

CEO Report – Q3 (Oct to Dec 2023)

January 2024

KEY HIGHLIGHTS

Driving improvements for people living with dementia and their carers: Progress in demonstrating the impact of the Hear our Voice report and work with the system to champion the experiences of people living with dementia and their carers is becoming more evident. Whether through the relevant stakeholder boards and meetings with partners from across the integrated health, care and voluntary sector services, the commissioning or re-commissioning of services continues, including:

- Memory Matters South-West
- Alzheimer's Society
- Disability Cornwall
- CFT

Further, recent developments are due to be communicated in Q4. These are informed by the recommendations within the report, but will also impact upon the strategic priorities within the ICS and NHS Long Term Plan, in addition to the changes within the Health and Care Act 2022 regarding the strengthening of integrated health, care and VCSE partnership working to address the known challenges.

As collaborators on the report, the Memory Cafe network reports improved stability of this vital network (as one such example) and further growth in demand in its 50+ network of cafes across Cornwall. The first young onset Dementia cafe/group which started in November reported significant successes: a distinct gap identified in the report is the absence of any provision for the >300 people with this diagnosis and the devastating impact this has on families – as we reported.

Another example is where carers told us they cannot access training due to not being able to leave those they care for: Two VCSE organisations are now working together so beneficiaries can access NICE guideline cognitive stimulation therapy

aimed at preventing further decline, while carers simultaneously receive training to support them in their role.

We continue to support the Dementia Policy development, further to the initial co-production development day in November, in which NHS, Cornwall Council, care, VCSE partners and carers came together to shape the initial document – each aspect being aligned to the Hear our Voice report's 40 recommendations and relevant policies and guidelines.

The plan is to publicly communicate the impact so far later in Q4, (including through recorded media on our website) collaborating with Dr Hibbert and stakeholders for which we welcome any input.

Palliative and End-of-Life Care:

Significant progress has been made in palliative and end-of-life care since our My Life My Death (MLMD) report and research were published. Although this was undertaken in 2018 pre-pandemic, along with a review of recent HC public feedback, the PEOL Strategy Alliance agreed the report remained highly relevant, along with the EOL charter developed at the time. The charter was recently revised with stakeholders, and we (HC) also involved people with lived experience of bereavement in this process. The strategy – based on our MLMD report and National Framework – identified where gaps and inequalities exist and informed the strategic priorities centred on education for public and professionals, better identification of people in the last 12 months of life, and increasing advance care planning.

Outcomes in response to the key findings and recommendations include:

- The significant progress and development in an education strategy for providers and delivery of education for health and social care staff, including funding from Health Education England, to improve knowledge and practice in advance care planning and communication skills training;
- MLMD is now the main driver behind the new strategy (to be finalised end of Q4/Q1);
- MLMD informed the rapid work of gap analysis to identify the 'quick wins' identified for system winter planning (informed by Deloitte), which commenced at the multi-provider collaborative event in October.

Examples of outputs/outcomes include:

- The swift implementation of a public information website
- A gap in service provision identified in the east which has resulted in the St Luke's pilot to deliver hospice care at home, with amazing patient and family feedback just 6 weeks in

- Previous work on digital care records informing the new Devon and Cornwall shared Care Record which will, primarily, embed Treatment Escalation

Cost of Living Survey:

We are finalising the analysis and reports from the survey through which responses were collated in November. We heard from over 400 residents, including a number of people with a learning disability who were helped to complete the survey by HC colleagues in our partnership boards. A section of feedback was provided in December to inform an ICB paper on health inequalities. We will produce reports in Q4, accompanied by a slide deck which can be made available for use with system stakeholders so as to inform priorities and planning.

Emergency Department survey

The outputs/report(s) is divided into two sections and will be finalised by the end of Jan 24. One section focuses on RCH ED, specifically on the environment and patient experience, which aligns to our standard processes of sharing feedback through which we collaborate continuously with RCHT.

For the broader approach, the primary objective and questions related to whether people had come directly to ED or sought information and advice elsewhere first. There will be information of value to wider stakeholders across the system, but have met with patient experience partners from RCHT, CFT, Kernow Health and the ICB Quality Lead to review any immediate feedback, along with key insights, so as to inform service provision.

Other work

Primary Care and dentistry remain the two most common areas of concern the public comments on. As we move into Q4, we are discussing potential approaches with stakeholders to shape the future direction of our work. One such approach, informed by the review of: public feedback we hold, the national GP Patient survey, the ED and Cost of Living report, along with ICS system and national strategic priorities, will potentially be aligned to the insights we have drawn through the lens of inequalities, including access and experience.

Engagement

The team, including volunteers, have attended 31 events across the county during this quarter – this includes drop-ins at Community Hospitals, Job Centre

Wellbeing events, Towards Zero conference, support groups such as Your Voice, and remaining Freshers Fayres.

The team estimated to have engaged with a total number of more than 690 people during this quarter; to record 'have your says', conduct Cost of Living or Emergency Department surveys, provide signposting and information, and collect broader comments that are recorded as general themes of discussion.

Core contract outputs – Q3

Public engagement

- Engagement events – 31 engagement events.
- Engagement HYS forms – 60
- Telephone calls (have your say) received – 24 calls received, but only 15 were feedback
- Emails with feedback received – 6 emails received, but only 4 were feedback
- Website feedback 'have your say' – 16 through our website and 78 through HWE website
- Queries substantively responded to – 106 (total figure was 184 less 78 HW England pieces of feedback that we can't respond to)
- Complaints about services received – 159 (+ 32 compliments received)
- Complaints about Healthwatch – None
- Compliments about Healthwatch Cornwall:

"Thank you for your email and for taking the time to respond to me. It is good to know that the information I have provided will help to change things. I am also very grateful for your further advice to pursue a complaint with my dental surgery and to see where that gets me – if not for me, perhaps someone else. Thank you once again – thank goodness for organisations like yourselves!"

Research and reports

Published: None

Other Reports:

3 x monthly export reports to Royal Cornwall Hospitals Trust

3 x monthly export reports to Cornwall Partnership NHS Trust

3 x monthly export reports to University Hospitals Plymouth NHS Trust

We record responses to concerns raised, tracking impact where possible, and the reports often form the basis of conversations regarding related policies and strategies within the trust e.g. Carers passport, or department quality improvement plans.

Feedback reports are also shared with each Partnership Board ahead of every meeting to enable cross reference to matters raised within the membership, or to add to wider conversations within the meetings themselves.

Additional reports by agreement

None for this quarter

Partnership Boards – update

Development of Partnership Boards:

- Restarted Older Persons PB with a meeting at County Hall on 10 October. The primary focus was to develop membership to ensure a broad range of representation, including people with lived experience. 19 services were represented. Professionals had been asked to encourage attendance or bring along services users but only one did.
- An Ageing Well workshop was then held on 7 December at Truro Library solely for people with lived experience. This had been delayed by around three weeks due to a delay in confirmation of arrangements from the commissioning team. Mostly due to extreme weather on the day, attendance was very low but a brainstorming session led to proposals to rebrand and repackage the OPPB. They will be presented to Ali Bulman and Rachael Rothero on 15 January. At that meeting, AB/RR will inform us of who the lead Commissioner will be moving forwards.
- At its meeting on 30 November, the Learning Disability Partnership Board tacitly agreed the recommendations presented within the review of the Board undertaken by Samantha Clark of LD England. These did not include any necessary revised documentation such as Terms of Reference or role descriptions, reporting structures or payments for key roles, which will now be produced by ourselves.
- Excepting the OPPB, the Boards each have strong membership and effective Chairs in role, and fulfil their Terms of Reference. Key agenda items discussed for this quarter and focused partnership working outside of meetings include:
 - Development of the Autism Strategy
 - Police interactions with neurodivergent people

- Accessibility of the DWP and its communications with neurodivergent people and those with learning disabilities
- Review of the Learning Disability Partnership Board
- Experiences of parents with learning disabilities
- Review of the implementation of the Informal Carers Strategy
- Review of Overnight Respite Provision
- Bringing together the Young Person's and the Adult Carers Strategies

Challenges:

- Communication delays from Commissioning leads.
- Accountability. Board members are frustrated that actions by Commissioners to follow through with agreed work are not timely, or do not happen.
- Capacity to facilitate the boards effectively given all of the work that needs to be done in between meetings in terms of development, networking, administration and following up actions. Also, to participate in wider strategic meetings to contribute and to gain understanding of potential relevance for PBs.
- Disproportionate amount of work stemming from the LDPB review.
- Recruitment for some dedicated administrative support to ensure better focus by the officers has been delayed. Support due to start Jan 2024.

Partnership Board outputs:

Number of partnership boards supported with ToR – 4

Number of annual reports – incorporated into HC main report published in June

Number of single access webpage – One covering all 4 PBs. Individual page for each PB.

Value (£) of expenses for partnership board – £54.90 (attendee travel expenses)