign mental health services for children and young people.

As part of Thriving, we made suggestions to help our commissioners develop the kind of services young people want.

These learning points were included in the commissioners plans for redesigning services.

We continued our work talking to children and young people through our Being Happy, Being Me and Minding Us projects. See page 8 for more details.

“The Thriving report undertaken by Healthwatch Cambridgeshire is a good demonstration of how locally we are engaging with children and young people and the information gathered is an excellent resource to inform our work locally in developing emotional health and wellbeing services for children and young people.”

Wendi Ogle-Welbourn, Chair of the Emotional Health and Wellbeing Board for Children and Young People.

Sitting Comfortably, August 2016

The work we did listening to local people's experiences of wheelchair services is helping get people involved in improving future services.

This report was part of a collaborative piece of work with Pinpoint, Cambridgeshire Alliance for Independent Living, Family Voice and Healthwatch Peterborough.

Working with these partners helped us strengthen the voice of wheelchair users, by providing clear and consistent messages about people's experiences of care. Strength in numbers.



We heard from more than 80 local people and found high levels of unhappiness with the service. People told us it was poorly co-ordinated, and they often waited too long for wheelchairs and repairs.

Since the report was published, we have met with some local wheelchair users, together with Cambridgeshire Alliance for Independent Living, and the CCG who commission this service, to talk about the quality of care.

Problems with the service are more to do with the system not working for people, rather than a failure of care from any one organisation.

However, we are continuing to get poor feedback about wheelchair services. More needs to be done to involve wheelchair users in planning future services. The CCG are planning to re-tender wheelchair services from 1 April 2018. We will make sure that wheelchair service users and carers are involved in this process.



The perfect wheelchair designed by young people from the Speak Out Council High Support Needs group.

When we make a formal report or recommendation to a commissioner or provider, they must reply within 20 working days, or 30 days for more complex requests. Bartrams, who service wheelchairs, did not reply to our *Sitting Comfortably* report .

Helping to shape services

A quarter of people who got in touch with us wanted to tell us about good care that they, or someone important to them, had received.

However, over half of the people who contacted us did so because of a problem related to local services; whether an experience of care or a concern about a change in services. Others reported mixed experiences, with good care and some areas for improvement.

People spoke to us most about GP and NHS Trust services, particularly Hinchingsbrooke and Cambridge University Hospitals. But we also heard about people's experiences of things like home care, of voluntary and community sector support, of NHS 111, of dentistry, and of community audiology.

Almost half of the stories people shared with us were about the quality of their care, whether this was a good experience or whether it needed to be better.



People also talked to us about issues like:

- + Delays in getting care.
- + Poor communications affecting treatment.
- + Access to treatment in a place that people can get to easily .
- + Policy issues, for example a change in policy regarding prescriptions for gluten free foods.

We share what local people tell us with the health and care commissioners who plan and pay for services, and, where possible, with the organisations providing the care. They use this to help improve services.

First Response mental health crisis care

People told us they were confused about whether they could access the new NHS 111 option 2 mental health crisis service, launched in October 2016. This is called First Response and is provided by Cambridgeshire and Peterborough NHS Foundation Trust.

Promotional literature said that everyone who lives in Cambridgeshire and Peterborough could access this service. This was not true as patients from four practices near to Wisbech are served by the West Norfolk NHS 111 and Out of Hours service, which is provided by a different organisation (IC24). They do not provide First Response.

We also found that the service is not available to people who live in Cambridgeshire border villages like Gamlingay, but are registered with a GP in a different CCG patch.

Directly as a result of our feedback, the CCG now check all their literature and providers' literature to make sure it says, 'if you are registered with a Cambridgeshire or Peterborough GP you can get xxxx service' rather than, 'if you live in Cambridgeshire or Peterborough'.

Maternity Voices

The Maternity Services Liaison Group at the Rosie Hospital fell apart as they lost their NHS funding.

We supported interested parents in conversations with the CCG and the Rosie, to try and get the group re-started. Ultimately, we brought them together in a meeting with the hospital and agreed to start over again. The Rosie now has its own multi-disciplinary patient engagement group to help them develop patient centred maternity services. It's first meeting will be in July 2017.

In helping the Rosie to re-organise, we have facilitated members of the new group joining the Maternity Development Project Group of the System Transformation Programme.



Infant feeding

People told us that tongue tie services in Cambridgeshire are difficult to access and below the standard offered in other areas of the country.

We have submitted evidence to the CCG which included people's stories and examples of good practice in other areas. The CCG are reviewing their policy.

Physiotherapy

People told us about problems they were having getting an appointment for musculoskeletal (MSK) physiotherapy care. This includes inconsistencies in how to book an appointment, depending on where people live, and long waits for some patients.

We spoke to Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), who plan and pay for most of these services. They agreed that care was not consistent across the county.

Due to the complexities around MSK physio services, the CCG decided to include this in their Sustainability and Transformation Programme (STP) planning.

Using your stories to influence local services

We like to work co-operatively with commissioners and providers to support improvement of local care services.

Public involvement in the Sustainability and Transformation Plan

Fit for the Future is the local Sustainability and Transformation Plan for Cambridgeshire and Peterborough

The aim of STPs, developed by all local NHS organisations and local government, is to:

- + Provide solutions to local health challenges so they can create the best possible care, and
- + To take joint responsibility for improving health and wellbeing.



Locally, we are making sure that Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) has got a structure in place for how they are involving people.

There are over 50 improvement projects. These are clustered into eight themes, with each theme overseen by a delivery group.

We have started by getting some Healthwatch representatives on the groups that we have identified as most important. STP partners have agreed that public representation needs to be increased.



Our Healthwatch made sure the CCG knew which local organisations and community groups to approach, to help develop different areas of the plan.

We scrutinised the consultation process to make sure it is meaningful, accessible and reaches a wide range of people. We adapted the Healthwatch Kent advice on Engagement and Consultation. This has been circulated to all staff working on the STP.

We encourage people to be involved in feeding back on and developing the STP by helping to promote any opportunities to do this. If and where services change, we will check to make sure that these reflect what local people have said is important to them.

Consultations and changes

We promote consultations and opportunities to get involved and make comments through our Your Voice bulletins; sent fortnightly by email and monthly in hard-copy, and social media.

We collect people's feedback on consultations and attend public meetings whenever these are held. We formulate our views about the proposed changes from what local people tell us.

Merging Hinchingsbrooke Hospital and Peterborough and Stamford Hospitals

There was much local concern about the proposed merger between Hinchingsbrooke and Peterborough and Stamford Hospitals.

We held a public meeting where both the hospital and the local campaign groups could put their point of view and answer questions from the public.

Now the merger has happened we are keen to make sure Hinchingsbrooke Hospital keeps its local identity and that patient experience work, works at a local level. We have regular catch ups with the CEO of the merged Trust, North West Anglia.

Moving the Out-of-Hours' Cambridge base

Cambridgeshire and Peterborough CCG made a decision to move the Out-of-Hours' base in Chesterton, North Cambridge to Addenbrooke's. This is part of a plan to improve how urgent and emergency care services work for people. They made this decision after running a public consultation.

We responded to the consultation to raise concerns about how it might affect people in Chesterton, a more deprived local community. This was after hearing opinions from local people, including at the CCG's public consultation meetings.

As a result, the CCG have made a commitment to putting things in place to make it easier for people to use the new base at Addenbrooke's. Our Healthwatch will be part of a project steering group, alongside patient representatives, to help make the move work for patients.



Minor Injuries Units

The CCG have developed a proposal to create three Local Urgent Care hubs in Fenland and East Cambridgeshire. This involves keeping and improving the care currently provided by the Minor Injuries Units in Ely, Doddington and Wisbech.

People were initially worried that one or more of these local services would close as part of the STP review of urgent and emergency care.

Because of these concerns, the CCG arranged public meetings to listen to people and get their ideas for the future. We went to each one to hear what people had to say and have logged all of issues raised.

We are now part of the Steering Group that is planning the new services, which will work more closely with local GPs.

As part of this, we have told the CCG to make sure local people are kept informed of progress. They also need clear information about exactly what service will be available where.

Ending of NHS funding of hearing aids for people with mild hearing loss

Cambridgeshire and Peterborough Clinical Commissioning Group spoke to us about a proposal to end the funding of hearing aids for most people with mild hearing loss.

We questioned their savings calculations. We also pointed out the evidence-base that shows hearing aids can prevent deterioration of hearing.

We said that this policy change would disproportionately affect older people, especially those on low incomes. The CCG has yet to consult on this proposal.



Minor Injuries Unit sign, Ely

Gluten-free food on prescription

At its Governing Body meeting in July, the CCG agreed to support GPs in limiting their prescription of gluten-free products.

Sixteen people contacted us to say this would reduce their access to gluten-free foods. We were also contacted by Coeliac UK. They are worried about how this will affect people's ability to manage their condition, particularly those on a low income or with other vulnerabilities.

We raised these issues with the CCG. They told us that arrangements to support patients will be put in place. We are continuing to listen to how this change is affecting local people.

NICE guidance on gluten foods is being updated in October. We will look at this issue again then.

We are liaising with Coeliac UK, the Local Medical Committee and Healthwatch England, and have discussed with other Healthwatch in the East of England.



Being more people friendly

We sat on a Pharmaceutical Needs Assessment Steering group and gave feedback that the language should be more accessible to people. We also said they need to be open about what they will do with people's feedback.

We also submitted responses to:

- + General Practice five-year Forward View, which included a Healthwatch Cambridgeshire section on engagement.
- + STP Dementia Business Case, which highlighted the need for dementia services to be more joined up.
- + STP Falls Business Case, which highlighted the different services available in different parts of the county.
- + Cambridgeshire County Council's engagement commitment 'Working Together', which was revised as a result of our feedback.
- + The CCG's Pharmaceutical Rebate policy.



Getting local voices heard

Healthwatch Cambridgeshire staff and Directors sit on many groups. These are examples of how we have made a difference.

Health and Wellbeing Board

Our Chair, Val Moore, represents us on the Cambridgeshire Health and Wellbeing Board.

This is a place where key leaders from the health and care system work together to improve the health and wellbeing of our local population.

We support Val in her role, by making sure we keep her updated on issues raised by local people.

This year the Board has been looking at plans for integrating health and care services. We have advised how patient and public involvement needs to be at the centre of this planning.

Cambridgeshire Adult Safeguarding Board and the Cambridgeshire Local Safeguarding Children Board

Our Healthwatch is a member of both the adults and children's local Safeguarding Boards. Our job in these groups is to help make sure that the voice of people is listened to and taken account of in planning and decision-making.



Quality Surveillance Group

Our CEO attends the regional Quality Surveillance Group. This group is led by NHS England and made up of all the CCGs and Local Authorities across East Anglia, NHS Improvement and the Care Quality Commission.

The group looks at the various sources of intelligence and makes sure services are safe and effective.

Primary Care Joint Commissioning Committee

Our CEO attends this monthly group, which oversees the commissioning of primary care services such as local GP practices.

During 2016/17 the Committee received reports regarding the quality of provision, development of the GP Five-year Forward View, finances and complaints. Our job at this Committee is to question how patient experience is taken into account and how the public are involved in plans.

The CCG now has delegated powers from NHS England to commission Primary Care. Healthwatch Cambridgeshire supported the CCG's application for these powers, as we believe that this provides the best option for integrating and streamlining local GP services.

CCG Quality, Outcomes & Performance Committee

This Committee looks at issues of Quality and Performance of health services. We share what people tell us with this group so that the CCG are aware of the range of people's experiences. Specific issues this committee has considered include:

- + Waiting lists for Children and Adolescents' Mental Health Services.
- + Provision of the Personality Disorder Service.
- + Continuing Health Care.

Raising local issues nationally

As a local Healthwatch, we can formally escalate issues to Healthwatch England if we think they are part of a national issue.

Gypsy and Traveller

In 2016, we ran a project to listen to the experiences of local Gypsies and Travellers. They make up the largest ethnic minority communities in Cambridgeshire; however, they are more likely to have poor health than other local people.

Gypsies and Travellers are not recorded as distinct ethnic groups in the NHS data dictionary. Because of this, their use of local health services is not accurately recorded. This makes it hard to understand how care is working for them, or help improve it.

We have raised this issue with NHS England, Healthwatch England and Parliamentary Equalities Committee.



We are also working with The Race Foundation to make this a higher priority for NHS England through their equalities committee.

Social care assessments

In 2013-14 we raised the issue of delays for people getting social care assessments. This is an ongoing escalation. We have worked with Healthwatch England to develop resources to help other Healthwatch address this in their areas. Healthwatch England are continuing to influence at a national level wherever they can.

The Healthwatch network

The role of local Healthwatch in changing health and care for the better is as important as ever. In an increasingly challenged health and care system, it isn't an easy job.

Together with four of our other county Healthwatch, we organised the first ever Regional Conference to let our staff learn from each other, to help our network develop and be more effective.

Our CEO is a member of the Healthwatch England Leadership Group. As part of this, we have informed the development of the Healthwatch England strategy. We said they needed to focus on supporting and working with the network.

We have also helped Healthwatch England develop guidance and tools for the Healthwatch network. For example, we joined two webinars to help developing guidance about information and signposting.

Working with the Care Quality Commission.

Over the last year, we have continued to work with the Care Quality Commission (CQC) to make sure local people's experiences are listened to.

We continue to attend a bi-monthly information sharing meeting looking at residential and domiciliary care. We have shared concerns raised by local people around certain care services.

We commented on the CQC consultation into their next phase of regulation.

We joined a National Audit Office Focus Group on the role of the CQC.

In addition, we were recently told that the CQC redesigned their database directly as a result of feedback we gave about the Papworth Hospital inspections in December 2014.

Your stories in Parliament

Nationally, we have also submitted evidence to parliamentary select committees. These are cross-party working groups of MPs, who look in detail at specific issues. Our MPs make national policy decisions that affect all health and care services.

- + Health Select Committee enquiry 'The role of education in children and young people's mental health'
- + Women's and Equalities Committee enquiry 'The health experiences of Gypsy, Romany and Travellers'



**Our plans for
next year**



Our future as Healthwatch Cambridgeshire and Peterborough

We want to provide the best possible Healthwatch for local people. The Boards of Healthwatch Cambridgeshire and Healthwatch Peterborough, and our funders feel we can best achieve this with a combined Healthwatch covering both Cambridgeshire and Peterborough.

Many of the health and care organisations we work with on a regular basis, work across both Cambridgeshire and Peterborough. This includes Cambridgeshire and Peterborough Clinical Commissioning Group.

The decision to merge was made after careful consideration and a full analysis of the different options for better ways of working together.

This included talking to local people, the organisations we work with, our staff and our volunteers.

One thing that came out of this review was how highly valued both our local Healthwatch are to those who have worked with us or been helped by us.

As of 1st April 2017, a new Community Interest Company, Healthwatch Cambridgeshire and Peterborough, is delivering Healthwatch across the two areas.

An interim work programme has been agreed to ensure continuity of services whilst a strategic review is carried out.

This review will set out the priorities for the new Healthwatch and make sure we have staff in place and volunteer support to deliver on those priorities.

2017/18 will be a year of consolidation and joining up systems, particularly around governance, communications, volunteering and intelligence-gathering.

A combined Healthwatch gives us more resources to build a stronger and more secure Healthwatch.

This is better for local people, better for working with organisations and can offer more security to staff. It will allow us to develop better opportunities for the future.

Get in touch if you have any questions about the merger or would like to see a copy of our interim work programme. Our work programme is a public document and is available on our website or from our office.



Our people



Our Board 2016-17

Chair

Val Moore

Non-Executive Directors

Mike Andrews (Until 13/07/2016)

Karen Begg (Until 30/04/2016)

Frances Dewhurst (From 09/11/16)

Mike Hewins

Graham Jagger

Ruth McCallum

Jonathan Wells (From 09/11/16)

Sue Westwood-Bate

Our Chair is remunerated and receives £8,324 per annum.

Our Non-Executive Directors are unpaid but receive reasonable out of pocket expenses in line with our Volunteer Involvement policy

How we involve people

As a Community Interest Company (CIC) we are governed by our Memorandum and Articles of Association and comply with the reporting requirements of a CIC.

Our organisation is managed by a Board of Directors. They decide what is most important for us to do and make sure our organisation is properly run.

The Board meets every two months in public. All papers are posted on the website. At every meeting the Board are updated on progress made against the work programme.

Members of the public and Healthwatch volunteers are actively encouraged to attend. They can ask our Board questions at these meetings.

Our volunteers

Our volunteers are our 'eyes and ears' on care and have been crucial to our successes this year.

Our Community Listener and Outreach volunteers help us promote Healthwatch and talk to local people about their experiences.

Some of our volunteers are also trained as Authorised Representatives and get involved in Enter and View visits.

We have 25 active volunteers. We make sure our volunteers are supported and each volunteer has a named contact.

We provide regular training to help people in their roles and pay out of pocket expenses, in line with our Volunteer Involvement Policy

All our volunteers are important to us, and each comes with their own unique skills and experiences.

Over the next two pages, Nick and Lizzie, two of our longest serving volunteers, will tell you their Healthwatch stories.



Lizzie's Healthwatch story

Research Volunteer since 2014



Lizzie is currently helping us with a project to find out about the experiences of Deaf and hearing impaired people.

I am Lizzie and have been volunteering with Healthwatch Cambridgeshire as a Research Volunteer for a few years. I enjoy it as it is looking at health care services and patients' experiences.

After gaining a MSc, I worked in the NHS as a medical laboratory assistant in two hospitals and did some research work. I became interested in researching for healthcare specifically and would like to carry on

I believe in promoting good healthcare and helping the services and patients

to achieve this. I enjoy doing literature reviews, presenting information, constructing surveys and undertaking analysis on the Accessible Information Standards, which should support people with communication needs such as disabled people.

I am a service user myself and have disabilities so I rely on good healthcare and support, such as having a good relationship with the GP, so appreciate the importance of this.

I am an avid horse rider and I think healthcare is about enabling people to enjoy their lives and taking opportunities.



Nick's Healthwatch story

Community Listener volunteer, since 2014

Nick helps us listen to people's experiences of using local health and care services.

When I retired, I looked around to see what could I do to give a little bit to the community. My job had involved me working with people of all different nationalities in all different countries. I realised I really like people and listening to people is one of my strengths.

I found it very easy to ask people to tell me their experiences, good, bad or indifferent. And this is patients of all ages, young, old, middle aged, to give us an overall picture of how you feel the services are provided and whether you feel that you are satisfied and well cared for and well looked after.

I tell them that nobody is going to chase them up afterwards, there's nobody going to contact them. All we need is to get their impressions of the service provided, so that we have an overall picture.

What I like about Healthwatch is that they do identify certain priorities and areas of concern and these areas of concern mirror watching the East Anglia news.



It is quite reassuring for me to see the staff of Healthwatch talking about these problems which people have given to me.

Cambridgeshire is one of the most challenging geographical areas in the country. People assume because Cambridge city is full of bright academics, etc. it's a wealthy county with no problems.

In fact it has three areas of quite serious deprivation, one with very serious social deprivation and the difference between health provision between Cambridge city and the difficulties of providing good healthcare out in Fenland, Wisbech and places like that, really its enormous.



Our finances



Our finances

Income	£
Funding received to provide local Healthwatch statutory activities	287,602
Additional Income	43,734
Total income	331,336
Expenditure	£
Operational costs	62,674
Staffing costs	274,378
Office costs	15,371
Total expenditure	352,423
Balance brought forward	-21,087

All local Healthwatch are funded via the Department of Health. They give money to each local authority who are required to commission a local Healthwatch service. We receive our funding through a grant agreement from Cambridgeshire County Council.

These figures are from our draft audited figures. A copy of the full audited accounts will be presented for approval at our Annual General Meeting to be held at: 7-9pm, 5 July 2017, Town Hall, Market Hill, Huntingdon, PE29 3PJ

This is a public meeting and anyone is welcome to attend. The final accounts will be available on our website or from the office after this date.



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We will be making this annual report publicly available on 30 June 2017 by publishing it on our website and sharing it with Healthwatch England, the Care Quality Commission, NHS England, Cambridgeshire and Peterborough Clinical Commissioning Group, and Cambridgeshire County Council, including the Health Committee.

You can read and share this report free of charge.

If you need this report in a different format, please get in touch with us.

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 Healthwatch Cambridgeshire

 @HW_Cambs

Healthwatch Cambridgeshire and Peterborough is an independent champion for health and care. Our job is to make sure that those who run local health and care services understand and act on what really matters to people.

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