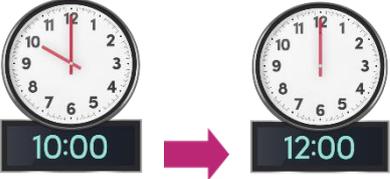




Learning Disability Partnership Board

Agenda - What we will talk about

 <p>3 March 2022</p>	<p>Meeting Date:</p> <p>Thursday 3 March 2022</p>
 <p>10:00 → 12:00</p>	<p>Meeting Time:</p> <p>10.00am to 12.00pm</p>
	<p>Teams – Click here to join the meeting</p>





	<p>Welcome, introductions and apologies</p> <p>Healthwatch Cornwall</p> <p>5 minutes</p>
	<p>Minutes and actions from the last meeting.</p> <p>Easy Read version – Page 5 Standard version – Page 13</p> <p>5 minutes</p>
	<p>Updates from members</p> <p>15 minutes</p>
<p>Adult Social Care</p>	<p>Adult Social Care Critical Incident</p> <p>Cornwall Council</p> <p>10 minutes</p>



 <p>Plans</p>	<p>Delivering Better Care – Update on Strategies</p> <p>Ann Smith, Cornwall Council</p> <p>10 minutes</p>
 <p>Day Centre</p>	<p>Update on Day Services</p> <p>Ann Smith, Cornwall Council</p> <p>10 minutes</p>
	<p>Break</p> <p>10 minutes</p>
	<p>The Advocacy People Presentation</p> <p>Page 26</p> <p>Penny Newman</p> <p>20 minutes</p>





	<p>Making Services Accessible</p> <p>Led by Ann Smith, Cornwall Council</p> <p>15 minutes</p>
	<p>Employability Service</p> <p>Cornwall Council</p> <p>10 minutes</p>
	<p>Any Other Business</p> <p>10 minutes</p>
	<p>End of the meeting</p>

2022 Meetings:

Thursdays, from 10:00am-12:00pm.

26 May

8 September

3 November



Learning Disability Partnership Board Meeting



30 November 2021



Who was there

Name	About them
Mike Hooper	Healthwatch Cornwall
Anne Bowdler	Cornwall Partnership NHS Foundation Trust
Ann Smith	Cornwall Council
Christopher Burns	Self-Advocate
Claire Grimsey	Cornwall Partners in Care
Fliss Hedge	Cornwall People First
Sgt Flo Linscott	Devon and Cornwall Police
Margee Polawski	Healthy Cornwall, CHAMPS
Paul Owen	Healthy Cornwall, CHAMPS
Rohit Shankar	University of Plymouth Hospital Trust and CFT
Sam Edwards	Cornwall Partnership NHS Foundation Trust
Sandra Ward	Parent Carers Cornwall and parent carer of a young adult with LD
Steph Isaacs	Cornwall People First
Tim Moss	Seetec Pluss

What we talked about at the meeting



Everybody agreed that the minutes of the last meeting were correct.

Updates from members



Fliss Hedge from **Cornwall People First** asked some questions.



Tina Sanford from Cornwall Council said they could not hold Social Worker Drop-ins.



Ann Smith from Cornwall Council said that Covid rules meant that day services could not have as many people.

She would let Mike know what services were on offer.



When would face to face meetings start up?

People agreed that the service users group could be the first group to meet in person.



People found it hard to contact the Safeguarding team at Cornwall Council.

Mike would ask an officer to come to a future meeting.

Mike read an update from **NHS Kernow**.



Feedback from the Service User Group had been heard by NHS bosses.

There was money to appoint a 'Learning Disability Clinical Champion'. There would be an update at a future meeting.



Sandra Ward from **Parent Carers Cornwall** said they had been holding lots of small face to face events.

She asked people to take part in the consultation on the Cornwall Outdoors Service.



Tim Moss from **Health Works for Cornwall** thought that Covid rules might mean they have to go back to online meetings



Cornwall Partnership
NHS Foundation Trust

Anne Bowdler from the **Primary Care Team** was working hard to make access to the NHS easier.

Christopher Burns was working with her.

There will be an update at the next meeting.



Stopping over medication of
people with a learning disability,
autism or both

The Autism Partnership Board would receive updates on **STOMP**.

Mike would share them with the Learning Disability Partnership Board.



Healthy
Cornwall

Margee Polawski and Paul Owen from **The CHAMPS** said they had started drop-in sessions and walks in places across Cornwall.

They were also meeting with homeless people with LD.



Claire Grimsey from **Cornwall Partners in Care** said that higher wages in other jobs were making it harder to get new staff.



Sergeant Flo Linscott from **Devon and Cornwall Police** said they were working on an Autism Alert Card.

He would speak to Christopher Burns about linking in more with the British Transport Police.

Learning Disability, Autism and Carers Service Users Event



Mike said that not many people joined the last meeting because there were no advocates to support them.

The Advocacy People would be working to help people to become self-advocates.



The group had given more feedback on the new hospital passport.

Adult Social Care Strategies



Ann Smith from **Cornwall Council** is writing a new Strategy that includes Learning Disability.

It is called the Better Lives Strategy.

Click [here](#) to see a short film about it.

Christopher Burns spoke about how hard it was for people to buy their own home.

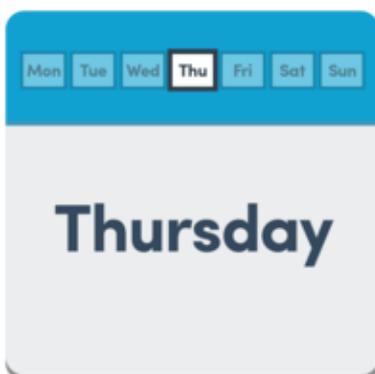


Lots of people said how important Day Services are.

People asked about Direct Payments and Personal Budgets.

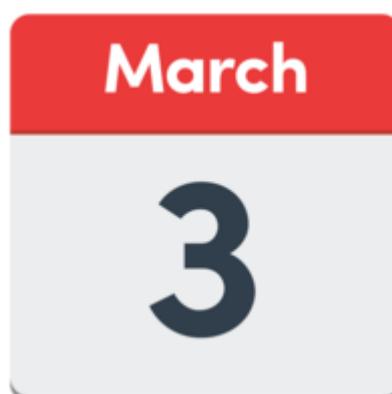
Ann said that she wanted the Partnership Boards to help her to look at issues with small groups of service users.

Any Other Business



Future Partnership Board meetings would be held on a Thursday from now on.

**The next Learning Disability
Partnership Board meeting will be
on Teams at 10am on
Thursday 3 March 2022**



MEETING NOTES:	Meeting of the Learning Disability Partnership Board
DATE:	Tuesday 30 November 2021
LOCATION:	Via Teams

ATTENDANCE

Name	Position	Organisation
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Anne Bowdler (AB)	Primary Care Liaison Nurse for Adults with a Learning Disability	Cornwall Partnership NHS Foundation Trust
Ann Smith (AS)	Head of Commissioning for LD, Autism and Mental Health	Cornwall Council
Christopher Burns (CB)	Self-Advocate	
Claire Grimsey (CG)	Committee Member Also a care provider of two businesses supporting people with LD	Cornwall Partners in Care
Fliss Hedge (FH)	Outreach Inclusion Worker	Cornwall People First
Sgt Flo Linscott (FL)	Diverse Communities Team Lead (Cornwall)	Devon and Cornwall Police
Margee Polawski (MP)	Health Improvement Practitioner	Healthy Cornwall, CHAMPS
Paul Owen (PO)	CHAMP	Healthy Cornwall, CHAMPS
Rohit Shankar (RS)	Professor in Neuro Psychiatry and Clinical Director for local Adult LD services	University of Plymouth Hospital Trust and CFT
Sam Edwards (SE)	Nurse Consultant, Adult Learning Disability Service	Cornwall Partnership NHS Foundation Trust
Sandra Ward (SW)	Parent carers of a young adult with LD, Director of Parent Carers Cornwall and Chair of Carers Partnership Board	Parent Carers Cornwall
Steph Isaacs (SI)	Outreach Inclusion Worker	Cornwall People First
Tim Moss (TM)	Specialist Change Coach, Health Works for Cornwall Programme	Seetec Pluss

APOLOGIES

Name	Position	Organisation
Amanda Wilton	Representative of the Patient Council and Carer	University Hospitals Plymouth NHS Trust
Cllr Andy Virr	Portfolio Holder - Adults and Public Health	Cornwall Council
Claire Martin	Deputy Director of Nursing	NHS Kernow Clinical Commissioning Group
Dina Holder	Community Engagement Manager	The Women's Centre / DIVAs
Emily Nicol	Mental Health Liaison Practitioner for the Learning Disability Teams	Cornwall Partnership NHS Foundation Trust
Gordon Christie	Volunteer Advocate	Cornwall Advocacy
Helen Childs	System Director - Integrated Communities	NHS Kernow Clinical Commissioning Group
Cllr Jayne Kirkham	Cornwall Councillor for Falmouth and Penryn	Cornwall Council
Kate Alcock	Head of Strategic Commissioning - Older People, Physical Disability and Carers	Cornwall Council
Lynda Berry	Parent Carer of a person with LD	
Neil Carpenter	Volunteer Advocate, principally for people with LD	Cornwall Advocacy
Nory Menneer	Clinical Lead and Learning Disabilities Commissioner	NHS Kernow Clinical Commissioning Group
Paula Volkner	Project Manager, Transforming Care Programme	NHS Kernow Clinical Commissioning Group
Shelagh Mitchell	Liaison Lead for Healthy Cornwall and CHAMPS Manager	Cornwall Council
Steve Dymond	Self-advocate	
Vicki Allen	Adult Social Care Commissioning Manager with responsibility for Learning Disability and Autism	Cornwall Council

ACTIONS AGREED AT MEETINGS

Action	Responsible	Status
Share details of which day services were open and what services they were offering.	AS	Ongoing. Day Services item on 03/03/22 agenda.
Update on the work of TAP within Cornwall to next meeting.	MH / PN	Ongoing. Item on 03/03/22 agenda.
Safeguarding Officers to future meeting.	MH	Ongoing. James Sawford has been invited to join the 26/05/22 meeting.
Seek new Speech and Language reps on both LD and Autism PBs.	MH / SE	Ongoing.
Obtain and circulate RCHT booklet on welcoming people into hospital.	MH	Complete. Circulated with 30/11/21 agenda.

Action	Responsible	Status
Email LeDeR report for circulation	NM / MH	Ongoing. Update from NM - the LeDeR annual report has been written but is with the CCG's communications department for work on its accessibility. They are also in the course of procuring a company to convert it to easy read. He will ensure we have it as soon as it is released.
Present small supports programme update to future meeting	NM / MH	Ongoing. NM & VA not in attendance as they're at a Small Supports event. NM to present to the next meeting. Update 16/02/22 - VA to submit written update to 03/03/22 meeting
Circulate KCCG response to NHS England on the recommendations from the Cawston Park case.	NM / MH	Ongoing. Awaiting details.
Invite new Area Director for Adult Care and Support to future meetings.	MH	Complete. Kevin Beveridge, the new Area Director for Adult Care and Support has received information about the Board and invites for 2022 meetings.
Discuss with Locality Managers and Directors the possibility of restarting drop-in sessions.	TS	Complete. Update from TS: 'Due to increased pressures affecting operational capacity, Social Worker Drop-In Sessions could not currently be supported across locality areas. The matter would be revisited in due course'.
Liaise outside the meeting regarding STOMP and people with autism	SE / RS / MH	Complete. Agreed that future Autism Partnership Board consideration of STOMP will be shared with the LDPB.
Share LDPB Direct Payments information.	MH	Ongoing. The APB item on Direct Payments was deferred to a future meeting.
Discuss the service users recording at the LDA Programme Board.	NM	Complete. NM gave a short presentation to last week's LDA Programme Board on the issues raised by our service users group, particularly the access to NHS services. Primary care commissioning representation were there to hear it and it was being fed back to the lead primary care commissioner. Two-way relations between the Boards are being established, which will include updates on actions.
Investigate housing solutions proposed.	AS	Ongoing. AS stated that consideration has been reflected in the Strategy. Further detail within discussions at 30 Nov LDPB.
Find out if CPF self-advocates would meet to discuss the Strategy in a face to face setting.	FH / AS	Ongoing. AS has offered to meet in the new year.
Liaise re engaging the homeless.	AS / DH	Complete. DH connected with CC Homeless Lead.
Investigate payments volunteers could receive without affecting their benefits.	MH / DH	Complete. DH now liaising internally.
JR to provide the PB Team with details of RCHT training day for circulation, once finalised.	JR / PB Team	Ongoing. Update 21/09/21 - Training is still available, only open to RCHT and CFT staff - MH to follow up with JR
AS to provide details of where the employability service advertised job vacancies.	AS / PB Team	Ongoing. MH to circulate information. Awaiting Easy Read version of information. Item on 03/03/22 agenda.
AS to email a briefing note to the PB Team with more info on employability services	AS / PB Team	Ongoing. MH to circulate information. Awaiting Easy Read version of information. Item On 03/03/22 agenda.

Action	Responsible	Status
NM to provide timely updates on the NHS Long Term Plan and associated matters.	NM / PB Team	Ongoing.

Item	What was discussed	Action
1.	Welcome, introductions and apologies	
	<p>MH welcomed everyone and informed that the meeting was being recorded for minute talking purposes. Should there be footage that could be shared beyond the meeting, permission would be requested from the individuals.</p> <p>Apologies received are detailed above.</p> <p>Dr. Debbie Hunter, Consultant Clinical Psychologist and Lead Psychologist for Children's Services, Special Parenting Service, Cornwall Partnership NHS Foundation Trust, would be joining future meetings of the Board to enable links with the Joint Agency Working Group for parents with a Learning disability.</p> <p>MH invited everyone present to introduce themselves.</p>	
2.	Minutes of and actions from the meeting held on 8 June 2021	
	<p>MH ran through the actions as detailed within the minutes of the last meeting. Updated actions are detailed above.</p> <p>Those minutes were confirmed as a true record.</p>	
3.	Updates from members	
	<p><i>Cornwall People First</i></p> <p>MH shared a presentation from Cornwall People First (CPF), as circulated with the agenda, posing questions for service providers.</p> <p><i>Social Worker Drop-in</i></p> <p>'Social workers are really hard to get hold of at the moment. Is there any news on starting up a social worker drop in?'</p> <p>Tina Sanford, Cornwall Council had provided the following update: 'Due to increased pressures affecting operational capacity, Social Worker Drop-In Sessions could not currently be supported across locality areas. The matter would be revisited in due course'. MH suggested CPF could seek further detail from Ann Smith as she was due to join the meeting shortly.</p> <p><i>Day Service Changes</i></p> <p>'We've been out and about more lately talking to self advocates. Some people are telling us they can't go back to the day services they went to before Covid.</p> <p>What provision is being made for them?</p>	

<p>How are they being told? Has there been an impact assessment? What's happening to their personal budget?'</p> <p>AS replied that Cornwall Council were struggling to reopen to pre-Covid levels because of the need to ensure that safety measures are adhered to and also due to recruitment issues. All service users should have had a conversation with Day Services staff in terms of what the current offer was, to check that they were ok and to determine what they could do to return to normal levels if that was what was necessary for the individual. AS stressed that work was ongoing.</p> <p>FH asked if there had been an impact assessment on the reduction of day services. AS said that an updated impact assessment was being worked on and was due to be published as part of the Council's budget proposals. FH then asked who service users could go to, in the absence of Social Workers, to express their dissatisfaction about their days being cut? AS said that the first point of contact should be the Service Manager for that day service. FH asked if there was a telephone number for those unable to email? AS replied that through the day service manager they could request a review meeting with the Council Service Manager. She stressed that the Council had offered as much capacity as they had been able to but they would always look at individual circumstances.</p> <p>MH followed up on a previous request from the LD, Autism and Carers Service Users Group for details of which day services were open and what services they were offering. AS undertook to provide a list.</p> <p><i>Face to Face Meetings</i></p> <p>'What's the plan with meeting face to face again? Some of our members are keen to come along when we meet together face to face again.'</p> <p>MH invited members to give their feelings on restarting face to face meetings, COVID restrictions permitting. FS said that CPF had started up Speak Up groups and had seen the benefits of people being in the same room again. MH said that the core attendees of the LD, Autism and Carers Service Users Group had expressed a preference for meetings to remain online and the general consensus of professional members of the Board seemed to be that online meetings were easier to join as logistical difficulties were removed.</p> <p>However, there was a need to engage with a wider range of service users and currently there was not sufficient support available for people to join online. MH had learned only that week that The Advocacy People (TAP) had been awarded a Cornwall Council contract in March 2020 that included a requirement to work with the Partnership Boards with a view to providing feedback from group Community Advocacy sessions. MH was due to meet with Penny Newman, Team Manager Cornwall, the Isles of Scilly, Plymouth and Torbay, TAP to discuss the work they have been undertaking and their plans for future work within Cornwall, and to seek a commitment for them to participate in service user and Partnership Board meetings. An update would be provided at the next meeting.</p> <p>SW reported that Parent Carers Cornwall were holding coffee mornings and Health & Wellbeing get-togethers but in order for people to be able to attend they were holding them across the county, which would not be feasible for a Board meeting.</p>	<p>AS to provide list.</p> <p>Update on the work of TAP within Cornwall to next meeting.</p> <p>17</p>
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CB cited a lack of advocacy throughout Cornwall over the past two years and emphasised the need for replacements for lost services.

MH added that Healthwatch Cornwall were currently recruiting for an officer to work on the Partnership Boards in an engagement role, enabling for greater interaction and work with members between meetings. Whilst this should enable more direct contact with service users, it was still essential that they were able to represent themselves at Board meetings. FH suggested that the service users group could be trialled in person and MH asked if CPF could also investigate the possibility of a group joining an online meeting with their support. SW felt that it would be feasible for some day centres to link up that way and MH undertook to look into it, including raising the suggestion with TAP. FH emphasised that CPF did not currently have funding to form any groups beyond their Speak Up events. MH said that the Board could look again at funding need once clarity was provided on the work of TAP.

CB cited MENCAP keep fit sessions as an example of an online event can include groups successfully.

Adult Safeguarding

'We've tried to call the Adult Safeguarding Triage Team number on many occasions. The number has never been answered and every emergency mobile number given just rings and rings.'

*Who do we contact in a crisis?
How do we speak to someone in an emergency?'*

MH had received a response from James Sawford, Adult Safeguarding Service Manager (interim):

'For professional the contact number is 01872 326433. During the pandemic the operating procedure for this number had changed - The caller was prompted to leave a message and the duty worker would contact them back in the same working day (dependent on time of call being received). This process has recently changed and call are now being picked up from this number, unless the duty worker is busy, then the caller is prompted to leave a message and the duty worker will return their call.'

If your partners have any issues or difficulties, please do ask them to approach Toby as the Triage manager (toby.mackness@cornwall.gov.uk).

For members of the public, the contact number is 0300 1234 105

I can confirm that the safeguarding service has not issued emergency mobile numbers. We have retained the number issued throughout the pandemic and for a number of years prior to this. Any mobile number purportedly issued, is not a number for the triage team. Could you advised your members not to call numbers previously issued, but to call the 01872 326433 number instead.

I can also confirm that the line has been resourced the same, but the process of the council receiving calls since working from home, changed a few weeks post the first "Lock Down". A new process, whereby calls are now received directly by the duty worker, were implemented last week.'

FH said that she had called around three weeks ago and the answerphone

<p>message had again provided emergency mobile numbers. MH undertook to continue to follow the matter up.</p> <p>CB said that the same conversations were being held years ago and that it was unbelievable that they were continuing so long after the Steven Hoskin enquiry. Such processes should be simple. CB and FH requested that a Cornwall Council Safeguarding officer should be invited to clarify offers and processes.</p> <p>NHS Kernow</p> <p>MH provided an update from Nory Menneer. As detailed in the actions table, he had given a short presentation to last week’s LDA Programme Board on the issues raised by the LD, Autism and Carers Service Users Group, particularly the access to NHS services. Primary care commissioning representation were there to hear it and it was being fed back.</p> <p>Work was being undertaken with primary care to use £13K of resource allocated by NHS England to provide a “learning disability clinical champion” within primary care, which was likely to be a GP with an interest. The Board would be updated in due course.</p> <p>Parent Carers Cornwall</p> <p>SW reported that PCC had been doing their utmost to meet face to face with parent carers, holding regular coffee mornings, information days, activity days and Saturday events for children and families, providing relief from the isolation that many have felt throughout COVID. Wellbeing events in which people are taught about relaxation and how to manage their anxieties, including through hypnotherapy, had been really good.</p> <p>A concern for many families currently home teaching, from the following day Cornwall Council were opening consultation on the future of Cornwall Outdoors Service, incorporating outdoor education centres. Those centres were primarily used by schools but also by youth groups and local families during summer holidays and outside of peak times. Everyone understood the financial challenges facing the Council and they did not have any statutory obligation to provide outdoor learning. The consultation, closing 9 January 2022, was looking at opportunities for revised business models and SW implored everyone to participate via Let's Talk Cornwall, adding that almost all parent carers had used the service at one time or another and losing it would affect health, mental health, obesity levels and opportunities to meet and bond with peers.</p> <p>Health Works for Cornwall Programme</p> <p>TM reported that Health Works for Cornwall were as far as possible trying to meet with participants face to face. One of the criteria for the programme was to ensure that paperwork was always signed but even that was dependent on COVID regulations so it was possible that virtual meetings could resume.</p> <p>Primary Care</p> <p>AB had met with CB to discuss access to his GP. CB reported that details of LD Liaison Nurses were now clearly visible at his surgery, which was very positive. There was also the potential for Oliver McGowan training for staff at the surgery.</p>	<p>MH to liaise with James Sawford & Toby Mackness.</p> <p>19</p>
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<p>CB had also registered to join his local Patient Participation Group (PPG). AB added that each GP Practice in the county had a PPG that held meetings, some virtual and some face to face, which were really good places to go to express any information that people had about the practice. If you wanted to influence change, they are the meetings at which your voice would be heard. Visit the individual practice websites for more details.</p> <p>CB suggested that it could be beneficial to form a working party together in order to gain an overview of the various different training that was being rolled out and to ensure that individuals weren't being overloaded with similar forms of training.</p> <p>Following a question from CB, AB said that although not all staff would be familiar with all speech apps, the use of such an app could be beneficial. MH said that there was a Speech and Language Therapist on the Board but was not a regular attendee. SE said that person had changed roles but he could put it out to the team for a new representative. MH would liaise with SE.</p> <p>Adult Learning Disability Service</p> <p>SE reported that business as usual had resumed with face to face appointments being held, subject to Covid guidance. People could request specialist support referrals through their GP. Much work was being undertaken with Social Care colleagues. Work was also being undertaken with AB's team to get people with LD flagged onto the Rio electronic patient records for community health providers. This would help teams across CPFT to make the adjustments that individuals with LD needed and enable sight of which services people were accessing.</p> <p>Following a request from the service users group to receive an update on the STOMP programme, it was agreed that the Board receive updates as and when they presented to the Autism Partnership Board.</p> <p>RS added that the team worked largely with patients with higher end needs. The key upcoming issue was the changes to the Mental Health Act. Previously, Section 3 could be used for cases where there was no mental illness but there was seriously irresponsible behaviour and dangerous conduct. Rightly, that section was being removed. However, there were around 2000 people across the UK that were in hospital under Section 3 and the best means to support them in returning to the communities. Although there were only a couple of people in Cornwall that this affected, it would be a focus for Commissioners, Social Care and CFT as they would need to develop contingency planning to ensure that people that end up in hospital could be successfully sustain them within county.</p> <p>CHAMPs</p> <p>The team were continuing with business as usual, with face to face meetings. Drop-in sessions had started that week and were being held in Penzance, Camborne and Newquay. Walks were being held in Hayle, Camborne, Truro and Newquay and people were being encouraged to join them. Similar walks by led by colleagues in Liskeard, Launceston and Penzance were being managed by colleagues in other teams.</p> <p>Very successful homeless engagement was also taking place which had seen contact with people with learning disabilities. The engagement was not</p>	<p>MH liaise with SE re new Board reps for LDPB & APB.</p> <p>Ensure that future APB consideration of STOMP is circulated to the LDPB</p> <p>20</p>
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	<p>focussed upon housing but health checks, conversation, advice and signposting. A Housing Officer was in attendance to provide advice though.</p> <p>A number of members said that they no longer received the What's On newsletter or email alerts from the CHAMPs. MP would take the matter up with Shelagh Mitchell.</p> <p><i>Cornwall Partners in Care</i></p> <p>CG reported that, as with other sections of the sector, they were experiencing difficulty in recruiting. This was leading to quite a lot of package hand-backs as they did not have the staff to be able to continue with all packages.</p> <p>The reality facing much of the sector was that funds were not available to compete with cleaning, supermarket or agency jobs. Business plans were being reassessed to evaluate the packages that could continue and the possibility of swapping packages.</p> <p><i>Devon and Cornwall Police Diverse Communities Team</i></p> <p>FL said that they had been suffering the same difficulties as everyone else in holding and joining community engagement event in light of ever changing Covid restrictions.</p> <p>Work continued with the Autism Alert card. Cornwall had been without an Autism Alert card or some time so FL had been trying to reach Devon Link-Up with a view to developing one. AB said that the Accessible Information Standards meeting had discussed doing that some years ago and would look back at how that progressed if that would help.</p> <p>CB asked if the Diverse Communities Team worked with the British Transport Police. FL said that they did but admitted that it was not frequent due to the lack of capacity of both teams. However, the Neighbourhood Teams linked up with them more often, usually for community events and projects. FL thanked CB for raising the point and undertook to take it forward.</p>	
<p>4.</p>	<p>Feedback from the 23 November 2021 Learning Disability, Autism and Carers Service Users Event</p>	
	<p>MH fed back that the group had Jane Rees, Manager of The Learning Disability and Autism Team, RCHT Safeguarding had provided the group with an updated draft hospital passport for comment. Having considered an earlier version and submitted comments upon it, members were content with the changes. However, the document was now five pages, which was quite long for an easy read publication. Jane would be feeding that back.</p> <p>Ann Smith, Head of Commissioning for LD, Autism and Mental Health, Cornwall Council had been scheduled to present the Better Lives Strategy, incorporating Autism and learning disability, but had been unable to attend. VA had stepped in to present but no comments were received from attendees. It was suggested that could be because the communication did not cater for the needs of service users and that further engagement should utilise more accessible means of communication.</p> <p>The meeting had not been very well attended and feedback from partners suggested that support was not available for self-advocates to attend. The</p>	

	<p>current intention for the group was for a meeting to be held in early 2022 but if attendance was low again it could be necessary to focus upon other means of engaging with service users between Board meetings. MH was due to meet with The Advocacy People in the new year in order to discuss their plans to empower service users to become self-advocates.</p>	
<p>5.</p>	<p>Adult Social Care Commissioning Strategy for 2022-2026</p>	
	<p>Ann Smith, Head of Commissioning for LD, Autism and Mental Health, Cornwall Council presented two new adult social care strategies: Maximising Independence and Better Lives, which would form the Adult Social Care Commissioning Strategy for 2022-2026.</p> <p>A video and presentation explaining the background to the new Strategies was shared.</p> <p>The Strategies were aimed at enabling people to receive the care they needed as close to home as possible and to give everyone access to the right care in the right place at the right time, giving them the opportunity to live as independently as possible.</p> <p>The Maximising Independence Strategy incorporated older people, physical disability and sensory loss.</p> <p>Previous feedback received from the Board had been reflected in the Better Lives Strategy, which focused upon people of working age with Autism, learning disabilities and mental health concerns.</p> <p>All the documents supporting the Strategies, including engagement activities, were available to view on the Let's Talk Cornwall portal.</p> <p>The main intention behind the Strategies was to deliver better care. The commissioned services would be based on supply and demand data and financial modelling. They would learn from best practice and carry out performance comparisons between local and national services. The commissioners were keen to work in conjunction with the Partnership Boards, partners, networks etc, to redesign services for local communities.</p> <p>There were six main workstreams within the Better Lives Strategy that would align with national strategy, aiming to maximise choice and control and determine the Council's priorities.</p> <p>Choice and Control focused on ensuring that information and advice was accessible, including enabling self-advocacy through digital means. It also included developing markets to support self-directed care.</p> <p>Health and Wellbeing was at the forefront of everything and how an offer of care would co-designed, making sure that people were looked after in safe, vibrant communities.</p> <p>The Employment workstream was aimed at creating meaningful employment opportunities for people.</p> <p>Accommodation with Care was about developing safe independent supported living accommodation within the community.</p>	

<p>Staying Safe and Managing Risk was about how to positively manage risk without people feeling unsafe.</p> <p>Preparing for Adulthood focused on working with Together for Families to look at what was right for young people, 16+, so that they did not have to worry about turning 18 and the transition from children’s services to adults.</p> <p>AS said that she hoped to come back to the Board in the new year to discuss how to start to developing the intentions for new services together.</p> <p>CB spoke of the aim to help people to purchase their own homes. He had tried to buy a property seven years previous but despite having the deposit he was told that he could not purchase it as he did not claim the necessary benefits. AS responded by breaking the matter down into two issues. The Council recognised that buying a property had not been achievable for a lot of people so they were working with an organisation who would help them to improve the situation and would also work with people with learning disabilities to understand what they needed to do and what they needed to have in place in order for the Council to help them to buy a home. In terms of the housing market in Cornwall, it was under an immense amount of pressure and that was affecting many different groups but it was right that people with learning disabilities should be supported to have equal access to housing options.</p> <p>FH asked how people with learning disabilities would be engaged in drawing up detailed action plans and how Cornwall People First could be involved. AS assured the Board that no action plans had been developed yet. She would like to use existing service user groups and the Partnership Boards to form small focus groups to look at specific issues, ie. housing, and develop realistic, achievable plans. She hoped to be able to have face to face groups, Covid permitting.</p> <p>FH asked about changes to day services, citing an example of a man whose service had been cut from four days a week to one day, which had lead to him spending a great deal of money in coffee shops. Where had his personal budget gone? PA support would be of great benefit to him. What measures were in place for people in that transitional period? AS replied the Council were currently looking at people who needed a review because their circumstances had changed or because the services they previously received could no longer be offered. They were writing to service users to inform them that they had not been able to reopen day services due to staffing shortages and recruitment issues. Each individual should be offered a review and if they held a personal budget there should be a conversation about how they could use their funds differently. AS offered to speak with the individual that FH referred to.</p> <p>SW expressed concern that day services had not reopened and feared that the phrase ‘estate transformation’ could mean that some would never reopen and that the buildings would be sold off as not fit for purpose. She wondered if there would be a re-energising of the market to encourage private providers, giving them support to start up. There were some wonderful private facilities but more were needed. Would there be offers to help new groups to set up? AS agreed that some of the buildings used for in-house services were old and not fit for purpose and some of the services offered were not well attended anymore. The Council were committed to having a building space offer for people with complex needs. They were currently mapping all existing external service offers in all areas, both funded by the Council and not, in order to start conversations to determine capacity. For example, if an independent</p>	<p>23</p>
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	<p>provider on a farm setting was currently serving four people, it could be that the Council could help them to provide for a larger number.</p> <p>SW asked for more information on Individual Service Funds (ISF). AS said that they had been explored for some time and the fundamental difference with Direct Payments (DP) was the opportunity for people to discuss with providers how best to utilise their money to meet their outcomes and individual needs. The Council would be more flexible and less prescriptive about how monies could be used. AS acknowledged that there were differences between the Children’s DP Policy and the Adult DP Policy and was hoping that ISFs would help to resolve that. SW agreed that there needed to be more flexibility and better transition to ease the constraints that people currently faced.</p> <p>SI thanked AS for the comprehensive literature provided and said that it highlighted the importance of prioritising people with greater learning disabilities and complex needs, as well as encouraging higher level individuals into supporting and encouraging people into volunteering and employment. Her concern was for those individuals that fell in between those levels of need. AS reassured that appropriate support would be provided for all.</p> <p>FS asked what was happening to unspent personal budgets through the transition stage. AS said that was a fundamental issue that she had met with Parent Carers Cornwall and others about. The DP Policy clearly stated that if there were underspent funds the Council would seek to reclaim them. She thought that the way they had been doing that and the correspondence sent out had not been person-centred and individual circumstances had not been considered. They were revising the correspondence and working with the DP team to train them to understand the reasons why funds were underspent. For example, it could be that an individual had been isolated throughout Covid so although the funds had not yet been spent, they were still required to support that person to reintegrate into the community. However, the Council would look to recoup genuine underspends. SW stressed the importance of using the correct language to help carers to understand that they were not losing those funds and to see that other families in similar positions would benefit from those funds being returned. CB acknowledged that personal budgets were for specific purposes but emphasised the poverty levels in Cornwall and how returning budgets could affect people. He sought assurances that Cornwall Council would not be heavy handed with people that could not afford to pay money back. AS replied that there would be individual discussions about how much money was left, what it was being used for and ongoing needs. From there they would determine how much the Council would seek to claim back.</p>	
<p>6.</p>	<p>Any Other Business</p>	
	<p>MH asked if there were any objections to 2022 meetings being held on Thursdays rather than Tuesdays. AB and SE asked that the third Thursday of every month be avoided as CFT management meetings were held then.</p> <p>CB highlighted that an England civil society shadow report was being produced for submission as evidence to the UN Disability Committee on what had happened in the UK since the last examination of the Government under the Convention of the Rights of Disabled People. CB had made a submission, part of which was artwork that stated, ‘Stop tolerating neglect’.</p>	

7.	Future meetings	
	<p>Next scheduled meetings (all 10am to 12pm on a Thursday and held via Teams until further notice):</p> <ul style="list-style-type: none">• 3 March• 26 May• 8 September• 3 November	



1

Advocacy Training

Penny Newman
Manager for Cornwall & Isles of Scilly, Plymouth and Torbay



2

What do we do?

We support people who lack capacity to make a decision or have substantial difficulty to have their voice heard when decisions are being made about their lives such as:

- Moving home
- Moving into a care or nursing home
- When having serious medical treatment
- When you need a care needs assessment & support through the process
- Safeguarding



3

Community Advocacy

Under our Community Advocacy service we can support you with:

- Accessing services such as Social Care
- Finding a solicitor
- Accessing housing services
- Accessing financial support



4

Community Advocacy

- Through this service we will help and support you to 'self advocate' to get what you need.
- Supporting you to gain confidence to manage without or with minimal support
- We can also provide training sessions for groups of people to learn advocacy skills
- We are setting up Peer Support Groups across Cornwall



5

Advocacy Training

These sessions will be arranged throughout Cornwall either in person or through Microsoft teams

They will be run by two qualified advocates

The sessions will be for anyone who has an interest in advocacy support such as carers, service users, family members, friends and professionals



6

Advocacy

What does an advocate do?

Talk to you about your issue to find out how they can help

They can provide you with information about your issue

They will discuss the different outcomes possible

They will Support you to make a decision and do what needs to be done



7

Advocacy

What an advocate won't do:

- They will not tell you what you should do or make decisions for you
- They will not make judgements about you
- They will not do anything for you unless you ask them to



8

Advocacy Training

How do you get invited to a training session?

Please contact:

Claire.menear@theadvocacypeople.org.uk

Or

Samantha.Mokarram@theadvocacypeople.org.uk



9

Thank you



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