



Citizen advisory panel (CAP) meeting minutes

25 September 2020
10am to 1pm
Microsoft Teams

Attendees

- Sally Turner, CAP lay member (chair)
- Steve Bird, CAP lay member
- 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
- Kathy Doeser, CAP lay member
- Clare Greenwood, executive officer, Hearing Loss Cornwall
- Ian Jones, chief executive, Volunteer Cornwall
- Nikki Kelly, Governing Body lay members for patient and public involvement, NHS Kernow Clinical Commissioning Group
- Nigel May, CAP lay member (vice chair)
- 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

Apologies

- Joan Heaton, CAP lay member

Minutes from the meeting

Item 1 - Welcome and introductions

Sally welcomed everyone and apologies were noted.

Before starting on the agenda, there was discussion about the increased pressure in primary care.

Action 60/2020

Jeremy to email Andrew Abbott and John Groom to highlight the issues.

Item 2 - Minutes and actions from the previous meeting

The minutes of the meeting held on 28 August were noted as an accurate record of the meeting.

The action log was reviewed and updated.

Helen updated CAP members regarding recruitment to senior roles. It was being considered whether current senior leaders could fulfil roles such as the system communications lead. Sally agreed that it made sense not to recruit to extra jobs.

Helen confirmed that recruitment of a system chief executive was to go ahead as that was a requirement for the success of the bid to become a mature integrated care system.

Item 3 - CAP and ICA lay membership

Sally believed that people and community should be at the centre of engagement, with friends, family, church, community groups, local councils, patient participation groups (PPGs), surgeries, social prescribers, voluntary sector alliance, outpatient clinics, patient groups and cafes all revolving around that. Views of those groups could then be fed into the lay representative on bigger groups and boards, such as the integrated care area (ICA) boards. Jeremy was a representative on the west ICA board and Sally was an interim member on the mid ICA board.

Carrick PPG representatives had recently met through Microsoft Teams.

Kathy advised that her PPG in south Kerrier had no contact with the other PPGs in the area. There will be a new south Kerrier reference group which would form a link to the west ICA. The first meeting of the south Kerrier reference group would be in October.

Nigel Morson referred to Nigel May's work on establishing whether PPGs were functioning, dormant or virtual and suggested that could be reviewed and updated.

Ian updated the group on his work looking at social capital with St Austell Primary Care Network (PCN).

Helen was clear that the governance of the ICAs should ensure that there was a patient and community voice.

There was discussion about the difficulties of engagement with those that don't usually get involved. Nikki suggested that the right mechanisms needed to be used and the community makers could help with links to the correct people. Nikki had some workshop slides that she would share with the group.

There was discussion about the new models of care workshop, where the emphasis had been on the person rather than the condition.

There was also discussion about domiciliary care and the commissioning of that. It was also mentioned how those who deliver domiciliary care may not always get the recognition that they deserved, and this was an opportunity for NHS and social care to recognise and say how important that work was.

Nikki was aware of examples where carers had been instructed not to signpost people and suggested they could have a directory or the help@hand app which would enable them to support their clients.

It was noted that Launceston Town Council had agreed that the Launceston PPG should be a recognised organisation with a representative on the town council. That representative was Joan.

Action 61/2020

Jeremy would contact members of the west ICA to ask whether Kathy could join that as a representative from south Kerrier.

Action 62/2020

Nikki to share the workshop slides.

Action 63/2020

Hollie to include item in the CAP and PPG bulletin about the importance of domiciliary care.

Action 64/2020

Nikki to send details regarding carers not being allowed to signpost their clients to alternative provision, to Helen.

Item 4 - Citizen groups

Nikki and Sally would continue to work towards piloting a citizen group in Perranporth.

Item 5 – Feedback and reports from CAP members on recent meetings attended

There were no additional reports or CAP member feedback to discuss.

Item 6 - Any other business

It was noted that some PPG meetings had continued during lockdown using Zoom. However, other PPGs had not met for some time.

There was discussion about Cornwall Council's rule that members of the public can only ask 2 questions of the Health and Adult Social Care Overview and Scrutiny Committee (HASCOSC) in any one year.

Nikki offered to help arrange a virtual PPG seminar for Cornwall.

Action 65/2020

Hollie to include an item in the CAP and PPG bulletin suggesting the use of Zoom meetings and offering support.

Action 64/2020

Helen to contact democratic services, to find out more about the governance reasons for only allowing 2 questions per year, from members of the public at HASCOSC.