Hampshire Carers Partnership (also reporting to the Learning Disability Partnership (LDP))

Carers LD Working Group

Action Notes

Date: Tuesday 17th May 2022

Time: 10.00-11.30pm

Method: Zoom

Present 12

Apologies 11

The following also expressed an interest in JHpining the group 5

*Administration Note: to access any new Zoom meeting you need to find the meeting invitation for that day and click on the link. Old links do not work.*

*Where an abbreviation is used for the first time in the text, it is in bold.*

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|  | **Welcome, Apologies, Introductions**  SO introduced himself, as it was the first time he had been able to attend this meeting. SO is Head of LD, Contact Safeguarding hub, and is responsible for all the LD Social Work Teams; safeguarding and crisis activity.  SG himself; he is a Senior Programme Manager, in AHC, and he works with AL. |  |
|  | **Previous Actions –** *unless otherwise stated below, action has been achieved*   * JH has sent a written update on all her actions. * *JN to speak to NM, re: the mass communication including a statement on viral medication:* letter has been drafted and needs final approval before circulation   ACTION 2.1: SO to confirm when approved  Letters will be sent by email unless there isn’t an email address and then they will be sent by post.     * Members agreed they would like to invite TH, from the ICS, re: personalisation, to a future meeting.   ACTION 2.2: JHp to facilitate   * Members now have DH’s email and *DH encouraged members to communicate outside the group too* * DH reported that there will be a course on DPs at some time in the future   ACTION 2.3: DH to share details with JHp for circulation, once dates are known | SO  JH  DH |
|  | **Update and Q&A from SO**  See Appendix 1 for details    ACTION 3.1: SO will check MW’s son’s records to ensure it is recorded that she needs to receive correspondence too. | SO |
|  | **LDP – Monitoring of Plan**  SO reported that the LDP will monitor the Plan and call the different organisations, who have made promises within the Plan, to account. SO has encouraged the Partnership to do this, including AHC. DH agreed using a support/challenge ethos. |  |
|  | **Carers LD Working Group Structure and Membership**    DH talked through the slides.  Re slide 2, there will be some overlap between the LDP and HCP Structures. Three working groups will have carer representation: Carers LD, Communications and Complex Needs. On the Adult Social Care group, the maJHprity of members will be self-advocates.  Slide 3 shows the distribution of members compared to the old LIG areas; the aim is that this group ensures a good representation of members, across the County; currently it is fairly even. DH invited comments from members about whether the numbers of this group should be limited to, for example, 5 from each old LIG area, so as not to create unwieldly group?  SW agreed that 25 would be a good number; there is never full attendance at every meeting, so this would ensure a good representation. DH agreed.  Some amendments are required:   * SGr to be removed * PH: unsure which LIG group he was a member of * SO observed that the correct title is Learning Disability Partnership (LDP) not Learning Disability Partnership Board (LDPB)   ACTION 5.1: JHp to check with PH, and make all amendments  ACTION 5.2: Once updated, JHp to circulate and seek views of members  Re Slide 2: MW suggested that maybe AM would like to JHp in the Complex Needs group.  ACTION 5.3: MW to liaise with AM  **Complex Needs Working Group**  The original plan was to have 6 x carer members, but 7 have volunteered. AL is said this will be fine. SE has volunteered for both, so DH will check with her if she has a preference  ACTION 5.4: DH will check with SE if she has a preference, for the Comms. or Complex Needs Working Groups  One of the carer members will need to Chair this Group.  ACTION 5.5: AL to liaise with carers who have volunteered  **Communication Working Group**  DH has discussed with R, who has good experiences in IT, comms., etc. and he has agreed to Join.  *Post meeting note: after further reflection R feels that this is not a group where he can contribute to the skill mix.*  **LD Partnership Representatives**  SO reported that currently the LDP is being maintained as it was until the Working Groups are up and running; planning to move to the new structure in September.  It was agreed that DH, as Chair of this group would be one of the three Carers reps to sit on the LDP. The Chair of the Complex Needs Group would be the second rep. DH suggested that maybe in September, when more is known about the structure, the third carer rep could be identified. JC suggested that perhaps the carer rep could be identified, from this meeting, each time there is a new meeting, depending on who would be the best representative, based on the agenda. This way it keeps the 3rd member fluid. DH agreed this was a good idea.  ACTION 5.6: SO suggested this proposal is taken to the LDP for approval  ACTION 5.7: Members to send any comments on these proposals to JHp | JH  JH  MW  DH  AL  SO/AL  All |
|  | **Financial (FAB) and Annual Reviews**  These are completed separately and are triggered by:   * A new person * A change in service * Annually * Person can request a review * If there are changes in circumstances, e.g. benefits/pensions, etc. person can request a review   SO said members could contact AHC for a review to client contributions, if they are finding circumstances challenging in the light of current events. DH added that legally the LA can use their discretion when considering client contributions.  ACTION 6.1: SO and MW to discuss further, outside this meeting, how members access information, in their role as appointee.  Broadly Appointees’ and Deputies’ details should be recorded on the person’s records. JN observed that it is important to recognise that the role of a DWP Appointee is limited compared to Deputyship and LPAs.  DH raised concerns about “Fiscal Drag” where there is an uplift agreed, by AHC, in provider fees, but this is not automatically reflected in the person’s Direct Payments (DP).  SO responded that usually the uplift agreed by ACH is approx.. 2-4%; sometimes providers increase their fees by more than this, but it will be clear what AHC have agreed. AHC encourage DPs as it gives the individual more choice and control over how they meet their own needs. Because the control sits with the person receiving the DP, AHC don’t have records about how the person is spending their funds, so they do not have the ability to see who the uplift applies to. Also the DP is paid to the person, so it is them who have the relationship with the provider, not AHC. SO said AHC do try to be pragmatic about these situations, and how to implement uplifts. There is lots of work being undertaken to try to have clearer provisions that can be referred to. SO appreciates this is not helpful to carers, but hopefully this helps carers to understand the challenges.  Q: JS raised the issue of how providers are able to offer more incentives to attract new staff, e.g. one off payments of £500. She recognises that this is public money but are there checks on what providers are offering  A: Yes, AHC does have checks in place. They also operate an open book policy. They look at providers’ accounts, including profit margins, and social care teams are well trained in commissioning, and what services should look like. Some providers don’t have a relationship with AHC, but sometimes AHC still have to commission services from them. SO suggested it would be good to have this conversation at the PA/DP group. SO acknowledged that AHC are happy to look at these issues, as we need good quality PAs and that it is still cheaper than commissioning services.  SO, JN and SG left the meeting at 11.25am. DH extended a thank you to them all, for their contributions. |  |
|  | **Agenda Items**  DH asked if there were any other themes which needed to be added to the agenda for future meetings? He observed that finances vs the cost of living will dominate at present.  There was a one-off payment Covid payment for PAs; this offer only came up in a survey, so if you hadn’t completed the survey, you wouldn’t know about it. How many other similar issues are out there?  Members noted that surveys are not a good way to communicate with them; they are generally too busy to take the time to complete. DH suggested this is discussed at the Communications Working Group. |  |
|  | **AOB**   * DH encouraged members to email each other outside of this meeting and to use this meeting to take up discussions and raise issues. * JS reported that there is a PA Communications group. She feels they are slowly making progress; there is also a newsletter, here is the link:   <http://bit.ly/direct-payment-nl>   * ACTION 8.1: JC asked if we could have the agenda for the next LDP; AL to action. * ACTION 8.2: JHp to send out Zoom invites for meetings for the rest of the year | AL  JH |
|  | **Date of next meeting:** 19th July 2.00-3.30pm  Meeting finished at 11.40am |  |

Action Summary below

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|  |  | **Updates/Actions from previous meeting 19th April 2022** |  |
| **No.** | **Ref** | **Action** |  |
| 1. | 2.1 | *JN to speak to Nicky Millard, re: the mass communication including a statement on viral medication:* letter has been drafted and needs final approval before circulation  SO to confirm when approved | SO |
| 2. | 2.2 | Members agreed they would like to invite TH, from the ICS to look at personalisation, to a future meeting.  JHp to facilitate | JH |
| 3. | 2.3 | DH reported that there will be a course on DPs at some time in the future  DH to share details with JHp for circulation, once dates are known | DH |
|  |  | **Actions from 17th May 2022** |  |
| 4. | 3.1 | SO will check MW’s son’s records to ensure it is recorded that she needs to receive correspondence too. | SO |
| 5. | 5.1 | JHp to check with PH re LIG meeting he attended, and make all amendments to the table of LIG attendees | JH |
| 6.. | 5.2 | Once updated, JHp to circulate and seek views of members, re membership of different LDP Working Groups | JH |
| 7. | 5.3 | Re Slide 2: MW suggested that maybe AM would like to join the Complex Needs group.  MW to liaise with AM | MW |
| 8. | 5.4 | DH will check with SE if she has a preference, for the Comms. and Complex Needs Working Groups | DH |
| 9. | 5.5 | One of the carer members will need to Chair this Group.  AL to liaise with carers who have volunteered | AL |
| 10. | 5.6 | SO suggested this proposal (re the 3rd carer rep) is taken to the LDP for approval | SO/AL |
| 11. | 5.7 | Members to send any comments on the proposals re LDP structure to JHp | All |
| 12. | 6.1 | SO and MW to discuss further, outside this meeting, how members access information, in their role as appointee. | SO  /MW |
| 13. | 8.1 | JC asked if we could have the agenda for the next LDP; AL to action. | AL |
| 14. | 8.2 | JHp to send out Zoom invites for meetings for the rest of the year | JH |