

Carers Partnership Board
2 pm, Thursday, 5th November 2020
 via Zoom: [Click here to join the meeting](#)

Agenda

	Item	Lead
1	Meeting Etiquette, Future Plans and Zoom Meeting Guidance (Attached at page 2)	Mike Hooper, Healthwatch Cornwall
2	Apologies	Chair
3	Minutes of the Meeting Held on 30th July 2020 (Attached at page 4)	Chair
4	Actions from Previous Meetings	Mike Hooper, Healthwatch Cornwall
5	Matters Arising	Chair
6	Cornwall Coronavirus Survey 2020 (Presentation attached at page 18)	Helen Hambly, Healthwatch Cornwall
7	Update on the Carers Strategy	Ania Nicholls, Cornwall Council
8	Carers Objectives in the NHS Long Term Plan	Abbey Mulla, Carers Lead with NHS England for the South West
9	Kernow Young Carers Update (Information to follow)	Kevin Downing
10	Kernow Carers Service Update (Information to follow)	Jayne Price
11	Promas Update (Flyer attached at page 49)	Bernie DeLord and Jenny Tarvit
12	Trust Carers Group Update (Charts attached at page 50)	Andy Fox
13	Any Other Business	All
14	Next Meeting	Chair

Meeting Etiquette Reminder and Future Plans

All members are expected to participate constructively in line with agenda items whilst being respectful of the views of all members.

All members of the Carers Partnership Board have the right to meet in a safe atmosphere where all voices are respected and can be heard equally.

The current Board's Terms of Reference includes the following.

In order to allow the Carers Partnership Board meetings to be conducted efficiently and with decorum, Members of the Board will:

- *Work in partnership with each other, listening to and respecting each other's views*
- *Undertake to represent all the Carers in their Forum Areas*
- *Indicate they wish to make representation through the Chair*
- *Not single out individual Members for scrutiny or challenge*
- *Not interrupt and be guided by the Chair*
- *Respect confidentiality and privacy*
- *Keep to the agenda*
- *Represent the strategic needs of carers and not bring to the meeting concerns from individual carers*

Healthwatch Cornwall operates a Zero Tolerance policy on Bullying and Harassment. This applies to both face to face and online meetings.

As discussed previously, all four Partnership Boards are changing, with revised memberships and Terms of Reference. The draft proposed membership was distributed to CPB members last year.

The most important thing to get right as we implement the restructure will be to get the right membership. To do this we need to hold interviews. If we were to progress with interviews now, many current carers would be excluded from the process, which would be unfair and would hinder the potential of the CPB. We want the recruitment process for lay members to be transparent, inclusive and reflective of our communities. At this current time that would be difficult to achieve.

Having liaised with many of the lay members on the CPB, we have been taken by how the vast majority are understanding and appreciative of the facts of the current situation. For that we would like to thank the Board.

In the meantime, please rest assured that we are as keen as the PB members that the recommendations from the Next Steps Report are implemented as soon as possible.

Zoom Meeting Guidance

Please prepare by reading the papers sent out for the meeting.

When joining the meeting, you will be placed in “the waiting room”. Healthwatch Cornwall will then accept you to join the meeting. Your camera and audio will already be on.

Mute yourself when you are not speaking so that there is no noise in the background.

Use the chat box for any comments or questions you have. Everybody will see them unless you choose to share privately.

Please use the ‘raise hand’ function when you wish to speak.

You will be asked to unmute when it is your turn to comment.

If you need to leave the meeting, turn off your audio and camera.

Presentations will be shared on the screen.

MEETING NOTES:	Carers Partnership Board
DATE:	30th July 2020
LOCATION:	Via Zoom

ATTENDANCE

Name	Position	Organisation
Sandra Ward (SW) (Chair)		Parent Carers Cornwall
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Nuala Kiely (MH)	Partnership Boards Officer	Healthwatch Cornwall
Amanda Wilton (AW)	The Patient Council & Carer	University Hospitals Plymouth NHS Trust
Ania Nicholls (AN)	Commissioning Officer, Adult Carers	Cornwall Council
Barbara Ellenbroek (BE)	Councillor, member of Health and Adult Social Care Scrutiny Committee and Carer	Cornwall Council
Bernie DeLord (BD)	Director	Promas Caring for People CIC
Claire Jukes (CJ)	Patient Services Manager	Plymouth NHS Trust
Derek Hoddinott (DH)	Consultant	Cornwall Council
Donna Darby (DD)	Head of Client & Partnership Networks	Cornwall Care
Jenny Tarvit (JT)	Director	Promas Caring for People CIC
Jo Lovell (JL)	Carer	Parent Carers Cornwall
Kevin Downing (KD)	Lead Practitioner for Young Carers & Lead on Carers Contract	Action for Children
Kirsty Luxton (KL)		Kernow Carers Service
Liz Trewell (LT)	Head of Risk, Safety and Patient Experience	Royal Cornwall Hospitals NHS Trust
Lynda Berry (LB)	Carer	Helston Carers Forum
Melanie Howes (MeH)		Helston Carers Forum and Dementia Friends
Pauline Hardinges (PH)	Ex-Carer	Memory Café Liskeard
Serena Collins (SC)	Commissioning Manager for Young Carers and Young Adult Carers	Cornwall Council
Stuart Cohen (StC)	Commissioning Manager	NHS Kernow
Wendy Gauntlett (WG)	Carer	Penzance Carers Forum

APOLOGIES

Name	Organisation
Bernadette George	Director of Integrative Governance, Royal Cornwall Hospitals NHS Trust
Caroline Ellis	Admiral Nurse, Royal Cornwall Hospitals NHS Trust
Chris Wolstencroft	Fire & Rescue
Gill Lovell	Carer
Gordon Lancaster	Carer
Jayne Price	CRCC
Jenna Grassick	Action For Children

John Groom	Director for Integrated Care Cornwall Council/NHS Kernow
Liz Pagett	Carer
Neil Lindsay	Carer
Rob Rotchell	Portfolio Holder, Cornwall Council
Sharon Tisdale	Royal Cornwall Hospitals NHS Trust
Simon Mould	Interim Service Director Communities Cornwall Council
Teresa Parsons	Alzheimers Society
Wendy Kearsley	CRCC

ACTION LOG

<u>Meeting</u>	<u>ACTIONS CARRIED FORWARD</u>	<u>RESPONSIBLE</u>	<u>STATUS</u>
30/07/20	AN to liaise with StC to determine if the Transforming Care Family Charter should be incorporated into the Strategy.	AN/StC	Complete. AN confirmed that the matter had been considered.
30/07/20	MH to seek response from DH re question on adults with learning disabilities who had personal budgets for day services that shut in March.	MH/DH	Ongoing. Awaiting confirmation that action was taken by DH.
06/02/20	Update on Triangle of Care for circulation to the Board.	AC/MH	Complete. Included in minutes.
06/02/20	Find out why minutes of Dementia Partnership meetings aren't published online.	MH	Complete. Minutes published on Dementia Roadmap website. Less formal minutes produced throughout the COVID-19 pandemic circulated via MH.
06/02/20	Liaise with Sarah Stevens, Pluss, regarding Action for Children services.	KD	Complete. KD confirmed he would liaise via email on 12/02/20.
06/02/20	Update for circulation to the Board re a new group at RCHT to address concerns for carers of those with autism/LDs.	AC/MH	Complete. Included in minutes.
06/02/20	EHCPs on next meeting agenda. Invite SENDIASS.	MH	In consultation with the Chair, this item has been referred for consideration by the Learning Disability PB and/or the Autism PB. <i>Note: Issues around young people transitioning will be formally recognised in the new TOR.</i>
06/02/20	Embrace Care - Agenda item for May meeting.	DH/MH	Complete. May meeting cancelled. Update to 5 Nov 2020 meeting.
06/02/20	Embrace newsletter for circulation to Board.	DH/MH	Complete. Circulated with minutes.
06/02/20	Recirculate Carers Engagement Report to Board.	MH	Complete. Circulated with minutes.
06/02/20	Contact DWP re attendance and agenda item - Accessing Benefits (PIP).	MH	Ongoing. May meeting cancelled.
07/11/19	Circulate Kernow Young Carers film to Board.	MH	Complete.
07/11/19	HE to provide NK with a breakdown of the number of carers in Cornwall by location. NK to circulate to Board.	HE/MH	Complete. Link to map circulated with minutes.

07/11/19	Find out if the Cornwall Dementia Partnership minutes were available online.	MH	Complete. Minutes are not published online. However, minutes are now forwarded to CPB distribution list.
07/11/19	Circulate details of the Skills for Care survey to all on the distribution lists for the CPB, the Learning Disability Partnership Board and the Autism Partnership Board.	NK	Complete. Circulated by NK.
07/11/19	Request proposals for suitable alternative venues for CPB meetings.	MH	Ongoing. Email sent to all on distribution list requesting meeting venues. Only 2 responses were received.
01/08/19	Board members to send NK suggestions for alternative meeting places		Ongoing. Last discussed at 6 February 2020 meeting.
01/08/19	Circulate carers service map showing their reach to all Board members	JP/KL	Complete. KL to chase (07/11/19). See above.
01/08/19	GiL to give an update at the next Board meeting about a new group at RCHT to address concerns for carers of those with autism/LDs	GiL	Complete. See 6 February 2020 minutes.
02/05/19	Jayne Price to share information about veterans' services in Cornwall with NK to circulate.	JP	Complete. See 6 February 2020 minutes.
05/02/19	Liaise with Healthwatch Cornwall to see if forum questions can be presented before the next meeting and answers brought.	KY	Ongoing. Dependant on raising of questions. Improved communication with Forums included in 2020 review of Partnership Boards. Healthwatch Cornwall & CRCC met on 15/07/20 to discuss how to improve the process of Forums sharing information with the Partnership Board and vice versa. HC have yet to receive an update from CRCC .

<i>Item</i>	<i>What was discussed?</i>	<i>Action</i>
1	<p>Meeting Etiquette</p> <p>Concerns had been raised following previous meetings with regard to the conduct of some Board members, including verbally aggressive behaviour directed towards both professionals and other carers, as well as a negative approach to the discussion of agenda items which had led to matters not being considered fully.</p> <p>MH referred to meeting etiquette guidelines that had been circulated with the agenda and displayed a presentation detailing meeting rules.</p> <p>MH confirmed that, as discussed previously, all four Partnership Boards were changing, with revised membership and Terms of Reference. The aim of implementation by May 2020 had been on target but had been delayed due to the COVID-19 pandemic. New timescales would be confirmed at the earliest opportunity.</p> <p>The Chair opened round table introductions.</p>	
2	<p>Minutes of the Meeting Held on 2nd February 2020</p> <p>The minutes of the meeting held on 2nd February 2020 were confirmed as a true record.</p>	
3	<p>Actions from Previous Meetings</p> <p>The status of actions from previous meetings, as detailed in the updated table within the minutes, were noted.</p>	
4	<p>Matters Arising</p> <p>No matters were raised.</p>	
5	<p>Kernow Young Carers Update</p> <p>Kevin Downing, Action for Children, provided an update on Kernow Young Carers (circulated in advance of the meeting and filed with these minutes).</p> <p>In addition to the information detailed in the report, KD stated the following:</p> <ul style="list-style-type: none"> • KYC had responded to Covid-19 by undertaking initial “visits” via telephone, rather than going into family homes, from a couple of weeks before lockdown. • Teams was utilised after lockdown began for schools groups and young adult carers groups. 	

	<ul style="list-style-type: none"> • Easter activities - families were offered “short breaks” - board games, arts and crafts, as well as tools such as laptops to enable education to continue. 190 short breaks were provided. • Every young carer on the database had been contacted to check in with them and to offer support, if required. • Access to Action for Children’s emergency fund - families could apply for things needed to help them through the period such as food vouchers, food parcels if they were isolating. Additional funding to replace broken cookers was provided for a couple of families. Basically, responding to the needs that arose in the lockdown period. <p>The Chair commended the work undertaken.</p> <p>CJ had been liaising with the Plymouth team regarding young carers support. KD agreed to connect with CJ outside of the meeting.</p>	
6	<p>Kernow Carers Service Update</p> <p>Kirsty Luxton gave a short presentation (circulated in advance of the meeting and filed with these minutes) on the work of Kernow Carers Service throughout the Covid-19 pandemic.</p> <p>MH added that Healthwatch Cornwall’s Partnership Boards Officers had recently met with Kernow Carers to discuss how to improve the process of Forums sharing information with the Partnership Board and vice versa.</p> <p>NK drew attention to the online learning services offered by Promas.</p> <p>JT said that Promas had a contract with Cornwall Council to deliver training to unpaid carers in the county. Due to the current pandemic, free online training was now being offered, which included a bundle of seven courses, and dementia courses would soon be launched, hopefully in the next four to six weeks.</p> <p>There had been a massive response to the Carers Helpline, which would run until December. This was largely due to the continued service being offered, whereby some carers had received up to six follow up calls to see how they were progressing.</p> <p>Four different Zoom courses would be running in September and support was being offered to help people to get online and join in.</p>	

	<p>BD added that part of the National Lottery contract included the requirement for three different projects, which was a longitudinal study where there would be six to nine month follow ups for people that had completed courses. As the pandemic hit, most people on the database were contacted for wellbeing checks, which proved to be very successful.</p> <p>There was also a project around carer pathways whereby people on the database were contacted to see where they were in their caring role, what they were struggling with and to help to develop contingencies and create an action plan.</p> <p>Research into male carers had begun. Progress had slowed down but there had been a good response rate which could potentially help to identify what male carers wanted that was different to what was currently being offered.</p> <p>The Chair asked what Kernow Carers or Promas thought were the main issues that carers had struggled with throughout lockdown. BD and JT listed the following issues from feedback from carers:</p> <ul style="list-style-type: none"> • Isolation and loneliness. • Closure of day centres and community activities, meaning that people were caring for longer, doing much more and being unable to take a break. • Some stated that they did not know how much longer they could continue. One carer stated that he had contemplated taking the lives of his wife and himself. • Lockdown meant that they could no longer rely on extended family. • Care agencies had become understaffed when some staff had become ill. • Lack of knowledge of systems - where to go for help. <p>PH relayed information about a carer that she had been supporting being suicidal and detailed the key issues facing people that care for people with Alzheimer's. NK encouraged PH to detail it all in an email with a view to gaining responses and to identifying themes for discussion at future meetings.</p> <p>SC asked how the two types of telephone support offered by CRCC and Promas worked together in terms of sharing information and making the most of opportunities. BD said that the two organisations liaised with one another at the very start to ensure that there was no crossover on what was being offered. Practices for sharing information and signposting, including to each other, were already in place.</p>	
--	---	--

	<p>BE said that it would be very helpful for the Council, and in particular the Health and Adult Social Care Overview and Scrutiny Committee, to receive a report from CRCC and Promas detailing lessons learnt throughout the process. In addition, it would be beneficial to know how effective the shielding lists were perceived to have been. Both KL and BD confirmed that they had not received any information on people that had been advised to shield. BE expressed her concern at that, adding that Cornwall Councillors had not been permitted access to lists of people that had received such advice, and she suggested that the lists that some Community Link Officers had were incomplete (based on the low number of residents of Redruth and Camborne included). Vulnerable people needed to be supported and to do that it was vital to share information.</p> <p>NK drew attention to the recent Healthwatch Cornwall survey on peoples experiences during lockdown. Once the data received had been analysed the results would be fed back to the Partnership Boards. BE said that it was vital to learn from such information in anticipation of potential spikes in the coming months.</p>	
7	<p>Trust Carers Group Update</p> <p>Andy Fox had submitted apologies for the meeting. The summary charts for March-May, which had been circulated in advance of the meeting, were noted. NK invited any questions or comments on them to be forwarded to partnershipboards@healthwatchcornwall.co.uk.</p>	
8	<p>Shaping the Future Carers Service in Cornwall</p> <p>Ania Nicholls, Commissioning Officer, Cornwall Council, gave a presentation on Cornwall Cares for Carers - Draft Adult Carers Strategy 2020/2029 the Carers Engagement Report (both the presentation and the draft Strategy were circulated in advance of the meeting and are filed with these minutes).</p> <p>Particular attention was drawn to the key themes identified from the feedback received, how they advised the proposed new model and how that new model would operate.</p> <p>The Chair invited questions and comments to be put to AN via the chat function.</p> <p>The following issues were discussed:</p> <ul style="list-style-type: none"> • AN undertook to take back a good point made by the Chair that the draft Strategy did not include mention of 	

	<p>people whose role as a carer of a child would continue as that child transitioned into adulthood.</p> <ul style="list-style-type: none"> • CFT assessments would be embedded into the mental health service. It was anticipated that there would be more targeted support for carers that support people with mental health needs, which would be considered within the Mental Health Services Review, which was following the same timescale as the Carers review. • JT asked how levels of need were assessed on initial meeting. Promas had found that it took time for carers to share and acknowledge that help was needed as they often normalised their situation and would say that everything is ok. Over time it became obvious when it was not but unearthing that took time and skill. AN said that the service specification would ensure that the provider had team members with the appropriate skills, including emotional intelligence, to speak to carers and identify needs. That was easier under one contract. AN clarified the differences between mental health and wellbeing services. • Support for form filling was already in place for the social inclusion and empowering independence contracts. It was difficult to define the support available as it was adapted to the needs of the individual. • Advocacy was not mentioned in the draft Strategy as it fell under a different contract but it could be referenced. • Extra support for carers with disabilities could be essential. • There would be a level of rapid response for carers who were identified as in crisis or risk of breakdown. • It was important to remember that mental health was everyone's business. Most people and services supported others mental health to a degree. People often talked about mental health services when meaning specialist services. However, the right skills in the right place could be invaluable to helping people get the right support quickly. • AN undertook to liaise with StC to determine if the Transforming Care Family Charter, which NHS Kernow and Cornwall Council jointly worked on, should be incorporated into the Strategy in order for the Charter to reach as many as possible. • There was an option for all carers to have a support plan with a Carers Assessment but not all would want that. • KD said that all young carers known by KYC (2500+) had been contacted with a link or a paper survey to complete. SC, Commissioner, had joined online groups with young carers to get their input. SC added that all 	<p>AN & StC to consider incorporating the TCFC into the Strategy.</p>
--	---	---

	<p>young carers and young adult carers had received a bespoke survey which closed on 7 August.</p> <ul style="list-style-type: none"> • BE asked, with a view to identifying carers, what links there were with GPs, consultants, specialist nurses etc. AN said that it was a really important matter. In an ideal world there would be a joint database shared by the NHS and the Council. The Council would want the future provider to undertake work around improving engagement in this area. KL commented that engagement with GP surgeries regarding identifying carers varied greatly from surgery to surgery at present. There was currently a pilot at Tresliske whereby two KCS Coordinators were linked in with the hospital and working closely with the Discharge team to identify carers. • BD asked if there would be a provision for carers in crisis. AN replied that the Mental Health Helpline was available. CC also had an out of hours Crisis Helpline that, although not specific to carers, carers could call if they required someone to look after their cared for. The in hours Carers Helpline was also available. BD said that Promas had received calls from several carers that had experienced crises around the person that they were caring for since the start of the COVID-19 pandemic who had reported that they had not received responses for 4-5 days following calls to the ASC Out of Hours Crisis Line. Immediate responses were required as the wait only increased their stress levels. Would the Carers Helpline be 24 hours per day? AN said that it was unlikely that would be affordable but it was a priority that there was a service for people in a crisis. Carers in complex situations were currently supported by Adult Social Care. KL added that carers in crisis would be advised by KCS to contact the Access Team or, if appropriate, KCS would contact on their behalf. AN confirmed that would continue to be the case. • JL commented that a problem was that a lot of children saw specialists out of county, leading to a lack of support as they were not on the radar. • StC asked if there was anything to be learnt from the Young Carers Support to transfer to Adult Carers - specifically in how to manage to reach more the 50% of the expected Young Carers? AN replied herself and SC were working together to ensure that service specifications aligned. They wanted the new service to reach new and hidden carers so it was important, with a finite budget, to make money go further. <p>The Chair suggested that any further comments or questions be forwarded to AN at ania.nicholls@cornwall.gov.uk.</p>	
--	--	--

	AN thanked the Board for its input, encouraged everyone to take the survey at www.cornwall.gov.uk/adultcarers and to share details of it with their networks.	
9	<p>Adult Social Care: Charging Policy</p> <p>Derek Hoddinott, Consultant, Cornwall Council, gave a presentation on the current consultation on the Draft Adult Social Care Charging Policy (circulated in advance of the meeting and filed with these minutes).</p> <p>DH said that the presentation was the one that was used for online consultation events and that comments received from the Board would be fed into process.</p> <p>In addition to information detailed within the presentation, particular attention was drawn to the following:</p> <ul style="list-style-type: none"> • The use of more accessible language, specifically to get across a point that was often misunderstood by both people that receive Adult Social Care and those working within the system. All Adult Social Care was charged for - every adult in Cornwall in receipt of Adult Social Care would pay 100% of their costs. However, they could apply for help with the cost of the care. • The document contained web links to ensure that up to date supporting information was easily available. For example, to the Minimum Income Guarantee figure, which changed annually, and to Housing Benefit applications. <p>The following issues were discussed:</p> <ul style="list-style-type: none"> • NK asked what support in terms of signposting to supporting information would be available for people that didn't have internet access. DH said that people had the right to have assessments undertaken by a Charging Officer and that it was recognised that there would always be some people that would be unable, even with help, to apply online. He added that he was aware that some would require support with applications for financial assistance. Whilst it was new to Cornwall, the Council would be gleaning advice and learning from the experiences of other local authorities in terms of types of support and how they could be arranged to make them as accessible to as many people as possible. • NK asked if the staff that undertake Financial Assessments would receive training to help them to understand the needs of a person with learning disabilities or other complex needs, as well as those of 	

	<p>older people. The skill sets to do so were very different. DH replied that Charging Officers already received training to ensure that they were able to undertake Financial Assessments with anyone. Going forward, when the online application is open the support already referenced would be available. NK said that wasn't apparent from the case studies in the presentation as they all referenced older people. DH said that would be addressed in the next few days as new case studies were due to go online.</p> <ul style="list-style-type: none"> • BD asked if not all carers would have access to a Carers Assessment. DH confirmed that Carers Assessments would continue as they were currently. AN commented that Carer's Assessments would be on offer but the approach was changing as per the new Unpaid Carers Support Model. • SC asked if health colleagues were aware of the changes, including GPs? StC replied that details had been included in the GP Bulletin. DH said that a session had been run for health partners and sessions were being arranged for colleagues such as the Continuing Healthcare team. All feedback received would be analysed as part of the consultation process. Information was also being included in widely distributed emails from Jonathan Price, Joint Director Adult Care and Health, Cornwall Council and NHS Kernow. • NK relayed a comment received via private chat: 'Charging officers need more training on the needs of people with learning disabilities. A lot of people that I have spoken to have said that the Charging Officers do not understand the needs of young people with learning disabilities and also challenge Health Needs Plans that are in place, for example, supporting sensory diets.' • BE relayed concerns that she had stated in Council meetings, including at the Health and Adult Social Care Scrutiny Committee, that colleagues and MPs had received contact from carers worrying that because they were so busy caring for the people that they were responsible for, with virtually no help because of COVID-19 and therefore virtually no respite, that they were unable to partake in the consultation. An additional concern was that there were a great many people that did not use the internet or social media as they were in digital poverty. It was worrying to consider that the consultation may be missing the most vulnerable. It was difficult to understand why the process couldn't be extended to allow face to face consultation, which was a concern also expressed by other Scrutiny members. • SW reported that Parent Carers Cornwall had also considered the Policy and had found that some parent 	
--	---	--

	<p>carers had not received any information and had been unaware of the consultation. She also echoed the concerns raised by BE, saying that many carers had been overwhelmed by the pandemic and that it was very difficult for an individual to read and understand the document, much less interpret how it would affect their own family, when coping with such high levels of stress and tiredness.</p> <ul style="list-style-type: none"> • AW supported the views expressed by BE and SW, adding that she would have hoped that the Council would have shown more compassion for carers and waited until the pandemic was over before undertaking the consultation, which would also have allowed for face to face consultation and input from those most vulnerable of people in internet poverty. • DH acknowledged the issue of internet poverty and stated that a lot of consultation had been conducted over the telephone. He added that the number of responses so far had already far exceeded the number received for the Direct Payments consultation. Ultimately, the Council would need to conclude whether or not the level of engagement undertaken was sufficient for it to make an informed decision. • BD stated that although the response rate may be higher than that of other consultations, it was still only a few hundred people out of over 60,000. Feedback needed to be representative and to achieve that carers needed to have choices about how they engaged. • CJ echoed BD, highlighting the large number of registered carers in Cornwall compared to the level of engagement received back so far. She added that it was essential that the process had to be right in order for it to be considered good engagement and that the numbers so far were not sufficient. She asked if DH had considered promoting the consultation via the local news. DH replied that the consultation was not considered to be particularly newsworthy but the Council's media team had taken different channels to raise awareness, including the Residents Newsletter. He reiterated the need for the Council to decide if the level of consultation was sufficient or if there was a need to extend the consultation period. • NK asked when a decision on whether or not to extend consultation would be decided. DH said that discussions were underway but no decision had been taken yet. • AN said that, for local authority engagement, the numbers engaged so far were pretty good. She emphasised the need for everyone to help to spread word within their networks. In addition, one of the Council's priorities was to help people to get online and engage digitally, which was crucial in the 21st Century. 	
--	---	--

	<ul style="list-style-type: none"> • BE gave assurance that the Health and Adult Social Care Scrutiny Committee would seriously consider the consultation process. If any Board members had particular concerns that they wished to raise with her she would be happy to receive them and would share them with the Strategic Director. <p>The Chair suggested that any further comments or questions be forwarded to DH at derek.hoddinott@cornwall.gov.uk.</p>	
10	<p>Any Other Business</p> <p>Parent Carers Cornwall</p> <p>The report circulated in advance of the meeting was noted.</p> <p>Dementia Friends</p> <p>Melanie Howes encouraged anyone interested in joining a Dementia Friends webinar, as detailed in the report circulated in advance of the meeting, to email partnershipboards@healthwatchcornwall.co.uk.</p> <p>StC said that he had shared the information with the Dementia Partnership.</p> <p>Question from Lynda Berry</p> <p>MH would seek a response from DH, who had left the meeting, regarding the question circulated in advance of the meeting regarding adults with learning disabilities who had personal budgets for day services that shut in March.</p> <p>NK said that she was collating similar stories from other carers with a view to identifying themes. She would contact LB.</p> <p>Question from Wendy Gauntlett</p> <p>WB sought guidance on bereavement counselling for a friend that lived on The Lizard. NK undertook to liaise with WB outside of the meeting.</p>	MH to seek DH response.
11	<p>Next Meeting</p> <p>2pm, 5 November 2020 via Zoom.</p>	
<i>The meeting started at 14:00 and closed at 16:13.</i>		

Cornwall Coronavirus Survey 2020

What Cornwall and the Isles of Scilly say about health and social care during the Covid-19 pandemic

Overview

1,731 respondents between June 1st and July 12th 2020
Full report and background data available

Aims and Methods

Aims

- To listen to people's experiences of the pandemic and find out how changes to health and social care services have been working for people
- To feedback people's experiences to local service commissioners and providers and to Healthwatch England to inform national policy

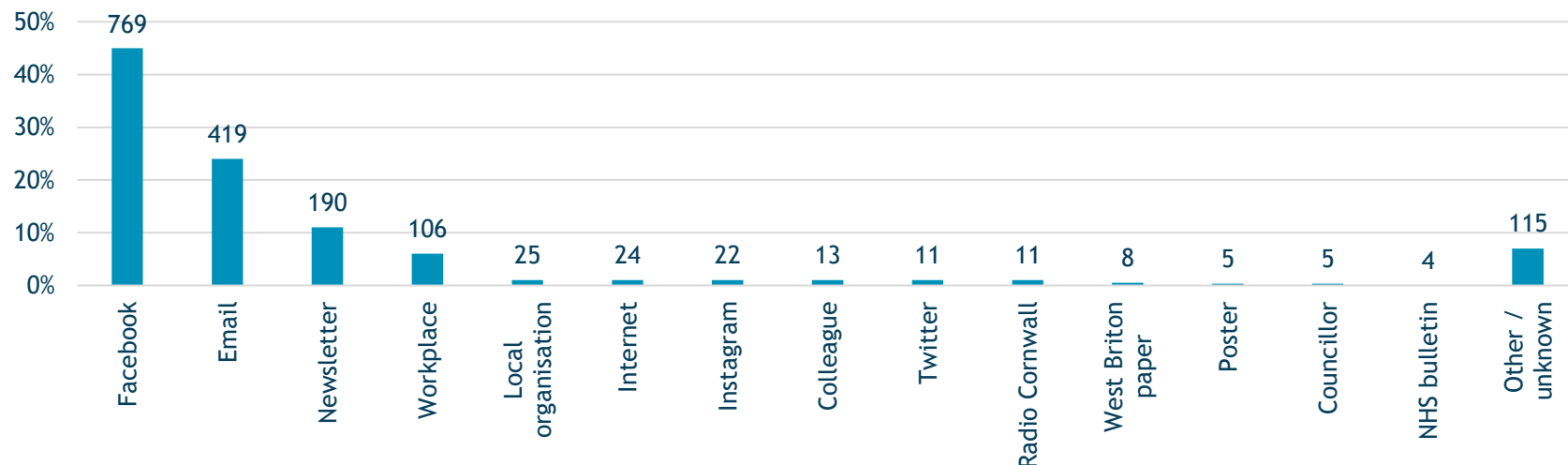
We asked about

- Quality and accessibility of information and advice
- Experiences of changes to health and social care services
- The impact of the pandemic on people's mental health and wellbeing and sources of support
- Changes to employment and uptake of volunteering

Methods

- Online survey with opportunity to complete over the phone
- Advertised through
 - Email networks
 - Facebook and other social media
 - Radio Cornwall
 - The West Briton newspaper
 - Local stores and community noticeboards

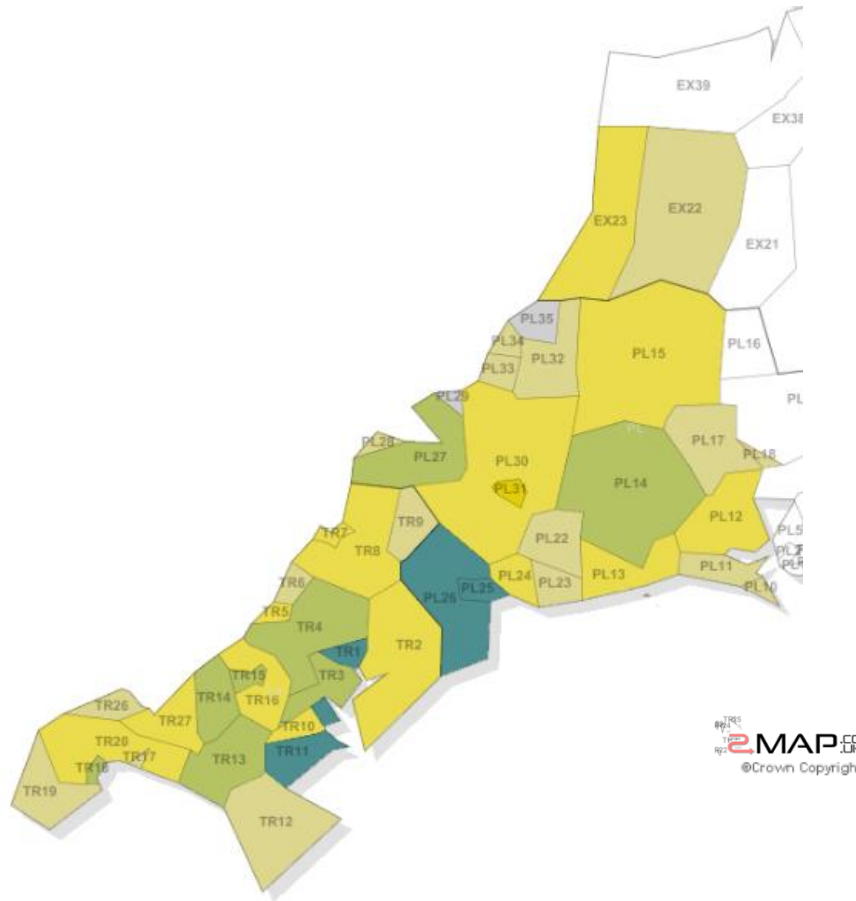
How respondents heard about the survey:








- Thematic analysis of free text responses, counts and percentages and statistical analysis of the Warwick-Edinburgh Mental Well-being Scale ^[1,2]

Who took part?

1,731 people took part from all over Cornwall and the Isles of Scilly



Number of respondents in
each Post Code district

	0
	1 - 26
	27 - 52
	53 - 78
	79 and over

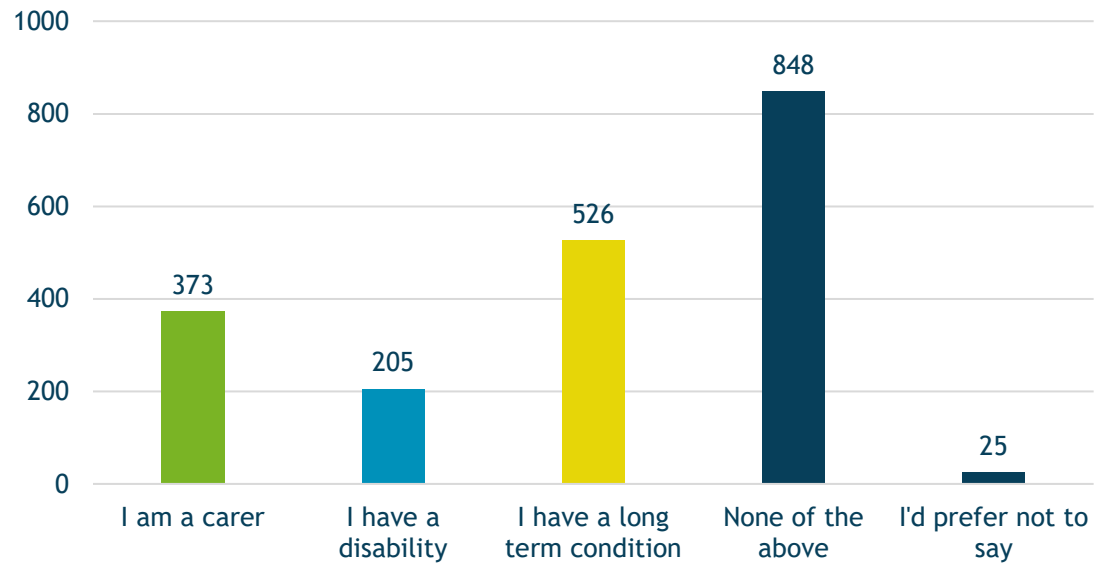
- 79% were Female

85% age 35-74

22% were Carers

45% were Keyworkers

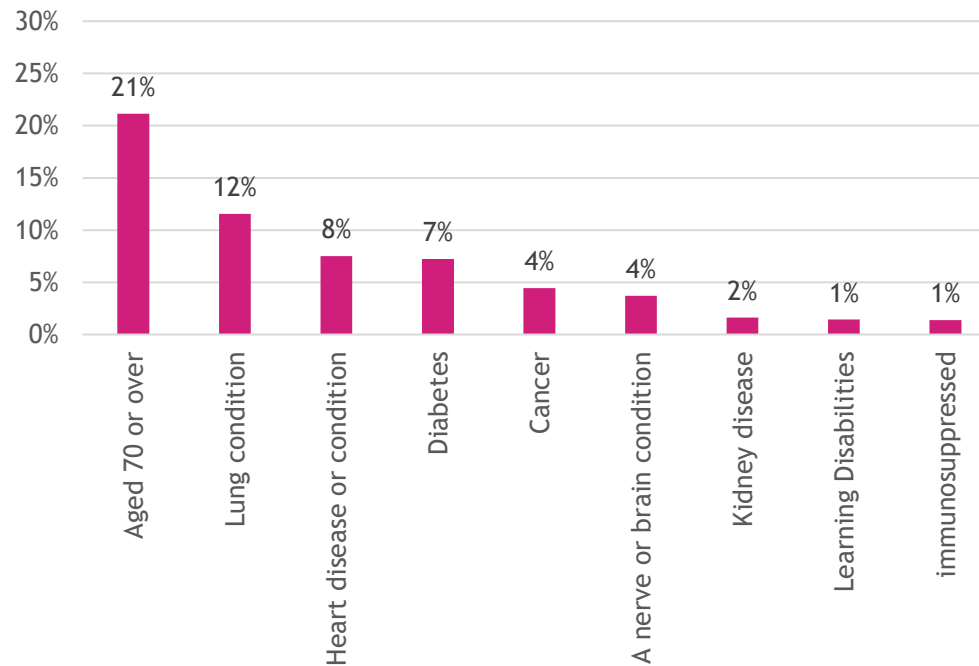




I am a carer	373	22%
I have a disability	205	12%
I have a long term condition	526	30%
None of the above	848	49%
I'd prefer not to say	25	1%

661 (38%) care for or support someone, or more than one person, who is considered to be at higher risk from coronavirus

Most commonly caring for, or supporting, someone aged 70 or over:



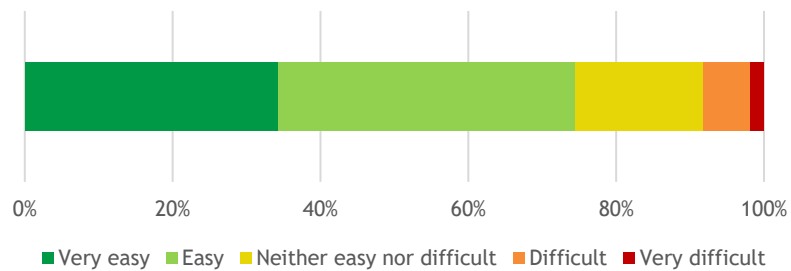
226 (35%) of those caring for/supporting someone have received a letter or text advising to shield themselves.

Information and advice

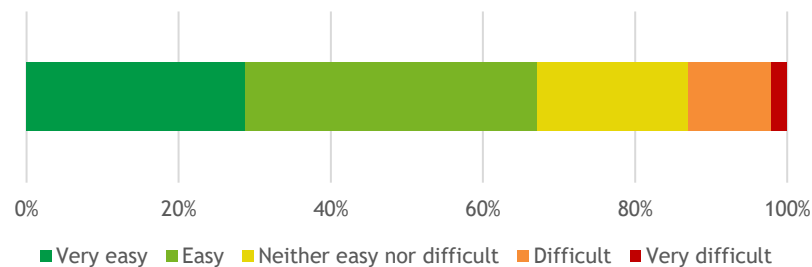
1,617 respondents

Finding information is easier for more people than acting on and keeping up to date with it

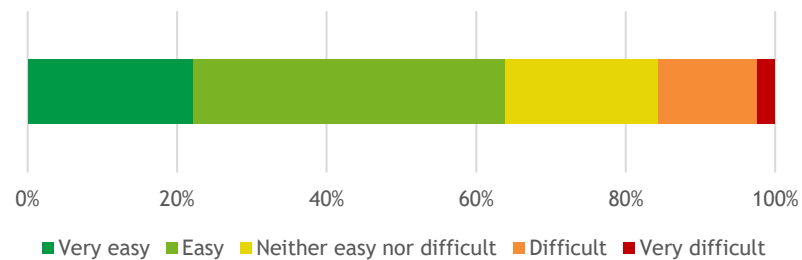
Finding information



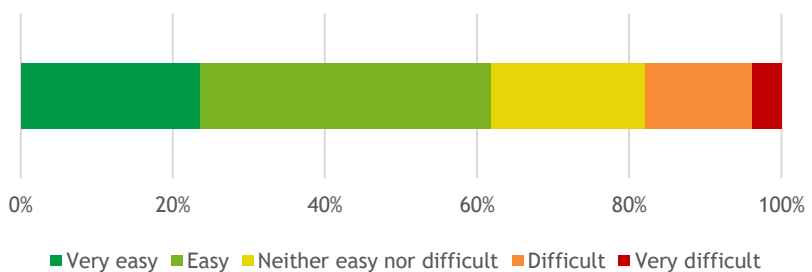
Understanding information



Acting on information



Keeping up to date with changes to information



National government information and advice is often described as confusing and contradictory. Some question the rationale of government decision making.

Goalposts keep changing. No clear directions.

I've struggled with the governments lack of clarity - making recommendations then changing their minds, making recommendations that disagree with clear scientific principles.

In general, local government information has been more helpful than national, but 22 people would like to see more local coronavirus statistics, such as number of cases in the local area and the R rate.

What the R rate is in Cornwall. What the alert level is - i.e. are we still on 4 and what is the track and trace system in Cornwall and how is that doing.

In all honesty the only confusion in terms of messaging comes from central not local government. I think Cornwall Council have done well to interpret information to make it easily understood and accessible to residents. Whilst also providing some level of reassurance.

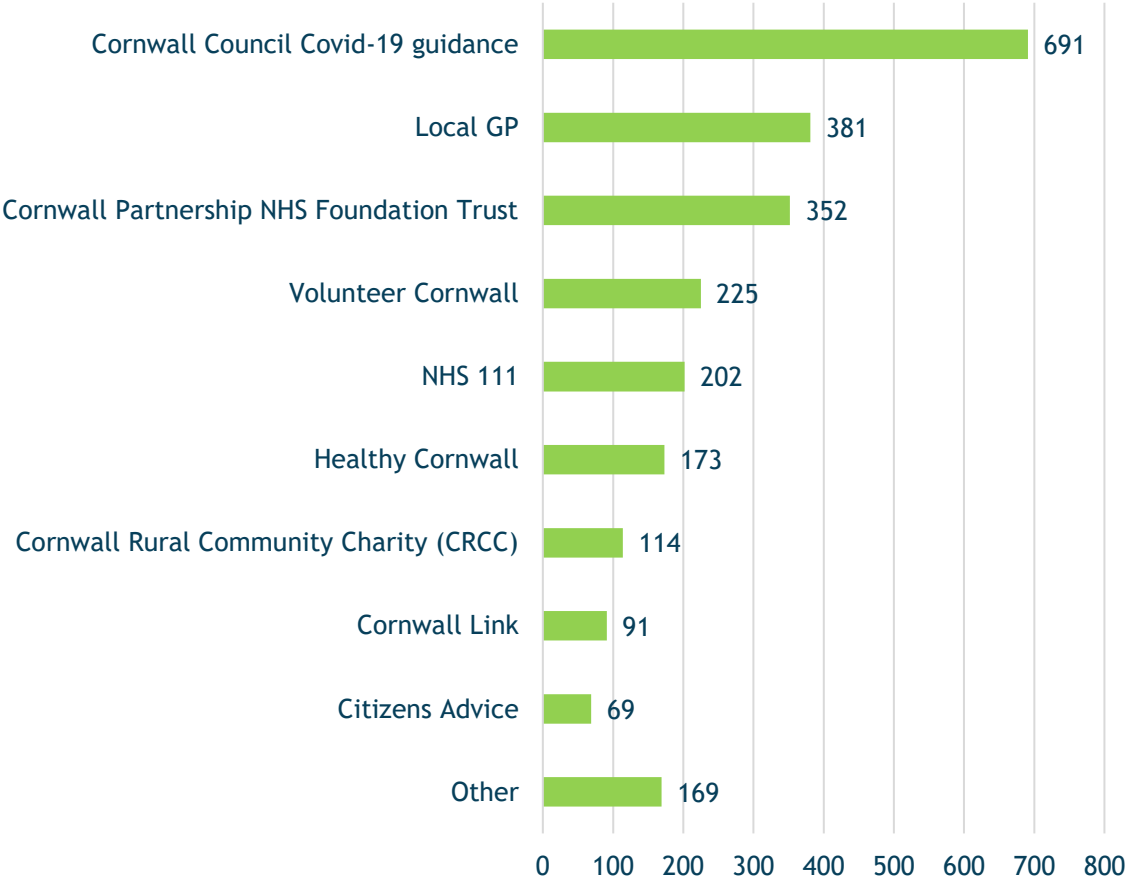
Respondents would also like information on the **availability and safety of healthcare services**. This is also a key theme in the healthcare section of the survey.

Is our local GP surgery open and what sort of illnesses are you allowed to go to them with.

Healthcare i.e. GP visits, social care access, safety of hospital before admission.

I have been waiting to have a blood test since the beginning of lockdown and have been constantly fobbed off with - ring back in a week and then a month. It is only now, 3 months later, that I have been booked in. This does not seem to be the case in all surgeries. It would be much more helpful to have some sort of break down of information on what services are being offered and where.

Have you found any local sources of information or support helpful?



- ‘Other’ includes:
- Local community groups
 - Local groups on social media
 - Other national and local charities and organisations
 - RCHT
 - TV and news
 - Government websites and briefings
 - NHS, Public Health England
 - Councillors and parish councils

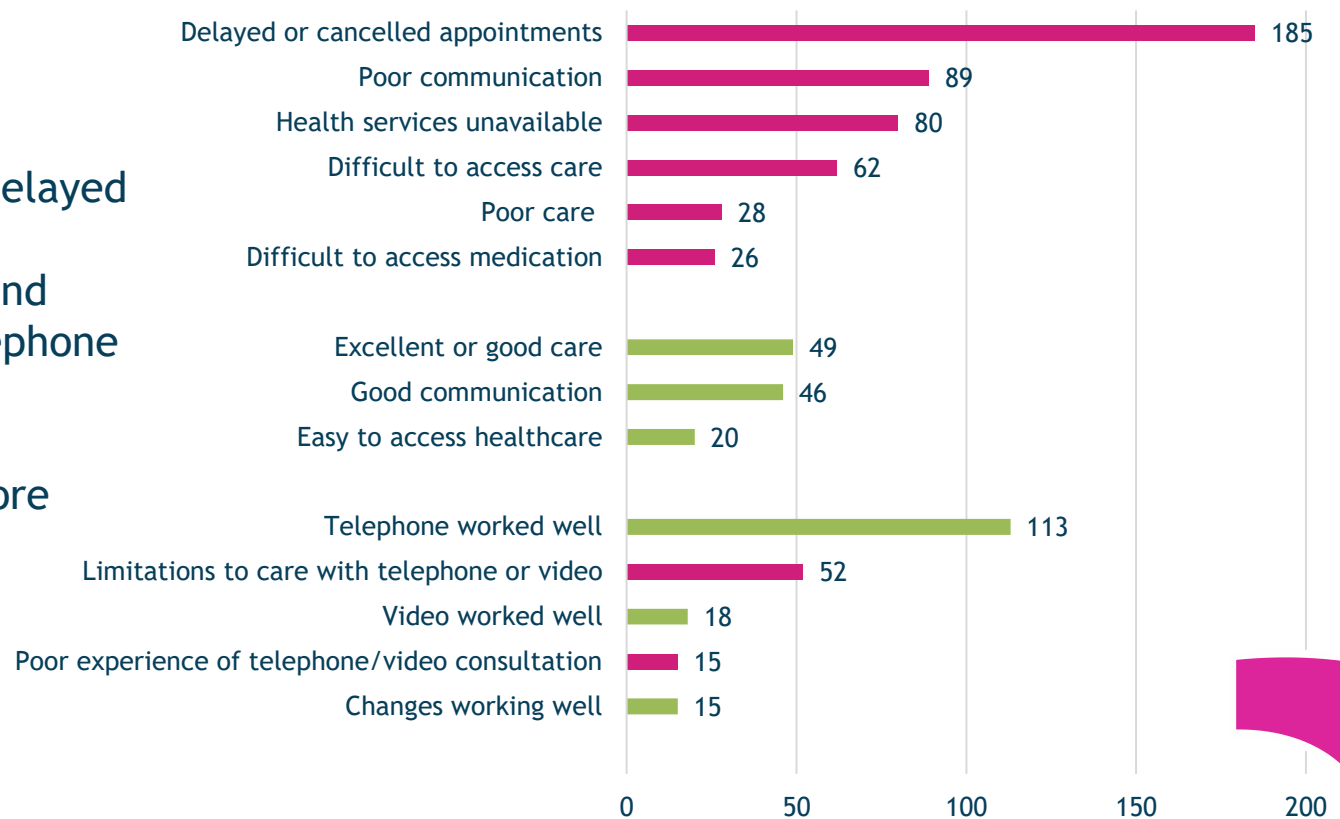
Healthcare

1,498 respondents

669 respondents provided details about changes to healthcare. These details were coded into themes:

Common themes included delayed or cancelled appointments, difficulties accessing care and positive experiences of telephone and video appointments.

Themes are described in more detail in the next 3 slides.



Experience of telephone and video consultations was generally positive, but for some there are limitations and support and/or face to face consultations may be required.

I have had a telephone conversation with my GP which worked really well and saved me time.

Video appt was excellent, no distractions, no travelling so took up less time, and no hanging around in a hospital.

In our elderly relatives home there is no internet. The telephone call with the breast care consultant was difficult for my relative and me to hear. No visuals mean missed opportunity for the consultant to monitor potential change in tumour.

A small number of people described bad experiences and/or felt unprepared due to the timing of the call

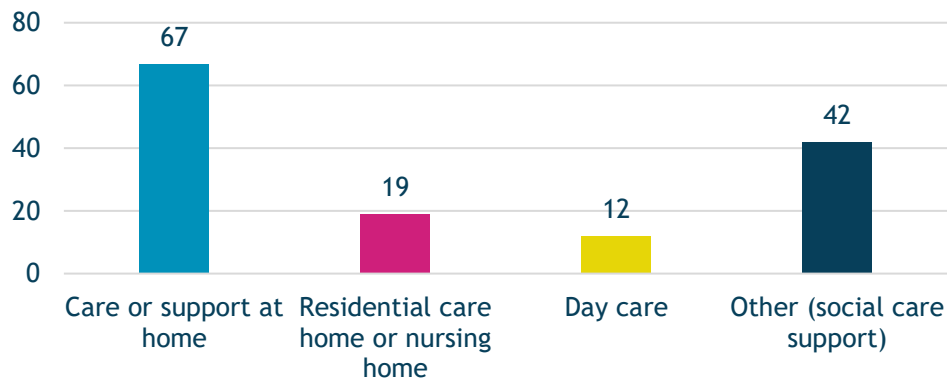
Had to call hospital to check whether my cancer check up was going ahead as I had had no communication regarding this. When I called (a week before my appointment) I was told it would be by telephone instead. I was phoned by the registrar later that day in lieu of my appointment in the middle of a work meeting which completely threw me as this can be quite distressing. The registrar was lovely and I completely understood why this had to be by phone but I was unprepared, it wasn't a suitable time or environment and I was also alone.

Social care

244 of 1,423 (17%) receive care for themselves or someone else and so completed this section

126 respondents have experienced changes to their care, or to the care of the person they care for. This is 52% of all those who receive care for themselves or for someone else.

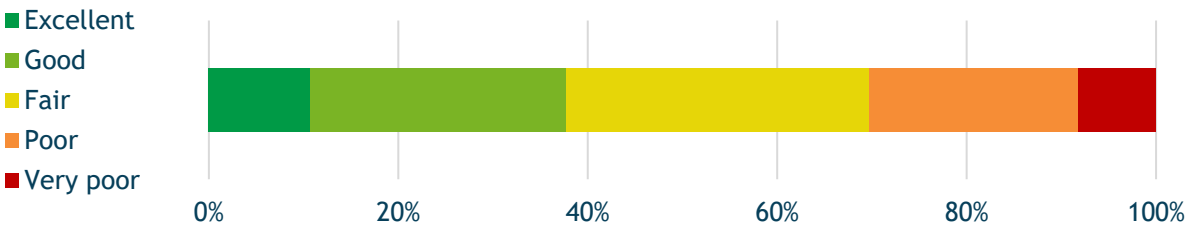
Number of respondents reporting changes across different types of care



Communication about changes to social care has been mixed:

- 38% rated communication about changes as either ‘good’ or ‘excellent’
- 30% rated communication as ‘poor’ or ‘very poor’

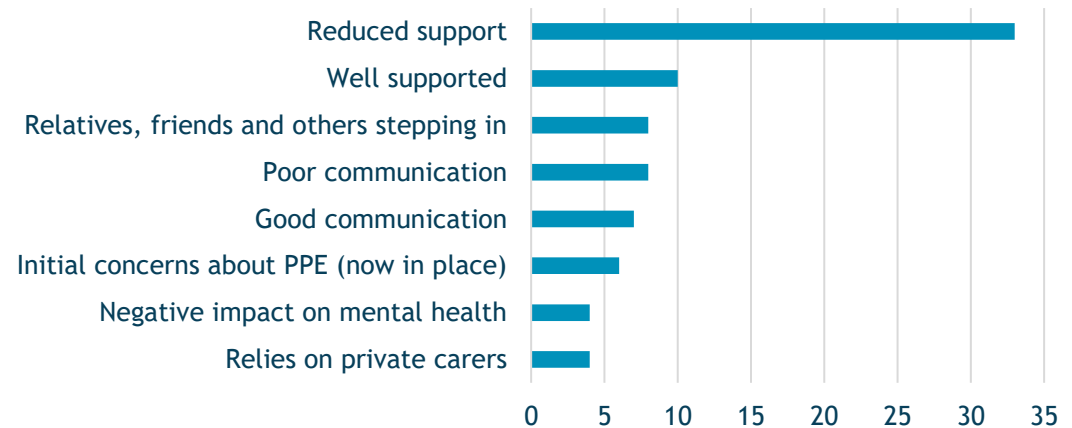
How would you rate the communication received about the changes?



82 respondents provided details about their experiences of changes. The most common themes were reductions in support received (or provided) and family, friends and others stepping in to provide additional support.

My partner has received a drop in the number of visits as two of the carers were in the shielding group. Home Instead have done their best to help with this but we cannot use the number of hours funded by Cornwall Council to deliver the care plan because of a shortage of staff.

Carer visits to one relative have been suspended whilst a family member had selflessly moved in to self isolate with them. But as we were concerned the carer visit slots would be lost, we are still paying monthly for a service. Our choice but it shows how fearful we are of losing access to care once the relative goes home. The other dependant person lost their cleaner and as they are unable to manage their house, another relative had stepped in on top of managing own home and work.



Reduced support includes:

- Closure of day centres
- No respite care
- Reduced/ no hours from carers / PAs
- Changed roles of carers / PAs
- Loss of cleaners
- Loss of social visits
- Loss of physical activities, such as swimming

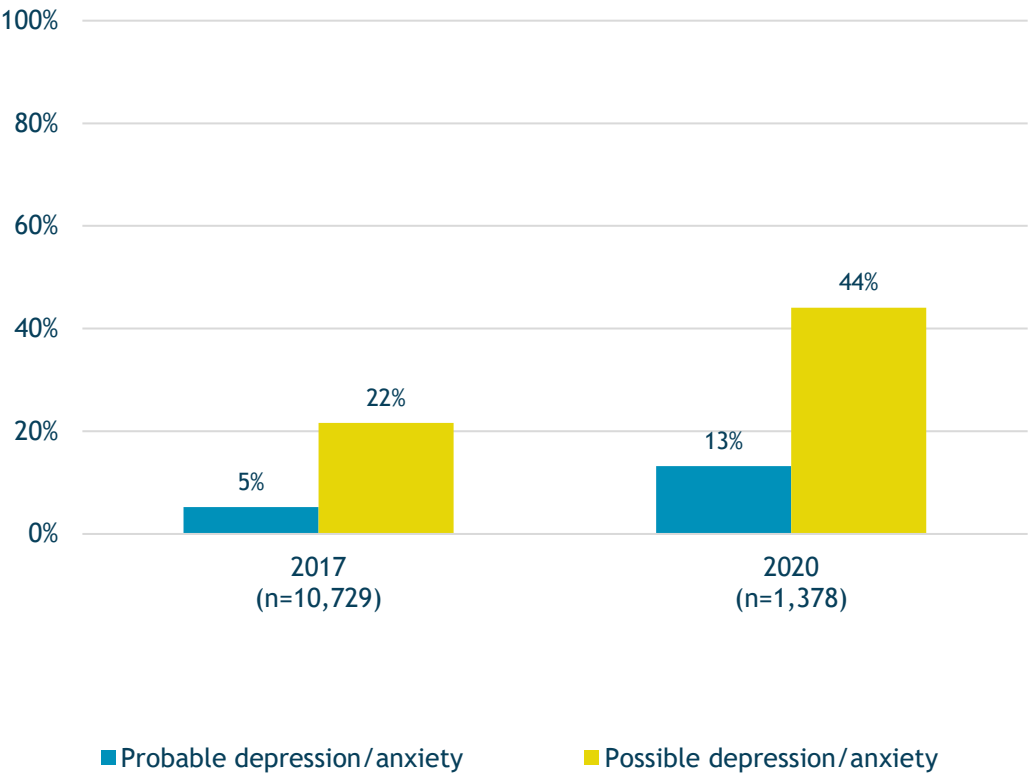
Feedback on Learning Disability Services

- Information was not sent out promptly or in Easy Read. Digital information is not accessible to all.
- Day Services and Taxis charged during lockdown despite services being closed. Some day services asked for a retainer.
- Information about managing direct payments and changes in responsibilities as an employer were hard to find.
- Not knowing where to get help when PAs were not available to work
- Coping without PA's when individuals didn't have confidence that they would be safe.
- Paying for and sourcing PPE

Mental Health and Wellbeing

1,401 respondents

Analysis suggests an increase in respondents with ‘probable’ and ‘possible’ depression and/or anxiety’ compared to Cornwall Council’s Residents’ Survey in 2017 ^[1].



Analysis:

- Scores of 7-17 represent ‘probable’ depression or anxiety
- Scores of 18-20 represent ‘possible’ depression or anxiety

These definitions are based on similar SWEMWBS cut off scores used in a comparison study with clinical measures of depression and anxiety (Patient Health Questionnaire (PHQ)-9 and General Anxiety Disorder assessment (GAD)-7) ^[2].

Short Warwick Edinburgh Mental Wellbeing Scale (SWEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2008, all rights reserved. Analysis of SWEMWBS by Dr. Richard Sharpe, Wellbeing & Public Health, Cornwall Council.

healthwatch
Cornwall



Carers

246 carers told us more about the impact of the pandemic on their mental health and wellbeing. Many talked about the impact in relation to their caring responsibilities, with the lack of services and support and home schooling making caring more difficult, and a lack of respite also impacting mental health.

Carer responsibilities	39
Isolation	30
Separation from family / friends	23
Worry about family's mental and/or physical health	21
Anxiety	17
Juggling work and family	17
Mental health exacerbated	15
Work pressure	14
Finances	11
Lack of support	9
Depression	8
Unable to work	8
Childcare	7
Stress	7
Unable to access food	7
Unable to access healthcare	7
Uncertainty about future	7

Not being able to attend to things for child with a learning disability, spouse shielding and being stuck at home with them, very stressed over cancer with spouse and child who needs help, and the system messing their care around.

Having to care for someone 24 hours a day. 7 days a week with no respite is not easy.

Larger caring role with little to no support from physiotherapists, occupational therapist and social worker. Isolation has been difficult. Am also now home teaching my other child as well as caring. Work has decreased as a result.

41 carers also described positive impacts:

Able to work well at home	6
Adjusted over time	4
Exercise helping	4
Happy at home	4
More time outdoors	4
Relaxing	4
Saving money	4

What additional support would help you with your mental health and wellbeing?

107 carers responded with a wide range of suggestions

More support caring for my loved one with dementia.

Knowing what support is available to carers.

More support as my mental health is now bad but have got to hide it to support others.

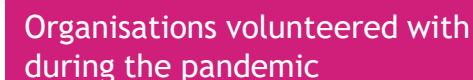
I just think someone should have checked in with us that we were coping.

Support for carers	19
Access to mental health services / counselling	15
Return to normality	11
Time to self or time off	10
Information about availability of services	5
Regular telephone calls	4
Financial information and support	4
Meeting with friends and family	4
Government approach to virus and vaccine	4
Workplace support	2
Faster assessments	2
Empathy from staff	2
Universal basic income	2

Volunteering

1,364 respondents

healthwatch
Cornwall



Local support (no details)	40
Volunteer Cornwall	34
NHS	21
Food delivery	17
Prescription delivery	10
We Are With You	8
Cornwall Scrubs	8
Concern Wadebridge	6
Age UK	5
Cornwall cloth masks	4
Shopping for neighbours	4

Next Steps

Next steps

- We will share this report with the local integrated care system, commissioners and providers requesting a response to our recommendations.
- To assist the design of solutions and inform implementation of the new carers strategy we will
 - build qualitative research into carers' needs into our 2021 workplan
 - work with the Learning Disabilities, Autism and Carers' Partnership Boards
- We will work with the Adult mental health strategy board to co-produce services to meet needs identified in this report.
- In line with our current strategy we will also seek to increase our engagement with men, children and young people, young adults and vulnerable groups to reflect their views more thoroughly in future work.

Any questions, email enquires@healthwatchcornwall.co.uk or Tel: 01872 273501





Action for Children Report

Kernow Young & Young Adult Carers Service

Carers Partnership Board Report

October 2020 Report

Headlines:

- ❖ new Young Carers and Young Adult Carers referrals received.
- ❖ 432 Individual Carers supported through all forms of support this quarter
- ❖ 124 young carers accessed a shortbreak in this quarter.

Total number of young carers and young adult carers is currently 2,345.
61 1-1 sessions for young people over this period

It has been a busy time for the Team with us maintaining our level of support for our Young Carers but also adapting and reviewing our delivery methods throughout. This meant we would deliver something different for our Summer Activities in the hope they would be as enjoyable for our service users across all age groups. We had some fantastic engagement across the board from our Facebook Live Events which included Science Experiments, Dancing, Yoga, Story Time, Live Music and more, to our Activity Sessions delivered via Microsoft Teams which involved Crafting, Magic Tricks, Slime Workshops, Clay Modelling, Tie Dyeing and Online Escape Rooms for our YAC's.

Our Facebook online presence saw an increase in engagements and we reached an incredible 1,882 people. Alongside this the team provided some of our higher need Young Carers with 1:1 and small group activities, eg Newquay Zoo, Surfing, Flambards, Cardinham Woods. Amazing feedback was received across the board: *"B loved getting out with someone who was not part of our family. Someone who was there just for him, without the added distraction of needing to care or be on call for another sibling."*

Whilst our school groups were not running during the summer holiday period we ran social groups across Cornwall in July and September and have since managed to recommence delivering in a number of Secondary and Primary Schools across Cornwall. Our Team are working hard to accommodate the complexities of working within the COVID Guidelines for both Schools and within our own Policies. We are adapting our delivery methods in consultation with the schools, currently 21 schools have re-engaged with our support.

The young adult support group has continued to be successful delivered weekly online during July and August. We have also continued to run our Reference Group throughout, providing funding for a number of young carers. We saw an influx of applications for the AFC Turner & Townsend Fund which supported families to purchase school uniforms and received positive feedback across the board.

We now have 1,576 young carers and 769 young adult carers registered with our service. During this quarter 85 young carers and 6 young adult carers were referred.

The Young Carers fundraising group has met three times since July and have awarded grants to support 14 young carers and young adult carers.

We've accessed the Turner & Townshend funding (Action for Children), which provides help towards the cost of school uniforms. A total of 17 young carers were supported through this fund.

The Mothers Union continues to support our families and during this quarter 4 young carers received funding towards the cost of bicycles, riding lessons & hair cut.

We have also supported families through AFC's emergency fund which was up and running immediately lockdown began. During this quarter 10 families have received funding from this source totalling £1,214. We've helped a family relocate, purchased a washing machine, cooker and delivered food supplies.

"We are truly grateful for the support the Young Carers has provided us. We cannot thank you enough. With your help we have now managed to order a new cooker from Curry's, so thank you so much. The money has been a huge help to us."

We have successfully applied to be Truro Co-op Charity this year which is due to run from 25th October 2020 to 23rd October 2021.

Plans for Quarter 2 include:

1. Locality Youth Groups
2. Home Education Social Group
3. Young Carers Consultation Group
4. More face to face activities leading up to Christmas

KCS Forum Update

July - September 2020

Item 10



During this quarter we have continued to support Carers through the Covid-19 pandemic and maintaining supportive resources for carers.

463 Carers Assessments were completed during the period with an average personal budget of £372.

Kernow Carers Service has put a lot of focus into grants during this quarter.

- **£1447.99** was awarded to support carers with grants from the Carers Trust
- **An additional 74 grant applications were successfully awarded through KCS to support carers and veteran carers to the value of £5967.05**
- **These grant applications have purchased 39 Kindles to support carers to be able to get connected online and wellbeing items to support their health and wellbeing. The items purchased include craft items, items for knitting, candle making sets, books, eBooks, vouchers for meals out, all to promote the health and wellbeing of the carers who applied.**



1814

1-2-1 interventions



994

Carers supported



1100

People reached through Facebook



629

New Carers Identified



£372

Average Personal Budget Identified



9

Virtual Forums held to cover East, Mid and West Cornwall, giving carers the opportunity to have their voices heard

Are you an unpaid carer who needs help and support?

Fed up with clicking buttons and staring at a screen?

Introducing a new way of learning without using Zoom, Facetime and Skype.

Find answers to questions you have through free one to one telephone guidance.

How does it work?

It takes three easy steps

You will receive three 45-minute telephone sessions on the topic of your choice at the time and date you choose.

Step one. Pick your course

- Managing stress in your caring role
- Caring for Dementia carers
- Coping strategies for carers
- Managing Mental Illness for carers
- Caring for Carers

Step two. Look at the dates and times and choose three dates and three time slots that suit you.

Dates

November 2020 - 2nd, 5th, 9th, 13th, 17th, 19th, 23rd, 27th, 30th

December 2020 - 2nd, 4th, 7th, 9th

Sessions times

10am - 10.45am

11.30am - 12.15pm

2.00pm - 2.45pm

3.15pm - 4.00pm

Step three. Apply by contacting us:

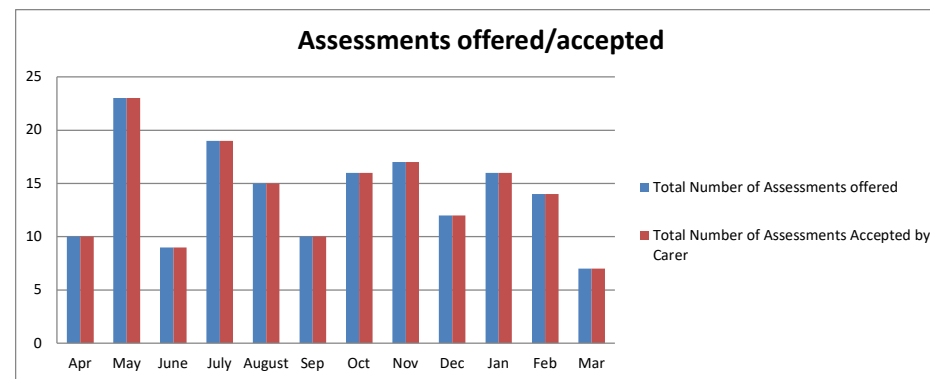
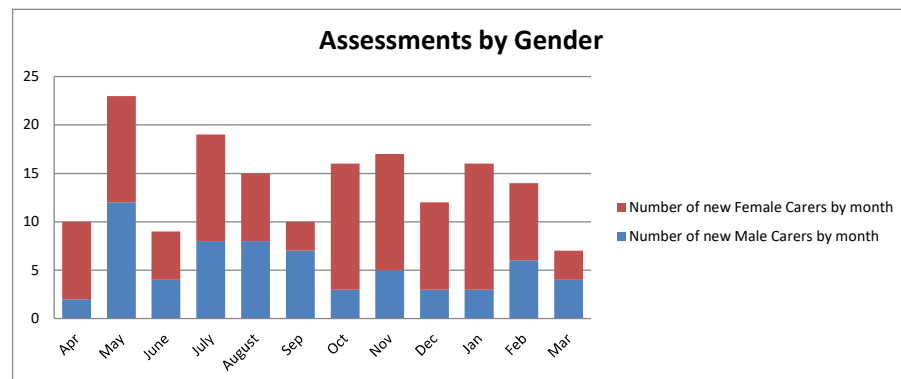
Email - info@promas.co.uk Tel - 01736 339226 / 07775 756454

We will post out any resources that you may need. If you would like more information or to discuss further, please do not hesitate to contact us.

NEW CARERS & ASSESSMENTS 2019-2020

Refreshed Figures

Number of Carers on RIO since April 2019		Apr	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
65	Number of new Male Carers by month	2	12	4	8	8	7	3	5	3	3	6	4
103	Number of new Female Carers by month	8	11	5	11	7	3	13	12	9	13	8	3
168	Total Number of new Carers on Rio (2018/19)	10	23	9	19	15	10	16	17	12	16	14	7
	Total New Carers - Cumulative (2019/20)	10	33	42	61	76	86	102	119	131	147	161	168
168	Total Number of Assessments offered	10	23	9	19	15	10	16	17	12	16	14	7
100.00%	Percentage of Carers offered an Assessment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%
168	Total Number of Assessments Accepted by Carer	10	23	9	19	15	10	16	17	12	16	14	7
100.00%	Percentage of Carers Accepting an Assessment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%

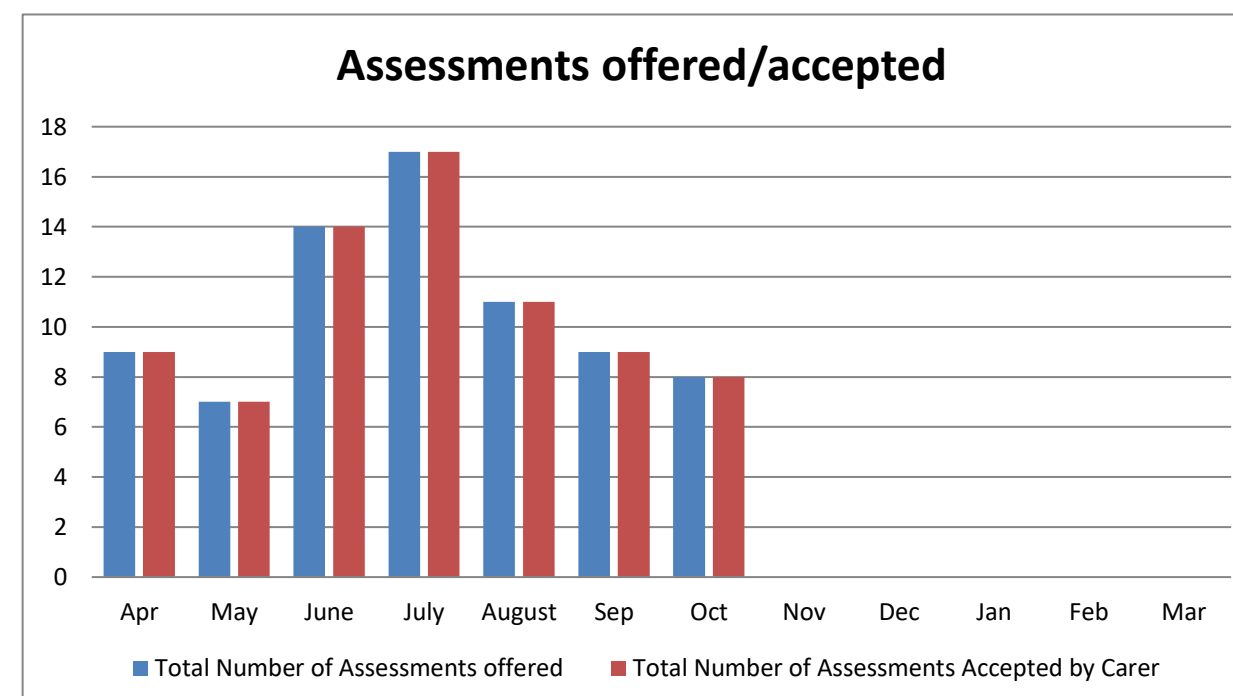
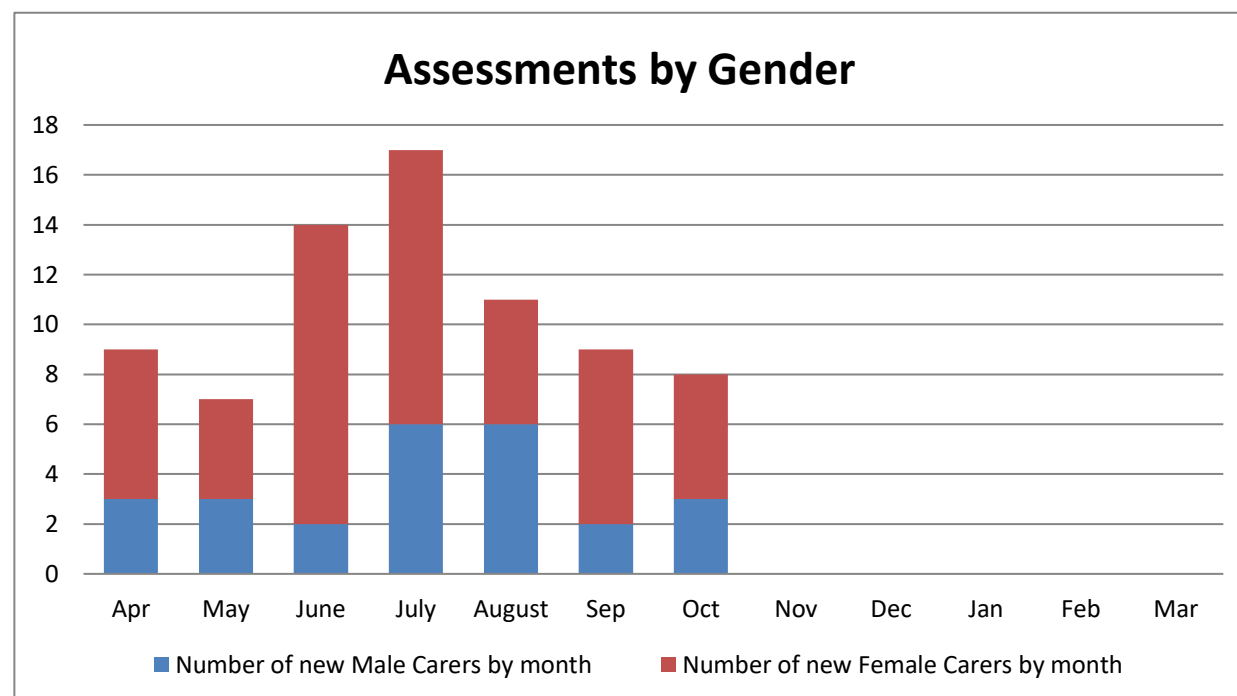


NEW CARERS & ASSESSMENTS 2020-2021

Number of Carers on RIO since April 2020		Apr	May	June	July	August	Sep	Oct	Nov	Dec	Jan	Feb	Mar
25	Number of new Male Carers by month	3	3	2	6	6	2	3					
50	Number of new Female Carers by month	6	4	12	11	5	7	5					
75	Total Number of new Carers on Rio (2020/21)	9	7	14	17	11	9	8					
	Total New Carers - Cumulative (2020/21)	9	16	30	47	58	67	75					

75	Total Number of Assessments offered	9	7	14	17	11	9	8					
100.00%	Percentage of Carers offered an Assessment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					

75	Total Number of Assessments Accepted by Carer	9	7	14	17	11	9	8					
100.00%	Percentage of Carers Accepting an Assessment	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%					



Feedback from Service Users and Carers Joint Learning Disability and Autism PB 6th October 2020

Concerns about becoming infected with coronavirus have altered consulting patterns in general but more so for those with a learning disability and autism.

This fear is reducing requests for appointments for acute and chronic illnesses. Eye and feet check for adults with diabetes (and learning disabilities) were not thought to be available in some instances where they were. The idea that the NHS is open for business isn't get out to these groups.

Telephone appointments have worked well when the doctor was already known to the patient and family. Outpatient appointments carried out by phone or video calling saved time for Carers. Patients with complex needs could avoid uncomfortable waits and long journeys.

This was not always the case for adults with autism. Some described difficulties with understanding what was being said, as facial expression was missing when speaking on the phone. Misunderstandings have arisen when the caller could not "read" what was being said by the medical professional. There is not a way for GP receptionists to flag up that someone has autism. GPs only know if they have read all the patients diagnoses before speaking to them. This is an important gap.

Secondary care is working well. RCHT are flagging up all adults admitted with learning disabilities and autism. They also ring up those who are due to have telephone or face to face consultations to discuss any needs they may have. Plymouth UFT are also offering a similar service.

Adult Social Care

At the start of lockdown, community fear about becoming infected and infecting others was high. Many Carers and those they "cared for", due to age or co-morbid health conditions fell in to the vulnerable or shielding category for coronavirus. In many cases it was the vulnerable looking after the vulnerable.

People who are in receipt of direct payments or manage them for another person had various concerns. CC did not contact all those who held DPs until April 3rd. This led to confusion on how to access PPE what type of PPE was needed for different types of care.

Some people refused to have PA's visit because of fear they would become infected. The care was carried out by family members who were untrained, or it was missed out on.

This was particularly common in households where there were family members shielding. As time moved on, the difficulty of PA's becoming unwell and not being available for

work increased. Tests were not prioritised for PA's so some isolated for 2 weeks leaving a family Carer left to fill in. When a PA was not carrying out their usual working hours whether that be because of shielding or illness (on either side) some confusion arose on what money needed to be repaid to or claimed from CC. Receiving requests for repayment created added anxiety. Some services (such as day services) that were closed were still being charged for.

The Access team were not reliably answering calls and repeated messages were being left as was the Direct Payments Advice line.

Individuals who had a social worker were in a better position to have their care needs reviewed whilst others unsure who to ask rang local voluntary organisations.

Carers Emergency Cards held by family carers were not seen as useful for those who were unable to name 1 or 2 people who could stand in for them in an emergency.