

11/09/2014

Freemantle – Meeting notes

Attendees:

Mike Ktomi

Sandy

Ricky

CLlr Shields

Alison Gilroy

+ 9 people

Carers yesterday

Personal budgets today – Co-production

Next week – Quality and out comes – delivering services – transport

Have staff been consulted?

RR - Meeting arranged for 25/09 with Helen. Pre-meeting arranged. SWOT analysis. Info about SES. Involved with coproduction. CLlr Shields visiting all services

What are the contact details for people who want to be involved in the coproduction?

SJ – This will be organised

Q – I felt coming from the last event @ Civic focused on solutions that are likely to cost more. Don't envy your role. Where is the facilitation waiting for an activity to begin? This is a community centre. My daughter comes in at 8

Don't just wait

Flexibility of timings

My son catches bus here and returns unsupported following bus training. I support positive risk taking but my wife is terrified by it. How do we have someone in the foyer at 8oclock? What if costing more money?

I drive my daughter here. She only comes in because they say she can.

A - Your son and daughter have different needs. Meet more needs, not lose anything. KR consultation. DP access different types of activity. Don't use DS **Equirable (?)**

Q - Will we be keeping this?

A – Can't answer that

Q – Wouldn't be able to go to work

A – If eligible continue to receive service. Work together to ID best solution.

Q – this place is

Q – Freemantle PH doesn't cost as much as private providers. My son has a mixed package

39 privately provided DS massive variety. Comparisons difficult

SJ – Cost analysis. Cost doesn't reflect full cost constrained by overheads. Apples/pears.

PBS – Parents and carers are concerned this place should charge more. Don't know how much their PB will be. Need to be reassessed.

Reviews increase more than decrease. Evidence backs this up. Substantially more increases. Acknowledge fear around PBS. Process not great. System must not increase stress. Don't use pre-paid cards. Easier to manage other options to manage Mencap Carers Together etc. (at a cost) included in the plan.

Marginal, small PB cost to them.

This is built into the payment. Wouldn't know what to do with PB. Have to review everyone. Work with you to determine options. Assessment – PC support. Plan care manager?

UQSW – You would have one to carry out the review.

Not allocated. Accessed when required. Carers assessments will need to be completed.

AG – Lots of myths, need to be allayed

SJ – CIS to support carers with advice and info. New service in Soton = Starting Point. New leg makes CA on legal right.

Cllr Shields – Support for carers – DS enables carers to work. Duties on employers to support people?

Entitled to so many days per year if ill, medical appointments.

SJ – Discretionary

Cllr Shields – Raise awareness/education/chamber of commerce

Q - I look after my daughters needs 24/7 there is no one else

SJ – To maintain your wellbeing have to be supported to go out to work and have a life

Q – Where would she go?

Q – My son has 1-1 support at home paid through PB

Q – I went to carers meeting yesterday. I was unaware of much of the support available

That's really helpful. Family experience of use of PBS learning, understanding, sharing experiences

Worried about somebody coming to my house

AG – Choice is very difficult based on information that you have

RR – Start – Blinkered as attend more meetings whole world opening up

SJ – What's striking in this journey is how little people know

It's in Echo and papers closing. Decision makers won't listen to you. Makes me worried.

HW – Urge people to attend meetings

- Previous consultations have not always run in that way. East Soton day centre as an example. Challenging behaviour. Behaviour that society finds challenging.

RR – Health made that decision

Cllr – Trust is not very high with politicians. Feedback @ social gathering decommissioning of Bedford House painful experience. Current consultation praised but need to work hard to regain that trust.

HW – Suggestions helpful to pull together collective knowledge of services that are out there  
2. Use FB or Twitter as a forum to gather ideas from carers.

Cllr – LDPB co-chair Shs more knowledgeable about social media

Presentation – need for relationships. Need for base/centre

Familiarity

Alison knows who is coming through the door. Look out for people

SJ – Not an either/or. Looking at issues. Exploring opportunities. Decisions not made. Balance what's not working with what's good.

People don't like change

AG – People say that but when I started we were at Brookside. Large institution. 3 double decker buses. Moving to here was a huge change. Support and time achievable. Demographic changing SCC no longer the only option. Challenging behaviour in order to be heard.

HW – concerns/themes – it takes time. Meeting Dec, all change in Jan.

Cllr – Relationships are important. Safe environment where people can go. Don't have to be coming to do an activity where they have a safe environment.

That trust has built up over years

HW - 39 providers also trust

Don't want to have to go through that again

SJ – Carer lives close to service didn't know about it

It's not wrong just to want what you've got

SJ – no its not but equally some people are looking for something different.

Respite – tidied room, wouldn't be done otherwise

RR – people come to table are passionate about staying but some needs are not met.

I still have to fight for my daughter

AG – people here a long time. No opportunity to experience other. Schools approach changing. Expectations of some users are changing.

Not against change but got to be done sensitively I totally get that

HW – a lot of fear and myths. We won't impose a change on a fixed date. Planned around individual transition. For some DS – no alternative, all know.

This may be what they want

SJ sometimes blinkered view. Gain confidence will be supported. Not all or nothing. Breadth of info to make choices

Q – I worked in public sector for a long time. Lots of shackles. Why not open it up? Other ways around to keep open? Being in private sector

HW – I know there are things Alison wants to do. Can't allow her to do it as managed as part of LA. Structured in different way. Owned/managed in different way. Ind. service – charge more.

Go private?

Options – to be developed with staff – shackled

CLLr – Private/public there are places in between. Not for profit. Look @ alternative models. Conference let me know your ideas.

SJ – for individuals looks/feels same. Different behind schemes

RR – Community centre successful

HW – ASC does not own this building

- Quality relieved about alternatives 3 years ago now cannot cope with numbers. 1 entrance/exit for 10 people. H&S concerns. Fire exits 3 years down the line always playing football on a Thursday afternoon

SJ – Part of assessment/reviews what does individual need

I totally and utterly agree

My daughter likes routine

SJ – Got to keep hold of what's working well. changes needed in some places

Why?

SJ – E.g. gardening 3 days a week. Doesn't want it

DP your choice

SJ – Some people happy/meets needs, some not

CLLr – I'm designing alternatives keep relationships/safe environment/routine not easy. End of world. Change world, not end.

HW – Difficult to consider all DS collectively. 39 providers and internal

What are you going to do?

Coproduction and working in(?) staff. All perspectives are coming together. ID and keep best/problem coproduction bring out those issues

Helen know at end of consultation and coproduction

RR – If Alison's shackles off could deliver something amazing

AG – Sport Oak MH/fitness. Sport LA couldn't apply for grants set (?) up. Sports group own governance paid for by fundraising. Special Olympics affiliated skiing/swimming small things(?). Potential to expand free of legal constraints.

E.g. Take art group to St Ives

AG – For me SDS has never stood still since I started 19 years ago. I was terrified when this first came up being led by need, demographics, finances etc. as process goes on not quite so anxious, not throwing baby out in bathwater

What are we doing?

Opportunities, doors opening

Alison confidence – improvement/progression

SJ – On a journey

Put to us a bit better. Told respite closing. Have a child need to know safe, backup in place.

RR – where did you get info from first media not correct

CLLr – reports drafted in a certain way. Liberating effect social enterprise. Not a tradition in (?) (?) other areas. Cornwall Eden Project financial framework. People need services have to get them. Shs(?) know best about how (?) cost effective.

HW – Valid point tell us where message is wrong

AG – On a journey. Starting point is scary. More your learn trust is built up. Not "that's it, you're out"

What happens?

Need more coproduction meetings as at awkward times

Carers not many people there but very interesting

SJ – times need to shift. As group comes together it will make it work. Small focus group. We will do what we can to ensure well informed enough to influence and shape. More about PB carers quality what's available

More meetings – what about?

SJ – Carers services qual/outcomes (?) there PBS/DPs

If don't want PB can you still need it?

Yes

SJ – Are we still reaching everybody?

RR – Can we make making(?) the notes/action points accessible

John – establish/use parents forms(?) private day services not CQC

HW – none are not even Council. Own quality checks but not CQC regulated. Any commissioned service contract managed.

RR – Self assessment reg 10 (?) (?). If CQC auditable, lose opportunities as may not if in legislation

SJ – When should art, holidays be regulated

Cllr – Incorporate quality in commissioning. Mike how would we maximise engagement with press?

MK – Website clearer

HW – Cant with feedback

Stay connected. Meet in comms team to summarise emergency issues.

SJ – Commissioned service incorporate quality PB up to individuals to choose.

HW – Safeguarding concerns. Please report.

SJ - Some may take unwise choices

J – worked in FE didn't make grade. Suggest social care. Carers and support workers different skills, abilities and commitment. Wider arena – think about it. do we want the people who don't have skills?

HW – DPs can improve quality if person not doing it to your satisfaction. Go elsewhere, more effective than commissioning

Cllr – Mencap making sure carers have a choice. Exercise rights. Silent voice that is going to be heard for alliance(?) in charting(?) (?) groups. General election in May. Pressure on political powers to ensure sufficient resources are put in to meet social care needs

J – I look at a person's teeth(??)

HW – Not a measure we use contractually

RR – if your struggle for work go to dom(?) care, walk out with a job SDS staff credit to LA

SJ – very good (?). Some concerning ind.

Concern about risk of abuse. It does happen it's a real fear

Carers meeting (?) sexually abused but total closure.

Having a handicapped child one of your worst fears

SJ – Fear

HW – Good/bad Council services. Always a risk get in touch to your safeguarding concerned

Are private sector police checked?

HW – depends what you were commissioned yes if you are commissioning your choice.

SJ – PA well known trust here not CRB

CLLr – Establish responsibilities info care act PB and where to work. Establish systems. Health watch. Independent consumer voice. What to do, what do look out for

SJ – Long process to deal with issues. New process first happy easier to change.

My son's PB only used orgs cheaper to use (?) but not done that. Trust their safeguarding procedures.

SJ – Employ PA's. long slow journey. Works for some people.

Discussion about relative merits of different care agencies.

Calypso Café – West Quay

release shackles

mark up

Jilly – loves calypso uses till

skills used @ home, employable skills

AG – Reason we are here is to help people to develop skills at home so don't need as much care.

Repeat process when people deskilling

J – Respite Centre Parcs with 1-1 carer

Transfer skills DS – respite

photographic evidence washing up

Weymouth – petrol money from PB

SJ – Not as flexible

apply to them instead of across whole day service system

My daughter likes CP

J – Not as many (?) if meets needs

SJ – KR/CP flexible

CLlr – 2001 (?) (?) climbed Mt Kilimanjaro

Welcome you already

CLlr – I find this setting more productive. Assists understanding

J – Human beings care for our loved ones.

CLlr – Mins of meetings let Shs(?) have their say too. All about understanding Shs(?) are talking to us

We are picking up on this

Jillian burst into tears

CLlr – Scary, lots of emotion

AG – Frightened about changes. Worked with people change not bad in itself

J – time bank

AG – we use that already e.g. café. Shs giving a service rather than receiving it

Workshop special needs cleaner

AG – Right support

Andrew working (unpaid) since 1999

SJ – Outcomes – focus on skill development. Not a theme across all day services.