

MINUTES:	Ageing Well Partnership Board
DATE and TIME:	2pm, Thursday, 14 th November 2024
LOCATION:	Cornwall Mobility Centre, Conference Room, North Buildings, Royal Cornwall Hospital, Truro, TR1 3LJ – Also virtually via Teams

ATTENDANCE

Name	Position	Organisation
Councillor John Tivnan (JT) Chair	Elected Member, Lived Experience	Cornwall County Council
Keith Judkins	Lived Experience	
Robert O’Leary (RO)	Partnership Boards Engagement Officer – Lived Experience	Healthwatch Cornwall
Karl Smith (KS)	Contracts and performance manager	Healthwatch Cornwall
Sarah Jones (SJ)	Engagement Project Coordinator	Healthwatch Cornwall
Benjamin Uren (BU)	Work Experience, Minute Taker	Healthwatch Cornwall
Jamie Thompson (JT2)	Work Experience. Minute Taker	Healthwatch Cornwall
Samantha Mokarram (SM)	Advocacy Coordinator, community advocate.	The Advocacy People
Sunnie Javis (SJ)	Community Partnership Manager – Independent Living for over 55s	ANCHOR Hanover Group
Simon Eastment (SE)	Project engagement officer	Cornwall emotional support service.
Sarah Keast (SK)	Commissioning manager	Cornwall Council
Sarah Forbes (SF)	Project Officer	Cornwall Mobility
Bev Wilson (BV)	Inclusion Cornwall Manager	Inclusion Cornwall
Cilla Long (CP)	Project officer	Cornwall Foundation Trust
Paula Hellier (PH)	Palliative and End of Life Care Specialist Nurse	Royal Cornwall Hospital

APOLOGIES

Name	Position	Organisation
Kate Alcock (KA)	Head of Commissioning for Older People and Carers, Adult Social Care	Cornwall Council
Dr Allison Hibbert (AH)	Clinical Advisor and Lead for Dementia	Cornwall and Isles of Scilly ICS
Chris Kent	Operations Manager and Veteran Coordinator	Active Plus CIC
Steph Holman	Cornwall Development Officer	Chestnut Appeal
Gayle Andrews	Project Officer	Filo Project CIC
Gary Dymott	Community Connector	Mencap
Lorraine Corrigan-Turner	Community Partner	Mencap
Gemma Folley	Malnutrition training dietitian	Cornwall and Isles of Scilly ICS

ACTION LOG

Meeting	Actions Carried Forward	Responsible	Status
14/11/2024	Friday 6 th of December is a cutoff date – requested for future availabilities and meeting themes.	KS	Feedback required by all
	A decision to be made regarding whether the Ageing well boards moving forward should be held virtually through lack of lived experience attendees, or in person with a push for professionals to bring lived experience with them.	RO	feedback required.
	SK mentioned the community project and requested support from HWC regarding an advisory board development	RO	Ongoing – review at next meeting

MINUTES

	Agenda Item	Actions
Business and Board Updates		
1.	Teams Guidance, Meeting Etiquette and Introductions	
	<p>The meeting recording commenced.</p> <p>JT agreed to chair the meeting with RO following on to explain about the meeting and followed onto introductions</p> <p>RO 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 15th August 2024, Actions and Matters Arising	
	<p>RO asked whether there were any amendments or if everyone was happy with the minutes. To which there were no changes or updates.</p>	
3.	Updates from Attendees	
	<p>There was an update from SJ at Healthwatch Cornwall regarding the dentistry report on the website. She carried on explaining about the current mental health surveys and the importance of corresponding among attending members or extended contacts.</p> <p>SK followed up with an update regarding an advisory group within Age UK</p>	

JT talked about gathering further information from SK regarding this update.

RO added that Healthwatch Cornwall have been asked to get as many participants as possible with lived experience to join the advisory group, mentioning that most feedback is from professionals rather than lived experience.

RO talked about posters and social media posts that are soon to go live and be made available.

RO mentioned Healthwatch enter and view dates coming up and that a colleague conducting these would be able to take promo items with her aim to reach those in care homes but also the wider picture including loved ones and relatives.

RO mentioned the fact that those who have things to say and those that attend these meetings is a stark difference, it is hard to translate one to the other. Feedback from carers has been positive, the subject matters, but a drive on promotions to be held over the next couple weeks.

JT CQC involvement and current service managers' opinions to be taken into account? RO confirms this is already happening with service managers.

RO after feeding back to apologies mentioned a new member to give updates.

SF was introduced and brought up a case relating to what she does and how it affects the public, reaching out and asking for those that need this to get in contact. She mentioned that while it is a business and they do sell these items, they are ethical and will not sell an item to anyone that does not fit their needs. Following on from this an open invite was extended for the services they offer and how they can help anyone.

KS asked about GP referrals, SF mentioned that they do accept self-referrals following on to talk about what her job pertains to

	<p>and what she can offer to the individual. It was also mentioned about passenger assessments on how to handle people unable or struggling to get in or out of cars.</p> <p>RO asked about contact and how to get a hold of them. It was mentioned that contact would be included in the minutes.</p> <p>Contact – Sarah Forbes on 01872 672318 and the Mobility Cornwall website: https://www.cornwallmobility.co.uk/ also has a referral pathway</p> <p>RO asked if there were further questions from this topic of which there were none.</p> <p>More updates were enquired about which KS mentioned about the structure of the board meeting.</p>	
<p>4.</p>	<p>Board – Forward Planning</p>	
	<p>KS talked about the planning of board meetings going forward asking for feedback from attendees. Themes and agendas were enquired about, mentioning the recent Healthwatch Cornwall survey. Regards to forward planning, Friday the 6th of December – information from service providers that might want to present at the next meeting. Anything that comes from the current survey may be included</p> <p>RO talked regarding other boards, the attendance is substantial, however for aging well and carers there are less in person attendants. Part of the forward plan, design of the meetings needs to be decided whether these would be worth taking to purely online through the work needed to find and source venues. How do we want this partnership board to move forward, do we want online or face to face?</p> <p>JT asked if forward planning could look at councillors’ diaries to be able to fit everything into allowing them to study materials going out and be able to advance with this meeting.</p> <p>JT offered to provide the list of boards that he attends to RO to be able to see his ongoing commitments, for ease of booking forward boards.</p>	<p>Friday 6th of December is a cutoff date – requested for future availabilities and meeting themes.</p>

	<p>RO thanked JT for his input and asked again whether morning or afternoon would be preferred. And a date between Tuesdays and Thursdays usually are more ideal, and due to prior commitments, afternoons are</p> <p>KS also asked for a timestamp on 6th December to be able to give him confirmation so that he can be aware of attendees. JT seconded this motion and highlighted the need for forward planning. JT mentioned that those not attending have a priority of correspondence as they aren't able to make this meeting.</p> <p>RO concluded with asking for any questions.</p>	
<p>5.</p>	<p>Healthwatch Cornwall – Ageing Well Survey Presentation of response results</p>	
	<p>RO loaded and started presenting the Healthwatch Cornwall survey results. It was mentioned that a plan of work was decided and amongst this the current survey was drafted. A series of questions were asked to help design this work plan, as well as a carers section which has been presented to the carers board.</p> <p>RO mentioned about the number of slides and that we would move swiftly through this, however a digital version will be supplied with the minutes.</p> <p>RO referenced the uptake of respondents to the Aging Well survey and that the geography of recipients had a healthy spread through Cornwall. Moving on it was mentioned that most of the respondents were over 40 with the most over 55. Gender breakdown of correspondence was mentioned and a correlation regarding the leaning more towards female correspondents had been highlighted. The overwhelming majority of survey takers have accessed health services within the last 6 months.</p> <p>JT asked whether this included routine appointments or whether this was a reach out for a nonstandard event.</p>	<p>RO: 2025 survey review. Identifying specifics to some of the initial questions.....</p>

RO mentioned while exact vaccination or reason for this was not asked. The next slide breaks down which service type they had accessed.

There was a great selection of "other" which has been shown on the next slide. It was mentioned that some while not mentioning a specific other had chosen to add a comment such as "Still unable to access NHS dentist after 4 ½ years". This is interesting as it is from a female aged 75-84. This statement sums up the state of aging well in Cornwall.

The next slide about access to services was highlighted. Assumptions were made however it was pointed out about the reflection looking back that some things could have been drilled into further.

What factors have the biggest impact on your health was addressed next, with comparisons being made between different sections. Mobility was also mentioned. Now we have seen that some numbers are similar, it is worth reaching out and finding out what these issues exactly are.

KS mentions the correlations between different areas.

RO backs this up and mentions the barriers around these issues and what progress has been made. He ties in what exactly do barriers around an Aging Population look like. It was further mentioned that this presentation would go out if anyone wanted to look through further.

RO mentions that this survey, if anything has captured the voice of lived experience regardless of participation in today's event.

RO talks about those that have accessed support services and mentions that they are going to investigate why those that have not, have not. Following on from this

RO mentions those that are self-describing as having a disability but have not got an official diagnosis. It was further followed on about whether those felt supported with their disability. A tie was brought back to those that have self-

described disabilities and whether those that don't feel supported are those that don't have an official diagnosis.

RO brings up that it's important to talk about those who have used technology in an aging population and there is a much greater than 95%.

KS mentions in the slides about the comment that those reaching an aging population now are those that were brought up with technology.

RO talks about his own lived experience with growing up with technology and struggles he faced. However, he has caught up with the advancement of technology and is seeing that others are doing the same.

It was mentioned that when they did their own survey a greater than 20% did not have access to the computer, laptop or tablets. This also ties back to RO mentioning that the survey was held on a digital format, which could possibly have tied the results

HWC need to look at these technological black spots to find out where the most technologically excluded areas are. RO seconds this and that as we move to more technologically based support, there will be those that are excluded. So how do we best serve the people in the communities because of this.

SJ mentions that from their own local surveys approximately 30% are digitally excluded. JB talks about the low social economic groups and it is those that we know that are most disadvantaged. So, in a sense we are looking to include those that aren't included.

RO mentions the creation of different hubs and the creation of these hubs based on specific areas or criteria.

Bev talks about the inclusion scheme being able to provide technology to these hubs which allow people access.

	<p>RO mentions that time might be a little close right now so we will continue quickly through the available slides.</p> <p>RO comments again that it was a digital survey and more importantly than if people use technology, is why they use it, what are they using it for. The next slide was brought up regarding why people are using specific technologies, going through information on the slide regarding why people use technology.</p> <p>KS mentions it could be reflected through what apps people used. This was followed by RO mentioning app usage, what type of apps people are using and why they are using these.</p> <p>RO moved onto the caring section including that over 50% of people consider themselves a carer but over 90% of people considered a carer are unpaid. Respite was mentioned as one major factor that impacts people as a career. RO asked if a respite offer was coming from the council to which SK mentioned that work was ongoing regarding respite within carer groups.</p> <p>RO brought to note that an aging population is looking after an aging population. He also mentioned the lack of support knowledge and the lack of access to support.</p> <p>RO ended the survey results moving forward with the next segment.</p>	
<p>6.</p>	<p>Comfort Break</p>	
	<p>The Board took a 10-minute comfort break where a couple new members joined and were introduced before resuming with the agenda materials.</p>	

	<p>Agenda Item</p>	<p>Actions</p>
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Information and sharing

7.

Cornwall Foundation Trust (CFT)

RO Concluded the break with SJ asking for attendance.

RO invited JT to introduce the next presentation by SL and PH.

PH introduced herself as the end-of-life carer, she is here with SL representing patient experience. PH mentioned she has been tasked with looking at health inequalities. She came across the CS Project, and she mentioned bringing it back to Cornwall to improve things locally. It is pertinent to start with the quote “if you can get it right for learning disability it will be right for all”. Book title ‘Don’t put us away’ memories of a man with learning disabilities – book available on amazon.

PH talks about the toolkit that was put together through The All-Together Group. They came out with resources and guides that have approaches to support staff regarding death and dying. She touched upon why they went, which was due to the lack of end-of-life services and advanced care planning. It was important to us to use this toolkit to see if it was appropriate to bring it back to Cornwall and implement it locally. It was a project that was named after two people that inspired the project, a lady named Victoria who has profound learning disabilities, and a man called Stuart who had similar difficulties. Both have passed since. Victorias mum was at the opening day and said in her own words that Victoria had a “beautiful death”. These two people inspired the project. It is important that we share and break the mold of silos to get more professionals and healthcare providers involved.

PH mentions that the project is about finding the best ways to help people with learning disabilities and to have a plan around end of life. These conversations need to start before people come to the end of their life. It is important that these people are included and involved in these discussions. They don’t want to be ‘protected’ they want to have choices and have control of both the living and the end of their own life.

Ensuring that their families are included. They have fought the whole life of their loved ones, and it is important to liaise with them sensitively.

PH talks about the toolkit and its availability from: WEBSITE. This included the contents of the toolkit, proper applications and who said toolkit is applicable to. PH talked about the availability of cards and resources and while nobody has immediate access to cards yet, their vision is to raise awareness and make it as widely accessible as possible.

One form of feedback we have received is that people like activities. An example of talking mats was presented which is a nonverbal way of communicating thoughts and feelings around certain things.

PH further talks about what do they do with this and where do they go now. It was followed up to the penultimate slide in their presentation that this needs to be a system wide project.

Champs liked the toolkit so much that they kept it, it was mentioned that they liked the representation and inclusiveness of the toolkit. Our main priorities are raising awareness and bringing this toolkit to Cornwall.

SJ asks about the disability board. RO mentions that it could also be linked into citizen checkers and how this is relevant to also carers regarding the Aging Well. It was also asked how this toolkit could be transferable to those without learning disabilities

PH mentions how this is a toolkit about advanced care planning and conversations. This is not only for those with learning disabilities but also those with comprehension difficulties. An example is patients that have had strokes, or those with dementia. We are working closely with the hospice as they feel they have a gap where they could offer these services. We are looking to raise their profile to offer services for bereavement. We want it to be one whole package that can be released across the whole system.

	<p>SJ mentions how surprising it is that something like this hasn't come out until 2024, and thanks them for coming in and sharing this.</p>	
<p>8.</p>	<p>Inclusion Cornwall</p>	
	<p>Bev Wilson from Inclusion Cornwall discussed the work they do across Cornwall, their partnership with Devon Police and other organisations, and their 20-year anniversary. They have an extensive online resource library and run a mailout service, reaching over 1,000 people. Their focus includes supporting vulnerable groups such as migrant workers, refugees, and individuals experiencing crisis.</p> <p>Winter Wellbeing Scheme: The scheme offers grants for central heating, plug-in heaters, fridges, and freezers to support people during the winter. Bev noted that most of the people they support are young families, and explained how some over-65s may hesitate to seek help due to pride or misunderstanding the nature of the support.</p> <p>Bev highlighted the importance of preventing the "revolving door" in services like St Petroc's, which helps individuals transition from short-term to long-term accommodation. Inclusion Cornwall works with various partners, including the Household Support Fund, to provide financial and material assistance.</p> <p>Discussions included referrals, food vouchers, financial support, and the need for help with issues like missing carpets in new homes. Bev provided contact details for support (01872 326440) and mentioned ongoing distribution of resources next week. There were also inquiries about comparing support services with other councils.</p>	

9.	Any Other Business	
	<p>JT mentioned it has been an interesting meeting today.</p> <p>RO mentioned if there is no other business the meeting can be drawn to a close.</p> <p>JT expressed his desire to be in a meeting in person rather than over teams when it is viable for him, calling back to reminding, if possible, to check councilor's diaries in advance.</p> <p>RO comments that this is the last meeting of 2024 so we shall reconvene with dates following shorted.</p> <p>KS reminds members of the 6th of December to get in contact regarding the next meeting.</p> <p>Meeting closed.</p>	

Appendix