

# CEO Board Report

---

October 21<sup>st</sup> 2021

---

## Introduction

This is my third report to the Board as CEO.

We have been able to make good progress against our business objectives over the past quarter. Of particular importance is the fact that we recommenced outreach activities recently by attending six Fresher's Fairs. While the NHS estate will remain out of bounds for the immediate future, we are developing new volunteering and engagement plans and an outline of these is presented to the Board for consideration. As the NHS and social care systems progress towards the creation of a new Integrated Care System (ICS) the discussion about what public and patient engagement in Cornwall will look like is very much "up for grabs" and the Board will be asked to consider this in more detail next month.

Internally we are in good shape. Practically at a full complement, staff are engaged and constructive in their roles. Our hybrid arrangements for working from home and the office are running effectively.

I have continued to attend numerous internal meetings and represent HC at many external meetings. Given the real challenges facing the system - GP access, hospital waiting and discharge, shortage of care support etc I have appeared regularly on regional television and radio. I try always to adopt a balanced approach - giving credit where it is due but also pointing out systemic failures. I believe it is important to be able to get our messages across in that way.

Finally on a personal level I am in the final stages of transitioning to Cornwall permanently from November.

---

## COVID-19 Update

### External

I have continued to send Directors the weekly situation report updates on the outbreak and vaccination programme. Cornwall and the Isles of Scilly remains in the higher levels of infection rates in all Upper Tier Councils in England. Localised



outbreaks remain a challenge for the health system, although the data shows that it is primarily younger, unvaccinated people who make up the bulk of the newly infected, thus having less of an impact on the NHS. As students have returned to University there is a particular awareness of the potential danger this represents to public health.

I continue to attend meetings of the Local Outbreak Engagement Board which coordinates responses to localised surges.

### **Internal**

The last meeting of the Board agreed new guidelines for working from the office. This is now in place and colleagues do attend the office for key meetings. Given the relatively high infection levels in the county there are no plans at this time to institute a full return to office working.

---

### **Healthwatch Cornwall key contract work**

We continue to meet with our key contract manager Kate Allcock from Cornwall Council. The Council are particularly keen to explore the role of the Partnership Boards in the design of services and the communication with their respective cohorts. Discussion about wider contractual issues is limited at this time, at the choice of the commissioners themselves.

### **Diabetic foot amputation project**

As a reminder, this is a commissioned piece of work and is a collaboration in the Launceston area between people with diabetes, carers, podiatry, residential and nursing homes, primary care, specialist diabetes services and other stakeholders in a review of diabetes services with a specific focus on footcare. The review seeks to identify any changes that could contribute to a reduction in the major amputation rates for people with diabetes in the next three years.

The agreement is to interview ten people who have had an amputation and the preparation of a report. There is also potential for additional funding for a film/digital recording of people's experiences which will need to be outsourced. Interviews are planned for late 2021, but are subject to progress within the working group and interviewee recruitment, which the practice/CCG are to provide and update on imminently.



## Mental Health issues

We continue to monitor the recommendations made in our 'Accessing mental health support' report and attend numerous meetings where relating issues are discussed and where we have opportunities to continue to feed in what people are telling us. Due to the standing down of the Mental Health Strategic Board twice in the Summer, I finally got to present the findings to the Board at the beginning of the month and we are now in discussion with the key stakeholders to get a more formal response to the report.

We have also discussed some key operational concerns that we have regarding the number of vacancies within the secondary mental health teams and the impact that this is having on people trying to access support. During our regular meeting with the cross-directorate Care Quality Commission inspectors, the lead for Cornwall Partnership Trust is particularly interested to follow this up during a focus into Community Mental Health Teams and understanding how they are meeting their regulatory requirements. We are also in the process of meeting with the Clinical lead at Outlook South West and also the relatively new Director of Mental Health at Cornwall Partnership Trust to discuss our report. We have instigated a focussed discussion with members of the Cornwall VSF led Mental Health Alliance (which consists of numerous voluntary sector organisations) and will be following this up at their next meeting. We are also monitoring the implementation plans for the Mental Health Strategy 'Futures in Mind' and also the Community Mental Health Transformation Programme where we have a seat on their Programme Board.

## Dentistry

Access to NHS dentistry continues to be the number 1 issue that members of the public contact us about and so we continue to monitor the situation on a local and national level. Following the NHS England SW commissioning team holding a workshop in June, an update report was presented at the South West Recovery Network meeting in September detailing the key challenges and what action is being taken. Three multi-agency working groups have been set up to focus on 'workforce', 'access' and 'health improvement' and some short-term programme priorities have been identified including: creating 1000 extra urgent care appointments every week across the SW; a clinical review of the seven dental helplines across the SW (latest estimate for Devon and Cornwall is that there are 47,000 on the list); starting a pilot in Devon and Cornwall to assess all children that are waiting; and increasing the availability of 'flexible commissioning' to utilise extra provision. We will continue to monitor this programme and ensure we take any opportunity to feed in the experiences of people contacting us.



JW also met with Smile Together to get an understanding of the services they provide and how they see the key challenges from a provider point of view, together with a tour of their Harleigh Road clinic. They have been challenged with the massive increase in demand for their emergency care services as the Infection Prevention and Control guidelines instigated during the pandemic vastly reduce the number of patients they can see. They would like to collaborate with HC regarding gathering patient experience and our Engagement team were quick to take them up on the offer of going along to one of their ‘Smiles at Sea’ project outreach days at Mevagissey harbour and speaking to local fishing families.

### Care home sector

In the hope of increasing our feedback from this sector, we attend the Care Home Partnership Board, as one such avenue. Our attendance at this meeting was agreed when the meeting was set up in response to Covid. Of late, the focus has been on the challenges within the sector in respect of staffing, vaccination status, housing etc. I am grateful to Roger for representing us on this PB.

### Adult Social Care

Cornwall Council are currently engaging on their ‘Delivering Better Care’ adult social care transformation programme which seeks to ‘make sure that everyone can have access to the ‘right care, in the right place, at the right time.’ We met with our Contract Manager, Kate Allcock, to discuss how HC might feed into the programme and link in with her commissioning team. JW was invited to join the Council-led Co-Design Task and Finish group which will look at the survey results and discuss how the programme will continue to engage with the public and staff going forwards. We also want to discuss how we can use the service user feedback that we receive to influence their work, and how we can build our knowledge with regards to their systems for dealing with complaints and the wider processes involved in accessing care and support. Our next step is to arrange a meeting with the council’s Complaints Manager.



## Healthwatch Cornwall Key Projects

### Kernow Maternity Voices Partnership

In addition to securing an annual commission for £40k, we were successful in our bid for £16k additional funding from Kernow CCG. As a result, we have appointed a Project Officer to lead predominantly on engagement work, and a Vice Chair to support the Chair in the strategic work to bring Service User involvement to the heart of NHS policy making. We are planning to reintroduce face to face engagement, initially in the community groups which are back up and running, and then back into NHS venues once restrictions are relaxed. We have started volunteer recruitment to support our engagement work and to bring service user involvement to the Ockenden response actions.

### Ageing Well

After some early obstacles to staff engagement, we found an invaluable NHS project champion who was able to influence and unblock issues within the NHS teams. This key contact has proved particularly important in the light of NHS Ageing Well Programme meetings being scrapped due to the unprecedented frontline capacity issues the NHS faces.

Despite initial delays in referrals from staff, through commitment of the Project Officer and strong support from volunteers we managed to get patient and staff interviews back on track. The planned interim infographic report produced at the end of September was well received by CPFT. We are now working with contacts to achieve the final few interviews, and in parallel starting the data collation and analysis stage in preparation for the final report for this phase of the research. Negotiations continue with CPFT over their potential future research requirements, which may include a second phase of Urgent Care Response, a project specific to Falls, and the potential to put a long-term contract with HWC in place for continuous feedback on different elements of their work.

I sent Board members a copy of the interim infographic recently.

### Preparing for Pregnancy and Parenthood

A strong group of stakeholders has been created to support the project from across the NHS, Council, Public Health, and the Voluntary and Community Sector. Research is progressing well both nationally and locally, highlighting examples of good practice to inform the design of future provision, and mapping out existing provision across Cornwall. This has included a number of visits to evaluate a range of venues and what they offer. The project is working closely with KMVP for



efficiency in gathering Service User feedback through surveys, and for maximising the opportunities in development for face-to-face engagement.

### **Pandemic Impact Opportunity**

We are currently in negotiations with Public Health for a commission to assess the impact of the pandemic in specific population groups, potentially including Learning Difficulties & Autism, Older People, Mental Health, Minority Ethnicities and Carers.

---

## **Partnership Boards**

### **Cornwall Council Representation**

Due to changes in process following the election of a new Council in May, Councillor representation on the Partnership Boards was only confirmed at the end of September. That meant that we again had no elected Members present at the CPB or LDPB but did at the APB.

The appointments are positive, with Cllr John Bastin, Chair of the Health and Adult Social Care Overview and Scrutiny Committee on the CPB, Cllr Jayne Kirkham providing continuity for the LDPB and Cllr Sally Weedon bringing professional experience of work in Autism to the APB, a Board which has lacked an active councillor presence for many years.

### **Carers Partnership Board**

The CPB has continued to function effectively and positively, contributing throughout the process to the development of the Adult Carers Strategy. A key role now will be to scrutinise the implementation of the Strategy through the delivery of the new Informal Carers Service. In addition, the Board will be looking at the Delivering Better Care programme, an element of the Adult Social Care Modernisation Programme. It has been confirmed that Ania Nicholls will continue as our lead Commissioner following a few months of uncertainty.

The Chair, Sandra Ward, Parent Carers Cornwall, has provided continuity and stability. Our contacts across Cornwall and at Derriford are ever growing and we are well placed to be able to form a solid and fit for purpose membership once the PBs restructure is agreed.



## Learning Disability and Autism Partnership Boards

Through the pandemic the themes affecting the two Boards merged and, having gauged the opinions of Board members, we decided to temporarily amalgamate the two. This served its purpose well but in June we reverted back to individual Boards to allow for more focused discussions and, in particular, consideration of the draft LD Strategy and the draft Autism Strategy. This has worked well as the Boards have been able to consider themes specific to the individual strategies and will continue to engage throughout their development.

Led by NHS Kernow, the Learning Disability and Autism System Programme Board was recently set up to ensure that a joint, systemwide approach is taken to all elements of the LDA programme in preparation for the establishment of the Integrated Care System. Its Terms of Reference specifies two-way links to the PBs and should ensure that the Boards have sight of work undertaken in relation to the LD and Autism elements of the NHS Long Term Plan objectives.

The LD, Autism and Carers Service Users Events, set up in the summer of 2020 to provide a safe space for self-advocates and carers to express their views, continue to be effective in ensuring that the Boards, and the statutory authorities, hear the voices of our local population with lived experience of learning disability (LD) and/or Autism and of carers. Scheduled until the end of this year, we will re-evaluate our position in line with PB team capacity, current Covid guidelines and the level of engagement being offered by service providers.

We are awaiting confirmation from our Commissioning Manager as to who will be the Cornwall Council lead officers for the Boards.

## Older Persons' Partnership Board

Following agreement with the previous contract manager and the current membership of that board, the OPPB is 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. We continue to liaise with the contract manager to determine how the Board could be utilised in the short term, possibly for engagement on upcoming strategies, and its longer term purpose given the evolution of governance structures across the sectors.

## Future Meetings

Each Board has expressed a preference for online meetings to continue through at least the first round of meetings of 2022. It is hoped that by early next year organisations working directly with self-advocates will have assisted and



encouraged wider participation, enabling the numbers of self-advocates in attendance to return to pre-pandemic levels.

---

## Updates on other issues and projects

### Integrated Care System (ICS).

The Board met with System Transformation Director Carolyn Andrews recently. It was evident that the CCG had not fully determined how, outside of the formal committee processes, that meaningful public engagement would be structured. The Board agreed that a follow up session with senior staff to discuss possible ideas to put to the CCG would be the best next step.

We will organise this event for later in November, hopefully face to face. We will provide the Board with a background paper to support their deliberations.

Healthwatch England continue to be very supportive in this area, convening regular meetings to exchange ideas and experiences. I regularly attend these.

### Healthwatch England

We continue to participate in the HWE CRM taxonomy development and attend the Research and Insight Group in which developments regarding up-and-coming research or to data management and survey software for example, are shared. We offer insight and involvement where appropriate. In respect of our ongoing review of data management and survey software, we are particularly pleased to hear about a new survey tool being piloted with offline potential. We would welcome this as being helpful in remote data capture and entry for the engagement and volunteer teams. We are awaiting further update.

Currently being promoted via our website and social media is the HE survey on delays to care and treatment due to Covid. It seeks to understand the impact on the public and how well services are keeping people informed in the interim. Good communication in this regard is critical, yet communication with patients and families remains the most reported source of complaint across our hospital trusts.

During the summer of 2020 NS conducted research as one of eight LHW who carried out commissioned work to inform the report: 590 Peoples Stories of Leaving Hospital During Covid 19. We looked at how the new 'discharge to assess' model was working on the ground interviewing stakeholders from across health, care and the voluntary sector. We were pleased to hear the influence of this work, which has informed the updated national hospital discharge policy (Aug 2021).



Following on from this work, HE recently approached us as one of seven LHW they wish to deliver a further commissioned piece of research for NHSE-I, to look at the experiences of carers during and post hospital discharge. This will involve interviews with carers and a stakeholder focus group. The project will commence in November and is due to be completed in February 2022.

We have finalised our bespoke report development with HWE CRM Systems Manager and CRM developer, which has been incorporated into data extraction and analysis processes with great success.

Staff continue to join a number of webinars and training sessions hosted by Healthwatch England and also regularly join their respective Engagement and Volunteer network meetings to keep up to speed with national developments/guidelines and also network with other staff from local Healthwatch. Michelle took part in a set of 'Communities of Practice' workshops that focussed on engaging with members of the Gypsy, Roma and Traveller community and will be utilising the information gained by conducting some engagement locally.

### **General Practice and Review of GP surgery websites**

The review of GP websites report with the addition of a helpful 'best practice' guide is now in draft form and has been shared with Andrew Abbott, Director of Primary Care. It was well received, and the plan is to review with the comms lead at the CCG and to agree an action plan to take this forward.

In respect of the wider issues we frequently hear of in general practice, we also discussed our most commonly reported themes of feedback, specifically: difficulties in booking appointments and access to a GP appointment - for some, this includes face-to-face appointments. We also raised concerns about a specific cluster of practices where access issues and increased attendances at A&E for those in mental health crisis have been identified. We also presented concerns about access for those with communication difficulties - intelligence gathered through our links to service user groups via the Autism Partnership Board. We have agreements in place to establish new processes and contacts through which we can connect more routinely to ensure our feedback is heard in the right fora; and to ensure the recommendations from our previous report on GP access, in addition to those in our recent mental health report are reviewed and acted upon.



### **New Research Focus: Experiences of Carers of People Living with Dementia**

In line with our Business Plan to conduct research into carers experiences, we have agreed to take forward this research with the focus being on those caring for people living with dementia. Cornwall remains a national outlier in the diagnosis rates for dementia, with around 50% remaining undiagnosed. Having been approached by Dr Allison Hibbert, GP Lead Launceston Hospital and Clinical Lead for Dementia KCCG, and in review of our evidence gathered through our routine work, recent surveys and reports, we plan to conduct research in this area as we go forward in Q3 and into Q4. This approach is also supported by our Contract Manager Kate Allcock and lead commissioners in this field. The work will be carried out collaboratively with stakeholders, be co-produced by those with lived experience, and supported by Allison and Board members from the Memory Café Alliance, who have expertise in both knowledge and research to contribute.

### **Appointment of Chief Executive RCHT**

I Chaired the Stakeholder Panel for the appointment of the new Chief Executive. As previously advised, the successful candidate was Steve Williamson who currently holds a similar post in Queensland, Australia. He will take up his post in March 2022.

### **Citizen's Advisory Panel (CAP)**

I have continued to attend meetings of the CAP. The group is far from being in the best of shape. It lacks participants and geographical reach. Its remit and escalation processes are unclear. However, with the creation of the Integrated Care System the opportunity exists for the CAP to develop a meaningful role in channelling patient concerns and needs through the system. Success in this endeavour will depend on its ability to recruit sufficient numbers of volunteers on a county wide basis.

### **Isle of Scilly Healthwatch**

I continue to meet regularly with HIoS colleagues and we update each other on respective developments. I will remain a link person between them and the new ICS.



### **Internal and staffing issues**

We welcome two new members of staff to Healthwatch Cornwall: Becky Robinson who works to Sue on the Maternity Voices Partnership (21 hours) and Sarah Jones who works to Jody as an Engagement Project Officer (28 hours).

We managed the process of appointing a Vice Chair to the Kernow Maternity Voices Partnership and Nicola Hill was the successful candidate. This is on an expenses basis and is not a salaried position.

Following a number of periods of long-term sick leave, Nuala Kiely left HC in mid-August, leaving Mike as the sole Partnership Boards Officer. Mike and Jody are currently revising the job description and person specification prior to advert to give greater emphasis to the engagement element of the role. It is hoped that the position will be filled before the end of the year.

Roger and Anne will update the Board on developments with ODAG. The latest HR dashboard is appended to the ODAG report.

### **Establishment of Trestadow**

We asked for a third member of the Board to volunteer as a Trustee to enable us to make progress towards the establishment of Trestadow and Roger has kindly volunteered. At some point we will need to recruit three further Trustees but these cannot be from among HC Board members.

Following the direction of the Board we looked at the prospect of opening a bank account with both the Charities Aid Bank and the Co-operative Bank. Both have similar ethical standpoints but for ease of access we will seek to open a bank account with the Co-operative Bank.

### **Prioritisation and Planning**

The engagement, research and business support teams continue to meet monthly to address “bubbling issues” identified from feedback we receive, and the management team meet monthly to address potential commissioned work and, if this fits in with our values and our Business Plan, whether we have capacity to take on such work. These are all captured in a comprehensive spreadsheet which enables us to give an overview which is shared as Appendix 2 below.



### Priorities October - December 2021

In addition to on-going reported activity and project management there are a number of additional priorities for our attention over Q3 that include:

- Ongoing discussions with KCCG regarding structure of public participation in ICS and a Board/senior staff session to consider options for public engagement.
- Continue to ensure the safety of staff working in the office
- Re-evaluation of CloS EOL Strategy Board subgroups and projects
- Monitoring of discharge process changes and further engagement around work to improve discharge experiences: The thematic review and action plan is scheduled to be reviewed at the RCHT PEG 14<sup>th</sup> October and the October ECCo meeting. This will also be supported by the HE work around carers experiences of the discharge process.
- Implementation of staff development group 'Team Talk and Support' to support handling enquiries and share learning opportunities as well as support with more complex and distressing cases.
- Work to be undertaken to communicate the impact of our work with a specific focus on website content.
- Deliver training as identified in Training Plan (appended to ODAG report)
- Focus on implementing Q3 of HE Quality Framework Action Plan (appended to ODAG report)

**MARIO DUNN**

**CHIEF EXECUTIVE**

**HEALTHWATCH CORNWALL**

**October 2021**



## Appendix 1

# Q2 marketing & communications update

11<sup>th</sup> October 2021

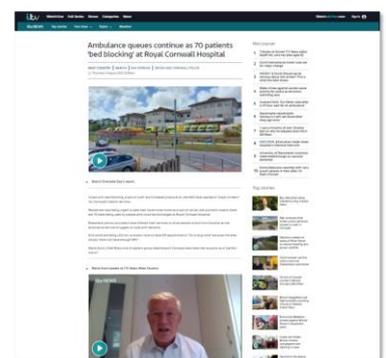
### Q2 website performance

Website traffic has doubled for the Q2 period, achieving 3,963 unique users v 1,872 for the same period last year.

- There have been 9,530 page views of the content on our website
- 90% of our traffic was from new visitors, extending our reach and audience
- The average session time was 1 min 40 secs
- 43% of the traffic came from people coming directly to the website
- 32% of the traffic came from people discovering the content through online search
- 17% of the traffic was through social media

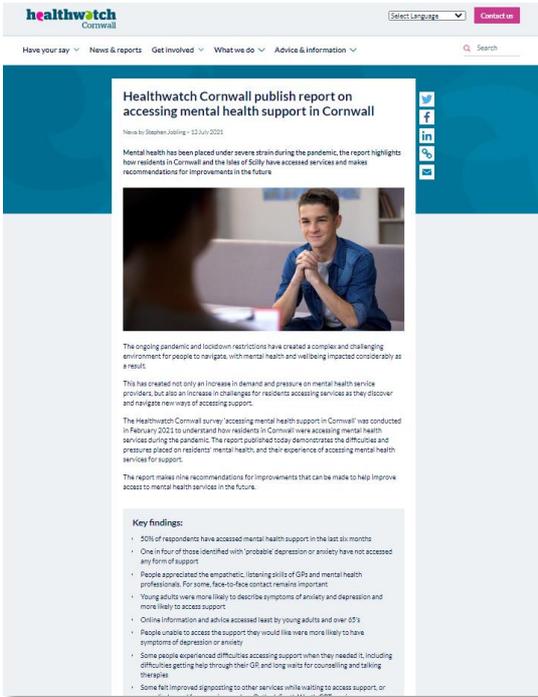
### Q2 comms and marketing highlights:

- Accessing mental health support report published
- KMVP maternity journey report published
- Healthwatch England NHS waiting times survey supported locally
- Comms and engagement teams collaborate on awareness and feedback social campaign
- Excellent PR coverage over the last few months
- New brand tone and messaging now live and shared with the team
- Healthwatch Cornwall enters 2021 Network Awards: Engagement category



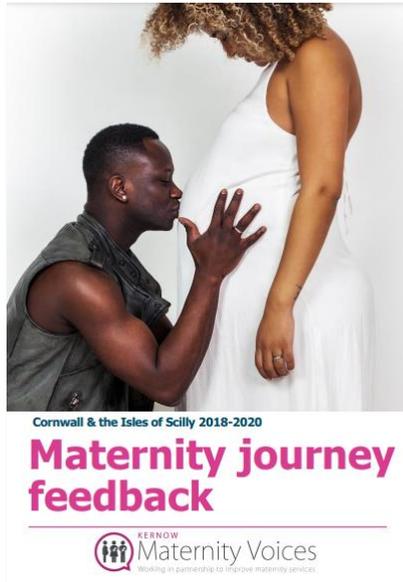
## Accessing mental health support report

Following the digital engagement activity earlier this year, the report on accessing mental health support published in July and can be found in full [here](#). Comms support included website articles, press release, social media and excellent coverage on local radio. This is a fantastic example of collaboration within the organisation that resulted in an excellent piece of research work.



## Maternity journey feedback report

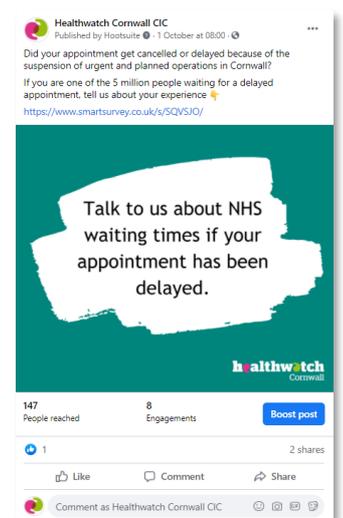
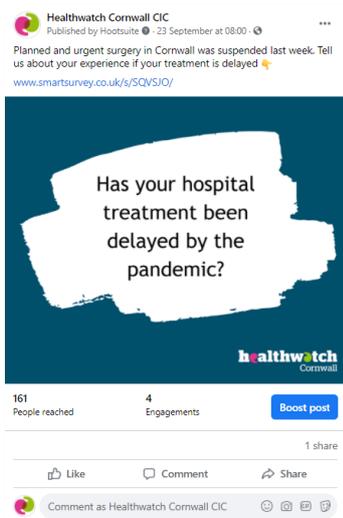
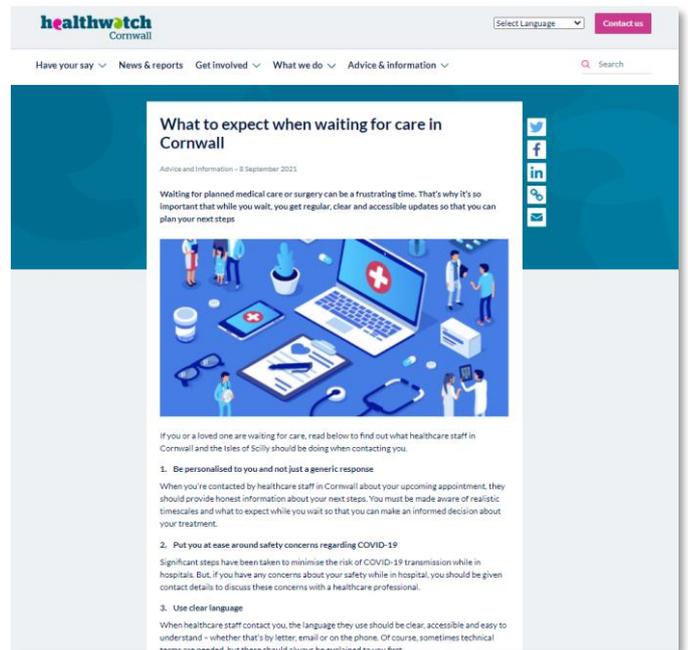
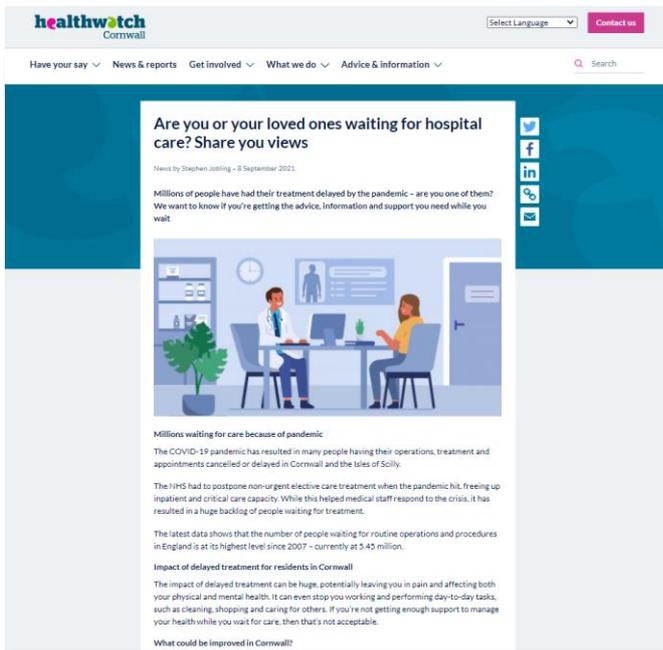
In September, we published the Kernow Maternity Voices Partnership report on maternity feedback gathered over the last three years. The report went live on [Healthwatchcornwall.co.uk](http://Healthwatchcornwall.co.uk) as separate news and report articles, with a new design for the press release sent to our key contact distribution list. Social graphics were designed to support this and scheduled over several weeks following the release, designed using different quotes from respondent feedback.



## Healthwatch England NHS waiting times survey

We supported the Healthwatch England campaign on NHS waiting times, creating news and advice articles on our website with information and survey links. Social assets were also designed to promote the news/advice content and link to the survey to create further awareness. The press release to our key contacts was well received and has been circulated widely, including some PR coverage on local radio with CEO voice.

This resulted in 78 people completing the survey from Cornwall, the second highest number of survey completions from a local Healthwatch across the network. The survey data can be split for Cornwall and we look forward to sharing this data locally for insights/PR/comms opportunities in the coming months.



## Awareness and feedback campaign

This general awareness campaign involved comms and engagement collaborating on a six-week social media outreach project. Each week we focused on a different health and social care topic to inform our audience about the broad remit of our work, and to encourage people to come forward with feedback on that specific topic. The content appeared on social media using a range of different formats such as video content, Instagram Stories, Facebook, Twitter and Instagram IGTV.

**Healthwatch Cornwall CIC**  
Published by Hootsuite · 11 August ·

Young people in Cornwall, we want to hear from you! Talk to us, we are here to listen 🗨️  
[www.healthwatchcornwall.co.uk](http://www.healthwatchcornwall.co.uk)

**YOUNG PEOPLE**



Health outcomes for young people with long term conditions are worse during transition between child and adult services, highlighting the need for youth friendly transition services.

**healthwatch Cornwall**

438 People reached      7 Engagements      **Boost post**

1 Like      4 shares

Like      Comment      Share

Comment as Healthwatch Cornwall CIC

**Healthwatch Cornwall CIC**  
Published by Hootsuite · 9 August ·

Talk to us, we are here to listen 🗨️



**Michelle Hooker**  
Engagement Officer

HEALTHWATCHCORNWALL.CO.UK  
**Share your views | Healthwatch Cornwall**      **Learn More**

4,924 People reached      147 Engagements      **Boost again**

**Healthwatch Cornwall @HWCornwall** · Aug 9

Talk to us, we are here to listen 🗨️

@Truro\_Penwith @FalmouthUni @UniExeCornwall



**Michelle Hooker**  
Engagement Officer

3      5

**Healthwatch Cornwall @HWCornwall** · Aug 16

Do you have a relative in a #carehome in #Cornwall? If so, we would love to hear from you. Talk to us, we are here to listen. Call us on T: [0800 0381 281](tel:08000381281) or visit our website. [healthwatchcornwall.co.uk/share-your-view...](http://healthwatchcornwall.co.uk/share-your-view...)

**CARE HOMES**



There are more than 200 care homes in Cornwall, providing care and support to around 5,000 residents.

**healthwatch Cornwall**

RCHT and 5 others

6      5



## Media coverage and PR

Over the last three months we have achieved excellent PR coverage from numerous local media owners on different health and social care topics we operate in. We are a go-to organisation for comment on news agenda items from the BBC and ITV South West, with good relationships at other local media outlets for proactive opportunities too.

### Mental health report

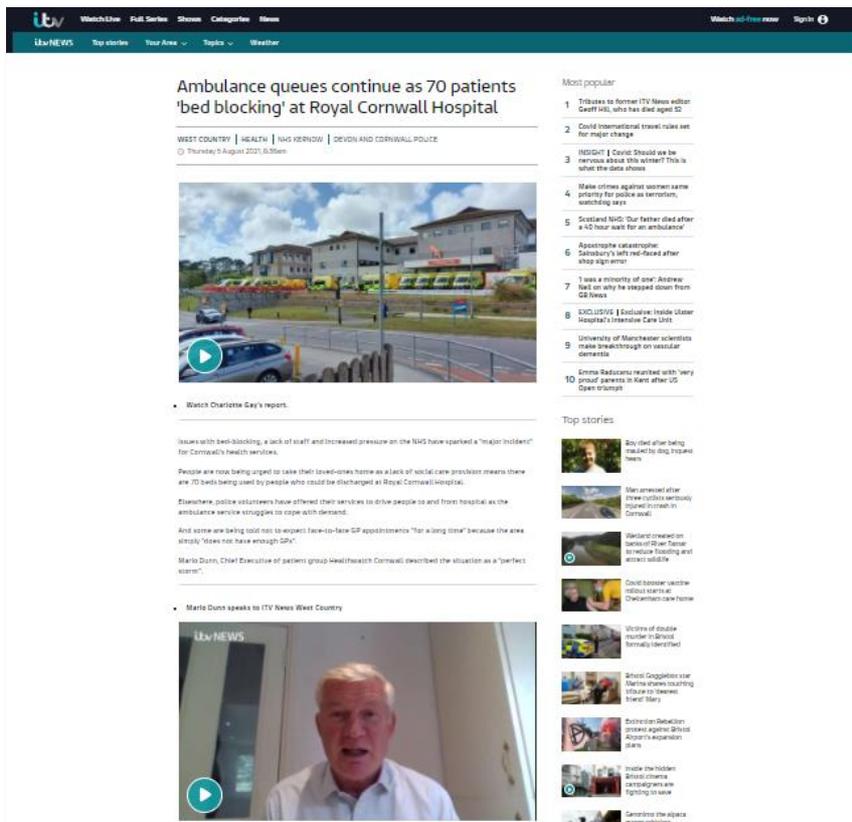
BBC Radio Cornwall produced a special mental health feature during breakfast news in response to the mental health report press release. This involved extended CEO interview time with Mario, a response from NHS mental health chief Tim Francis - BBC voice actors also read out some of the feedback we received as a case study, referencing Healthwatch Cornwall.

### System pressures

In response to system pressures, we secured CEO interview on ITV South West and BBC Radio Cornwall.

As well as mental health and system pressures, there has also been good coverage on a number of other topics:

- Joint letter system pressures: BBC radio Cornwall, CEO comment
- Suspension of surgery: Cornwall Live and Falmouth Packet CEO comment
- NHS waiting times survey: Pirate FM CEO comment and news article
- GP waiting times: BBC Radio Cornwall CEO interview + NHS waiting time survey.



## New brand tone and messaging

During the course of the year we have participated in a number of workshops to review our national brand identity/ tone of voice with Healthwatch England. HWE commissioned a branding/content agency to update the brand tone and visual identity and the first installment of this has now been rolled out, with the introduction of a new brand tone and messaging toolkit. The new strapline and comms message is ‘your health and social care champion’. The website has been updated and a new signature made to reflect this, the team have been sent all the new documentation to support them articulate our values.



## Network awards

The mental health digital engagement project and report have been entered for the ‘Engagement’ category at the Healthwatch England Network Awards. The submission has been made and we will find out if we have been shortlisted soon. The winners will be announced at the Conference in November.

**healthwatch**  
Cornwall

**Accessing mental health support in Cornwall**

Engagement award entry

Tell us about an example of how you engaged with the public in the last year and answer the following questions.

1. Please give a summary of the work (No score given: 50 words max).

Answer:

To provide the local system with a deeper understanding of people's experience of accessing MH services and support during the pandemic, we conducted a bespoke digital engagement project in collaboration with mental health organisations to create discussion, encourage residents to join in, engage with us and share their own experience.

(50)

2. What was the goal of your work? (Scored: 150 words max)

The panel will be scoring on

- The clarity on the changes you were hoping to achieve and who you were hoping to reach
- The approach to involvement in the planning of this work [E.g.](#) charities, specific health or care services, or people from your target audience.

Answer:

Following on from a COVID-19 survey in 2020, the MH Recovery Cell wanted to hear more about people's experiences of accessing informal/formal support. Building on service improvements made following our COVID-19 survey [eg](#) increased communications about available services - we wanted to further understand why people might not be seeking support and challenges people faced in accessing support, enabling us to make further recommendations for improvements. We also wanted to understand what positive experiences people had, and to hear about what people were doing to support their own wellbeing.

Our staff, volunteers, MH and voluntary organisations, CCG, and Public Health were all involved in the planning of the project. Our two guests on the panel discussion were Dr Yonette Hassell, Clinical Service Lead for Outlook [South West](#) and Joseph Sabien, CEO, Sea Sanctuary. Social assets produced were shared widely to support promotion of the panel discussion, survey and contact information.

(150)

produced were shared widely to support promotion of the panel discussion, survey and contact information.

(150)

**healthwatch**  
Cornwall

Supporting evidence #3 - Engagement activity promotional assets



## Appendix 2 - Overview of Prioritisation & Planning activity

Prioritisation & Planning 2021/22 - overview for Board			KEY:	R	Significantly off track	A	At risk of going off track	G	On track	Complete
	Lead	April	May	June	July	August	September	October	November	December
Engagement	JW/MH	Development plan discussions	New JD for EPO, advertise vacancy	Preparation for 6 week digital campaign. HWE Community of Practice.	6 week digital campaign, new staff induction	6 week digital campaign, engagement forward planning	Freshers Fayres	Focus on planning and where face to face engagement can start	Next setps potenta diabetes work and HE social care interviews	
Volunteer Development	JW/RP	Volunteer survey	Newsletter	Volunteer Devt Plan	Website refresh, Volunteer development plan	6 week digital campaign, engagement forward planning	HCAF - face to face (meeting postponed to October)	Re-engagement of existing and recruiting new volunteers	Align with engagemnt and research opportunities both core and projects	
Partnership Boards	MH	Carers Board meeting	Prep for Service User forum and PB meetings	LD and Autism PB meetings	Contract manager meeting to discuss strategic commissioning	Start recruitment process for new PO, Carers Board meeting	Service Users meeting & LDPB meeting	Autism PB meeting. Start recruitment process for new PO	Carers PB, Service Users and LDPB meetings	Autism PB meeting. New PO induction
Research	NS	Re-establish links with CCG, patient experience teams	Preparing MH Report	Fine tuning MH Report	Publish Mental Health Report	GP Review assess work required	Establish contacts / pathway for GP feedback	Design and scope HE follow up to discharge and demential carers		
Ageing Well	SD/LP	Appoint PO, PM now in post	PO now in post, meet with commissioners to agree scope, submit proposal for expansion to include staff feedback	Liaison with delivery teams for co-creation, agree random selection process, train staff on patient recruitment, trial interviews. Recruit HC volunteers to conduct interviews. Confirm if project to be expanded.	Finalise delivery process & conduct training with front line staff in first delivery area. Train HC volunteers. Trial and roll out patient interviews, staff interviews, analysis	Finalise delivery process & conduct training with front line staff in all delivery areas. Patient interviews, staff interviews, analysis	Patient interviews, staff interviews. Interim infographic feedback. Negotiation for project extension / long term research contract.	Patient interviews, staff interviews, analysis. Confirm future funding plans. Interviewee video case studies	Finalise delivery process & conduct training with front line staff in all delivery areas. Patient interviews, staff interviews, analysis	Analysis & reporting, final report
Maternity Voices Project	SD	PM to link up with Chair	Meet with commissioners, review scope, replace social media volunteer, CCG to finalise 2021-22 funding and revise SLA	Plan data capture, admin processes, update webpage, plan delivery structure: roles within KMVP and HC & governance. CCG to confirm plan/funding for	Agreement on restructure, delivery & funding plans with KMVP Chair & CCG programme Lead. Create additional funding business case & present at July	Following on from LMNS approval of additional funding, recruitment of Vice Chair and Project Officer.	Project Officer & Vice Chair induction. Delivery planning inc. re-starting engagement.	Volunteer planning & Recruitment, and volunteer promotional video Engagement and representation.	Engagement and representation.	



Prioritisation & Planning 2021/22 - overview for Board			KEY:	R	Significantly off track	A	At risk of going off track	G	On track	Complete
	Lead	April	May	June	July	August	September	October	November	December
Preparing for Pregnancy &	SD/MG	Arrange appt for PM to meet commissioner	Meet with commissioners, agree scope, recruit to PO role	Project Officer induction. Project planning, research existing provision	Project planning, research existing provision & best practice nationally & locally. Establish links with key NHS boards.	Research existing provision & best practice nationally & locally. Establish links with key NHS boards.	Research existing provision & best practice. Plan engagement to identify needs.	Engagement to identify needs. Volunteer planning. Establish stakeholder meetings.	Engagement to identify needs	Engagement to identify needs
Business Support	AO	Circular organisational chart	Update prioritisation & planning log	QF initial action plan	Board Meeting	Support to 6 week engagement plan	HCAF presentation of QF Action Plan (HCAF postponed)	ODAG and Board Meeting		
Comms & Marketing	SJ	Prep for Safeguarding Adults Report	Publish Safeguarding Adults Report	Annual Report	MH Report, 6 things	Generic feedback campaign	Ageing Well interim infographic, MVP maternity journey feedback report, HE NHS waiting times survey	Volunteer video & recruitment website update about us (core) What we do, Key Project (commissioned work),.		
<b>Key Focus Areas</b>										
Mental Health	JW				MH Report	Follow up on recommendations	Follow up on recommendations	Community Mental Health Transformation Board - our role and follow up meetings		
End of Life (EoL)	NS							Kick start strategy and action plan		
ICS lay representation	MD							Ongoing with Board		
Dentistry	JW			Oral Health Reform Sprint Workshop	HWE Dentistry webinar	Oral Health Reform Sprint Workshop tbc	SW Recovery update on oral care health reform	Visited Smile Together, networking		
<b>Priorities (deliverables for BP not identified elsewhere)</b>										
Summary of actions diarised for priorities					Planning devt day to consider capacity			HE discharge follow up and dementia carers		



Prioritisation & Planning 2021/22 - overview for Board	KEY:									
				R	Significantly off track	A	At risk of going off track	G	On track	Complete
	Lead	April	May	June	July	August	September	October	November	December
Priorities (deliverables for BP not identified elsewhere)										
Summary of actions diarised for priorities					Planning devt day to consider capacity			HE discharge follow up and dementia carers		
Current Reports										
Summary of actions diarised for reports			Publish Safeguarding report	Publish Annual Report	Published Mental Health Report		Ageing Well interim infographic, MVP maternity journey feedback	PPP quarterly report		Ageing Well
Potential work										
Summary of actions identified for potential					Planning devt day to consider capacity			Public Health pandemic impact research		
Completed work										
Safeguarding Report published June 2021										
Annual Report published end June 2021										
Mental Health Report published July 2021										
Ageing Well Infographic (Interim report published Sep 2021										
Maternity Voices Project Maternity Journey Feedback report published Sep 21										

