



Carers Partnership Board

Minutes

Wednesday 14 November 2012

| Those in attendance: | |
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| Nadiya Ashraf | Buckinghamshire County Council, co-Chairman |
| Ian Cormack | Carer Representative, co-Chairman |
| Stephen Archibald | Carers Bucks |
| Ann Whiteley | Carers Bucks |
| Clare Blakeway-Phillips | NHS Buckinghamshire |
| Margaret Morgan-Owen | Alzheimer's Society |
| Joy Jannetta | Oxford Health NHS Foundation Trust |
| Richard Brook | Bucks and Milton Keynes Crossroads Care |
| David Jack | Carer Representative |
| Jill Jack | Carer Representative |
| Nigel Palmer | Carer Representative |
| Amela Advic | Carer Representative |
| Kathy Nawaz | Carer Representative |
| Debi Game | Bucks ULO |



| No | Item |
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| 1 | <p>Apologies for Absence/changes in membership</p> <p>The members introduced themselves. No apologies were tendered.</p> |

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| <p>2</p> | <p>Minutes and matters arising</p> <p>The minutes of the meeting held on 12 September were agreed.</p> <p>The following was noted:</p> <p>With regard to the concern about whether the learning disability service was being cut disproportionately, Nadiya Ashraf will email the breakdown of the cuts across the service.</p> <p style="text-align: right;">Action: Nadiya Ashraf</p> <p>In connection with the item on the BSVAB annual report, Ann Whiteley will be arranging a meeting to discuss having a carer link for that Board.</p> <p style="text-align: right;">Action: Ann Whiteley</p> <p>With regard to Item 4 – Draft Care and Support Bill, Nadiya agreed to circulate the final responses via the clerk.</p> <p style="text-align: right;">Action: Nadiya Ashraf/Maureen Keyworth</p> <p>David Jack informed the Board that a person in receipt of benefits had been told that BCC had access to the DWP website. However, when this was checked out the DWP said this was not the case. Nadiya Ashraf agreed to look into this issue and report back.</p> <p style="text-align: right;">Action: Nadiya Ashraf</p> <p>Amela Advic expressed concern about the response she had received when contacting her GP surgery regarding registering as a carer, for short breaks. It was agreed that she and Nadiya would discuss this outside the meeting.</p> <p style="text-align: right;">Action: Amela Advic/Nadiya Ashraf</p> |
| <p>3</p> | <p>GP Commissioning</p> <p>Members received an update on Clinical Commissioning Groups from Louise Patten, Chief Officer (Designate), Aylesbury Vale Clinical Commissioning Group. The presentation is attached to these minutes.</p> <p>Key points:</p> <ul style="list-style-type: none"> • The PCT will no longer exist after 31 March 2013 when two Clinical Commissioning Groups will be in place. Until that time the CCGs will |

be sub-committees of the PCT.

- The Aylesbury Vale CCG contains 21 practices with a population of 197,000, and covers North Buckinghamshire and parts of Thame.
- The CCG will not be commissioning GPs, Dentists or Opticians, Local Area Teams will do that.
- The CCG has a statutory responsibility to drive up the quality of services.
- It is a member organisation and the members are all of the 21 GP practices.
- A Governing Body delegates functions to an Executive Team which is responsible for the North, Central and South Localities, covering all the GP practices in Aylesbury Vale and parts of Thame.
- There will be joint working between the AVCCG and the Chiltern CCG, with a shared quality committee and joint executive teams.
- There are two Lay Governing Body Members,, one of which chairs the Audit Committee, responsible for financial and legal functions and the other is responsible for patient and public engagement. Whilst the Chair of the Audit Committee will be over a three year term, the other will be two years to enable other members of the public to take part.
- The focus will be on localities. The CCG wants to increase engagement with the local population.
- In each locality GP surgeries will have a special interest in planned care, urgent care and a clinical nurse lead, which will be paid posts.
- Trevor Boyd, BCC Strategic Director for Adults and Family Wellbeing sits on the Executive Team.
- With regard to patient and public engagement, patients were to be at the heart of NHS reforms and the CCG will know whether this is working through patient feedback.
- With regard to opportunities, Louise Patten said feedback had been very positive with regard to flexible breaks, but that there would never be enough money. She said there must be ongoing work to identify groups and understand the needs of people.

It was noted that public locality meetings will be held which all members of the public can attend. These will be well advertised.

Ann Whiteley expressed concern that some surgeries were working well but others were slower in engaging. She said Carers Bucks was working on having a carer representative in each locality and surgery.

The Partnership Board discussed how to identify carers groups as well as individuals but it was understood that some people did not wish to be tagged. Ian Cormack asked how the information would be used once it was collected. Louise Patten said an exercise could be undertaken to look at whether the number on record was representative

of carers in order to establish a base, but there are difficulties with this as many carers do not wish to be 'registered'. Nadiya Ashraf said it was key that GPs carried out work in this area so that people can be signposted to support. However, their role was limited and they may need help. Louise Patten agreed on the need to encourage carers to stay on the list and it was noted that the flexible breaks scheme also encouraged this.

Ian Cormack asked whether the CCG would be commissioning continuing health care and Louise Patten confirmed that it would. Ian said he hoped in future work would be done to make CHC more personalised and flexible to meet the preferences of the recipient of the care and their family carers. The use of Personal Health Budgets should be considered in this regard. Louse said there was a strong relationship between the increase in care home placements in areas where GPs were not involved in continuing care.

With regard to engaging with the public Margaret Morgan-Owen expressed concern regarding those, particularly carers, not in communication via electronic networks. She emphasised the need to ensure other means of communication were available.

Richard Brook referred to the time delay which often occurred between GP's agreeing medication and the PCT providing it. With regard to diabetics he also referred to the withdrawn of local picture taking and the fact that it took some time to get to hospitals to have it done. It was hoped that these issues could be addressed by commissioning being closer to the needs of local people. Louise Patten said the quality of patient care will drive the work of GPs. However, difficult decisions would be need to be made about treatments with a low priority. There was a need to develop understanding with patients regarding decisions. David Jack said it was useful to have measured outcomes published, so that progress can be followed.

4 Carers Survey

Nigel Palmer gave a presentation, a copy of which is attached to the minutes.

The construction of the Survey was based on a more streamlined version of the 'Quality of Life' Questionnaire which many said was too long and the questions were repetitive. A comments section had also been inserted against each series of questions.

The question areas were mapped against the demography of carers and post code areas had been added to see if different areas rated

carers services differently. It was noted that those near hospitals scored lower.

Some of the key findings were:

- 7 in every 10 carers are women
- The vast majority of carers were white and over the age of 60
- Good cross section of Carers Bucks registered carers
- 74% of carers spend more than 50 hours per week caring, but some were still working
- One man had been a carer for 70 years!
- Over one third of carers are looking after more than one person

With regard to carers assessment less than half had had an assessment. Of those who had had an assessment, over half had had it reviewed. Three quarters of carers felt they were receiving the correct benefits. 60% of carers of working age were actually working and half of them were working half time. Equality of the sexes was found not to exist and the system is also ageist. Males scored 9% higher than women in the scoring system regarding quality of life, but it was uncertain whether this was a true reflection because many of them do not like to talk about issues. Over 60s felt quality of life was better than those under 60. White carers score higher than all ethnic groups however this was difficult to break down further because of the small numbers in the non white ethnic groups. Stephen Archibald asked about the correlation between non-white and poorer areas and Nigel said the numbers were not big enough to break down.

Quality of life for those caring for children with disabilities scored lower.

It was noted that the figures in relation to aligning with the Care and Support Bill showed approximately 5% of carers were potentially in crisis based on the guide lines in the original 'Quality of Life' Questionnaire. They were currently looking at those comments and will tie them up with questions directly related to Carers Bucks, looking at what distinguishes the 5% in crisis versus the rest. It was hoped to improve service by following up on those 5%. Debi Game suggested that the figure of 5% in crisis could be an underestimate and possibly some people completing the questionnaire may have said they were fine. Debi said the numbers taking up carers breaks recorded the strain.

Clare Blakeway-Phillips asked how the information would be used and whether it should be shared with Public Health and BCC to inform the Joint Strategic Needs Assessment. It could help in the planning of services. Nadiya said that whilst they had missed timescale to include information in the JSNA, she agreed on the need to learn from the

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| | <p>information in the Carers Survey. The JSNA would be refreshed. She agreed to circulate the Executive Summary and questioned whether there was a need to change the level of commissioning.</p> |
| <p>5</p> | <p>Carers Partnership Board Priorities and Workplan</p> <p>Richard Brook gave an update on the work plan. The following was noted:</p> <ul style="list-style-type: none"> • The work programme was starting in December • An appointment would be made shortly and that person should be able to start work immediately. However, they would not have been CRB checked so, initially, their work will be restricted. Areas to be looked would be where the work was not covered, was slipping or needed value added. • Most areas did not need funding or funding had been provided <p>A group would be set up to meet three or four times during the life of the work programme and Richard suggested that these meetings could be set up to coincide with the meetings of the Partnership Board.</p> <p>Members agreed with the Work Programme</p> <p>Members were asked to email Richard Brook if they wished to be part of the group.</p> |
| <p>6</p> | <p>Update on Carers Tender</p> <p>Nadiya informed the Board that the formal tender for the Bucks Carers Support Service, currently provided by carers Bucks, would now be going out in the New Year. The formal process would take place in the first quarter of 2013. BCC is working on preparing the structure for a service which would reflect the New Bill. Detailed work on the service specification was to start in the New Year and Nadiya wanted input from the Partnership Board. Ian Cormack and Margaret Morgan Owen volunteered to work with Nadiya on the specification. A consultation exercise seeking the views of carers will start in January 2013.</p> |
| <p>7</p> | <p>Carers Assessments</p> <p>Zita Calkin, Lynne Downes and Errol Crawford were welcomed to the meeting.</p> <p>Zita gave an update on carers' assessments. Four workshops had been held over the summer promoting carers breaks and asking carers</p> |

about their experience and understanding of carers' assessments. Carers were asked to give feedback on their perception and experiences of social care. Zita reported that much of the feedback was negative which was not unexpected. People discussed four aspects:

- Initial access to social care
- Information and Advice
- Carers Assessment – forms and process
- What support services are available

Zita said comments included the lack of information in relation to finding out what BCC social care offered and the provision of services such as Carers Bucks, funded by the Council. Access to the Service and initial contact was poor and not user friendly. There were concerns about the waiting time for the one telephone number contact.

With regard to the care assessment process comments included:

- Carers' assessments were not offered and were carried out on the phone rather than face to face. There was concern about whether people understood carers' needs over the phone.
- Carer's assessment was not a holistic view of families and situations, was not aligned to the cared for person and was rushed.
- There was no copy of the support plan provided and many people did not know what to do with the payments or how to account for them.

Lynne Downes was new to her post since September, but had worked for BCC for 21 years, in operations and had been involved in carers assessments, She said she was familiar with the process and was a carer herself. Lynn went through the process for flagging up a carer's assessment as follows:

- Contact with the Call Centre
- Decision made on how the work will be processed
- Call Centre to complete and signpost people on.
- Callers were added to a list if there was a requirement for a face to face assessment. Of 100 callers allocated to individual workers since September, 30 had a face to face assessment.

Lynne said the Carers Assessment was examined and it was felt it did not reflect the needs of carers. It will be looked at and updated. With regard to the long waiting times, it was noted that work had to be prioritised. On any one day up to 130 people could be on the list for allocation to individual workers. They look at the risk and needs of the caller in relation to prioritisation and can see how carers have to wait longer because of priorities. Staff making visits are told they must offer a carers assessment even if it has not been requested. It is considered good practice to leave the form and guidance notes for people to look

at. Many are happier for managers/workers to help them complete the form or request information on how complete it.

Ian Cormack said that the response to the carers assessment should always be made direct to the Carer themselves, not to the cared for person and referred to his own experiences in this area. He felt that the support plan arising from a Carers' Assessment should not just be about whether they received £500 Carers' Break funding or were to be phoned periodically by the In Touch team. It might, for instance, include a referral to Carers Bucks for a generic service or to a Community Support Officer for preventive work. Lynne said there should be ownership of the work once the carers assessment has been returned.

Debi Game suggested that a pack should be sent out with an explanatory letter informing people of the help available and the process around the assessment and allocation of the care manager. Lynne said they had also been thinking about this as a way forward.

Zita Calkin said she hoped that through the work they were undertaking things would start to change.

Errol Crawford spoke about the work of the Contact Centre, taking the frontline calls. He had noted the feedback regarding call waiting times and the difficulty in getting through to the Contact Centre. There had been issues regarding staffing levels and recruitment which was hampered by lengthy enquires that were also being received. This had been looked at with Adults and Family Wellbeing in order to find ways to improve the service and they were looking to make changes to the front end process at the end of December/beginning of January. Customer Service Advisers will provide advice using the information they have been provided with and as a result, calls should be quicker and there should be a shorter waiting time. More involved calls will go to a team of professionals.

An office call back service (Intelligent Queuing) has been introduced, providing an option for callers to ring back, at which point they will be put to the front of the call queue. However, it was noted that many people prefer to wait. Margaret Morgan Owen suggested this was because that would be the time they have a gap in their caring work and it may be that they would not be able to make contact again for a considerable amount of time.

Ian Cormack suggested the need for a dedicated Social Care line, not a call back service. With regard to a dedicated line, Errol said there were cost and manning implications and people may still have to queue. Debi game said the call back service was useful and was used by others, but Errol reiterated that people still preferred to wait. Stephen

Archibald asked whether there were times of the day which were less busy when callers could be asked to call back. Errol said they did not get peaks and troughs, but he would take this on board to see if improvements could be made regarding when the Call Centre could be accessed more quickly. However, Nadiya emphasised the need to be able to access a quality person if people were waiting for a long time. It was noted that sometimes call back never happens. Errol advised that call back is a back office function in the main and that the Service Area may need to look at why this is not happening. Errol suggested that by passing the caller to the back office an appointment could be made for a convenient time to call back.

Ian Cormack said he had the impression that there had been a change in where referrals were coming from. At one time all referrals from Carers Bucks came from Social Services, but many were now coming from Health. He asked whether this related to the introduction of the Call Centre. Richard Brook said he had managed a contact centre and people were unaware of the amount of work involved and the numbers using the service. They would have a better understanding if more information was provided. Margaret Morgan Owen suggested information could be placed in the Local Account.

Richard Brook said other organisations gave information on call waiting times and this could give people the confidence to use the service. There was a need to be clear about the number of calls a day that were answers and putting out this information would be useful. Errol Crawford said this was going on and they were creating a dashboard on the website around customer services. Nigel Palmer emphasised the need to provide other means of imparting this information, rather than just the website. Errol recognised the need to improve the front end service by providing a service for older people to be able to use

Ian Cormack said brokerage support was needed in helping people account for payments in respect of funding for carers breaks, arising from Carers' Assessments, as well as from the PCT Scheme. Zita said they used brokerage to gather outcomes and information on what will help carers.

With regard to the draft Care and Support Bill, Zita said they would be meeting the challenges through training and development and looking at the programme around carers assessment and looking at the practice and principles of carers assessments. David Jack referred to the need to understand the forms and interpret them and therefore, the need to have face to face first contact. If there was not enough guidance people could be given erroneous or misleading information. Lynne Downes said this should be offered at the first point of contact, not necessarily face to face, however people should be offered this

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| | <p>choice if they wishes.</p> <p>Zita said they were looking at best practice around self assessment and currently phone advice or self assessment was offered.</p> <p>Nadiya asked once carers had been through the system whether they were asked what could have been done better. Zita reported that many carers groups have been asked to be involved in feedback and this will be shared as information is received. Ian Cormack said that sometimes only the need of the cared for person is assessed, not the need of the carer, but the two cannot entirely be separated. Members agreed that an information pack would be useful. Nadiya agreed that people valued the opportunity to talk about the care plan and services offered and this was important and was where the Care Bill was taking us.</p> <p>Clare Blakeway Phillips gave positive feedback on her experience of dealing with the Call Centre.</p> <p>Zita Calkin informed members that she was working with Errol Crawford on a series of frequently asked questions which could be used when responding to a call. However, if other departments are not providing the information the calls cannot be dealt with quickly. Carers have individual problems and transferring them to a specialist team would be a better approach.</p> <p>It was agreed that Zita Calkin would keep the Board updated on the changes to the Call Centre via email</p> |
| <p>8</p> | <p>Update from the Executive Partnership Board</p> <p>Below is the weblink to the minutes of the Executive Partnership Board, held on 17 September 2012, for information.</p> <p>http://democracy.buckscc.gov.uk/Published/C00000728/M00005193/\$\$MDocPackPublic.pdf</p> |
| <p>9</p> | <p>Future Agenda Items / Forward Plan</p> <ul style="list-style-type: none"> • Continuing Health Care and Access • Changes to the Benefits System – suggested that someone from the DWP be invited. AW to arrange • Update on Carers Breaks • Feedback from Carers Bucks Survey • NHS Urgent Care Number 111 – Carers need to be aware of this and Carers Bucks have helpful information. |

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| 10 | Date of next and Future Meetings |
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| | The next meeting of the Carers Partnership Board will be held on 23 January 2013 at 9.30am in Mezzanine Room 2 |
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| | Dates of future meetings – all meetings commence at 9.30am |
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| | 13 March in Mezzanine Room 2 |
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| | 15 May in Mezzanine Room 2 |
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| | 17 July in Mezzanine Room 2 |
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| | 18 September in Mezzanine Room 2 |
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| | 20 November in Mezzanine Room 2 |
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Chairman