

CEO Board Report

October 2022

Introduction

This is my seventh report to the Board as CEO. Our organisation remains in a good health financially and reputationally. The challenges our NHS and social care system faces remain extremely evident. The past quarter has been marked by the site of long lines of ambulances outside the Royal Cornwall Hospital. A primary reason for this is that on any given day up to 300 people remain in beds in hospitals in Cornwall when there is no need for them to be there. The inability of the hospital to move those people out is the lack of social care packages to support patient's ongoing needs. This creates bed shortages which in turn creates unacceptably long wait times for patient handover from ambulance to the emergency department. In turn that leads to a shortage of ambulances available to respond to 999 calls and consequentially long wait times for ambulances to arrive. I have spoken about this issue on BBC Radio Cornwall, BBC Spotlight and ITV South West News.

A resolution to these challenges remains a priority for the new Integrated Care Board, on which I sit. It also features as a priority for the new Prime Minister and Secretary of State for Health and Social Care.

The principal activities we have undertaken over the past three months are set out in this report.



Healthwatch Cornwall core contract work

Engagement

Sarah Jones has led a full range of engagement activities during the Summer months, with a good spread across the county – for example, attending Bodmin Wellness Hub, Bodriggy Health Centre, Stithians Show, Blue Light Day, Saltash Health Centre, Menheniot Wellbeing Hub, Redruth Pride, St Just Community Café and harbourside SeaFit sessions. Support groups such as Your Voice Women’s mental health, Community Rynners (Penryn) and Crafty Toasty Liskeard have also been attended and staff across the team have supported attendance at 8 College Freshers Fayres. During the period of July – September, it is estimated that we have had at least 1500 interactions (ranging from sharing a leaflet to full conversation), signed 34 people up to our newsletter and took at least 74 patient stories. Some of these stories are complex and detailed and the emotional toll this takes should not be underestimated– conversations are in place to source adequate trauma informed training to support staff with these difficult conversations. Planning is underway for the engagement programme over the next few months and will likely include attendance at the main vaccination centres (in collaboration with the ICB Engagement Officer) where we may focus our conversations on GP access.

Dentistry

We continue to hear a significant amount of feedback relating to not being able to access NHS dentists. NHS England have initiated a small number of contract changes but we are still hearing that dental contracts are being handed back with no successor in place to pick up the patient list. We were asked to provide a 12 month snapshot report to Health and Adults Overview and Scrutiny Committee last month to be considered among their informal briefing papers, and a representative from the NHS England SW Commissioning team has been asked to provide an update on the perceived ‘market failure’ to the formal committee in November’s meeting.



Healthwatch Cornwall Key Projects

Kernow Maternity Voices Partnership

Nicola Hill has stepped down from her role as Vice Chair due to an ongoing health condition. The KMVP has decided to review the structure of the organisation, before immediately going to recruit. Charlotte Morris has joined the team as an Engagement Project Officer, with the view to the role having a sole focus on engagement across Cornwall and the Isles of Scilly. The Project Coordinator (Morwenna Gee) has developed an engagement plan focused around linking with the Health Visiting Team's Baby Weigh-in Clinics. These drop-in clinics have a wide remit as all families are able to opt into this service between the ages of 0-6m post-delivery. This has also enabled developing strong links with teams within Family Hubs. The KMVP has also been able to plan and schedule the 15 Steps event that happens in RCHT. This event is particularly exciting post covid as it marks the return of the KMVP into RCHT. Service users will accompany KMVP staff and review the facilities on offer, presenting their recommendations to the local maternity and neonatal service in a report.

Kernow Parenting Journey

The Early implementors are currently being developed with the view to being piloted in a variety of areas over the next quarter. The impact of the business continuity plan being implemented has been huge, Morwenna has been able to maintain good contact with the Program Lead which has enabled the project to keep moving forwards. The Midwifery Team Lead requested the project produce a paper for the midwifery journals and create a plan to present to the National Conferences. Having attended some regional conferences, she highlighted how far ahead the project is in terms of planning the education program and the high quality of the programs being created. She also commented on how well this project is demonstrating multiagency working partnerships.



The impact of clinical pressures and reduced capacity across multiple partners are making the project planning more complex. As Morwenna's role sits within Healthwatch Cornwall, she can provide the degree of flexibility needed to enable the project to progress. Additional meetings have been set up to ensure Midwifery can feed into the planning. The additional contact with the KMVP has also ensured the planned early implementors have been designed with the service user at the heart.

The Start for Life/ Family Hubs Bid has dominated over August but could potentially be an incredible enabler for this Project. We lead on the Parent Support aspect of the bid which brings together multiple agencies across the NHS and Council. There is the opportunity to fund staff who could facilitate a robust universal program, as well as support the proposal of hybrid working models and implementation of a variety of accessible parenting programs. Through this piece of work the project was able to develop key links with Homestart Kernow, who are key in creating a supported peer to peer program. There was also the opportunity to feed into the Infant Feeding aspect of the bid. As a result of this we will continue to develop a relationship between the infant feeding team in RCHT and the Infant Feeding Coordinator in Cornwall Council.

Mental Health and Suicide Prevention

This is a project commissioned by Public Health over 8 months to engage with 14 population groups and service providers for qualitative feedback on Mental Health and services available or needed. The draft report has been shared with the Commissioners (Public Health Cornwall and ICB Mental Health Commissioning team) and feedback has been very positive regarding the depth and quality of the work. The aim is to share the final report, together with the response from the commissioners, at the Towards Zero Suicide Prevention Conference in November and the recommendations are already informing the commercial strategy of the mental health and suicide prevention innovation collaborative project. This is a joint project within the local systems' mental health and suicide



prevention strategy. The Project Officer assigned to this project has achieved an excellent level of work and is keen to build on the experience gained, rather than returning to her core engagement role, so options are currently being explored regarding continuation of working in a specific project orientated fashion.

Ageing Well

Commissioned by Cornwall Foundation Trust this is Phase 2 of the URC Response project with interviews with patients and staff being carried out by phone. Two of our volunteers have conducted the majority of patient interviews. The interviews concentrate mainly on the experiences of those who have received the 2 hour response from the urgent crisis and reablement services within Cornwall with some experiencing the 48 hours response.

After an initial flurry of referrals, they have now slowed down and we haven't received any new ones recently. We have now interviewed 11 patients and 5 members of staff and are looking at alternative ways to gather the information, in consultation with the commissioners.

The draft report is currently due at the end of October but this timeline is being reviewed.

Research and Projects

We have been working with Healthwatch England (HE) to ensure we can support them to develop robust systems and processes for managing data. This follows the announcement by HE that the CRM database system for public feedback and contact management is being withdrawn from the network by April 2023. Our current approach to evidence management is being used as an exemplar for the network and as such, have shared a number of key documents and examples of how we report on our public feedback, including during two workshops HE hosted for the national network. We have networked with other local Healthwatch including Healthwatch Berks who ran a bespoke training session on Power BI – a data



visualisation package we know are learning how to utilise. Next steps are to develop and test our own systems for moving away from CRM to ensure they are GDPR and user friendly, safe and robust. We are doing this alongside the national development work so that we can ensure we are part of a national solution but have bespoke content for our own needs. We have already worked with HE to develop the taxonomy for coding and theming public feedback, both of which means we are in a strong position for managing the exit without facing the cost of purchasing a new CRM system and risk to loss of data or reporting continuity. There have been a number of CRM options appraised but none proven to be fit for purpose or within budget – hence our preference for being part of the solution.

It has been a very busy year so far in terms of research projects. The report which gathers the views of carers of people living with dementia is at the final stages of writing. The content has been shared with the commissioner and the GP lead for the ICB who have used this to inform the dementia strategy – dementia being one of the five key areas of focus for the ICB. Along with supporting other projects, we were pleased to see new staff training being developed by RCHT to accompany the rollout of the new joint RCHT/CFT carer's strategy in Q3. Our work around carer experience of discharge will feature in the staff training presentation, including powerful audio of carer voice taken from our interviews.

We have undertaken a number of activities to draw out feedback on specific areas such as end of life, dentistry, general practice and adult social care which we have used to inform external conversations and internal future work planning. With the hope that capacity pressures may ease towards the end of the year, the plan is to ensure we can look at ways to better communicate the work we do to the public, but also internally to our staff and volunteers. Demonstrating impact to all partners is key, yet so much of the public feedback we use to drive forward change through meetings we attend is often difficult to quantify and capture. Having a



closer focus on this, along with the new communications officer in post, will help really help bring to bring a renewed focus on this.

Partnership Boards

Following Cornwall Council's recent staffing restructure, the Partnership Boards have a new lead officer in Karen Hooper, Interim Head of Commissioning for Learning Disability, Autism, Mental Health and Participation. We have also liaised directly with Ali Bulman, Strategic Director for Care and Wellbeing and she has attended the Carers Partnership Board. Their proactive approach has been very refreshing and has helped to further develop the growing positivity amongst Board members.

Carers Partnership Board

In August the Board held its first hybrid meeting, at the Venton Conference Centre, Summercourt. It was the first in-person meeting since the pandemic and was positively received with good attendance.

The Board continues to scrutinise the implementation of the Adult Carers Strategy through the delivery of the Informal Carers Service. The reporting mechanisms developed to enable the five providers to provide the Board with quarterly updates on their work are working effectively.

It is important that members are engaged outside of the quarterly meetings. but it can be difficult to find work to involve lay members on. However, Task and Finish Groups for independent elements of work in relation to the Adult Social Care Modernisation Programme – which was halted to review the adopted approach – are planned by Cornwall Council, which should lead to lay member involvement over the coming months.

A key issue moving forward will be to ensure that we can attract wider representation and different types of carers to the Board and Tanya is liaising with elderly services across the county to achieve that.



Learning Disability Partnership Board and Autism Partnership Board

Although the issues considered by these two Boards differ, the key matters to report overlap.

As previously reported, we continue to hold additional meetings specifically for self-advocates and service users in order to gain the necessary level of input for voices to be heard and to effect change. These in-person events are proving to be highly effective, leading to conversations being held with professionals at Board meetings and also escalated to higher authorities.

Two service user meetings were held at the end of July to allow the Council to engage on the roll-out of ASC Delivering Better Care strategies. The Autism-focused meeting was extended to enable our members to engage with those undertaking the peer review of ASC.

The key area of focus of the September meetings of the two Boards was to consider the outcomes of the review and the team have since met with Kevin Beveridge, Area Director, ASC and the Chief Executive of LD England to plan what the LDPB can do to help to plug the gaps identified by the review. Specifically from our point of view, a lack of advocacy support for people with LD and/or CC ensuring that commissioned services modify their approach to ensure that they input into the Board. With regard to The Advocacy People, who are contracted to work directly with us to ensure that *'people...have their voices heard and influence decisions at the... Partnership Boards'*, we continue to liaise with them to ensure that this happens and have been assured that results will be seen by early 2023.

A good news story is the new service-user designed logo for the LDPB. Following the redesign of the APB logo, we invited members of the LDPB to submit designs for a new one for their Board. We received four entries that one particularly artistic member then incorporated into one design. The whole process really brought the Board together as one.



The September LDPB meeting was hybrid, held at County Hall, and was very well attended, with nine attendees with learning disabilities in the room. The next meeting will also be hybrid. We hope that the APB will be too, but careful consideration needs to be given to sourcing a venue with minimal sensory issues.

Healthwatch Director Julia Wildfire-Roberts has been a welcome new attendee of the Boards and we thank her for putting herself forward for the role.

Older Persons' Partnership Board

Following agreement with the previous contract manager and the current membership of that Board, the OPPB was paused as it was felt that there was an overlap with the CPB. It had proven difficult to find a way to focus agendas as the opportunity for influence was so broad and there are no specific strategic leads for older persons.

In August, we took the first step towards refreshing and restarting the Board by holding a hybrid event at Venton Conference Centre at which we invited attendees to tell us what they saw as the issues that matter most to older people and who should be represented on the Board.

The event was well attended, with many older people and carers there, as well as representation from Adult Social Care, GPs, CFT, Memory Cafes, Hearing Loss Cornwall, Alzheimer's Society and care homes.

Cornwall Council also utilised the event to engage on the development of services within the remit of the ASC Transformation programme.

We will now work with Cornwall Council to draft revised Terms of Reference for the Board.

Engagement

We continue to engage with professionals and self-advocates to promote the Partnership Boards and the work that we do. We have met most recently with agencies that have expressed interest in working with or



joining the Boards like Brandon Trust, United Response, Erya (peer support groups) and Advanced Housing. Brandon Trust have been very helpful and hope to be able to support us with venues for some our face-to-face meetings.

We have had a one-to-one meeting with the CEO of Age UK Cornwall around the setting up of the OPPB and utilising their expertise. We hope to continue engaging with them on this.

We attended a very positive engagement session recently called 'Crafty Toasty', where we spoke with lots of individual who were keen on finding out more about our Partnership Boards.

Our three 'Volunteer Community Promoters' continue to be a great asset and are very keen to continue to attend events with us.

We will be attending a number of joint engagement sessions across Cornwall, specifically focussed on reaching new audiences.

Tanya Falaschi also continues to attend the Dementia Partnership monthly. Ensuring that the DP and the refreshed OPPB do not have overlapping remits will be important.

Tanya also met with Tigger Pritchard who is Neurodivergent, a PDA Advocate, Consultant and Trainer and NAS Cornwall representative. They discussed future link ups and how people are now engaging/co-producing with the neurodiverse community. Tigger was very complimentary and cited the work of the Partnership Boards as one of the catalysts for this.

Other Matters

One concern to highlight is the expectation that is placed on our very small team, which consists of two staff members accounting for a total of 49 hours pw. The number of additional meetings that we hold in order to account for the lack of advocacy in the county and the short notice of meetings held at the request of Cornwall Council to meet its engagement needs is very challenging. In order for the Partnership Boards to evolve we need to be able to focus upon actioning issues raised, identifying emerging



issues and engaging with wider audiences outside of meetings to achieve the best memberships possible. Once the Older Persons PB is again functional, capacity will be challenged even further.

Updates on other issues and projects

Integrated Care System (ICS).

I continue to attend meetings of the Integrated Care Board and associated Integrated Care Partnership. The meetings are lengthy and look at the detail of the organisation and financial control of the NHS in Cornwall. The Integrated Care Partnership is the amalgamation of the key commissioners in health and social care. There have been two meetings of the ICP over the quarter which is “finding its feet” in respect of its role and status.

The role that Healthwatch Cornwall plays in the longer term in the new structures remains subject to discussion and agreement. Jody Wilson, who represents Healthwatch Cornwall on the Citizen’s Engagement ICB sub committee will update the Board on progress in this regard at our meeting.

Internal and staffing issues

Following the resignation of our communications’ manager we reviewed the JD/PS and changed the role to Communications Officer, reporting to the Business Support Manager. We recruited successfully late September and Carol Burns commenced in the role 10th October and will focus on raising our profile and demonstrating our impact. Carol has worked in health journalism, editorial, publishing. and, most recently, has developing her social media skills.

We have also recruited for an additional Engagement Project Officer for KMVP whose role will be to promote and gather feedback for the Project by attending the various sessions for ante-natal and post-natal care across



the County that are now returning as face to face support. Charlotte Morris started at the beginning of October, reporting to the KMVP Co-ordinator.

ODAG have reviewed the annual staff survey completed in June and the management team and the wider team are working on an Action Plan to address any issues which will be presented via ODAG to the full Board in January. Management team appraisals have been completed and staff appraisals / target setting are being carried out during October/November.

Priorities October 2022 – January 2023

In addition to on-going reported activity and project management there are a number of additional priorities for our attention over Q2 that include:

- Finalising reports for Dementia Carers' project and Mental Health & Suicide Prevention Project
- Ageing Well – completion of interviews and drafting of report.
- Staff appraisals
- Develop further understanding of the funded opportunities within the ICB, particularly with regards to engagement and research.
- Work with management team and staff, in particular the new Communications Officer, to develop a Communications and Engagement Strategy.
- Expedite training and support options for staff who are dealing with complex and emotional public feedback.

MARIO DUNN

CHIEF EXECUTIVE

HEALTHWATCH CORNWALL

October 2022

