

Engagement - interim update

October 2021

Overview

One of our main roles is clearly to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

The only way we can do that is to engage directly and effectively with the people across Cornwall who are accessing, using, and involved in delivering health and care services.

The Covid-19 pandemic curtailed most of our face-to-face engagement and while our engagement team were kept busy with a myriad of other activities such as digital engagement, online training, etc - the engagement team are keen to get back out into the community and increase our volume of solicited feedback.

A reduction in the number of Engagement Officers (from 3 to 2) and a change of staff personnel has been a challenge but the 2 Engagement Officers - Michelle Hooker and Sarah Jones (who joined in July 2021) are currently working with colleagues to develop a new interim plan as we move out of the pandemic. There are still a number of 'unknown' factors and so, rather than presenting a full new Engagement Strategy, this interim update will inform the Board about current activities and decisions that are still being made.

Outreach and Engagement programme pre-Covid 19

Before the pandemic forced us all to work from home and cease face to face engagement, there was a full and comprehensive regular engagement programme that included a regular attendance at all of the hospitals in Cornwall on either a monthly or bi-monthly basis. There were also regular 'drop-in's' at some health centres and other locations such as colleges, alongside events including health fairs, Playfest and the Royal Cornwall Show. The engagement team and volunteers also attended external meetings such as the Interagency meetings. Alongside the regular schedule, the engagement team and volunteers also assisted with specific research projects such as the 'Delayed Transfers of Care' interviews and gathering feedback following the relocation of Rheumatology outpatient clinics at Truro Health Park. During the pandemic activity mostly focused on 'online' engagement, such as telephone 'Have your says' and the mental health Facebook Live event,



with only a small number of physical engagement such as the delivering of the GP access cards to various foodbanks and voluntary organisations.

Return to face-to-face engagement

The pandemic has given the team a chance to evaluate and reflect upon the previous engagement plan and approach and so careful consideration is being given to what the new plan might entail, rather than going straight back to replicating how the programme worked before. Careful consideration is also being given to ongoing changes to Government guidance, in particular utilising the updates and guidance being provided by [Healthwatch England](#). We know that health inequalities have been exacerbated by the pandemic and so we need to mitigate against inequality by considering a blended approach with face-to-face engagement for people with barriers to participation, and remote engagement for those who do not face obstacles or who would find it easier to engage digitally.

Several planning sessions have taken place to both evaluate our previous programme and discuss new opportunities, with many new ideas being explored with colleagues and external stakeholders. The ideas currently being evaluated are presented in the following table:

Activity	Current thoughts/updates
Hospital Drop-ins	<ul style="list-style-type: none"> • Contacted relevant personnel at the Acute and Community hospitals to ascertain current levels of restrictions placed upon visiting organisations - awaiting replies from most but Liskeard and Bude Hospital have confirmed that we would be able to conduct engagement sessions on site. Need to consider how effective this will be as patients attending have to stay outside still and text to let the relevant department know they have arrived, rather than waiting in our usual catchment location of the waiting room. Newquay have confirmed they will be closing until April 22. • Not planning to return to previous schedule but will retain regular presence at RCH Treliske and Derriford, once restrictions



	<p>allow with more irregular attendance at other hospital sites.</p>
<p>Freshers Fayres</p>	<ul style="list-style-type: none"> • Attended Fayres at Falmouth, St Austell, Newquay, Duchy College Camborne, Duchy College Callington with Camborne College postponed until Oct 20. • Truro and Penwith College did not hold Fayres this year but may follow up with health fairs later in the year. • Engaged with over 400 students who took part in a quick poll to gauge how young people access mental health support and who they would prefer to go to for support. • 3 other members of staff and one volunteer supported the Engagement Officers to attend.
<p>Medical premises and external events</p>	<ul style="list-style-type: none"> • Contacting health centres to ascertain available options to holding drop-in sessions, including Truro Health Park, Saltash, Newquay and Falmouth Health Centres • Attended ‘Smiles at Sea’ dental session at Mevagissey harbour • Attending Health and Care Conference organized by NHS Kernow Citizen Advisory Panel on 27 Oct • Met with Cornwall Care to discuss potential engagement opportunities • Liaising with NHS Kernow Engagement team with regards to them starting their programme of engagement within GP surgeries, have been invited to attend jointly where space/capacity allows. • Also exploring opportunities within the vaccination/booster clinics



	<ul style="list-style-type: none"> • Attending Christmas market at Royal Cornwall Showground, and possibly Heartlands • Meeting with SWASFT Engagement Lead to exploring opportunities to collaborate • Attending Falmouth Farmers Market
Voluntary organisations	<ul style="list-style-type: none"> • Explore opportunities to engage with parents via Parent Carer Council • Explore opportunities to engage via Memory Cafes, particularly in relation to potential research with dementia carers • Attending networking meetings such as the Interagency meetings, Multi-agency Suicide Prevention Group, Children and Young People Engagement and Participation group
Minority groups	<ul style="list-style-type: none"> • Gypsy, Roma, Traveller - build upon Healthwatch England Communities of Practice workshops to find an area to focus on locally - potential opportunity with the Cancer Alliance network • Farming community - follow up work with Farming Health Hub and also explore opportunity to attend livestock markets • LGBTQ+ - Intercom Trust keen to involve us in their monthly Gender Identity Days.
Children and Young People	<ul style="list-style-type: none"> • Continue to develop links with the local colleges and revisit potential for college drop-ins and also establish young people volunteer 'Champions' to support this • Contact Falmouth University to see if any options to engage with students there • Potential to be involved in an Appreciative Inquiry with leads from other organisations



	<p>such as Cornwall Council and Young People Cornwall</p> <ul style="list-style-type: none"> • Analyse results from the Fresher Fayre polls to see if any potential follow up
Research projects	<ul style="list-style-type: none"> • An initial meeting has taken place with the Research team to ensure that proactive engagement plans can retain some capacity to support with upcoming research projects such as the Diabetes interviews and the potential hospital discharge follow up interviews.
Social media	<ul style="list-style-type: none"> • Build upon success of mental health Facebook live event to see if could host monthly guest speaker slots on social media • Utilise social media to promote engagement - both in advance and live on the day. The engagement team undertook to post directly to social media from Freshers Fayres in the absence of the Communications Manager with a relatively good level of engagement with the posts • Explore other ways to engage via social media/digital means
Newsletter/website	<ul style="list-style-type: none"> • Ensure time is dedicated to supporting the Communications Manager with content for the external newsletter and website
Volunteer involvement	<ul style="list-style-type: none"> • Consideration needs to be given to the available opportunities for volunteers to be involved in engagement activity. Some existing volunteers have, in the past, led independent engagement sessions, supported remotely by staff so we will need to see whether this can be re-started and new opportunities developed with both existing and new volunteers.



	<ul style="list-style-type: none"> • Understandably, some existing volunteers are still reluctant to participate in face-to-face engagement while Covid rates are still relatively high in the county.
Have Your Say and demographics	<ul style="list-style-type: none"> • The engagement team are currently working with the research team to ensure the current Have Your Say forms (data collection forms) are fit for purpose, to include up to date information (including demographics, GDPR etc) to ensure we are aligning with the CRM as advised by Healthwatch England • Policies and procedures surrounding data collection are also being worked upon
Healthwatch England Quality Framework	<ul style="list-style-type: none"> • Once the management team have developed the plan for completion of this, then the wider team will need to devote time to compiling the response, gathering the evidence, and developing the action plan. • Initial scoping of the framework suggests that we might need to develop a joint Communications and Engagement Strategy.

Another area of focus to keep in consideration is clearly relating to the establishment of the Integrated Care System as there will be developing plans for their engagement plan and this may well have an impact on how we carry out our engagement going forwards. Opportunities to attend localised PCN/ICA meetings and events will need careful consideration and we will need to monitor this closely to ensure our capacity for engagement is not compromised but that it complements what is happening within the ICS. Staff will need to devote time to keeping themselves up to date with developments and inputting into HC discussions as these develop.



Conclusion

The return to a more regular programme of engagement is very much welcomed by staff and existing volunteers. However, there is still a level of uncertainty with regards to Covid restrictions/guidance and also the development of the Integrated Care System and it's potential to alter our approach to engagement. We therefore need to ensure that our immediate engagement activity plan is fluid and adaptable. The team would be pleased to attend a future Board meeting to discuss ongoing plans and development.

