



Carers Partnership Board

Minutes

12 October 2011

Those in attendance:	
Ian Cormack	Chairman
Ann Whitely	Carers Bucks
Stephen Archibald	Carers Bucks
Nadiya Ashraf	BCC
Clare Blakeway-Phillips Assistant Director	Partnership Development NHS Buckinghamshire and Oxfordshire Cluster
Richard Brook	Crossroads Care Central and South Bucks Crossroads Care North Buckinghamshire and Milton Keynes
Margaret Morgan-Owen	Carer
Zita Calkin	Employment Services Manager
Pam Saw	Contracts Team BCC
Gill Manning-Smith,	Service Manager, Safeguarding
David Cowell	Programme Manager, Day Services Transformation



No	Item
1	<p>Apologies for Absence/Changes in Membership Apologies were received from Lucy Falconer and Sandra Wickenden</p>
2	<p>Minutes The minutes of the meeting held on 10 August were presented.</p> <p>There was some concern about the minutes of the previous meeting and the fact that a draft version seemed to have been circulated rather than the final version. The CPB would like the minutes to be available to the public via the BCC website but on this occasion it was felt that the minutes should not be made available.</p>

Matters arising

Nadiya Ashraf reported that the legislation following the Law Commission report was still being discussed by parliament and that Local Authorities were waiting for guidance from central government to clarify exactly what they would be required to do, particularly with regard to carers assessments. It was clear however that the new assessments would be focussed on outcomes. It was also clear that there would be a tension between the increased responsibilities that Local Authorities would have and the reduced budgets they were having to work with.

Nadiya reported that BCC had undertaken a review of carers assessments and she will ensure that an update on this will be distributed with the papers of the next CPB.

Some members of the CPB expressed concern with the quality of some assessments, particularly those carried out by telephone. There was also concern that carers did not always receive a copy of their assessment and that when they did it was often a long time after the assessment had taken place. Nadiya said that a generalised concern was difficult to follow up but that if particular examples could be given it would be possible to examine the problem.

The CPB asked for a breakdown of the percentage of assessments that were carried out by telephone and face to face. The CPB also asked whether there was a correlation with the outcome that resulted from the assessment.

3 CHARIISMA - Carers Recognition, Involvement, Information and Support.

It was reported that there had been a great deal of interest in this project which is focussed on carers and hospital discharge. Progress has been made on developing a carers pack for discharge, improving carer engagement in the systems and generally integrating carers into the discharge process.

4 Partnership Board Review

The review is about to be implemented and the 1st of November will see the first meeting of the Executive Board. Ian Cormack has been invited to join as Chairman of the CPB. A Job Description for the Chairman of Partnership Board is being drafted.

5 **Membership of Partnership Boards**

This has been circulated by Nadiya. The Board felt that as the Partnership Boards became more effective becoming a member would be more attractive to carers and service users.

6 **Continuing Care**

Clare Blakeway-Phillips reported that Continuing Care does include respite breaks for carers of patients in receipt of continuing care services.

7 **Carers Breaks and the PCT**

The Board was still unhappy with the PCT response to its concerns about the PCT's failure to provide carers breaks. Lack of carers breaks expenditure.

Clare Blakeway-Phillips felt that the PB had not been as smart as it could have been in its approach to this topic and that its approach was unlikely to result in more carers breaks. It was also the case that the mechanisms had not been established between BCC and the PCT to enable the money to be spent on an individual basis.

Nadiya and Richard Brook to discuss the NHS funding update re carers breaks.

Zita Calkin will look at what is happening about carers breaks in Buckinghamshire including respite for dementia carers and report back to the CPB.

8 **Matters arising.** The CPB decided that in future this item should be changed to **Matters arising and actions.**

9 **Big ideas work stream update**

Stephen Archibald - Information

Quality of life questionnaire

The background to this item is that the carers survey which Carers Bucks used to carry out was not considered to be very useful. Carers Bucks has instead decided to use a Carers Quality of Life Questionnaire, which is a tool developed by the Princes Royal Trust for Carers. AW reported that the trials of this tool that Carers Bucks had undertaken found that carers were not very happy with it and did not feel that it reflected their experience.

Clare Blakeway-Phillips stressed the importance of developing tools that were effective in producing good quality information and could be used by a variety of organisations that worked with carers. Clare felt that Victoria Spools from the Bucks PCT may be able to help with this. Clare to send Stephen Archibald Victoria Spools email address and Stephen will report back to the CPB about the outcome of their conversation.

Richard Brook – Independence and life chances

Richard reiterated a point that he had made at the previous meeting that he did not feel that he or Crossroads can really lead on the implementation of this big idea because of the amount of work involved and the fact that Crossroads receives no funding to pay for this. He is however happy to help and put in some work.

Recognition

Nadiya reported that when BCC is clear about the new carers assessment guidance it will provide training to BCC and PCT staff and then open this up to a wider audience.

Stephen Archibald to report back to future CPB meetings regarding working carer initiatives.

Support for carers

An initiative will begin shortly to support carers of stroke survivors.

Stephen Archibald outlined the importance of moving and handling courses being personalised to the individual carers situation, ideally in their own home. RB said that this could be done relatively cheaply by voluntary organisation such as Crossroads. Clare Blakeway-Phillips pointed out that the NHS has a back care programme but that the service is very stretched.

Nadiya suggested that the person who was responsible for each big idea could come up with a proposal that would have financial implications and the CPB could decide which to prioritise. NA to distribute a one page pro forma and an indicative budget.

Stephen Archibald will write something about working carers under Idea number 3.

10 Update on Domiciliary Care

Pam Saw reported that two of the four providers were now in steady state in that all of the transfers had taken place for the

Wycombe and South Bucks District Council areas. In the Aylesbury District Council area it is envisaged Plan Care will go to steady state in late October.

The CPB asked whether clients were just sent the new provider or whether they were invited to take a direct payment and look for whichever provider they wanted to choose. Pam said that all clients are invited to take a direct payment at the assessment stage. The balance between those taking direct payments and those who were transferred to the new provider is about 50/50.

In the Chiltern District Council area Prime Care and Risborough Carers had won the contract and transfers are currently taking place. It is envisaged that they should reach steady state by 5th December.

Plan Care have 252 clients

Ceva Care have 376 clients

Westminster Homecare have 294 clients

Primecare have 84 clients

Risborough Carers have 48 clients

Recruitment of domiciliary care staff is proving challenging in the Chiltern District Council area.

There has been some sub contracting by the contract holders to smaller domiciliary care agencies and some members of the CPB were concerned that this may cause confusion about who is responsible for the service amongst those who receive the service. Pam told the Board that it will always be the case that the primary contract holder will be the responsible body.

The BCC internal home care service is in the process of being wound down as the new contracts start to bed down.

Meers Care had gone into administration and Pam reported that BCC Central Access team had managed the repercussions of this in a way that minimised the adverse impact of this for those receiving a service.

Richard Brook declared an interest at this point because Crossroads provides domiciliary care. He was concerned that the low level of the payments made by BCC could lead to some providers failing financially. This in turn will lead to less choice for those who need a service. It is also the case that the charges to self funders were being driven up to subsidise the BCC contract rate. In other areas of the country Local Authorities have actively

encouraged an increased number of care agencies so that clients had more choice and there was a lower level of risk if an agency ceased trading.

Margaret Morgan-Owen expressed concern about the high level of turnover of care staff and that this was an issue that the CPB should return to regularly. Pam Saw assured her that BCC monitor this through the contractual agreements.

Pam reported that Trevor Boyd was the officer to contact regarding concerns about market vulnerability.

11 **David Cowell — Update on Day Services**

David Cowell reported that a number of work streams associated with the transformation of day services were now moving on quite quickly.

Six sites have now been chosen as the centres for the new services. A design brief has been agreed for each of the new buildings but BCC still have a further six weeks of consultation to undertake on the actual designs. Meet the Architect events have taken place and on the whole the feedback has been that people are concerned about how their particular service will be accommodated alongside services for clients with very different issues and support needs. BCC is confident that good building design can deal with this issue. It is also the case that current provision accommodates a wide variety of clients. One of the results of the consultation was that there would now be more toilets that originally envisaged.

BCC envisage that the new centres will open in 2013/14. The first is likely to be either Orchard House in Wycombe or Hartwell in Aylesbury. Alternative placements will be found for clients who currently receive services on these sites whilst the redevelopment takes place, however BCC was not closing existing provision yet.

David assured the CPB that there were opportunities for carers to influence the changes that were taking place.

BCC is very keen to stimulate the market in day services for those clients who will no longer receive a building based service and for those who had not used a building base service in the past. BCC is meeting with providers regularly and sharing information about the needs that come out of reviews.

BCC is giving transitional support to those who were no longer

entitled to Day Centre services. Richard Brooke said that the CPB should not lose sight of the principle of personalisation, namely that services should fit service users not the other way around and this was something that disability campaigners has been promoting for many years. It is unfortunate that this has come at the same time and a big squeeze on Local Authority budgets.

Some concern was expressed that BCC was falling behind with assessments. DC will provide the CPB with the number of assessments that are taking place.

12 **Update on Safeguarding**

Gill Manning Smith outlined the new safeguarding campaign that is being launched by Buckinghamshire Safeguarding Vulnerable Adults Board (BSVAB). Campaign material can be accessed at the BSVAB web site as can a safeguarding tool kit.

The aim of the campaign is to empower the public so that they know what abuse is and feel confident about reporting it. It will run until 31st March 2012.

Gill would like any stories forwarded to her that members of the CPB may have, regarding abuse/safeguarding.

Gill reported that the Safeguarding Board now has Alison Lewis, a service user on it but it still lacks a carer.

Richard said that when a complaint is made, even where no abuse has taken place it can dislocate relationships between the family carer and service user and the domiciliary care worker. Gill said that she was looking for feedback from victims and perpetrators / alleged perpetrators to explore how successful they felt the process had been but she agreed that a complaint could cause difficulties. She also felt that by reporting back to all parties it was hoped that people would feel supported. BCC is still in the process of developing its feedback processes.

The CPB expressed some concerns that carers did not currently understand what abuse is. Nadiya and Gill are currently trying to address this by developing some carer training about safeguarding.

13 **AOB**

Margaret Morgan-Owen should be added to the circulation list.

	<p>It was pointed out that the new GP data base has no field for carers.</p> <p>130 people attended the stroke initiative feedback event. The stroke co-ordinators are now in place.</p> <p>Richard Brook informed the CPB that Crossroads Care Bucks and Milton Keynes were now in merger talks with Hillingdon and Windsor and Maidenhead Crossroads.</p>
14	<p>Date of the Next Meeting</p> <p>25 January 2012</p>