



**healthwatch**  
Cambridgeshire  
**healthwatch**  
Peterborough



**Annual Report 2024–2025**

# Unlocking the power of people-driven care

Healthwatch Cambridgeshire and Peterborough

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"The impact that local Healthwatch have is vitally important. Healthwatch are empowering their communities to share their experiences. They're changing the health and care landscape and making sure that people's views are central to making care better and tackling health inequalities."

**Louise Ansari, Chief Executive, Healthwatch England**

# A message from our Chair

**Over the past year, our communities have continued to face real challenges navigating health and care services. This has been a time of significant transition, with both the NHS and local government undergoing major structural change. As new systems and ways of working emerge, keeping patients and communities at the heart of decision-making has never been more important.**

In 2024–25, Healthwatch Cambridgeshire and Peterborough heard from thousands of people, including many from seldom-heard groups including younger people, carers, Black and Asian communities, and people with disabilities. We championed their voices where decisions are made. Their lived experiences helped us spot patterns and drive real improvements – in mental health support, access to healthcare and the design of new services. We worked closely with NHS and care partners, the Integrated Care Board, and other providers to ensure the public voice shaped services across the system.

Our strength lies in the dedication of our staff, volunteers, and Board members. I thank each of them for their passion, professionalism and perseverance. Their commitment ensures that people’s experiences are not only heard – but lead to meaningful change.

In uncertain times, our mission remains clear: to ensure people’s voices not only inform but drive the future of health and care. As systems evolve, we will remain a trusted, independent force – amplifying real experiences, challenging where needed, and championing solutions that work for everyone. Because lasting change begins by listening – and acting – on what matters most to people.



“As systems evolve, we will remain a trusted, independent force – amplifying real experiences, challenging where needed, and championing solutions that work for everyone.”

**Jonathan Jelley MBE JP, Acting Chair, Healthwatch Cambridgeshire and Peterborough.  
(Acting Chair until 25<sup>th</sup> June 2025, Chair from 26<sup>th</sup> June 2025.).**

# A message from our CEO

## Listening, Learning, Leading: Shaping the Future Together

**Real change starts when real people are heard – and we’re here to make every voice count.**

This year marked a turning point. We launched our public consultation to shape our new five-year strategy, and your voices led the way. Together, we identified five priorities that matter most: getting GP and dental care, improving mental health support, joined up care across all health settings, engaging with children and young people to make sure they are heard, and tackling health inequalities.

But listening alone isn’t enough. We’ve transformed how we report what you tell us, introducing a powerful new database, streamlining our systems, and building a clearer picture of impact. Now, we regularly send your feedback into the right places: the NHS, local councils, and the Integrated Care Board.

These changes mean we’re not just gathering stories, we’re helping to drive solutions.

Thank you to everyone who’s shared their experience. Your voice is shaping the future of health and social care across Cambridgeshire and Peterborough.



“Real change starts when real people are heard – and we’re here to make every voice count.”

**Jess Slater, CEO, Healthwatch Cambridgeshire and Peterborough**

## About us

# Healthwatch Cambridgeshire and Peterborough is your local health and social care champion.

We ensure that NHS leaders and decision-makers hear your voice and use your feedback to improve care. We can also help you find reliable and trustworthy information and advice.



**Our vision** is that health and social care services work well for local people. Where we hear that services are not working for people, especially vulnerable groups, we will speak out.



### Our mission

To make sure that people's experiences help make health and care better.



### Our values are:

**Independence:** from the local authorities and all health and social care services, providers and commissioners, whether public or private.

**User-focus:** we champion the voice of local people, patient and service users in the health and social care system.

**Inclusivity:** we will work with many different patient and service user groups across Cambridgeshire and Peterborough.

**Respect:** we respect the opinion and experience of all people and work collaboratively with all groups, networks and organisations to pursue common goals.

**Credibility:** local people, commissioners and partners can trust the reliability of our information.

**Transparency:** open and accountable in all we do.

# Our year in numbers

We've supported more than 4,000 people to have their say and get information about their care. During the year, we employed 20 staff (17 full-time equivalents), and our work was supported by 99 volunteers.

## Reaching out:



4,466 people shared their experiences of health and social care services with us, helping us to raise awareness of issues and improve care.

1019 people came to us for clear advice and information via email, online submissions and telephone on topics such as mental health support and finding an NHS dentist.

## Championing your voice:



We published 9 reports about the improvements people would like to see in areas like access to healthcare, vaping education, eye care and tackling health inequalities.

Our most popular report was *Tackling Health Inequalities Together*, highlighting people's lived experience of using health and care services.

## Statutory funding:



We're funded by Cambridgeshire County Council and Peterborough City Council.

In 2024/25 we received £509,421, which is 2% increase on the previous year.

# A year of making a difference

Over the year we've been out and about in the community listening to your stories, engaging with partners and working to improve care in Cambridgeshire and Peterborough. Here are a few highlights.

**Spring**

To support the NHS' community-first strategy, we recruited local volunteers, called Health Champions, to become Patient Representatives at Integrated Neighbourhood meetings.



Continued campaigning for people with experience of using adult social care to have a say on current and future care through our Partnership Board meetings.



**Summer**

We conducted Enter and View visits in local Ophthalmology departments to understand people's experiences of eye clinics.



Improvements for patients included better signage at Addenbrooke's and increasing Eye Care Liaison Officers at Cambridge University Hospitals. Our local RNIB used our findings too.



**Autumn**

We published our Annual Summit 2024 *Tackling Health Inequalities Together* report. Health providers are using the insights to support patient engagement as part of the Integrated Care System's new care model.



Sharing feedback from our Carers' Partnership Board led to Cambridgeshire County Council's website being improved with clearer and more accessible information for carers.



**Winter**

We raised awareness of cervical screening appointments available locally, and hosted engagement sessions at local GP surgeries.



We asked the public about their understanding of how the NHS uses personal data. The NHS will use these insights to improve public information.



# Working together for change

**We've worked with Cambridgeshire and Peterborough Integrated Care Board (CPICB) to ensure people's experiences of care locally are heard and can influence decisions made about services at Cambridgeshire and Peterborough Integrated Care System (CPICS).**

This year, we've achieved the following:

## A collaborative approach to improve online access:



Working with Cambridgeshire and Peterborough NHS, we collected feedback on the public's experiences of accessing healthcare online. Our survey was promoted online and in-person across stakeholders; Voluntary, Community and Social Enterprise (VCSE) organisations; social media (200+ Facebook groups); project websites and via sixth forms/colleges. A telephone service was available. ICB funding facilitated face-to-face events.

## The big conversation:



1,339 residents told us what good access looks like and what needs improving. Insights from *Accessing Healthcare Online* are being used by Cambridgeshire and Peterborough NHS to shape their new digital strategy for patients. Louis Kamfer, Deputy CEO: "Whilst face-to-face and phone options will remain available, we will use the insights from the report to review our plans around our digital and online services, and include this in our progress as a partnership going forwards."

## Building strong relationships to achieve more:



Recently we met with the NHS to understand how the digital strategy is progressing and how best to work together in the coming months to ensure on-going patient involvement and that face-to-face and phone options remain available. We look forward to seeing the changes improve access for everyone.

We've also summarised some of our other outcomes achieved this year in the Statutory Statements section at the end of this report.



# Making a difference in the community

**We bring people's experiences to healthcare professionals and decision-makers, using their feedback to shape services and improve care over time.**

Here are some examples of our work in Cambridgeshire and Peterborough this year:

## Creating empathy by bringing experiences to life



**Hearing personal experiences and their impact on people's lives helps services better understand the issues people face.**

We learned that people living with dementia receiving care at home were not getting appropriate food or drink. Together with the Alzheimer's Society, we presented this to Cambridgeshire County Council's three provider forums for adult social care, making recommendations for training and dementia-friendly policies to both providers and social care teams. The Council is now including nutrition in their monitoring of providers.

## Getting services to involve the public



**By involving local people, services help improve care for everyone.** We shared people's experiences of having to cancel or re-arrange medical appointments to fit around restrictions imposed by concessionary bus passes. Highlighting these challenges to the authorities, together with other organisations, kept the issue prioritised. The Combined Authority, now responsible for the scheme, made changes that came into effect on 1st April 2025 enabling concessionary passholders to travel for free at any time.

## Improving care over time



**Change takes time. We work behind the scenes with services to consistently raise issues and bring about change.**

Our Wheelchair User Forum has campaigned for closer involvement in the NHS' wheelchair service commissioning. As a result, wheelchair users have joined engagement sessions to share experiences and personal insights to help shape the questions that new service providers answer. We are now discussing with the ICB how wheelchair users can participate in the tender process. If successful, this change will see wheelchair users being actively involved in the commissioning process.

# Listening to your experiences

**Services can't improve if they don't know what's wrong. Your experiences shine a light on issues that may otherwise go unnoticed.**

This year, we've listened to feedback from all areas of our community through our engagement team and Health and Care Forums. People's experiences of care help us know what's working and what isn't, so we can give feedback on services and help them improve.

Forum topics have included: end of life care, mental health, virtual wards and pharmacy pressures.



# Listening to your experiences

## Reaching seldom heard voices to drive local health strategy






**To better understand health inequalities locally, we held a Health Inequalities Summit to hear people's lived experiences of using health and care services. The insights are being used to make improvements to patient experience.**

Cambridgeshire and Peterborough NHS is using the findings to develop their health strategy, while North West Anglia NHS Foundation Trust (NWAFT) is developing a patient engagement road-map for the new Hinchingsbrooke hospital.

### What did we do?

Through workshops and Q&A sessions, we heard from patients, healthcare professionals and policy makers. Over 200 people attended, and our insights were published in our report *Tackling Health Inequalities Together*. This was shared with NHS teams including our Integrated Care Board (ICB), local trusts and hospitals.

### Key things we heard:

-  **Inequalities are often caused by structural barriers such as inconvenient appointment times, as well as poor building layout/infrastructure.**
-  **We need more joint collaboration between NHS, social care, voluntary organisations and the public to design accessible healthcare solutions.**
-  **Language barriers need to be addressed, as well as improved signposting and fostering of culturally sensitive services.**
-  **Calls to enhance digital inclusion efforts.**
-  **There are still significant barriers for wheelchair users.**

Our work highlighted the importance of community involvement in healthcare planning.

### What difference did this make?

"The information was so helpful and was shared by our CEO. NHS England New Hospital Programme requires us to submit a Target Operating Model (TOM) for the new hospital and as such we are required to consider population health demographic, patient perspectives and insights gathered by both ourselves and partner organisations and to look at health inequalities. As we develop the TOM, we will use this information to show how the new hospital addresses these issues and takes account of wider views and perspective." **Sarah Ferguson, NWAFT Target Operating Model Director.**

The ICB is using the report to contribute to a new care model for patients.

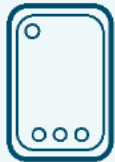
# Listening to your experiences

## Action on vaping after young people speak out

**Our young Healthwatch volunteers, Youthwatch, highlighted insights into vaping trends among young people, helping improve local education on the risks and the support needed to quit.**

We spoke to over 700 young people and held a focus group with young people aged 13–17. Their stories highlighted the need for more early preventative education and targeted cessation support. We published our findings and recommendations in our *Youthwatch Vaping and Young People Report*.

### Key things we heard:



**58%**

**of young people said the reasons they started vaping were due to peer pressure, trendiness and social habit.**

**45%**

**of young people said they would struggle to stop or give up vaping.**



The Youthwatch survey highlighted some important findings which helped guide our qualitative insights work. We specifically sought to understand in more detail the factors influencing young people's vaping behaviour and attitudes towards quitting, particularly amongst young people who vape regularly.” **Centre for Behavioural Science and Applied Psychology, Sheffield Hallam University.**

We shared our report with schools, colleges/universities, local authorities and NHS teams to help inform local support. We published an online toolkit and are working with students at University Centre Peterborough to create a vaping animation to provide education on the risks.

### What difference did this make?

Our report has contributed to local initiatives on introducing more support for young people; we presented to the NHS about changing vaping messaging for young people; in April 25, the *Healthy You Healthy Schools Programme* piloted a service with 12–18-year-olds in schools and community settings to support preventative education; and Sheffield Hallam University used our findings to support research for Cambridgeshire County Council. We also presented to 23 Healthwatch teams to share our learnings to support UK-wide campaigns.

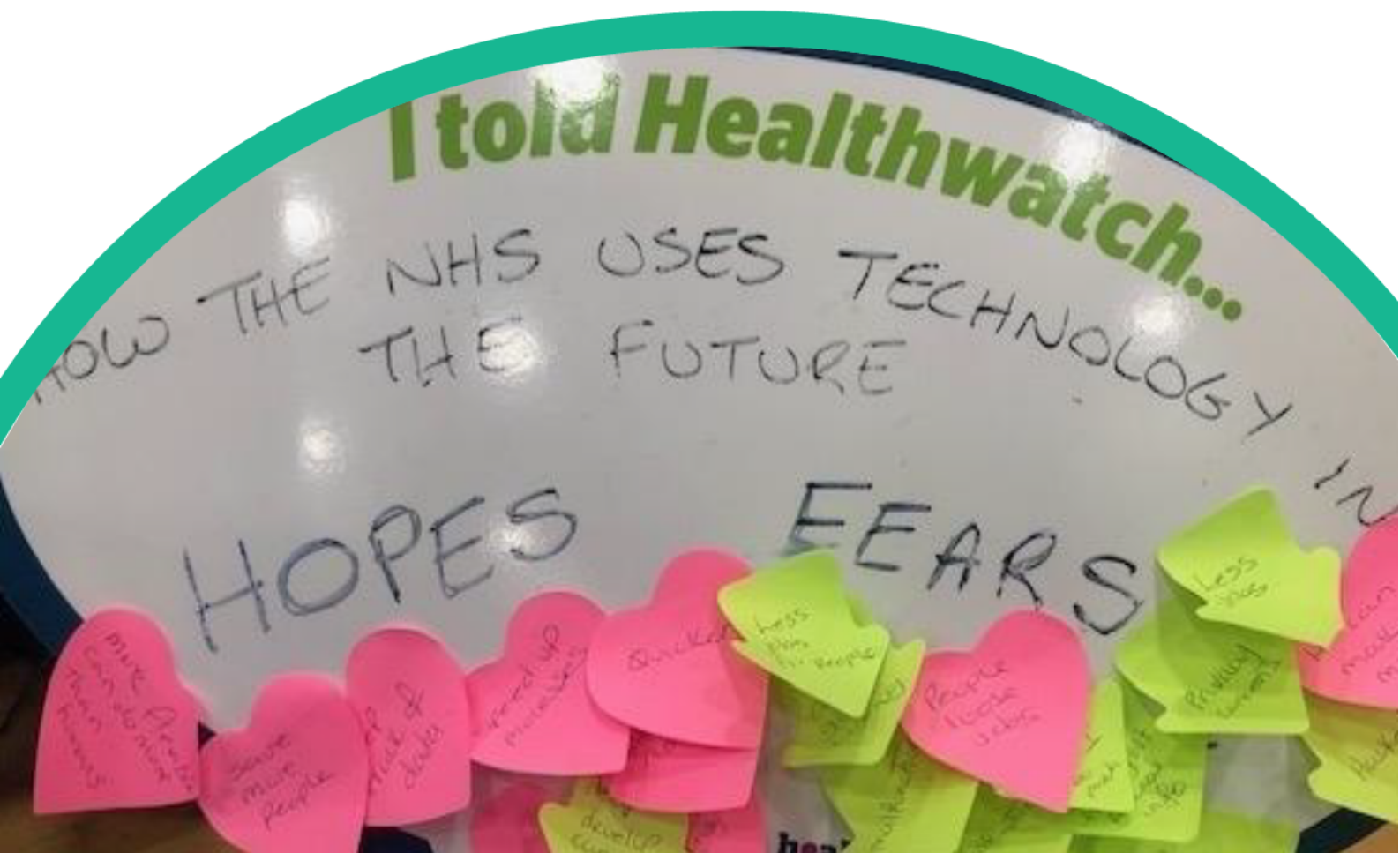
# Hearing from all communities

We're here for all residents of Cambridgeshire and Peterborough. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

## This year, we have reached different communities by:

- Attending over 170 engagement events. Our programme included going to homeless drop-in centres, hostels, men's clubs, food banks, PRIDE events and local colleges/universities. In addition, our [Health and Care Forums](#) gave the public an opportunity to meet the people running their services.
- Speaking to dads to understand the impact of becoming a parent. In our [Life Changes Report](#) we spoke to seldom heard voices, and our insights will help shape future local services.
- Hosting [Partnership Boards](#) to hear from people with lived experience of using adult social care services: carers, older people, those living with sensory impairments and people with physical and learning disabilities and/or autism. Cambridgeshire County Council and Peterborough City Council fund these. We also host a Wheelchair Users Forum.



# Hearing from all communities

## Helping communities to better understand a hospice's care and inclusivity

**Following an Enter and View visit, Bengali community members were invited to an education day at a local hospice.**

Our report recommended giving more information to communities to improve understanding of the hospice's services and inclusivity to all religions. The hospice developed its print and digital resources and worked on a programme to support staff knowledge and help communities learn more. This work is helping to foster closer community relationships.

### What difference did this make?

"Our wellbeing team are working on a programme to invite community leaders into Thorpe Hall on a monthly basis for them to look round and to give our staff the opportunity to be curious about different cultures, beliefs and practices – particularly at the end of life. The first session is next week with the Bengali community. We hope that once we have made links with community leaders, they can help to spread the word about the hospice's services."

## Improving understanding of eye care in Black and Asian communities

**We collected feedback from Black and Asian communities to understand their experiences of eye care – from booking and receiving eye tests to waiting times for secondary eye care.**

People told us about the challenges of waiting for specialist eye care and the impact on their daily lives.

### What difference did this make?

Our insights were published in Healthwatch England's report *A Strain on Sight: Waiting for NHS Specialist Eye Care*, which made recommendations to the NHS and the Government including: the NHS should publish ophthalmology waiting list data by condition; the Government should make greater use of optometrists to help cut waiting times and provide more treatment and aftercare closer to home; improved support and communication for patients while they wait.

# Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us. This year over 1,000 people have reached out to us for advice, support or help finding services.

**This year, we've helped people by:**

- Providing up-to-date information people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services



## Access to disability benefits for lady living with partial sight loss

**After conducting research, Sarah\* was left feeling overwhelmed with where to get help. We signposted Sarah to support available, including local sight loss charity, CamSight.**

The charity was able to immediately highlight what benefits Sarah was missing out on. \*Name has been changed.



“There are so many resources out there – it’s challenging to navigate them all. Healthwatch helped me find more information but being signposted to CamSight was really awesome! I didn’t think I was disabled enough to use their services – they have explained to me benefits that I didn’t know existed. The charity even let me try equipment – from magnifiers to sunglasses. The information and signposting has been revolutionary!”

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## Raising awareness of service issues for wheelchair users

**Thanks to Lucy’s\* feedback, we have increased awareness of where there’s lack of accessible support available locally for those living with physical disabilities.**

Lucy reported a poor experience with a transport company that not only caused significant anxiety for her personally, but she was worried other wheelchair users could be experiencing similar issues. We signposted Lucy to potential sources of help and shared her feedback with our Wheelchair Users Forum Lead to investigate solutions. \*Name has been changed.



“It has been helpful to have someone to talk to when I have not been able to find information. Team members are friendly and patient – giving me the time to explain my complex situation. They always come back quickly with information. There is only so much I can do personally; knowing Healthwatch can escalate situations too is comforting.”



# Showcasing volunteer impact

**Our fantastic volunteers have given 1,424 hours to support our work. Thanks to their dedication to improving care, we can better understand what is working and what needs improving in our community.**

## **This year, our volunteers:**

- Visited communities to promote our work.
- Collected experiences and supported their communities to share their views.
- Carried out Enter and View visits to local services to help them improve.
- Supported as Healthwatch Representatives at important local health meetings.



# Showcasing volunteer impact

## At the heart of what we do

From finding out what residents think to helping raise awareness, our volunteers have championed community concerns to improve care.

Priscilla joined us to help boost her confidence in talking to people.

“Volunteering has really helped me; I’m now considering applying for jobs with a renewed confidence! Volunteering has also contributed to my Integrated Health and Social Care degree course.

“I feel proud to be part of the Black and Asian Minority Ethnic volunteers in Healthwatch, representing this group of people who were not previously well represented. It is important people see faces that represent them - this can make them feel more comfortable talking about health concerns.” **Priscilla**



Mehvash joined us for a two-month placement as part of her leadership and management training in the NHS:


“With incredible support and mentorship, I contributed to key projects including improving Partnership Boards, completing an Enter and View visit, designing new feedback processes for the Information and Signposting team and promoting Healthwatch at engagement stands.


“I’m so glad I had the opportunity to complete my placement at Healthwatch. It’s an experience I’ll always value and continue to draw upon in my career in healthcare.” **Mehvash**




### Be part of the change.

If you've felt inspired by these stories, contact us today and find out how you can be part of the change.

 [healthwatchcambridgeshire.co.uk](https://healthwatchcambridgeshire.co.uk)  
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 0330 355 1285

 [heather.lord@healthwatchcambspboro.co.uk](mailto:heather.lord@healthwatchcambspboro.co.uk)

# Finance and future priorities

We receive funding from Cambridgeshire County Council and Peterborough City Council under the Health and Social Care Act 2012 to help us do our work.

## Our income and expenditure:

Income		Expenditure	
Annual grant from Government	£509,421	Expenditure on pay including pensions and ER NIs	£527,904
Local Authority Grant	£92,504	Non-pay - staff+ volunteer expenditure	£28,971
Additional income	£102,203	Overhead Expenditure	£103,557
<b>Total income</b>	<b>£704,128</b>	<b>Total Expenditure</b>	<b>£660,432</b>

## Additional income is broken down into:

- Additional council income for Partnership Board and project work £2,000.
- National Lottery for Gypsy, Roma and Traveller Project £22,431
- Healthwatch England for East of England hosting and survey project £2,050.
- Health Innovation East for focus group work £5,000.
- Marie Curie for end-of-life survey £3,000.
- Other: £12,303

## Integrated Care System (ICS) funding:

Healthwatch across **Peterborough and Cambridgeshire** also receive funding from our Integrated Care System (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
ICS Research Development Programme	£23,765
ICS North and South Place Projects	£22,386
ICB Cambridgeshire and Peterborough for survey and engagement work	£9,268

# Finance and future priorities

## Next steps:

**Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.**

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make care better.

## Our top three priorities for the next year are:

- 1. To help people access the right mental health support.** We will do this by spotlighting mental health services, supporting local NHS partnerships and enhancing two-way communication. Our Annual Summit on the 8<sup>th</sup> October 2025 will draw together our first set of recommendations for service providers. This is a key part of our 2025–2030 strategy.
- 2. To learn more about local referral waiting times for specialist care** – whether that’s being referred from adult social care, a hospital, clinic or a GP for specialist treatment. We want to understand more about local people’s experiences of referrals. This work will support our 2025–2030 strategy objectives of understanding more about primary care and joined-up care patient experiences.
- 3. Underpinning all of our work is a commitment to reach out to every part of society.** Our engagement team will continue to focus on creating a programme of events to ensure residents can easily reach us face to face. In addition, our adult social care groups called Partnership Boards (funded by Cambridgeshire County Council and Peterborough City Council) will be booking into more locations for 2025/26 as we commence with our new ‘pop-up shop’ programme. Our public Health and Care Forums will be supported with additional resources like one-page ‘catch up’ strategies and printed promotional material, as well as our on-going digital communications.

# Statutory statements

**Healthwatch Cambridgeshire and Peterborough, The Maple Centre, 6 Oak Drive, Huntingdon, PE29 7HN. Healthwatch Cambridgeshire and Peterborough uses the Healthwatch Trademark when undertaking our statutory activities as covered by the license agreement.**

## The way we work

### **Involvement of volunteers and lay people in our governance and decision-making.**

Our Healthwatch Board consists of 10 members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.

During the period October 24 – February 25, we conducted a public consultation to define our five priorities for 2025–2030. We consulted with patient participation groups, our four public Health and Care Forums, our adult social care Partnership Boards and many other networks.

Throughout 2024/25, the Board met 12 times and made decisions on matters such as our new five-year strategy for 2025–2030 and our focal theme of Mental Health for 2025–2026, which will be spotlighted at our Annual Summit 2025. They also made the decision to provide financial resource for the Youthwatch volunteer group. We are committed to ensuring for wider public involvement in deciding our work priorities.

## **Methods and systems used across the year to obtain people's experiences**

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experience of using services.

During 2024/25, we have been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.

We ensure that this Annual Report is made available to as many members of the public and partner organisations as possible. We will publish it on our website, via our social media channels, newsletter, Health and Care Forums, Partnership Boards, and via all our health and social care partners including local NHS leaders, our local authority and Cambridgeshire and Peterborough Integrated Care Board. It is also shared with Healthwatch England, NHS England and the Care Quality Commission.

# Statutory statements

## Responses to recommendations

We had one provider who did not respond to requests for information or recommendations. There were no issues or recommendations escalated by us to the Healthwatch England Committee, so there were no resulting reviews or investigations.

## Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area we take information to the Cambridgeshire County Council and Peterborough City Council Adults and Health Scrutiny Committees.

We take insights and experiences to decision-makers in Cambridgeshire and Peterborough Integrated Care System (ICS) Accountable Business Units (ABU), including both North and South Place and the Mental Health, Learning Disability and Autism (MHLDA ABU).

Jess Slater, CEO, and Caroline Tyrrell-Jones, Head of Operations, have effectively carried out their roles by attending the Councils' Adults and Health Scrutiny Committees, the ICS Accountable Business Units, the ICS Primary Care and Commissioning Scrutiny Committee, Integrated Care Board (ICB) Quality, Performance and Finance Sub Committee, ICB Population Health Improvement Board, along with many ICS operational meetings. We also share our data with Healthwatch England to help address health and care issues at a national level.

## Healthwatch representatives

Healthwatch Cambridgeshire and Peterborough is represented on the Cambridgeshire & Peterborough Integrated Care Partnerships, the Integrated Care Board and the Joined Health and Wellbeing Board by our Acting Chair Jonathan Jelley MBE JP. (Chair from 26<sup>th</sup> June 2025).

During 2024/25, our representative has effectively carried out this role by championing the voices of local people in system-level discussions, ensuring patient experience and public feedback are central to decision-making. Jonathan has worked closely with partners to support integrated care priorities, contributed to tackling health inequalities, and advocated for improved access and outcomes across the region. His active involvement has helped build stronger collaboration between communities and health and care providers.

# Statutory statements

## Enter and view

Location	Reason for visit	What we did
<p>Sunflower Eye Clinic, Hinchingsbrooke Hospital, 20th August 2024 - North West Anglia NHS Foundation Trust. (NWAFT).                      Clinic 14, Addenbrooke's Hospital, 21st August 2024.                      Clinic 3, 15th October 2024 &amp; Clinic 14 (Cataract department), 21st October 2024, Addenbrooke's Hospital - Cambridgeshire University Hospitals (CUH).                      Peterborough Hospital 22nd August 2024 - North West Anglia NHS Foundation Trust. (NWAFT).</p>	<p>We wanted to understand what worked well during appointments, what could be improved, and whether patients had access to signposting and information to support their eye care.</p>	<p>We wrote a report with our recommendations. As a result, CUH has provided us with a work plan and are working on taking up recommendations to improve services.</p>
<p>Cambridge Shelford Bottom Hospice, 13th March 2025 - Arthur Rank Hospice Charity.</p>	<p>To evaluate the services from the perspective of patients and visitors. It also provided an independent assessment, complementing the CQC's inspection results carried out in December 2018.</p>	<p>We wrote a report with recommendations to help improve the provision of services and communication for people using the service or visitors. The Hospice is already implementing our recommendations.</p>
<p>Thorpe Hall, Peterborough 25th November 2024 - Sue Ryder Hospice.</p>	<p>To provide an independent assessment of their services, complementing the CQC's positive inspection results.</p>	<p>We wrote a report with recommendations. The hospice has acted on these which include promoting the hospice, dementia-friendly improvements, and noise reduction.</p>

# Statutory statements

## 2024 – 2025 Outcomes

Project/activity	Outcomes achieved
Enter & View – Eye Clinics. August 2024 onwards.	Cambridge University Hospitals have implemented recommendations including more prominent signage to highlight the Eye Care Liaison Officers (ECLO) team office and a request to reinstate the yellow handrail. No updates have been received from North West Anglia NHS Foundation Trust.
NHS Data Project with Cambridgeshire and Peterborough NHS. October 2024 – ongoing.	Working with health leaders in Peterborough and Cambridgeshire, we collaborated with Healthwatch Norfolk to create a survey to understand how much people know about NHS data sharing and if further consultation with the public is needed. This project is on-going.
Enter & View – Sue Ryder Hospice, Thorpe Hall. November 2024.	Recommendations implemented include updating rooms to be more dementia-friendly, and steps to reduce noise.
Truth Poverty Network – our involvement commenced April 2024 (part of the health group).	We have been part of the Truth Poverty Network helping to identify digital barriers for local people. Leading on from this work, Peterborough Council for Voluntary Service (PCVS) with Connecting Cambridgeshire are now setting up a one-year pilot of 12 digital hubs across Peterborough. Our insights are informing this work.
Outreach to all GP surgeries in March and Fenland. Summer 2024.	This was a joint initiative with the Fenland Primary Care Network where we offered support with using the NHS app. We also promoted the cervical screening programme to patients.



# Statutory statements

## 2024 – 2025 Outcomes





Project/activity	Outcomes achieved
Our Health Matters Project – Outcomes Report. 1 <sup>st</sup> November 2021 – 31 <sup>st</sup> October 2024.	Over the past three years, our Removing Barriers and Tackling Health Inequalities project has worked to improve health outcomes and access to care for Gypsy, Roma, and Traveller (GRT) communities. By promoting cultural awareness among health and social care professionals and establishing direct engagement with the community, we have addressed critical inequalities and provided actionable insights to enhance service delivery. Building on work from previous years, in September 2024 additional funding allowed for further training to professionals to engage effectively with GRT communities.





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Cambridgeshire


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Peterborough


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