

## Carers Partnership Board 2020

### Meeting held via Zoom Minutes 8.9.20

#### 1 Present

SH	Sue Honour	Chair, Independent Member
KdC	Kadie Chapman	Independent Member- Vice chair
DP	Dennis Pinshon	Independent Member
SdP	Stuart de Prochnow	Independent Member
BG	Beth Green	Centre 33
GL	Graham Lewis	Healthwatch Cambridgeshire and Peterborough
DD	Debbie Drew	Healthwatch Cambridgeshire and Peterborough
LG	Laura Green	CCC- Carers assessment team
AM	Andy McGowan	Caring Together
JM	Jason Merrill	Family Voice Peterborough
A	Asta	Family Voice Peterborough
GH	Graeme Hodgson	CCC (direct payment lead)
EH	Esther Harris	Pinpoint
KC	Karen Chambers	CCC + PCC
GL	Gillian Loveday	Making Space
KR	Kate Rees	Centre 33

#### Apologies

JS	Joseph Simon	Independent Member
AB	Annie Bamforth	Independent Member
SF	Sharon Ferrell	Independent Member
KL	Kelly Law	PCC
MS	Michael Smith	Independent Member

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. GL is writing a letter on behalf of the Partnership Boards to thank Lee McManus for his input over the years (item 5)

75. This is still ongoing and obviously has not been pursued through lockdown. There is a lot of information to collect across teams.

**ACTION** LG will re mention that the board are still waiting for figures at the Operational Group meeting

**ACTION** GL will email the Practise and Guidance team.

89. GL will follow this up.

105. DD has mentioned this informally to KC and colleagues.

112. GL is looking at info. AMc says the SIBs group have been doing various workshops it may be worth looking at their Facebook group.

113. This has yet to be done

114. Completed.

### **3.Independent member's feedback**

SF Reported that her son who gets a taxi to college was having to share a taxi to college with 3 other people. Where is the social distancing? These students were not in his class bubble.

SF Reported that her father (who is visually impaired) was having problems getting his medicines in a Dossett box. The GP had said he was not entitled to it and the pharmacy have said they would have to pay.

**ACTION-** DD to forward relevant information to Julie McNeil to see if there is a solution.

### **4.Adult social care forum and other meetings**

GL ASCF has not met yet but will have a meeting on Zoom in October if government guidance has not changed.

The partnership boards organised 4 meetings on transport/ travel in August and they were well attended. GL will be writing up a report on this in easy read. Hopefully for the end of September.

The Sensory Impairment Board members have been in discussions with the combined authority about e scooters.

The Older People's board have been in discussions with Spotty Dog corporation around the changes to the TV licensing rules.

### **5.Update from Commissioner- Alison Bourne**

The councils are looking at the recommissioning of interim beds both respite and reablement beds.

At present for blocked beds there are 12 across Cambridgeshire and 2 in Peterborough.

These are beds that can be used to pre-book respite etc.

For respite we want to be sure we are utilizing these beds effectively and if they are in the right area. At present, during the pandemic, these beds are under used because people are not going away and because people are worried about putting people into care homes. So it is not the right time to reassess.

On 25<sup>th</sup> August a new process paperwork came out for implementing from 1<sup>st</sup> September.

To free up beds in hospital the discharge process has changed.

Previously people were assessed in hospital before discharge. It has not always been the best place to assess someone as the set-up is not the same at home.

The new Discharge to Assess (DtoA) once a patient is medically fit, they can either be sent to a temporary bed in a care home or to own home if suitable and a full assessment of need will be done from there.

The first 6 weeks of care from hospital will be free.

**ACTION** AB to share the document with GL for distribution.

JM Why are there only 2 beds in Peterborough?

AB There have always been only 2 beds. Cambridgeshire is a bigger area than Peterborough and there has not been a need to increase numbers.

DP There is going to be a time lag between discharge and assessment. Maybe you could bring back to the board an evidence of time-line?

AB Some people who go straight home will have support in place. People will not be without anything.

## **6. A Vision for Domiciliary Care- Karen Chambers**

A document from Karen was shared before the meeting outlining a strategic vision for home care going forward.

The aim is to keep people as independent as possible and at home as long as possible. Karen asked what the top 4 considerations should be.

- The cost of care and if it is means tested
- The consistency of care
- The time of call- knowing in advance what time carer is coming
- To be alerted if a change of care or if one is running late.
- Flexibility in what the carer can do for the person

There is evidence that a lack of the above can lead to people cancelling care all together which puts that person at greater risk.

KC Care is means tested. A Financial assessment is done. Some people are entitled to fully funded Adult Social Care (ASC) support others need to contribute and some have to self-fund. However, if they use an ASC provider the rate is lower.

Sometimes using a direct payment to employ your own staff can get you a more constant care package.

QU How many service users have been involved in this piece of work.

KC it is difficult to approach service users directly but coming to the partnership boards and Healthwatch forums has enabled a wider view to be heard. When we are ready to take this forward, we are going to look at setting up service user group this will help us here when contracts are not being met as stated etc.

QU the discharge process should be a consistent one from all wards/hospitals, but this is not the case.

KC we are doing some work on this so all ward managers are aware of the new process and how it works, and the outcomes should be very similar whether you are in Peterborough or Cambridge.

We are also looking at how micro enterprises could improve the market choice and we are running a pilot in Cambridgeshire.

As well as this we are looking at Direct payments/ personal budgets and how to improve the PA market.

**ACTION-** to ensure Karen's details are shared and for Jason's details to be given to Karen for a conversation outside the meeting.

## 7. All age carers service- Caring Together, Making Space and Centre 33

Each organisation did a presentation.

Since the 1<sup>st</sup> August all organisations have come together to offer a service across Cambridgeshire and Peterborough. These will be all age referrals. When the referrals come in the appropriate provider will pick up referral which will be a smoother process than before.

Andy McGowan- Caring Together offer a service for carers 18+. We are working to a person-centred approach asking what is the impact of caring on them and what outcome do they want? We want to ensure that carers are given the right support at the important times in life particularly transition points, first becoming a carer and at the end of a caring role. We have been working with organisations to become carer friendly.

We have a carers helpline too which offers information and advice. We put on courses and organise the What if? Cards.

Carers breaks are limited at the moment and we have been trying to work differently so maybe a care worker will go in to give a carer a break rather than an activity being put on for the carer. We also have volunteers who may just ring a carer or go for a walk with them etc.

We are introducing a Carers Together card- so people can prove they are carers and we are in discussions with some organisations to see if there is a possibility of a carer discount.

Kate Rees- Centre 33 Centre 33 offer help to all young people around housing, mental health etc and have a contract to specifically help young carers in the county. We have hubs in Wisbech, Huntingdon, Cambridge and Peterborough and at the moment have a remote service over 6 days week.

When a young carer is referred to us a Young Carer needs assessment is done. We offer bespoke plans and take the whole family into consideration. The aim is to reduce the caring burden for young people.

We work 1:1 on a focussed form of action plan to achieve specific outcomes.

We work with primary and secondary schools to make sure young carers are recognised and supported.

We are piloting some specialist target groups for specific conditions, running a 6-week course around substance misuse and workshops on life limiting conditions.

Gill Loveday- Making space- we work with people who are carers of someone with mental health problems. We run services across the country but for Cambridgeshire and Peterborough it is for carers.

Referrals can be from professional or the person themselves. They will have a named worker and will meet in a safe space that suits the person. It is not time limited. We also offer telephone support to people who may live out of the county but provide support for someone who is in the county. We run carer groups and coffee mornings in normal times. We build up trust with people to enable them to talk to us. We will work with whichever platform works for the carer whether it be phone, email, zoom, face to face etc. We have been out and about during Covid-19 even more so since coffee shops reopened. We help people gain coping strategies. Covid-19 has certainly increased people's feelings of isolation.

EH if people register for a what if plan will they automatically get a carers card?

AM That is the plan

KdC What about people who already have a What If plan and card do people have to apply for the Carers ID card or will you be sending them out?

AM We are aiming to get the What If cards replaced with the Carers Card so all the details are on one. People have so many cards that it would be better for just one.

There were some questions the organisations wanted to ask the board. However, it was felt best that maybe they are raised at November's meeting.

**ACTION** GL to include section in November's agenda for All age carers update and questions could be included then.

SH Do you still do a paper version of the carer's magazine? I do not seem to get them anymore.

AMc Yes, we do and you can be added to the mailing list again. Many people just have the online version now.

We are now doing monthly updates too.

EH How do we reach the hard to reach young carers. Many do not want to be seen as being young carers and do not like a label?

KR Part of our remit is to identify these carers and sometimes schools can help with identifying this.

**ACTION** AMc to send presentation to GL. GL to share.

## **8. AOB**

DP raised the issue of important questions needing feedback from the board being given at the meeting. These should be circulated before the meeting.

GL The questions from Karen were circulated with the agenda however as no presentation had been received from All Age Carers this had not been possible.

**ACTION:** GL to remind those giving presentations that papers need to be circulated around 2 weeks prior to the meeting

## **Future meetings**

17<sup>th</sup> November - TBC