

Carers Partnership Board
2 pm, Thursday, 12th May 2022 via Teams:
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Agenda

	Item	Lead
1	Teams Guidance and Meeting Etiquette (Page 2)	Chair
2	Introductions and Apologies	Chair
3	Actions from Previous Meetings	Chair
4	Minutes of the Meeting Held on 10 th February 2022 (Pages 3-30)	Chair
5	Matters Arising	Chair
6	Update from Healthwatch Cornwall (pages 31-34)	Natalie Swann, Healthwatch Cornwall
7	Update on the Informal Carers Support Service (pages 35-37)	Jayne Price, CRCC
8	NHSE/I Commitment to Carers Programme	Charlotte Harris, NHS England and NHS Improvement – South West
9	Update from Adult Social Care Commissioning	Ania Nicholls, Cornwall Council
10	Parent Carers Cornwall Update (pages 38-39)	Sandra Ward
11	Any Other Business	All
12	2022 Meetings (both Thursday, 2pm, via Microsoft Teams): 11 August & 27 October	Chair

Teams 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 temporarily leave the meeting, please turn off your audio and camera.

Presentations will be shared on the screen.

Meeting Etiquette

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.

MEETING NOTES:	Carers Partnership Board
DATE:	10 February 2022
LOCATION:	Via Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Sandra Ward (SW) (Chair)	Director	Parent Carers Cornwall
John Bastin (JB) (Co-Chair)	Cornwall Councillor and Chairman of Health and Adult Social Care Overview and Scrutiny Committee	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Tanya Falaschi	Partnership Boards Officer	Healthwatch Cornwall
Helen Newton (HN)	Administration Officer	Healthwatch Cornwall
Amanda Wilton (AW)	The Patient Council & Carer	University Hospitals Plymouth NHS Trust
Ania Nicholls (AN)	Commissioning Officer, Adult Carers	Cornwall Council
Ann Smith (AS)	Head of Commissioning for LD, Autism and Mental Health	Cornwall Council
Caroline Ellis (CE)	Admiral Nurse Clinical Lead	RCHT
Charlotte Harris (CH)	Regional Carers Leadership Support Manager	NHSE&I
Claire Jukes (CJ)	Patient Services Manager and Carers Lead	Plymouth NHS Trust
Claire Martin (CM)	Deputy Chief Nurse	NHS Kernow
Deborah Came (DC)	Healthwatch Cornwall Director and Carer	Healthwatch Cornwall
Gwynned Williams (GW)	Research Fellow	Falmouth University
Holly Kiernan (HK)	Patient Experience Manager	RCHT
Jayne Price (JP)	Contract Lead for The Carers Service	CRCC
Joanna Dobson (JD)	Patient Engagement Manager (from 7/3/22)	RCHT
Jo Lovell (JL)	Carer	
Kirsty Dexter (KD)	Co-ordinator	Cornwall Memory Café Network
Lynda Berry (LB)	Carer	Helston Carers Forum
Melanie Howes (MeH)	Dementia Friends Champion and Ex-Carer	Dementia Friends
Natalie Swann (NS)	Research Manager	Healthwatch Cornwall
Nick Cook (NC)	Assistant Director	Barnardo's
Nigel Cox (NCo)		Kernow Young Carers
Pauline Hardinges	Ex-Carer	Liskeard Memory Café
Sally Mollard (SM)	Ex Carer	Liskeard Memory Café
Serena Collins (SC)	Commissioning Manager	Young Adult Carers
Tim Mumford (TM)	Interim Head of Service for Hospitals	Cornwall Council

Wendy Gauntlett (WG)	Carer	Penzance Carers Group, Penzance Carers Forum and Adult Safeguarding Board
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APOLOGIES

Name	Position	Organisation
Alison Bartlett	Social Director	CPFT
Andy Fox	Carers Lead, Cornwall Foundation Trust	CPFT
Bernie DeLord	Director	Promas Caring for People CIC
Bryony Quick	Quality Improvement Officer	NHSE/I
Carly Ellicott	Service Coordinator (Project Worker)	Barnardo's
Gordon Lancaster	Carer & Treasurer	Liskeard Memory Cafe
Jason Creed		DWP
Jenny Tarvit	Director	Promas Caring for People CIC
Kim O'Keefe	Director of nursing and allied health professionals	Cornwall Partnership NHS Foundation Trust
Liz Pagett	Ex-Carer	
Michaela Brewer	Patient Engagement Manager	RCHT
Neil Lindsay	Ex-Carer	Wadebridge Carers Forum and Trust Carers Committee
Nikki Taylor	Programme Manager	South West Academic Health Science Network
Penni Chartress	Director	Promas Caring for People CIC
Sgt Flo Linscott	Diverse Communities Team Lead (Cornwall)	Devon & Cornwall Police
Stacey Sleeman		Cornwall Council
Susan Butterfield	Carer	
Tess Dean	Senior Administrator	Barnardo's
Theresa Court	Advice Services Manager	DisAbility Cornwall
Zoe Cooper		RCHT

ACTION LOG

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
10/02/22	Amend minutes of previous meeting.	MH/TF	Complete.
10/02/22	Email details of carer support workers by area to WG.	JP	Incomplete.
10/02/22	Prepare template letter for carers re GP coding.	CH	Incomplete.
10/02/22	Discussion outside of meeting re measures to support carer wellbeing surgeries in GPs.	JP / CH	Incomplete.
10/02/22	Provide information on Morley Tamblyn staff numbers and vacancies to AW.	AS	Incomplete
11/11/21	Discuss promotion of the Carers Passport with MB.	JP	Ongoing. Update from Holly Kiernan, Patient Experience Manager, 10/02/22: Signed off by CFT and RCHT and now with the design and publications team for finalisation. Available to share soon.
11/11/21	Share details of carers passports and emergency cards with WG for distribution to those without digital access.	JP	Complete. Agreed that the best route would be via the advisor team. The team give all carers information about the emergency card and passport and carers register and complete the application with them. There isn't a dedicated

			leaflet for the emergency card but detail and information about the provision can be provided via the advisor team.
11/11/21	Liaise with the advice line and website team regarding engagement opportunities.	JP	Complete. The carer feedback survey will be launched Feb/March. Each engagement event will be detailed and live on the website.
11/11/21	Share information on how to sign up for the newsletter.	JP	Complete. All carers coming through the advice line are asked about the newsletter and invited to sign up.
11/11/21	Meet with Carers Forum reps.	MH	Incomplete. A meeting with Forum reps, to discuss reporting lines to and from the CPB, will be held once clarification of their future structure is confirmed.
11/11/21	Representative from Age UK requested to attend the next meeting	JP	Ongoing. Age UK confirmed attendance at the 10/02/22 meeting but did not join. Update 13/04/22 – Age UK declined invite for 12/05/22 meeting.
11/11/21	NC to provide Parent Carers Cornwall with a statement to be shared re the new contract and eligibility.	NC	Incomplete.
11/11/21	JP to share more information on the new service and comms with the Parent Carer Council.	JP	Complete. JP met with KH, shared the slides for the service, CE has also been in contact with KH to share information on young carers. JP has offered to join further meetings to discuss the service and the support available. Attendance set for the 8 March.

11/11/21	Share new strategies at earliest opportunity.	AN	Complete. Delivering Better Care update received at 10/02/22 meeting.
11/11/21	Share details of Carer Experience of Hospital Discharge Project.	MH	Complete. Circulated following November 2021 meeting.
11/11/21	Circulate new carers and assessment figures, Trust Carers Group update, at earliest opportunity.	MH	Ongoing. Reports circulated as received until a CPFT Carers Lead is appointed and attends CPB meetings.
11/11/21	Falmouth University Research Project update to next meeting.	GW	Ongoing. Update received at 10/02/22 meeting.
11/11/21 19/08/21 13/05/21 11/02/21	CH to investigate. BQ to investigate. Revisit when AM replacement is in post. Could summary care notes could be shared with out of county hospitals too, especially Derriford. Investigate and email MH/NK for circulation.	CH	Complete. An update has been provided and will be relayed at 10 February 2022 meeting.
11/11/21 19/08/21	Ensure that the Board receives updates on the Identifying Carers Needs Project.	AN	Ongoing. Project currently on hold.
19/08/21	Update on the work currently being undertaken at Derriford for carers.	CJ	Complete. Update received at 10/02/22 meeting.

07/11/19	Request proposals for suitable alternative venues for CPB meetings.	MH	Deferred due to Covid-19 restrictions.
01/08/19	Board members to email suggestions for alternative meeting places to: partnershipboards@healthwatchcornwall.co.uk		

	Item	Action
1	Teams Guidance and Meeting Etiquette	
	SW reminded attendees of meeting etiquette, as detailed in the agenda and use of the chat function.	
2	Actions from Previous Meetings	
	<p>The carers passport had been signed off by CFT and RCHT and was now with the design and publications team for finalisation. It would be available to share soon.</p> <p>The Partnership Boards team would arrange a meeting with Carers Forum reps once the structure of the Forums had been agreed.</p> <p>As with previous meetings, a representative from Age UK had again been requested to attend to present an update on their work in relation to the Informal Carers Service but there had been no response. It was stressed that by the next meeting of the Board it would be a year since the start of the service and Age UK were the only provider that had yet to attend.</p> <p>SW had previously expressed concern about communication from Barnardo's and had requested that NCo provide a statement on the new contract and eligibility. He would do so under the Informal Carers Service agenda item.</p> <p>The appointment of a CPFT Carers Lead was still awaited.</p> <p>The Carers Needs project was still on hold.</p>	
4	Minutes of the Meeting on 11 November 2021	
	<p>The minutes of the previous meeting were confirmed as a true record subject to two typographical corrections on page 10:</p> <p>The sentence, 'SW added that since the launch of the new Carers Service, Parent Carers Cornwall were no longer qualifying for the support they previously received...' should have read 'SW added that since the launch of the new Carers Service, parent carers were no longer qualifying for the support they previously received...'.</p>	Partnership Boards team to update minutes of last meeting.

	The action 'JP to share more information with the Parent Carer Council' should have read 'JP to share more information with the Parent Carers Cornwall'.	
5	Adults Social Care Critical Incident	Cornwall Council
	<p>TM updated the meeting on the recent announcement of a critical incident for adult social care in Cornwall.</p> <p>There had been significant difficulties in maintaining targets in the Emergency Department at Treliske and ambulance response times had been seriously impacted. Patients had been waiting in the Emergency Department for much longer than the target 4 hours and people had been waiting in ambulances before they could be admitted.</p> <p>A critical incident was declared in November 2021, reflecting the Trust's inability to achieve key targets. The situation continued to deteriorate and at the beginning of January 2022 the situation became even more extreme, affecting the ability to respond to the needs of patients in hospital requiring a safe and supported discharge.</p> <p>As a result, Adult Social Care identified several actions to help increase and support the number of discharges to improve flow through the hospital. A target was set to support an additional 100 discharges.</p> <p>The 7 actions identified were:</p> <ul style="list-style-type: none"> • Deployment of social workers to hospitals; • Optimisation of care packages in the community; • Increasing brokerage capacity; • Use of vacant capacity in care homes; • Bed matching – shortening the time between somebody requiring a bed and a bed being identified; • Temporary use of learning disability respite units; • Resolved information governance issues with Disability Cornwall to enable them to support people leaving hospital. <p>That had resulted in 124 patients being discharged otherwise may not have been.</p> <p>The critical incident remained and the focus was now on how to identify when measures could be eased.</p>	

	<p>SW expressed concern about the impact on respite care for those with learning disabilities, stating that it was causing concern for families. TM stressed that the priority had been to manage the level of risk around people waiting for ambulances and being admitted to hospital. He appreciated that for some not having respite care may result in admissions.</p> <p>CM reinforced that it was a no-win situation. There were issues for everyone and everybody had been working incredibly hard to resolve them.</p> <p>TM added that the work the Council had been doing in talking to individuals and care providers had delivered a further 40 additional packages of care. Most of the care reductions had been released on a permanent basis through discussion and mutual agreement with the service user. Reductions had not been forced on anyone. SW acknowledged that a lot of people would be reassured by that.</p> <p>JP said that from feedback she had received it felt like there was a move into a new space whereby carer support was being thought about in a new way in terms of understanding personal experiences and working together to provide appropriate support.</p> <p>TM added that Disability Cornwall had been fantastic in helping to achieve the changes. It was now going to be essential to look at how to move from the traditional domiciliary care market to smaller micro providers whilst also addressing the historic deficits in some areas of Cornwall.</p>	
6	Carers Work at Derriford	Claire Jukes
	<p>A new Carers icon had been introduced to the inpatient stay information system which helped to identify people with a carer in place. The system was now being used across the hospital.</p> <p>A hospital carers support service had also been set up, with support workers in place since December. It was initially a 12 month trial which started at the Royal Devon and Exeter hospital and had been rolled out further. 1/3 of patients at Derriford were from Cornwall and there was now 5-day cover across the hospital.</p>	

<p>Care support workers were part of the team, wearing uniforms, liaising closely with staff and having access to hospital systems. They also took part in MDT meetings and ward rounds and there was a referral mailbox so staff could refer into the service. Feedback from families had been extremely positive and a carers support worker was currently being recruited for Cornwall.</p> <p>A Ward Accreditation scheme had also been Introduced with 5 'quality markers' for assessing wards. It had been trialled on CDU and targets were very close to being achieved. The scheme would be rolled out across the hospital and annual reassessments would be undertaken.</p> <p>CM had recently taken part in a 5-day workshop about supporting carers of patients. One outcome was to improve the environment of the lounge area in CDU. An application had been submitted to the charitable funds group.</p> <p>A volunteer had been introduced in CDU to support patients and carers awaiting a mental health assessment. Funding had also been made available to offer patient toiletry packs, especially for those being admitted to hospital without sanitary products etc. That was a new and innovative role in terms of volunteering and there were now 18 volunteers on the rota who were transforming the whole ward area and the thinking around support for carers.</p> <p>AW advised that she had attended the Patient Council to discuss the lack of an Admiral Nurse in Plymouth and the desire to provide support for carers of people with dementia. Work was underway with 2 Admiral Nurses to support patients with dementia and complex needs. The Admiral Nurse roles were put out to advert in January and the appointees would be starting imminently.</p> <p>CM noted that the teams were now embedded as part of the clinical setting and more and more enquiries for carers packs and passports were being received as the service developed.</p> <p>AW added that there were themes coming from national work relating to talking to carers about contingency plans for when things went wrong. She wondered whether that could be added to the carer packs, along with risk assessments of the carers to ensure their own safety.</p> <p>JP advised that there had been a consistent approach to the way the new Informal Carers Service supported each individual and</p>	
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	<p>carer that they worked with. A lot of time had been spent looking at how the different services would work together. She thought there may be an opportunity to collaborate and share information about what they do.</p> <p>HK asked what the recruitment process had been for volunteers, whether there was a specific role description that they were recruited to or whether a pool of volunteers was used. CJ advised that a specific task descriptor had been used to ensure that the volunteers were the right people, with structured questions being used at interview. There had originally been an approach for psychology students who were keen to get involved. CJ would share more information on the process with HK.</p> <p>CE expressed her delight at hearing about the recruitment of 2 Admiral Nurses. She was also very interested to know how communication had been improved with families as part of the Ward accreditation. Feedback she had received indicated that communication could be hit and miss. CJ replied that they had used patient stories, which had made a significant impact on staff. The pilot ward had two carer support workers assigned to the ward and had undertaken bespoke training with the department. Being able to demonstrate value was key. There was an evaluation, as part of the ward accreditation framework, that would identify any changes that needed to be made. She hoped that once one section had it, others would want it too. Training had been key and having a dedicated person had helped.</p> <p>NS added that Healthwatch Cornwall had been having conversations with family members and carers and communication was a strong theme in the feedback received. There was a lot that needed to be done to understand how communication could be improved. CJ agreed, stating that the challenges around communication should not be underestimated. The volunteers had 32 iPads which could be used to facilitate a Zoom 'visit', enabling families to see their loved ones in hospital when a face to face visit may not be possible.</p>	
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7	Update from Healthwatch Cornwall	Natalie Swann
	NS presented an overview of feedback received by HC over the previous 12 months. A quarterly update would be presented to the Board at future meetings.	

	<p>Feedback was coded based on Healthwatch England taxonomy and as, due to Covid restrictions, HC had not been running the usual engagement programme of outreach events where they would receive a greater balance of feedback, most feedback received over the last 12 months had been negative.</p> <p>Feedback had been received by phone or online with the majority relating to Adult Social Care, hospitals, a small amount about GP practices and some about ambulance services. The biggest issues seemed to be around communication, which could be due to changes in services or care providers.</p> <p>HC was planning to undertake some research with carers of people living with dementia and memory loss. A survey was due to be launched in early March and the Board was invited to let the team know of anyone who may be interested in reviewing the survey questions. There would also be other opportunities to take part in interviews, for both staff and carers.</p> <p>HC was also planning a project working with Cornwall Council to look at how the pandemic had impacted people's lives and wellbeing and were keen to speak with people about their experiences. There would be focus groups and surveys. MH would share contact details of the officer leading the work for anyone who was anyone is interested in taking part.</p> <p>PH advised that the Memory Café was opening on 4 March and she would be happy to share details of the survey with her members.</p> <p>NS added that she had been working with Board members of the Memory Café who were very supportive. She would also be keen to speak with JP.</p> <p>There would also be the opportunity for people without internet access to take part in the surveys by phone.</p>	
8	Update on the Informal Carers Support Service	Jayne Price, CRCC
	<p>There were no comments on the update report circulated with the agenda.</p> <p>The Carers Service had been invited to submit a bid for resource around hospital support to ensure the carers role could be</p>	

<p>sustainable, to support hospital discharge and to reduce the incidences of admission/readmission.</p> <p>It was a short-term piece of work that was working to foster strong relationships between the voluntary sector, NHS and social care provision so that there was a joined-up way of working to expedite a safe discharge with appropriate support.</p> <p>SW and JB had attended a meeting about the emergency and out of hours service which identified there was not much known about what support is available out of hours. JP advised that the commissioned service provided support 9 am to 5 pm and two evenings a week with flexibility and review as required. The out of hours service supported social care emergencies. The duty social worker would respond to any calls and signpost the caller to appropriate support. The service was extremely helpful and friendly and a helpful resource in what was likely to be a stressful situation.</p> <p>CH added that the working group would meet again in 3 months to see if there was a way to improve the out of hours support to carers.</p> <p>SW pointed out that some of the information and support available through social media, for those that can access it, was good.</p> <p>SW asked how the decision was made about who carries out Carers Assessments. Carers could be very anxious about the technicalities of how the assessment would be carried out.</p> <p>JP advised that the Service was trying to reduce the number of statutory assessments being carried out. They aimed to address the carer need, undertaking a holistic assessment and create personalised support. In terms of who carried out the assessment, an appropriate member of the service would be assigned. If Cornwall Council thought it be more appropriate for the Carers Service to carry out an assessment than themselves they could make a referral. It was important to understand that there was a statutory obligation to provide an assessment that was accessible to the individual. If an assessment was identified as necessary, the Carers Service would work with the Council to ask whether it was appropriate for them to complete the assessment.</p> <p>SW added that she in August she had requested an assessment</p>	
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	<p>but it had got lost. She wondered whether that was happening for other carers. JP suggested that there had been many changes to process through the pandemic and it could depend on what route into the service had been followed. A piece of work was being carried out during April and May to ensure that people did not get lost in the system. A workshop with stakeholders was planned to talk about any ideas and thoughts they might have that could help to address the bottleneck. Stakeholders would be invited to share their experiences to help identify how the system could be improved.</p> <p>WG added that she was no longer aware of who the carer support workers were. JP agreed to send an email with more information.</p> <p>Promas were unable to attend the meeting but had submitted a written report which was noted.</p> <p>NC updated that Barnardo's were on the verge of having a full team. Christmas parties that had been cancelled due to Covid would now become Easter parties. Residentials were booked throughout half term for young carers and on 16 March Young Carers Day would be used to launch an online sibling carers group.</p> <p>There was no update from Age UK.</p>	<p>JP to email details of carer support workers by area</p>
9	NHSE&I Commitment to Carers Programme	Charlotte Harris – NHSE&I South West
	<p>CH thanked NC for his help in promoting the NHSE&I Young Carers Health Programme to young carers in Cornwall. A young carer from Cornwall had now been recruited to the programme.</p> <p>The programme was established in 2015 to support improved health literacy, promote health and wellbeing and develop the capacity of young carers to participate in the development of young carer friendly services. It aimed to support service change through young carer voices. There were only 24 places available on the programme.</p> <p>The next Commitment to Carers bi-monthly lunch and learn webinar was taking place on 23 March from 1.30 pm. CH would forward details to anyone who would like them.</p>	

	<p>One of the NHS long term plan objectives related to supporting carers and the national team had ongoing work relating to primary care quality markers.</p> <p>A key part of the work in identifying carers was to give them a code when they visited their GP so they could be clearly identified as a carer. They were then added to a register of carers, enabling appropriate signposting. GP's routinely used coding and there were currently 80 codes available that related to carers. The high number was because once a new code was created it was not possible to remove it.</p> <p>The national team had developed guidance with six codes recommended to be used for carers of all ages. The guidance and communications campaign would be launched at the end of March 2022.</p> <p>There had been a request to understand the codes that were currently being used, the impact of changing the codes and to identify Primary Care Networks that were happy to take part in a case study to identify unpaid carers and provide case studies for contingency planning. Also to consider including the ambulance service in this and to identify GPs willing to champion the digital resource pack for carers.</p> <p>SW asked whether a template letter could be written for carers who may wish to be involved to explain the work. CH would provide that.</p> <p>WG suggested arranging a meeting with forum members to discuss in more detail. It would be good to encourage carers to have a conversation with their GP about how they have been coded.</p> <p>JP added that one of the young adult carers was already involved in the work. She highlighted that there appeared to be a significant disconnect between communications with GPs about personal records and understanding that the carer and/or the patient needed to have direct communication with their GP.</p> <p>The Carers Service were keen to make sure that connectivity was accessible to carers as well as people who were socially isolated. That was an important aspect of support and JP suggested a further discussion around what can be done to support carer wellbeing surgeries in GPs.</p>	<p>CH to prepare template letter for carers</p> <p>CH and JP to liaise outside the meeting</p>
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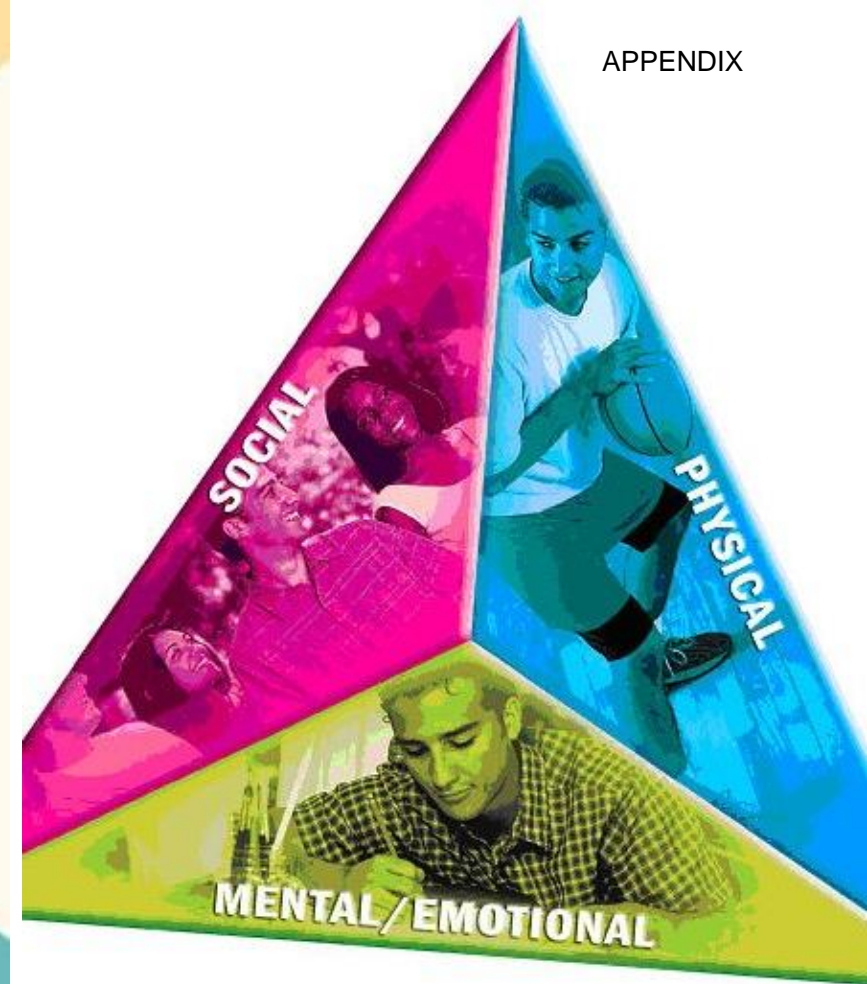
	<p>CH advised that there was a member of the team working on enabling carers to become digitally enabled who it would be good to include in the conversation.</p> <p>In addition, the next Carers Collaboration Event was planned for the end of March, which included an agenda item on quality markers and engaging with champions in GP practices.</p> <p>JL queried whether the work would include children following a recent issue that she had experienced following her son transitioning from children to adults and the need for parents to continue to be classed as carers despite a child's age. It was essential that anybody who cared was recognised and coded appropriately. SW and CH would work on the letter together, circulate to carers representatives for their input and arrange for those who wished to be involved to contact their GP surgeries to see how they could get involved at a higher level.</p>	
10	Delivering Better Care	Ann Smith, Ania Nicholls – Cornwall Council
	AN updated that the new strategies were currently going through the Council's governance process and due to go Cabinet for approval within the month. After that there would be further engagement regarding the remodelling services. It will take some time, but each service area will be reviewed. Input on what the services should look like in the future is important.	
11	Update on Day Services	Ann Smith – Cornwall Council
	<p>Cornwall Council commissioned 21 external day provision services for a range of individuals. Alongside that they operated 12 Council Day Services which mainly supported people with learning disabilities and the ECCO centre supported people with physical disabilities and sensory needs.</p> <p>Many external day services had now reopened after being closed during the pandemic. The Council were currently engaging on what the future of day services needed to look like. A full consultation would be launched.</p> <p>A public consultation was due to be launched the following week</p>	

<p>about services in Bude, Bodmin, Newquay and Launceston, with a view to closing those services and providing services in a different way.</p> <p>Bude – the current service was only open 1 day a week with 4 people currently attending. Those individuals were involved in conversations about what activities they did and whether those activities could be extended.</p> <p>Launceston – had never reopened. Individuals from Launceston were currently attending Morley Tamblyn and that was working well.</p> <p>Bodmin – currently open 3 days with a total of 8 people attending across all 3 days. The question was being asked whether the service needed to continue, how to make it more sustainable or whether there were alternative options for the individuals who attended.</p> <p>Newquay – currently open 3 days with a total of 4 people attending. 1 individual liked the alternative centre that they were now attending.</p> <p>Final decisions would not be made until the end of the consultation.</p> <p>DC asked about the potential for future service users and AS responded that one of the questions in the consultation was to seek the views of individuals who may have wanted to use those services now or in the future. Referrals for day services had reduced over the years but there was still a need to support those with more complex needs.</p> <p>LB noted that if it were not for the private providers that were open 5 days a week, many carers would be unable to cope. Holyfield, Bosence Farm and Kehelland had done excellent jobs.</p> <p>AW asked what the impact on the existing users of Morley Tamblyn had been with the increase in users coming across from Launceston. AS stressed that the new service users had been able to be accommodated within available days. Recruitment was underway currently and social workers were reviewing individual needs. If anybody was aware of service users who were not being offered the number of days they used to have they should let AS know.</p>	<p>AS to provide information on staff numbers and vacancies to AW</p>
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	<p>JL asked whether transport was being provided to Morley Tamblyn. AS advised that transport was not offered by the day service but social workers would be having conversations with users about transport needs. If anybody was aware of anybody having transport difficulties they should let AS know.</p> <p>JL suggested that social workers didn't seem to be routinely offering day services to children transitioning into adults in Launceston and therefore the picture was likely to be skewed.</p> <p>CJ asked whether TAPS was used to cover transport needs. AS said that she would raise and suggest the use of TAPS with local teams.</p> <p>SW expressed alarm at the number of buildings that Cornwall Council were proposing to release, including childrens centres and the John Daniel Centre. AS replied that the Estates Team had said that the next step was to look at alternative options, at which point consultation would take place with service users and families. There were currently no firm plans to close the centre.</p>	
12	Parent Carers Cornwall Update	Sandra Ward
	The Board noted the report as circulated with the agenda.	
13	Falmouth University Research Project – Unpaid Carers	Gwynedd Williams – Falmouth University
	<p>Presentation attached to minutes.</p> <p>GW reported that research was very positive with 15 participants having been recruited.</p> <p>Data would continue to be collected through text messaging and work was ongoing with informal carers as to whether text messaging was an acceptable form of communication for them.</p> <p>There was emerging evidence that there was an opportunity for early intervention through text messaging and the system was being trained to identify help seeking behaviours.</p> <p>Data collection would cease at the end of March with a view to the write up being finished by the end of May.</p>	

14	Any other business	All
	<p>SW reported that Memory Matters was closing the following day. The CCG were looking to put a plan together to enable a continuation of service but due consideration by the Governance Board was required, meaning that measures would not be in place in time for the service ending.</p> <p>JP reported that several adult carers had approached her over the last 3 months regarding difficulties relating to power of attorney. Assessment notes should be sent to the carer but due to interruptions to provision they were not being received. There had also been discussions as to whether it was appropriate for carers to receive the notes from those assessments.</p> <p>MH reported a matter raised via email by Promas the previous day: <i>'Apparently most domiciliary care now don't have paper records on their tablet/phone so carers are not able to see the care plan or update it. When they have asked for a paper copy they have been told its not available and that the delay in them being able to access the care plan and be able to monitor the progress of their cared for by the agencies is due to Cornwall Council. They want to know is this the case and how they can access the care plan.'</i></p> <p>Ben Seamarks, Locality Commissioning Manager (East & North Cornwall), Adult Care and Health Commissioning, Cornwall Council had responded: <i>'It's a timely query as only yesterday I was discussing with a colleague doing a short piece of work with some Home Care Providers who we know make extensive use of what is known as ECM software to manage packages of care and carer attendance. There is a kernel of truth that we do require providers to use ECM and the question I had was around the extent to which there are user interfaces for the person being supported, or indeed their families which is a bit of a blind spot for us currently and which I believe is therefore a bit of an unexplored avenue of how those tools can be brought to bear in supporting people.'</i></p> <p><i>To more directly answer the question, if the request is for a hard copy of the formal Care Act Care and Support Plan completed by social workers, individuals should receive a copy of that either electronically, or if that is not suitable then in Hard Copy. If this hasn't happened it should be addressed with the social worker, or a call to the access team, failing that if an individual asks their</i></p>	

	<p><i>carers and the request is communicated back through the system to Commissioners we can ensure it is actioned.</i></p> <p><i>If it is the more day to day documentation that is compiled continually by Care Providers themselves Providers are required to make that documentation available. If anyone is experiencing difficulties in getting it from a Provider we can and will intervene.</i></p> <p><i>I would expect in this day and age that anything that can be shared electronically would be rather than reliance on paper copies.'</i></p> <p>SW suggested that all carers and carers groups be made aware that everyone has the right to have a hard copy of the care plan.</p> <p>WG added that many of her Forum members are elderly and do not have access to the internet, so paper copies were crucial.</p>	
15	2022 Meetings	
	<p>Future meeting dates had been aligned with Health and Social Care Overview and Scrutiny Committee and are scheduled for 12 May, 11 August, and 27 October.</p>	



Gwynedd Williams, MPH

Connecting Health Care (The CHC Project)

SATELLITE ENABLED CARE HOMES, PRIMARY CARE, DIABETES, MENTAL HEALTH SERVICES AND CLINICAL EDUCATION

The Partnership

FALMOUTH
UNIVERSITY



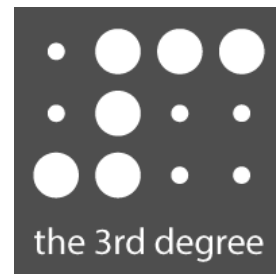
CATAPULT
Satellite Applications



South West
Centre of Excellence in Satellite Applications



CornwallCare



The Connected Healthcare project is contracted under a programme funded by the European Space Agency



Unpaid Carers –mixed method study

- To access and amplify the voices of unpaid carers across Cornwall
- To use natural language processing from data collected via mobile technology for insight and personalised SMS messaging
- To theme common issues in real-time using a web-based dashboard accessed via satellite



So Far

- 15 participants recruited
- 77 message responses (as of 09/02/22 @ 8:25)
- Rich Data
- Positive identification of help-seeking behaviour in the text
- Personal stories emerging over the weeks / messages are conversational

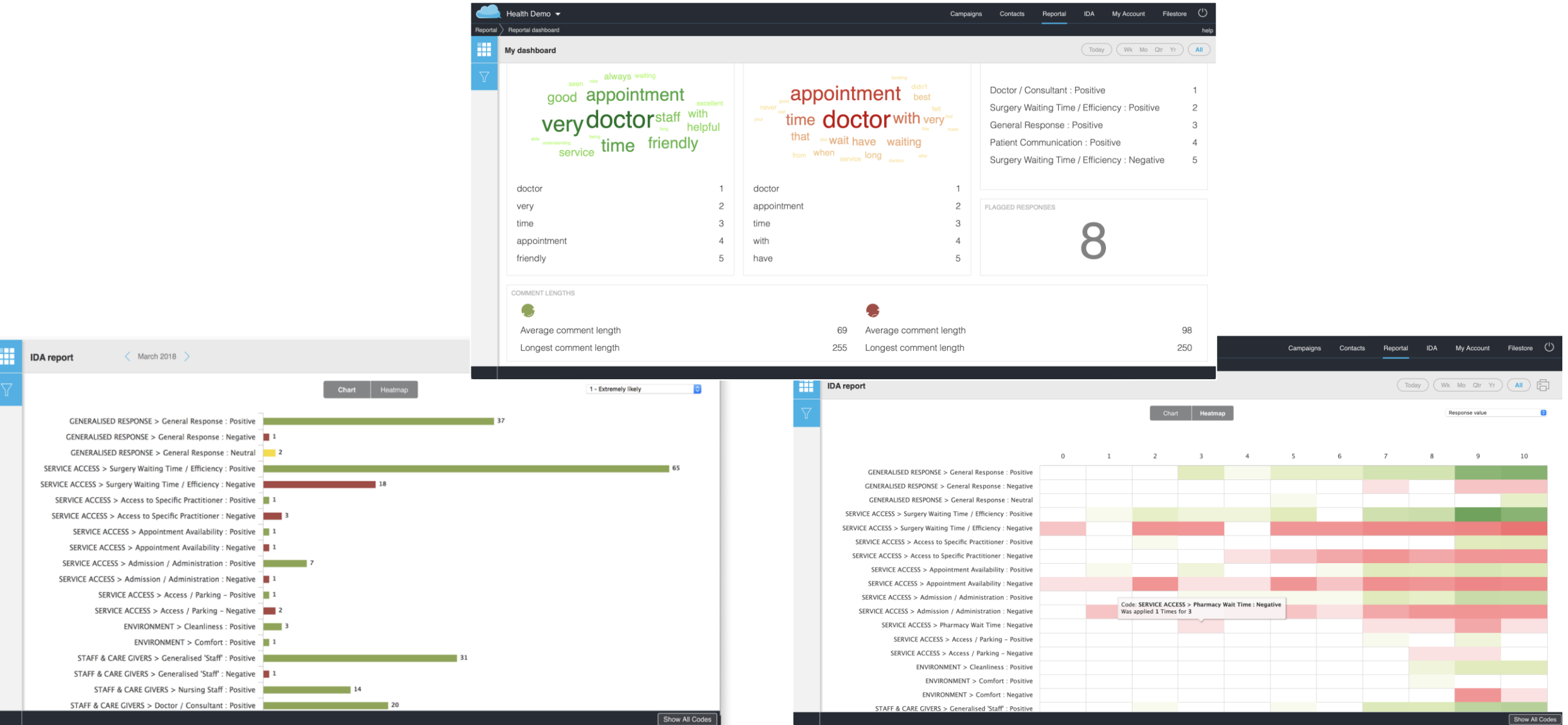
Help-seeking components -

Process	
General Orientation / Attitude	I am having a better week
	I must try and look after myself.
	Its given me time to myself which I've enjoyed
Becoming aware / recognition	So another appointment and journey have to be made. It makes life more difficult.
Intention / decision to act	Am trying to look after myself and hope to get a face to face appointment with a Dr
	I must try and look after myself.
Observable behaviour (past / perspective)	Getting outside for a walk or tidying up the garden has saved my sanity this week.
Concern	
Awareness / Recognition	
problem / issues focused	Saw a GP yesterday. He did my medicines review and booked my next ,6 monthly blood tests
	Last contact I requested emergency supply as hubby had been 4/5 days
	I must try and look after myself.
barriers to help seeking eg confidentiality / complicated / time	running out of meds ... no meds. Contact pharmacy and they say hubby is on repeat but I need to contact doctors to ask for it

Help-seeking components Cont..

Type of assistance	
informational	
financial	
transport	
Perscription	running out of meds ... no meds. Contact pharmacy and they say hubby is on repeat but I need to contact doctors to ask for it.
emotional	
treatment	Spoke on line to a Dr. today and my surgery is going to arrange an appointment for me
	and I've been waiting for a care package
	Saw a GP yesterday. He did my medicines review and booked my next ,6 monthly blood tests
autonomous / independent	
dependent	

Data Dashboard



Next Steps

- End data collection end of March
- End survey to participants to understand their experience
- Developing data dashboard – testing access through satellite at Goonhilly
- Write up findings
- Project close end of May 2022
- Exploring funding options for stage 2

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Report for Carers Partnership Board

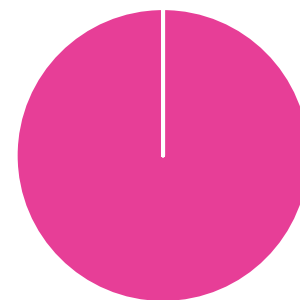
Healthwatch Cornwall Feedback

01 Jan – 31 Mar 2022



Feedback received from Carers between Jan 1st and Mar 31st 2022:

Healthwatch Cornwall received 10 pieces of feedback from Carers in the last quarter. Most of the feedback was unsolicited (90%), received through our website, phonenumber and email. One pieces of feedback was collected at an engagement event.

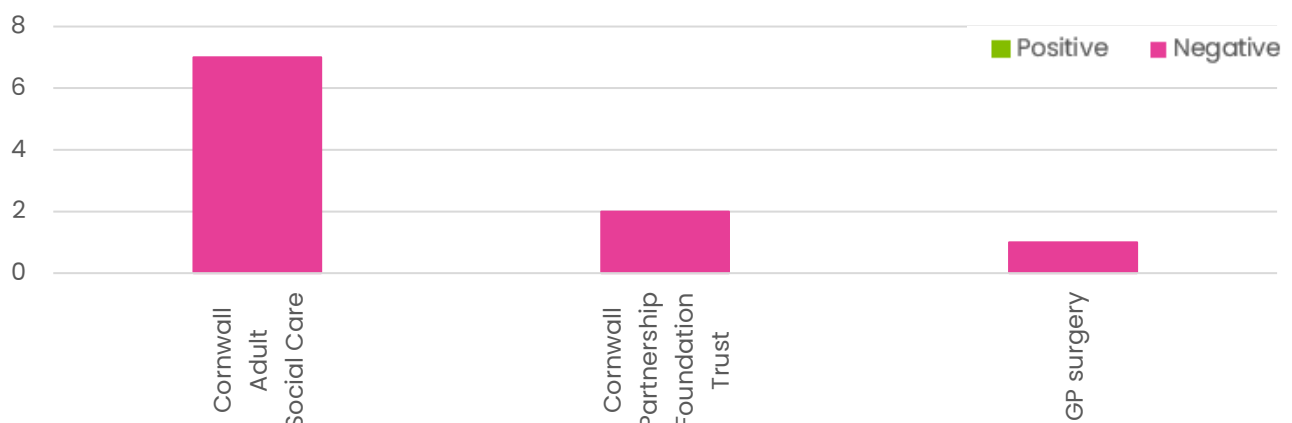


100%

■ Negative

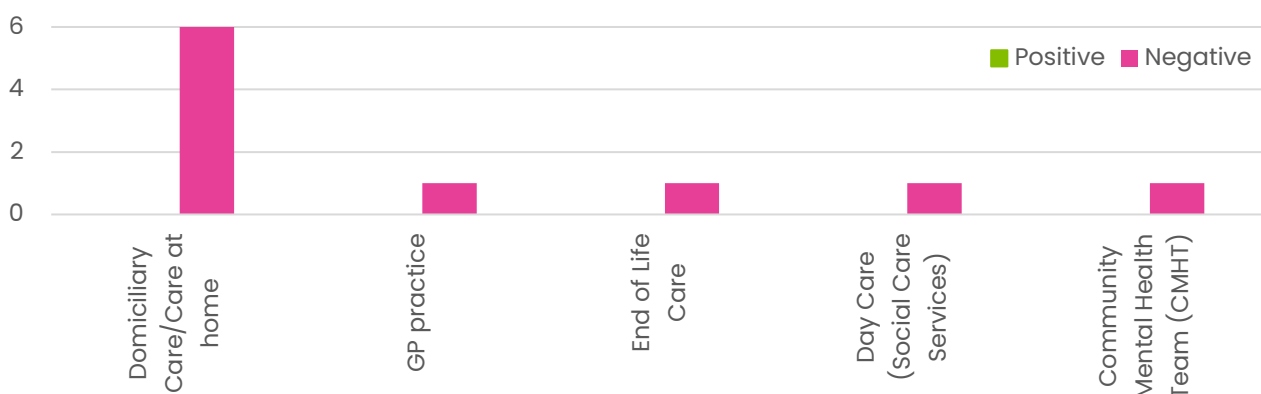
Feedback by organisation (10 pieces in total)

Organisations with two or more pieces of feedback are included in the chart below. Complaints about Cornwall Adult Social Care domiciliary care packages were most common.



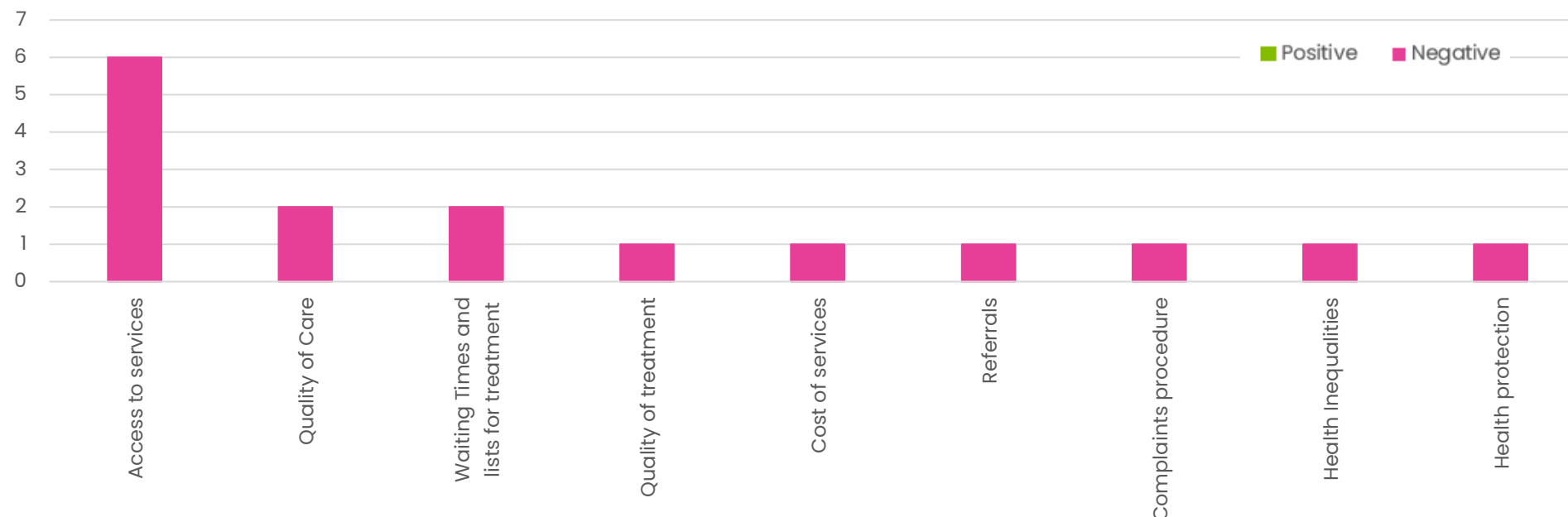
Feedback by Service (10 pieces in total)

Alongside 'Domiciliary Care', 'GPs' and 'Inpatient Care' are services we received the most negative feedback about.



Feedback by Theme (for all 10 pieces of feedback)

Please note, one piece of feedback may be assigned more than one theme, so counts of themes are higher than counts of feedback.



The most common negative theme was 'Access to services', which was frequently about difficulties accessing an appropriate package of domiciliary care, but also included confusion about responsibilities and costs for finding a package of care; a complaint from a parent who has experienced difficulties accessing the community mental health team for their adult child; and a complaint about lack of day care services during the pandemic contributing to challenging circumstances caring for their adult child with cerebral palsy.

Care company can continue package of care for 6 weeks but then will reduce to 2 x 2 daily due to location. Caller will have to cope at midday and possibly at weekends. Caller feels it is unfair they are being penalised for their location despite having paid into the system all of their lives.

SIGNPOSTED to RCHT patient experience team, Adult Social Care, Advocacy People, Cornwall Carers Service.

Spouse admitted to RCHT – is wheelchair bound and ended up with a bed sore... was transferred to community hospital. There for over a month but unable to be discharged as needs POC at home. Unable to get POC through hospital due to funding/having too much savings. Called Adult Social Care they have said £300 upfront fee to help find POC. Cannot believe they want money just to look, have called many companies and one is able to pick it up. Support from allied health professionals at the community hospital good – managed to source a hospital bed at home.

My child has suffered from mental health issues for years, I have tried my best to engage with mental health services but time and again they refuse to do anything. The latest action taken by them is for them to stop engaging with me, and in the meantime my child's mental health is deteriorating alarmingly and they suffer with suicidal thoughts. This is heartbreaking for me, and I am very frustrated as no one is willing to help. I have begged that my child be taken into a secure unit, but time and again they refuse. Time and again mental health services have let my child down as they have with other people with the result that people take their own lives, it's a disgrace! Care in the community does not exist it's a complete lie.

SIGNPOSTED – Carer and MH support info, CFT complaints, Advocacy People.

No	Contractual Obligation	In support of which Key Outcome? (state 1-12)	Responsible partner(s)	Action taken to meet obligation	Current status (complete, not started or ongoing)	Timescale
Level 1 - Help to self-manage your caring role > To help you stay as independent as possible > To help achieve outcomes 1-9						
1	Develop guidelines and training for health, social care and wellbeing practitioners	3	All partners, but dC at first point of contact, support from CC and NHSK	During Quarter 3 this work has continued with a focus on health teams, looking at Carer Identification referral and access to support with several presentations being delivered to health professionals. This work is seeking to engage with Health professionals to link into our commissioned responsibility to support shifts in culture supporting our prevention agenda, early Carer identification and support to create better outcomes for Carers and sustainable solutions, and avoid crisis. In addition to this we are reaching out to all GP surgeries in Cornwall looking at how we can work with them to support early carer identification, support with updating and managing their carers register and identifying solid routeways for referral for support. This work with GP's will we hope create ongoing relationships with GP's and better join up resources for hidden carers As Described per last quarter update this element of our service is ongoing throughout. During this quarter we have set a schedule for delivering information and support with a focus on health and hospital teams. We are meeting with a range of key professionals delivering information around support available from the service. Toolkits and training sessions for schools are developed with a schedule planned for delivery of these sessions. We have packages of support which I have been delivering across health and social care teams that support teams with early identification of carers routeways and pathways for referral. Resources for carers both locally and national. Identification of working carers. the design model and features of the carers service. Barnardo's team have created and shared tool kits and packages of support for schools, both primary and secondary schools. On going plans include the development of tool kits for employers including offer of support to develop and implement Carer aware policy for their business. These will be launched January 2022. Training opportunities and shared learning opportunities for wellbeing practitioners. We will run some co design sessions with Carers to influence the design of these tools and resources.	ongoing	Sep-21
2	Develop Carers emergency card/Carers passport	9	disability Cornwall, CRCC, support from C and NHSK	The Carers Emergency Card and carers passport continue to be a focus of our work across the partnership with 717 Carers having a card in place, this is a continued uplift on take up of the carers Emergency Card and Carers passport from previous years. The Carers Emergency Card and Carers passport is in place. All Carers have been migrated from the previous service and new up to date carers emergency cards are being rolled out. We have completed work with the team at Trelisk to develop the Carers passport offer in hospitals, we are aligned to the universal peninsular Carers emergency card combined carers passport. This work is ongoing as the carers passport has many elements and must be developed with a wide range of organisations including education community and employment and mental health trusts. To be inline with the government recommendations around Carers Passport. In Cornwall there is clear need to further develop recognition and use of carers passport in Education community employers and mental health Trusts. While the Carers passport is in place there is there is on going development planned through out 2022 to better engage schools and education employers and mental health trusts with recognition use and imbedding Carers passport as a fundamental tool to support Carers.	complete with elements of ongoing work	Sep-21
3	Establish a single point of access to information and guidance	2	disability Cornwall	The Advice line have seen and support 2106 Carers providing information advice and guidance , they have supported Carers to access £103,251.74 in Grants supporting Carers to maximise their income, Face book and social media reaching 6788 individuals and 2000 Carers receiving the weekly roundup news letter. As per previous this element is in place and running effectively, the website is continuing to be developed to better meet the needs of carers and improve up on accessibility. The Single point of access into the Service is via the advice Line this is live and in place. Key to this is the Website for information and self management options. The website is in development with Text to chat and live Chat being implemented by November 30th 2021		Jul-21

4	Support and establish peer support groups	5	Age UK, CRCC, Carers	During this quarter we have visited Carer peer support groups, talked about the service and the support available, looked at options to support groups, we continue to offer support to groups with a worker visit support with promotion and access to Cornwall link to raise awareness and via Service grants. During the quarter we have supported 2 new groups with a grant and 2 Memory Cafe's. We have 17 Group and Memory cafe grants in process 11 new applications. The offer to peer support groups remains in place and accessible to groups. During the quarter we have seen a number of groups applying to the grant for support to maintain their group. Peer support groups is in place with various methods in place to develop and maintain peer support Groups. This includes advice on setting up and running peer support groups and governance, Grants to support respite and short breaks from the caring role. within the young adult provision there is activity to support young adults to establish peer support groups with input from a worker to include 12 targeted themes to support young adults.	complete with elements of ongoing work	in place
5	Develop carers awareness training	10	Promas	Promos have shared their up and coming schedule the team continue to develop new opportunities and resources for carers, Promas with 45 Carers attending Courses. During the Quarter Promas continue to deliver their schedule of training and courses, including face to face zoom telephone options. Feedback remains positive and informative helping guide and shape future resources. During quarter 1. 22 telephone training events 8 coaching and mentoring events 18 online training events and 10 face to face events have been delivered. With a planned schedule for activity in place and one social event planned.	complete	Jul-22
6	Develop shared confidentiality protocols		CC, NHSK, CRCC	In place we have a joint privacy agreement and protocol in place.	complete	Jul-22
7	Develop training for professionals so they are "carer aware"	6	CRCC	Links to item 1. Planned sessions have been delivered, next quarter we hope to have engagement with GP surgeries supporting developing and implementing early Carer identification and connecting Carers to support. A further 6 sessions planned in for this quarter. This links to item 1. and is part of the tool kit to date 6 sessions have been delivered.	ongoing	Jul-22
8	Develop carers support in hospitals	7	disAbility Cornwall (hosted role) CRCC	Worker in post covering the mid and west, Supporting 23 unique Carers with support in hospitals. Carers passport is in place a new lead at Treliske. I will have a conversation around a launch. Recruitment is in process to the hospital support roles, support in the system is in place via the 3 levels of the service. Carers emergency and carers passport links to this, with resource and support available to carers via the passport scheme. The Dedicated role is in a recruitment phase. (I can share additional information around the requirement for recruitment if required)	ongoing	in place
9	Provide clear information on the differences in provision between children's and adults services	2	DisAbility Cornwall, Barnardo's and CRCC	this is on going demonstrating the unique areas of service provision. As per previous The Website being integral to the single point of entry clearly defines the elements of the service provision with clearly defined and specific areas for young and young adult Carers adult carers and the other elements of the service available to Carers. Ongoing development around Carer engagement activities to co design and influence promotional materials and Service identity including engagement with young people around Kernow Young Carers Website as a sister Website which is dedicated to young carers.	ongoing	Sep-21
10	Develop guidance for employers so they are "carer aware"	8	CRCC	We will be launching the tool kit for employers during Carers week. Linked to 1. we have planned a scheduled update to create animations and videos. We have commissioned our lead in this area to develop this resource. Links to number 1. to be launched January 2022	ongoing	Jul-22
Level 2 - Enhanced support when you need it > To help you to be as resilient as possible > To help you achieve outcomes 8-12						
11	Establish 121 support for carers	8	Age UK, CRCC, Carers	1348 Carers receiving support during the quarter. In place and going well with over 1200 individuals supported to date through this level of support. In place with level 1 and 2 includes one to one support delivered to 554 Adult carers 377 Carers supported at level 3. a total of 2,575 unique interventions recorded at level 1 and 2.	complete	in place

12	Offer proportionate carer's assessments when appropriate, using strength based approach	11	disAbility Cornwall, CRCC	74 Carers assessments completed with 288 carers accessing proportionate assessment of need and receiving support.158 statutory carers assessments completed. This would be an early indicator that the three levels of support is a sucessful model. 377 Statutory Carers needs assessments completed during quarter one with 99 Carers receiving level 3 support not requiring statutory assessment.	complete	in place
13	Offer training opportunities for carers	10	Promas	As per previous 7 planned face to face courses, 14 telephone training events, 3 coaching and mentoring and 10 online training courses. As above. During quarter 1. 22 telephone training events 8 coaching and mentoring events 18 online training events and 10 face to face events have been delivered. With a planned schedule for activity in place and one social event planned.	complete	in place
14	Offer self-help and emergency funds	9	CRCC, disAbility Cornwall	A total of 161.2 K in grants awarded . All grants open plus additional added value grants. Grants open.	complete	in place
Level 3 - Formal Carer's Assement and Support Plan > To meet any additional needs you may have > To help you achieve any outcomes that can't be met by the above offer						
15	Offer carers one off Carers Personal Budget to eligible carers	4	CRCC	A total of 21,365.00 awarded of one of personal budgets through assessments with an average award for individuals of £356.00. A total of 56,200.00 awarded in the quarter with an average personal budget of £370.00 to individuals. A total of 44,000.00 have been awarded during quarter one in one off personal budget outcomes. With an average award of £383.00.	complete	in place
16	Create a safeguarding offer for carers with SAB		SAB, commissioners	As per previous this is continual and embeded .On going and continual. On going .	ongoing	



PARENT CARERS CORNWALL

This report summaries the work Parent Carers Cornwall have been involved with for the period January to March 2022.

101 meetings took place over this period with Education, Health and Social Care. The meetings were held both locally and nationally to gain parental feedback.

We are co-leader on work for the Keyworker pilot, a three-year programme to help young people avoid admission avoidance into hospital where a mental health, eating disorder, self-harm or similar are of concern. Parent Carer Cornwall chair the keyworker board, attend and present at national meetings regarding this programme of work and will evaluate the service offered to families.

We are involved in the work for the Neurodevelopment Pathway, meeting regularly with leads to ensure the pathway is fit for purpose for families.

Parent Carers Cornwall have also been appointed as a co-leader for the Autism in school programme, which we are moving forward with an initial nine schools chosen to pilot this area of work. This programme will roll out to more schools through evidence of need.

We have delivered for parent/carers of children with SEND wellness sessions to ensure parents look after their own wellbeing and emotional health. These will continue through 2022 and we are working with a local school to roll out wellness sessions for their parent/carers.

We held a workshop on Sensory integration with Joanna Grace and heard about the Neurodiverse brain from Tigger Pritchard. Evaluation of parents feedback was good. We will be holding further sessions with both facilitators in the coming months.

Families have had information and activity days delivered, these were aimed at hidden families or those new into county. Feedback from evaluations were these were valued and were informative to families.

The Parent Carers newsletter has continued to be welcomed by both families and those professionals working on the frontline with families. E-bulletins are also sent out monthly.

We will be continuing to work in partnership with the Time to Move programme who deliver activities to those children on free school meals. Parent Carers Cornwall ensures that all relevant information is collected for children through contact with families and passed to service providers. This allows services to make sure everything is put in place for the child to attend fully inclusive activities.

Up and coming work:

We will be holding a Preparing for Adulthood event in May.

Myth busting and Q&A for parent/carers of Autistic children/young people in June.

Sensory Story Sessions workshop in July with Joanna Grace.

We will continue to deliver training workshops to parent/carers on a range of areas as requested by families.