



Minutes

Citizen advisory panel (CAP)

22 January 2021
10am
Microsoft Teams

Attendees

- Sally Turner, CAP lay member (chair)
- Andrew Abbott, director of primary care, NHS Kernow Clinical Commissioning Group
- Steve Bird, CAP lay member
- Kathy Doeser, CAP lay member
- Clare Greenwood, executive officer, Hearing Loss Cornwall
- Joan Heaton, CAP lay member
- Nikki Kelly, Governing Body member for patient and public involvement, NHS Kernow Clinical Commissioning Group
- Nigel May, CAP lay member
- Ben Mitchell, engagement officer, NHS Kernow Clinical Commissioning Group
- Louise Moore, patient and public involvement assistant, NHS Kernow Clinical Commissioning Group
- Nigel Morson, CAP lay member
- Jeremy Preedy, CAP lay member
- Amanda Stratford, chief executive officer, Healthwatch Cornwall
- Neil Walden, trustee, Volunteer Cornwall

Guests

- Tryphaena Doyle, COVID-19 vaccination programme lead, NHS Kernow Clinical Commissioning Group
- Stuart Cohen, commissioning manager, NHS Kernow Clinical Commissioning Group
- Kieran Bignell, head of integrated urgent care services, Kernow Health CIC
- Julie Green, programme manager - urgent care, NHS Kernow Clinical Commissioning Group
- Trudy Corsellis, deputy director of corporate governance, NHS Kernow Clinical Commissioning Group

Apologies

- Hollie Bone, engagement manager, NHS Kernow Clinical Commissioning Group
- Helen Charlesworth-May, strategic director for public health and care, accountable officer, NHS Kernow Clinical Commissioning Group

- Laura Patrick, head of communications and engagement, NHS Kernow Clinical Commissioning Group
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Minutes from the meeting

Item 1 - Welcome and apologies

Sally welcomed everyone and apologies were noted. Sally gave an update on Jim Harris, who had decided to step down from the group.

Item 2 - Minutes and action log from previous meeting

The minutes of the meeting held on 18 December 2020 were reviewed. With the following amendment the minutes were agreed:

- Page 3, second line should read primary care 'network' development fund.

The action log was reviewed and updated.

Item 3 - Update on community mental health proposal - bid and engagement

Stuart explained about the proposal that had been submitted to NHS England around new and integrated models of community and primary care, including test and learn projects and peer support workers, with lived experience.

Comments from CAP members were that language should be people centred, should be talking about people not patients. Stuart agreed that working with the voluntary sector would help embed that change in language.

With regard to the questions to be asked in the test and learn project, it was felt the questions were too direct. Stuart advised that it was an established model but understood what they were saying and felt that the existing questions could be used as a basis that could be developed and would evolve.

Mark Morris was the lead GP for the Penryn test and learn. Sally suggested that Stuart might like to seek input from the Central Integrated Care Area (ICA) patient participation group (PPG) umbrella group too.

Amanda suggested that Healthwatch could facilitate a group to co-produce and evaluate the framework. A co-produced framework would be meaningful and get the answers required too.

Clare gave some examples of the challenges for deaf people in accessing mental health and other health services. Clare was working on a British Sign Language (BSL) video of the coronavirus and wellbeing guide.

Stuart confirmed that public health colleagues had been involved in the development of the submission and areas of inequality and issues for particular groups had been considered.

Members of the group were glad to hear about the links to the voluntary sector. Stuart confirmed that there was a requirement to work with primary care networks (PCNs) and had made contact with them but not met with all of them yet.

Nikki had a number of suggestions and questions and Stuart agreed to meet with her outside of the meeting to discuss.

Item 4 - Lay members in the integrated care system

Trudy explained what she believed the integrated care system (ICS) guidance would mean locally, and that NHS Kernow would become an ICS entity and work with providers. Neil felt that it was important to have engagement at ICS, ICA and PCN level.

Andrew felt that CAP should consider what the features of their role and engagement should be rather than the structure. What is important to the group and what must be done? There should be a focus on purpose, function and value that can add, rather than on structures.

There was discussion around the draft document that Trudy had brought to the group. Trudy suggested that CAP report quarterly to the people and organisational governance group (previously workforce committee). A paper would go to the April Governing Body meeting outlining the plan.

Andrew and Trudy would pick up with the senior leadership team on how to commit sustainable resources to CAP. Amanda suggested that Healthwatch or other independent organisation could host CAP or a perhaps there could be a new post to support and develop the workplan.

The people and organisational governance committee terms of reference were being presented to the Governing Body the following week and Trudy would send a copy of that paper to CAP members. Trudy offered to help with the re-drafting of CAP terms of reference. All members of the group were asked to review the current terms of reference and send their comments to Sally. Sally to raise with Governing Body and report back to CAP members.

Item 5 - Update on local vaccination programme

Tryphaena advised that a good start had been made on vaccinating the most vulnerable people according to the joint committee on vaccination and immunisation (JCVI) priority list. By Sunday all care home staff and residents locally would have been offered a vaccination.

Sustainability and transformation partnership level data is [now available](#) as well as up to date [vaccination information](#) on NHS Kernow's website.

Hospital hubs at the Royal Cornwall Hospital, University Hospital Plymouth and North Devon were vaccinating front line staff and were routinely providing 400 vaccinations per day. There were currently 13 primary care network level clinics, which would increase as more Oxford AstraZeneca vaccines were received. The Moderna vaccine had been approved, however, there was no news relating to the roll-out of that. Primary care teams were using the Oxford AstraZeneca vaccine for housebound patients and care homes.

There was still no evidence with regard to a person's ability to spread the virus once vaccinated.

Tryphaena answered questions which members of the group had.

Item 6 - Equality and health impact inequalities assessment - NHS 111 First

Kieran advised that they would welcome support with public and stakeholder engagement and if there were any meetings they can suggest that he might like to attend he would be happy to do so. Kieran invited CAP members to attend their end to end meetings.

Comments on the document presented to CAP were that there should be reference to people and not patients, and that the word nosocomial required explanation.

Kieran reassured CAP members of the local solution for those attending University Hospital Plymouth and North Devon Hospital.

It was not always clear whether people with primary care requirements should phone 111 or their own surgery. Kieran agreed that some more local communications could be done around that.

Additional questions were asked regarding high intensity users and clarification around when the clock (in relation to the 4-hour target) started.

Item 7 - Feedback and reports from citizen advisory panel members on recent meetings attended

It was requested that written reports from CAP members be added to the website along with meeting minutes. There were no verbal reports this month. Nigel May had submitted a written report.

Item 8 - Any other business

The agenda for the next meeting would include the role of CAP. A guest from Advocacy People would be invited as well as some councillors.