**Thurrock Diversity Network Limited**

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**General Meeting, Thursday 16th July 2015**

**The Beehive 6pm – 8pm**

1. **a) Welcome by Chair, including ground rules, introductions.**  
   **Attendees:** Ian Evans, Lesley Matthews, Lita Walpole, Penny Ellmore, Sunny Saini, Trevor Hopper, John H. Paddick, Anne White, Angie Cahill, Barry Carrett, David Langridge, Neil Woodbridge, Olga Benson, Wendy Aston, Mo James, Toni Saliba, Christine Hamilton

Welcome, introductions made, scope of the meeting outlined by Ian Evans and ground rules read by John Paddick.

**Apologies:** Sericc, Thurrock Mind, Ashley Woodward, Maggie Harrison, Graham Carey, Beccy Hammond, Peter Pascoe

1. **Minutes of the May TDN Meeting.:**

Minutes accepted as a fair indication of the previous meeting. Toni’s apologies to be added to the May minutes

**Supplementary Questions:**

* Olga raised a question about the possibility of having more representatives from Health and the Clinical Commissioning Group (CCG). Ian explained that TDN members consist of organisations and individuals with a connection to Thurrock and an interest in Disability/Diversity issues, primarily from the voluntary Sector. Healthwatch are a member of TDN as a patient voice and representative body in the Borough, and the Clinical Commissioning Group Chief Operating Officer (COO) attends the Disability Partnership Board, so TDN can raise any issues there and could always invite the CCG representatives to speak and present to TDN on specific issues as they arise.
* Olga raised the issue of the Walk-in Centre (G.P.) Health Centre on Grays High Street. The CCG are considering the future of the walk-in centre and how best to allocate funding. The CCG’s plan is to close the Walk-in Centre, but keep the G.P. Surgery there open and to have Health Hubs around Thurrock, instead of a Walk-In Centre. This will come up at the Health & Well-Being Overview & Scrutiny Committee on 23/7.

1. **TDN Updates:**

* Funding - Awaiting response to TDN’s application for funding from the Voluntary Sector Development Fund, administered by CVS – TDN applied for £4000 for publicity & capacity building. CVS have indicated we are likely to hear the outcome of the application before the end of July.
* Finance & HMRC – Ian received a letter from the Financial Conduct Authority (FCA) – the Rule Change (voted upon last month) has been accepted and registered, so that the Rules indicate more charitable aims and pyrposes. Now waiting for acceptance from HMRC for TDN as a Community Benefit Society with Charitable aims and thus be exempt from Corporation Tax. Ian will keep TDN informed of any developments.

1. **Breakout Groups: Taking a snapshot & initial thoughts on in- year savings proposal that Thurrock Council are recommending around reductions in Day Care, Extra Care, Carers’ Services and Equipment**

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| **Summarise any information you have about the diversity of the people potentially impacted by the in- year savings proposal that Thurrock Council are recommending around reductions in Day Care and any research on the issues effecting their inclusion.**   * **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)** |
| * Parents, carers and families * Older people * Disabled people * People with more complex needs * People who are already more socially excluded when not attending Day Care * People made vulnerable through long-term illness |

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| **How could the reductions in Day Care impact on Disabled/older people/carers?** |
| The reductions or changes around Day Care will result in:   * Emotional stress upon carers * Lack of respite for carers * Loss of Therapy for the person * Safeguarding issues could arise due to lack of opportunity for contact and checking on the well-being (emotional and physical) of vulnerable people * Increased social isolation * Reduced opportunity for peer support * Reduced opportunity for information sharing * Increase in the numbers and costs of Care Packages – resulting in longer waiting lists – particularly with fewer staff members * Currently at least 6 months waiting list for Day Care * Greater demand over time due to changing demographics and the ageing population * More impact upon G.P. surgery as not seeing anyone * People pressing the Pendant Alarms to talk to Careline * Greater pressure on Ambulance Services, when preventative services are not in place, leading to major events resulting in avoidable hospital admissions and higher costs of care |

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| **What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available** |
| * Increase charges for those that can afford it (to be determined through financial assessment * Outsource services * Shut one building – not all at full capacity. Then maximise capacity at the other sites (manage any transition in a person-centred manner with dignity & respect * Look at sharing premises with other businesses, voluntary organisations etc. |

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| **Summarise any information you have about the diversity of the people potentially impacted by the in- year savings proposal that Thurrock Council are recommending around Charging for Adult Social Care Services and any research on the issues effecting their inclusion.**  **Think about: Respite Services, Assistive Tech, pendants, Blue Badges, Residential Rates**   * **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)** |
| * Parents, carers and families * Older people * Disabled people * People with more complex needs * People who are already more socially excluded when not attending Day Care * People made vulnerable through long-term illness |

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| **How could the Charging for Adult Social Care Services impact on Disabled/older people/carers?** |
| **Cromwell Road & Sitting Service**   * People will be socially isolated as will not access services * Carers will not get a break, which in turn will lead to more stress and pressure * Financial pressure on families to try and meet payment   **Assistive Technology and Pendant Alarms**   * High risk if refuse because of cost. i.e. more falls, hospital admissions etc * Carers will feel like they are unable to go out and leave the person alone * Psychological stress on both carers and people who use services – risk of security * People will become unable to live independently at home with assistive aids   **Residential Respite**   * If charges are too high (no indication of potential scale or options is given) people won’t access service, this will place pressure upon carers that won’t get the break they need   **Day Centres**   * Transport issues – people may not be able to get to the Centres if the days/times/frequency changes and would thus rely upon family, which would defeat the object of respite for the carer * If only half day/sessional, there may not be time to do anything * Loss of peer support and sharing knowledge   **Extra Care**   * If people can’t afford charges, they wont get the care that they have been assessed as needing, leading to a risk of more hospital admissions or even residential care * People can currently stay in their own homes as carers onsite 24/7. If care is commissioned out to so many calls per day, people may not cope and conditions would deteriorate. |

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| **What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available** |
| **Actions:**   * More Assistive Technology into Extra Care Homes * Those with Carers could be given option/choice to receive longer Day Care to give the Carer a break * Keep full days (or provide individual option/choice) – This would also help to reduce numbers of return journeys required each day * Implement a financial assessment across all eligible services * Introduce a minimum charge to avoid cost of collection |

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| **Summarise any information you have about the diversity of the people potentially impacted by the in- year savings proposal that Thurrock Council are recommending around reductions in Extra Care Services and any research on the issues effecting their inclusion.**   * **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)** |
| * Parents, carers and families * Older people are disproportionately affected by this proposals * Disabled people * People with more complex needs * People who are already more socially excluded due to their situation * People made vulnerable through long-term illness |

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| **How could the reductions to Extra Care Services impact on Disabled/older people/carers?** |
| * Worried about people paying a weekly charge, amounting to £300 per month (particularly those unable to afford it) * This is a step back towards putting people into institutions – What’s happened to the recognition and practical implementation of the Social Model of Disability? * Having less time or support means peoples’ conditions become more likely to deteriorate and require more costly support in the longer terms * 6 months of a financial year to save £50k is too quick * Carers may have to increase the remit of their caring role and care for longer * Carers will become ill * The Council will not be fulfilling their Statutory duty to reduce, remove or delay the need for care (under the Care Act 2014) * A smaller Social Work Team will mean a longer wait for assessment, therefore people may deteriorate whilst waiting * People will become more isolated which could lead to mental health conditions, and a potential increase in suicides. * Moving people and changing routines will result in undue stress |

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| **What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available** |
| **Actions:**   * Council staff are too expensive – recruit cheaper staff to support us * Focus upon the individual – deliver tailored support on the ground * If you reduce the numbers, will equality increase? * Is the development being built in south Ockendon big enough (50+ individuals) to be viable? * People must be given a full follow up assessment/review after any change * Promote Asset Based Community Development (ABCD)/ Local Area Co-Ordination (LAC) initiatives – e.g. develop intergenerational groups, baking, dancing, keep fit etc. Make the communal lounges really communal in a meaningful way * The suggested concierge needs to be properly trained in a wide variety of disciplines and support. |

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| **Summarise any information you have about the diversity of the people potentially impacted by the reductions in Equipment Provision and any research on the issues effecting their inclusion. Note: (Stopping issuing equipment under £50. People will need to pay for this themselves)**   * **Consider evidence in relation to Disability (including evidence relating to access and inclusive design)** |
| * This makes a hierarchy of impairments for equipment – people with sensory impairments will be more affected than people with learning difficulties * Relatives/carers will have to foot the bill * People who have no relatives get no support * What about people who have life limiting conditions – will the support provision be good enough? * How will people get advice and information on how/where/when to get equipment fitted correctly and safely * People with mobility difficulties will not be able to fit/measure/install equipment safely themselves – they won’t have the right support * People in receipt of benefits have less disposable income to spend on equipment * Who will fit a £50 grab rail if it falls off? * How does the proposal intend to deal with replacements and repairs? * The costs could increase through “mission creep” over time * Disabled people already face an added costs penalty of living with an impairment |

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| **How could the reductions to Equipment Provision impact on Disabled/older people/carers?** |
| * Having less support means peoples’ conditions become more likely to deteriorate and require more costly support in the longer terms * Carers may have to increase the remit of their caring role and care for longer * Carers will become ill * The Council will not be fulfilling their Statutory duty to reduce, remove or delay the need for care (under the Care Act 2014) * A staff Team will mean a longer wait for Equipment assessments, therefore people may deteriorate whilst waiting * People will become more isolated which could lead to mental health conditions, and a potential increase in suicides. * Moving people and changing routines will result in undue stress |

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| **What actions could be taken to reduce/minimise potential negative impacts and deliver positive impacts? Consider possible alternative options that may be available** |
| **Actions:**   * Provide qualified people to give advice and support to install * Use a time banking initiative * Make an exemption for people who lack capacity or have no family or support network * Train community volunteers in basic Occupational Therapy assessments for small items of equipment. Provide an accredited course. |

**HOSC**

* Ian & John stressed the importance of the consultation on Day Care, Extra Care, Charging and Equipment and encouraged TDN members to attend the meeting next week on 23/7/15 at 7pm in Committee Room 1, although members of the Public cannot speak from the gallery, a show of presence and interest in, representing people affected by Budgetary decisions is important, even at this early stage.

1. **The Future of local bus services 11, 265 and 374 in Thurrock –** Online link and paper copies distributed to attendees. An Transport Overview & Scrutiny Committee is taking place on 29/7. Ian has submitted a report on behalf of TDN, outlining the importance of the routes and the effect that removing, reducing or changing these routes will have upon Disabled people and older people The Consultation is open now and closes on 10/9/15

**Next meeting 20th August 2015 – 6pm to 8pm The Beehive**