

<b>1</b>	<b>Present</b>	
	<b>Carers</b>	10
	<b>Speakers</b>	Michael Horkan – Senior Social Worker, Hertfordshire County Council (HCC) Adult Care Services (ACS) Claire Protherough – CinH Carer Development & Learning officer
	<b>Carers in Herts</b>	Sally Stratford – Involvement Worker – Dementia and Older People Calvinder Mandair – CinH Carer Support Advisor Toby Purnell – CinH volunteer
<b>2</b>	<b>Welcome</b>	
		All carers and speakers were welcomed to the forum. The content of the meeting was explained, along with the facilities of the building.
<b>3</b>	<b>Michael Horkan, HCC ACS – Cared-for and Carer Assessments</b>	
	<b><u>Accessing Assessments</u></b>	
		The primary ways of accessing an assessment for the cared-for are:
		<ul style="list-style-type: none"> <li>• Contact Herts County Council (HCC) call centre – telephone number <b>0300 123 4042</b> (Commonly, the carer makes the referral on behalf of the cared-for. Initial information is taken, which is then passed to a social worker)</li> <li>• <b>Via this link:</b> <a href="https://www.hertfordshire.gov.uk/services/adult-social-services/adult-social-services.aspx?utm_source=homepage&amp;utm_medium=top%20task%20tiles&amp;utm_campaign=top%20task%20tracking&amp;utm_term=adult%20social%20services">https://www.hertfordshire.gov.uk/services/adult-social-services/adult-social-services.aspx?utm_source=homepage&amp;utm_medium=top%20task%20tiles&amp;utm_campaign=top%20task%20tracking&amp;utm_term=adult%20social%20services</a></li> <li>• <b>Via your GP</b></li> <li>• By other professional, e.g. a nurse.</li> </ul>
		The referral is then put on a waiting list. Urgent referrals are passed to the Duty Desk.
	<b><u>The Assessment Visit</u></b>	
		The social worker will then establish that the cared-for is comfortable with having an assessment, with having a visit, and for information to be shared.
		The actual visit can be made a social worker, an occupational health visitor or Community Care Officer. They will phone the cared-for or the carer to arrange a time for the visit, and confirm this with a letter. A booklet explaining the assessment visit is also sent with the letter.
		The assessment is carried out in accordance with the Care Act of 2014. Its aim is to establish the needs of the cared-for. Whilst the assessment focuses on the cared-for, the carer's needs are taken on board (because, without the carer, the needs of the cared-for could be very different). Also, the information the carer provides can enhance the information provided by the cared-for.
		It is possible for the carer to be offered their own assessment, particularly if it is established that the carer's role is substantial. If accepted, this can happen at another time, and can be away from the cared-for.
		It is also possible for the assessment to be made with other professionals. For example, Hertfordshire Partnership Foundation Trust (HPFT) make mental health assessments, and these can be done at the same time as the HCC assessment, or as well as the HCC assessment but at a separate time. Joint assessments aim to create more complete care arrangements.
	<b><u>Outcomes from Assessment</u></b>	
		The information gathered results in a Care Plan, which is designed to replace or add to the care given by the carer.

The Plan is fulfilled in a number of ways:

- Deployment of services. These can be voluntary or commissioned, and are primarily designed to prevent a crisis and/or a care home admission;
- Support for the carer. It is recognised that the role can be lonely and isolating;
- Use of professional services, especially where particularly risks need to be mitigated.

Professional care comes in three main forms:

- Enablement Care, and is provided by Abbots Care. They undertake such tasks as personal care for the cared-for. The care lasts up to four weeks as a period of assessment to see if the service user can be enabled (and if so homecare ceases) with a review after two weeks;
- Home Care Package. This is on-going care, and replaces enablement care. It is provided in two ways:
  - Direct Service – this is arranged by HCC;
  - Direct Payment – care is arranged by the cared-for;
- Carer Break. The cared-for makes use of a Day Centre, with the frequency of use dependant on the cared-for's situation. Transport to and from the day centre can also be provided.

### **Financial Impact**

The initial part of the financial assessment is part of the HCC assessment. It is designed to establish if the cared-for will be self-funding or not:

- Savings over £23,250 (as of 2018) leads to self-funded care;
- Savings under £23,250 (as of 2018) may mean the cared-for still provides a contribution towards the cost.

This information is passed to the Financial Assessment Team for assessment. Those people with savings under the £23,250 limit will have a more complete review.

The cared-for's income is also taken into account. Also, with joint accounts, only the cared-for's share is taken into the financial assessment.

If the carer lives in the property with the cared-for, the property is excluded from the financial assessment. If the cared-for lives alone, the house is factored into the assessment, if residential care is being considered. In this instance, the value of the property can be used to cover the cost of the residential care fees when the property is sold or when the service user passes away. The cared-for cannot be forced to sell the property during their lifetime.

### **Carer's Assessment**

The carer is able to explain their role. It is aimed at gathering information so care can be provided enabling the carer and cared-for to stay together. The physical, mental and emotional impacts are taken into account.

Any care for the carer resulting from this assessment is covered by a Direct Payment of £35 per week (if the carer is eligible for this and the Direct Payment is reviewable and ceases if the Carer is no longer eligible). This is based upon the impact on the carer's health and wellbeing. An example of its use might be to arrange a companionship service through Crossroads Care.

### **Respite Care**

This can be Short-Stay (one-off) care, or Rolling Respite care (which is regular throughout a year). Both involve the cared-for being removed from their normal care situation, and include 24-hour care for the cared-for.

Eligibility for this care is based upon an assessment of the cared-for, including financial (with the same thresholds as above). The respite care can be provided through a private arrangement with the cared-for paying the cost (and with the care provider making their own assessment of need), or via HCC (at a rate of approximately £600 per week). A third approach is for HCC to support an application to a private supplier, with the cared-for paying the cost.

<b>Continuing Health Care</b>	
If the cared-for is deemed to require this, the NHS undertakes the assessment, not HCC (though the process is supported by HCC). It is NHS-funded, and designed for cared-for people with complex needs.	
<b>4 Clarification/Questions/Comments on the Age UK Presentation</b>	
<b>Question</b>	Is it still possible to arrange a cared-for assessment where the cared-for refuses but the carer feels it is needed?
Answer	In this instance the capacity of the cared-for is reviewed. What may result is a Best Interest Assessment, which overrides the decision of the cared-for.
<b>Question</b>	In the situation where the cared-for has a diagnosis of a mental condition (e.g. Parkinson's), who is it best to call – HCC or Hertfordshire Partnership Foundation Trust (HPFT).
Answer	In this instance it is advised that both teams are contacted. This creates joint working and a stronger assessment.
<b>Question</b>	A cared-for had attended an 8-week course at a day centre. How might this be replaced by a new activity?
<b>ACTION</b>	Information on suitable activities to be sent to the carer.
<b>Question</b>	What is the difference between the initial and full financial assessments?
Answer	The initial assessment is performed at the time of the Assessment Visit (see section 3 above), and gathers brief financial information, which is passed to the Financial Assessment Team. The team then perform a full assessment, based upon the initial information gathered. This should be done every year, and is designed to take into account changes in incomes etc.  A new and complete financial assessment would be needed if the care required has changed significantly.
<b>Question</b>	Is contingency planning covered in the Carer Assessment?
Answer	Yes it should be. If the issue is not brought up, carers should ask for it to be considered and gathers brief financial information, which is passed to the Financial Assessment Team. The team then perform a full assessment, based upon the initial information gathered. This should be done every year, and is designed to take into account changes in incomes etc.  A new and complete financial assessment would be needed if the care required has changed significantly.

<b>5</b>	<p><b>HPFT Re-investment in Community Dementia Care</b></p> <p>Sally highlighted a proposal document concerning the reduction in Dementia provision within the county. In essence, there is to be a reduction in community Dementia in-patient provision from 3 units to 2 (equating to the 32 beds remaining), and the creation of a specialist Continuing Health Care team to reduce the length of in-patient stays caused by delays in putting appropriate care packages in place.</p> <p>It is believed that there will be a huge saving through the proposal, whilst a small proportion would be spent in enacting the proposals recommendations.</p> <p>A Workshop is to take place on 22<sup>nd</sup> November, as part of a consultation process. Carers in Herts are providing a response to the proposal at HCC Health Scrutiny Topic Group.</p>
<b>6</b>	<p><b>Claire Protherough – Learning for Carers Analysis</b></p> <p>Claire is part of the Carer Development and Learning (CDL) team at Carers in Hertfordshire. The purpose of the CDL team is to provide carers with courses so that they can have a break. A mixture of practical and information courses are laid on. They are all free to those registered with Carers in Herts.</p> <p><b><u>Suggestions for future courses</u></b></p> <p>Condition-specific courses (e.g. HPFT course on caring for a person with dementia)</p> <p>Mindfulness</p> <p>Table tennis</p> <p>Music Therapy</p> <p>Tablet computers – courses for Apple and Android</p> <p>Seasonal courses (e.g. at Christmas: wreath-making; at Easter, Mother's Day: card-making)</p> <p><b><u>Transport/Location</u></b></p> <p>The maximum distance carers are willing to travel is 30 minutes by car. Alternative care for the cared-for can be arranged through Carers in Herts.</p> <p><b><u>Main Reasons for participating</u></b></p> <p>Takes one's mind off the caring role</p> <p>Interaction with other carers</p> <p><b><u>Communication</u></b></p> <p>Easiest and simplest is via email for most carers</p>

# Dementia Carers' Forum

20<sup>th</sup> November 2018 – Stanborough Centre, Watford



<b>7</b>	<b>Closing Information</b>
	<p>Carers and the speakers were thanked for attending and invited to stay for lunch.</p> <p>If there are any issues that carers would like to look at in future forums then please let <b>Sally Stratford</b> know on <b>01992 586969</b> or <b>sally.stratford@carersinherts.org.uk</b></p> <p><b>Next forum</b></p> <p>The next <b>Dementia Carers' Forum</b> is on Wednesday 16<sup>th</sup> January 2019 at The Letchworth Centre for Healthy Living, Rosehill Hospital, Hitchin Road, Letchworth, Hertfordshire, SG6 3NA.</p> <p>This Forum runs from <b>10.30am until 12:30pm</b>, with a <b>lunch at 12:30pm</b>.</p> <p>Please call <b>01992 586969</b> to book a place.</p>