

<b>MEETING NOTES:</b>	Carers Partnership Board
<b>DATE:</b>	5 November 2020
<b>LOCATION:</b>	Via Zoom

#### ATTENDANCE

Name	Position	Organisation
Sandra Ward (SW) (Chair)		Parent Carers Cornwall
Helen Newton (HN)	Administration Officer	Healthwatch Cornwall
Mike Hooper (MH)	Partnership Boards Officer	Healthwatch Cornwall
Nuala Kiely (MH)	Partnership Boards Officer	Healthwatch Cornwall
Abbey Mulla (AM)	Carers Lead	NHS England for the South West
Amanda Wilton (AW)	The Patient Council & Carer	University Hospitals Plymouth NHS Trust
Andy Fox (AF)	Head Social Worker	Cornwall Partnership NHS Foundation Trust
Barbara Ellenbroek (BE)	Councillor, member of Health and Adult Social Care Scrutiny Committee and Carer	Cornwall Council
Claire Jukes (CJ)	Patient Services Manager	Plymouth NHS Trust
Caroline Ellis (CE)	Admiral Nurse	Royal Cornwall Hospitals NHS Trust
Gill Pipkin (GP)	Chief Executive	Citizens Advice Bureau
Gordon Lancaster (GL)	Carer	Liskeard Memory Cafe
Helen Hambly (HH)	Research Officer	Healthwatch Cornwall
Jenny Tarvit (JT)	Director	Promas Caring for People CIC
Jo Lovell (JL)	Carer	Parent Carers Cornwall
Kirsty Luxton (KL)		Kernow Carers Service
Liz Trewell (LT)	Head of Risk, Safety and Patient Experience	Royal Cornwall Hospitals NHS Trust
Lynda Berry (LB)	Carer	Helston Carers Forum
Melanie Howes (MeH)	Carer	Helston Carers Forum and Dementia Friends
Pauline Hardinges (PH)	Ex-Carer	Memory Café Liskeard
Sally Mollard (SM)	Ex Carer	Liskeard Memory Café
Serena Collins (SC)	Commissioning Manager for Young Carers and Young Adult Carers	Cornwall Council
Stuart Cohen (StC)	Commissioning Manager	NHS Kernow
Wendy Gauntlett (WG)	Carer	Penzance Carers Forum

## APOLOGIES

Name	Organisation
Ania Nicholls (AN)	Commissioning Officer, Adult Carers, Cornwall Council
Bernadette George	Director of Integrative Governance, Royal Cornwall Hospitals NHS Trust
Bernie DeLord (BD)	Director, Promas Caring for People CIC
Caroline Ellis	Admiral Nurse, Royal Cornwall Hospitals NHS Trust
Chris Wolstencroft	Fire & Rescue
Derek Hoddinott (DH)	Consultant, Cornwall Council
Donna Darby	Head of Client & Partnership Networks, Cornwall Care
Gill Lovell	Carer
Jayne Price	CRCC
Jenna Grassick	Action For Children
John Groom	Director for Integrated Care Cornwall Council/NHS Kernow
Kevin Downing	Lead Practitioner for Young Carers & Lead on Carers Contract, Action for Children
Liz Pagett	Carer
Neil Lindsay	Carer
Rob Rotchell	Portfolio Holder, Cornwall Council
Sharon Tisdale	Royal Cornwall Hospitals NHS Trust
Simon Mould	Interim Service Director Communities Cornwall Council
Teresa Parsons	Alzheimers Society
Wendy Kearsley	CRCC

### ACTION LOG

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
05/11/20	Future meetings - Teams, rather than Zoom, the preferred option. Arrange assistance for members unfamiliar with Teams.	MH	Ongoing. Meeting dates will be set following consultation with KCS and invites circulated by the end of the year.
05/11/20	Agenda item - Embrace Care	MH / DH	Ongoing. May 2020 meeting cancelled. Update agreed for Nov 2020 meeting but not received.
05/11/20	Council's Health and Adult Social Care Overview and Scrutiny Committee to receive Healthwatch Cornwall Coronavirus report.	MH	Complete. Democratic Services circulated report and requested comments 09/11/20.
05/11/20	AM to forward slides for circulation with the Minutes of the meeting	MH / AM	Complete.
05/11/20	Circulate details of courses available following the meeting.	MH / JT	Complete. Information circulated 06/11/20.
05/11/20	PH to email details of hospital transport issue to NK.	PH / NK	Ongoing.
05/11/20 & 30/07/20	MH to seek response from DH re question on adults with learning disabilities who had personal budgets for day services that shut in March.	MH/DH	Ongoing. MH emailed DH both in advance of and following 30/07/20 meeting and following 05/11/20 meeting. Awaiting response.
05/11/20 & 06/02/20	Members requested to revisit the minutes of the February meeting and submit questions in order to inform the DWP of the information requested.  Contact DWP re attendance and agenda item - Accessing Benefits (PIP).	MH	Ongoing.
07/11/19	Request proposals for suitable alternative venues for CPB meetings.		Ongoing due to Covid-19 restrictions.
01/08/19	Board members to send NK suggestions for alternative meeting places	MH	

Item no.	What was discussed	Action
1	<p><b>Meeting Etiquette</b></p> <p>MH opened the meeting by reminding everyone to remain on mute when not speaking and to use the chat box or to raise a hand when wishing to speak or ask a question.</p> <p>Whilst everybody was encouraged to speak freely there would be a zero tolerance approach to bullying.</p> <p>With regard to the future development of the Carers Partnership Board, progress continued in line with the next steps report. However, the COVID-19 pandemic meant that it was not currently possible to undertake an open and fair recruitment process. Members would be kept updated.</p>	
2	<p><b>Minutes of the meeting held on 30 July 2020</b></p> <p>The minutes of the meeting held on 30 July 2020 were confirmed as a true record.</p>	
3	<p><b>Actions from previous meetings</b></p> <p>The status of actions from previous meetings, as detailed in the updated table within the minutes, were noted.</p> <p>LB stated that Derek Hoddinott had not been in contact with her following last meeting.</p>	MH to follow up
4	<p><b>Matters arising from previous meetings</b></p> <p>NK noted that at the February meeting there was an action to contact DWP regarding accessing benefits. NK asked members to forward questions to <a href="mailto:partnershipboards@healthwatchcornwall.co.uk">partnershipboards@healthwatchcornwall.co.uk</a> for her to present to the DWP. She would prefer not to ask them to attend a meeting without providing specifics of what people need to know.</p> <p>Future meetings - it was agreed that Teams was the preferred option for future meetings.</p> <p>NK noted that DH had not provided an update on Embrace. The project, which was about integrating health and care and was part of a national project. The aim was to assess needs within two hours of arrival at A&amp;E to identify the best option/s for discharge. Embrace newsletters would continue to be circulated to the Board as and when they were received by Healthwatch Cornwall. It was hoped that DH would provide an update at a future meeting.</p> <p>GL asked for an updated on the discussion point regarding improvements in communication between Carers Forums and the</p>	<p>Members to revisit the minutes of the February meeting and submit questions.</p> <p>MH to issue invite accordingly</p> <p>MH to request DH Embrace update.</p>

	<p>CPB. MH stated that CRCC had this week initiated the processes agreed in July and it was hoped would resolve the issues.</p>	
<p>5</p>	<p><b>Cornwall Coronarvirus Survey 2020</b></p> <p>Helen Hambly, Healthwatch Cornwall (HC), shared the results of the survey that HC ran in the summer regarding access to and quality of information and advice around health and social care services during the pandemic.</p> <p>The detail of the survey responses were included in the report, circulated with the agenda. The following key points were highlighted:</p> <ul style="list-style-type: none"> <li>• The survey received nearly 2,000 response, many more than had been anticipated.</li> <li>• The survey was available to complete online and by phone.</li> <li>• There was a broad representation across Cornwall, with the exception of Port Isaac and Boscastle.</li> <li>• The majority of respondents were female between 35-74. 22% described themselves as carers and 45% were key workers.</li> <li>• 12% of respondents had a disability and 30% had a long term condition.</li> <li>• Many people said that government advice was confusing or that they did not trust it whilst local advice from the NHS, GP's, Volunteer Cornwall and Cornwall Council was much more helpful and trusted.</li> <li>• Whilst there were a large number of delayed or cancelled GP appointments and poor communication around that, many people appreciated telephone consultations and not having to travel to a physical location and the time saving that gave them. There were some difficulties experienced with telephone appointments however, largely around not being aware exactly what time to expect the call and therefore being unprepared, and also some hearing or communication difficulties over the phone or video.</li> <li>• 52% of respondents mentioned changes in care at home or residential care. Communication about the changes appears to have been mixed and the most common theme was around reduced support as a result of the closure of day centres, respite care, no hours from carers and PA's and loss of cleaners.</li> <li>• Using a mental health and wellbeing scale, the survey also highlighted an increase in anxiety. Over 1,000 people mentioned the impact the pandemic had on their mental health and wellbeing, citing separation from family and friends and financial worries. Some people, however, appreciated working from home more.</li> <li>• Carers particularly told practical issues around caring responsibilities and separation from family and friends and the resulting impact on their mental health.</li> <li>• 20% of respondents said they had been volunteering through either Volunteer Cornwall or local informal support.</li> <li>• Unfortunately, feedback from young people/young adults was</li> </ul>	

<p>limited. HC were keen to engage more effectively with those groups moving forward.</p> <p>A second national lockdown had begun that day and NK said that whilst many widely raised issues were ongoing, there was a lot of information available on Cornwall Council’s website and there was some very good Government guidance available about what people were now able to be offered locally.</p> <p>However, there did not seem to be a recognition that if a person had eligible needs it was the responsibility of the Council to meet those needs.</p> <p>If a PA was off sick, the available guidance advised to phone Disability Cornwall. However it was the Council’s responsibility to deal with those issues.</p> <p>If a PA was unable to work and a family member stepped in to care for the person, normally a direct payment wouldn’t allow the individual to be paid. However, under the Covid Act, payments could now be received in the event of a PA being unable to fulfil their role.</p> <p>LB queried whether people were aware of the impact of the Covid Act, stating that she had experienced the PA budget being stopped as the service was provided by an external provider. NK said that information could be found via the Direct Payments advice line.</p> <p>BE stressed the importance of the report being received by the Council’s Health and Adult Social Care Overview and Scrutiny Committee in order to help raise awareness of the strain on carers. MH undertook to liaise with the Chair and Democratic Services.</p> <p>SW suggested that HC should consider doing a follow up survey next year. It was likely that the winter would be particularly difficult for carers so it would be useful to re-engage in the spring to find out how it had impacted on them.</p> <p>BE reinforced the need to ensure that consultations and surveys were fully accessible to the most vulnerable and those in digital poverty. NK advised that HC’s research and engagement was always conducted through a number of different routes in order to reach the widest audience possible.</p> <p>CJ added that Derriford Hospital was very much aware of the reliance being placed on digital technology at the expense of those who do not have access to computers and smart phones etc. They were looking to introduce digital volunteer champions, particularly for outpatient services.</p> <p>CRCC also had a Digital Inclusion project designed to support people to use online resources.</p>	<p>MH to contact HASCOSC</p>
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	PH cited an example of somebody who had called the 24 hour mental health support line only to be told to contact 999. She questioned how many people were calling helplines but not receiving appropriate support.	
6	<p><b>Update on the Carers Strategy</b></p> <p>NK reported that Ania Nicholls, Commissioner, Cornwall Council, was currently working on a detailed action plan following on from the Strategy. The Board had previously received the engagement report which informed the Strategy. The tender process would begin in January/February 2012 with a view to the new service being operational from July.</p>	
7	<p><b>Carers Objectives in the NHS Long Term Plan</b></p> <p>Abbey Mulla, Carers Lead with NHS England for the South West, introduced himself, stating that he worked in all areas in the SW and with the partners in each area - local authorities, NHS, Community Foundation Trusts, Acute trusts and third sector colleagues. His focus was on how he could support the regions in achieving the objectives in the NHS Long Term Plan.</p> <p>Some of the objectives were probably happening in Cornwall already e.g:</p> <ul style="list-style-type: none"> <li>• How GP practices could better support and identify carers;</li> <li>• How GP's and other support organisations ensured that there were contingency plans for carers;</li> <li>• The need for electronic records for carers to ensure contingency for the cared for person;</li> <li>• How GP's could better support young carers, one suggestion being to offer social prescribing.</li> </ul> <p>It was hoped that GPs would take up most of the recommendations but some were optional.</p> <p>Cornwall was ahead of many areas in already having a Carers Partnership Board. AM would like to work with the CPB to help to influence and facilitate better support for carers.</p> <p>AM added that he was influencing what was happening generally rather than working directly with PCN's.</p> <p>BE noted that there were a large number of very small GP practices in Cornwall and it was much more difficult for them take all of the actions that the NHS was asking of them compared to a larger practice which had greater resources.</p> <p>AM added that a PCN area could cover a population of 30-50K and that could include any number of GP practices. There was funding being drawn down for PCN's to look at how they could tackle health inequalities in their area. It was very prudent for GP's to pool</p>	AM to forward slides for circulation with the Minutes of the meeting



	<p>resources to tackle the issues.</p> <p>AF asked whether, from a mental health perspective, AM was aware of the strong Triangle of Care groupings that ran throughout the region, bringing together initiatives for carers. AM said that he had attended two Triangle of Care meetings and he also attended ADASS (Association of Directors of Adult Social Services). He was trying to meet with the right people to influence where he could.</p> <p>SE asked whether personal health budgets are included in the Long Term Plan. AM advised that whilst there was nothing included about personal budgets he would be happy to have a conversation outside of the meeting to offer support.</p> <p>StC added that carers personal budgets were jointly funded by Health and Social Care and there was a rolling out of personal health budgets currently being worked on.</p>	
<p><b>8</b></p>	<p><b>Kernow Young Carers Update</b></p> <p>As Kevin Downing had submitted apologies, NK detailed the report circulated in advance of the meeting, which showed the number of young carers increasing significantly.</p> <p>A wide range of activities continued to be available for young carers both one to one and via Facebook. Action for Children had secured significant emergency funding to provide school clothing, equipment, assistance for families that had moved home etc. Plans for the second quarter included locality youth groups, home education youth groups and more face to face activities in the run up to Christmas.</p> <p>SC noted that there had been a good uptake from schools, which was positive. Work had escalated as connections with schools had developed and young carers identified as the most vulnerable and in need, and those who accessed emergency support, would be contacted to identify the support required. Where safe to do so, young carers would continue to receive face to face support, assessments etc. and family hubs would remain open.</p> <p>There had been a big escalation in the number of referrals with just over 100 every month. That number would be unsustainable from a commissioning perspective, funding did not increase in line with the number of referrals, so it was important to look at how services could be provided. There was strategy work underway, details of which would be brought to the Partnership Board next year. It was due to be in place by 1 April and tender activity was taking place now. Young people were being consulted about new services with a view to implementation from 1 July. There would be separate strategies for young carers and for adult carers.</p> <p>There were over 600 young carers below the age of 10 so more focus would be placed on primary schools in the new strategy and</p>	



	<p>specifically on taking a more preventative, emotional resilience approach, and trying to reduce the caring responsibility on the group. It was important to appreciate the impact on young carers' education.</p> <p>AM added that the national objectives in the Long Term Plan included a section for young carers, part of which referred to young carers champions. The plan was to recruit young carers to help shape the future strategy in how best to support young carers. It was a residential programme so they would be required to go with a support worker. If anybody was interested in more information AM would share it.</p> <p>SC said that she was keen to find out more about the work AM was doing in order to further understanding of the national picture.</p>	
<p><b>9</b></p>	<p><b>Kernow Carers Service Update</b></p> <p>KL presented the report circulated in advance of the meeting.</p> <p>463 carers assessments had been completed over the last quarter with an average of 292 referrals being received each month. The Service was commissioned for 165 so the amount of work was now exceeding the ability of the service to deliver.</p> <p>The last quarter saw 629 new carers being identified with a steep increase in the number of people being reached through Facebook.</p> <p>The Service delivered 9 virtual Carers Forums but there were challenges trying to reach people as not everyone was keen on virtual meetings.</p> <p>Following a donation from a carer in Bude, there were 30 hampers available for carers. Nominations were being sought in the Bude area and it was hoped that the hampers would be delivered to those people in December. Everyone was encouraged to share details.</p> <p>WG reported that Penzance Carers Group had received several phone calls from carers in crisis but the support worker for that area had left.</p> <p>KL advised that support workers operate across Cornwall and they were happy to support all carers. Initial contact should be made through the Family Information Service who would contact Kernow Carers, to make contact with the carer.</p> <p>CE added that the remit of the Admiral Nurse Service had been extended. Previously, it had supported the families of people diagnosed with dementia when admitted to an acute hospital. It now also included families living in their own homes and in the community.</p> <p>If anybody knew of a dementia carer in crisis they could be referred</p>	

	<p>to the Admiral Nurse Service.</p> <p>AW queried whether hard copy newsletters were still being issued for those without digital access. KL said that a newsletter had not been issued recently but one would be produced in the near future and issued in hard copy.</p>	
10	<p><b>Promas Update</b></p> <p>JT detailed the training and activities offered by Promas to support physical and mental and emotional wellbeing. They ran a range of courses from Nordic walking to support for dementia carers.</p> <p>Face to face courses were currently on hold but many people did not like Zoom and Skype so training was currently being done by phone and the uptake had been exceptional.</p> <p>Funding was available for a helpline for carers which offered up to 6 weeks support.</p> <p>Promas were looking at research into male carers support needs as many of the services currently available were not suitable.</p> <p>The service was designed by carers for carers and the support and training provided was constantly being evaluated and updated based on feedback received.</p> <p>Courses were free to any carer in Cornwall. There was no charge for a licence. Promas would provide a code that enabled access. The first bundle of courses was generic for any carer and the next bundle was for dementia carers.</p>	<p>MH to circulate details of courses available following the meeting</p>
11	<p><b>Trust Carers Group Update</b></p> <p>AF presented the reported circulated in advance of the meeting, stating that the number of carers assessments requested by female carers were almost double that for male carers and equated to around 9-14 per month.</p> <p>The Group were continuing with the Triangle of Care initiative and trying to broaden it out.</p> <p>Unfortunately, the Trust Carers Committee had not been able to meet during the pandemic. There were limitations on the use of Zoom across NHS Trusts and Teams was the preferred option. However, not all carers used Teams so work was required to make that happen.</p> <p>CFT and RCHT were amalgamating and a review of the carers policies was underway to try to amalgamate physical healthcare and mental healthcare. It would encompass around 10,000 staff.</p>	

	<p>AF was leaving the lead role for carers, which he hoped would be placed under the new nursing directorate arrangements.</p> <p>NK stated that there was a ‘sharing good practice’ meeting for carers last year and wondered whether Derriford could also be involved in some way.</p> <p>AF noted that Derriford had shown great initiatives in how they provided services for carers.</p> <p>NK said that it was important that the Board continued to receive TCG updates.</p> <p>NK queried if the peak in assessment numbers around June and July was as a result of coming out of lockdown. AF agreed that there was a sudden increase following lockdown.</p>	
<p><b>12</b></p>	<p><b>Any Other Business</b></p> <p>SW reported that Parent Carers Cornwall were continuing support through online coffee mornings and the collation of wellbeing packs for carers.</p> <p>A new Social and Emotional Mental Health School for Cornwall was to be built for 65+ children in the Bodmin area. The build had been delayed and therefore was not likely to open until 2023. PCC were also involved in the development of a new Women and Childrens Wellbeing Centre at Treliske.</p> <p>Transport had been a huge issue for parents and carers. Children with SEN were being sent to school in the same taxis as other children rather than with those within their bubble.</p> <p>The Neuro Developmental Pathway was ongoing and had a huge waiting list.</p> <p>Three respite centres in Cornwall would continue to stay closed for the foreseeable future but Lowenna was reopening for emergencies only. People would have to go for 2-3 nights and also stay for daycare but it would provide some families the opportunity for a break.</p> <p>BE thanked SW and NK for help given to one of her local residents in sorting out transport to Cornwall College for her son with a learning disability. It had caused significant distress to both the mother and the son, who thought he wasn’t going to be able to continue his course.</p> <p>BE had met the previous day with Helen Charlesworth-May, Joint Accountable Officer for Public Health and Care. Letters providing advice on how individuals could protect themselves during the second lockdown were to be issued to those who had shielded previously.</p>	

	<p>NK highlighted the amount of information relating to COVID-19 available on the Council’s website. There were also phone lines available. All of the phone lines that were in place pre-Covid were still in operation and it was important that people used them and did not suffer in silence. There was also financial support available, foodbanks were open etc. If anybody was unsure of who to call they could contact Healthwatch Cornwall for guidance.</p> <p>CJ gave assurance about visiting restrictions at Derriford. Carers were being permitted to visit on a case by case basis.</p> <p>AW added that the LD and Autism service at Derriford would offer a 7 day service from 8 am to 4 pm for a 6 month trial period, although there would be a reduced service on the weekend. They would also be supporting people with LD and autism for outpatient appointments.</p> <p>A youth council was being set up and representation from all young people, especially young carers, was sought. Members were encouraged to share details with potential participants.</p> <p>PH referenced an issue about hospital transport which has been brought up on various Forums.</p> <p>All agreed to use Teams for the next PB meeting.</p>	<p>PH to email details of hospital transport issue to NK.</p> <p>MH to arrange assistance for members unfamiliar with Teams.</p>
<p><b>13</b></p>	<p><b>Date of next meeting</b></p> <p>2021 meeting dates would be agreed and circulated in due course.</p>	<p>HC and KCS to liaise to ensure that Carers Forums and Partnership Board meetings align appropriately.</p>