



Citizen advisory panel (CAP) meeting minutes

26 February 2021
10am to 1pm
Microsoft Teams

Attendees

- Sally Turner, CAP lay member (chair)
- Hollie Bone, engagement manager, NHS Kernow Clinical Commissioning Group (NHS Kernow)
- Helen Charlesworth-May, strategic director for public health and care, accountable officer, NHS Kernow, joined from 11.30am
- Kathy Doeser, CAP lay member
- Mario Dunn, chief executive officer, Healthwatch Cornwall
- Clare Greenwood, executive officer, Hearing Loss Cornwall
- Joan Heaton, CAP lay member
- Nikki Kelly, Governing Body lay members for patient and public involvement, NHS Kernow
- Nigel May, CAP lay member (vice chair)
- Louise Moore, patient and public involvement assistant, NHS Kernow
- Ben Mitchell, engagement officer, NHS Kernow
- Nigel Morson, CAP lay member
- Laura Patrick, head of communications, NHS Kernow, joined from 11am
- Jeremy Preedy, CAP lay member
- Neil Walden, trustee, Volunteer Cornwall

Guests

- Jayne Kirkham, Cornwall Councillor
- Colin Martin, Cornwall Councillor and health and adult social care overview and scrutiny committee vice chairman
- Penny Newman, The Advocacy People

Apologies

- Ian Jones, chief executive, Volunteer Cornwall

Minutes from the meeting

Item 1: Welcome and introductions

Sally welcomed everyone and apologies were noted.

Item 2: Minutes and action log from the previous meeting

The minutes of the meeting held on 21 January 2021 were reviewed and agreed with the following amendment.

Nigel Morson believed the minute of item 4 was not a good reflection of the discussion and felt more detail was required regarding the concerns and questions that CAP members had raised. Sally advised that CAP members' concerns had been included in her report to the Governing Body. Minute to be amended to include the sentence: Sally to raise with Governing Body and report back to CAP members.

Nigel May noted in a recent GP bulletin that there were issues relating to discharge to assess, he had previously questioned whether there were enough assessors at University Hospitals Plymouth (UHP).

Neil had done an analysis of several meetings of the Penwith integrated care forum and had sent the detail and a summary to Sally. Sally felt that this information would be very useful to inform future discussions as this highlighted gaps as well as previous work. Neil had 1 or 2 ideas about how to progress this piece of work and use the information gathered. This would be discussed at a future CAP meeting.

The action log was reviewed and updated.

Action 01/2021

Nigel May to discuss the situation regarding discharge to assess assessors with the Cornwall discharge team at UHP and report back to CAP members.

Action 02/2021

Neil to share both the summary and detailed analysis of the Penwith integrated care forum minutes with CAP members.

Item 3: The Advocacy People

Penny Newman joined the meeting to talk about the services provided by The Advocacy People. Services included statutory advocacy support, non-statutory support and help for people with an assessed vulnerable need. Penny's organisation supports people to have their say, they have no opinion in the process, only knowledge and experience of situations and the law.

The majority of work the organisation provides was in relation to mental health, working with people from age 16 to end of life. Different ways of working have been implemented due to the pandemic.

In response to a question, Penny confirmed that Care Act referrals go to them via a social worker. Referrals in relation to mental capacity can go to them from care homes, family, GPs or any other person.

Joan highlighted that the COVID-19 pandemic had meant some individuals in custody had not been able to access advocacy support, and the difficulty of getting appropriate adults when services were only available between 9am to 5pm.

The issue of confidentiality of online provision was discussed.

In response to a question, Penny advised that their new contract would enable them to set up support groups around the county and train volunteer facilitators. The Advocacy People could also provide training in advocacy.

Colin Martin was pleased to hear about the enhancements to the contract but wondered if there were other areas where a 24/7 advocacy service was provided. The service was contracted by Cornwall Council and was a joint health and council contract. Penny explained that sometimes it would be useful to be able to support someone in hospital or care home in the evening or at night.

In response to a question, Penny confirmed that they had seen an increase in people with mental health conditions requiring their support.

Nigel Morson asked where CAP could go to get representation from the mental health and learning disability communities in Cornwall and Penny confirmed that they could speak with past and present clients and put them in touch with CAP if interested.

Sally suggested that Penny could also speak to the integrated care area (ICA) boards, umbrella groups and patient participation groups to raise awareness.

Penny advised that when people are detained under section, they are told an advocate will come to see them, the person can then opt-out if they wish. This has increased referrals, as with the previous opt-in system people may not have had an advocate if they didn't know what one was.

In response to a question, Penny advised that if they felt there was an issue, they would raise that with the social worker, decision maker, GP or consultant if the client allowed them to do so. Also, as an organisation quarterly review meetings are held, and issues discussed as appropriate then.

Sally suggested that Penny could link with the co-ordinate my care project.

Hollie wondered if The Advocacy People got involved in co-design of services and how NHS Kernow could link in with them regarding that. Penny advised that the contract did not cover that but the training for support groups in the community and the volunteer programme may become involved in that.

Colin Martin had found that, as a councillor, it was apparent that some people were missing out on having someone to speak for them. Colin felt that everyone should have support to get their voice heard.

Kathy suggested that community network panels could share information about advocacy and other services and perhaps should have health and social care on the agenda more often.

Nikki advised that better engagement with the local community network panel had been tried and felt that this was an area for development. Nikki would welcome further discussion with Penny about how links could be made with the citizens' forums.

Nigel May wished to discuss discharge to assess and advocacy further with Penny.

In response to a question from Sally, Colin advised that if the CAP agenda were sent to the health committee email address as a matter of routine, the councillors could then decide if there was anything they wished to come and listen to.

Action 03/2021

Penny to share The Advocacy People contact centre details.

Action 04/2021

Nikki and Penny to have a discussion regarding links to the citizens' forums.

Action 05/2021

Nigel May to discuss discharge to assess with Penny.

Action 06/2021

Sally to arrange to send the CAP agenda to the health committee email address for information in future.

Item 4: Feedback and reports from CAP members

NHS primary care commissioning committee

Nigel Morson gave a verbal update on the most recent primary care commissioning committee meeting; the written update would be circulated following the meeting.

Nigel's update included mention of the Grampound surgery engagement. Nigel and Hollie were working on guidance to provide to GP practices to support them with engagement with their patients and communities regarding proposals to change services. The local enhanced services (LES) scheme was also discussed. There was confusion over a stakeholder workshop that took place on 14 October regarding LES which had not had any public attendance. No CAP members recalled seeing or hearing anything about such an event.

NHS 111

Sally had provided a written update. Julie and Kieran would be attending the next central ICA patient participation group (PPG) umbrella group meeting in March to talk more about Think 111.

NHS Kernow Governing Body

Sally provided a written update on the Governing Body meeting that she had attended.

Action 07/2021

Nigel Morson to find out more about the 14 October workshop and report back to CAP members.

Item 5: Any other business

Hollie and Ben to attend the March CAP meeting to talk about the virtual PPG conference. Hollie suggested that there should be a smaller working group that would meet to prepare for the conference. All to think about ideas for the PPG conference.

Ben to circulate a paper regarding the discussions he had been having with colleagues in Dorset regarding patient participation groups.

Sally advised that Julie Gripton from the Health and Social Care Academy had requested to come to a CAP meeting to update on recent developments. Karen Lodge from Kernow Health CIC would also like to attend to update on the co-ordinate my care project. Cornwall Bereavement Network would also like to attend.

Sally advised that as there had been very few applicants for the chair of NHS Kernow position, there would be just an interview panel and no stakeholder meeting.

Sally welcomed Mario Dunn, who was the new chief executive officer of Healthwatch Cornwall.

Action 08/2021

Virtual PPG conference, to be on the March agenda.

Action 09/2021

Ben to circulate a paper regarding the discussions he had been having with colleagues in Dorset regarding patient participation groups.

Item 6: CAP governance update

There was in depth discussion about the terms of reference. All comments and amendments were noted, and Hollie and Trudy would produce a new version.

Helen agreed to ask John Govett to consider extending an invitation for a CAP representative to sit on the senate.

Minutes of CAP will go to the people and organisation governance (POG) meeting and notes of the communications and engagement section of POG would be shared with CAP members.

A footnote to the terms of reference should explain what primary care networks and ICAs are.

Regarding the role and person specification it was felt that this could be discussed at the March meeting, once the terms of reference were finalised.

Important items to consider for the workplan and at the next few meetings were expanding membership, engagement plans, umbrella groups, PPG conference, guidance for engagement and changes, communications need to be accessible. Neil felt that regarding ICA priorities and responsibilities CAP should have oversight on how that was taken forward and had the knowledge and skills to do that.

Hollie advised that there had been 4 expressions of interest in becoming CAP members and this could be discussed further at the March meeting.

Action 10/2021

Hollie and Trudy to produce an updated version of the terms of reference, incorporating CAP member comments.

Action 11/2021

Helen to ask John Govett to consider inviting CAP representation at senate meetings.

Action 12/2021

Nikki and Neil to discuss further regarding the role of CAP ICA engagement.