

COUNTY CARERS FORUM 23rd NOVEMBER 2006

Questions from Locality Forums.

	QUESTION	LOCALITY
1	How will the development of the Devon Carers Link on a County wide basis affect what happens locally?	TEIGNBRIDGE/EXETER
	<p><i>RESPONSE</i></p> <p>The current arrangements for Carers Link are based on six separate contracts with local voluntary organisations which have developed historically in an unconnected manner. From 1st April 2007, these six separate contracts will be replaced by a single contract with Westbank, Exminster acting on behalf of a partnership led by Westbank, Exeter CVS and East Devon Volunteer Support Agency. This will enable a strong central “hub” to provide better support to localities, enabling a better focus on both action that is best done locally, and action that is best done once on a County-wide basis. Overall funding has been increased and a range of developments will be underway to provide improved support to members of the Carers Link on a consistent basis across the County. In the short term carers will not notice any difference locally, but during 2007/8 improvements will be made to access to Carers Link Workers, co-ordination of local and countywide forums/meetings, support to Carer Chairs and carer representative, Flexible Breaks Grant, newsletters and general communications, Carers in Devon website, Carers Link membership database, consultations opportunities and Take a Break sitting service.</p>	
2	<p>Take a Break Service: Will there be discretion used for carers in rural areas where transport is scarce, and will existing users be able to continue at the present arrangements rather than experience a reduction in service?</p> <p>Carers are also concerned about use of volunteers to deliver the services which, we understand have been used in some parts of the county before. Is this correct and will this be part of the new contract?</p>	TEIGNBRIDGE/SOUTH HAMS & WD
	<p><i>RESPONSE</i></p> <p>The Take-a-Break service will replace a range of diverse and unconnected sitting services currently provided inconsistently across the County. In order to move to a consistent service, each Locality will have to produce an Implementation Plan for managing the move from their local arrangements to the new Take-a-Break arrangement. This will need to “phase in” changes to existing recipients of service in a locally agreed manner, and time scales, whilst any new carers are “taken on” under the new arrangements. Any carers who consider their needs for home based sitting services are greater than that available under the scheme i.e. more than three hours per week @ £2.50 per hour can either buy additional hours from the local provide at the ‘market’ rate or can come through Adult and Community Services (the adults element of what was Social Services) for an assessment of need which may result in additional hours being funded. The organisation providing the break service locally may be a registered domiciliary care agency if the cared for person has ‘hands on’ personal care needs during the period of the break, or may be a voluntary organisation with a range of different workers if not e.g. Teignbridge Take-a-Break. Either way, the cost to the carers will be the same - £2.50per hour.</p>	

3	There is concern that if DCC contracts out all its current part III homes which currently offer short term residential breaks, where will this come from in future or will respite be built into the outsourced services?" How will this keep pace with an aging population/elderly carers, particularly in rural areas?	TEIGNBRIDGE/SOUTH HAMS & WD
<p><i>RESPONSE</i></p> <p>Although the Modernisation Programme for Adult Services will result in current DCC services being provided by different organisations, Adult and Community Services will still be the 'commissioner' or buyer of services, including residential short term breaks. This means that if a DCC home currently providing short term breaks were to cease such services in the future, the funding would be still available for those breaks to be provided in a home of the cared/cared for's choosing. In the future, this may be via a voucher scheme enabling a choice of many homes offering short term breaks.</p>		
4	A carer recently took her frail mother to Shepton Mallet for a hip replacement but when they got there were told the operation could not proceed as she had a history of asthma and Shepton Mallett did not have the requisite level of emergency equipment. A round trip of 180 miles for nothing. How can this be prevented?	
<p><i>RESPONSE (from the County Choose and Book lead, Barbara Jones)</i></p> <p>Barbara began with an apology -It is unfortunate when this happens and we are trying to minimize such occurrences.</p> <p>GPs have been provided with information about the Shepton Mallet Treatment Centre (SMTC) and what types of patients they are able / unable to accept. There is a web site that also contains these details that has been distributed widely. However, there are many degrees of asthma and it is not always clear cut when the degree of asthma is severe enough to prevent SMTC being able to treat people.</p> <p>Patients who are referred via the Choose and Book Access Team are talked through a health questionnaire to screen out some 'medically unsuitable' cases and a similar assessment is made of many Choose and Book referrals by the Referral Management Centre in Somerset.</p> <p>We are also trying to establish some local pre-assessment clinics, in order to reduce all patients travel time. (WP knows of efforts to set this up in Tiverton)</p> <p>A further point is that we are offering more transport support for patients opting to be referred to SMTC, than is available if they choose a more local provider, in order to help overcome some of the obstacles that the distance can cause. (not available to everyone who chooses SMTC)</p> <p>Without knowing more details of the case you mention it is unclear whether (a) the existing guidelines were adequate but not used, (b) the patient was a borderline case for which the guidelines were unable to provide absolute clarity (and then should / was the patient informed that they may not be able to proceed) or (3) the guidelines were followed but were not adequate. Barbara states - If I can be supplied with</p>		

	the specifics of this case I will follow through to see what further action can be taken to prevent recurrence. I hope that this will be possible – please let me know.	
5	What provision is being made for people with severe and enduring mental illness when their carers are too old or disabled to continue caring?	
	<i>RESPONSE</i> No Response	
6	How can you assure clients that if they transfer to direct payments, that should they get into difficulties, that there will be a helpline (or something like that) for them to contact. We know that Direct Payments can be a way to get more choice for an individual regarding their care but if the choices are not there or available then what can they do to ensure that the user is not worse off?	SOUTH DEVON
	<i>RESPONSE</i> Direct Payments have been chosen by nearly 1000 people in Devon as their preferred means of receiving care. Support for Direct Payment is acknowledged as currently insufficient and plans are being developed to improve this situation, in conjunction with the development of Self Directed Support and Individual Budgets. Any person receiving Direct payments who wishes to cease arrangements will have their care commissioning arrangements transferred to Adult & Community Services.	
7	BENEFITS ISSUES. Could County level officials put pressure on Dept of Work and Pensions to make the Carers allowance more equitable... e.g. why should a carers allowance discontinue at pensionable age when it is still needed?	MID DEVON
	<i>RESPONSE</i> Clearly, the operation of the Benefits system is the responsibility of national government. However the County Council is mindful of current inequities in relation to carers, and will be making representation to highlight these anomalies and seeks the support of individual carers and carers' organisations in so doing. This will be an issue to be addressed by the new Carers in Devon Partnership Board being established in early 2007.	
8	What arrangements are in place to liaise between community services and doctors practices about respite costs? Many doctors are advocating respite without making it clear that carers are sometimes required to pay the full amount to the used facility. This comes as an expensive shock.	MID DEVON
	<i>RESPONSE(following a reply to the question from a lead GP in the Mid Devon area)</i> It is likely that GP knowledge of social services varies from practice to practice (most GPs training/knowledge being a very basic, working knowledge that for some patients services will be free, while for others there will be a cost involved) and historically, links have not been	

	<p>easy but are vitally important because health and social care need to deliver the most appropriate overall care, in the most appropriate location, delivered by the person that offers the best possible care for people. In doing so, we would hope to see more local care and effective use of services (as is the government aspiration) A few practices, including this GP's large practice, have a regular, multi-disciplinary meeting that includes GPs, District Nurses, Occupational Therapists, members of reablement teams, social services and the voluntary sector. Patients' medical and social needs are discussed but money issues are rarely discussed. He suggested that an A4 handout, in plain English, explaining the basics of means testing could be made available to patients within practices. At Neil McNeil's suggestion, I have contacted Pauline Shields to further investigate this.</p>	
9	<p>There seems to be patchy discharge advice from hospitals. Some give no guidance and advice to carers, and there are cases of necessary equipment arriving many days late. How can this be improved?</p>	MID DEVON
	<p><i>RESPONSE</i></p> <p>With regard to equipment, it would be helpful to have any specific examples of equipment delivered in an untimely way following hospital discharge in the past year. There have been significant improvements in the way equipment has been delivered in Devon during recent months/year and overall 88% of all equipment and minor adaptations are now delivered within 7 working days. However all <u>essential</u> equipment to support discharge is usually delivered within much shorter timescales via recognised fast-tracked processes.</p> <p>In terms of the broader issue of Carers guidance and advice on discharge we believe there is an ongoing need to raise awareness and train health and social care staff with regard to Carers issues. We welcome Carers involvement in this ongoing challenge.</p> <p>Wendy Protheroe spoke to Sue Moreton; Joint Equipment Store (JES) lead for Mid Devon and Jules Jeffreys, Mid Devon's Stroke Unit co-ordinator about this issue.</p> <p>Mid Devon Stroke Unit opened at the end of April 06 and the carer support worker for Unite was invited to work with the unit. Where the carer is involved all the way along, Unite information always given and a discharge folder with contact details, care plans, dysphasia information, equipment loan details, Stroke Association info, secondary prevention etc provided for the patient to take with them. I now need to take this out to Okehampton and Tiverton, which I am just beginning to organise. As far as equipment goes, I am aware there have been problems and it has caused problems for the Occupational Therapists (OT), and has occasionally delayed a discharge. The times when we leave this to the patients and carers to follow up (which if not delivered by 6/52 means me) is in the case of equipment being loaned from here until patient's own is provided., so that staff here don't have the worry about patient safety. Jules Jeffreys</p> <p>Sue Moreton also gave some interesting information –</p> <ol style="list-style-type: none"> 1. For orders to JES, assessment by nurse/OT/Physio plus date of discharge confirmed. If patients are released unexpectedly early, there may be a delay. Items that are in the JES core catalogue will be delivered quickly. If not, they can take 6-12 weeks. 2. It is good practice to give the family a copy of the equipment order 	

	<ol style="list-style-type: none"> 3. Patients can be loaned equipment from the local store attached to that hospital – where items are not returned by families this then cause problems 4. The PCT Chief Execs and DCC’s CE agreed the budget – the money keeps running out (half funding from health and half from social services) However, in its favour, JES is the first joint budget for a county, in the country 5. How carers can help – 6. Don’t hang onto equipment when no longer required and try to return small equipment to a social services site or any hospital site with the name of the person it was issued to sellotaped onto the equipment. Why? Items that cost under £16 aren’t collected from peoples’ homes. Sue has seen them at local dumps! 7. Consider buying small items like suction nail brush, long handled back reacher 8. Tell the person who prescribed/ordered the item that it hasn’t arrived because they have no way of knowing this 9. She wished to encourage people to write to JES with complaints because people tend not to do this and it would be useful (Address from WP) 10. Phone the equipment lead – there are twelve (six health/six social services) Sally Slade and Sue Moreton are two of them (Bear in mind that there are two hundred people in Mid Devon alone that can prescribe equipment.) 11. Some equipment such as wheelchairs, nebulisers, urinals and syringe drivers aren’t covered – speak to district nurse/PALS service 	
10	<p>Although there are now courses, therapies and opportunities for carers (which are appreciated), the perpetual problem of getting very elderly and less able carers to these events remains a problem – primarily one of cost and suitable transport from very rural areas. Joining a group that meets on a Monday when there is a bus only on a Wednesday doesn’t work. How can this be addressed for the carers who are not car drivers?</p>	MID DEVON
	<p><i>RESPONSE</i> WP suggests putting people in touch with their local community transport association Ring and Ride, speaking to their GP practice friends group (where this is available) as they sometimes offer support for travelling in this way e.g. Morecare at Moretonhampstead and Friends of Sampford Peverill practice would support people in this way in Mid Devon.</p>	
11	<p>How can DCC/NHS ensure a seamless response to resolving issues and concerns i.e. PALS on a joint agency basis?</p>	TEIGNBRIDGE
	<p><i>RESPONSE</i> The NHS and Devon County Council will be working ever more closely in future, particularly with the recent coming in to being of the County-wide Devon Primary Care Trust. The Carers in Devon Partnership Board will be co-ordinating issues of common ground, and the developments of a single PALS-type service would be such an issue. This “joined-up” approach will also be assisted by the introduction of Local Involvement Networks (LINKs) to replace the current Patient and Public Involvement. (PPI) Forums, which DCC will be responsible for commissioning with dedicated central government money.</p>	

12	Has the removal of capping on the fees which people are asked to pay for respite made a difference to whether carers ask for respite? Is anyone monitoring the impact the removal of this subsidy is having on the ability of carers to take up respite?	EXETER
<p><i>RESPONSE</i> No response available at the time of distribution. Will be distributed as soon as possible after the response available.</p>		
13	With the move towards external commissioning of many services, please can you provide details on the standards which you will expect providers to adhere to? What assurances are there that these will be high quality and how will they be inspected? (There are concerns that some provision is already inadequately inspected, that people will just be setting up companies to secure a contract and then start recruiting staff afterwards.)	EXETER/SOUTH DEVON
<p><i>RESPONSE</i> All services commissioned from external agencies are the subject of a detailed service specification and strict monitoring requirements. Services such as residential care are also subject to national requirements and inspection by the Commission for Social Care Inspection (CSCI). Feedback or concerns from carers in relation to the quality of any service is actively encouraged and is an area that Adult & Community Services will be actively promoting during 2007/8</p>		
14	The training of many personal care staff seems to be very inadequate and there is often a lack of understanding of particular disabilities. Why isn't more being done to ensure that staff are properly trained? The bulk of training should also take place before staff start work – some carers feel that the people they are caring for are being used as a vehicle to train new staff and this is not acceptable. (In many other professions, staff are expected to undertake a certain level of training and sometimes be “licensed” to practice before they begin work.)	EXETER
<p><i>RESPONSE</i> No response available at time of distribution. Will be distributed as soon as possible.</p>		
15	How can statutory agencies become more open and transparent re what is changeable and what isn't?	EXETER
<p><i>RESPONSE</i> Ensuring carers are involved in planning, commissioning, providing and monitoring services is the key to transparency, alongside specific communication vehicles such as the Carers in Devon website. This will be substantially enhanced by the development of the new Devon Carers Link, with improved communications about current developments, issues and consultation opportunities. Additionally, the Carers in Devon Partnership Board will include all Chairs of Local Carers Forums (dependent on the current Reviews of the Carers Involvement Framework), and will support openness and honesty in responding to carers issues.</p>		

(Wendy Protheroe) I have also raised the continuing issue of Flu Jabs for carers with our Public Health lead, who is the Devon transition lead. The shortage of Flu jab stocks at the beginning of the period of time for Flu jab clinics has placed carers at the end of the priority list. Stocks are promised by December, so carers might consider asking their GP practice if they are continuing to offer this service. (NB Only certain carers were included in last year's directive)