



# Carers Partnership Board 2020

## Meeting held via Zoom Minutes 17.11.20

#### 1 Present

JS AB EM GL DD LG Abo SC ST AM JM GH KR KL	Kadie Chapman Dennis Pinshon Stuart de Prochnow Joseph Simon Annie Bamforth Ella McKensie Graham Lewis Debbie Drew Laura Green Alison Bourne Sarah Conboy Shauna Torrance Andy McGowan Jason Merrill Graeme Hodgson Kate Rees Kelly Law Linda Green	Independent Member Chaired meeting Independent Member Independent Member (on phone) Independent Member Independent Member Independent Member Healthwatch Cambridgeshire and Peterborough Healthwatch Cambridgeshire and Peterborough CCC- Carers assessment team Commissioner Making Space Commissioner adult social care. Caring Together Family Voice Peterborough CCC (direct payment lead) Centre 33 PCC Pinpoint
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	Helen Duncan	Principal Social Worker
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BB	Becca Bryant	Centre 33

## **Apologies**

SF	Sharon Ferrell	Independent Member
SH	Sue Honour	Independent Member
SM	Siobhan McBean	SEND
JL	Jillian Loveday	Making Space
MK	Michelle King	Little Miracles

## 1. Welcome, introduction, and apologies

Introductions were made and it was explained that the meeting would be recorded and used to support minute taking.

# 2. Minutes of last meeting and Action Log

Previous minutes were agreed.

- 75. Shauna and Helen attending meeting.
- 89. Anna Tuke is going to join the board and will attend when she can.
- 113. Part of Januarys meeting will be dedicated to adult sibling carers.

AM SIBS have received some National Lottery funding to put in some specialist support. They are holding a free online event on 5th December which covers subjects such as next of kin, deputyship, wills and trusts, mental capacity. https://www.sibs.org.uk/

- 115 With help from Julie from Healthwatch it was confirmed that the person could get a dosset box at no cost. There were some problems still getting this through local pharmacy but the problem has now been resolved.
- 116 It appears that there is little that can be done about multi occupancy taxis. The GP is still feeling that this contact with others is increasing the risk to vulnerable family members at home. The college have suggested he wears a visor however the visor has to be kept at college.
- 117 AB is going to resend the papers around discharge to assess to GL for circulation.
- 118 Karen Chambers has left the team now and a new member of staff has been appointed and is starting next week.
- 119/120 completed
- 121 will be ongoing

### 3. Feedback from Independent Members

AB Husband is prone to urine infections and pre Covid-19 would go to Ambulatory Care to receive IV antibiotics. Ambulatory care prevents people having to have an inpatient stay. Since Covid-19 the service is not the same and instead of being referred in via a GP you now have to turn up at A/E. As my husband would have a temperature due to infection he would end up in the Covid-19 side which for him is extremely risky. Is this likely to return to how it was previously or is that type of service permanently lost?

Action DD to log with Healthwatch and raise at Peterborough Forum.

KC, DD Raised the issue around communications to people who use direct payments not getting to them. Recently Healthwatch were informed that people who employ Pas could ask the council for PPE. When the councils were questioned about this Healthwatch were informed that those using the DPSS provider would have got letters.

- 3 people at this board meeting who are direct payment users had not heard from the council (all Cambridgeshire and LDP)
- 1 person who contacted HW outside of meeting from Peterborough (older people's team) and uses a direct payment also not heard anything.
- Why are DP users who do their own payroll etc missed off communications?
- What about people who use previous DPSS providers?

GH The council are working on a letter which should be ready to go out in a week to 10 dayswe do not have emails for everyone to have sent it by email.

KC, DD, JS all confirmed several teams have their email addresses.

**Action** GL to take this to Adult Social Care forum. Healthwatch to monitor process and collect other examples.

EM (fed into minutes after meeting) Young Carers are very concerned about bringing the coronavirus home from school or college when they have vulnerable family members at home. When families raise this with the schools or colleges, they are told that there is no other option than to take the child out of school and to home school. There is no option them for school to send homework for the child to do at home like when the schools were shut.

**Action DD** to give EM Michelle King's details from Little Miracles as Michelle has been working with families with vulnerable children and has been hearing similar experiences.

#### 4. Feedback from Adult social care forum and other meetings

GL The Adult Social Care Forum (ASCF) has restarted and is due to meet again in a few weeks. It was hoped that the Network team would be able to go to the office and join in but due to the latest restrictions this cannot happen. GL is talking to Carol Williams to see how best to work with this group of people.

The boards organised an online round table event about Hate Crime. It was very well attended including attendance from the interim Police and Crime Commissioner. He has agreed to follow up on the fact that disabled people are being filmed and people are putting these clips on Social Media- the law as it stands says that unless it happens more than once it cannot be counted as harassment- up skirting however only has to happen once and it's an offence.

DD The Healthwatch Health and Care Forums are continuing to have good attendance. The meetings are open to anyone. Peterborough's next meeting is 26<sup>th</sup> Nov, Cambridge is 2<sup>nd</sup> Dec Fenland 3<sup>rd</sup> Dec and Huntingdon will be 12<sup>th</sup> January.

## 5. Update from Helen Duncan and Shauna Torrance

We have been working on the Positive Challenge Programme for carers which looks at early identification and aims to support carers in a flexible way. We have looked at our operational practice and we are making sure we have meaningful communications with carers.

We are wanting to increase the uptake of direct payments.

We ran some workshops across the teams and asked, "what would really make a difference?" We have been doing a quality impact audit.

Many people do not recognise themselves as carers and we are raising the identification of such.

We are developing teams and sharing best practice.

We have worked with the commissioned services to improve the offer and have been focussing on prevention services offering advice and information, support groups and contingency plans. Alongside this we have been engaging with the Think Communities projects looking at peer support.

AB My husband's care is from Continuing Health Care funding. They have made contact through the pandemic, but I was told by a social worker that social care are longer responsible for me as a carer. Continuing Health care is for my husband's needs and I seem to have fallen in the middle. My caring role is becoming more and more difficult and taking a lot more of a medical role. This is putting immense pressure on us as a couple. LG Certainly your role as a carer means that you are entitled to support from social care.

**Action** AB and LG to have a conversation outside of meeting.

Five out of the 6 carers attending the board today reported they had not had a call from social care about their needs. Some have initiated calls themselves when a need arose for their cared for but it was not focussed on their needs. Some had had calls from district councils to the cared for as they are registered as disabled.

DP had had several calls from Peterborough team.

KC If at this board many of the carers are proactive then what is happening for those who are not so forth coming? It appears Health have some set protocols in place for contacting people. Should the council at least have some system in place for contacts?

JM Is work being done around transition? ST Yes, we are looking at transition

Is this an LDP issue?

DP It is alarming that the communications within the team is not good.

LGr (Pinpoint) It is important that communication takes place and I wonder how frequently contact has been made. Many of the carers at the beginning were managing well but 9 months in and a second lockdown things can change.

LG We are making another round of calls. In the first lockdown 2000 calls were made to carers. Most of the carers said they were managing at the moment, but we were able to offer support and sign posting where it was needed. Maybe I could see what the process has been for the LD team.

**Action** LG to feedback at next meeting an update from the LD team.

HD It is sad with all the work we have done that we still have not got it right for all people. Please, as those at this meeting are good at speaking up, don't wait to these meetings to raise issues raise them as they arise. There will be people who may have the same problem but are unable to speak for themselves, HD is happy to be contacted directly and will ensure any feedback or concerns are dealt with and passed to the correct person if this is not her.

HD advised that if people are aware of any personal assistants that require PPE to let Social Care know and they will ensure that they receive the information and the correct PPE.

DP The phone call I received only lasted about five minutes but just receiving a call and knowing someone has taken the time to do it makes you feel valued.

AB I had no idea I could ring anyone. This is the first time I have heard that someone does care for the carers.

#### 6. Update from All Age Carers Service

Covered in item 10

## 7. Update from Commissioner

Covered in item 5

## 8. Discharge to Assessment- Alison Bourne

There is not much to report since the last board except that the Government tasked the local CCG to look at the discharge from hospital of Covid-19 positive patients and not to return them back to the care home. The government have asked for the local authorities to have some designated homes that will take the Covid-19 positive patients. These homes will need to have separate areas and a separate staff team to manage the patients so there is little risk of transfer.

The Government have also asked care homes to make arrangements for the residents to be enabled to receive visitors. There is clear guidance on this and how to allow safe visits. If there are any issues with visiting please let Healthwatch know so information can be passed forward.

GL does this include group homes for those with LD? We have been getting reports that these residents have not been allowed visitors.

Action AB This is not my area so I will find out for you.

JM Maybe we could get someone from the LD team to attend.

It was agreed that this would be a good idea as several LD questions have arisen.

Action GL to investigate if Maddie the new commissioner could attend

#### 9. Centre 33- Kate Rees Becca Bryant

Kate and Becca did a presentation which was shared with the carers board. Becca is new in employment and is setting up a Young Carers Advisory Board. We have sent out email to all the young carers telling them what being on the board will look like. Becca has already had 17 interested people who are from a various age range.

Those who are on the board will determine their priorities and that will be our priority. A job description is being written for 4 young adult carers to support some of the younger or quieter members to be an active part of the Advisory Board.

How can the Carers Board feed into this panel and how can the young carers experiences help influence the thinking of the carers board moving forward?

SdP Could a member of that panel attend our meeting?

DD This can be a problem with education commitments. Maybe they could record something for us that can be played at our board?

BB Maybe the meeting times could be changed as a physical presence is often better?

DD We have tried having one meeting in February half term and one in summer holidays but in the 2 years I have been involved we have only once had someone attend and that was virtually.

DP Maybe a meeting could be held in a school?

GL We need to find out what the Young Carers want and how they want to engage. We always ask organisations "what are you doing for young carers?" Someone from this board could attend the advisory board.

### 10. Caring Together- Andy McGowan

AM happy to defer to next meeting. GL will share slides and hight light questions.

We are still open for carers. We have had 500 new carers since lock down.

The "What If" cards are changing to carers cards. Any one new who signs up with us will get the carers card. We are working through our 3500 people who had the "What If" cards and sending them the new cards and hope to have these out by January.

We are working with the STP to identify gypsy traveller carers who have generally not engaged in the past.

We are running carer's clinics online on the 1<sup>st</sup> Sat of the month and these seem to be working well especially for carers who are in work during the week.

Next Thursday 26th it is Carer's Rights day and we have lots planned on social media.

We have written to all businesses in the area to raise awareness of carers linking in with Think Communities. We have also been working with the councils sending information to over 70's and we have received calls already on the back of this and the letters only went out yesterday.

We have a new parent carer lead in post and they have been working with Family Voice and Pinpoint.

**Action-** Graham to share slides and to put any questions in the body of the email so people can see them at a glance.

#### **Next Meeting**

12th January on Zoom