Tackling Health InequalitiesTogether

Findings from the Healthwatch Cambridgeshire and Peterborough Summit 2024

October 2024

healthwatch Cambridgeshire

healthwatch Peterborough

Contents

About Healthwatch Cambridgeshire and Peterborough

We are your local health and social care champion. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care.

All feedback has been anonymised so that individuals cannot be identified.

Aims of the Summit

- To raise awareness of health inequalities
- To listen to people with lived experience of using health and care services
- To work collaboratively to identify what services work well, what services need to be improved, and what a good service might look like.

Introduction

Stewart Francis, Chair of Healthwatch Cambridgeshire and Peterborough, opened the Summit, titled "Tackling Health Inequalities Together", by emphasising the importance of addressing health inequalities as a collective effort. He highlighted two key reasons for making this a priority: the persistent and worsening health inequalities in the region over the past 20 years, and the potential impact of a new government's forthcoming plan to improve the NHS over the next decade.

The Chair stressed the need to ensure that vulnerable populations —those affected by barriers like age, disability, gender identity, ethnicity, homelessness, and digital exclusion— are not left behind as healthcare services strive to improve. He cited research from Healthwatch England showing how these demographic factors contribute to disparities in healthcare access, life expectancy, and the likelihood of living with significant health issues.

Cambridgeshire and Peterborough, despite being home to world-class universities and healthcare institutions, face stark inequalities. Around 13% of the population live in the most deprived areas, with significant concentrations in Peterborough and Fenland. These communities experience higher rates of avoidable hospital admissions and fewer elective procedures compared to affluent areas, resulting in a 10-year life expectancy gap between men in the poorest parts of Peterborough and those in the wealthiest parts of Cambridge.

The Chair also highlighted the health inequalities faced by ethnic minority groups, such as the Gypsy Roma and Traveller communities, whose life expectancy is 10-12 years shorter than the general population. Other vulnerable groups include the LGBT+ community, who have a higher risk of mental health issues, and children with learning disabilities, who are three times more likely to suffer from mental health problems.

In closing his introduction, the Chair called for collective action to address these inequalities, urging participants to help shape services that work better for everyone.

Patient Experience

Liz Owen spoke at the summit about her own experiences using health services as a wheelchair user.

Liz shared her experiences as a person with a physical disability, highlighting the significant barriers she has faced in accessing healthcare. She explained that her chronic, rare conditions were initially misdiagnosed, and even now, many doctors struggle to understand her needs unless they are specialists.

Her difficulties extend to basic accessibility at her local GP surgery in St Neots, where facilities are poorly equipped for disabled patients. The entrance lacks automatic doors, and the reception desk is too high, with COVID-era plastic screens still in place, making communication difficult. The consulting rooms are often too small, and the staff sometimes fail to accommodate her wheelchair use.

Liz also spoke about her frustrating experiences with A&E services. Ambulances cannot transport her powered wheelchair, leaving her immobile when admitted on a stretcher. Hospitals often lack hoists, and staff are untrained in assisting disabled patients, forcing her to remain in uncomfortable positions for hours. Even when she arrives in her wheelchair, hospital spaces are not designed for accessibility, leaving her in inappropriate areas like children's cubicles or small triage rooms with no privacy.

Liz expressed her frustration over the lack of change in recent years. She emphasised the need for better accessibility in GP surgeries and hospitals, including basic accommodations like automatic doors and functional disabled toilets. Liz suggested the introduction of a "hospital passport" for people with physical disabilities, similar to what exists for those with learning difficulties, to communicate their needs effectively. This passport could provide essential information about mobility, medications, and care requirements, ensuring that disabled patients are treated with dignity and not seen as a burden.

Speakers

Jan Thomas, CEO, Cambridgeshire and Peterborough Integrated Care Board

In her speech, Jan Thomas reflected on the ongoing challenges in the NHS, particularly around improving access to services while dealing with limited resources. She highlighted that while the quality of care from clinicians is generally high, the difficulty lies in accessing that care due to systemic issues. The current healthcare system is more focused on the convenience of service providers rather than the needs of the patients, which is contributing to health inequalities.

Jan emphasised that these inequalities are not caused by deliberate discrimination but by structural barriers, such as inconvenient appointment times for people with precarious jobs, which affect their ability to receive timely care. She stressed the need for collective action and systemic changes to create a more personalised healthcare system that adapts to individual needs, especially for vulnerable groups. Jan also pointed out the disparities in health outcomes between different regions, like Cambridgeshire and Peterborough, and the need for better community support around lifestyle choices.

In her closing, Jan called for collaboration between the NHS and the public, asking for honest input to help design solutions that address these challenges. She highlighted the importance of advocating for patients and making healthcare more equitable and accessible for everyone.

Q & A session with Jan Thomas

The Q&A session with Jan Thomas primarily revolved around the challenges faced by GP practices, recruitment, retention, and how to deliver healthcare efficiently despite limited resources.

- Concerns were raised about the drastic reduction in doctors available in GP surgeries, emphasising the strain on services.
- Jan Thomas acknowledged the need for more doctors but highlighted the increasing presence of non-GP healthcare professionals, such as nurses and pharmacists, who provide quality care. Jan emphasised the importance of educating the public about this evolving healthcare model, which may require adjusting expectations.
- It was raised how many UK-trained doctors are leaving for better working conditions abroad. Jan agreed, emphasising that retention is as critical as recruitment. Flexible working conditions and reforms are needed to retain healthcare professionals.
- Concerns were expressed about underfunding and space limitations in GP surgeries, particularly in deprived areas. It was also highlighted the collective action taken by GPs as a result of inadequate funding. Jan acknowledged these challenges but maintained that investing more in community and primary care, rather than hospitals, is crucial.
- The discussion highlighted the need for better communication, customer service approaches, and flexibility in the healthcare system to deal with ongoing resource shortages and public expectations.

Dr. John Ford, Director Health Equity Evidence Centre, Queen Mary University of London

Dr. John Ford is an academic public health expert and senior clinical lecturer in health equity at Queen Mary Hospital, London. He also serves as an honorary public health consultant. His work primarily focuses on addressing health inequalities through research and practice, particularly using machine learning to develop strategies for reducing disparities in primary care.

Dr. Ford shared his personal story, growing up in a disadvantaged post-industrial town in Scotland, where he experienced firsthand the social and economic inequalities that affect health outcomes. He explained how his parents' decision to send him to a better school gave him opportunities that many in his community did not have, leading him to become a doctor focused on health equity.

In his presentation, Dr. Ford differentiated between health inequalities (differences in life expectancy and disease outcomes) and healthcare inequalities (access to services like GPs or surgeries). He emphasised that most health inequalities stem from broader social determinants like income, employment, and education, while healthcare inequalities are often caused by structural issues within the NHS, such as unequal distribution of resources and rigid healthcare pathways.

To address these issues, Dr. Ford introduced the concept of health equity, which promotes equal opportunities for everyone to achieve good health. He argued that creating a positive vision of what equitable healthcare looks like, rather than just focusing on grievances, is key to progress. This involves empowering communities to take an active role in shaping healthcare services and reallocating NHS resources based on need.

Dr. Ford also acknowledged the challenge of making long-term progress on health inequalities, noting that while there have been local successes, the broader social determinants are often shaped by national and international factors. He called for realistic, ambitious targets to prevent "inequality fatigue" where repeated failures lead to a loss of motivation to address these issues.

Discussion with Dr. John Ford

In a discussion with Dr. John Ford, he addressed the expectations surrounding the NHS and public services, emphasising the need for high expectations while recognising the limitations of what these services can achieve. He advocated for a collaborative approach between communities and the NHS, suggesting that decision-making power should be redistributed to empower local communities rather than concentrating it in a few individuals.

Dr. Ford pointed to the example of general practice, noting that most GP surgeries are controlled by a small group of partners. He proposed that patients and community members should have a stake in their healthcare facilities to promote meaningful empowerment. This shift requires a willingness from government decision-makers to share power and enable genuine community involvement.

A participant responded by emphasising the importance of viewing people as citizens, rather than just community members. She highlighted the need for collaboration between public services and citizens to tackle grassroots issues effectively.

Another participant expressed concern about the commercialisation of GP practices since 2004, arguing that healthcare should not be run as a business. She noted the challenges faced in GP practices, such as a lack of full-time doctors, contributing to a feeling of crisis in healthcare services.

Richard Howitt, Chair for the Public Health and Adults Care Committee at Cambridgeshire County Council, mentioned the ongoing health and wellbeing strategy focusing on social determinants of health. He raised the issue of past strategies that failed to reduce health inequalities, questioning what specific actions could lead to real change. Dr. Ford acknowledged the historical awareness of health inequalities and cited examples of localised efforts to address specific issues, like funding disparities among GP practices.

The conversation highlighted a shared concern about the recurring challenges in addressing health inequalities, with participants urging for actionable steps and the sharing of successful practices among healthcare providers. Dr. Ford cautioned against setting unattainable targets, advocating instead for achievable goals that can maintain momentum in tackling health inequalities.

Workshop summaries

This report provides summaries of the workshops held. For full details, please refer to the appendices report.

Four workshops were held across two sessions. The focus of each workshop was a demographic group that is more likely to experience health inequalities. The demographic groups selected were chosen by a poll of all delegates prior to the Summit.

An equal number of members of the public (excluding children and young people) participated in each of the three workshops - six in each.

The workshops conducted were:

- **Older people and people living in rural locations**
- **People with sensory impairments or disabilities**
- **Ethnic minorities**
- **Children and Young People**

Each workshop addressed the following questions:

- **What works well?**
- **What currently does not work well?**
- **What can be improved and how?**

The key points and summaries from these workshops will be important in shaping Healthwatch's priorities from April 2025 onwards.

Older people and people living in rural locations

Introduction:

The workshop aimed to evaluate the current state of health and care services for older adults and rural communities, recognising successful initiatives while highlighting areas for improvement. A central theme was the patient's voice, emphasising the importance of understanding and addressing their needs and perspectives. The workshop, facilitated by Ann Green, a Non-Executive Director, and Caroline Tyrell-Jones, Head of Operations, was attended by 46 participants who contributed ideas to enhance care for these populations.

What works well:

Several services were praised for their effectiveness, particularly those offered by the voluntary sector, including organisations such as Age UK and FACT, as well as community hubs and social prescribers. Specific programmes such as dementia care, the library service's home delivery and digital access initiatives, and the mobile libraries for rural areas were well-received.

Technology-enabled care, including digital wards for patients who don't require hospital admission, also was seen as beneficial. Local initiatives, such as patient transport services and the micro-enterprises offering home care, were acknowledged for their positive impact. Integrated neighbourhood managers, physio services, and initiatives like the "Know Your Numbers" project were given as further examples of services working well.

What is not working well:

Several challenges were identified, including issues with GP appointments, where patients were only allowed to discuss one health issue per visit, resulting in fragmented care. There were also complaints about non-standardised GP booking processes and long delays in A&E. A lack of integration between health and social care services was highlighted, creating a burden on patients to repeatedly provide their medical history. Additionally, rural areas face unique struggles, such as the closure of key services (e.g., post offices, pharmacies) and limited public transport, exacerbating isolation. There is also a notable lack of befriending services to support socially isolated individuals, as well as insufficient signposting to available resources. Carers often lack adequate support, and there is an uneven distribution of services across county borders,

creating a “postcode lottery.”

Recommendations for improvement:

Key recommendations included improving communication and integration between health services and social care, such as establishing shared medical record systems to prevent patients from having to repeat their medical histories. It was suggested that social prescribers and nurse practitioners should be more widely available, and GP appointments should be extended to allow for more personalised care. There were also calls to enhance digital inclusion efforts, ensuring that health professionals understand the needs of patients who may not have access to the internet. Standardising roles such as care coordinators across surgeries and promoting voluntary and charity services more effectively were also highlighted. Addressing transport issues in rural areas, such as expanding successful services like the Ting bus, was seen as crucial.

Conclusion:

In conclusion, while many health and care services are working well for older adults and rural communities, there are significant barriers to accessing care, particularly for those facing health inequalities. A key suggestion was for Primary Care and Integrated Neighbourhood teams to work together to better identify and support those most in need. Collaboration between statutory services and voluntary organisations could help reduce duplication and improve overall service delivery.

Sensory impairment and disabilities

Introduction:

The workshop focused on sensory impairment and disability, exploring related health inequalities and identifying gaps in care provision. The session began by reviewing the definitions of disability under the Equality Act 2010 and the Census 2021 data, which revealed that 16.2% of the population in Cambridgeshire and Peterborough identified as disabled. Fenland had the highest percentage of disabled people (20%), while Cambridge and South Cambridgeshire had the lowest (14.7%). The session, chaired by Dr. Phillipa Brice, a Non-Executive Director, and facilitated by Graham Lewis, Partnership Manager, included 38 participants who were divided into four groups to discuss current successes and areas for improvement.

What works well:

Participants identified several positive aspects of current services. GP practices allowing authorised family members or unpaid carers to act on behalf of patients was seen as beneficial. Accessible websites, like those using tools such as 'Recite Me' by Cambridge University Hospitals NHS Foundation Trust (CUH), also received praise. Social prescribers provided valuable support, particularly in areas like Fenland, where health hubs were noted to be functioning well.

Annual health checks for people with severe mental illness and learning disabilities were highlighted as effective in detecting other health conditions that might be overlooked. Audiology services were praised for their kindness and efficiency, as were services related to sensory impairments, including care pathways with eye care liaison officers and proactive support from local authorities. Participants appreciated the availability of various communication platforms, the role of unpaid carers, and the introduction of Oliver McGowan Training for staff supporting people with learning disabilities. Additionally, open communication, good access to GP services, and support for hidden disabilities, such as the Sunflower Lanyard, were commended.

What is not working well:

However, several challenges were highlighted. Some GPs refused to speak with family members or carers despite patients granting permission, and there was no flag system in place to indicate this on health records. There were issues where patients, especially those with dementia, who didn't qualify for care, were not properly supported when their carers experienced health problems. Financial support assessments were also seen as inequitable, and the lack of

recognition for family carers by healthcare providers was a recurring concern. Accessibility issues, particularly for patients with sensory impairments, were discussed. Some clinics failed to provide letters in Braille, and the CUH Prosthetic Clinic's relocation to Great Shelford posed transportation challenges. Participants also reported stereotyping and hurtful "banter" directed at those with disabilities, along with communication barriers in GP practices — receptionists shouting at patients with hearing impairments, and doctors talking without realising patients were lipreading.

There was also frustration with the fragmented nature of services, such as the lack of integration between GPs, audiology, and sensory teams. Inconsistencies in service provision and gaps in medical knowledge and holistic care were noted. Many patients felt they needed a better understanding of the system to navigate their care effectively.

Recommendations for improvement:

To address these issues, participants suggested better collaboration between primary and secondary healthcare, as well as between health and social care services. The Voluntary, Community, and Social Enterprise (VCSE) sector was recognized for filling gaps in care, but participants stressed that the sector is underfunded and overwhelmed by the complexity of patients' needs.

Conclusion:

The workshop emphasised the importance of clear, accessible information for patients and greater involvement of unpaid family carers in care decisions. Joint working between health, social care, and the voluntary sector was deemed essential to address the individual needs of disabled people and reduce health inequalities.

Ethnic Minorities

Introduction:

The Ethnic Minorities workshop, attended by 31 participants, aimed to address the health inequalities affecting ethnic minority communities and promote cultural competency in healthcare. Chaired by Saqib Rehman, a Non-Executive Director, and facilitated by Project Manager Karen Igho with support from volunteer Bilal Aslam, the session offered a platform to explore unique challenges faced by these communities. Project Manager Sarah Beckett served as the scribe, and each group appointed a representative to present their discussions to the larger group.

What works well:

Participants identified several aspects of healthcare that work well for ethnic minorities. A diverse, multilingual workforce was highlighted as essential in delivering culturally sensitive care, along with peer and community support through community champions, who help people access healthcare services. Developing staff skills and adopting bottom-up approaches, where services respond directly to community needs, were also praised.

The use of translation services in GP practices, including technology and leaflets, was seen as effective in overcoming language barriers.
Social prescribing and place-based working, which connect individuals with local resources and services, were valued. Co-production, involving patients and communities in healthcare planning, was also noted as a positive practice. Listening to patient and carer voices, gathering feedback through surveys and forums, and organising bespoke drop-in sessions for marginalised groups, such as the Gypsy Roma Traveller community, were considered crucial steps forward. Other successes included cultural sensitivity training for staff, the inclusion of lived experiences in service design, and personalised care models like those offered by Sue Ryder.

What does not work well:

Despite these successes, numerous challenges were identified. Co-production is often poorly understood, with a lack of clarity about its meaning and implementation. Competition for funding and short-term funding cycles were seen as barriers to delivering sustained improvements in care. Silo working, where organisations fail to collaborate, and inadequate information sharing across services were highlighted as major obstacles.

Access to healthcare, particularly for services like dentistry, remains limited, with long waiting lists. Patients often have to repeat their health histories multiple times, creating inefficiencies. The workshop also noted an over-reliance on the third sector, with limited investment in charities and voluntary organisations that fill gaps in healthcare. There were also concerns about uneven distribution of culturally sensitive support, particularly in rural areas. Data collection issues, including broad categories such as “white other” and fear of discrimination during self-declaration, were highlighted as barriers to accurate representation. Participants expressed frustration with tokenistic signposting efforts and constant changes, such as in GP contracts, that disrupt care.

Recommendations for Improvement:

To address these challenges, participants suggested several improvements. These included better planning of appointments, ensuring local availability of vaccines, and reducing public transport and parking costs for patients. Expanding the use of community hubs, improving access for individuals with limited literacy and digital skills, and increasing outreach efforts were recommended. There were also calls for a more diverse and culturally competent workforce, improved data sharing, and a more holistic approach to patient care. Participants stressed the need for service planning in new or expanding communities, with health inequalities at the forefront.

Conclusion:

The workshop emphasised the need to address language barriers, improve signposting, and foster culturally sensitive services. Investing in language services, increasing community involvement in healthcare planning, and enhancing collaboration between healthcare organisations were seen as crucial steps to creating a more inclusive and equitable healthcare system for ethnic minorities.

Children and Young People

Introduction:

The Children and Young People workshop aimed to gather insights from professionals working with young people, focusing on three key questions to inform Healthwatch's new five-year strategy and priorities. Chaired by Non-Executive Directors Laura Beer and Chelsia Lake, and facilitated by Sue Allan, Head of Engagement, and Heather Lord, Volunteer Manager, the workshop was attended by 23 delegates. These delegates were split into six groups, each including at least one representative from a young person's service. Though young people were not present due to school commitments, their feedback was included through other avenues such as Youthwatch and youth voice groups.

What works well:

Participants discussed what currently works well in services for children and young people. Key successes highlighted included the existence of the East Cambs Wellness Hub, accessible mental health resources like Kooth, and sexual health services operating in schools. Other initiatives, such as the Acorn project, which provides mental health support for young people in Cambridgeshire, were also praised. The workshop emphasised the importance of services that focus on transitions from childhood to adulthood, including specialised nurses who guide young people through this process.

Holistic, family-centred approaches were valued, alongside peer support networks for parents and children. The rise of youth advisory groups and forums that give young people a voice in shaping services was seen as a positive development, as well as the provision of vaccinations through schools, good access to urgent healthcare, and strong voluntary sector involvement. Moreover, early intervention services and support for young carers were recognised as important contributors to young people's wellbeing.

What does not work well:

Despite these successes, several areas were identified where improvement is needed. A recurring issue was the inconsistent age brackets across services: health services often cater to people up to 16 or 18, whereas mental health services sometimes cover up to 25. This inconsistency creates confusion and gaps in care. Communication between different services was also seen as

lacking, with young people having to repeat their stories to multiple professionals. Limited access to mental health beds and long waiting lists for specialist care were major concerns, causing young people having to be referred out of county for a bed.

There were also differences in service criteria between Cambridgeshire and Peterborough, leading to unequal access to care. Participants cited language barriers, silo working, and a lack of school nurses as further challenges. Mapping the available services for young people remains poor, leading to confusion about where to seek help. Additionally, diagnosing conditions like ADHD and autism was seen as slow and inefficient, and concerns were raised about young people self-medicating with substances due to a lack of support.

Recommendations for improvement:

The workshop concluded with recommendations for improvement. These included bringing back health visitors, integrating dental teams into schools, and creating more accessible, place-based services. Participants called for better collaboration between statutory and voluntary services, reducing duplication of efforts, and investing in successful initiatives. Increased funding for early intervention and prevention was deemed critical, as well as improving public transport and making information easier to find. Young people's feedback echoed the need for respectful, personalised care, where they are treated as individuals and have easy access to health services, especially mental health support.

Conclusion:

In summary, while positive steps have been taken to engage young people in service planning and provide accessible healthcare, more needs to be done. Services must be more coordinated, and young people must be actively involved in co-producing solutions that address their unique needs and challenges.

Question Time Panel

Panel:
Hannah Coffey – CEO, North West Anglia Foundation Trust
Jonathan Bartram – Programme Director, within Strategic Commissioning Unit at the ICB
Dr Neil Modha – GP Partner at Thistlemoor Medical Centre, Co -Chair of the North Care Partnership

The recent panel discussion on health inequalities and access to healthcare involved health professionals Hannah Coffey, Jonathan Bartram, and Dr Neil Modha. Here are the key points from the conversation:

1. **Importance of Listening**: Participants were urged to share their experiences to help inform healthcare improvements, highlighting the need to understand diverse community needs.
2. **Integrated Care Systems**: Jonathan Bartram discussed the role of Integrated Care Boards (ICBs) and Systems (ICSs) in coordinating efforts to tackle health disparities through place-based approaches.

3. **Challenges in Accessing Care**: Hannah Coffey pointed out that socioeconomic factors significantly affect access to treatments, with individuals in deprived areas often facing advanced health issues due to delayed care.
4. **Community Engagement**: Dr. Neil Modha emphasised recruiting from local communities to address language and cultural barriers, advocating for ongoing communication to understand patient challenges.
5. **Equitable vs. Equal Access**: The panel distinguished between equitable and equal access, stressing the need for tailored services to meet diverse patient needs rather than a one-size-fits-all approach.
6. **Continuous Improvement**: Neil Modha called for ongoing improvements in healthcare delivery rather than drastic overhauls, focusing on learning from failures to enhance care quality.
7. **Holistic Approach**: The discussion highlighted the interconnectedness of social determinants, such as housing and employment, advocating for a holistic approach that integrates health services with social care.
8. **Complex Nature of Health Inequalities**: The panel recognised that health outcome differences often stem from varying population needs rather than service quality, emphasising the importance of patient engagement.
9. **Communication Challenges**: A representative noted that families often lack awareness of available support services, highlighting the need for better communication about service pathways and transparency in healthcare.
10. **Incremental Improvements in Services**: The panel stressed the importance of continuous, small improvements in service delivery, including enhanced communication methods like text messaging and appointment self-booking.
11. **Addressing Health Inequalities**: Panelists prioritised tackling health inequalities, emphasising the impact of socioeconomic factors and the importance of initiatives targeting high-intensity healthcare users.
12. **Strategic Responsibility and Future Actions**: Each panelist outlined their commitment to addressing health inequalities, emphasising collaboration with local councils to tackle broader health determinants and the importance of inclusive practices.
13. **Positive Outlook**: The chair of Healthwatch expressed optimism about ongoing healthcare improvements, acknowledging the dedication of organisations and individuals in enhancing patient care despite challenges.

Overall, the discussion highlighted the necessity for improved communication, active patient engagement, and targeted strategies to address health inequalities, while emphasising a commitment to incremental improvements in healthcare services.

Concluding speeches

Dr Nik Johnson, Mayor of the Combined Authority

In his speech, Dr. Nik Johnson, Mayor of the Combined Authority, expressed gratitude for the invitation and reflects on his dual role as both a practicing pediatrician and a mayor. He shared personal experiences, including his recent surgeries, highlighting the importance of understanding health from a holistic perspective beyond just medical treatment.

Dr. Johnson emphasised the need to address social determinants of health, acknowledging that many issues, such as poor housing and environmental conditions, contribute to health inequalities. He appreciated the conference's focus on lived experiences and the significance of listening to diverse voices in tackling these challenges.

He noted the complex economic landscape of Cambridge and Peterborough, where wealth coexists with poverty, highlighting the urgent need for strategic intervention across various sectors, including healthcare, education, and housing. He advocated for devolution, urging local governments to take

responsibility for addressing inequalities and tailoring solutions to community needs.

Dr Johnson stressed that while infrastructure improvements like public transport and housing are essential, a deeper cultural shift toward compassion, cooperation, and community engagement is necessary. He concluded by urging collaboration among local politicians, healthcare providers, and communities to create lasting change, quoting Desmond Tutu to emphasize the importance of addressing root causes rather than merely reacting to symptoms.

Jess Slater, CEO, Healthwatch Cambridgeshire and Peterborough

Jess Slater, CEO of Healthwatch Cambridgeshire and Peterborough, highlighting the critical role of community feedback in shaping health and care services.

She stressed the necessity of an Integrated Care System where individuals should not have to repeat their stories. Over the past year, Healthwatch has collected thousands of community experiences through various outreach efforts, revealing significant concerns about GP access, mental health services, and dental care.

Her speech highlighted the stark health inequalities that exist based on geography, especially in deprived areas, a situation exacerbated by the pandemic. Looking ahead, the NHS plans to introduce a new 10-year strategy focused on improving health services, tackling inequalities, and utilising technology, with Healthwatch committed to ensuring that community voices are integral to these changes.

Jess called for public involvement in shaping future services, announcing a series of upcoming events over the next three months to gather further community feedback. With 113 active volunteers already contributing to these efforts, the CEO encouraged more individuals to consider volunteering.

In closing, Jess expressed gratitude to staff, volunteers, and attendees for their invaluable contributions, framing the speech as both a reflection on current challenges and a call to action for greater community engagement in healthcare improvements.

Delegate feedback

What did you gain or learn from the Summit?

"Meeting new people from different communities."

"Met Dr John Ford in person, having met previously online. Brilliant presentation, excellent answers. A beacon of hope for the future of our NHS."

"Meeting others and sharing ideas about disability access and awareness."

"Learning about what the NHS are doing to improve equality."

"That unfortunately things do not seem to be improving but getting worse which we say every year. Nice that people are still trying to be positive but with less access to GP's and dentist etc I am not sure how things will improve for any of us."

"How diverse our community is. The difference in getting care and staying healthy in Peterborough is more difficult than Hunts/Cambs. However teamwork and determination is in full swing. I was very encouraged at the warmth and friendly direct approach by the hosts and speakers. My recent recovery from cancer treatment was dealt with professional and total care. That was also so evident at this conference. We have excellent individuals - can we mould this mix to be true champions in our quest for better health and care for all?"

"Many small things both from speakers and from meeting old friends."

"That there are new initiatives being piloted."

"It was a really great event, hosted wonderfully and I gained a lot of insight on health inequalities. Many thanks to all those who organised."

"Always find these summits a great event. Great to connect with colleagues in different areas of expertise's and to hear from lived experience/ residents/ volunteers in the room. This is always so powerful and an important reminder for all that we do."

"The variety of guest speakers all talking about subjects relating to the Health

Inequalities theme were great. I look forward to reading the report from the summit to fully recap and summarise the day. Healthwatch staff were helpful and cheery throughout. Kingsgate staff also very friendly and helpful, providing a great service. Great location and brilliant parking."

"The guest speakers were very interesting, and it was useful to understand and learn more around strategies and future plans for health provision. These events are always very useful as networking opportunities. As a company we are better equipped to ensure we signpost people to the relevant organisation or support network."

"Insight into local Health inequalities and/or Healthcare inequalities."

"It was a pleasure to be part of an informative event. I found the topic relevant in my day-to-day work and found others experiences and insights useful takeaways. I always find the networking opportunities hugely beneficial."

"I really enjoyed listening to all the speakers, a really informative day and helpful to hear people's experiences first hand. Thank you for having me."

"It was really good to network and hear people's views on local services."

"As this was my first 'summit' I found networking with the other attendees very good."

"The topic was covered but thought it needed more 'meat on the bone'"

"Interesting overview of some pluses and minuses in the NHS. Most participants seem to be employees of related organisations / charities as opposed to members of the public like myself - retired - albeit member of a PPG. I was amazed how many there were. There was an interesting selection information desks / leaflets."

"That change is hard and that change in big organisations is really hard."

"Mostly that feeling that I don't struggle alone."

"I gained a broader knowledge of local work and especially of Healthwatch."

"I found the workshop interesting and as I work in a GP surgery, I was able to take back feedback to the surgery about how we could improve our service."

"Whilst it was interesting listening to the speakers, and the responses from the panellists, there was nothing new or innovative being said. It is very

frustrating that we are having the same dialogue 4 or 5 years on, whilst still hearing the same patient experiences. So, I have learned that nothing has really changed. Networking and meeting people is always beneficial, and it was good to meet new people and gain awareness of different organisations in the marketplace area."

"Broader community care issues and solutions."

"Especially liked the talk from Dr. Ford. The talks were stimulating."

"Dr. John Ford gave the most powerful speech that resonates still today. Talking about manageable targets so we don't set ourselves up for complete failure and raise public expectations too high. I agree that there are too many projects that come and go and these cloud what the real focus should be in adult social care - getting the absolute basics right and worrying less about the 'nice to have'."

"It was good event overall. I have managed to link with many people around my area of work. It was also good to get people knowledge to identify what is working well currently and what we can do better."

"Opportunities to listen to key information and considerations from various people. Overall messages included listening to the voices of people (your populations), collaboration, working together; not necessarily needing radical change, but working together in a different way; recognising there will be compromise, and reflecting on what people expect from their GP; recognition of the impact of other roles within primary care and educating/ communicating better about these. There was also recognition that health inequalities is different to health care inequalities. One point that was also picked up on which was about equity i.e. equitable access to healthcare, not equal. It was great to hear 'shout-outs' to social prescriber roles and also to Virtual Wards."

"Learned about current thinking on health inequalities and the priorities of Mayor and CEO."

"From the workshops, it confirmed that many members of the public are sharing the same difficulties with our NHS and public services in general being run into the ground and starved of funding. It confirmed that patients are dissatisfied particularly with the GP services and the lack of face-to-face consultations."

"Really improved my understanding of the health inequalities in the area."

"Listened to a lot of people's experiences."

"I was most looking forward to the speakers and the opportunity to have some useful conversations with patients and health and care commissioners / providers. It was a shame that the second speaker's talk was cut short as his was one of the ones that I was most interested in."

"Growing networks, ideas sharing."

"Great networking and good opportunity to promote the needs of young people in the workshops in particular. Interesting focus on health inequalities - which is a strategic objective to work on for Centre 33 with regards to young people's access to support services."

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