

## Recommissioning of Healthwatch Grant Agreement

To: Adults and Health Committee

Meeting Date: 17 March 2022

From: Charlotte Black – Executive Director People and Communities

Electoral division(s): All

Forward Plan ref: 2022/005

Key decision: Yes

Outcome: The recommissioning of Healthwatch services across Cambridgeshire in line with statutory obligations as set out in the Health and Social Care Act 2012 which places a duty on each local authority to have their own local Healthwatch. This enables Cambridgeshire County Council to bring service user voices into the heart of commissioning helping us and our partner agencies to facilitate collaboration at place and system level.

Recommendation: The Adults and Health Committee is being asked to agree the following recommendations:

- a) Approve the approach for a 5-year grant agreement with Healthwatch Cambridgeshire and Peterborough to deliver the statutory function and Partnership Boards across Cambridgeshire.
- b) The committee is being asked to approve the spend for Cambridgeshire County Council of £1,786,480.

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# 1. Background

- 1.1 The Health and Social Care Act 2012 established Healthwatch to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. The Act established Healthwatch England nationally and required each Local Authority area to have their own local Healthwatch or arrange for a corporate body that is a social enterprise to deliver an effective Healthwatch Service in their local area.

Local Healthwatch are funded and accountable to Local Authorities who are responsible for protecting the independence of Healthwatch whilst monitoring its adherence to the above principles and statutory requirements. This balance should be carefully established within any contract or grant agreement between the Local Authority and Local Healthwatch.

- 1.2 Local Healthwatch perform statutory public functions with their core principle being that the views of the public should shape the health and care services provided by the Local Authority. To achieve this principle, Healthwatch state that they should be:

- Independent in purpose to ensure that the voices of service users are amplified, and their experiences of health and social care are heard.
- Independent in voice in order to speak for those who are marginalised, face disadvantage or discrimination.
- Independent in action in order to deliver services that suit those who need them.

More information in respect of Healthwatch's statutory duties can be found here:

[20200405 Commissioning an effective local Healthwatch.pdf](#)

- 1.3 All local Healthwatch organisations working under the Healthwatch brand must comply with the guidelines set out by Healthwatch England which include constitutional and branding arrangements.

- 1.4 Locally, the Healthwatch function is delivered by Healthwatch Cambridgeshire and Peterborough, which is a Community Interest Company and there is no competition in Cambridgeshire to deliver the statutory function. The contractual relationship is through a grant agreement which is held by Peterborough City Council (PCC) and works in partnership with Cambridgeshire County Council. The current arrangement ends on 31st March 2022.

- 1.5 Healthwatch Cambridgeshire and Peterborough develop an annual work plan which identifies the priorities for further review based on the feedback they receive in relation to local health and social care services. The most recent report can be found at Appendix 1. More recently regular meetings have been introduced between Healthwatch and the Head of Adults Commissioning and Senior Commissioners to ensure that the planned activity aligns with and can influence procurement plans. Examples of recent activity and reports from Healthwatch during the first six months of 2021/22 include:

- 1,051 people have given feedback and/or used the signposting service during April – September 2021
- Review of GP Websites and GP Winter Funds
- Campaigns include support for local vaccinations, Healthwatch England waiting times campaign and Care Home survey

- Delivery of local Health and Care Forums
- 41 volunteers as at the end of September 2021
- Representation on local Boards and forums including supporting the development of the Integrated Care System in Cambridgeshire and Peterborough.

1.6 In addition to their statutory functions, Healthwatch Cambridgeshire and Peterborough also operate our standalone and completely independent Adult Social Care Partnership Boards across Cambridgeshire. The remit of the Partnership Boards is to support and improve care and ensure the highest quality and best value health and social care services are delivered for local people. The following Partnership Boards are in operation:

- Physical Disability Partnership Board
- Sensory Impairment Partnership Board
- Carers Partnership Board (an all-age Board reflecting all types of carer)
- Older People's Partnership Board (for those aged 65 and over)
- Learning Disability Partnership Board (which includes adults on the autistic spectrum).

1.7 The role of the Partnership Boards is to:

- Raise practice and commissioning issues and concerns with the council.
- Share examples of good practice.
- Identify common themes and problems.
- Discuss topics and ideas that are important to them.
- Help the council to co-produce services that meet people's needs. This includes supporting commissioning in the designing and procurement of services.

Please see Appendix 2 which highlights some of the work undertaken by the Partnership Boards during the last year, including examples of actions on concerns raised by the Partnership Boards, and the added social value of the Partnership Boards work. Further information can be found here: [What we do | Healthwatch Cambridgeshire](#)

1.8 Each Partnership Board agrees annual priorities for their work that are of importance to the client group that they represent and Healthwatch supports the Partnership Boards to take forward actions on these priorities. Membership for each Partnership Board includes service users and/or carer experts by experience.

1.9 The Partnership Boards link to the Adult Social Care Forum for Cambridgeshire and Peterborough, chaired by the Head of Adult Social Care Commissioning. The Adult Social Care Forum identifies and considers key themes arising from the Partnership Boards, experts by experience groups, and other participation groups/forums, and uses this information to support the continuous improvement of local health and social care services.

## 2. Main Issues

2.1 This proposal supports Cambridgeshire County Council's statutory obligation to commission a Healthwatch service to ensure that service users and communities are involved in decisions around the health and social care provisions.

2.2 Commissioners have carried out the following activities to ensure that the statutory Healthwatch function is compliant and will continue to deliver statutory requirements:

- Attended Healthwatch Commissioners Event which assured Commissioners that our approach is in line with other local authorities.
- Ensured compliance with Healthwatch England: Commissioning and Effective Local Healthwatch
- Engaged with the Regional Co-ordinator for Healthwatch England to ensure specification meets requirements
- Liaised with other Local Authorities to ensure best practice in procurement options and monitoring arrangements.

2.3 In addition, the following activities have been carried out to develop an updated service specification for the Adult Social Care Partnership Boards work:

- The current service specification for the Partnership Boards work has been reviewed by Healthwatch Cambridgeshire and Peterborough as well as a working group made up of representatives from Adults and Safeguarding and Adults Commissioning.
- New service outcomes are being developed, co-produced with experts by experience Partnership Board members, which will be based on the use of 'I' and 'We' statements taken from the Making it Real themes, co-produced by Think Local Act Personal. Making it Real is a framework to support good, personalised care and support for providers, commissioners and people who access services. The six themes describe what good looks like from an individual's perspective and what organisations should be doing to live up to those expectations. More information in relation to Making it Real can be found here: [Making it Real - Think Local Act Personal](#)

## 2.4 Proposal

2.4.1 Commissioners are recommending that the Healthwatch statutory function and delivery of Partnership Boards is recommissioned under a grant arrangement as this is currently working effectively and there is minimal competition from other organisations locally.

2.4.2 It is proposed that the grant arrangement runs for a period of 3+2 years commencing from 1st April 2022. The delivery of the statutory function and the Partnership Boards would be included under the same arrangement but would be able to be terminated separately if required.

2.4.3 It is recommended that a joint grant agreement is developed with Peterborough City Council as the lead Authority. It is also proposed that a Delegation and Partnership Agreement is in place to govern the arrangement between the two authorities. The joint arrangement continues to offer the best use of resources, maximum economies of scale and a consistent approach across both authorities. This will ensure that there is a clear contractual relationship which reflects the overlapping health and social care landscape between Cambridgeshire and Peterborough and protects both local authorities in terms of the requirement, deliverables and finances involved in the delivery of both the statutory functions and facilitation of the Partnership Boards.

## 2.5 Financial Implications

2.5.1 The budgets identified for the Healthwatch statutory function and Partnership Boards within Cambridgeshire are outlined below:

Local Authority	Statutory Function (Annual Budget)	Partnership Boards (Annual Budget)	Total for length of Grant Agreement (5 years)
Cambridgeshire County Council	£287,102	£70,194	<b>£1,786,480</b>

Approval for Peterborough City Council's Healthwatch Grant is being sought simultaneously via Peterborough's governance channel.

2.5.2 There is considerable change and pressure facing health and social care at the moment and financial stability for the Healthwatch function will ensure that the service is not only able to maintain its current level of engagement activities across the Cambridgeshire footprint but will also be able to represent local communities within the emerging Integrated Care System structures as well as support Council priorities such as the roll out of Care Together.

## 2.6 Risks

2.6.1 The following risks and mitigations have been identified:

Risks	Possible Mitigations
1. Specification not reflective of statutory functions	1. Engagement undertaken with Healthwatch England, local Healthwatch and other Local Authorities
2. Healthwatch Cambridgeshire and Peterborough fail to deliver quality service in line with local health and social care priorities	2. Updated specification outlines requirements. Robust monitoring requirements against Quality Framework now included in specification. Closer alignment with commissioning plans.

## 2.7 Next Steps

2.7.1 The next steps for the recommissioning of this service will be:

- 17<sup>th</sup> March 2022 – Commissioners seeking Adults and Health Committee approval.
- Current Grant Agreement ends on the 31<sup>st</sup> March 2022.
- Implement proposed new Grant Agreement on 1<sup>st</sup> April 2022 pending key decision.
- Ongoing monitoring of Grant Agreement.

### 3. Alignment with corporate priorities

#### 3.1 Communities at the heart of everything we do

The following bullet points set out details of implications identified by officers:

- Healthwatch provides a vital bridge between the Local Authority and our communities and service users. The recommissioning of the Healthwatch Grant Agreement will provide a voice to our communities and allow them to continue to be an integral part of the commissioning process, scrutiny and management of health and social care services.
- The report also sets out the implications for this priority in paragraph 1.4 above.

#### 3.2 A good quality of life for everyone

The following bullet point set out details of implications identified by officers:

- The Partnership Boards operated by Healthwatch allow for our service users to outline factors that the Local Authority can improve upon in order to provide a good quality of life for everyone. This is particularly important when considering those with protected characteristics such as disability, race and age who may be underrepresented in other forums.
- Engagement with Healthwatch focus groups and the Partnership Boards provides the ability to test out new ideas (such as Independent Living Services) that can enhance an individual's quality of life.
- The ability of Healthwatch to signpost services will empower service users and increase the quality of the lives of service users in need.

#### 3.3 Helping our children learn, develop and live life to the full

The following bullet points set out details of implications identified by officers:

- Healthwatch are committed to Safeguarding children and maximising outcomes for families particularly the impact for parent carers. Healthwatch work closely with the voluntary and community sector to ensure that any key learning is shared and to allow specialists to carry on with their specialist functions without any duplication. For example, Healthwatch have just published a report highlighting the challenges that parent carers have faced in accessing health and social care services for their disabled child/children during the pandemic.

#### 3.4 Cambridgeshire: a well-connected, safe, clean, green environment

There are no significant implications.

#### 3.5 Protecting and caring for those who need us

The following bullet points set out details of implications identified by officers:

- Healthwatch provides a voice for those who may feel that they are at a disadvantage by way of a protected characteristic such as disability or age.

- The report also sets out implications for this priority in paragraphs 1.2 and 1.7 above.

## 4. Significant Implications

### 4.1 Resource Implications

The following bullet points set out details of significant implications identified by officers:

- In addition to the spend (Cambridgeshire County Council's commitment will be £1,786,480) Healthwatch become involved with commissioning activities to ensure the best value and outcomes are achieved for connected parties such as service users, both authorities and the Cambridgeshire and Peterborough Clinical Commissioning Group.

### 4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

The following bullet points set out details of significant implications identified by Officers:

- As this proposal is for a grant agreement, the usual contract procurement rules do not apply. When awarding Grant Agreements, it is policy to advertise the grant to the public. However, given that it is a statutory requirement for Healthwatch to carry out these functions, advertisement of the grant is not needed as there are no alternative corporate body social enterprises registered with Healthwatch England to deliver these functions locally in Cambridgeshire.

### 4.3 Statutory, Legal and Risk Implications

The following bullet points set out details of significant implications identified by officers:

- This proposal is in line with the Local Authority's statutory obligation as derived in the Health and Social Care Act 2012.
- The report above sets out details of significant implications in paragraph 1.1 – 1.13.

### 4.4 Equality and Diversity Implications

The following bullet points set out details of significant implications identified by officers:

- The recommissioning of Healthwatch will allow their statutory activities to provide a voice to those with protected characteristics, largely by way of engagement with the Partnership Boards but also via Healthwatch's statutory activities.
- Further implications in relation to Equality and Diversity can be found in the Equality Impact Assessment document at Appendix A.

### 4.5 Engagement and Communications Implications

There are no significant implications for this category.

### 4.6 Localism and Local Member Involvement

There are no significant implications for this category.

#### 4.7 Public Health Implications

The report sets out details of significant implications in paragraphs 1.4 and 1.7.

#### 4.8 Environment and Climate Change Implications on Priority Areas (See further guidance in Appendix 2):

##### 4.8.1 Implication 1: Energy efficient, low carbon buildings.

Neutral

Explanation: There are no significant implications for this priority

##### 4.8.2 Implication 2: Low carbon transport.

Neutral

Explanation: There are no significant implications for this priority

##### 4.8.3 Implication 3: Green spaces, peatland, afforestation, habitats and land management.

Neutral

Explanation: There are no significant implications for this priority

##### 4.8.4 Implication 4: Waste Management and Tackling Plastic Pollution.

Neutral

Explanation: There are no significant implications for this priority

##### 4.8.5 Implication 5: Water use, availability and management:

Neutral

Explanation: There are no significant implications for this priority

##### 4.8.6 Implication 6: Air Pollution.

Neutral

Explanation: There are no significant implications for this priority

##### 4.8.7 Implication 7: Resilience of our services and infrastructure and supporting vulnerable people to cope with climate change.

Neutral

Explanation: There are no significant implications for this priority

Have the resource implications been cleared by Finance? Yes

Name of Financial Officer: Justine Hartley

Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement? Yes

Name of Officer: Clare Ellis

Has the impact on statutory, legal and risk implications been cleared by the Council's Monitoring Officer or LGSS Law? Yes

Name of Legal Officer: Fiona McMillan



Have the equality and diversity implications been cleared by your Service Contact?

Yes

Name of Officer: Will Patten

Have any engagement and communication implications been cleared by Communications?

Yes

Name of Officer: Matthew Hall

Have any localism and Local Member involvement issues been cleared by your Service Contact? Yes

Name of Officer: Will Patten

Have any Public Health implications been cleared by Public Health?

Yes

Name of Officer: Jyoti Atri

If a Key decision, have any Environment and Climate Change implications been cleared by the Climate Change Officer?

Yes

Name of Officer: Emily Bolton

## Appendix 1

### Healthwatch Work Plan 21/22 - six month progress report

	Overview of activities	Outputs/outcomes	Lead
<b>1.Information and intelligence</b>	Delivery of Healthwatch information service, line managing Information and Signposting Assistant, responding to queries from the public, colleagues and stakeholders. Liaising with other Healthwatch as appropriate.	<p>1,051 people have given us feedback and/or used the signposting service during April - Sept. As at the end of September 54% of people contacting us required signposting</p> <p>Usage and trends tracked and reported bimonthly to Board in CEO reports.</p>	Julie McNeill
	Maintenance of experiences' evidence base, progressing and tracking concerns. Using new tracker and associated staff training.	<p>Healthwatch England Impact Tracker used to track escalations and influencing.</p> <p>Bimonthly briefings to Board and staff.</p>	
	Data analysis elements of project work, drawing out relevant themes to support production of high quality evidenced-based reports.	<p>Analysis completed for:</p> <ul style="list-style-type: none"> <li>• Review of GP websites</li> <li>• GP Winter Funds</li> </ul>	
	Work with primary care to improve quality of information (with JNR) so people know how to access	See GP website report and actions.	

	GP services and are encouraged to self-care.		
	Development of website information to support self-care (with AR).	Pages on both websites regularly updated with timely and accurate service details.	
	Policy and service change horizon scanning. Sharing information about relevant new services and developments in support and guidance.	Regular updates around policy and service change.	
<b>2.Communications</b>	<p>Delivery of year two of the communications and engagement strategy to promote Healthwatch and its activities to identified stakeholders, ensuring brand values are maintained.</p> <p>Developing promotional materials - both digital and hardcopy, and ongoing PR activities.</p>	<p>Publication of a wide range of news stories and website information. Increasing levels and reach of social media.</p> <p>Regular e-newsletters and team e-news.</p> <p>Promotional materials produced to support activities. Range of PR activities include articles in traditional media, community newsletters, plus health and care provider and commissioners' newsletters.</p> <p>Data and detail reported bimonthly to Board in CEO report.</p>	Angie Ridley

	<p>Work with colleagues to identify and deliver a programme of integrated campaigns, based on local intelligence and linked to national initiatives, including Healthwatch England, NICE and others. This includes developing and promoting surveys as part of project / campaign activities.</p>	<p>Campaigns completed or underway:</p> <ul style="list-style-type: none"> <li>• Support for local vaccination campaign</li> <li>• Healthwatch England waiting times campaign</li> <li>• Care home survey</li> </ul>	
	<p>Work with colleagues in extending and upgrading use of online tools and skills for digital engagement.</p>	<p>Individual support and training sessions in place to help the team develop their skills.</p>	
	<p>Development of website information to support self-care (with JMN)</p>	<p>Pages on both websites regularly updated with timely and accurate service details.</p>	

	Provide communications support to project activity work - including marketing advice, promotion, and report editing.	News stories developed and press releases sent to promote project activities such as Partnership Boards, report publications and feeding back on care.  Promotion of Health and Care Forums, workshops and Board meetings.  Six reports published.	
<b>3. Community engagement</b>	Expand attendance of Health and Care Forums	Consistent attendance at forums, numbers reported bimonthly to Board in CEO reports. Work in hand to extend reach especially to seldom-heard communities.  Forums Chairs met to share learning and agree improved systems for capturing and evidence response to feedback.	Caroline Tyrell-Jones
	Partnership Board meetings and promote an integrated health and care approach	Consistent attendance at boards, recruitment in hand to meet membership targets. Numbers reported bimonthly to Board in CEO reports.  Partnership Board Chairs meet regularly to share learning, identify cross board themes and topics for future training and events.	
	Gather learning and assess possibilities for future engagement approaches, blending	Regular review of feedback and experience of online meetings. Options for blended format and	

	online and face to face.	technical possibilities being explored.	
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	Implement system for volunteers to develop knowledge of and links to local voluntary and community groups (VCS) and other organisations	41 volunteers as at the end of September 21.  Volunteers linking to local communities and VCS.	
	Scope and develop new engagement opportunities with excluded communities	Increasingly diverse group of volunteers.  Engagement team are specifically seeking opportunities to engage with communities who we do not usually hear from.  Plans in development to increase engagement with young people.	
<b>4.Projects</b>	Implementation of Business Development Strategy	Five externally funded projects in hand or completed: <ul style="list-style-type: none"> <li>• Healthwatch England quality framework webinar and resources</li> <li>• Gypsy, Romany and Traveller Lottery-funded project</li> <li>• Mapping of VCS for ICS engagement</li> <li>• Health Champions (South place ICS)</li> <li>• GP winter funds.</li> </ul>	Jo McHattie
	Development of bids to support project work	Applications for funding submitted as capacity allows and appropriate opportunities arise.	

	Development of methods and processes to engage with young people about health and social care (with CTJ)	Plans in development to increase engagement with young people.	
	Establish Project Programme Group to provide overview of project development, delivery, and reports to Board	Project register, planning and tracking system in place. Status, detail and reviews reported bimonthly to Board in CEO report and to Business Development Programme Group.	
<b>5.Strategic influencing</b>	Representation of Healthwatch on local groups maximises influencing opportunities	Strategic meeting planner and leads reviewed. Meeting report template used to collate impact. Board reports and discussions to share intelligence.	Sandie Smith
	Overview of escalations, projects, evaluation and quality	Escalations and projects reported to Board via briefings and CEO report. Project review and evaluation system in place. Quality check included in project planning.	
	Adoption of Healthwatch England Impact Tracker	Impact Tracker in place.	
	Develop patient and public elements of integrated care system at system, place and neighbourhood linking to existing hubs and	Chair and CEO actively involved in developing ICS engagement strategy.	



	local authority structures		
	Host a public event drawn from all Healthwatch networks, including Council-commissioned Partnership Boards and Local Healthwatch Forums	AGM conference delivered. Keynote speaker and workshops attended by over 60 people. Positive reviews, learning to inform future activities.	
	Support providers, including primary care, to develop effective approaches to patient involvement	Leads identified to engage with providers, promoting best practice, offering support and access to our intelligence.	

6. Finance and workforce	Management and reporting of financial position, including tracking of income and expenditure and ring-fenced budgets.	Bimonthly budget position reports to General Purposes Group. Ring-fenced budget monitoring and reporting system in place.	Carole Rose
	Maintain overview of HR systems and support to managers where required	<p>Bimonthly HR updates to General Purposes Group.</p> <p>Staff sickness monitored and reported.</p> <p>Training catalogue and training record in place.</p> <p>Regular review of risk register and policies.</p>	
	Ensure compliance with Health and Safety standards	Health and safety policies reviewed and approved by Board.	
7. Governance	Ensure effective and transparent governance and oversight	<p>New Chair appointed 1<sup>st</sup> October 2021.</p> <p>New Director recruitment in hand.</p> <p>Review of Governance Policy underway.</p>	<p>Stewart Francis</p> <p>Sandie Smith</p>
	Review of operational models to take account of implications of Covid-19	Infection rates and Covid-19 guidance tracked. Working arrangements regularly reviewed to	

		ensure safety and compliance.	
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## Appendix 2:

### Recent examples of outcomes as a result of the Partnership Boards

- The Partnership Boards raised concerns about the Blue Badge applications/renewals process for people without internet access during the first COVID-19 lockdown period, especially when the libraries were closed and therefore unable to offer assistance with completing applications (especially around the scanning of eligibility documents). This was followed up with the council's Blue Badges team who provided information about the telephone support available and also details of a discretionary process whereby they could ask questions over the telephone about a customer's medical conditions or disabilities that affect their walking (rather than requiring the eligibility documents). If the customer then met the eligibility criteria the Blue Badge could be awarded for three years.
- The Partnership Boards raised concerns about mistakes and omissions in information sent (in May 2020) to direct payment holders advising them about the temporary 10% COVID-19 resilience payment and related COVID-19 guidance. This resulted in corrections being made and further information being shared via Healthwatch Cambridgeshire and Peterborough, the Direct Payment Support Service, and updated guidance being added to the County Council website.
- A parent of an adult with learning disabilities was concerned about the arrangements for visiting, and being visited by, her daughter as the Coronavirus lockdown restrictions started to be eased in summer 2020. The parent was concerned that no activities were taking place, that walks were not being taken, and that her daughter could not visit her. Also, the parent was concerned that the lack of activity would have a negative impact on the mental health and wellbeing of the people living in the group home.

These concerns were then raised with the relevant commissioner and the Head of the Learning Disability Partnership. As a result of this feedback, arrangements were reviewed at the group home and steps were taken to enable the daughter to visit with her mother overnight. Also, guidance was shared with other group homes on this matter.

- The Partnership Boards raised concerns about problems with the process for the distribution of free PPE to personal assistants employed by direct payment employers. Their feedback resulted in changes to the process which ensured that the free PPE was then able to be accessed successfully. Also, this concern helped identify gaps in contact information for carers, in particular e-mail addresses, on the council's Mosaic social care case management system which is being followed up.
- Significant concerns were raised by the Sensory Impairment Partnership Board about an e-scooters trial project being run in Cambridge. This resulted in the Cambridgeshire and Peterborough Combined Authority agreeing to attend the Partnership Board on a regular basis to discuss progress, provide feedback and hear concerns as well as inviting Partnership Board representatives to their

project steering group. Also, Partnership Board representatives were invited to be members of the stakeholder group run by Voi, the e-scooter trial project provider.

### **Added social value of the Partnership Boards work**

In addition to the 'business as usual' activities of the Partnership Boards there has been a variety of work that they have been involved in during the past year which has had added social value. For example:

- Changes to TV Licencing for people aged 75 and over

Older People's Partnership Board members were invited to an online engagement event organised by Spotty Dog Communications who were carrying engagement activities on behalf of TV Licencing.

The changes to the eligibility for free TV Licences were explained and people had the opportunity to ask questions. Information was provided on methods by which people could pay for their licence. Also, information was given on the eligibility for free TV Licences, how to apply for relevant benefits, and how to spot scams in relation to the licence changes.

Partnership Board members were then able to share this information with their networks.

- Census 2021

As the Census 2021 was being held online Healthwatch Cambridgeshire and Peterborough met with the local census managers to talk about the impact on people who are, for whatever reason, digitally excluded. They then circulated information about the census to all the Partnership Boards. This ensured that people were aware of the census, that it would be taking place online, and that support was available to people who could not complete it online as well as information available in alternative formats.

- Links to other 'experts by experience' forums and groups

Through the support of Healthwatch Cambridgeshire and Peterborough the Partnership Board membership has been able to link to, and work with, a range of other forums and groups beneficial to their activities. These included:

- Four place-based Health and Care Forums run by Healthwatch Cambridgeshire and Peterborough, covering Huntingdonshire, Fenland, Greater Cambridge, and Peterborough, which help to inform the work of the Partnership Boards.
- The Wheelchair Users Forum for Cambridgeshire and Peterborough.
- The Speak Out Council – representing those with learning disabilities and those on the autistic spectrum in Cambridgeshire.
- SUN Network – representing those who use mental health or drug and alcohol services across Cambridgeshire and Peterborough.

- The Counting Every Adult co-production group – representing adults with experience of multiple issues, such as homelessness.