

Operational Report for Healthwatch Cornwall Board Meeting Wednesday, September 7, 2016

- **Office move (SK and CN)**

Admin are currently in the process of arranging the handover for the old office at Mansion House which was originally to be in early August, but has been delayed until the end of August.

We moved into the new office at 6 Walsingham Place on July 20. Most of the unpacking has been done and utility services have been arranged, but we are waiting on further storage cupboards to be delivered and for refuse collection services to finalise collection dates. A detailed expenditure list up to date to August 10 has been submitted to Jayne Howard.

- **Research (SG)**

There are three main areas of work currently ongoing:

- A) Patient Flow: The 12 hrs in the Emergency Department report has been fed into the Demand Management Working Group (sub-group of the Systems Resilience Group looking at reducing numbers of people using Treliske Emergency Department). This group is in the process of assigning the recommended areas for consideration to appropriate fora. That report has also been sent to RCHT management along with case studies of bed trapped patients/families of patients at Treliske. SG is waiting for enough time to pass so that he can follow up on what RCHT management have done as a result.
- B) St Austell Healthcare: SAH has responded to the recommendations made in HC's June report. The main action out of this has been the possibility of HC organising focus groups to revisit the areas of concern in October and potentially making a film to show both patient and practice viewpoints. SG held a follow up call with the practice manager on 24 August. She provided contact points for the film and focus groups while providing more background info on their latest work to try to improve service provision.
- C) eConsult Pilot Evaluation: The evaluation of eConsult in its Carrick pilot at 10 GP surgeries is progressing with training of Patient Participation Group volunteers due to take place on 31 August. Only four practices' PPGs will be taking part (with a 5th potentially attending). Potentially two to three other practices will be included if they can pass on the details of patients for interview. There have been difficulties with finding participants in the holiday season and it has required a concerted effort to stay on top of the timescale required. However, Kernow Health CIC have been kept informed at all stages and expectations are appropriately managed i.e. it doesn't expect all 10 practices to be involved.



- **HCAF and volunteers (JW)**

HCAF meeting was delayed from July due to office move and unavailability of volunteers; an informal session was held at 6 Walsingham Place on 16 August where 10 volunteers came and met the new Outreach team and discussed their ongoing involvement and signed up to activity arranged for September.

JW will be contacting the other volunteers who haven't been in communication for a while to discuss their ongoing involvement. There have been a few people who indicated their interest in finding out more about volunteering that JW will pick up in September. JW will also be looking at rewording the volunteer recruitment material to reflect a more general promotional/event attendance aspect to the role that might appeal to a wider demographic. JW will also be taking forward the development of a volunteer role to support the phoneline, working with CN and SK to review ongoing processes.

- **Marketing and Communications (JP)**

JP needs to discuss how marketing will be planned and executed in future. The proposal for the remaining six months of this financial year is to focus on a pre-planned Christmas campaign and any new work from HCAF decisions. Marketing campaigns can then be targeted with appropriate channels used.

HC's Pirate 2 Health and Wellbeing Show monthly podcast is ending in August and will be reviewed for renewal.

Consideration to other generic paid-for marketing on community hospital info boards and/or in GP/hospital magazines is also being considered.

A small advert and sponsorship has been taken out in a Cornwall-specific walking magazine that goes to GP surgeries, leisure centres etc.

Discussion about potential sponsorship of/advertising in a care awards event is to follow.

The monthly newsletter continues to be utilised to promote HC work and events/news of interest to readers.

Social media is actively used to share news and Facebook paid-for post boosts are occasionally used to help promote work.

Twitter advertising is being considered as are new social media channels such as Instagram and LinkedIn.

Bubbling press work relates to on-going work with St Austell Healthcare (HC is hoping to produce a film about this); patient flow research; eConsult; Aiden's internship and the three new partnership boards.

- **Outreach activity (DS)**

The Outreach team now consists of Jo Smith and Diane Spiers, both new staff since the last board meeting. With major staff changes throughout the team, little handover time between exiting staff and incoming staff and the diversion of existing resources affected also by the



office move, Outreach & Public Engagement activities, have had to be scaled down and some scheduled summer season events have had to be cancelled. Ones that have been delivered however include: A Community Health Around Torpoint event, a Transition event, Blue Light Day, ZestiFAL, Playfest, and Get Active. ZeistFAL and Playfest were particularly fruitful in generating well over a hundred new sign ups to our newsletter.

Observations useful for future planning include:

- The challenges relating to our name and getting our core message across. The approaching public, who haven't already heard of us, often imagine we are a 'Healthy Living' organisation as opposed to a Watchdog organisation. That can work in our favour as a hook but also create barriers or confusion. This can be exacerbated when using engagement activities with a 'healthy living' theme despite them being very popular.
- Mixed audience community events, particularly, can also throw up ethical considerations related to age or diversity appropriateness of activities. The one-size-fits-all model for interactives is a challenge
- Distribution of promotional resources. Giving 'prizes' for time spent engaging, rather than just giving away freebies regardless of engagement time (tempting in a fast moving busy public event) has become the preferred model over the summer.
- Young people (older children) without their parents/carers at the Transition event were harder to engage, than younger children and/or adults.

We are now in the process of organising for the Big Beach Day (People (mostly young adults) with Learning Disabilities or Autistic Spectrum conditions) and a series of Freshers' events at Colleges countywide.

Taking a look at our youth engagement practice including recruitment of young volunteers has been highlighted.

- New staff have been meeting and working with existing volunteers who continue to try to cover the patient drop in sessions at RCHT, West Cornwall and Derriford. Again, with staff capacity to support and volunteer availability over the summer being limited things have been a bit slower than usual, but volunteers have been galvanised through the HCAF get-to-know meeting at the new office, and new CHAMPs partnerships have formed. New regular volunteer-led sessions are in the process of being reinstated at Bodmin and Wadebridge.

To summarise, new team members have had to hit the floor running, and take a suck it and see approach using what the organisation has available presently, to get through the summer. We would though like to prioritize more long term, audience, volunteer, and sustainable resource planning time for the autumn. Again this may mean we have to scale down our delivery in the short term, to develop more effective working practice together in the long term.

- **New Partnership work (JW and CN)**

The takeover of the co-ordination the Cornwall Autism Partnership and the Learning Disability Partnership Board has begun but there have been some initial 'teething' problems around the practicalities of doing so. These partly lie around the governance and recruiting the Co-Chairs for each as we are trying to ascertain what the correct process is for this with regards to elected members. We have also been discussing the ongoing input from the accountable officers from Cornwall Council and NHS Kernow and begun to plan the agendas and practicalities for the next meetings on 20th September (CAP) and LDPB (5th October). There is a



good deal of developmental work that is still to be started though we are in a position to maintain the meetings as they are until this can be properly planned out.

There has been limited progress made with setting up the Older Peoples Partnership Board due to stretched capacity in the organisation. Cornwall Council has been made aware of this.

- **Internship**

Aiden Graham, a final year Philosophy student from the University of Exeter has been on a 4 week 'Access to Internship' program funded totally by the University. Aiden has been working on one of the recommendations that came out of the End of Life (EoL) Conference Report that there was a need to encourage early conversations about end of life wishes, which could include public health awareness-raising on EoL care planning. Aiden has produced a final report that neatly summarises the current situation regarding awareness of EoL care planning. There is a distinct lack of evidence for why awareness and take-up of EoL care planning is so low and before an organisation like Public Health Cornwall might take it on, more research needs to take place. Healthwatch Cornwall might choose to do this or it could be something that it contracts out. Regardless, the report will be a useful starting resource for anyone looking to tackle this issue.

Aiden has found his time with us very rewarding and has enjoyed the supportive environment that also gave him space for independent working. He did feel that four weeks were too short to do the project justice however. Given the quality of output for the staff time input and the positive feedback received from him, we feel that there is an opportunity for HC to explore further the prospect of having a longer term Internship.

