Dr

**Minutes of Wiltshire Carers Action Group meeting held on**

**Thursday 13th December 2018 at Civic Centre, Trowbridge**

Present:

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| Helen Jones (Chair) | Director of Commissioning | Wiltshire Council |
| Sue Geary (Deputy Chair) | Head of Service | Wiltshire Council (Adult Care) |
| Tanya Andrews (minutes) | Assistant Commissioner | Wiltshire Council (Adult Care) |
| Maria Keel | Community Commissioner (Carers) | Wiltshire Council (Adult Care) |
| Andrew Day | Manager | Alzheimer’s Society |
| Caroline Finch | WCIL Rep | Wiltshire Centre for Independent Living |
| Tracey Griffin | Wiltshire Family Support | Julia’s House Hospice |
| Jill Bourne | Team Manager (Young Carers) | Wiltshire Council |
| Samantha Shrubsole | Service Manager | Oxford Health Centre |
| Sarah Marriot | Head of Community Services | Alzheimer’s Support |
| Sarah MacLennan | Associate Director of Communications and Engagement | WCCG |
| Trudy Strawley | Chair of Participation | WPCC |
| Anne Ward Ongley | WCIG representative | WCIG |
| Tricia Long | WCIG representative | WCIG |
| John Perkins | WCIG representative | WCIG |
| Vince Taylor | WCIG representative | WCIG |
| Tricia Long | WCIG representative | WCIG |
| Natasha Easter | Senior Practitioner | Avon & Wiltshire Mental Health NHS Foundation Trust |
| Susan Bell | Support Services Team Lead | CSW |
| Julie Brain | Engagement Lead | Healthwatch Wiltshire |

Apologies:

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| Pete Twiggs | Head of Ongoing Support | Wiltshire Council |
| Suzanne Wigmore | Chief Executive | Wiltshire Citizen’s Advice |
| Niki Andrews | Youth Action Wiltshire (YAW) | Community First |
| Emily Kavanagh | Board Manager | Wiltshire Council (WSAB) |
| Sarah Banks | Senior Commissioning Officer | Wiltshire Council Adult Care |
| Petra Birkett | Safeguarding Manager | Turning Point |

1. Welcome and introductions

SG welcomed everyone and introductions were made. SG introduced and welcomed JW as Chief Executive of Care Support Wiltshire.

2. Minutes from last meeting and outstanding actions

Minutes from last meeting agreed and action tracker updated.

**Action: Amend page 1 - NE is representing the clinical lead**

3 Commissioners’ update

MK remind the group that slides from the ADASS event can be shared on request.

**Action: MK to send JW all slides. If anyone else would like copies please email MK.**

The group agreed the proposed themes for the next two WCAG meetings:

* March - Carers Strategy Updates and Priority Setting
* June - Willing and Able Expert Partners in Care.

4. WCAG Newsletter

VT suggested that the newsletter be sent to libraries or GP surgeries to enable those who do not use computers to read it. MK acknowledged that this had not yet been considered as this is only the second edition which will be available to the public on line, however, that the cost of hard copy circulation has to be taken into account and that it is felt to be more important to ensure the carers handbook is widely available in hard copy. It was agreed that WCAG and WCIG members are the main target group for the newsletter.

**Action: WCIG consider how they can share the content of the WCAG newsletter with their network.**

MK reminded the group that the newsletter is only as good as the input she receives.

**Action: Members to contact MK with items for the next WCAG newsletters.**

5. Implementation Projects Update

Substance Misuse

Turning Point will be recruiting to their family worker post in Wiltshire tomorrow with a view to the worker starting in the new year. They have also updated their Safeguarding assessments so that when completed with clients there is a section that provides an open discussion about young carers and what these are. Since implementing this they have signed off two that will result in referrals for young carers assessments.

The teams in Wiltshire are now collating family members who wish to have support from the Family worker so that when she has completed the training we will have clients reading to receive the support.

CSW are looking at their recording to ensure that they are recording where carers are supporting those who have needs relating to substance misuse as they think it likely that these are underrepresented in their data.

Mental Health

TL shared concern that carers and service users feel a little disengaged from AWP. NE advised that they are aware of this and are working with frontline practitioners to understand the issue and get the message out that, although there are some elements of confidentiality involved, they can give out general information and advice.

Holistic and whole family approach

Work on this has now commenced but is in its early stages with the initial focus being on adult care with discussions with children’s services to follow. TS suggested that this include consideration of parent carers whose child doesn’t meet the eligibility criteria.

**Action MK to involve WPCC when discussions take place with children’s services.**

Concern was raised that self-funders are still being told that they are not eligible for information, advice and support from the adult care advice and contact team.

**Action: Send examples of self- funding carers being told they aren’t eligible for advice, contact and support from the advice and contact team to MK who will take this forward.**

6. WCAG Member Updates

Alzheimer’s Support

Alzheimer’s Support is running a 7-week training course for carers caring for these with dementia.

**Action: MK to circulate information with the minutes for all to share with their network.**

CSW - Courage to Care

This is a military covenant funded project to raise carer awareness and support carers within military communities. Tracy Park is the service coordinator and CSW have now now recruited 2 part-time support workers who have military backgrounds.

STP Mental Health Event

TS and TL shared feedback from an STP event they attended yesterday which focussed on mental health. BANES offers training for carers on mental health conditions. Feedback from is that it was empowering. The training provider suggested that Wiltshire based residents may be able to access the training if they can attend in BANES. It was agreed that this be explored further.

**Action: WPCC to share details of BANES mental health training training with MK to explore the potential for the training to be offered in Wiltshire.**

8 Any Other Business

Future WCAG Format

MK advised the group that it is being considered whether a quarterly meeting is the most effective format to enable coproduction going forward. AD asked if geography may be an issue and consideration be given to moving the meeting around the county.

What is the best way going forward to ensure engagement and coproduction? Feedback given questioned whether it is a geographical issue and if meeting locations be moved around the county? A suggestion was made to make the meetings virtual to enable attendance.

SG – this may be part of it, but we would like to look at what we are trying to achieve and to explore with the people who aren’t here what they feel the barriers are.

**Action: MK to distribute something before the March meeting to explore barriers to attendance and how best to enable coproduction.**

Topic - Carer Crisis

A presentation was given by MK on carer crisis which included input received from WCAG and WCIG members. This will be attached to minutes.

The definition of carers crisis was discussed and the following comments and suggestions made:

* “urgent” to be changed to “immediate”.
* “Or” to be changed to “and/or.”
* It was agreed that it would be beneficial to add something in about sustainability.
* The use of “additional support” was questioned as this implies that there was some support already in place.

**Action: MK to circulate a draft carer crisis definition for all to comment on.**

It was agreed that carer identification be added to the prevention slide as carers being identified, and identifying themselves as carers, is essential to enabling carer crisis prevention. It was also that making information and advice available and through different channels and in different formats would help

MK advised that over half of referrals into CSW come from GP surgeries and SB that almost all surgeries in Wiltshire are engaged with the Investors in Carers scheme. HJ requested an analysis by surgery be carried out to understand whether all GP surgeries are referring carers to CSW. Discussion about hidden carers. It was also agreed that family may not identify with the term carer and that more open questions are necessary to enable professionals to identify carers and offer signposting and referral to sources of information, advice and support.

**Action: Analysis of referrals by individual GP surgeries to be carried out by CSW and fed back to the group.**

The group were surprised by the Carers UK stance that the Samaritans and Childline meets the needs of carers who need someone to talk to. It was agreed that there is a need to change the perception of Samaritans/ Childline so that it is not seen as just a support for people who have suicidal thoughts. AD raised the concern that if someone was calling for emotional support this would help, but not if they also want practical advice and support. AD suggested that an online forum would be beneficial to people with internet access. It was agreed that may do already use online forums, many of which are international.

**Action: TA to ensure that carers handbook outlines support available from Samaritans for carers in crisis.**

MK advised the group that there is insufficient funding available for a 24/7/365 offer to carers who need someone to talk to and that the number of calls to pilots in other areas were not sufficient to justify the cost.

**Action: All to contact MK with any other ideas of how we can meet the needs of carers who need someone to talk to.**

MK outlined a proposal that a carers crisis support worker could sit within MASH for carers who need support for themselves and/or alterative support for the person they care for due to carer crisis.

**Action: MK to feedback on work to consider the viability of carer crisis support via MASH.**

JW is aware that Hampshire have funded access to a 24/7 support service which can offer support and emergency respite.

**Action: JW to share information about Hampshire’s process with MK. JW will also liaise with Carers Trust and feedback any other ideas for carer crisis support.**

The Alzheimer’s Society and Carer Support Wiltshire have both noted that website traffic is high in the early hours of the morning. It was discussed whether it would be worth having a survey to see if people would like to be contacted at that time by phone call or web chat or whether there is potential for a pop up which offered a call back during working hours. It was noted that there would need to be measures in place to ensure that priority wasn’t given to those who have internet access.

**Action: CSW and Alzheimer’s Society to explore whether pop ups offering a call back or web chat is a viable option.**

NE attends a weekly conference which considers cases of serious domestic violence. She has noted that a high percentage of these involve a carer and the person they care for.

**Action: NE to collate data and anonymised examples of domestic violence involving carers and those they care for and feedback to MK**

The group agreed to give further consideration as to how to prevent carer crisis and how to support carers in crisis.

**Action: Members to email MK with feedback of any ideas on how we might prevent or respond to crisis who will update in March.**

Post Meeting Note

TS has provided a link to the FACT project video update which includes information on the new early help hub within MASH. The aims include alleviating family’s stress by not having to retell their stories, prevent being bounced around the system and help to prevent reaching that crisis situation. <https://www.youtube.com/watch?v=KFPD17bCCrM&feature=youtu.be>