

**Personal Care Task Group Meeting
11th December 2009
St Sidwell's Centre, Exeter**

		Action Points
1.	<p>Apologies LG, SR, WI, NC, RCL, DA</p> <p>Present AC - SPG member and member of Carers UK LH – Dignity in Care Campaign MB – Devon Carers’ Link GAH – Chair of LINK Devon CL – Group facilitator, Host AK – Multiple Sclerosis Society HA – Parkinson’s Disease Society LH – Retired Practice Manager JH – carer and retired Nurse</p>	
2.	<p>Minutes of last update meeting</p> <p>Initial wider focus in the beginning. Now need to become more focused. Need clarity on the groups remit Need a credible mandate and to form a picture of where the group is going</p> <p>Need to look at how can involve voluntary organisation across the board. Need clarity re funding and cost required</p> <p>GAH met with RN and identified people in need. There will be a Patients support group meeting next week to discuss befriending.</p> <p>Link could suggest a model of quality service which DCC might welcome. CL suggested building dialogue with DCC.</p> <p>Agreed a partnership approach is the way forward</p> <p>CQC regulates personal care and are asking for feedback</p> <p>MB: Issues facilitating support in the community. Leap forward in engagement but need a 3rd party to ensure users and carers become more involved. <i>Fusion</i> may be able to come along to a meeting (putting people first). Council engagement strategy – written in conjunction with Fusion.</p> <p>HA: Large agencies have interests and pressures outside of direct engagement with service users. Users don’t think about crisis until they happen commissioners do and react in line with the resulting contingency plans. Need to develop a</p>	<p>CL to assist in sourcing information on DCC and Providers’ network meetings where required</p>

	<p>network in a community to reflect peoples' understanding about their health and social care need in a local way. – not for profit. Village halls are a possibility and are already being used in some areas. Rural issues could be addressed through such a network</p> <p>JH – personal action through the community much quicker LINK Devon placing articles in Parish Magazines - could promote Task Groups similarly. [East Budleigh village hall an example]</p> <p>Parish Plans may be a quick way to choose areas to pilot – feedback already gathered so would prevent dissatisfaction.</p> <p>MB – minutes need to clearly state the difference between paid and unpaid carers (family members etc) e.g. carers or workers or employees NOT carers as a blanket term.</p> <p>JH – 16.2 the development of residential and pre bookable care means respite care. Group felt respite care has negative connotations. People don't want residential respite they want as much independence as possible. Reliability is an essential element.</p> <p>Missing Millions – Linda Stapleton (Devon PCT) to provide copies of minutes from meeting on the topic PCT's not aware what budget allocation will be. May look to recycle underspend as no new money. www.swano.org offers a breakdown on the issue</p> <p>Carers giving courses free of charge but participants expected to pay as no financial support to care for those they leave for the duration of the training.</p> <p>Shift towards practice based commissioning. LINK Devon carrying out development work in this area. Need real working relationships.</p> <p>LH wishes to meet with John Hart and the officers at DCC in response to DCC's request for information sharing. Need to ensure look outside DCC as more than half of care is privately funded.</p> <p>Stakeholder mapping essential prior to taking any action and engagement</p>	<p>MB to liaise with Lorna Davis (LINK Devon researcher)</p>
<p>3.</p>	<p>Matters arising</p> <p>Concern as no vision yet. – need a clear vision first User perspective as opposed to the provider/commissioner</p>	<p>Hilary and Liz to speak to someone about the pilot</p>

<p>4.</p>	<p>Adopting a chair</p> <p>Rotating chair suggested by CL Nick Cape willing to chair GAH suggested adopting one chair that covers all.</p> <p>Potential to split into separate satellite groups – similar to format adopted by the VIP group (has a satellite group in North Devon) LINK Devon Community Engagement workers can provide support. CL: Other groups meet once a month for task groups. Sub groups up to you how you organise it. Link will support any arrangements need to make</p>	<p>Still need to finalise the adoption of a chair</p>
<p>5.</p>	<p>Group discussion and update</p> <p>Need to be clear how personal care is defined. Hierarchy of needs (Maslow) needs to be considered as part of the Personal Care process. Decided Befriending is important but not the focus of the PC group despite there being a blurred line (not mutually exclusive). The need for a holistic quality service agreed.</p> <p>Proposed floating support will offer more choice and flexibility. GAH suggested it is good in theory but has not worked in practice where piloted.</p> <p>Redesign of domiciliary care [1.2]: ‘Support in own home where right to do so’. Evidence: people benefit from doing what they can do. Need more allowance for risk to enable better quality of life. Need to ensure this is not abused as certain groups cannot be ‘skilled up’ to be more independent (e.g. dementia and MS)</p> <p>The current consultation document provides a legal definition of personal care (p. 9) - physical assistance, eating, cleanliness etc. Nothing to do with emotional or spiritual need MB added that the consultation has said definition is still to be finalised.</p> <p>MB: Idea of domiciliary care agencies to act as a host already considered but ‘employing’ a local (parish council/community shop) to see what they could do to employ a sitter is a new idea. Will investigate for next meeting. Forward thinking GP’s could help. Need to have the income stream to enable it however. [MB requested that examples of this is practice be emailed to him]</p> <p>CL: Housing related support – approach local council. Floating support. At home or in a residential home, etc. For vulnerable people.[Sustaining tenancies, managing money, house clean and tidy etc.] Becky Carmichael: remit of</p>	<p>CL to call</p> <p>MB to meet with Lorna Davis - research</p> <p>MB to meet with Richard Newcombe (take a break)</p> <p>MB investigate idea of the revelatory framework to see what possibilities exist. CL to revisit parish plans</p> <p>Nicky (and perhaps Becky Carmichael) to have a informal chat about the pilot –</p>

	<p>vulnerable people in the NHS across Devon – a good contact as has experience of pilot schemes in the region</p> <p>Need to ensure the aims cover the whole community</p> <p>Workforce issue: training and development and progression for workers. Create a community model – bolt on additional aspects. Personal development is still important. Don't want people to move through the system and create gaps - still need to show respect. Invest in staff/carers. Not enough investment in workers at present. Dehumanised work. Carers not cared for</p> <p>CL suggested referring to the Centre for public scrutiny. Adult social care: series of 10 questions. Information about terminology and suggests areas to look at. May help guide the group. Also reminded the need to work in connection with the OSC</p>	report back at next meeting
6.	<p>Adopting terms of reference</p> <p>In addition to generic ToR's agreed to add the following:</p> <ul style="list-style-type: none"> • Defining a model of personal care, which can be tested in specific communities • Developing a model or models of personal care, which: <ul style="list-style-type: none"> a. Engages the whole community in collaboration with statutory (health and social care) and voluntary agencies as part of a sustainable approach in the Personalisation Agenda for individuals and carers b. Addresses the continuity of care, time keeping and non attendance, capacity and availability, workforce training and development of paid personal carers • Agreeing a definition of personal care from intensive personal care to maintaining vital social interaction – links as part of a quality service in continuing to live in the community 	TOR's to be typed up and circulated
7.	<p>A.O.B</p> <p>WSL/CL: 72 parish councils in East Devon. No infrastructure so how will they link together?</p> <p>MB – suggested will come together as larger once. Implications for boundary reorganisation.</p> <p>CL visiting the LSP in East Devon in the New Year [Other CEW's cover other parts of Devon]</p>	Lorna Davis to look at Boundary committee issues.
8.	<p>Next meeting</p> <p>CL: Tasks for next meeting: ideas about consultation and proposal to go forward</p> <p>11.30am 15th January 201 Venue: TBC. External to Exeter preferred</p>	