

MEETING NOTES:	Carers Partnership Board
DATE:	11 August 2022
LOCATION:	Hybrid meeting - Venton Conference Centre, Summercourt & Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Sandra Ward (SW) (Chair)	Director	Parent Carers Cornwall
John Bastin (JB) (Co-Chair)	Cornwall Councillor and Chair of Health and Adult Social Care Overview and Scrutiny Committee	Cornwall Council
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Tanya Falaschi (TF)	Partnership Boards Project Officer	Healthwatch Cornwall
Alison Bulman (AB)	Strategic Director, Care and Wellbeing	Cornwall Council
Amanda Wilton (AW)	The Patient Council & Carer for an adult with profound and multiple Learning Disabilities	University Hospitals Plymouth NHS Trust
Ania Nicholls (AN)	Commissioning Officer, Adult Carers	Cornwall Council
Catherine Wood (CW)	Carer	
Charlotte Harris (CH)	Regional Carers Leadership Support Manager	NHSE&I
Claire Jukes (CJ)	Patient Services Manager and Carers Lead	Plymouth NHS Trust
Emma Williamson (EW)	Strategy and Partnership Specialist	Cornwall Council
Gordon Lancaster (GL)	Carer & Treasurer	Liskeard Memory Cafe
Holly Kiernan (HK)	Patient Experience Manager	RCHT
Jayne Price (JP)	Contract Lead for The Carers Service	CRCC
Joanna Dobson (JD)	Patient Engagement Manager	RCHT
Kirsty Dexter (KD)	Network Co-ordinator	Cornwall Memory Café Network
Liz Pagett (LP)	Ex-Carer	
Louisa Forbes (LF)	Consultant Nurse	RCHT
Lynda Berry (LB)	Carer of adult with LD	Helston Carers Forum
Martha Reed (MR)	Strategic Commissioning Manager	Cornwall Council
Natalie Swann (NS)	Research and Evidence Manager	Healthwatch Cornwall
Neil Lindsay (NL)	Ex-Carer	Wadebridge Carers Forum and Trust Carers Committee
Nigel Cox (NC)	Children's Services Manager	Barnardo's
Pauline Hardinges (ph)	Ex-Carer	Liskeard Memory Cafe
Sally Mollard (SM)	Ex Carer	Liskeard Memory Cafe
Teresa Parsons (TP)	Services Manager	Alzheimer's Society
Zoe Locke (ZL)	Head of Patient Experience	CFT

APOLOGIES

Name	Position	Organisation
Bernie DeLord	Director	Promas Caring for People CIC
Caroline Ellis	Admiral Nurse Clinical Lead	RCHT
Claire Martin	Deputy Director of Nursing	NHS Kernow
Sgt Flo Linscott	Diverse Communities Team Lead (Cornwall)	Devon and Cornwall Police
Gill Lovell	Carer	
Jenny Tarvit	Director	Promas Caring for People CIC
Kim O'Keefe	Director of nursing and allied health professionals	Cornwall Partnership NHS Foundation Trust
Melanie Howes	Dementia Friends Champion and Ex-Carer	Dementia Friends
Serena Collins	Commissioning Manager, Caring for Families	Young Adult Carers
Wendy Gauntlett	Carer	Penzance Carers Group, Penzance Carers Forum and Adult Safeguarding Board

ACTION LOG

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
11/08/22 12/05/22 10/02/22 11/11/21 19/08/21	JP to request Age UK representation at the next meeting.	JP	Ongoing. Age UK have not been represented at the Board since the formation of the Informal Carers Service. 11/08/22 – Progressed to Commissioner – JP/AN to liaise re lack of Age UK representation.
11/08/22 12/05/22	Share details of Carer Support Workers for circulation to the Board.	JP	Ongoing – JP to share with MH for circulation.
11/08/22 12/05/22	Forward details of further work of CRCC to the Partnership Boards team for circulation. Include work currently being undertaken with Cornwall link.	JP	Ongoing – Update deferred due to 11/08/22 meeting overrunning.
11/08/22	Update on Day Centres – how people have settled to new facilities and transport issues.	AN	Ongoing.
11/08/22	Carers Forums – AB to familiarise with past decisions. Possible future discussion item.	AB / JP	Ongoing.
11/08/22	Content of future CFT Carers Lead reports.	ZL / MH	Ongoing.
11/08/22	ASC Peer Review update to 27/10/22 meeting.	AB	Ongoing.
11/08/22	Update on sharing of patient information across IT systems.	TBC	Ongoing.

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
11/08/22	Review of 1st year of the new Young Carers contract and a progress report on the Young Carers action plan to 27/10/22 meeting.	SC	Ongoing.
11/08/22	Update on The Advocacy People - possible training opportunities and how it with widening the Board's membership.	MH / TF / PN	Ongoing.
11/11/21	Meet with Carers Forum reps.	MH	Incomplete. A meeting with Forum reps, to discuss reporting lines to and from the CPB, will be held once clarification of their future structure is confirmed. Still no news.
11/11/21	Circulate new carers and assessment figures, Trust Carers Group update.	MH	Ongoing.
11/11/21 19/08/21	Updates on the Identifying Carers Needs Project.	AN	Ongoing. Last received 11/08/22.

	Item	Action
1	Teams Guidance and Meeting Etiquette	
	SW reminded attendees of the expected meeting etiquette and encouraged use of the online chat function.	
2	Introductions and apologies	
	Deborah Came had stepped down from the Board of Healthwatch Cornwall but a new Director, Julia Wildfire-Roberts, would represent the organisation at future meetings.	
3	Actions from Previous Meetings	
	<ul style="list-style-type: none"> As at previous meetings, the Chair expressed concern that the Board had not had an Age UK representative attend a meeting since the formation of the Informal Carers Service over a year ago, despite specific requests from the Board. <p>JP, as lead for the service, said that Kelvin Yates was currently on leave. GL asked why a substitute could not attend in his place and JP said that no one else could make it. GL stated that, "It's disgusting that they are not attending", which represented the view of wider Board.</p> <p>JP felt that the Board had adequate representation from the Informal Carers Service. The Chair said that the issue had been raised previously with Tracey Roose, Chief Executive, Age UK Cornwall & Isles of Scilly, and that it could be necessary to escalate the matter to Cornwall Council as the commissioning body of the service.</p> <p>AN said that the CRCC represented the service but if there was need for other partners to attend that could be considered during their next review meeting. MH reiterated what he'd said at previous meetings, that the Board don't expect all partners to attend every meeting but in order for the Board to effectively fulfil its function of scrutinising the implementation of the Informal Carers Service contract it was essential that it receives a complete picture as to progress made and any</p>	

	<p>hinderances to a partner in meeting their obligations. Also, knowing of their wider work would be beneficial to both carers and the partners around the table.</p> <p>AN undertook to progress the matter with JP.</p> <ul style="list-style-type: none"> • WG had not received details of Carer Support Workers from JP. JP would Cc MH to share with the Board. • JP would be presenting on the wider work of CRCC later in the meeting. • Robert Williamson, Day Services Area Manager, Cornwall Council had responded to longstanding issues raised by AW in relation to staffing at Morley Tamblyn Lodge Day Centre: <p><i>Following the discussion held at the partnership board meeting back in February this year a query was raised in regards to the direct impact on the current client group at MTL in relation to the relocation of the Launceston day service. I can assure you that as stated previously by Ann Smith that there has not been any direct impact on the re-allocation of hours to the current MTL client group. Following the relocation of the Launceston service, initially existing staff members came across with the client group then subsequently following the departure of staff as a result of the our shape program we have introduced additional staffing following the reprovision of the Bodmin service.</i></p> <p><i>As far as returning to pre covid allocated hours we are constantly reviewing individual needs of our clients, the service is different to what it was pre covid due to the fact we have recognised that individual needs have changed and that we need to adapt our service accordingly. I am pleased that the majority of the current MTL group are now receiving 75% of their previously allocated hours and with imminent recruitment this will increase this further. Recruiting to these vacancies has been difficult due to the wider difficulties in recruiting within the care sector. I am pleased to say that we have now filled one of the full time support worker positions in addition to the successful redeployment of a passenger assistant and driver who previously worked for the service, into support worker roles.</i></p> <p><i>As it stands to date the current staffing consists of a full time</i></p>	<p>JP/AN to liaise re lack of Age UK representation.</p> <p>JP to share with MH for circulation.</p>
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team leader, 2 full time senior support workers and 7 full time equivalent support workers. The only outstanding vacancy within the service is for a part time support worker, which is currently out for recruitment. Following a successful appointment to this position we will have further capacity to increase individual packages of care.

I hope this clarifies the questions previously raised and reassures any concerns. If anyone requires any further detail please do not hesitate to get back to me.

The following response was provided to additional questions from AW following the meeting:

The team at MTL are continuing to review individual care packages and where needed will look to return to pre covid hours. Although we have increased staffing numbers individual needs have changed and the level of support required has increased for many. This will have a direct impact of the ratios of support required each day so will have effect the level of capacity available. We work alongside care management to make sure the correct packages of care are in place and are funded accordingly. It has been evident that some individual purchase orders have changed and that not all are fully funded for the hours they had pre covid. Ultimately this should form part of the review which is carried out by a social work or case co-ordinator and if there is an identified need they will liaise with the team leader to see if we can accommodate these changes. If this is not possible care management will look at what alternatives are available and for some this be an opportunity to engage with other groups and develop a wider social circle.

As stated previously, 8 individuals have moved across from the Launceston service and the staffing levels required to support this has been covered following the relocation of staff from the Bodmin service. Recruitment to the current part time vacancy, which is now live on the Councils website will further increase the capacity on some of the days.

I am fully aware that some parents and carers are dependent on the service and would like to return to pre covid hours but I am hoping that you appreciate that across all our services we have seen significant changes to the level of support needed. Our client group is generally of a more mature age and with

	<p><i>this brings additional health and social care needs, we will have to adapt accordingly and target specific groups to offer a service which is of value and person centred for our clients.</i></p> <p><i>In regards to the 2 individuals you mentioned I am not in a position to discuss in any detail though I am aware that the Natasha (Team Leader) is reviewing current hours and associated funding.</i></p> <p>The issues had initially been raised by AW in February and had also been raised through the Learning Disability Partnership Board but the previous Head of Commissioning for LD, Autism and Mental Health had not actioned a response. MH let the Board know that once raised with Karen Hooper, Interim Head of Commissioning for Learning Disability, Autism, Mental Health and Participation, a response had been received within days.</p> <p>The Chair said that the closures of the day services was a great concern to all and it would be good to know if there had been any other issues raised and whether AN could seek update on how people have settled into their new services. AN agreed but provided reassurance that people had settled well and were really enjoying their new centres, making new friends and trying new activities. AW requested that details on transport for individuals to their new centres and funding for it also be included.</p> <ul style="list-style-type: none"> • GL asked for an update on the current position with Carers Forums. AB said that she would familiarise herself with recent decisions taken in relation to Carers Forums and report back. GL asked if this could be reported on before the next meeting. • Trust Carers Group – ZL introduced herself as the new CFT Carers Lead. Currently, the Partnership Boards team continued to circulate new carers and assessments figures but it was felt that the information lacked context and required more detail. MH would liaise with ZL outside of the meeting. <p>GL asked if the Trust Carers Committee meetings would resume. ZL said the group would be reinstated this group and invited those interested in taking part to make contact with her.</p> <ul style="list-style-type: none"> • Identifying Carers Needs Project – AN confirmed that the project was still being investigated, including the potential for online tools for assessments etc. GL asked, what if people don't 	<p>AN update on Day Centres</p> <p>Possible future discussion item.</p> <p>MH/ZL to discuss.</p>
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	<p>have digital access? AN said that information would be available in the necessary formats to meet peoples needs.</p> <p>GL also asked for confirmation that a financial assessment could not take place before a needs assessment. AB said that should not happen and would ensure that it didn't.</p> <ul style="list-style-type: none"> GL asked that the responsible individuals ensure that updates on actions and any reports or presentations to be shared be submitted to the Partnership Boards team in time for them to go out with the agenda. The Chair agreed but reminded GL that some reports are submitted by individuals that volunteer their services and leeway had to be provided in such circumstances. GL said, "If you don't have time, don't volunteer." 	
4	Minutes of the Meeting held on 12 May 2022 and Matters Arising	
	<p>The minutes of the previous meeting were confirmed as a true record subject to a typographical error in the spelling of Gill Lovell's name.</p> <p>There were no matters arising.</p>	
6	Update from Adult Social Care Commissioning	
	<p>Delivering Better Care</p> <p>AN updated the Board on the Care and Wellbeing community-based support offer under the Maximising Independence and Better Lives Strategies.</p> <p>It was currently in the first stages of co-production and design with various groups of individuals with different needs. Engagement so far had been largely positive.</p> <p>AN's presentation had been circulated with the agenda and could be viewed on the Healthwatch Cornwall website: click here.</p> <p>There were three key areas of focus:</p> <ol style="list-style-type: none"> 1. Independence and Wellbeing 2. Daily Living and Community Activities 3. Care and Support at Home 	

AN asked:

1. How can we help people to do things for themselves and to live as independently as possible?
2. What would help people to achieve their potential and make the most of their lives?

The Chair said she would put the questions to members of her daughter's day service and feedback to AN.

GL asked what the deadline was. AN said there was no strict deadline and would welcome people emailing or calling her. The process would be ongoing and regularly revisited.

PH asked if there was an age restriction. AN said there wasn't, differences in demographics were recognised but it was about taking a personalised approach.

AB echoed everything AN had said and reiterated that it's a new way of working, having individual conversations and making the services more bespoke for people to reach their goals and removing any barriers.

Dates for further engagement sessions would be circulated through the Partnership Boards team once set.

Equality, Diversity, and Inclusion Strategy

EW made members aware that the draft Equality, Diversity, and Inclusion Strategy was out for consultation. It could be accessed on the Let's Talk Cornwall website: [click here](#). An easy read version was there also. MH had already circulated details to all four Partnership Boards.

The Strategy supported the Council's four year plan to level up life chances across the diverse communities of Cornwall. It was important to see real change, tangible outcomes and objectives had been put forward to the different services across the Council to think of how they could play their parts in tackling inequality. The consultation was essential as the Council knew that not everything would have been included yet. It needed peoples views on what was already in there and, crucially, what was missing.

EW thought that input from members of the Board could be really valuable as there was currently a gap in relation to carers.

EW added that she was aware that online does not work for everyone and was happy to share her contact details if anyone wanted to speak to her directly or make a written submission.

They had tried to get the survey out to the wider community but ideas or suggestions to reach further would be gratefully received. The consultation would close on 14 September. It should be noted that the 2021 Census data was not expected to be available so the plan was to refresh the Strategy early in the new year, when it would sit alongside the refreshed Council Plan and Budget.

The Chair said she was made aware of the Strategy at Blue Light Day and after reading it through saw that there was no mention of carers at all. That and some of the terms used around disability had been very disappointing. EW said that was one of the reasons for attending the Board. The Strategy needed to recognise carers. The Chair stated that carers should be a fundamental part of any equality and diversity strategy. With all of the unpaid work they did, where would Cornwall be. Key to getting a true picture of the issues faced would be to support people to recognise that they were carers as many didn't.

AB reiterated that people could contact EW direct as she was mindful that some may not have access or the skills to access the internet. Hard copies could be provided upon request.

AW suggested that details of the survey be circulated to day centres.

Peer Review

AB gave a brief update on the recent ASC Peer Review.

A Local Government Association Peer Review team were invited to observe and review how the Council engaged with people with a learning disability or autism, with the Partnership Boards team hosting two important engagement sessions.

The team consisted of peers from different parts of the UK with lots of lived and professional experience. Gaining their feedback would be a useful tool and crucial to how ASC supported people

	<p>who accessed its services. Whilst here they engaged with voluntary sector, Partnership Board members and people who used ASC services. Some of the feedback from the engagement sessions were positive around our communities and the passion of staff was recognised. There were also some difficult and hard to hear messages and it was clear there was quite a bit of work to do around strengthening base practices and the personalisation of working with individuals to identify what mattered to them.</p> <p>There would be a follow up session with the Peer Reviewers to discuss how changes could and should be implemented. The Board would receive further feedback at its next meeting.</p> <p>The Chair shared that Parent Carers Cornwall (PCC) had participated in the review and received positive feedback on its work. Her goal would be to see the good work of PCC mirrored into Social Care for people over 25. AB was keen to explore that in further, adding that she was passionate about working in partnership to provide the best possible services.</p> <p>AW had attended a conference where it was brought to her attention that the London Borough of Hammersmith and Fulham was the only local authority area in England in which disabled people were not charged for non-residential care. People often say that social care should be free at the point of use and with one Council responding to that it would be interesting to see if others also took that forward.</p>	<p>Update to next meeting</p>
<p>7</p>	<p>Update on the Integrated Care Partnership and Integrated Care Board</p>	
	<p>The Board's Co-Chair, JB, outlined the new management scenario to nationally join up Health and Social care, the Integrated Care Systems. The Cornwall and the Isles of Scilly Integrated Care System came into existence on 1st July.</p> <p>It consisted of two key parts.</p> <p>Firstly, there was an integrated care Partnership which was a strategic level body made up of the NHS and Cornwall Council and co-Chaired by both, including an Isles of Scilly representative.</p> <p>The next level was the Integrated Care Board. It consisted of a</p>	

mixture of providers who would be the commissioners for the system and would form the strategic plans for the ICP.

The challenge within was that the membership was wider than may be expected as well as RCHT, CFT and Cornwall Council there were also representatives from the Police, Fire service and also carers.

JB shared the True North Ignition Session Executive Summary ([click here](#)), which had been received and circulated to the Board the previous day. He encouraged people to read it.

Another matter to note was that the Health & Wellbeing Board now included both Cornwall and the Isles of Scilly Council.

AB added that the ICP had met for the first time on 28th July and had signed off on its terms of reference and created a subgroup to lead on the ICS, which was its duty to develop. AB was the local authority representative on the ICB panel. She expected that the aims and priorities of the True North plan would be adopted.

AB also made the Board aware that Kate Kelly-Talbot had been appointed as the Service Director for Adult Social Care Operations and that Rachel Rothero was now the permanent Service Director – Integrated People Commissioning.

GL asked for confirmation that the objective more than just “rearranging deckchairs on the Titanic” and it was to combine the NHS and the Council functionally together. AB said that was the intention and the new Integrated Care System would help that but it should be recognised that as organisations with different strategic responsibilities there would be times where they had different views. She explained that as the Adult Social Care Strategic Director, the buck around the statutory duties for ASC stopped with her. Kate Shields was the Chief Executive Officer of NHS Kernow and for the Cornwall and Isles of Scilly Integrated Care Board and Integrated Care System. GL expressed the view that such a partnership would never work. AB added that Kate Shields had ultimate responsibility for the health needs of the population.

GL asked if GP’s in Cornwall were now commissioned by the Integrated Care Board as opposed to NHSE. AB undertook to liaise with the ICB to get an answer. She provided this

	<p>response the following day:</p> <p><i>That is correct. Delegated commissioning of GPs has been in place for a couple of years now. They will also in 2023/24 have delegated authority for pharmacy and dental, and then from 2024/25, specialised commissioning (high cost, low volume care- ie transplants, neurosurgery).</i></p> <p>PH said she had been actively involved for a long time with the NHS and Social Services regarding carers for people with Alzheimer’s, who often fell through the gaps in services. Would the integrated system make it much harder for people to access continuing healthcare in an integrated system. For example, people with terminal organic diseases of the brain would need increased nursing care and should not have to battle with Social Services to receive continuing healthcare. AB said that she was not responsible for continuing healthcare but she would email the relevant ICB Director to find out. She also stated that in her short time in post she had already seen really strong partnership working and positive work developing.</p> <p>PH said that herself and GL had spent a whole day with the Family Information Service telling them about continuing healthcare but she wasn’t sure if that had made any difference.</p> <p>To AB, GL said that it was a fact of life that people will never mention the millions of things that go right but will raise the two things that go wrong. AB assured him that she wanted to hear about things that go wrong. If she wasn’t told, she couldn’t fix it.</p>	
<p>8</p>	<p>Update from Healthwatch Cornwall</p>	
	<p>NS provide the Board with feedback on the work of Healthwatch Cornwall in relation to carers for Quarter 1 of 2022, covering 1st April to 30th June. A full report had been circulated with the agenda and could be viewed on the Healthwatch Cornwall website: click here.</p> <p>NS then summarised six feedback stories received in the period. The themes covered included:</p>	

- Hospital discharge;
- Communication between staff and patients;
- Cost of services;
- Waiting Times and Lists for Treatment;
- Access to services;
- Referrals;
- Patient records;
- Quality of Treatment;
- Quality of Care; and
- Service delivery.

GL wanted to know what actions had been put in place for the carers, stating that if a matter is brought to a Board meeting there should also be feedback on what has been done for each case. He said that he could not understand why individual stories had been relayed when members had always been told that the Board was not the place to bring individual issues to.

NS said that each individual case was fed back to the relevant ward or service, with the individual's consent. Healthwatch Cornwall could not complain on behalf of people but they could signpost them to the complaint process and encourage them to do so.

NS explained that it was Healthwatch Cornwall's statutory duty to report matters as they received them and it would share this information with the relevant providers, for example, there were monthly reports on feedback received in relation to hospital care and treatment. Issues were also with ASC and in the Healthwatch Cornwall Chief Executive was due to meet with AB in the coming weeks to look at the summary of trends from the last 18months.

That morning NS had met with RCHT to look at feedback they took from the carers experience on hospital discharge. She had wanted to see how that had been embedded in the roll out of the carer's passport.

MH stated that NS had relayed the stories to the Board in order to demonstrate the themes identified. That was very different to a member bringing an isolated issue to the Board rather than following the appropriate pathways with the relevant body.

AB said that the stories were difficult to hear. ASC had been looking at their recovery plan and would be putting some actions in place. The Council's Living Better Care Board, which AB Chaired,

would be reviewing the Better Care terms of reference on 12th September, including delivery and potential challenges. Once developed, the Board would receive ongoing progress updates.

JP added that the carers service had heard of very similar experiences to those heard by Healthwatch Cornwall. They continued to help people work through their issues to find solutions.

PH said there were still issues around hospital discharge. She had spoken to someone recently who was told they were leaving at 10am but was still waiting for their medication at 5.30pm that same day. CJ said that, for Derriford, the discharge and waiting for medication processes were not where they needed to be. Clinicians needed to be educated around managing the expectations of patients and families around the processes that needed to be followed once they were told that they could go home, namely the TTAs that needed to be ready and available before they could leave. The new Chief Pharmacist wanted lived experience representation on the Pharmacy Group. If anyone was interested in joining they should contact CJ.

Derriford also had a new volunteer service, Active Response Volunteers, who were helping by going to the pharmacy to pick up TTAs much quicker, as opposed to relying on ward staff to. They had seven day per week cover across the service and that had already seen speedier discharge. Where there were delays, they were utilising the discharge lounge to make patients as comfortable as possible. There were also examples of medication being arranged to be sent to individuals following discharge. GL commented that it translated to him that people in the hospital didn't know how the hospital worked.

CW said that focus needed to be on the complex things rather than the little things. She shared a few experiences and how communication between ASC and Health could be made easier for people. She also said she had not been made aware of available services/resources. She suggested the development of a communication pack that detailed to patients and carers what was available for them to access when going to appointments. When at appointments, people were focussed on their loved ones and were not paying attention to posters on walls or reading leaflets.

NS said that communication was an ongoing theme and there

<p>had been lots of work on how it could be addressed.</p> <p>JD said that there was now a carer information leaflet for the LD team on how and who to contact. She said she would feed this conversation back to her team with a view to sharing the leaflet prior to an appointment.</p> <p>CW said that she had never seen herself as a carer until she met TF at the Royal Cornwall Show and was encouraged to be involved with the CPB.</p> <p>GL asked that before the next Board there was an update on the status, plans, costs, commitment, participants etc of the Devon and Cornwall Patient Participation System.</p> <p>Partnership Boards Update</p> <p>TF reported that the Partnership Boards team had been working closely with the self-advocate/service user members of the Autism PB and Learning Disability PB over the last few months in smaller groups, face to face, and had discussed various issues/trends, including:</p> <ul style="list-style-type: none"> • Concerns about how the DWP communicate with people with additional needs. There was quite a comprehensive list from everyone who participated, for example, they felt they were seen as less of a priority, there was a lack of trained staff for people with additional needs, how they were meeting the Accessible Information Standard and a lack of recognition vulnerabilities. A comprehensive set of questions was submitted to the DWP for response to next month's PB meetings. • Work with Dr Rebecca Jelbert of the Cornwall Adult Autism Assessment Team. Although not funded to provide post diagnostic support following a diagnosis of autism, they recognised the gap and wanted to provide online information as a minimal way to address that. Attendees discussed what was required and made suggestions. Wider discussion included issues around the barriers people faced with autism if they also had issues with their mental health and making the diagnosis letter more personal/bespoke in order for it to be utilised as a means of sharing more specific information with service providers. • Work with Cornwall Council to engage on the strategies under Delivering Better Care. That work would continue as needs are 	<p>Seek update.</p>
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identified and services developed.

GL said that he knew of people that experienced difficulties with the DWP. TF invited him to bring the issues to her.

Networking

- **Dementia Action week** - conference in Newquay which was successful, and led to connections with potential new members for both the Older Persons and the Carers PBs. Much signposting to relevant services was also undertaken.
- **Royal Cornwall Show** – we made some great contacts and have gained some members from this event, particularly from professionals in the third sector.
- **Blue Light Day** – a very positive event where individuals with additional needs could share their wonderful talents, engage with public services and network with lots of third sector organisations, like ourselves. We engaged with around 100 people and gained some excellent new members for both the APB and the LDPB.

Community Promoter role – has been successful and we now have three volunteers who have joined us and been a great support at public events.

Lost Carers

A very apparent group that we identified, through Blue Light Day in particular, were “lost carers”, people from middle aged and upwards that had never known anything other than caring for their loved ones. We discussed it with SW and she said that Parent Carers Cornwall had identified the same.

The concerns identified were:

- ensuring plans for the cared for in the event of the carer passing;
- ensuring plans for support for the carer if their cared for passed;
- making sure that carers were aware of all forms of support available to them; and
- how to promote available support to those carers that don't want any help. The key element of the conversation being the detrimental effect that stance had on the cared for, who didn't interact with anyone outside of the family.

	<p>SW added that there were carers in their eighties that were not known to the authorities. She urged everyone to consider those people and support when possible.</p> <p>Older Persons Partnership Board</p> <p>The team wanted to restart meetings of the Older Persons Partnership Board, which had halted due to an inability of members to form a consensus on the key issues that mattered to older people.</p> <p>An initial investigative session had been held that morning to begin to identify issues, revisit the Board’s Terms of Reference and consider required representation. Further meetings would be scheduled in due course.</p>	
<p>9</p>	<p>Update on the Informal Carers Support Service</p>	
	<p>Due to the meeting overrunning, JP had left the meeting. However, prior to leaving she had invited any questions on the report circulated in advance of the meeting (click here) to be sent to either herself or the Partnership Boards team for response.</p> <p>She also said that she was happy to host a meeting at CRCC’s Redruth office to discuss any gaps in the provision of Carers Forums since they ceased to be their responsibility.</p> <p>GL said that he had received no feedback following the last meeting about Carers Forums with JP. JP countered that she had an email trail between their grants facilitator & organiser and GL about supporting the Liskeard Forum to become independent from the carers service in terms of facilitation. She would share it with GL.</p> <p>She had suggested that Parent Carers Cornwall investigate any funding opportunities to develop a peer support group for parent carers. She invited a conversation at her Redruth office.</p>	

10	NHSE&I Commitment to Carers Programme	
	<p>Due to the meeting overrunning, Charlotte Harris and Louisa Forbes had left the meeting. The Chair asked that apologies be relayed to both on behalf of the Board.</p>	
11	Parent Carers Cornwall Update	
	<p>A report had been circulated in advance of the meeting (click here).</p> <p>SW added that the Deprivation of Liberty Safeguards (DOLS) was being refreshed and the name was changing to The Liberty Protection Safeguarding Scheme. Once finalised, SW would share with members.</p> <p>Upcoming Events:</p> <p>8th September – a talk with Joanne Grace around sensory stories for people with profound disabilities and sensory deprivation.</p> <p>4th October – the Anachoir conference, run by the Children’s Disability Therapy Teams, would be held at The Royal Cornwall Showground, there would be lots of input from PCC and workshops on the day.</p> <p>SM asked if schools recognised autism. It was important to do so at primary school level as by secondary school age there had already been large detrimental effects to the education of individuals. SW said that there was a lot of work going on in schools and she could report in greater detail if required.</p>	
12	Any Other Business	
	<p>Barnardo’s</p> <p>NC was happy to share that they now had a full staff team in place. Recruitment, as for many organisations, had proved to be a big issue.</p>	

	<p>Sibling young carers amounted to around 1/3 of all young carers on their system and they had a specified worker, on a twelve month contract, that was due to join on 12th September.</p> <p>The key focus of the new contract was on reducing the impact of caring responsibility.</p> <p>They would be recruiting for a new Service Coordinator and it would be appreciated if the advert could be shared far and wide</p> <p>Young Carers</p> <p>Serena Collins, Commissioning Manager, Children and Family Services, Cornwall Council had offered to give the next meeting a review of 1st year of the new Young Carers contract and a progress report on the Young Carers action plan as part of the rollout of that Strategy.</p> <p>The Board agreed to receiving the report.</p> <p>Connecting Health Care: Unpaid Carer Project</p> <p>The Partnership Boards team had circulated the findings earlier this week, with the Board being thanked for its assistance throughout the project.</p> <p>The Advocacy People</p> <p>The Partnership Boards team was meeting with Penny Newman of The Advocacy People the following week and would discuss possible training opportunities and how TAP could assist with widening the Board's membership to different types of carers.</p> <p>Respite Care</p> <p>PH asked about respite care for carers of people in the mid to late stages of Alzheimer's. There appeared to be a shortage in Cornwall. Information needed to be readily available detailing where loved ones could go in order to provide respite. The Chair suggested visiting Care and Support in Cornwall.</p>	<p>Report to next meeting</p> <p>Update to next meeting</p>
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	<p>Challenging behaviour was a big issue, with professionals seeming to hold high thresholds.</p> <p>NS agreed with PH, citing the lack of respite as a key issue that had arisen in feedback received by Healthwatch Cornwall from carers of people with Dementia.</p> <p>AW that it was the same for people caring for people with learning disabilities or autism. There was a real lack of respite care across Cornwall for all types of carers.</p> <p>Transport</p> <p>GL raised the lack of volunteer transport for people to access appointments etc. He felt that more volunteer drivers were required. TAPS could be expensive and weren't always available.</p> <p>SM said that services did not always allow carers to accompany their cared for, which could be very problematic.</p> <p>CJ said that she would talk to the Transport team at Derriford about the issues raised and report back. Derriford was looking into volunteer drivers to take people home but there were a lot of issues to consider - health and safety, DBS checks, insurance and access to a suitable vehicle.</p> <p>Gordon said he has his DBS and could help if his cost was covered.</p> <p>Chairmanship</p> <p>GL asked if it was time to elect a new Chair, stressing that the suggestion should not be taken as an affront by the current Co-Chair in the Chair. The Chair said that the Terms of Reference would be checked.</p>	<p>Update to next meeting</p>
<p>13</p>	<p>Next Meeting</p>	
	<p>2pm, Thursday, 27 October 2022 via Microsoft Teams.</p> <p>Venues offering hybrid facilities would be investigated and accessibility issues considered.</p> <p>Members suggested County Hall, Truro or Chy Trevail, Bodmin.</p>	