

Healthwatch Peterborough (HWP) Priorities

Following sessions with Directors, staff and Advisory Group HWPs projects, activity and workstreams were discussed, reviewed and draft agreements in place to approve for a short term priorities, and a draft long term priorities (due to uncertainty around delivery/future structure).

All projects/workstreams are currently in the developmental stage and priorities are agreed taking into consideration HWP's Mission Statement (see page 3). In addition to the key mission statement as focus of project priorities, each project will also include project plan targets including:

- Objectives
- Tasks
- Success criteria
- Time frame
- Resources
- Outcome/s

Short term priorities (agreed):

Prisoner engagement project (see details on pages 3)

Current -March 2017: To continue to deliver and train Wellbeing Reps in HMP Peterborough, maintain key local and national stakeholder relationships. Review next steps including making the wellbeing training sustainable.

Cancer Wellbeing project (see details on pages 3)

current - March 2017: To continue to be part of Project Steering Group (only external partner). To maintain patient/carer engagement at the site while under development. To highlight range of services available to public. To signpost services and stakeholder partners to PSHFT project lead.

Enter and View

Current - Dec 2016: Statutory tool HWP can use to 'enter and view' local NHS and care services. To continue until end of 2016 with activity in care homes.

Jan 2017: To cease activity in January 2017 until long term stability is established.

Jan-Mar 2017: To consider Enter and View at urgent/emergency services, in line with follow up recommendations from previous visit in March 2016.

Dementia

Current -March 2017: continue to deliver Dementia Friends (DF) training to wide-range of audiences

Engagement activity:

Current - Dec 2016: continue to attend, engage, collate feedback, network, increase subscriptions for Enews at all relevant local and regional events.

Jan-Mar 2017: To prioritise engagement activity to only that which fits with HWP priorities.

Enews

Current - March 2017: Weekly free electronic bulletin to continue to be delivered.

Youth worker

HWP currently do not direct the project (as funding from CCG Joint Commissioning Unit). HWP are supporting the work that Rita Nunes is doing and will continue to do so in the short term.

Accessible Information Standards (AIS)

Current - March 2017 using AIS to apply to all work and engagement carried out, picking up on areas that need improvement and making recommendations as and when necessary.

DRAFT long term priorities (April 2017- forward - not in order of preference/priority)

- A. Create volunteer policy on recruitment and training and how to develop use of volunteers in delivering HWP's key activity.
- B. Accessible Information Standards (AIS): to extend work reviewing the adherence to AISs to areas as part of Enter and View activity, including GP surgeries and other health services
- C. Income generation: to review where HWP can increase potential for income generation/sustainability and/or growth. To review where income generated funds can be used to further develop core business
- D. Youth worker: submit proposal to Joint Commissioning Unit for ongoing funding and provide leads from both HWs to develop work (greater input from HWP).
- E. Following review of local health statistics (JSNAs) feedback/national health statistic (Public Health England) the following are to be considered as part of HWP's long term priorities:
 1. Migrant health:
Actions:
 - Scope what work is already being done around migrant health
 - Highlight and promote the work of others
 - Target key events to engage with migrant communities, gathering soft intelligence
 - Work in partnership/contribute to the work of other stakeholders
 2. Maternity/ children
 - Liaise with patient-led groups (MSLC)
 - Establish key factors from JSNA to review
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 3. Cancer screening take up
 - Look at data around screening up take and any evidence available to target workstreams activity
 4. TB and latent TB screening
 - Support targeted awareness raising
 5. Suicide
 - Establish recent and local data to ensure local picture on this issue is addressed (due to inconsistency with national demographics)

Mission Statement

Engage

To be accessible to the public and stakeholders to ensure inclusive participation, engagement and communication especially hard to reach and vulnerable members of our community.

Impact

To be a ‘critical friend’ and credible, using our statutory powers appropriately and to greatest effect, to drive improvements by challenging and influencing providers and commissioners.

Inform

To provide signposting and information in a range of formats to help people access local health and social care services to empower them to make informed choices.

Evidential

Gather and use a full range of evidence, feedback and intelligence to influence our work plan and projects, championing the voices and views local people

Each project undertaken has to give consideration as to how the mission statement will be met, current project priorities are:

Project	Engage	Impact	Inform	Evidential
Prisoner engagement	Face-to-face delivery of training prisoners Networking with prison staff (mostly local residents)	Use service users experiences to make recommendations to providers/commissioners of services. Improve delivery of health services in prison National recognition (high profile) Requests from national orgs for joint working (CLiNKS, NHS England, NICE, CQC)	Increase awareness of health campaigns (both local/national) to Delivered DF training to staff Delivering DF to prisons	National stats on prisoner health NICE Call to evidence HW statutory duty to local residents inc. those in secure settings Prisoners settling in local area demand on health services
Cancer wellbeing (Robert Horrell Macmillan Centre)	One-to-one interviews with 100+ in Oncology at PCH. Over 100+ at Breast cancer show 200+ at Race for Life Ongoing patient engagement at centre	Underutilised centre (120 attendees in 10 month period) to over 500 in three month period Increase in availability of wide-range of holistic services Raise profile of HWP Joint working with local and national partner	Raising awareness of holist, non-clinical cancer support to local people Make recommendations during development stage, based on patient/carer feedback Signpost Project lead (PSHFT) to key local stakeholder partners for wider range of engagement (i.e. Patient Forum etc)	JSNA for cancer in Peterborough Use of local centre Comparative with other cancer centres

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