



CAMBRIDGE LOCAL HEALTH PARTNERSHIP

Date: Wednesday, 14 September 2016
Time: 12.00 pm
Venue: Council Chamber, The Guildhall, Market Square, Cambridge, CB2 3QJ
Contact: Graham Saint **Direct Dial:** 01223 457013

AGENDA

1 Apologies

2 Public Questions

This is an opportunity for members of the public to ask a question or make a statement to the Partnership. Please refer to the Public Participation section at the end of this agenda.

3 Minutes and Matters Arising (*Pages 7 - 12*)

To approve the minutes of the meeting held on 30th June 2016

4 Presentation: Healthwatch Cambridgeshire's Annual Report (*Pages 13 - 44*)

Sandie Smith, Chief Executive of Healthwatch Cambridgeshire, will outline highlights from their recent annual report that shows how local voices have been heard by decision-makers during a challenging time for the National Health Service.

Members are asked to help identify local issues where feedback from local people could make a difference.

5 Cambridgeshire's Safeguarding Boards

Helen Mitchell, Adult Safeguarding Learning and Development Manager in the Adult Safeguarding Team, Children of Cambridgeshire's Families and Adult Services Discussion will talk about the work of Cambridgeshire's

Safeguarding Boards and any work moving forwards.

Frances Swann, Supported Housing Manager and Safeguarding lead for adults for the City Council, will be on hand to help clarify the City Council's contribution and any local issues that have arisen.

6 Public Health Reference Group (Pages 45 - 46)

Carrie Holbrook, Senior Sports Development Officer, Cambridge City Council, will outline the City Council's present local Sports and Activity Action Plan and outline the joint "Community Led Physical Activity Proposal" initiated by the Public Health Reference Group, which will now be considered for funding by Cambridgeshire's Health Committee on 6 October 2016.

7 Update on the Health and Wellbeing Board

Adrian Lyne, Policy and Projects Officer at Cambridgeshire County Council, will provide a brief update on the work of the Health and Wellbeing Board and an outline of items to be discussed at its next meeting on 15 September 2016.

Agenda and supporting papers for the Health and Wellbeing Board can be found here:

https://cmis.cambridgeshire.gov.uk/ccclive/Committees/tabid/62/ctl/ViewCMS_CommitteeDetails/mid/381/id/12/Default.aspx

Members are asked to advise the Partnership's representative within the Board of the issues they would like raised at the meeting.

8 Cambridge Citizen's Advice Bureau Advice Outreach (Pages 47 - 48)

Sally Salisbury, Deputy CEO of Cambridge CAB, will provide a progress report for the Cambridge CAB Advice Outreach project, including the extension of the project to other local health centres.

9 Next Meeting of the Partnership

Information for the Public

Location

The meeting is in the Guildhall on the Market Square (CB2 3QJ).

Between 9 a.m. and 5 p.m. the building is accessible via Peas Hill, Guildhall Street and the Market Square entrances.

After 5 p.m. access is via the Peas Hill entrance.

All the meeting rooms (Committee Room 1, Committee 2 and the Council Chamber) are on the first floor, and are accessible via lifts or stairs.

Public Participation

Some meetings may have parts that will be closed to the public, but the reasons for excluding the press and public will be given.

Most meetings have an opportunity for members of the public to ask questions or make statements.

To ask a question or make a statement please notify the Committee Manager (details listed on the front of the agenda) prior to the deadline.

- For questions and/or statements regarding items on the published agenda, the deadline is the start of the meeting.
- For questions and/or statements regarding items NOT on the published agenda, the deadline is 10 a.m. the day before the meeting.

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meeting can be found at;

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Facilities for disabled people

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A loop system is available in Committee Room 1, Committee Room 2 and the Council Chamber.

Accessible toilets are available on the ground and first floor.

Meeting papers are available in large print and other formats on request prior to the meeting.

For further assistance please contact Democratic Services on 01223 457013 or democratic.services@cambridge.gov.uk.

Queries on reports

If you have a question or query regarding a committee report please contact the officer listed at the end of relevant report or Democratic Services on 01223 457013 or democratic.services@cambridge.gov.uk.

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CAMBRIDGE LOCAL HEALTH PARTNERSHIP

30 June 2016
12.00 - 1.30 pm

In attendance: Cllr. Richard Johnson (City Council), Cllr. Margery Abbot (City Council), Cllr. Kevin Price (City Council), Cllr. Tim Moore (City Council), Cllr. Joan Whitehead (County Council), Kate Parker (Public Health, County Council), Frances Swann (City Council), Vicky Knighton (City Council), Ariadne Henri (City Council), Jane Belman (Cambridge CAB), Sally Salisbury (Cambridge CAB), Eddie Stadnick (Cambridge Ethnic Community Forum), Mark Freeman (Cambridge CVS), Yvonne O'Donnell (City Council) and Graham Saint (Cambridge City Council).

FOR THE INFORMATION OF THE COUNCIL

16/9/CLHP Election of Chair

Cllr. Richard Johnson was nominated by Cllr. Kevin Price and seconded by Cllr. Margery Abbot for the position of Chair. No other nominations were forthcoming. Cllr. Richard Johnson accepted the position.

16/10/CLHP Apologies and Introductions

16/11/CLHP Public Questions

No public questions were received.

16/12/CLHP Minutes and Matters Arising

The Minutes of the meeting of the 10th March were agreed and signed as a correct record.

16/13/CLHP Migrant and Refugees in Cambridge

Members welcomed the proposed JSNA report on migrant workers and refugees and looked forward to reading its findings.

Eddie Stadnick, Chief Executive Officer for Cambridge Ethnic Community Forum (CECF), outlined the Forum's recent work in providing welfare advice and practical help to asylum seekers and refugees in Cambridge. Whilst Cambridge is not a dispersal area it was noted that people do turn up

homeless and traumatised, living on subsistence incomes and looking for assistance.

It was said that Migrant Help, the body contracted by the Government to give support to migrants could only provide “patchy” services to vulnerable people and that this tended to be centred on larger populations in towns and cities, with rural areas losing out. The Migrant Help service promoted access to legal aid and advice but where applications were turned down it was not permitted to take forward an appeal, sometimes leaving people in dire circumstances.

CECF has recently been assisting 26 people in accessing legal aided immigration advice and had been referring younger people to Centre 33 for help. It was said that Cambridgeshire County Council was presently supporting 60 young people under 18 and that this number was likely to increase to 90 people at the end of the year. Concern was expressed about what would happen to these young unaccompanied people when they turned 18 – would they be thrown out of the country they had made their home at this point?

It was said that the Council has been playing its part in the Syrian Refugee Resettlement Program and has been leading work locally to accept Syrian refugees in the City. Much of the work has been about identifying properties and ensuring they are in an appropriate condition to house new arrivals. Arrangements have been made to provide the right levels of care and to ensure that their resettlement goes smoothly and that people have the best opportunity of integrating, including the provision of translation services and English Language training. So far three families, including six children had been settled. Arrangements were presently being made to house a further two families in private sector accommodation, but it was said that private sector landlords seemed reluctant to get involved. Many were concerned that if they offered assistance that they may be subject to additional scrutiny and be required to complete extensive paperwork to meet any legislative responsibilities.

It was said that some refugees and asylum seekers in Cambridge required a high level of support because of their traumatising experiences, and many were suspicious of the state and tried not to talk about their experiences with officials. It was said that in some health care settings providers were reluctant to offer translation or an interpreting service, making it difficult for migrants to receive appropriate care. It was felt that the national circumstances were leading to an increase in local hate crimes and that this could be exacerbating the feeling of isolation for many migrants in the city.

16/14/CLHP Refugee Week and Local Refugee Services

Eddie Stadnick, Chief Executive Officer for Cambridge Ethnic Community Forum (CECF), said that Refugee Week this year had been a huge success in bringing together people from different backgrounds and had supported the network of different organisations in the “City of Sanctuary” campaign.

16/15/CLHP Update on Cambridge Citizen's Advice Bureau's (CAB) outreach advice project

Jane Belman and Sally Salisbury outlined the impact of the first year of the Outreach Advice project being delivered by Cambridge CAB, presently running within East Barnwell Health Centre and discussed progress with extending the project to three other practices, also serving disadvantaged communities in Cambridge.

Jane said that work had started in providing similar services in the Nuffield Road practice and discussions were taking place with the Arbury Road practice and Trumpington practice. One limiting factor was the availability of sufficient space at Arbury Road practice.

Members welcomed the report and noted the increase in incomes that had been realised as a result of local people receiving their benefit entitlements, as well as some of the apparent improvements in their health, although it was appreciated that this link was complex and difficult to evidence without the use of randomised control trials. Members also welcomed the additional independent funding that had come forward from the Evelyn Trust that would add value to this project.

It was suggested that the impending C CVS premises in Arbury Court could be used as a setting for the project and that connections should be made with the Community Navigator Service that is about to be retendered.

16/16/CLHP Update on the work of Cambridgeshire's Health and Wellbeing Board

Members noted the likely agenda for the next Board meeting on 7 July 2016, which may cover:

- Joint Strategic Needs Assessments, including the JSNA Summary Report, Migrant and Refugees JSNA and an update on the Long-Term Conditions JSNA

- Update on the implementation of the County's Community Resilience Strategy
- Health and Care System Transformation Programme, and
- Better Care Fund update.

16/17/CLHP Update on the local Mental Health Crisis Care Concordat

Vicky Knighton, Cambridge City Council's Tenancy Sustainment Officer, outlined the present work being pursued by the Concordat's Delivery Board. This included pilot initiatives put in place as part of the local Vanguard Programme that strengthen first responders, extend out of hours care and provide a place of sanctuary that local people can "self-refer" into. An integrated mental health team were in place in the police forces control room to help ensure people in mental health crisis received appropriate support. It was likely that the pilot would be "rolled out" later in the year, based on its reported success.

Cambridge City Council will shortly be formally "signing-up" to the local declaration supporting the Concordat in the near future. Members welcomed this work and looked forward to its development.

16/18/CLHP Update on the work of the Public Health Reference Group

Yvonne O'Donnell, Environmental Health Manager for the City Council, briefly talked about the work of the group, which was being prioritised around promoting healthy diets and physical activity, including a healthy weight strategy. City Council services were looking to contribute by focusing some of their mainstream activities on these priorities, including sports development, community development and environmental health work.

A healthy work programme was being offered to local employers by Public Health that included the training of organisational health champions, mental health first aid "light", travel to work advice and the use of structured and unstructured activities in the workplace. Members welcomed the opportunity for local employers to get involved in the programme.

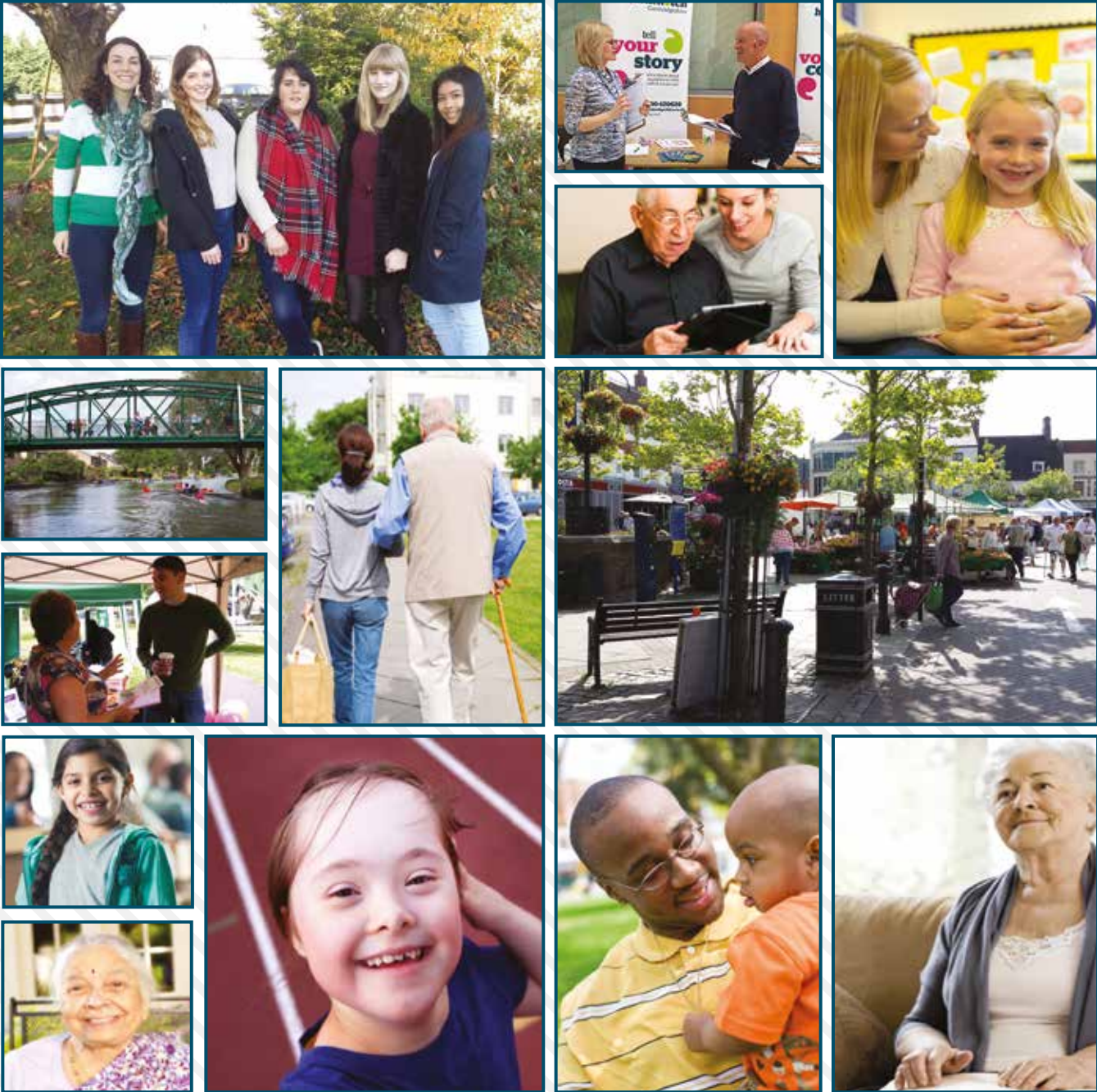
16/19/CLHP Date of Next meeting

The next meeting will be on the 8th September 2016

The meeting ended at 1.30 pm

CHAIR

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Healthwatch Cambridgeshire

Annual Report 2015/16

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Welcome from us

This annual report tells the stories of how we have helped local people shape services and the difference our local Healthwatch has made.

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

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

Val Moore,
Chair



Welcome to our third Annual Report. It has been another busy year for all of us at Healthwatch Cambridgeshire. We have been working hard to get people's voices heard and improvements made. Winning a national

Healthwatch Award for 'Working with the Care Quality Commission' was a high point for us.

During the past year we have been delighted to get an increasing amount of feedback from local people about the services they use. It is important to get what people tell us to where decisions are being made. We are encouraged that our feedback about local people's experiences is always welcomed by the people making decisions.

The year was difficult at times, with our local health and care system experiencing some major challenges: Addenbrooke's Hospital going into special measures as a result of a poor Care Quality Commission inspection; the collapse of an innovative contract to integrate Older People's and Community Services; and ever-increasing pressure on budgets.

With these system pressures we have had to think very carefully about where to focus our time and effort. However, this has also brought opportunities, as commissioners, regulators and service providers look for new ways to do things.

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.

Sandie Smith,
Chief Executive

Who we are

We exist to make health and care services work for the people who use them.

Everything we say and do is informed by our connections to local people. Our sole focus is on understanding the needs, experiences and concerns of people of all ages who use services and to speak out on their behalf.

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

Our role is to make sure local decision makers and health and care services put the experiences of people at the heart of their work.

We believe that asking people more about their experiences can identify issues that, if addressed, will make services better.



Our vision

We are committed to listening to and working for all people in Cambridgeshire, to actively pursue improvements in health and social care.

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

We set the following strategic priorities for 2015-2016, as part of our 2015 - 18 strategic plan:

- Gathering people's experiences and using them to influence service development.
- Equal access to services.
- Children and young people.
- Social care and the implementation of the Care Act.
- Person centred services.

This Annual Report tells you what we have done in these priority areas.

Listening to people who use health and care services



Gathering experiences and understanding people's needs

We actively promote people's opportunities to feedback their experiences of care. They can do this online, by phone or face to face.

As well as sharing information online and talking on social media, we go out into the community to meet people face to face.

We have talked to hundreds of people in the community at 85 events. This includes:

- Talks to patient groups, health condition specific support groups, carers groups and schools.
- Taking our information stand to market stalls, libraries, and local hospitals.
- Working with local voluntary and community groups, NHS, social care and other organisations, to support their information events.

We made it a priority to talk to people in poorer areas and rural areas, particularly Fenland, East Cambridgeshire and North Huntingdonshire.

We also spoke with people who are seldom heard by decision makers, for example those from Black, Asian and minority community groups.

We always try to visit any group that invites us along, so please do get in touch if you want us to talk to your group.

We had more than 6,500 interactions with people on Twitter and Facebook; from sharing our stories to sharing experiences of care.

We have also had around 100 stories in the local media, to help spread the word about Healthwatch and encourage people to share their stories of care.

This includes:

- Local papers and radio, including community radio
- National radio
- Local and community TV
- Local voluntary and community organisations newsletters.

This year Kate Hales, our "Dementia Friends" Champion, signed up an extra 77 Dementia Friends in Cambridgeshire.



Older people

Older people use health and care services more than any other age group. We have worked hard to gather the experiences of older people from across the county, particularly in the poorer and rural areas of Cambridgeshire.

Around a third of the groups we visit are older people's groups. This includes Golden Age Fairs in Fenland, sheltered housing schemes and working with smaller community groups to gather feedback.

One group we work with is COPE, a local older people's organisation. More than 2,800 older people are members. We have regular articles in their newsletters, and their Chair is one of our Outreach volunteers.

“As an Outreach volunteer, I can make sure Healthwatch knows what is important to the older people that we talk to through COPE.

At COPE we represent the members’ needs in getting high quality health and social care for the older population of Cambridgeshire.”

Brian Walker, Chair, COPE and Outreach Volunteer Healthwatch Cambridgeshire

This year we talked to more than 150 young people about their experiences of mental health and the care they have received.

Young people

Our full-time Youth Engagement worker, Rita Nunes, helps us listen to the experiences of young people and make sure they have the opportunity to get involved in local decision making.

Outreach is an important part of Rita’s role. She has visited local groups, like young carers, to hear their stories.

This year we have talked to more than 150 young people about their experiences of mental health and the care they have received. We did this as part of our “My Own Mind” and

“Thriving” projects. This included focus group discussions with 46 young people and 107 survey replies. We will tell you more about these projects later in this report.

Rita has also held focus group discussions with young people in Wisbech and Cambridge, to help set up YMCA’s new Young Inspectors programme. This is launching later in 2016.

Rita has continued to support local initiatives to involve young people in local health and care decision making. This has included:

- Meeting with young people as part of the Strategic Clinical Network’s Young Health Ambassadors’ forums during 2015. At these meetings young people learned about different health related topics. They also talked about how to make sure professionals are listening to them.
- Joining a Children and Young People’s Takeover Day on 5th November. This event was held by the Strategic Clinical Network as part of the Children’s Commissioner’s Takeover challenge. At this event young people had a chance to speak to health professionals about what they do, and share their ideas and experiences to improve care.

Rita has recruited more members to Youth Connect, our network for young people, to help them find out about opportunities to engage in health and care decision making. As of 31st March 2016, there were 78 subscribers.

Youth Connect subscribers get regular bulletins from Rita, telling them about:

- opportunities to get involved;
- things that might interest them like local projects; and
- information to help them manage their health and care.

This year we made sure local people's experiences of gender identity services were listened to by NHS England.

Seldom heard people

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

This year we made sure that local people's experiences of gender identity services were listened to by NHS England as part of tackling the huge delays people are experiencing in getting treatment.

We got in touch with local Transgender online networks and groups to ask people to share their experiences. We were helped by Becs, a project worker for Encompass, who has experience of working with the Trans community.

We submitted five people's stories to Healthwatch England, to help them influence the changes needed in gender identity services. Four of these stories were detailed, and they showed that people are experiencing inconsistencies in care. For example, one story

talked about getting voice feminisation surgery before starting hormone treatment.

This work helped us strengthen our links with local Lesbian, Gay, Bi-sexual and Transgender (LGBT) organisations in Cambridgeshire. We visited three local groups to gather experiences of care and have done more work to gather the experiences of older LGBT people in 2016.

'The LGBT community don't always get an opportunity to have their voices heard. We were pleased to work with Healthwatch Cambridgeshire to get views from an often silent community.'

Becs Manning, Project Worker,
Encompass

People who live outside Cambridgeshire

We also 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.

As part of the inspection of Addenbrooke's and the Rosie Hospitals in April 2015, we asked other local Healthwatch to support our call for evidence.

Last year, we know we gathered the experiences of at least 19 people who lived 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.

What we've learnt from 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 publically report to the people who make decisions about these services.

This year we visited 13 care homes, to see and hear what it is like to live in a care home in Cambridgeshire.



We wrote public reports after each of the care home visits and sent them to the care homes. Copies were also shared with the local Care Quality Commission, the County Council who pay for care home beds, and Healthwatch England.

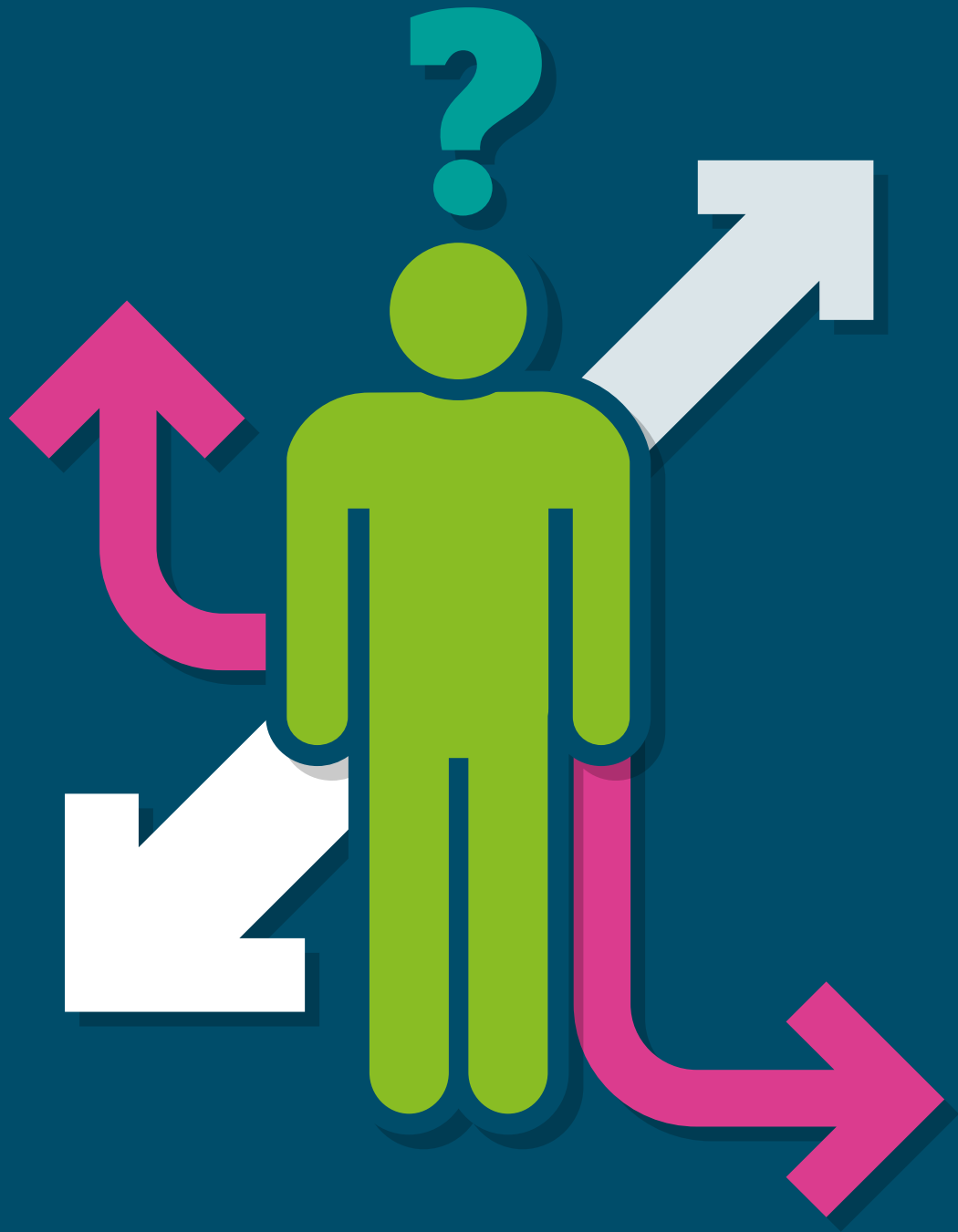
This is what changed as a result of our visits:

- Residents became more involved in planning activities at several of the homes we visited.
- A new disabled parking bay was put in for visitors in one care home.
- New flooring and table covers were put in one care home.
- More choice of books was made available in one care home.
- Healthwatch information is now displayed in all care homes and all are signed up to receive our regular hardcopy newsletters.

“Healthwatch make a valuable contribution to improving the quality of care provided to many vulnerable people across the county. Their “enter and view” visits offer an independent view of services and are useful for both commissioners and people who use services.

Ken Fairbairn, Head of Contracts - Adult Social Care, Cambridgeshire County Council

Giving information



Helping people get what they need from local health and care services

People can get tailored information to help them find the service they need from our Information Service. They can contact us via the website, email, social media, telephone or at local events.

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 progress either locally or by escalating to Healthwatch England.

We still hear evidence of people feeling reluctant to complain about poor care. There also continues to be confusion as to 'who' to complain to and knowledge of advocacy services remains poor. This is reflected in our most common signposting referrals being to Patient Advice and Liaison Services (PALS), Trusts' complaints officers, and advocacy organisations such as POHWER.

Our ability to signpost people to the right place for their complaint continues to be appreciated by clients. One enquirer said *'Thank you for giving us the confidence to move it on'*.

On occasions it is enough to provide people with information about their rights to enable them to take the action they need to resolve the situation. However, many of the calls are complex, with a range of issues.

The number of organisations we have signposted people to continues to grow. In the last 6 months of 2015-16, individuals were signposted to over 70 separate organisations. We sometimes do a 'warm' handover, where we contact the organisation directly.

We still hear evidence of people feeling reluctant to complain about poor care.

Increasingly, we raise delays in accessing diagnoses or treatments direct with local commissioners and providers. This is a particular issue in mental health where people are still experiencing long delays.

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. In addition, many people from outside Cambridgeshire are cared for at our Acute and Specialist hospitals.

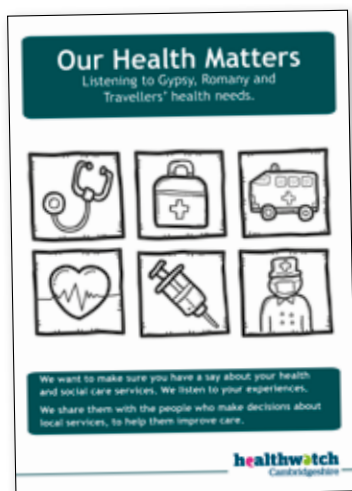
Conversely, some people live in Cambridgeshire but are registered with a GP practice in a neighbouring county. This changes referral and commissioning routes. It can be difficult for patients to understand who is commissioning their care, and which local Healthwatch they should contact.

How we have made a difference



Our reports and recommendations

Local Healthwatch has a duty to use reports and recommendations to suggest how local care services could or ought to be improved.



Our Health Matters

In March 2016 we published “Our Health Matters”, a summary of what local Gypsies and Travellers have told us about their health needs. They make up the largest ethnic minority communities in Cambridgeshire; however, they are more likely to have poor health than other local people.

Our report said health and social care organisations need to work better for Gypsies and Travellers. We invited local health and care organisations to the launch of this report. They heard the real stories of local Gypsies and Travellers, and met with people from these communities.

We asked local health and care commissioners and providers to tell us what they can do to improve services for local people.

We asked them to pledge to:

- Have a named person within their organisation who can help make care work better for Gypsies and Travellers.
- Accurately record Gypsy and Traveller use of local health and care services. The big issue here is that Gypsy and Travellers are not in the NHS data dictionary as an ethnic group. As a result, their use of local health services is not accurately recorded. This means it is hard to understand how care is working or help improve it.
- Improve how their organisations communicate with Gypsies and Travellers by providing information in a format that individuals can use.
- Tackle any negative attitudes towards Gypsies and Travellers within their organisations.

The pledges include real steps to tackle the national issue of the NHS data dictionary.

At the time of writing, seven organisations have made specific pledges to improve services. This includes Cambridgeshire County Council, Cambridgeshire & Peterborough Clinical Commissioning Group, Addenbrooke's & the Rosie Hospitals and Cambridgeshire Community Services.

We will be reporting on what has changed as a result of these pledges at our Annual General Meeting in July.

First steps to Health

Over 1,000 people told us what their First Steps to Health would be in our survey into primary care services. We wanted to explore people's attitudes towards and experiences of GP, NHS 111 and pharmacy services.

The First Steps to Health report was published at the end of May 2015. It included a number of recommendations for Cambridgeshire & Peterborough Clinical Commissioning Group and NHS England, who commission different parts of these services.

89% of people were positive about their GP care. However, we heard of some inequalities in getting care for:

- People with a hearing impairment;
- People whose first language isn't English; and
- People with mental health problems.

Both the CCG and NHS England responded to our recommendations. They let us know what work was being done to address some of the issues we raised.

The evidence from this report has added to other concerns about capacity within primary care services. We have raised these issues through our involvement in co-commissioning and strategic groups.

We also shared our report with the Parliamentary Health Select Committee. Our findings were included in their April 2016 report into primary care. This report made recommendations for national policy development around primary care services.

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.

NHS England did not reply to our First Steps to Health report recommendations within 30 working days. We needed to escalate this to Healthwatch England before they replied.

Making care better

We frequently raise issues that local people tell us about with the organisations that make decisions about these services.

Improving care assessment waiting times.

In January, Cambridgeshire County Council told us they had hugely reduced the number of people waiting for a social care assessment. Previously people had waited up to 47 weeks for an assessment.

The length of time people waited was down to a maximum of 11 weeks. Nobody was waiting for an urgent assessment.

We have been worried about this issue since 2013, when we first raised the problem with the council. At that time, we contacted the council to ask:

- How many people were still waiting for a care package?
- How long they had been waiting?
- For reassurance that nobody was going without care.

The council told us that assessments are prioritised according to levels of need, but that they made sure people were not left without care.

People with the greatest need are assessed first but they also told us that people can face a long wait before the assessments can take place.

We remain in close contact with the council and ask for regular updates, to make sure the issue is not overlooked.

A step forward in foot care

A number of people raised concerns about their experiences getting podiatry care on the NHS. When we took a closer look, we found inconsistencies about who could get care and what the threshold was.

We talked to the Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) about these concerns. They agreed and updated their policy in September 2015.

These changes mean care will be more consistent across the county, and people will be clearer on whether they're entitled to free podiatry care.

Quarterly summaries

We regularly share people's experiences of care with local commissioners and providers, to help them improve care. As part of this we create quarterly summaries for our larger providers and for the local commissioners. This includes feedback on things like: quality of care, access to services and how organisations have communicated with people.

Working with other organisations

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

For example, in the last year we:

- Ran a series of workshops to look at people's attitudes to drugs and alcohol. This helped with the development of the Joint Strategic Needs Assessment on drug and alcohol services.
- Gathered 100+ people's experiences and opinions of sexual health promotion and HIV support. This helped Cambridgeshire County Council write its contract for new sexual health promotion and HIV prevention services.
- Joined a task and finish group set up by NHS England to look at how screening rates for breast and cervical cancer could be improved locally. We shared local people's experiences of care as part of this.

We also work with a number of different organisations on decision making groups.

Health & 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 try and improve the health and wellbeing of our local population.

The Board is a requirement of the 2012 Health and Social Care Act. Sandie Smith, our CEO, attends the Officer Support Group. We support Val in her role, by making sure we keep her updated on issues raised by local people.

This year we have encouraged the Board to start each meeting with a person's story. This is a powerful way to get our health and care decision makers to listen to local people's experiences.

NHS 111 & Out of Hours Care

We had a seat on the Clinical Commissioning Group's procurement Board for the new NHS 111 and Out of Hours service. We have been making sure that public and patient engagement is part of the new contract, due to start in 2016.

NHS Trusts in Special Measures

Two of our local NHS Trusts have been in special measures this year: Cambridge University Hospitals (CUH), since September 2015, and Hinchingsbrooke Hospital, since January 2015.

We go to regular Stakeholder Assurance Meetings with NHS England, NHS Improvement and the Trust Development Authority, which oversee the improvement plans for Trusts in special measures.

At these meetings we use patient feedback to help advise the Trusts on what patients are experiencing.

For example, two people told us they waited several days in hospital for training to administer their IV antibiotics. They were perfectly well and felt they had been 'bed blockers'. We told CUH, and they will look at this issue as part of their improvement programme.

Care Quality Commission

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

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

During 2015-16, two of our NHS Trust hospital providers were inspected. For each inspection we sent out a "call for evidence" and gathered people's stories of care to share with the CQC.

This helped the CQC to get a better understanding of how people were experiencing care at these hospitals.

We have also commented on the following CQC consultations:

- Thematic Inspection - Integrated Services
- Review of Hospital Inspections
- CQC Strategy 2016-21

We received an award for “Making a difference with the Care Quality Commission” at the Healthwatch 2015 national conference.

We achieved this award based on the work we did supporting people’s voices to be heard during local hospital inspections.

We also told the CQC when they got it wrong; for example, if they told people too late about inspections, or when the information they provided wasn’t accessible to the people they wanted to talk to.

Working with local VOICE organisations

We are part of a Cambs Voice, a forum of organisations whose work includes making sure people are listened to when important decisions are made about our public services. Sandie is the Chair of this group, and we help manage the joint work plan.

This year Cambs Voice ran “Hear Me!”, a training event for local health and care professionals, to share good ways of listening to and involving people in health and care decision making. This included presentations and workshops on:

- Listening to the health needs of local Gypsies and Travellers.
- Supporting people with a learning disability or autism to take part in consultations.
- Making sure people have the skills they need to make a meaningful contribution to local decision making.



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.

In 2013-14 we raised the issue of delays for people getting social care assessments. This is an ongoing escalation.

This year, Sandie spoke at Healthwatch England's National Policy Forum to raise awareness of this issue across the Healthwatch network.

We have helped Healthwatch England design a toolkit to help other Local Healthwatch find out more about what is happening in their area.

We have also worked with Healthwatch England, to help improve how local Healthwatch share information and work with each other. We have written a protocol to help achieve this.



Involving local people

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

As part of doing this, we often comment on local and national health and care consultations. This year we have commented on:

- The local Integrated Public Mental Health strategy.
- The National Children and Adolescent Mental Health Task Force.
- National Institute for Health and Care Excellence's consultation on public and patient involvement.
- The local Integrated Local Advocacy Service Tender.
- The National Maternity Review.

Safeguarding Adults Board Community Network

We have secured three places on the Cambridgeshire Safeguarding Adults Board for local people. These three people are also part of wider networks across different community interest groups, including older people, carers and people using mental health services.

This network and the representatives help the Board in its work by advising how safeguarding can be better understood by local people. We have secured three places for local people on the Cambridgeshire Safeguarding Adults Board.

Consultation Network

Through our Consultation Network we promote opportunities for local people to get involved in developing local health and care services. This might be by answering a survey, going to a workshop or joining a decision making group as a lay person, patient or carer.

Last year we promoted almost 100 different opportunities. More than 200 people are signed up for regular updates. We also promote opportunities through our e-news and social media.

Our volunteers

We want to thank our volunteers for all their hard work. They have been crucial to our successes this year.

Our 11 Outreach volunteers help us talk to people across the county. They help us at local events and do talks for local groups.

Our 18 Enter and View volunteers visited 13 different care homes during the summer and helped us write the reports.

We have two research volunteers, who have helped us with our projects.

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.



Dr Kate D'Arcy, one of our Outreach Volunteers, helped us listen to the experiences of local Gypsies and Travellers as part of the "Our Health Matters" project. Kate wrote a report, and has led workshops to tell local health and care decision makers about our findings.

Kate's story

"I have been volunteering for Healthwatch for about 1 year. I felt they were doing important work involving people in decisions about health and care services. I wanted to offer my help, to ensure those groups of people who are often un-represented were included in such decisions.

My previous job involved working with Gypsy and Traveller communities. I thought I could offer my support to gain feedback about their experiences, good and bad. The aim is to feed this information back to the providers, to improve the service they offer, as health issues for Gypsy and Traveller communities are very complex. We have made a start on this work, by talking to a number of people across Cambridgeshire. We wrote the Our Health Matters report about our findings and shared these with different health and care providers and commissioners in March.

There is still much to do, and I look forward to planning how we might extend this work in the coming year to make a difference to all marginalised communities in Cambridgeshire."



Our work in focus



Our work in focus: children & young people's mental health services

We want to make sure children and young people's needs are at the heart of mental health support for them and their families. The best way to do that is to listen to and involve them in developing support services.

This year, Cambridgeshire & Peterborough CCG began to redesign mental health services for children and young people.

We have run two projects to help find out what would help young people manage their mental health.

My Own Mind

We worked closely with a group of students from Ely College to look at young people's attitudes to stress and anxiety.

We designed a survey with a group of students, who helped promote it to the rest of the school. They also helped organise two focus group sessions. Over 100 young people shared their experiences and opinions.

As a result of these findings, we wrote the My Own Mind report. This includes what young people want to see change, to help improve mental health support for them.

What happened next

Ely College decided to appoint its own school counsellor after the report was launched.

The CCG and local authority used what the young people said to inform the new model of care.

The iThrive model, on which the new services will be based, features information and peer support as core elements.

Thriving

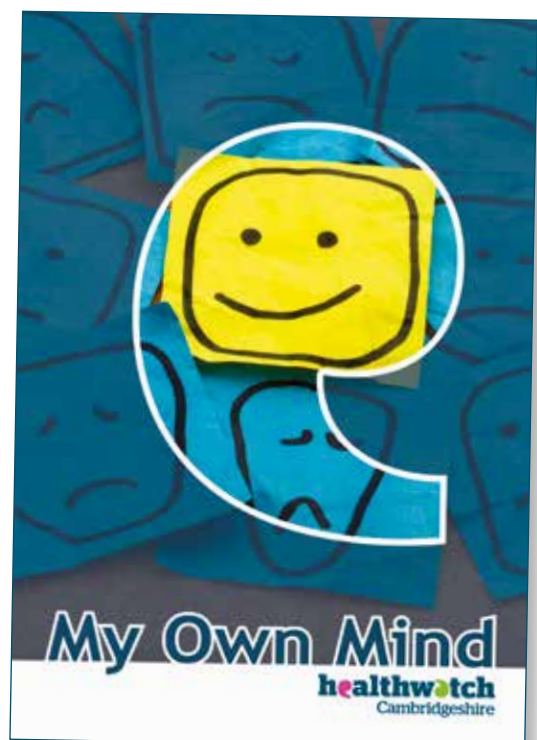
The CCG asked us to run some more focus groups, to help develop the new model of care a bit more.

We spoke to four local groups of children and young people aged 8 to 20 years, including some young carers.

We asked about their opinions and experiences of mental health, including using mental health services.

We also wanted to know what information would help them and what words they use and understand when talking about mental health.

This information went into our Thriving report, which went to the Emotional Health and Wellbeing Board early in 2016-17.



Our work in focus: Older People's Health and Adult Community Services

We asked questions when the Older People's Health and Adult Community Services contract collapsed in December after only eight months.

On 1st April 2015, UnitingCare became the "Lead Provider" of this innovative contract. They were selected by Cambridgeshire & Peterborough CCG, after a lengthy procurement process.

The contract was based on a brand new "outcomes" approach to buying care. Its aim was to make care more joined up.

When it ended, we wanted to know why and what would happen next. Our letter was supported by Healthwatch Peterborough, Healthwatch Northampton and Healthwatch Hertfordshire.

What the CCG said:

- The contract ended because of financial problems, not problems with care.
- The new model of care was starting to work, and they wanted to keep it.
- They were working hard to make sure all the local contracts kept working and nobody went without care.

The CCG decided not to re-tender for these services, but to manage all the contracts themselves.

As a result of the contract collapse, a number of enquiries were announced into the different aspects of what went wrong.

Cambridgeshire County Council's Health Committee also wanted to look at this in detail. They have an important statutory role in scrutinising local health and care services.

We have worked closely with the Health Committee, attending their meetings and sharing what we know with them.

We called for an overall learning from all of the reviews, to make sure that people can understand what happened.

In partnership with Healthwatch Peterborough, Cambridgeshire County Council, Peterborough City Council, Cambridgeshire and Peterborough CCG, we started planning a learning event for May 2016.

The future

We are still worried about whether there is enough staff time, expertise and money within the CCG to develop the proposed 'integrated' model of care.

We will continue to ask questions on behalf of local people. It is important that their concerns, experiences and ideas are listened to by the CCG and their questions answered.

Our plans for next year



Future priorities

Our local health and care system continues to face many complex challenges. We have refreshed our strategic plan to make sure we spend our time on the most important issues.

We used a survey to ask local people what was most important for us to work on. We heard from local people, as well as health and care commissioners and providers.

Most of the people who answered, think we are doing a good job. However, we need to do more to make sure that the messages about our services are promoted clearly to the different people we talk to, and work with.

Contextual themes

- **Sustainable services**

Our CCG is 'financially challenged'. Two NHS Trusts are in special measures. 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 will be our topical 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**

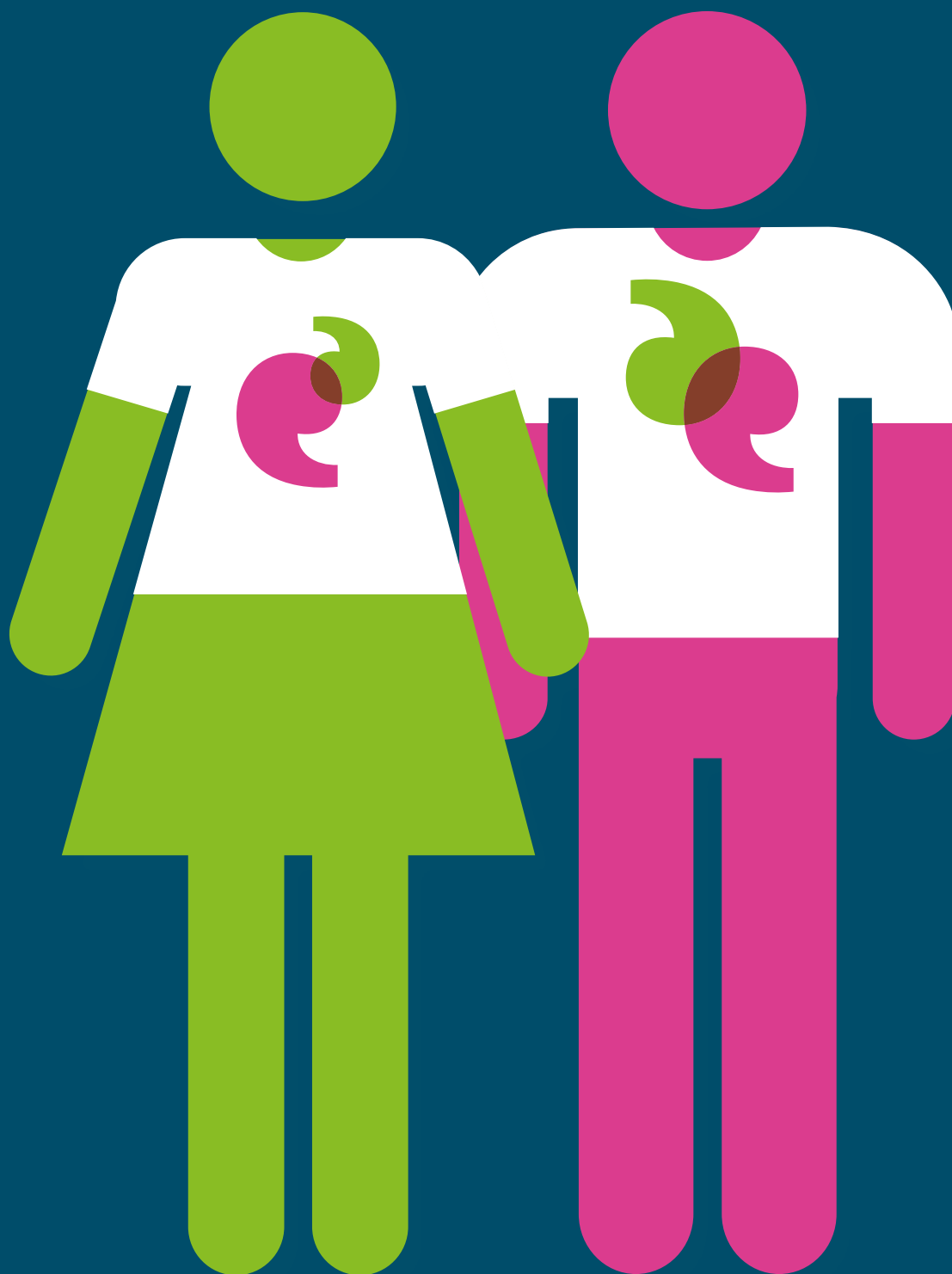
Access to GP appointments is one of the biggest concerns people tell us about. We know that General Practice is under pressure with growing demand and workforce challenges. It is likely that there will be changes to how primary care, including general practice, is commissioned.

- **Discharge from hospital**

Leaving hospital is difficult for many people. Often we hear that people are sent home without support in place or stay in hospital longer than they should.

A member of the Board will be identified as a Champion of these priorities.

Our people



Decision making

Our Board 2015-2016

Chair

Val Moore (from 09/09/16)

Graham Jagger
(interim, 15/07/16 - 09/09/16)

Ruth Rogers (until 15/07/16)

Non-Executive Directors

Mike Andrews

Karen Begg

Mike Hewins

Graham Jagger

Ruth McCallum

Val Moore (15/07/2015 - 09/09/2015)

Sue Westwood-Bate

Our Chair is remunerated and received £8,234 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 in our decision making

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 this meeting.

Our finances



INCOME		£
Funding received from local authority to deliver local Healthwatch statutory activities		£287,602
Additional income		£22,440
Total income		£310,042
EXPENDITURE		
Operational costs		£31,187
Staffing costs		£240,028
Office costs		£19,806
Total expenditure		£291,021
Balance brought forward		£19,021

These figures are our pre-audited figures and may be subject to change. They are provided in advance of our full audited accounts so we can meet the statutory requirement to publish this report by 30th June 2016.

A copy of our full audited accounts will be presented at our Annual General Meeting, 7-9pm 13th July 2016 at Swavesey Memorial Hall, High Street, Swavesey, Cambridge, CB24 4QU.

They will be available on our website or from the office after this date.

Contact us



Get in touch

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Website: www.healthwatchcambridgeshire.co.uk

We will be making this annual report publicly available by 30th June 2016 by publishing it on our website and circulating it to Healthwatch England, the Care Quality Commission, NHS England, Cambridgeshire & Peterborough Clinical Commissioning Group, Cambridgeshire County Council and the local Health Committee.

We confirm that we are using the Healthwatch trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities, as covered by the licence agreement.

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please contact us at the address above.**

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Sports & Physical Activity Action Plan 2015 - 2017

Following rounds of consultation and workshops with sporting National Governing Bodies (NGB's), local clubs and organisations, and Sport England, the following key themes were identified in 2014 as being the main focus for the City Council's Sports Team to tackle over the next few years, to provide excellent sporting infrastructure and opportunities for residents and visitors to the City.

THEMES

- a) **Adult & young people's obesity levels** which are lower than national average but are still a growing concern in respect of the evidence linking obesity to poor health outcomes and medical conditions, such as diabetes and Coronary Health Disease.
- b) **Tackling low levels of activity** - 17% of adults living in the City do no or very little physical activity (take part in less than 30 minutes per week) in addition 64.7% of adults are not achieving the recommended 150 minutes of physical activity per week to improving health. There is strong evidence linking low levels of physical activity to long-term conditions and all-cause mortality.
- c) **The growing demand by local people for informal sport** and recreation opportunities (for example, running) rather than belonging to a sports club. Participation at competition level not always the main goal and some people see as unobtainable, and would rather participate for fun. New research from Sport England finding similar results and are now encouraging sports deliverers to make sport more accessible and participation less formal.
- d) **Helping those unable to swim** - growing number of 11 year olds, younger people and adults who are unable to swim 25m unaided. 30% of key stage 2 pupils who do attend curricular lessons cannot swim 25m unaided, and 39% of pupils are not taking any swimming lessons. 1 in 10 parents do not take their children swimming because they cannot swim themselves, and 52% responding to a recent national survey said they now swim very rarely or never.
- e) **Supporting the City's community groups and sports organisations** in providing opportunity for local people to live more active lives. With the growing cost and numbers of qualifications to deliver sport and the reliance on volunteers to help make clubs sustainable, is a key area to help promote and provide support and assistance to help bring sporting opportunities into local communities.

Other areas highlighted as key issues to be considered in all work action planning are;

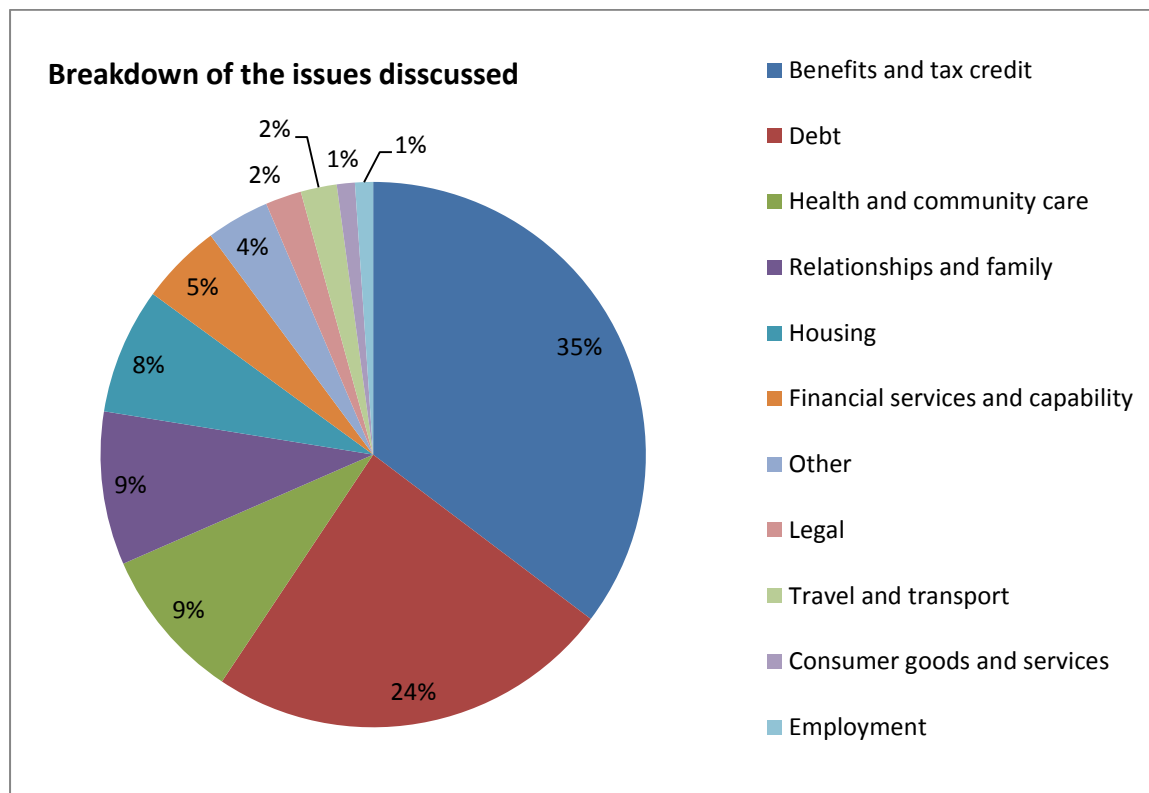
- Making sports activities more affordable
- Improving geographical accessibility of sports centres
- Providing more swimming opportunities and a 50m pool
- Increasing awareness of sporting opportunities
- Increasing disabled provision and more integrated activities

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Cambridge CAB Outreach project in East Barnwell Health Centre Update report for period from 1st April to 31st July 2016/17

During this 4 months period our adviser had 53 appointments with 29 clients from East Barnwell Health Centre.

Seven clients has been referred to Wendy by staff of the centre but most client self referred to CAB or has been already seen by adviser in the previous period.



Issues discussed during appointment	
Benefits and tax credit	66
Consumer goods and services	2
Debt	45
Employment	2
Financial services and capability	9
Health and community care	17
Housing	14
Legal	4
Other	7
Relationships and family	17
Travel and transport	4

Total	187
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Financial outcomes for Wendy's work both in helping clients to claim benefits to which they are entitled of helping to manage their financial situation of which both help to improve clients' wellbeing.

Total value of the outcomes: **£56,473**.

Financial Outcome Category	Total £ amount recorded
Debts written off	£27237
Income gain	£29236
Total	£56473

Income gain	Application made to gov. scheme for financial help/energy efficiency measures	£5250
	Benefit / tax credit gain - a new award or increase	£21844
	Better deal through switching supplier	£373
	Charitable payment	£1085
	Compensation - awarded	£154
	Food provision/referral	£30
	Other savings achieved	£500
	Total	£29236

Some of the Wendy's clients needed a specialised support and Wendy referred them to various charities and organisations. Organisations such as Cambridge Local Assistance Scheme, CCC Adult Services, MIND, Motor and Trade Benevolent Trust, Cambridge Crisis Team were able to provide additional help such as new furniture, washing machine or additional clothes.

One of the clients was also able to save £373 by switching energy supplier thanks to additional appointment with our energy specialist.

Wendy's clients need a lot of ongoing support to deal with multiple issues and it is not unusual for her to be working with a client over 5-6 months.