

MINUTES:	Ageing Well Partnership Board
DATE and TIME:	15 th August 2024, 2pm
LOCATION:	Moresk Centre, Kemp Close, Truro and via Microsoft Teams

ATTENDANCE

Name	Position	Organisation
Councillor John Bastin (Chair) (JB)	Co-Chair of the Carers Partnership Board, Chair of the Health and Adult Social Care Overview and Scrutiny Committee and Elected Member of the Council	Cornwall Council
Natalie Thompson (NT)	Research and Engagement Manager	Healthwatch Cornwall
Robert O'Leary (RO)	Partnership Boards Lived Experience Engagement Officer	Healthwatch Cornwall
Angelika Semeniuk (AS)	Partnership Boards Officer	Healthwatch Cornwall
Caroline Court (CC)	Public Health Consultant	Cornwall Council
Carole Theobald (CT)	Chief Executive	Eyesight Cornwall
Caroline Ellis (CE)	Service Manager, Integrated Admiral Nurse Service	Royal Cornwall Hospital NHS Trust
Jane Price (JP)	Contact Lead	Carers Service and Inclusion Matters Service
Craig Handford (CH)	Partnership Manager	Active Cornwall
Errol Cordle (EC)	Relationship Director	NHS Cornwall and the Isles of Scilly ICB
Gary Dymott (GD)	Community Connector, Launceston and Bude	Mencap
Gayle Andrews (GA)	Team Lead for Cornwall	FILO project
Henri Sloan (HS)	Social Prescriber & Link Worker	Bodriggy Health Centre, Hayle
Jayne Price (JP)	Contract Lead, Informal Carers Service	Cornwall Rural Community Charity
Justine Barkas (JBa)	Specialist Advisor	Huntington's Disease Association for the South West and Channel Islands

Name	Position	Organisation
Karen Hills (KH)	Location Manager	Anchor Housing Independent Living for Over 55's
Kate Mitchell (KM)	Relationship and Strategic Director	Age UK Cornwall & The Isles of Scilly
Kate Alcock (KA)	Head of Commissioning for Older People and Carers, Adult Social Care	Cornwall Council
Keith Judkins (KJu)	Lived experience/ Non-Executive Director and Chair	Healthwatch Cornwall
Kirsty Jones (KJo)	Project Engagement Officer, Cornwall Emotional Support Service (offering counselling for stroke survivors, their loved ones and carers)	Stroke Association
Lorraine Corrigan- Turner (LCT)	Community Partner / Councillor	Mencap / Bude-Stratton Town Council
Marc Neeld (MN)	Public Health Practitioner (Advanced) (working on healthy ageing and falls)	Public Health team
Marion Fisher (MF)	Lived experience, carer of an individual with Huntingdon's disease	
Natalie Swann (NS)	Palliative End of Life Lead (through Macmillan)	NHS Cornwall and the Isles of Scilly ICB
Pip Macmeikan (PM)	Community Maker for Penwith (and representing whole county)	Penwith Volunteers
Sarah Keast (SK)	Commissioning Manager	Cornwall Council
Sam Mokarram (SM)	Advocacy Coordinator	The Advocacy People
Sarah Redfern (SR)	Neighbourhood Wellbeing Programme Coordinator (rolling out the Health and Wellbeing Worker Programme), West Integrated Care Area	NHS Cornwall and the Isles of Scilly ICB
Stephanie Holman (SH)	Cornwall Development Officer	The Chestnut Appeal for Men's Health
Sunnie Jarvis (SJ)	Community Partnership Manager	Anchor Housing Independent Living for Over 55's
Tracey Roose (TR)	Chief Executive	Age UK Cornwall & The Isles of Scilly

APOLOGIES

Name	Position	Organisation
Beccy Summers	Patient and Public Involvement & Engagement Lead - Research	Penarc, University of Exeter
Chris Kent	Veteran Support	Active Plus
Connie Thomas	Senior Health Systems and Engaging Communities Manager, South West & South Central	Diabetes UK
Damian Richards	Community Development Officer	Truro City Council
Hannah Welch	Primary Care Liaison Nurse for adults with a Learning Disability	Cornwall Partnership NHS Foundation Trust
Helen Bosanko-Green	Admiral Nurse	Royal Cornwall Hospital NHS Trust
Helen Rundell		Pentreath
Cllr John Tivnan	Chair of the Ageing Well Partnership Board and Elected Member of Council	Cornwall Council
Kirsty Dexter	Network Coordinator	Memory Café
Penny Steventon	Community Maker (North Cornwall)	Volunteer Cornwall
Raman Subramaniam	Relationship Manager	NHS Cornwall and the Isles of Scilly ICB
Wendy Gauntlet	Carer and lived experience	Penzance Carers Group

ACTION LOG

Meeting	ACTIONS CARRIED FORWARD	RESPONSIBLE	STATUS
15/08/24	Healthwatch Cornwall Ageing Well Survey outcomes.	RO	To 14/11/24 meeting.
15/08/24	Continuing Healthcare. Following on from MF's story.	TBC	To be scheduled.
15/08/24	Liaise re detail for recruitment for Age Well Strategy Steering Group.	RO / KA	Ongoing.
15/08/24	Liaise re detail for recruitment for Home Care and Extra Care Advisory Group.	RO / SK	Ongoing.

	Agenda Item	Actions
1.	Teams Guidance: Meeting Etiquette and Introductions	
	<p>The meeting recording commenced.</p> <p>JB had agreed to chair the meeting following the receipt of apologies from Councillor John Tivnan.</p> <p>JB opened the meeting by welcoming the Board members and ran through general housekeeping and online meeting etiquette.</p> <p>Board member introductions were made and apologies received, as detailed above.</p>	
2.	Minutes of the Meeting Held on 16th May 2024, Actions and Matters Arising	
	<p>The Chair proposed that the minutes of the previous meeting be confirmed as a true record. The Board agreed.</p> <p>MN provided the Partnership Boards team with the following update, via email, in relation to the Active Cornwall information contained within Minute No 3:</p> <p><i>'Public Health have commissioned a Falls Prevention Project – Move More. The funding is circa £750k over the next 3 years. The work was in partnership with iCareiMove, who deliver classes online and in person. ICIM will also be holding a series of functional fitness sessions around Cornwall to promote physical activity for falls prevention as well as staying active.'</i></p> <p>In relation to Minute No 4, Dementia Strategy for Cornwall, NS clarified that the commissioned work undertaken by Healthwatch Cornwall to understand the issues faced by people living with Dementia and their carers/families fell within the remit of the organisation's statutory contract.</p> <p>There were no matters arising.</p>	

<p>3.</p>	<p>Update from Attendees</p>	
	<p>The Chair invited attendees to share updates on current work or lived experiences.</p> <p>Healthwatch Cornwall</p> <p>RO reported that the Ageing Well survey was currently live and was garnering traction, with hundreds of responses already received and great insights being gained. A fuller update would be shared at the next meeting.</p> <p>Public Health</p> <p>MN reported that the falls prevention project was up and running and delivering. Over the next 12 months there would be lots of classes rolled out, both virtual and in person. If people wanted details they could contact Marc at marc.neeld@cornwall.gov.uk or through the Partnership Boards at partnershipboards@healthwatchcornwall.co.uk.</p> <p>Continuing Healthcare</p> <p>MF provided background to her lived experiences as a carer and sought clarification around Continuing Healthcare.</p> <p>For people that had worked for their whole adult lives without ever claiming government support, the process could be very confusing. MF and her husband had tried for three years to claim it but there appeared to be failures in communication and information sharing between Adult Social Care and the NHS. In addition, it seemed that despite thresholds for impacts upon health being met, support was denied. Professionals taking part in the process had not clearly identified themselves at meetings, adding to the confusion around how Adult Social Care and the NHS work in partnership.</p> <p>Their daughter had been supporting them through the process, with JBa providing support through the Huntington’s Disease Association. They had discussed their concerns with one MP but he no longer held the position and another MP had not responded, though JBa was going to continue to reach out.</p>	<p>Agenda item - next meeting.</p>

After 25 years of caring , MF now had large amounts of paperwork to handle and debt to due failures in communication by professionals. She lived in fear of debt collectors knocking on her door. In addition, her cared for was now in a home 90 minutes away. The negative effect on the mental health of carers needed to be given due consideration.

RO suggested that Healthwatch Cornwall liaise with JBa outside of the meeting with a view identifying the next steps.

JP said that the Carers Service might be able to provide MF with support and signposting. A Peer Support Worker could work in a one to one way to find solutions to the issues faced. JP shared her email address in the meeting chat and encouraged MF to make contact. MF thanked JP for the offer but emphasised how exhausted and exasperated she had become with the whole process. Her mental health had been seriously negatively affected and she had lost faith in Adult Social Care and the NHS.

JBa said that the Huntington's Disease Association were aware of MF's situation and her husband's diagnosis. The situation was not unique, Huntington's was a rare disease not always understood. Behavioural, cognitive and mood changes were often invisible and not understood or recognised by Social Workers or Healthcare workers. This meant that achieving CHC funding and support for families could be difficult as the necessary assessment criteria was not reached. MF's husband had been supported by a specialist Huntington's consultant and was now in a specialist unit but still wasn't recognised as having eligibility for CHC funding, despite the specialist stating that he was. JBa hoped that the Partnership Board could become a forum whereby awareness could be raised of where resources and information could be accessed, including mental capacity and care assessments, and good practice shared, especially for rare conditions.

RO reiterated the offer to reach out to Healthwatch Cornwall.

KA offered to speak directly with MF to understand the challenges faced and to improve services in the future.

RO commended MF on her bravery in sharing her experiences

	<p>The Chair asked MF if she would be happy for him to follow-up the case with Andrew George MP. MF confirmed that she would.</p> <p>KH stressed the importance of the Board teasing out the themes, many of which were contained within MF's story, identifying:</p> <ul style="list-style-type: none"> • communication and liaison between organisations and the patient, carer and support network; • staff training; and • awareness of what it means to have a complex cognitive long-term condition to live with. <p>The Board agreed that work needed to be done to evidence MF's and similar stories. An item would be added to the Board's workplan to ensure that the conversation continues.</p>	<p>Add to workplan</p>
<p>4</p>	<p>Health in an Aging Society – The Public Health Approach</p>	
	<p>CC gave a presentation entitled 'Health in an Ageing Society – The Public Health Approach'. Click here to view. The work followed on from the Chief Medical Officer's Annual Report 2023 and provided a summary of the key points within its Executive Summary. Click here to view the full report and Executive Summary.</p> <p>There is a 'Health in an Ageing Society' event on 10th January 2025 location TBC. Further details would be circulated to the Board to due course. It was still hoped that Chris Whitty, Chief Medical Adviser to the UK Government, would be able to attend.</p> <p>CC asked:</p> <ol style="list-style-type: none"> 1. Does the approach of 'Age Friendly Communities' fit? (Age Friendly Communities include: Transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information, community support and health services, outdoor spaces and buildings). 2. Is there support for the event? 3. Is this concept of 'Age Friendly Communities' a good fit for Cornwall? 	

	<p>CC added that there would be a report on 'Healthy Productive Ageing' going to the Health and Wellbeing Board in October.</p> <p>The Chair cited statistics that he'd seen recently showing that 60% of the population of Cornwall fell within the 'elderly' grouping. That must have large knock-on effects for carers and caring services.</p> <p>CH advised that there is a virtual training event, 'Introduction to Age Friendly Communities', on 21st August. It would provide a good platform for anyone that wants to find out more. RO offered to send a link to the Board.</p> <p>KJu said that there had been recent media reporting on instances of older persons homes being integrated with day nurseries. It seemed that contact with older generations was starting to be taken seriously. CC replied that her report was focussed on public health but such examples are great ideas. RO added that safeguarding would have to be a key consideration with such integration. The Chair added that his daughter had been experimenting with taking Mother and baby groups into care homes and the benefits to both sides had been clear to see.</p> <p>RO asked if there are plans to pilot Age Friendly Communities in Cornwall? CC replied that there isn't currently. The event would provide an opportunity for people to see and hear positive experiences from other areas, which could then lead to conversations about implementation down here. RO suggested that consideration should be given to working alongside and learning from successful Dementia-friendly communities in the county.</p>	
<p>5</p>	<p>Change to Order of Agenda</p>	
	<p>Gayle Andrews was due to present on The Filo Project but was not currently in the meeting. The Board agreed to bring forward agenda item 8, Age Well Strategy.</p>	

<p>6</p>	<p>Age Well Strategy</p>	
	<p>KA said that one of the main forward item plans that Cornwall Council wants to develop through the Ageing Well Partnership Board is an Age Well Strategy. The Health and Social Care system is currently looking at how it configures itself in a way to ensure clear leadership to system partners on how we support people through their life course. There are plans to have a steering group that reflects the start well, age well, live well and three strategies that support the delivery of the objectives coming out of those steering groups. There was a real laser focus on understanding the needs of people at the beginning, middle and end of their lives and how we can ensure vibrant services to live as independently as possible.</p> <p>One of the main objectives of the Ageing Well Partnership Board is to drive the objectives around the strategies and to actively engage with people living in Cornwall.</p> <p>The joint infrastructure of governance of the steering groups were still being designed in terms of professional and elected member representation but it was vital that the Partnership Boards are feeding into them.</p> <p>How can we get the people included on this Board to become the “workhorse” for those strategies? How do we turn understanding of what is going on in real life into something powerful that means that the people of Cornwall get the things that they need for the future, both the short and long term?</p> <p>We need the members of this Board to be talking to people out in the communities and utilising the Board as a conduit for information to be shared backwards and forwards, resulting in positive action.</p> <p>KA opened the floor to members for their views.</p> <p>SR said that place-based delivery works well, wellness-style hubs that are proximal to where people live being a good example and help to counteract the need for transport, which is such a big issue in Cornwall. People are often scared to have certain checks so local delivery models that operate within communities work really well.</p>	

In a previous role she had been involved in setting up small scale services in the Bodmin and Wadebridge areas and the team found that, for example, people that had not been getting blood pressure or cholesterol checks were happy to in local settings.

Another issue in Cornwall was how the ICB is funded. Things were measured by IMD, which is based on lower super output are

SR continued, another issue is how we are funded in Cornwall and the areas we are looking at. We measure things by IMD, which is based on lower super output area, where in fact in rural communities, which Cornwall is largely made up of, we really need to be looking at smaller pockets as we do have very affluent areas right next to areas with a lot of deprivation, which skews figures.

CT referenced approach followed in the early 2000's, saying that while there has to be Governance with a big G, there also had to be governance with a small g. Use of terms such as 'workhorse' made her nervous as, although unintended, it made it sound as though there's a lot of unpaid work going on. She felt that the key to success would be a clear map of how and where information is fed up to and also the setting of clear expectations. In order for it to not just become a giant wish list, what might be achievable within the next year, the next five years, needed to be identified within a clear plan.

CT shared her thoughts on where place-based delivery does not work so well, which was where you have a community by association. For example, there are 16,000 older people in Cornwall with sight loss and for them sometimes it doesn't matter where they are, the important thing is that they are heard as a group. Sometimes activities and clubs work but if we really want to learn from people, disseminating everything to place doesn't work because you're losing the essence of what that disability or health condition is. Balancing the means of delivery is vital.

PM said that, working in the community, making sure that connections are made at a voluntary and community sector level as that is where the day to day support is found. A lot of the community hubs are focussing on older adults but, equally, there were examples such as the community gardens and other accessible hubs that encourage mixed abilities and intergenerational connections.

HS said that she would welcome the opportunity to share ideas from the viewpoint of a Social Prescriber, as people operating at ground level through doctors surgeries and in the community.

Cuppa Companions is a successful group that has around 25 attendees aged 50+ and suffering from social isolation. There was also a well-attended craft group. HS invited KA and colleagues to meet and/or to attend these groups to discuss what is needed in the West of the county.

JP said that the Carers Service would do all it could to assist. Some of its recent online surveys had been very successful so she proposed that they work on a campaign to canvass people to find out what their needs and wants are and also what services are useful to them.

KA summarised the discussion:

- We need to understand where people naturally are so we can talk to them in their own environment.
- Place-based is a good way to capture peoples feedback but it's also good to also understand where people who have got a commonality come together. Basically, we need to understand who our stakeholders are and the best way to engage them.
- From the organisations represented on this Board, we already have a wealth of information and evidence about understanding the issues that people are facing and what they are saying they want and need. There is also a willingness from members to support us.
- Utilising that wealth of information and evidence to understand what we don't know and to be targeted in our approach to gathering that information.
- We need to really listen to people but we also need to be clear of the parameters so as not to raise unrealistic expectations. When undertaking engagement and co-production it is essential to be able to identify opportunities and be creative in addressing them.

KA said that the next step for the Board was around how it would inform the two-way conversation, how it can work with grass roots organisations and how it can use the information gathered to

	<p>meaningfully inform the strategic direction, as well as how we work with individuals.</p> <p>KA asked that RO help with forming a steering group to work with her on the strategic level work. Information from that group would be fed to the Board. RO agreed to email out to Partnership Board members to invite participation.</p> <p>SJ offered the opportunity for consultation with or survey of Anchor Housing residents she would be happy to arrange it.</p>	RO/KA to liaise
7	Comfort Break	
	The Board took a 10 minute comfort break.	
8	The Filo Project – Helping to reduce social isolation	
	<p>GA greeted the Board and apologised for being delayed in attending before giving a detailed verbal presentation on the FILO Project – Collaborative Care. A previous presentation given to the Carers Partnership Board can be viewed</p> <p>GA informed the Board that the FILO Project is a Community Interest Company (CIC) that specialise in small bespoke day care for up to four older people, experiencing memory issues, for those with or without a diagnosis of Dementia, often experiencing isolation issues.</p> <p>Running for around 10 years, FILO started in Somerset and Devon in the Southwest and are now moving into Cornwall in the Launceston, Bude areas, expanding down into Looe and Falmouth, recently employing more FILO Project staff members to be working in the Southwest of Cornwall such as Penzance and Truro, as demand indicates.</p> <p>The FILO Project employ hosts to provide a day care service between the hours of 10am and 4pm within their own homes, collecting clients who then spend the day on activities in a small group of up to four people and returning them to their own homes at the end of the day.</p> <p>Currently there are approximately 100 groups running each week throughout Devon, Somerset, East Lancashire and Cornwall. North</p>	

Cornwall groups were already operational and groups were currently being finalised in the Torpoint, Looe and Wadebridge. A colleague had been appointed to provide a South West focus on networking and championing the project.

There are a large selection of employees; management teams, client assessors and hosts that are involved in the running of the groups on a daily basis.

Whilst the project was not focused upon people with mild to moderate Dementia, that group did form the majority of clients. However, it was anyone that is particularly isolated. For example, they had referrals from the Stroke Association and a lot from individuals that had tried larger groups, such as day care, that didn't provide the same kind of relaxed and homely environment.

Hosts are not required to have a care background, per se, it is more about their empathy and what they can bring to the role. Risk assessments, training are DBS checks are provided and references are required.

For a client to be eligible for the service they have to be independently mobile. Whilst walking aids are fine, it is difficult to accommodate wheelchair access in peoples homes. People also need to be independent with their toileting. Each individual client is assessed and that will include conversations around how they can best be supported.

Activities are driven by the clients and can include:

- Crafts
- Baking
- The host preparing a 2 course lunch – a very important time of the day
- General socialising and chatting
- Risk assessments for access to and from the hosts' homes are completed to identify:
 - Ground floor toilet facilities
 - Ground floor access with minimal steps to the property, Reasonable adaptations can be arranged to support these features.

Full driving licenses and full DBS checks must be in place and training undertaken prior to becoming a host.

The FILO Project have Public Liability Insurance and the hosts are encouraged to update their cover on their own property insurance. Clients need to be independent with their mobility and toileting needs, which can be including aids and adaptations.

Carers of the clients are offered access to the FILO family support service which is a small, dedicated team offering a confidential telephone support system, carers often take the opportunity on the days the clients attend the hosts days to chat without limits to frequency or amount of calls. Signposting and helping them with some of the issues arising.

Spot contracts are held within each of the Counties involved, the Cornwall contract is currently pending, funding will be agreed in due course through Social Services.

Direct payments or private funding is currently accepted.

For private funding clients the current cost is £16.65 per hour, including; transport, lunch and day care.

The cost may vary if funding is provided from Local Authorities or Direct Payments.

Referrals can be made through a simple form on the [FILO project website](#) and can be emailed over to info@thefiloproject.co.uk or telephone contact on 0333 939 8225. Monday to Friday

RO cited the recent survey of carers by Healthwatch Cornwall, which highlighted that 57% of respondents said that their lives were negatively impacted by a lack of respite. He asked GA how the model fit with that. GA replied that she wasn't aware of any other services in Cornwall that could offer six hours of respite for carers. Services typically run, with travel time built in, from 10am to 4pm.

JP suggested linking up with the Carers Service to promote and create referral pathways? GA replied that lots of contact had been had and referrals received through Cornwall Carers. The focus now was upon supporting the carers rather than adopting a client-specific standpoint. JP said that she would post information on their website and would also be willing to work on a campaign to promote the project.

9	Home Care and Extra Care	
	<p>KA provided detail and context of Cornwall Council’s current procurement work around care homes and extra care.</p> <p>The Supported and Specialist Housing Strategy set out very ambitious challenges around how future demand is met for housing and support services. For older people, their were stark challenges around accommodation, including 3000 units for extra care and 3000 additional nursing beds by 2050. How the Council engages with the Board and the wider population of older adults in Cornwall was vital in ensuring really good quality services for the future.</p> <p>SK continued. A business case was taken to the Council’s Cabinet in May (click here for the report and Cabinet decision) which set out the Council’s proposed approach to new care homes and extra care provision.</p> <p>An invitation to tender was currently being worked on, which included stakeholders and people with lived experience in the process. The ask of the Board is to assist with that co-design work to ensure that both the care that people would like to receive and the environmental standards are met. Essentially, managing what people will want in the future. That would include sensory design work and dementia design principals that a lot of the existing care homes don’t have.</p> <p>RO said that a conversation would be required in order to gain clarification around the types of lived experience that were wanted for the work. People currently in care homes?</p> <p>Members acknowledged the size and timescale of delivery.</p> <p>The Chair asked what would happen to existing stock that was not up to the standard of new builds. SK said that care contracts with those buildings would still exist. The Council would continue to use those buildings whilst they were available. However, many were small, family-run businesses and it was possible that some would close as, for example, the owners reached retirement.</p>	

<p>Providing clarification of the ask of the Board, SK said that the idea was to form an advisory group. RO was asked to request volunteers through the Partnership Boards that would provide experience and help to co-design the work. That would include care and design specifications to meet the expectations of people entering a care home. That information would then inform design principles so that when the tender process begins, potential tenderers were very clear on expectations.</p> <p>SM asked if there would be a wider consultation that would take place outside of the core stakeholder group. There are many professionals that regularly visit care homes that could have valuable feedback to contribute. SK suggested that it could be possible to have an avenue through Let's Talk Cornwall. KA said that there would be a range of things. SK had a quite ambitious engagement plan which involves a number of different strategies for getting people involved all the way through. She wanted to ensure that the Council were actively taking people through the journey with them and actively involving the advisory groups being set up as part of the procurement process, not just at that stage but all the way through. Stakeholders, people with lived experience and their carers were vital in providing understanding of what people want and in futureproofing builds.</p> <p>There was a will to involve as many people as possible. There would be a stakeholder conference providing opportunities for providers and professionals to share their thoughts on design principles and how we pay for care, what's in the specifications around how we want care services to be delivered. There will then be a number of opportunities, such as thematic workshops for stakeholders and providers, a stakeholder advisory group and a provider advisory group to provide regular opportunities to communicate, test things out and receive feedback. Also key, as mentioned earlier, was not raising expectations to unrealistic levels.</p> <p>KA added that lots of learning had been taken from the recent Home Care process, which this process would benefit from.</p> <p>A member in the room said that lots of care homes had monthly or quarterly reference groups that include residents, friends and families. She suggested that it would be worthwhile linking in to utilise those existing networks.</p>	RO/SK to liaise
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	<p>PM echoed KA's comments around futureproofing homes, particularly who would be moving into care homes in the future. Working on projects focused on older adults – so 55 plus – at the community hubs at Pengarth and Hayle day centres, there has already been a generational shift. In talking about a community choir, the need to buy new music had been raised as the existing music was dated and had been purchased by previous generations. They were also using technologies that had not been available to previous generations. People in their 50's and 60's needed to be targeted as they were the next age bracket that would be using care homes. Also, if Covid taught us anything, it's to ensure that outdoor space and options for physical activities are incorporated. CF said that there is a set of active design principles for active environments, both indoor and outdoor.</p> <p>The Chair said that there was also a need to keep on top of social media developments as the next generations to enter will be tech savvy.</p>	
10	Bereavement Service Proposal	
	<p>This item was not considered as Paula Chappell, Advanced Public Health Practitioner, Cornwall Council, was not in attendance.</p>	
11	Any Other Business	
	<p>RO said that a representative from Diabetes UK South West and a volunteer from the Hayle support group had intended to join the meeting. The key issue that they wished to discuss with members was the lack of a Diabetes pathway in Cornwall. That may be an item to be considered at a future meeting.</p> <p>RO also encouraged professionals on the Board to consider users of their services that would like to join the Board. It is essential that the Board has good lived experience membership.</p>	