COMMUNITY PARTNERSHIP FORUM

26 February 2015

Attendance

Name	Organisation/role
Peter Haley (Chair)	Chief Executive, People to Places
Ally Green	Associate Director of Communications and Engagement, East Berkshire CCGs
Pip Collings	Public Health, Slough Borough Council
Chris Taylor	Healthwatch Bracknell Forest
Dr Adrian Hayter	Clinical Chair, WAM CCG
Ramesh Kukar	Slough CVS
Philip Cook	BF Involve
Mike Connolly	PPI Governing Body member, Slough CCG
Sheila Holmes	OPAF
Carrol Crowe	Interim Director of Strategy and Development, East Berkshire CCGs
Mary Purnell	Bracknell and Ascot CCG
Karen Maskell	PPI Governing Body member Bracknell and Ascot CCG
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Madeline Diver	Bracknell Forest Voluntary Action
David Miheil	RBH
Apologies	
Cllr Dale Birch	Bracknell Forest Council
Sonya Lippold	Health Advisory Group
Pat Rodgers	Berkshire Healthcare Foundation Trust
Cllr Martin Carter	Slough Borough Council
Robert Cooper	PPI Governing Body member Windsor, Ascot and Maidenhead CCG
Alan Sinclair	Acting Director of Adult Social Care, Slough Borough Council
Tony Virgo	Bracknell Health Panel
Cllr David Coppinger	Royal Borough of Windsor and Maidenhead

Conflict of interests

There was no declaration of a conflict of interest.

Notes of meeting on 22 January 2015.

The notes were agreed.

Care Act

Caroline Tack from Royal Borough of Windsor and Maidenhead (RBWM) gave a presentation to the meeting (slides available on the CCG websites).

A brief history was provided about the care and support law which highlighted some of the key Acts of Parliament over the past 60 years. The Care Act brings this all together into a framework that is modernized and recognizes the modern current day context.

New duties have been introduced as part of the Act including various areas of best practice.

The first phase of changes start in April 2015 which focus on care and support reforms. Phase two focuses on the funding reforms.

The first phase is shifting the focus to have a prevention rather than reactive response. The needs of carers are treated equal to those being cared for.

The Act introduces eligibility criteria that are standard across the country with the intention of making it fair and consistent for all.

Those eligible will have a care and support plan developed and personal budgets will be a right and can be received as a direct payment. People who choose a direct payment are entitled to support during the early months to help them get things established.

Deferred payments for care will also help ensure people will not need to sell their home immediately they go into care and costs can be repaid at a later date.

New protections will be in place to ensure no one goes without care if a provider fails and new provisions are being made for supporting young adults as they transition between children's to adult services.

Several areas of legislation are being pulled under the Care Act that are not changing including Mental Capacity Act, Mental Health Act, Human Rights Act, Children and Families Act, National Framework for NHS Continuing Healthcare and NHS funded Nursing Care.

Advocacy is currently in place for some and the new requirement provides a clear definition for when advocacy should be provided, expanding access.

Charging for services remains largely unchanged from April 2015. There is some discretion and some local authorities are consulting with the public on changes being considered.

Safeguarding is an important element of the Act. Having a local Adult Safeguarding Board is a legal requirement. Local authorities in east Berkshire already have these in place.

Greater integration and partnership working is expected. This relates to integrating with across different services, not just those providing care, so includes the NHS, housing, employment, welfare and other services.

Phase two of the Care Act relates to the funding reforms. This is currently being consulted on and includes options such as a cap on care costs and an appeal system. The consultation will close at the end of March and the outcome of the consultation will not be available until later this year. New legislation is expected to be introduced in April 2016.

A discussion followed the presentation and below is a summary of the questions and answers:

Q: There seems to have been a lot of time taken to write and consult but not enough time to implement? Will there be enough staff to do the assessments?

A: We can gather information about how many carers have identified themselves (13,000 in the Royal Borough area and contact has been made with 700 of these). It is not expected that all will need for support and assessments from day one. There will be a need to register their care costs for the care cap. Commonly carers do not recognize themselves as carers and their main concern is usually the care needed for their loved one not for themselves. We are not anticipating extra staff being needed immediatley. We will be waiting to see exactly what the impact and need is. We are dependent on people's behavior.

Q: we are told people are living longer which means carers are older too. How will a rush for need be catered for?

A: The Care Act probably doesn't change that particularly. If someone is in their 70s and is a carer, we have that circumstance now. It does give us more leavers to provide more support if they choose to continue as a carer. We need to recognize that they may not be able to continue as a carer. Need to look at the whole picture, the risks to both the carer and the person being cared for.

Q: What is the communications plan to raise public awareness?

A: Adverts have already appeared in the press nationally. We have placed articles in the 'Around the Royal Borough' and have used other means to get information out. Those in contact with voluntary organisations are likely to be better informed as those organisations are helping to get the information out.

Q: If the cost to individual is capped, compared to now, what is the likely impact to the local authority?

A: We have done some modelling and it is important to note that the cap relates to the care costs only. Residential care costing £800 might be £500 of care costs and £300 of 'hotel' costs and it is only the care cost that would count to the cap. It is estimated that there will be no impact on the Royal Borough for three years.

The RBWM is anticipating the impact caused by the large number of older people who choose to live in the area and the number of people living in care homes in the area. The RBWM are looking at how this will be managed.

It is also worth noting that if someone leaves hospital with an immediate need for care, this is available to those who meet the criteria and is free for 6 weeks. If the individual continues to need care beyond that then a charge will be applied.

Q: This all hangs on the definition of wellbeing which could be subjective and varies from person to person.

A: The Act includes a definition of wellbeing.

Q: This appears to be all about reducing costs and increasing efficiency.

Q: Where care typically falls down is where people transfer between services and these changes will help catch people and help prevent them falling in a gap. The clarity about out of area placements will help too.

Q: Concern about advocacy and how many people are completely on their own. Will there be pressure on the advocate to do the right thing, particularly around financial advice.

A: The standards expected of advocates are clear with qualifications expected and the governance that is required should help.

Q: How geared up is the housing sector? What is the RBWM doing?

A: This is a particular challenge for local authorities. For the RBWM, the housing department sits in the same directorate with the same leadership and training has been provided.

Q: Are there any plans to delegate any functions to health?

A: No

Q: The transition from children to adult services is often difficult. How will this be managed?

A: Best practice says planning should start from age 14. Formal handover would be at age 18 and during that lead up time, a plan will gradually be built to ensure the plan is in place at the right time to ensure continuity. It is potentially possible for the care provider to remain the same.

Q: What work has been done with the voluntary and community sector. What about different providers doing different things?

A: Continuity of care is important for assessments as well as care. Nothing is planned at the moment. Examples from elsewhere (Croydon and Wokingham) are being looked at as they have different models.

Q: What are the risks of local authorities compromising quality to realise savings?

A: We already commission care from outside providers and take great care to ensure quality is a key element.

Q: What happens if there is a change of government.

A: This has cross party agreement. The changes coming in for phase one are already in place. Phase two could involve a pause before implementation.

Open Forum

End of Life Care:
Suggestion that this could be a topic for discussion at future meeting and to invite Thames Hospice.

UCC
There have been cases of breaches of 4 hour target. This has now been addressed. The official opening and unveiling of the plaque has taken place.

Collaborative Care for Older Citizens:
AG shared an outline of the Collaborative Care for Older Citizens project and the need to engage patients and carers.

Future meetings

Next meeting: Thursday 26 March 2015
6.30pm – 8.30pm
Slough CVS

Suggested topics for future meetings:

- End of Life Care
- Patient engagement
- Mental Health and wellbeing
- HealthMakers feedback
- CAMHs update
- Car parks and transport
- Pharmacy – role of the pharmacist and opportunity for patients