

MEETING NOTES:	Carers Partnership Board
DATE:	27 October 2022
LOCATION:	Hybrid meeting - Meeting Room 1, Chy Trevail, Beacon Technology Park, Bodmin & Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Sandra Ward (SW) (Chair)	Parent Carer of lady with complex self-needs and autism & Director	Parent Carers Cornwall
John Bastin (JB) (Co-Chair)	Cornwall Councillor and Chair of Health and Adult Social Care Overview and Scrutiny Committee	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Tanya Falaschi (TF)	Partnership Boards Project Officer	Healthwatch Cornwall
Amanda Wilton (AW)	Derriford Patient Council & Carer for an adult with profound and multiple Learning Disabilities	University Hospitals Plymouth NHS Trust
Ania Nicholls (AN)	Commissioning Officer, Adult Carers	Cornwall Council
Bernie DeLord (BD)	Director	Promas Caring for People CIC
Caitlin Strike (CS)	Dementia Advisor, County of Cornwall	
Claire Jukes (CJ)	Patient Services Manager and Carers Lead	Plymouth NHS Trust
Claire Martin (CM)	Deputy Director of Nursing	CIOS ICB
Gordon Lancaster (GL)	Carer & Treasurer	Liskeard Memory Cafe
Holly Kiernan (HK)	Patient Experience Manager	RCHT
Jayne Price (JP)	Contract Lead for The Carers Service	CRCC
Jan Hickey (JH)	Dementia Advisor, North and Mid Cornwall	Alzheimer's Society
Jenny Tarvit (JT)	Promas Caring for People CIC	Director
Joanna Dobson (JD)	Patient Engagement Manager	RCHT
Kelvin Yates (KY)		Age UK Cornwall and Isles of Scilly
Kevin Beveridge (KB)	Area Director, West Cornwall and Lead for LD and Autism	Cornwall Council
Kirsty Dexter (KD)	Network Co-ordinator	Cornwall Memory Café Network
Liz Pagett (LP)	Ex-Carer	
Louisa Forbes (LF)	Consultant Nurse	RCHT
Lynda Berry (LB)	Carer of adult with LD & Director	Cornwall Partners in Policymaking
Margaret Lovell (ML)	Membership Secretary & Chair	Wadebridge Memory Café & Wadebridge Carers Group
Natalie Swann (NS)	Research and Evidence Manager	Healthwatch Cornwall
Nicki Kilbey	Community Wellbeing Projects Coordinator	Age UK Cornwall and Isles of Scilly
Neil Lindsay (NL)	Ex-Carer	Wadebridge Carers Group

Nigel Cox (NC)	Children's Services Manager	Barnardo's
Pauline Hardinges (PH)	Ex-Carer	Liskeard Memory Café
Sue Hooper (SH)	Dementia Advisor, West Cornwall	Alzheimer's Society
Teresa Greenaway (TG)	Dementia Advisor, Central Cornwall	Alzheimer's Society
Teresa Parsons (TP)	Services Manager	Alzheimer's Society
Tim Jones (TJ)		Wadebridge Memory Cafe
Zoe Locke (ZL)	Head of Patient Experience	CFT

APOLOGIES

Name	Position	Organisation
Alison Bulman	Strategic Director, Care and Wellbeing	Cornwall Council
Charlotte Harris (CH)	Regional Carers Leadership Support Manager	NHSE&I
Karen Hooper	Interim Head of Commissioning for Learning Disability, Autism, Mental Health and Participation	Cornwall Council
Gill Lovell	Carer	
Serena Collins	Commissioning Manager, Caring for Families	Young Adult Carers
Sally Mollard (SM)	Ex Carer	Liskeard Memory Café
Wendy Gauntlett	Carer	Penzance Carers Group, Penzance Carers Forum and Adult Safeguarding Board

ACTION LOG

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
27/10/22	Request Isles of Scilly representation on Board.	MH	Ongoing. Awaiting responses.
27/10/22	Suggestions for Carers Assessment form (see p12, para 3)	CM	Ongoing.
11/08/22	Update on Day Centres – how people have settled to new facilities and transport issues.	TBC	Ongoing. AN has left Cornwall Council. A new carers lead has yet to be appointed.
11/08/22	Carers Forums – AB to familiarise with past decisions. Possible future discussion item.	AB / JP	Ongoing.
11/08/22	Content of future CFT Carers Lead reports.	ZL / MH	Ongoing. The Carers Voices Partnership launched in December 2022. Links with the CPB would be established once operational.
11/08/22	Update on sharing of patient information across IT systems.	TBC	Ongoing.
11/08/22	Update on The Advocacy People – possible training opportunities and how it with widening the Board's membership.	MH / PN	Ongoing. The Advocacy People have recently reappointed to the role. Anticipated update to 4/5/23 meeting.
11/11/21	Meet with Carers Forum reps.	MH	Incomplete. A meeting with Forum reps, to discuss reporting lines to and from the CPB, will be held once clarification of their future structure is confirmed. Still no news.
11/11/21	Circulate new carers and assessment figures, Trust Carers Group update.	MH	Ongoing.

	Item	Action
1	Teams Guidance and Meeting Etiquette	
	<p>JB welcomed everyone to the meeting and asked that members use the 'raise hand' function if they wished to speak. Use of the chat function was encouraged in order to allow the meeting to flow</p> <p>Unfortunately, following the last meeting a number of members had raised concerns that not all contributed in a constructive and respectful manner. Expectations with regard to meeting etiquette were detailed on page 3 of the agenda and members were expected to adhere to them.</p>	
2	Minutes of the Meeting held on 11 August 2022, Actions and Matters Arising Actions from Previous Meetings	
	<p>The minutes of the previous meeting were confirmed as a true record subject to a typographical error on page 22, Parent Carers Cornwall Update, the event attended on 4th October 2022 was Aiming Higher.</p> <p>The Chair shared updates on actions from previous meetings:</p> <ul style="list-style-type: none"> • Following the Board's requests for attendance, Age UK were represented at today's meeting. • Details of Carer Support Workers – JP had provided names but not contact details. She undertook to share them following the meeting. • JP would be reporting on the wider work of CRCC later on in the meeting. • Day Centres – AN would be updating on how people have settled into new facilities and any transport issues later on in the meeting. • Alison Bulman was keen to learn more about past decisions in relation to Carers Forums. The PB team hoped to catch up with her to discuss her thoughts on them soon. • ZL, the new Carers Lead, is in attendance. If time allowed, a conversation could be had regarding what information members think the Board should receive moving forward. • Update on sharing of patient information across IT systems. That issue had not yet been revisited. 	

	<p>GL asked if everyone was aware of the Devon and Cornwall Care Records System. The Chair said that he would be referencing it in his update later in the meeting.</p> <ul style="list-style-type: none"> • Progress on Young Carers – NC would be providing an update later in the meeting. • The Advocacy People offered to speak with the Board about possible training opportunities and helping with widening the Board’s membership. Since making that offer they had been very short-staffed but were now getting up to full capacity so we would be revisited with Penny Newman in one of the regular catch ups with the PB team. • AN would give an update, if there was one, on the Identifying Carers Needs Project later in the meeting. <p>There were no matters arising.</p>	
<p>3</p>	<p>Updates from the Co-Chairs</p>	
	<p>Co-Chair Sandra Ward</p> <p>SW had provided the following update on the work of Parent Carers Cornwall in advance of the meeting:</p> <p><i>Parent Carers Cornwall attend numerous meetings every month to ensure the views of parent/carers are heard. We often have families contact us or pick up information regarding concerns which parents raise through our social media platforms. During September and October, we have attended over seventy meetings meeting with leads of services on a regular basis either by one-to-one meetings or through various SEND Boards.</i></p> <p><i>Key priorities which have been raised lately are:</i></p> <p><i>Short break services - Cancellation of stays and lack of provision.</i></p> <p><i>Education:</i></p> <p><i>Challenges – those not going into school full time due to anxieties. Parents feel the schools have little understanding about this. Feeling threatened by the schools with Education Welfare Offices. children who are anxious about returning/ cannot cope with full time timetables/ discussions about home educating – concern they aren’t aware of what this then involves. Families who feel there are ongoing needs – waiting for assessments/</i></p>	

diagnosis they are not receiving support they feel their child should get. Challenge following a period not in full time education and what support is available. These issues have been raised again recently with the lead for education and SEND. We will keep you updated on outcomes.

The lack of knowledge and skills school staff don't have to support those children/young people with SEND.

There is training available that staff in schools can attend and it is offered to them.

Lack of support for parent/carers while waiting for a diagnosis for their child.

Focus for meetings has been on areas such as school/college transport which is still an ongoing concern for many families. There is a lack of drivers for service providers to provide transport and personal assistants.

Preparing for Adulthood (PFA) meetings are continuing monthly to ensure a smooth transition happens between children and adult services. PFA Board are focusing on several areas such as training, employability, and housing.

We have coproduced a tool and resource document with the school effectiveness team. The document is to ensure schools/colleges work in partnership with families.

This is at the pilot stage and currently involves 16 schools. In 2022 it will be rolled out in all schools/colleges in Cornwall.

We received funding from NHS England and have produced a booklet for those families who have a child or suspect they have a child with Autism. The booklet will explain the pathway for assessment and what support is available before and after if their child is diagnosed. The booklet is available for both families and professionals.

We remain a key partner in the keyworker programme being funded by NHS England. The work is to avoid admittance avoidance for those young people 14-25 with mental health. The evaluations we held with the keyworkers has been very positive and the support they are offering families.

We are leading on the Autism in Schools programme where training is available for school staff, and parent carers taking a whole school approach.

We have held two workshops with Joanna Grace regarding Sensory Stories, which were well attended.

Worked in coproduction with Cornwall Council to hold the Aiming Higher conference in October which was well attended by parents and professionals.

These are just an example of some of the work we have been involved in, we always want to ensure the voice of carers and parents is heard.

In reference to the Aiming Higher conference, SW commended the key note speech from Lorin LaFave, the founder of the Breck Foundation, which was founded following the murder of her 14 year old son who had been groomed online.

SW, LB, Gill Lovell and Cornwall Partners in Policymaking were involved in the rewriting of LD and Autism Strategies for Cornwall. Members were urged to encourage parent carers to participate.

The national Care Quality Commission's State of Care Report 2021/22 had been published on 21 October ([State of Care - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/state-of-care)). SW asked if Age UK could provide their perspective in relation to Cornwall. KB said that the ICB were aware of and had highlighted the findings. Use of the term 'crisis' was being avoided in order to prevent further worry amongst the public but matters did need to be addressed. Age UK were working with the ICB and the Chaos Group, Volunteer Cornwall, Cornwall Neighbourhoods for Change (CN4C) and the Voluntary Sector Forum to run a six month community voluntary sector gateway, beginning the following week. A dedicated helpline would run from 8am to 8pm, seven days a week.

Different support levels would be offered through the gateway. Support level 1 was receiving the initial call and identifying the immediate issues and challenges. Support level 2 was referral to the most appropriate organisation to manage the matter. At that point, conversations would take place around what mattered to the individual and what they felt was required to resolve issues. Support level 3 was the delivery of necessary means. That could include clinical escalation. Once support had been provided, it

was then necessary to look at what progression looked like for the individual. That could mean the conclusion of support, though they could re-enter at a later date, or it could be that multiple further issues had been identified which required additional support until which time it was no longer needed.

NL asked if those using the gateway would be kept informed of the stage of the process that they were at. KY said yes, they would. Part of the project was to ensure that they knew at all times which organisations were currently providing support for individuals. Ultimately, they wanted to prevent people from having to tell their story multiple times to different agencies

KY added that there were also routeways for people that couldn't get hold of their GP or carer and a mental health helpline.

There would be widespread publicity for the services and details would be shared directly with the Partnership Boards.

In response to a question from BD, KY clarified that although the services were open to both carers and cared for, the Carers Helpline would continue and there was no reason for carers not to continue to see that as their first port of call.

Co-Chair Cllr John Bastin

JB had met with a representative of RCHT, who had informed him of plans to set up Electronic Health Records (EHRs), to eventually replace current electronic records, which would be accessible by all necessary healthcare providers.

Charlotte Harris (CH), NHS England – South West, had been unable to attend the meeting but had previously spoken with the Board on the coding of carers in general practice, which set out an approach that would enable more consistency in the coding of carers, allowing GP data to be used more meaningfully as part of a population health management approach. JP reminded everyone that the main problem in Cornwall was the large number of different codes currently being used to identify carers. JB hoped that EHRs would be able to help with such issues moving forward. AW said that currently ambulance services currently have to request access to records. JP added that most GP surgery websites contained a link through which people could grant permission for whoever is providing emergency care for you to access your patient records and notes.

	<p>On a related note, JB was optimistic that the issue of GP services utilising different IT systems, which didn't always enable simple transfer of information between them or with hospitals, was being addressed.</p> <p>TJ asked if there was a working group to address coding issues that could provide the Board with updates. JB assured that CH had been providing updates to each meeting.</p> <p>The Board noted the report circulated with the agenda, item 5, Update from NHS England – South West, Commitment to Carers Programme, and MH invited any further questions on it to be submitted to partnershipboards@healthwatchcornwall.co.uk.</p> <p>GL suggested that members visit the Devon and Cornwall Care Record website, https://devonandcornwallcarerecord.nhs.uk/, which brought together patient data from a number of health and social care providers and presented it as a single record. Monthly reports were also published there.</p> <p>JB suggested that health and social care representation from the Isles of Scilly would seem pertinent following the introduction of the ICS. MH undertook to follow that up.</p>	
4	<p>Update from Adult Social Care, Cornwall Council</p>	
	<p>AN provided the following updates:</p> <p>Delivering Better Care</p> <p>The rollout of the Care and Wellbeing community-based support offer under the Maximising Independence and Better Lives Strategies had been put on hold to allow time for processes to be revisited.</p> <p>Further detail, including engagement plans, would be shared at the earliest opportunity.</p> <p>Identifying Carers Needs Project</p> <p>This project would no longer go ahead. Instead, there was an intention to review the Carers Needs Assessment form, including an online version.</p>	

Timescales would be shared once they had been agreed.

Technology Enabled Care

AN had been working with the ICS Joint Lead for Digital and had successfully applied for funding to support providers to implement digital Social Care records, as well as a pilot scheme for technology enabled care, assistive technology for digital solutions to support individuals, including carers.

Details on delivery was being planned and would be shared at the earliest opportunity.

KY added that the ICS Digital Lead was meeting with the voluntary and community sectors to ensure that necessary information could be shared, with consent.

KB provided the following update:

Peer Review

KB gave an update on the recent ASC Peer Review.

As reported at the last meeting, a Local Government Association Peer Review team had been invited to observe and review how the Council engaged with people with a learning disability or autism.

Work was now underway to address the outcomes of the Review, including:

- a comprehensive review of Direct Payments arrangements. With the help of the Partnership Boards, an event would be held in November at which participants would be asked to help the Council to frame the questions that needed to be asked, the options for providing Direct Payments and individual service funds in much more flexible and responsive ways. The Partnership Boards would circulate information at the earliest opportunity;
- how the Council respond to requests and complaints. The Review had identified the importance of the one to one conversations;
- and transitions.

What clearly came out the review was the importance of choice and control for the individual. That had led to conversations throughout the organisation, for example, housing, commissioning options etc. A very wide area needed to be considered and to get things right for both current and future generations it would take time.

Making no bones about it, Directors wanted to improve the practice of their workforce. Teams needed to provide more responsive arrangements throughout their processes. It was acknowledged that current systems could appear to be overly mechanistic and transactional.

The charging process would also be looked at. It was essential to ensure that people were not being disadvantaged. People needed to be supported to get the best outcomes for their everyday lives.

In response to a question from PH regarding the market for Personal Assistants, KB said that CC were looking at how it could be developed, what the options are for supporting people that have very limited care experience.

It should be recognised that support covered a wide spectrum of activities and the regulated bit, hands-on personal care, was just one part. Emotional support, everyday support to access social activities are examples. If we recognise that the care bit is very hard to get then we should recognise the importance of encouraging support within communities.

JP suggested that there was an opportunity for the voluntary and community sector to come together to be able to offer support to individuals, to share its resources in order to increase capacity. KY said that the Voluntary Sector Forum was leading on just that and he could liaise with JP outside of the meeting. Whilst the dots were still being joined up, progress was being made.

AW referred to the charging process and asked if Assessors would be trained in, for example, how to communicate in a compassionate manner. KB said that staff were trained in the role but they hadn't necessarily received, for example, autism awareness training. Such training was required and, referring back to the previous conversation, he hoped that more open cross-organisational conversations could become the norm in order to benefit from the best services and support possible.

AW said that it was important that Assessors needed to have the skills to be able to identify if an individual had a learning disability in order to provide a genuine person-centred approach. She added that greater information was required in advance of the assessment process taking place. Educating people and their carers in advance was vital. SW agreed and said that Parent Carers Cornwall had been raising the issue for years. People were often financially caught out in ways that they wouldn't be if they had a better understanding of their disability related expenses. To many, that extra £100 expenditure could be the difference in them being able to heat their home during the winter. Another Board member said that Disability Cornwall had offered support to complete assessments but the general consensus was that people weren't always aware of the support available to them and there was a clear need for more joined up working.

CM said that, from a safeguarding perspective, it should be acknowledged that carers had not received proper Carers Assessments. She was working to ensure that everyone gets one and that everyone has a "Plan B" in place, both carers and cared for, should the carer be taken ill.

Referencing earlier comments, CM asked if it would be useful to ask at the start of the process, 'do you need help to complete the forms?' and 'have you enquired about how you will get a PA?'. The Board agreed that would help and CM undertook to take that back as an action.

SW asked what the current length of delay following application for an assessment and was there a waiting list? JP said that there was a backlog that had created a waiting list. That wait had been reduced from 6 to 5 months. However, to provide clarity, at the point of contact with the service there was an initial conversation to understand need and if an assessment was needed without delay then that would happen. As part of the guided conversation at the point of contact, they would work with the carer to ascertain their immediate needs. That means that while it may be the case that an assessment is not urgent, individuals would still receive what they need until they receive one.

PH asked what happened in a situation where a person requiring care was at the point of discharge but their potential carer wasn't capable of providing the care required, citing a recent example at

	<p>Derriford. JP suggested that would be a safeguarding issue and conversations would need to be had between the relevant agencies. CJ invited individual cases to be fed back to her and provided an overview of the process that is followed. The Integrated Hospital Discharge Team were involved in the discharge planning and carers were involved in that to ensure that people were not discharged without the appropriate support being in place for them. In addition, the Hospital Carers Support Service had been introduced, with representation from Devon, Plymouth and Cornwall. Those reps were part of the MDT rounds and looked at the white boards, worked with physios, OTs and the whole clinical team around supporting carers when in the hospital. They would then make sure that when the patient was discharged there was the necessary additional support in place.</p> <p>GL said that a neighbour had recently been an in-patient at Derriford and they had shared that the discharge process was excellent.</p> <p>As the meeting was running over, MH asked that any further questions be asked or information shared outside of the meeting.</p>	
<p>5</p>	<p>Young Carers and Young Adult Carers Service Update</p>	
	<p>NC gave a presentation on the Services provided by Barnardo's as part of the All Age Carers Service, as circulated with the agenda.</p> <p>Within the presentation was a short film of the Young Carers residential.</p> <p>TJ wondered how networking could be improved between young carers and support services traditionally seen as for older people. For example, making young carers aware of Dementia Cafes. JP agreed that such links needed to be developed and offered to speak with TJ outside of the meeting.</p> <p>CM asked if each of the young carers supported had a mentor/buddy. She had seen such a scheme work well in Brighton whereby people would be mapped and matched with people that could help with ie. lifts to college but also just be someone to talk to. NC said that such a scheme wasn't in operation. What the service did have was two full-time Young Adult Carers Workers, one through Barnardo's and one through</p>	

	<p>CRCC, who work with 16-25 year olds so providing support through those transitional years. The plan was for older young carers, 23-25 year olds, to then become mentors through experience for the younger group. CM suggested that The Prince's Trust could be a good source of support for such work.</p> <p>CM added that education research showed that people decide what they want to do by the age of 10. If by that age a young person is already exhausted through caring, it is vital that they get the support to help them to build aspirations for their future. Mentors are really beneficial at that age. NC assured that those who access services do receive such support. Another step was to skill up schools to be able to identify and signpost young carers.</p>	
<p>6</p>	<p>Joint Carers Policy and Passport Launch</p>	
	<p>JD gave a presentation, attached as an Appendix, and shared short films on the recently launched Carers Passport.</p> <p>LB asked if the Emergency Carers Card, issued by Kernow Carers Service, was still valid and if the emergency contact numbers remained the same. JP replied that LB should have received a new card within the last year and they were still valid. JD added that they had liaised closely with CJ at Derriford in the development of the card.</p> <p>SW had met with JD to raise concerns that Parent Carers Cornwall were not referenced within the Strategy or on the passport. They would work together to get the issue rectified.</p> <p>AW expressed concern about the level of publicity that the launch of the passport was given, asking how carers would be made aware of it. JD said that stalls had been set up in all three hospital sites and that would be repeated on a monthly basis.</p> <p>AW asked how people in Cornwall that would usually access Derriford would be reached. JD said that the card was for in-patients only and the aim was to identify carers upon admission. It was only valid for that single admission. She was conscious that staff were under heavy pressures already so a "drip drip" approach to implementing it had been agreed on, though all wards and senior staff had been visited.</p>	

	<p>AW highlighted that page 70 of the Carers Policy made reference to the need for the cared for to give consent for assistance with eating and drinking but that may not always be possible. JD replied that there was another section which specified processes when the cared for could not consent but acknowledged that needed to be cross-referenced for clarity.</p> <p>CJ said that Derriford had for some time offered free meal vouchers and parking, had a Carers Policy and the Hospital Carers Support Service. They were currently in the process of implementing Carers Champions on all wards and were working closely with Improving Lives Plymouth. The following week a Plymouth citywide Carers Passport would be launched and work had been undertaken with UHP, Livewell, St Luke’s Hospice and Plymouth City Council to offer all carers an emergency support card that would be recognised by SWASFT and Devon and Cornwall Police. Derriford will use that but will also have its local Hospital Support Scheme so a carer that doesn’t have a card can be issued with one. A media campaign to help to identify as many carers as possible is upcoming. A booklet supporting the card is here. It contains a tear out slip that allows carers to tell GPs of their role, which is an objective of the NHS Long Term Plan in supporting carers. Work with Devon carers and with Cornwall had also taken place with a view to implementing the same, identifiable, card across the South West Peninsula.</p> <p>In response to a question from GL, CJ assured that the same offer of support would be given to carers from Cornwall that accessed Derriford.</p>	
<p>7</p>	<p>Update on the Informal Carers Support Service</p>	
	<p>JP apologised that the Update on the Informal Carers Support Service report had been submitted late.</p> <p>It was agreed that the report be uploaded to the Partnership Boards website click here.</p> <p>TJ said that Memory Cafes relied on grant funding and a number of carers had questioned how that worked. A discussion about how best to utilise unused funds left over from when Covid restrictions were in place was also required. He would take the matter up with JP outside of the meeting</p>	

8	Update from Healthwatch Cornwall	
	This item was not considered due to the meeting overrunning.	
9	Any Other Business	
	<p>Trust Carers Committee (TCC)</p> <p>PH asked ZL when the TCC would resume. ZL replied that she was quite new in post, she had started in July, and the team had experienced a lot of absence and sickness. A business plan was currently being written so that engagement could be reinstated. She encouraged contact from anyone that had been involved with the TCC previously. As a midwife, ZL had been involved in the Maternity Voices Partnership and she was keen to have something similar, so a Carers Voices Partnership. She was passionate about service user and carer involvement. The aim was to restart in the new year at the very latest.</p> <p>LD in Primary Care</p> <p>Through the chat function, CM shared the resource, "Animation around the challenges of people with learning disabilities in primary care"</p> <p>https://www.youtube.com/watch?v=_ZGIG_RrTuc</p> <p>Patient Transport to Derriford for Cornish Patients</p> <p>CJ shared the following information via email at the close of the meeting:</p> <p><i>There was a previous Board discussion around patient transport to Derriford for Cornish patients. We don't have a hospital transport service at Derriford, but what I have found out is:</i></p> <p><i>Royal Cornwall Hospitals NHS Trust (RCHT) now handles all PTS assessments and bookings for people in Cornwall and the Isles of Scilly travelling to any NHS funded appointments and treatment, at any location. Patients who think they may</i></p>	

qualify for NHS transport should therefore telephone the PTS office on 01872 252211 (Monday to Friday 8am to 8pm, weekends and bank holidays 9.30am to 5pm).

[Cornwall Council](#) provides information about some of these local transport schemes (search for community transport schemes) and voluntary car services such as TAP provide a door-to-door service which is also relatively affordable, call [01872 223388](#) (TAP Cornwall) or [0845 053 9100](#) (TAP Devon). [Volunteer Cornwall](#) also has a community transport scheme. Call [01872 265300](#) for more information.

Derriford Learning Disability Liaison Team

AW reported that Derriford's Learning Disability Liaison Team had launched a new Hospital Passport App. It was in the same version as the paper version but had the added benefit that it was with the service user at all times. Alerts were received when a user registered so it could be added to hospital records. There was a target to get 500 people signed up by Christmas. The matter would be discussed in more detail by the Learning Disability Partnership Board. AW suggested that RCHT could co-produce something similar. JD was not familiar with the app but would look into it.

Carer Ambassador Network

AW reported that a Carers Ambassador Network was being set up by Devon Carers. More information could be provided at the next meeting.

Admiral Nurses

AW reported that Derriford now had two Admiral Nurses in the Integrated Discharge Team. Caroline Ellis, Admiral Nurse, RCHT attended Patient Council meetings and the question was put as to why Derriford did not have such roles. Caroline and a Dementia UK representative had attended to provide details of the scope of the role and the Patient Experience Team had then achieved part funding, with Dementia UK also funding part.

Energy Advice

PH had attended a recent event at which Citizens advice


	<p>Cornwall were providing good information on rising energy costs. Information could be found here: Citizens Advice Cornwall Free Advice for the Community</p>	
10	2023 Meeting Dates	
	<p>Meeting dates for 2023 would be circulated in due course.</p> <p>The consensus amongst Members was that central locations, particularly Truro, were preferred.</p> <p>Venues suitable for hybrid meetings would be investigated and accessibility issues considered. Otherwise, meetings would be via Microsoft Teams only.</p>	

One + all | we care

NHS
Royal Cornwall Hospitals
NHS Trust

NHS
Cornwall Partnership
NHS Foundation Trust

Jo Dobson
Patient Engagement and
Feedback Manager RCHT



Make caring **VISIBLE**, **VALUED** and **SUPPORTED**

1

What is a carer? →




2

2

Importance of supporting our carers →

Carers UK have identified that of Carers who responded to their survey in 2019, 18% felt that more support for them as a carer would have prevented a hospital admission for the person they care for.




3

3

Strategy →

Our vision

- Royal Cornwall Hospitals NHS Trust will provide a service to Carers that identifies carers, takes into account their wellbeing and recognises carers as an expert partner in care according to the Triangle of Care model.




4

4

Strategy →


Our objective

- Our key objective is to ensure carers can maintain their own physical and mental health and wellbeing to achieve a balance between their caring responsibilities and a life outside caring, while enabling the person they support to enjoy the best quality of life.



5

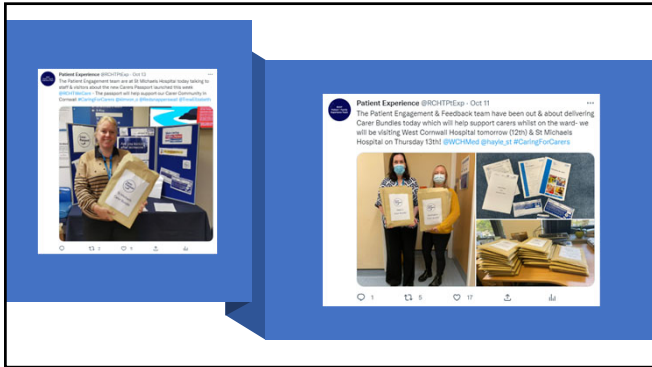
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RCHT and CFT have refreshed the Carer Policy and Carer Passport. The emphasis is now firmly on carer wellbeing and how we can support the carer. We are now offering benefits such as free parking and meal and drink vouchers. Our Carer Information Leaflet has been recognised by NHS England South West as an example of best practice.

6

6




7

Carer Passport 







8



Callum and Elaine

- We spoke to a mother and son who are each others carer:




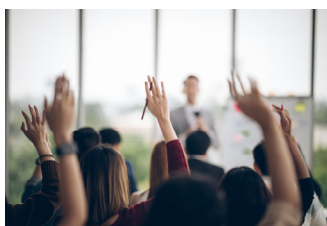
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- Next steps:
 - Embed carer champions in RCHT care groups
 - Ongoing carer recognition and signposting training for all staff
 - Ongoing community engagement campaigns with carers, targeting all demographics of our county
 - Aim for carer representation in the Patient Leader Programme
 - Look to utilise our volunteers to enhance carer experience
 - Improvement in discharge planning and carer involvement

10

Questions? 





11