



## Carers Partnership Board

### AGENDA

**Date:** Wednesday 14 March 2012

**Time:** 9.00 am

**Venue:** Mezzanine Room 2, County Hall, Aylesbury

No	Item	Timing	Page
1	<b>Welcomes and Introductions/Apologies</b>		
2	<b>Minutes and matters arising</b> To agree the minutes of the meeting held on 25 January 2012.		1 - 8
3	<b>Exception Reports</b>		
4	<b>Priorities Planning</b> Please find attached a paper on the Joint Carers Strategy, together with the Priorities template.		9 - 16
5	<b>Date and Time of Next Meeting</b> 13 June 2012 at 9.00am in Mezzanine Room 2, County Hall, Aylesbury, HP20 8UA  Further dates to be advised.		

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so

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that we can try to put the right support in place.

*For further information please contact: Maureen Keyworth on 01296 383603  
Fax No 01296 382538, email: [mkeyworth@buckscc.gov.uk](mailto:mkeyworth@buckscc.gov.uk)*

## **Members**

Stephen Archibald, Carers Bucks

Clare Blakeway-Phillips, NHS Buckinghamshire

Richard Brook, Bucks and Milkton Keynes Crossroads Care

Ian Cormack, Carer

Des Healy, Job Centre Plus

David Jack, Carers

Jill Jack, Carers

Joy Jannetta, Oxford Health NHS Foundation Trust

Nicole Palmer

Chris Petford, NHS Buckinghamshire and Oxfordshire Cluster

Jean Watson

Ann Whiteley, Carers Bucks



**Carers Partnership Board**

**Minutes**

**Wednesday 25 January 2012**

<b>Those in attendance:</b>	
Stephen Archibald	Carers Bucks
Clare Blakeway-Phillips	NHS Buckinghamshire
Richard Brook	Bucks Crossroads Care
Ian Cormack	Carer
David Jack	Carer
Jill Jack	Carer
Joy Jannetta	Oxford Health NHS Foundation Trust
Ann Whiteley	Carers Bucks



No	Item
<b>1</b>	<p><b>Welcome and Introductions/Apologies</b></p> <p>The Chairman welcomed everyone to the meeting and the group introduced themselves.</p>
<b>2</b>	<p><b>Minutes</b></p> <p>The minutes of the meeting held on 12 October 2011 were agreed, subject to the following amendments:</p> <p>Pam Shaw – change title to Contracts Team, BCC                      Gill Manning-Smith – change title to Service Manager, Safeguarding                      David Cowell – change title to Programme Manager, Day Services Transformation</p>

### **3 Matters Arising and Actions**

The following was noted:

5. Membership of Partnership Boards. It was noted from the revised terms of reference that 50% of the membership should be service users and carers. Therefore the Partnership Board needed to think about who to recruit in order to get the widest possible representation.

8. Matters arising. The Board agreed that actions arising from the meeting should be noted under the particular agenda item and under item 3 of the Agenda:

9. Big Ideas work stream update. Stephen Archibald said Carers were concerned about the Quality of life questionnaire and they were exploring whether other tools could be used that were more user friendly, particularly with younger carers. Ann Whiteley said they used a one page questionnaire when bursary requests were made. However, any document produced would not necessarily suit everyone. Other suggestions were that the template used for the impact strategy or the free grant questionnaire could be used. This had been adopted by the Health Lottery. Clare Blakeway-Phillips suggested that all information received from other sources needed be pulled together to inform the Joint Strategic Needs Assessment.

Ian Cormack on the deliver of the Big idea from the Carers Strategy Nadiya said that the Carers Strategy was currently the only one in place across the commissioning areas. There had been discussion on how other areas were using the document and whether individual ones were needed for each area. Members agreed that silo working was not a good way forward and there were common issues across the groups. It was felt that the current strategy may be too unwieldy. Nadiya suggested the document could be looked at again at the next meeting, looking at longer term objectives. It was agreed that something more realistic was needed which could support delivering the priorities.

Stephen Archibald said it had been agreed to employ a person to lead on working carers rather than it being part of someone else's job. The emphasis would be on the workplace and supporting people. They have established four carers as champions, who can provide support on policies. Nadiya said it was key for the Local Authority to be a champion and to lead by example. It was noted that initially there would be four champions to broaden the message and whilst HR departments would have policies in place a firmer guidance was needed. Richard Brook said the Carers Policy was in place to support this. It was agreed that during the last few months carers and users

had had a bad time in the County and this needed to be addressed so it would not happen again.

Ian Cormack referred to the BCC Social Care Budget, which was about making efficiencies and savings but where quality may suffer as a result. Jill Jack said the current bad rate settlement would have a knock on effect for the future. Particularly with the level of proposed cuts to LD services

Discussion took place on Social Care Budgets in general. Ian Cormack said he could see funding coming out of the Day Care Direct Service budget and questioned what was happening to the budget for people in the Learning Disability Service, who would only receive a non-building, community-based service in future. He could not see where the funding for this was in the draft budget. Nadiya said she would check this with Kerry Stevens.

**ACTION: NA to contact Kerry Stevens regarding the budget for Learning Disability Service**

The issue of matching carers with clients was discussed, e.g. a 16 year old carer catering for the needs of an 80 year old person. Richard Brook suggested when contacting services this question should be asked, but he was unsure how to tackle the question of whether appropriate staff were being provided. It was hard to collect data. Concern was raised regarding monitoring and Ian Cormack suggested it could be raised as a safeguarding issue.

Direct payments was discussed including how support should be delivered to self funders. Richard Brook said Direct Payment courses were run by some authorities.

The Partnership Board also discussed direct payments and what support could be offered. It was noted that some authorities run direct payment courses. Nadiya said this was in the plan for the new service, including robust monitoring. Nadiya said education and training was needed regarding Direct Payments and this was out to tender currently. The specification for the tender was based on national good practice. Jill Jack asked whether there was any feedback from the actual purchases of the Service, i.e. the service user or carer. Nadiya agreed to check.

**NA to check whether service user feedback is included in tender process**

Richard Brook said that monitoring could be costly for the new day Services model with Lead contractors and sub contracting

arrangements and needed to be built into the process. It was noted that the commissioner has this responsibility. The Partnership Board discussed this issue and the fact that some clients may need a light touch but others were more vulnerable and needed more service. David Jack asked whether best practice from other counties was being accessed. It was noted that pilots were running.

It was noted that a request had been made for the Carers PB to put forward a representative for the Safeguarding Vulnerable Adults Board. The Partnership Board agreed that it should be Richard Brook

#### **4 Revised Terms of Reference**

Nadiya presented the revised Terms of Reference which had been cascaded down from the Executive Partnership Board.

Richard Brook applauded the fact that 50% of the membership should consist of carers and users but expressed concern about how the other 50% of membership would be decided. He said there was a risk the Board may choose people not a particular service as a whole i.e. not rep from the Voluntary Sector. It could be that there would be organisations with no representative and there was a risk that gaps could be created. Members agreed that a list should be drawn up of sectors which should be represented on the Partnership Board. Initially, it was agreed that representatives from the following sectors should be included:

- Voluntary Sector
- Mental Health Trust
- Black and Minority Ethnic (BME)
- People working on the ground.

It was also noted that one person could have dual representation. It was also suggested that that different service user groups within the range of carer representatives should also be covered, as well as Older People and PSD (Physical and Sensory Disabilities). However, concern was expressed that with too many representatives, the Partnership Board could become unwieldy.

The election process was discussed and the fact that all statutory representatives and service users would be elected on an annual basis. Chairmanship was also discussed, including the reason for having a co-chairman. Clare Blakeway-Phillips said skills were needed for chairmanship and training and support should be given. David Jack said Co-Chairmen needed to have a degree of influence in the Authority. Nadiya emphasised the need for a strong statutory lead,

	<p>otherwise partnership boards may become ineffective. With regard to election of Chairmen and membership of the Partnership Board, Nadiya said the ULO representative would provide support. She suggested that the membership list needed to be agreed and then elections could take place. Richard Brook said if only ULO members were able to vote, they would need a huge recruitment drive. David Jack said there was a need to ensure that people did not see elected members of the board as able to raise personal issues rather than an organisation representative. Jill Jack expressed concern about the difficulty some people may have to commit their time on a regular basis. Members also agreed on the need for membership to be diversified.</p> <p>The Partnership Board agreed that they should not approve the Terms of Reference because further work was needed on the wording.</p>
<p><b>5</b></p>	<p><b>Priorities Template</b></p> <p>Nadiya Ashraf explained that the Executive Partnership Board requires that all Partnership Boards complete a priorities template in order to give consistency across all Partnership Board and in some areas the priorities may overlap. She asked whether members would like more time to complete it. Members agreed they would prefer to look at the priorities at a workshop and it was agreed that this would take place at the next meeting on 14 March. Nadiya agreed to circulate the guidance which accompanied the template, for information. It was noted that these priorities would be informed by Strategy as there were still some parts of the Strategy which would fit in future priorities but also take into account recent changes including the Law Commission recommendations and NHS Breaks.</p> <p>The priorities would go to the Executive Partnership Board from which a work programme will be produced</p> <p>It was agreed that Nadiya Ashraf and Clare Blakeway-Phillips would look at what information is already held in relation to priorities and circulate this to members.</p> <p><b>Action: NA and CBP</b></p> <p><b>Agreed that the next meeting will include a workshop to discuss the priorities template. All to take part.</b></p>
<p><b>6</b></p>	<p><b>Executive Partnership Feedback</b></p> <p>The Board received and noted the documents under this item.</p>

<p><b>7</b></p>	<p><b>User Led Organisation (ULO) Update</b></p> <p>Ian Cormack (who is Vice Chairman of the ULO) said the ULO was an embryonic organisation arising from the Self Directed Support Carer and Service users Reference Group. The initial role of ULO, apart from helping with membership, is to support groups taking part in the Partnership Boards. The SDS Group will continue under the umbrella of the ULO. In this connection, Ian Cormack introduced Debi Game, the new Development Officer for the Bucks ULO. Debi explained that her role would be to find and support members of Partnership Boards so that it could be a comfortable and rewarding experience and make members feel valued. Ann Whitely would be the professional lead. Debi said they would be writing to organisations asking for their support.</p> <p>Nadiya explained that members of the Partnership Boards would receive reimbursement in the form of expenses, for their work. She emphasised she did not want people to meet their own out of pocket expenses and encouraged people to put in claims. Administration of this process would be through Carers Bucks for all Partnership Boards.</p> <p>Members agreed that this was a big commitment and there was a need to get the process right through induction and development. People needed to know the structure and organisation they were working in, and information on decision making as well as information on other Boards in the wider context of meetings and outcomes. David and Jill Jack said this would certainly have helped them with their input to the Learning Disabilities Partnership Board.</p>
<p><b>8</b></p>	<p><b>NHS Breaks</b></p> <p>Clare Blakeway-Phillips circulated a paper and asked members for their comments as early as possible.</p> <p>Ian Cormack suggested that No. 2 under the Proposed Criteria for NHS Carers Breaks funding was too restrictive. Nadiya said this was the first step in the process and all comments would be taken on board and incorporated at a later stage.</p> <p>Ian Cormack also said the message must be given to commissioners that the health of carers should be given as much weight as the relative health of the cares-for person in allocating funding for Carers Breaks. Richard Brook said this was a significant step forward and welcomed it and looked forward to BCC facilitating delivery of this. Clare Blakeway-</p>



	<p>Phillips said the first year would be a pilot and hoped there would be increased investment in future years. Nadiya said that was a model which could be built on in the future. Once the personal health budget was on stream this could be further developed.</p> <p>Discussion took place on the budget for the assessment process. It was noted that the operational framework would give a good platform from which to start and Social Care would have information in terms of health. The validation process was discussed and it was agreed that it should not be too costly. Ann Whitely said there would not be a face to face assessment because it was too expensive.</p> <p>Richard Brook referred to the last three bullet points under Item 2 and was informed that the NHS professionals should be able to provide the information needed under these points. It may be that other areas have done this work successfully and this would be looked at. The Commissioning Group may also have other ideas.</p> <p>It was agreed that the document would be circulated again to all members if there were significant changes.</p>
<p><b>9</b></p>	<p><b>Exception Reporting - Work Plans</b></p> <p>Nadiya and Steve confirmed there was no exception reporting at this stage.</p>
<p><b>10</b></p>	<p><b>Safeguarding Audit</b></p> <p>The Audit was in response to the Association of Directors of Social Services (ADSS) report on Carers and Safeguarding and was being led by Gill Manning-Smith and Sabbar Ullah (Safeguarding Quality Assurance Officer) who would be developing a self audit tool. They were looking for endorsement from the Board to be able to use the tool as part of the safeguarding assessment. Nadiya agreed to provide contact details and the deadline for response.</p> <p><b>NA to provide contact details and the deadline for response to the Audit.</b></p>

<b>11</b>	<b>Dates and Times of Future Meetings</b>
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	14 March 2012 at 9.00am in Mezzanine Room 2, County Hall, Aylesbury HP20 1UA
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	13 June 2012 at 9.00am in Mezzanine Room 2, County Hall Aylesbury HP20 1UA
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	12 September 2012 at 9.00am in Mezzanine Room 2, County Hall Aylesbury HP20 1UA
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	12 December 2012 at 9.00am in Mezzanine Room 2, County Hall Aylesbury HP20 1UA
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**Chairman**

## BUCKINGHAMSHIRE JOINT CARERS STRATEGY 2010 -2013

### The Way Forward and the Four Big Ideas

From consultation and workshops held in 2009, four 'Big Ideas for Action' have been developed. The four big ideas set out the broad strategic shifts that we want to see in the way services are delivered by the end of the lifetime of this commissioning strategy.

Each big idea sets out the case for change, which draws on the earlier sections of this commissioning strategy; examples of models of best practice; the likely impact of the change on performance; how the commissioning priorities will be funded and the most effective commissioning approach required to deliver the change.

Each big idea sets out the commissioning and decommissioning priorities of action year on year. This document is a high level commissioning strategy setting out the direction of travel for stakeholder organisations. The detail behind each of the priorities will need to be developed as well as the decision making process that is required from both commissioning organisations as we work through the priorities in the document. What we will expect to see in 2013

The big ideas set out in this strategy are similar to those objectives as set out in the National Carers Strategy for delivering the following desired outcomes for carers:

**Outcome One:**

Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role

**Outcome Two:**

Carers will be able to have a life of their own alongside their caring role

**Outcome Three:**

Carers will be supported so that they are not forced into financial hardship by their caring role

**Outcome Four:**

Carers will be supported to stay mentally and physically well and treated with dignity

**Outcome Five:**

Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes

- **Therefore by 2013 we will see:**

- **More carers being respected as expert carers**
- **More carers being able to have a life of their own alongside their caring role**
- **More carers supported without experiencing financial hardship due to**
- **their caring role**
- **More carers supported to stay mentally and physically well**
- **More young carers being protected from inappropriate caring and enjoying positive childhoods**

Under each big idea is listed the outcome or outcomes of the national strategy it will contribute to.

## **BIG IDEA 1 - Improving information for carers**

This will meet objectives in the National Strategy under Outcome One:

Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role.

Information which is easily accessible and digestible in a way that meet the tailored needs of carers, can be a powerful way of empowering carers to access the services they need.

We will develop a co-ordinated approach between organisations, providing carers services, to improve the range and provision of information for carers. Information will be provided in an accessible and easily comprehensible way. Access to services, advice and advocacy relies on good and timely information, making improvements in the awareness of carers also requires good targeted information that reaches into non-traditional areas such as staffing and employment policies of large employers.

### **Case for change**

There is no standardised information for carers or agreed approach between responsible organisations on the range of information to provide. This has led to duplication of effort and of funding in producing the information between the organisations involved. Information delivery is also variable across the county.

Multi-agency cooperation and agreed co-ordination of approach is needed on making available a variety of accessible and relevant information. Information must be consistent throughout the county and the range of organisations producing it must be enlarged to reflect the full spectrum of organisations working with carers.

## **Commissioning Implications**

### **Year 1**

- Form a multi-agency information sub-group (ISG) to develop an information and communication strategy
- Work with all partners to standardise information to ensure the same message is going out from all organisations
- Implement information strategy
- Assess the effectiveness of traditional and new ways of delivering information

### **Year 2**

- Review information strategy and adjust in the light of experience and new priorities identified

## **BIG IDEA 2 – Improving recognition for carers**

This will meet objectives in the National Strategy under Outcome One:

Carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role. This also relates strongly to Big Idea 1 and the reliance on information at key points in the system.

The case for change

It is part of the new National Carers Strategy to promote recognition of carers and to define an accepted term for carers. Locally we will do this by challenging the misuse of the word “carer” and integrating the need for greater recognition of the carers’ role within the information strategy.

The need for recognition of the carer as a partner in care was underlined by local consultation events. Regular comment from carers stated that their experience of the carer’s assessment was that it was not treated as a dynamic document and that they were not consulted enough in the care planning and review process.

## **Commissioning Implications**

### **Year 1**

- Commission training to raise awareness among workers across health and social care on their responsibilities toward carers
- Undertake initiatives with those responsible for facilitating participation to ensure carers have full representation on decision making and
- advisory bodies within statutory organisations
- Develop actions to improve processes within care management teams that will increase the number of carer assessments, produce more
- clearly defined care plans and regular reviews

- Work with Carers Bucks to shift the emphasis of work with working carers
- to reaching large employers to enable them to develop carer-friendly policies and be aware of the carers in their workforce.

## **Year 2**

- Undertake actions to ensure systems that identify and support carers who visit GP surgeries and medical centres are working
- Continue to commission training to be delivered to GPs and front line health workers within NHS Buckinghamshire's community services
- Review the impact of the health worker awareness training
- Review the impact of the working carer initiatives

## **BIG IDEA 3 – Improving support for carers**

This will meet objectives in the National Strategy under Outcome Two:

Carers will be able to have a life of their own alongside their caring role; and under Outcome Three: Carers will be supported so that they are not forced into financial hardship by their caring role; and under Outcome Four: Carers will be supported to stay mentally and physically well and treated with dignity

The case for change

We need to build on previous successful work in supporting carers by providing a more integrated response from organisations to support more carers. A foundation of support has been laid down with the funding of a single carers centre which is now well known and respected. This provides a platform for other organisations to follow by learning lessons from others and improve or develop policies and projects to support carers through their organisations in a more co-ordinated way.

## **Commissioning Implications**

### **Year 1**

- Set up a training group with all providers of training to develop a carers training syllabus and prospectus aimed at current and new carers and including those from BME groups
- Continue, in conjunction with OBMHT and Carers Bucks, training for carers of people with a mental health issue
- Continue with the cross-organisation training programme including the Alzheimer's Society coordinated sessions
- Identify appropriate support systems for BME (British Minority Ethnic) carers
- Develop a business case with the NHS Buckinghamshire to look at ways
- of improving the health of carers, including the offer of annual health checks and training on manual handling
- Develop a joint plan for improving the quality, choice and availability

of carers breaks

- Develop a joint plan for supporting carers in transition from social care to health care and vice-versa.
- Develop and promote ways to support working carers in maintaining their employment, including information/support that can be provided through the Council and NHS
- The Council and the NHS Buckinghamshire to review their own employment policies to identify ways in which to make their respective organisations more carer friendly
- The Council's Welfare Rights Service and Carer Centres to maximise carer income / reduce carer expenditure through advice/information/signposting on financial matters
- Develop a plan with carer organisations to provide better support for older carers during bereavement
- Develop a joint plan around supporting carers concerning admission to and discharge from hospital

#### Year 2

- Review training syllabus
- Develop new support groups for BME carers and maintain current groups but with improved attendance
- Continue, in conjunction with OBMHT and Carers Bucks, training for carers of people with a mental health issue.

### **BIG IDEA 4 – Improving independence and life chances:**

This will meet the objectives in the National Strategy under Outcome Two: Carers will be able to have a life of their own. We will initiate opportunities for carers to have a life of their own and to make it possible for carers to take up those opportunities.

#### The case for change

Carers have been well supported in many ways in Buckinghamshire since the launch of the first carers' strategy in 1999, but until recently the emphasis has been on the carer as provider for the cared-for. Local evidence from surveys and engagement through carer organisations indicates that carers are missing out on opportunities to develop as people and to pursue careers, training and education. Younger people are facing lifelong consequences of missed training and education, people in midlife are missing out on promotion or career advancement and older people are having their days of retirement taken away from them. There is a need for more support to carers to enable them to overcome the inequality that their role puts on them.

### **Commissioning Implications**

#### **Year 1**

- Provide a comprehensive programme of carer respite opportunities available to relieve carers periodically of their caring responsibilities
- Develop new partnerships with Job Centre Plus, employers, District

Councils, educational establishments and leisure providers to extend the possibilities for carers to have a life outside caring

- Raise awareness of carers and the help that employers can give to them by simple work and working hours adjustments. This is linked to the general recognition of carers in the community both by themselves and others.
- Learn lessons from existing successful schemes in Buckinghamshire
- Hospitals Trust and OBMHT in supporting carers with developing their educational, working and training opportunities

## **Year 2**

- Review progress and continue with successful approaches.





# Carers Partnership Board

## Priorities Template

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	Outcome	Priorities
1	Helping people to speak up and to be active citizens	
2	Supporting Carers	
3	Day and employment opportunities	

Outcome	Priorities
4 Housing and support	
5 Improving Health	
6 Personalisation	