

ASK CORNWALL OPTIONS - 15 December 2020

The table below has been prepared by the Management Team for Healthwatch Cornwall Board of Directors.

	Option 1	Option 2	Option 3
Option description	Reposition, launch and plan for growth. Working in partnership with EPIC and other Health Partners in Cornwall we plan for a launch the Ask Cornwall platform with a new communications and engagement plan for 2021.	Integrate with Cornwall Link Working in Partnership with Age UK Cornwall and Isles of Scilly, we to explore the possibility of integrating with the Cornwall Link Community Platform	Close site down in March 2021 Work with the limited resources we have available at HWC and EPIC to utilise the platform until the end of the first year licence period in March 2021. Then close down the site.
Implications	 Continued licence fees Annual MO organisational license fee is £5,250 +VAT (due March 2021). Consider able investment as listed in Cons below Current funding arrangements with Made Open require 50% of income from partners to go to them – So any partner income has to be double the cost of running ASKC for it to be self-funding. Also VAT issue with Made Open invoices – we have a workaround currently but would be resolved by going through Trestadow 	 Annual organisational license fee as a development partner is £3,750 +VAT (due March 2021) Data sharing agreement with Age UK Cornwall required CMS changes required but MO would pick up cost Would need to negotiate a working process for feedback, campaigns, communications, member management and site moderation etc with Age UK. There would still need to be a lead HC member of staff to liaise with AUK and manage relationship Need to consider how to migrate the 200 members from Ask Cornwall to Cornwall Link which would require some additional resources 	 Meet with EPIC partners to discuss their requirements Perhaps hand over ownership to them if they wish to carry on? Software licence due for renewal on 31st March 2021 Careful reputation management required with KCCG, Cornwall Council etc



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Resourcing requirements	One full time post to market, engage H&SC professionals and the public, recruit partners and moderate site at a potential cost of £30k Contribution to admin and ops costs plus line management & comms around £16K	 Age UK and HC could jointly fund a full time post at potential cost circa £15k each Contribution to admin and ops costs plus line management & comms around £8K 	 Current admin role undertaking additional day a week until March 2021 to manage existing site and would need to organise communications with members. Cost approx. £1K Comms plan for closure with stakeholders and funders
Pros	 Retain control – remain lead licensor. Have access to all admin functions so we would retain management. HC own IP for all user generated content and is data controller. Funding from partners 50/50 with MO so recruitment and resulting funds should sustain the platform. Retains additional digital engagement and research route 	 Age UK are keen to explore this further Pooling of resources and lower licence fee Believe funders would appreciate the collaboration (Cornwall Council would extend new funding for co-design of further Cornwall Link development to include Ask Cornwall inclusion Operate on same platform and CL already has 800 members so could "cross fertilise" Fits with single point of access approach and makes sense from a user perspective – one place to go for support and connectivity As sub licensor would retain all access to platform management Retains additional digital engagement and research route 	 Clear cut decision – "cut losses" No further investment Existing Comms resource/capacity invested in more effective methods of digital engagement and rather than focus on platform we do not know will work. No more time required/investment into something that we do not know will work. Depending on our rights to domain name could incorporate into HC website



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Cons	 Assumes that the AC platform will eventually work from a technical perspective for intended purpose. Higher Licence fee Significant investment in a dedicated resource at time when we are not yet certain the platform is the best way of achieving the change we want to make. 	 Assumes that the AC platform will eventually work from a technical perspective for the purpose. Age UK would be lead software licensor and be primary contact with MO so all changes through them Age UK would have control over customisation features Age UK would own IP for user generated content 	 Reputational risk below Removes (as yet unproved) potential digital engagement and research route Back to square one with addressing our long term goal of digitally enabling ordinary people CIOS to share ideas, inform and co- produce H&SC services
Effect on reputation	Potentially negative: If we are unable to recruit online community whether because platform not user friendly or lack of engagement for other reasons we cannot deliver what we set out to - therefore initial £40k development funding has resulted in no innovation.	Positive: HC not precious! Collaboration in voluntary sector Responsive to changing market Wise use of funding	Potentially negative: Heavily invested in developing public involvement – closure without pursuing potential with CL seen as contrary to values. Will be seeking further support from system to develop public involvement framework which will require digital element – closure may lead them to consider whether HC would deliver?

Other comments

- 1. Having met with AgeUK they are keen to pursue discussions and would value the platforms coming together. They are positive about the business model and interested in the partnership structure.
- 2. RCHT have listed a desire to work with HC in future on ASKC in their Quality Account for 2019/20
- 3. We have developed some links with other organisations for them to use ASKC with their clients eg SW Peninsula Cancer Alliance this may require a couple of Comms days to simplify landing page for ease of navigation.
- 4. Healthwatch England have just requested expressions of interest from local Healthwatch to find LHW to trial one of two digital platforms for them Citizen Lab or Engagement HQ. We are not taking this up so as not to confuse things with AskCornwall. There are many similarities but the model is fundamentally different in that these are not partnership models and would be for Healthwatch to engage digitally rather than system partners.

