



Citizen Advisory Panel (CAP) meeting minutes

28 May 2021
10am to 1pm
Microsoft Teams

Attendees

- Steve Bird, CAP lay member
- Kathy Doeser, CAP lay member
- Mario Dunn, chief executive officer, Healthwatch Cornwall
- Joan Heaton, CAP lay member
- Paul Hulme, interim director of people and corporate services, NHS Kernow Clinical Commissioning Group (NHS Kernow)
- Nikki Kelly, Governing Body lay members for patient and public involvement, NHS Kernow
- Louise Moore, patient and public involvement assistant, NHS Kernow
- Nigel Morson, CAP lay member
- Jeremy Preedy, CAP lay member

Guests

- Kate Atkinson, Cornwall Partnership NHS Foundation Trust (CFT)
- Carol Steer, CFT

Apologies

- Hollie Bone, engagement manager, NHS Kernow
- Helen Charlesworth-May, strategic director for public health and care, accountable officer, NHS Kernow
- Ben Mitchell, engagement officer, NHS Kernow
- Nigel May, CAP lay member (vice chair)
- Rachel Murray, locality development manager, NHS Kernow
- Laura Patrick, head of communications, NHS Kernow
- Neil Walden, trustee, Volunteer Cornwall

Minutes from the meeting

Item 1: Welcome and apologies

Nigel Morson welcomed everyone, and apologies were noted.

Nigel had met with Sally and there were 4 main meetings that she has attended as Chair of CAP.

NHS Kernow Governing Body

The chair of Governing Body, Paul Cook and Nigel, along with Chris Reid were all linked to the same surgery and Paul felt that it would be more appropriate for another member of CAP to attend those meetings. Joan had agreed to attend the June meeting and members of CAP agreed with this approach.

Partnership Senate

Nigel would continue to attend this meeting.

Primary care commissioning committee

Nigel had been attending this meeting for some time and was happy to continue to attend.

People and organisational governance committee

This was a new committee chaired by Nikki. Attendance was only required for one item and Nigel had attended the most recent meeting.

Nigel would welcome offers from CAP members to cover any additional meetings that may arise.

A meeting would be arranged between Nigel, Nikki Kelly and Chris Reid to discuss how to engage more people and share the workload more.

Item 2: Minutes and action log from the previous meeting

The minutes of the meeting held on 23 April 2021 were reviewed and agreed as an accurate record.

The action log was reviewed and updated.

Item 3: Integrated care areas

Nigel had attended the Senate meeting. There were positive presentations from representatives of the north and east integrated care area (ICA) and the west ICA.

Nikki reported that she had met with Nigel, Paul Hulme and Laura Patrick regarding CAP membership and capacity. It was felt that there was a real role for CAP in future in linking to ICA areas for lay voice representation, with a bigger bank of people to engage with and provide support including, for example, pain cafés.

There was further discussion about the application form and that equality and inclusivity should be considered as some people may struggle to complete an application form.

Jeremy agreed with Nikki that the most obvious focus should be on local public engagement and gave the example of the Penwith integrated care forum, where people from many different backgrounds were able to contribute to local matters. Jeremy felt that the role of CAP was critical to integrated care system decision-making, to ensure that attention is paid to the wishes and aspirations of each ICA for their communities

Nikki felt that CAP would morph across into the system with the clinical commissioning group (CCG) and felt that CAP could be a central group with links to other groups with clear reporting in. Until the work of the transformation team regarding structures, commissioning arrangements and budget flow were complete, it would not be clear where CAP could sit.

There was a feeling among some CAP members in the east that they were not very involved in the work of their ICA and received little feedback on progress. There was no information regarding progress in north Cornwall, although Nigel May had tried to get this in the past. Joan and Steve would continue to try and make those links and liaise with Paula about that.

South Kerrier primary care network had found it difficult to get community representation and not all patient participation groups (PPGs) were active. Kathy had been invited to attend the west integration board meeting.

The community coordination centres were discussed, and it was hoped that funding for those would continue after April 2022.

Jeremy wondered how many Healthwatch volunteers there were and where they were located. If any volunteers were in the north and east of Cornwall perhaps they could get involved.

Kathy advised that Healthwatch Cornwall volunteers had Zoom meet ups and this could be mentioned on that call.

In the west ICA, Penwith had a history of engagement, but not so much in Helston and the Lizard.

The central ICA PPG umbrella group had met recently and now included representation from Roseland, Mevagissey and Newquay surgeries. Sally Turner was chair of that group and attended the central ICA board meetings.

ICAs to remain on the agenda for future discussion, and Paula or Rachel to be invited to the next meeting.

It was agreed that Carolyn Andrews from the transformation team be invited to a future CAP meeting to give an update.

Action 27/2021

Before the next meeting, CAP members were asked to consider what individual output and outcomes could be from CAP and what members wish to achieve from each meeting. CAP members to write an A4 summary setting out their views and objectives for the CAP.

Action 28/2021

Joan and Steve to contact Paula Bland regarding how to make progress in the east and to understand what progress is being made in north Cornwall.

Action 29/2021

Mario to find out which Healthwatch volunteers were based in north and east Cornwall and to arrange a link up with the volunteer manager to see if they can become involved.

Action 30/2021

Paula or Rachel to be invited to the next CAP meeting.

Action 31/2021

Carolyn to be invited to a future CAP meeting before September.

Item 4: Membership of CAP and update on application form and advertising

It was agreed to wait before advertising vacancies until it was clearer how engagement would take place within the ICAs. In the meantime, work on finalising the application form would continue.

Nikki wondered whether there could be any funding from Smartline for CAP to create a portal, similar to that created by the bereavement group. A host organisation would be required to apply for funding. Nikki would gather some information and share with Mario.

Action 32/2021

Nikki to prepare a paper, regarding funding, for discussion at the next meeting.

Item 5: PPG conference

Nigel sent his comments regarding the conference to Ben. Ben had researched venue options and the most promising seemed to be the Knowledge Spa in Truro, which was convenient, was accessible via the park and ride and had parking too. More information was required about food, number of participants and how that would need to be managed. Discussion for the next meeting to include possible dates and agenda.

There was agreement that the conference should be open to a wider audience than just PPGs.

Nikki suggested that there may be value in 3 mini conferences and 1 larger event, as meeting at a central point could be costly for some and limiting for those with health conditions. It was also suggested that a virtual and face-to-face hybrid approach could be considered.

It was suggested that all CAP members could consider what it was hoped to achieve in 5 years-time, what successful would look like and why that is desirable.

Action 33/2021

Nigel to talk to Ben about the coordination of the conference.

Item 6: Feedback and reports from CAP members

Jeremy provided an update on the Penwith integrated care forum meeting.

There was discussion about disabled access at RCHT.

Steve suggested that he liaise with Nigel May regarding how to maintain links with Derriford.

Joan was working on access to renal dialysis for patients in Launceston. The new surgery at Launceston was dementia and disabled friendly. Joan was aware of opportunities for second chance learning and help in the community for counsellors.

Kathy had joined the recent ehealth productivity and innovation in Cornwall and the Isles of Scilly (EPIC) online workshop about patient access to medical records.

Mario advised that Healthwatch was involved in various projects including reports on adult safeguarding and the mental health impact of COVID-19. Healthwatch was planning a review of GP websites.

Nigel had attended the primary care commissioning committee and a paper had been circulated prior to the meeting with an update on that. Nigel had also attended the people and organisational governance meeting for the CAP membership agenda item. At the central ICA PPG umbrella group meeting the speaker had been from the Cornwall Bereavement Network.

Nikki had provided advice to the bereavement network in the past and suggested that Jo Smith could attend a future meeting.

Nigel had attended the Senate meeting, where there was discussion about the integrated care system (ICS) and its development, COVID-19 updates and progress on the vaccination programme. Rachel Wigglesworth provided an update on health inequalities. The problem of housing for health and social care staff was also discussed.

Action 34/2021

Steve to contact Nigel May regarding links with Derriford.

Action 35/2021

Nigel would arrange for information about the bereavement network to be included in the CAP and PPG bulletin.

Item 7: Any other business

Regarding the ICS, Kate Shields had been appointed and there would be some shift in portfolios at director level. Kate Schroder, managing director, had joined NHS Kernow this week.

Item 8: Patient leadership programme

Carol Steer and Kate Atkinson from CFT attended to talk about the patient leadership programme.

Recruitment for patient leaders was launching the following week. There would be a 6-week training programme for successful candidates. The patient leaders would be a self-sustaining group with supervision from Carol's team and the other organisations involved. Patient leaders would be complementary to the wider network of engagement, and Carol's view was that they could be a community resource.

Action 36/2021

Kate to share details for circulation to CAP members.