



Camden Carers' Voice meeting
Minutes – 17 November 2016 , 10.30 am – 12.30pm
Argenta House, Aspern Grove, Belsize Park, NW3 2AB

Attendance	<p>42 carers</p> <p>Chair: Bob Dowd Supporting Families Manager at Centre 404</p> <p>Presentation/ Guest Speakers:</p> <p>David Williams, Practice Manager, Adelaide Medical Centre Martin Emery, Deputy Head of Engagement, Camden CCG Kate Langan, MH Lead, Camden CCG Richard Cotton, Councillor and Carer's Champion Debra Matthews, Carers' Champion – Keats GP Practice Eleanor Sturdy, PPG, Primrose Hill Allegra Lynch, Chief Executive, Camden Carers Service Sue Taylor, Camden Carers Service (CCS) health team Philippa Russell, Engagement & Outreach, CCS & C404</p>
Agenda and Matters Arising	<p>Matters arising from the previous meeting. Philippa noted that Pat Callaghan would be invited once housing Act is clearer and that the Camden Clinical Commissioning Group have been invited as discussed at the last meeting.</p>
Carers feedback	<p>The chair welcomed everyone and suggested that any particular carer issues are taken up at the end of the meeting. Allegra is available from CCS to discuss any personal queries.</p>
<p>Guest Speakers</p> <p>David Williams And Martin Emery</p>	<p>The speakers were welcomed and thanked for attending the CCV meeting.</p> <p>David Williams is practice manager at the Adelaide Road Clinic which has around 12,000 patients. Legally they are required to capture and record information that someone is a carer and to offer the flu jab.</p> <p>Additional services that are offered – alerts on the system to capture caring details. This helps when someone eg picks up a script to interact with patients. There is patient navigator.</p> <ul style="list-style-type: none"> • David acknowledged it is difficult to identify carers as often people don't want the label. • The question was raised about the screen giving information which could highlight this question and why it is helpful for GPs to know this. • A carer mentioned issues around changing GP surgeries and records not being available. David suggested this is a country wide issue and unfortunately people have to keep chasing surgeries. • It was suggested GPs should designate a specific person around carer liaison who can represent and influence the PPG. Martin Emery noted that some

practices have someone who attend meetings and can give online input.

- Allegra noted that the health manager links in with GP surgeries and liaises with GPs. Camden Carers Service's LBC contract includes liaising with surgeries.
 - Identifying carers – link between CCS and GP. Is there a link already? Referral form from CCS includes writing to the GP of given permission. It was agreed that carers need a reason to identify themselves as a carer. It was agreed that if this role is known to the GP practice, they are supportive and will respond accordingly.
 - A carer noted problems with a new GP, where she cares for two family members and receptionist make it difficult to make appointments. Training for reception staff was highlighted. CCS can advocate on the carers behalf.
- Action: CCS**
- Debra, carers champion at Keats suggested that they do ask if someone is a carer and offer assistance.
 - Sue from CCS health team noted that if they inform GPs, and fill out the health check form, that they are able to book double appointments and greater flexibility with timings. CCS offer support to GP staff in identifying carers, as their health is so key to their caring role.
 - A carer asked about informing your GP if you move away from Camden. David strongly recommends informing your existing GP to get in touch with the new GP.
 - A carer commented that there is more of a move towards internet health care. The pressure on a GP is greater that the service they can offer. It was agreed that the personal contact with a GP should be maintained.
 - One carer noted that when attending appointments with her partner, the specialist doesn't recognise her role. It was advised she identifies on the GP and hospital records as the carer which will give a greater standing.
 - David mentioned that he is talking to the Patient participation group but there are no carers on it. He will follow up with CCS around outreach and how their forum can link with CCS

Action: DW/CCS

Martin Emery, Deputy Head of Engagement, Camden Clinical Commissioning Group. Martin mentioned that he was a carer for his brother but never recognised this role at the time.

The role of the Camden CCG is to see how carers can engage and budget to commission on health and care budgets. This covers mental health and acute and community care. They commission services at the surrounding hospitals. They look at action plans, improving experiences and work with patients in Camden to improve health care for all.

The CCG communicates with CCS and the Patient Participation Group to gather information and feedback and they operate around procurement, commissioning, performance, openness and transparency.

The Group is reflective of the diversity in Camden in terms of ethnicity, demographics and age. Kate Langan, also present at this meeting, is the CCG co-production lead on Mental Health services.

	<ul style="list-style-type: none"> • A carer noted the Sustainable Transformation Plan meeting of the day before which includes the Local Care Strategy with a number of engagement events. It was suggested CCV invite Sarah Hayward or someone working directly on the STP plan to attend a CCV meeting. The Camden part of this strategy is directed through the CCG. Action: CCV/PR • A carer raised the fact that there are many different groups and meetings that carers can attend. Martin suggested speaking to the local GP about relevant events. His contact details are on the presentation handout and he can pass on details to relevant contacts eg around Learning Disabilities. • The group all agreed that information can be hard to navigate especially with the number of acronyms. Martin will forward an acronym handout for Philippa to circulate. Action: ME/PR • A carer who had been on very helpful training for carers noted that there is no mention of carers in the CCCG document. There are councillors on the board but no carers. There was also a plea into research around the impact of medication – many people gain weight due to their medication and also smoke. Money could be saved if these were not such great issues. It was noted that there are specific schemes around stopping smoking and weight issues around mental health. • Eleanor from Primrose Hill PPG mentioned that PPGs should represent all patients in the practice and all are welcome to join the group and should be informed of PPG issues and can then talk to their practice manager. • Some practices have specialists eg a serious Mental health Nurse who can review medication and nursing care. • Cutbacks to the NHS – one carer noted the level of stress and depression she suffered while caring for her son. She was treated quickly by her GP who knows her but worries that this personal care will be lost with cut backs. David emphasised the importance of a good GP and the long term relationship in caring for patients and carers should be maintained. • A carer commented on the complicated system around Social Services, health and councils which is too difficult and impenetrable.
<p>Steering Group elections</p>	<p>After a break, the election for the Steering Group was introduced.</p> <ul style="list-style-type: none"> • Elections have followed procedure as set out in the Terms of Reference. However, as there were 6 self-nominations for 12 places, the meeting would be endorsing those Steering Group members present. • A majority of 27 people agreed the elections of Jessica Buck, Kate Harwood, Jacky Spigel, Eamonn Cashin and Sue Parry-Davies. As Janet Cabot, who had submitted her self-nomination form, was not present, it was agreed to endorse her candidacy at the next CCV meeting. There was 1 abstention. • The category for Mobility is included in Carers Strategy group. • The Steering Group were thanked for standing. • A carer suggested it is important for new people to be involved and for the Steering Group to represent the diversity of the group. • The self-nomination forms were circulated to all carers with a deadline. However, other nominations could be taken after this meeting.

<p>AOB</p>	<ul style="list-style-type: none"> • Confirmation is awaited from City Fleet that taxi-card holders, in accordance with Contract, can choose to use black cabs or private hire [mini cabs] for each journey [wheelchair users excepted as not possible in mini cabs]. Jessica and Robert Cotton to pursue this with Camden Accessible Transport. Action: JB/RC • A carer, who cared for her mother who died very recently, for 10 years, raised the issue that she waited 3 years to get a mobility aid for her mother. She never received the mobility aid and she could have had a better quality of life if she had been able to go out. • The Steering Group suggested contacting OT and physiotherapy services as well as finance and management to raise this issue. Action: Steering Group • This discussion prompted an alert around reuse of old equipment and having mobility aids collected. Richard Cotton said he would check where these aids have been dumped and about their re-use. Action: RC • A carer suggested the importance of CCV to put a spotlight on such issues. Use Voice Ability newsletter and CCS newsletter. Action: CCS <p>Attendees were invited to have a light lunch and thanked for coming to the meeting.</p>
<p>Next meeting</p>	<ul style="list-style-type: none"> • Monday 5 December – end of year celebration at the Council Chamber, Camden Town, Judd Street WC1H 9JE 10.30-12.30pm • Next CCV meeting - Thursday 16 February 2017, 10.30-12.30pm