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Newsletter

May 2012

Volume 8 Issue 1

“Many thanks from Family Tree and all of our carers to CWP and all the staff here in the Stein Centre – we are now celebrating our 10th Anniversary in St. Cath’s – we continue to go from strength to strength – and we couldn’t have done it without you !!!”

Personalisation, personal budgets and direct payments

What is personalisation?

Personalisation is the term used to describe current government philosophy and policy about providing care and support services. The aim is to start with the person as an individual with strengths, preferences and aspirations and putting them at the centre of the process of identifying their needs and making choices about how and when they are supported to live their lives.

Personalisation means:

- Tailoring support to people’s individual needs
- Ensuring that people have access to information, advocacy and advice to make informed decisions about their care and support
- Finding new collaborative ways of working that support people to actively engage in the design, delivery and evaluation of services
- Developing local partnerships to co-produce a range of services for people to choose from and opportunities for social inclusion and community development
- Developing the right leadership skills and organisational systems to enable public sector staff to work in creative, person-centred ways
- Embedding early intervention and prevention so that people are supported early on and in a way that’s right for them
- Recognising and supporting carers in their role, while enabling them to maintain a life beyond their caring responsibilities
- Ensuring all citizens have access to universal community resources and services

What are Personal Budgets?

In December 2007, *Putting People First* (HM Government, 2007) proposed that all eligible social care users should have access to a personal budget with the intention that they can use it to exercise choice and control to meet their social care outcomes. (Government targets are that 100% of eligible social care users should have a personal budget by 2013 – Wirral is currently at 46% - higher than many areas but still with much work to be done)

Following identification of needs, a determination of eligibility for services is made using the Fair Access to Care Services (FACS) eligibility criteria. Eligible needs in Wirral are at the level of Critical and Substantial. If the individual is eligible for services, they should be considered eligible for a personal budget. A referral for assessment can be made by a professional working within services, or by self referral. Should anyone be dissatisfied with the outcome of the process, they have a legal right to appeal against the decision made

Needs are then assessed using a resource allocation system which provides an indicative figure regarding the cost of care needs. A support plan is drawn up collaboratively to determine the target outcomes which will then determine what the personal budget can be spent on. (At present there are no legal safeguards and appeals around this process for entitled individuals)

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News In Brief

Well done Norma !!

Norma Quinn has been presented with an award “For going The Extra Mile ”

By Age UK in recognition of her volunteer work for them for over 20 years.

I ’ m sure you will all join the Family Tree team in offering Norma our warmest congratulations – they are so richly deserved.

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What are Direct Payments?

A direct payment is a means-tested cash payment made in the place of regular social care provision to an individual who has been assessed as needing support. Following a financial assessment, those eligible can choose to take a direct payment and arrange for their own support instead. payment only applies to Social Services. A direct payment is one way of taking a personal budget.

As part of self-directed support, the personal budget holder is encouraged to devise a support plan to help them meet their personal outcomes. Assistance in developing this plan can come from care managers, social workers, independent brokerage agencies and family and friends. Once a plan has been devised support can be purchased from: Statutory Social Services, The voluntary or third sector, User-led organisations, Community Groups, Neighbours, friends and in some cases, even family members

I need to know more about this and have all sorts of concerns and questions !

This brief overview is taken from a publication entitled "Personalisation – a rough guide" produced by the Social Care Institute for Excellence.

If you want to know more and/or raise questions and concerns, Family Tree will be organising a half-day session on Personal Budgets at the end of May conducted by a senior manager from Wirral Social Services. More details and a booking form will be issued soon – we anticipate that demand for places will be high so if you wish to attend please return your booking form promptly to avoid disappointment.

April 2012

PRESS RELEASE

Appointment of new Chairman of Wirral Carers Association

Wirral Carers Association is delighted to announce the appointment of its new Chairman, Brian Donaldson. He will replace Ken McDermott who has decided to retire after 2 years as Chairman.

Mr Donaldson was formerly Deputy Chair and before joining the Association, led the campaign to halt the closure of the five care homes in the early part of 2011.

Mr Donaldson, who lives in Heswall, said he is "delighted to have been appointed and is looking forward to the challenge".

He said: "We want to build on the excellent work Ken has done in laying the foundations for the Association, he has moved it to a point where it is now a respected group working closely with Councillors, Council Officers, National Health Service Professionals and other Voluntary Organisations.

We will focus on our key objectives of informing, involving and influencing.

To inform more effectively we will shortly be launching our new website to advise Wirral Carers about key issues that directly affect them.

We plan to involve more Wirral Carers in our monthly meetings, with key guest speakers, by publicising them more effectively.

Finally we will work tirelessly, on behalf of Wirral Carers, to effectively influence key decision makers in the Council and NHS on issues such as the Transformation of Day Services."

Mrs Pam Sexton will replace Mr Donaldson as Deputy Chair.

Mrs Sexton was formerly the Secretary of the Association and is a founder member.

Mrs Sexton, who lives in Rock Ferry said, " I feel that the WCA provides an excellent opportunity for carers to have their voices heard and I am pleased to be part of it."

Notes about Wirral Carers Association.....

"Informing - Involving - Influencing"

At our monthly meeting carers can meet, share their caring experiences and learn from each other. We also have the opportunity to listen to and question guest speakers.

These speakers are generally key service planners and decision makers from Wirral Borough Council, the NHS and other Carer Organisations.

Our informal meetings are free and open to all carers.

They are held on the last Wednesday of each month 10.30 -12.30 at Wallasey Town Hall.

Carers who wish to also have the opportunity to work in partnership with Council Departments, Health Boards and other community and voluntary groups.

In this way we can use our knowledge and experience to directly influence [the shaping, delivery and monitoring of policy and services](#).

We aim to be a collective voice of carers living in Wirral, informing service providers of our needs so that capacity and quality of service are of the optimum standard.

We will work with service providers to give carers access to up-to-date and timely information, in the most appropriate format, to support them in their caring role.

We aim to ensure that all carers receive recognition and respect for the role they play.



Distinguished Guest Speaker John Donoghue

Award-winning psychiatric pharmacist John Donoghue came to address a large group of Family Tree carers at the Lauries Centre on 9th March 2013.

The overall theme of his talk – and a key question for carers to ask psychiatrists was – “What’s the evidence?” John stressed the need for discussions regarding the evidence to support use of a particular medication and the likelihood of particular side effects.

He began the session by considering the limited extent of our current knowledge of the way the brain works. He then moved to explain our current understanding of the geography of the brain and the way that various chemicals generate electrical impulses in the brain. He explained the function of neurotransmitters and receptors and the chemical component of psychotic disorders.

He described the impact of excessive levels of dopamine on information processing within the brain and the role of antipsychotic medication in blocking dopamine receptors. He outlined the three main dopamine pathways in the brain and the ways in which blocking dopamine can cause distressing side effects. He quoted research which showed that the side effects which caused most concern for users of the medications were extra-pyramidal symptoms (involuntary movements), weight gain, daytime sleepiness and sexual dysfunction including loss of libido for both genders and development of breasts and lactation in men. He also quoted research which paradoxically showed a reluctance for psychiatric professionals to engage in discussion regarding sexual health. What is also interesting is that according to the Royal College of Psychiatrists website psychiatrists – as part of their Continuous Personal Development – are only required to refresh their knowledge of medication once every 5 years.

He emphasised the need for more open discussion between service users, carers and professionals regarding choice of medication. He used the necessity and concerns model to consider adherence to treatment. Once we understand the necessity for a particular medication and are able to air and discuss our concerns we are more likely to adhere to an agreed treatment. Adherence is particularly important since antipsychotic medications do not cure – but only suppress the symptoms – therefore, if we stop taking agreed medication then relapse is in many cases 3 times more likely to occur.

John critiqued various internet sources of government information regarding the treatment of Mental Health problems – and highlighted the strong evidence base used by the NICE guidelines at www.nice.org.uk, as well as the information presented by www.medicines.org.uk/emc, www.choiceandmedication.org/cms - accessible from the CWP website homepage - and www.depressionalliance.org

He also mentioned the important NHS philosophy “no decision about me without me” and an important government document which describes what we have the right to expect – The NHS constitution available at www.dh.gov.uk/nhsconstitution.

The session was very well received – comments from participants included:

“Information was very clearly given”, “Mr. Donoghue spoke to a very mixed audience with great skill” – and people felt helped, informed, involved and supported.

If you would like more information about John and a list of his extensive published research and articles or an electronic copy of his presentation to Family Tree please contact Iain - familytree@cwp.nhs.uk or iain.mayoll@cwp.nhs.uk

INSPIRATIONAL WORDS

Just One

(Unknown)

One song can spark a moment,
One flower can wake the dream
One tree can start a forest,
One bird can herald spring.

One smile begins a friendship,
One handclasp lifts a soul.
One star can guide a ship at sea,
One word can frame the goal

One vote can change a nation,
One sunbeam lights a room
One candle wipes out darkness,
One laugh will conquer gloom.

One step must start each journey.
One word must start each prayer.
One hope will raise our spirits,
One touch can show you care.

One voice can speak with wisdom,
One heart can know what's true.
One life can make a difference,
You see it's up to you !



The Reader Organisation is bringing the shared reading experience to **life**

What do they do?

Get Into Reading

Commissioned across a variety of sectors, including mental health, criminal justice, social care, education and elderly care, the Get Into Reading model of weekly, read aloud groups provides a wide range of personal, social and economic benefits. Reading aloud generates particular and unique responses in individuals and groups, and makes it inclusive.

Read to Lead Training

Our training courses in read aloud group facilitation are engaging, nurturing and skills focused. It is a lasting investment in personal and professional wellbeing.

Unmissable events

Including the Dickensian Penny Readings – our all-singing, all-dancing festive end of year reading bash!

Champion quality literature

We publish a magazine, *The Reader*, each quarter and our anthology, *A Little, Aloud* (Chatto & Windus), which bring readers the best in quality contemporary and quality writing.

Research our impact of the Get Into Reading model on individuals and communities

As well as delivering our outreach project, Get Into Reading, we work with universities and health authorities to measure the impact of the read aloud model on individuals and communities, particularly in relation to health.

Want to get involved?

Join a Group

You're welcome to attend one of our open Get Into Reading groups, which are running in Merseyside, South West and London. To find out where your nearest is, visit www.thereader.org.uk/group-map or contact us using the details below.

Buy A Little, Aloud

You can buy our first anthology, *A Little, Aloud* (Chatto & Windus, 2010, RRP £9.99) in bookshops and from our website. Read the stories and poems with someone you care for and if you find you're loving it, you may want to...

Attend Read to Lead Training

Improve your facilitation and communication skills, gain confidence in reading aloud and understand the social value of literature on one of our training courses. Visit www.thereader.org.uk/training for more details on what's coming up.

Come along to an event

Coming up is the Penny Readings – a must see event! It's being held on Sunday 4th December. Tickets are in very high demand so keep your eyes peeled on our blog to find out how to enter the prize draw: www.thereaderonline.co.uk

Subscribe to *The Reader*

Our quarterly magazine publishes new fiction and poetry, thought pieces, reading recommendations, and news from The Reader Organisation. It's a great way to stay in touch with what's going on and get a dose of Reader goodness! Visit

Family Tree Library

This is just to remind you that here in the Family Tree Library we have a wide range of books and DVD's on Mental Health topics available for you all to borrow free of charge. The latest addition is entitled "Bipolar Disorder – a guide for mental health professionals, carers and those who live with it". Why not give us a ring and arrange to pop in for a cuppa and a browse ??

CWP Complaints process – (Thanks to T H Lee for submitting this)

Tell us what you think about our services

Our aim at Cheshire and Wirral Partnership NHS Foundation Trust (CWP) is to provide high quality services for our patients. We welcome all feedback, positive or negative, from patients and carers about our services.

It is your feedback that helps us to improve our services and provides us with valuable lessons to implement. Please let us know about your views or any feedback you have.

How can I make a complaint?

It can be difficult to know who to turn to when you are unhappy about the treatment you or someone you care for is receiving. However, here at CWP there are several ways you can get in touch if you want to make a complaint. If you feel able to, you can talk to someone who is involved in your care.

If you are unable to discuss your complaint with a member of staff involved in your care, you can contact the PALS, Complaints and Claims Team.

You can do this by:

- Phone on **01244 397 390** or **01244 397 392**
- Email at complaints@cwps.nhs.uk
- Letter to:

PALS, Complaints and Claims Team
Trust Board Offices
Upton Lea
Countess of Chester Health Park
Liverpool Road
Chester
CH2 1BQ

PALS

If you do not want to make a complaint, but have a concern which you would like addressing you can contact our PALS officer on **0800 195 4462**.

Support and Guidance

Making a complaint can very often be a stressful experience, but please rest assured that staff at CWP will endeavour to support you. All complaints are treated as strictly confidential and making a complaint will not impact negatively on any care or treatment being provided for any patient. All medical records are kept separate

from any complaints raised with CWP.

We have a complaints policy which sets out how CWP will look into complaints and this can be found on our website under the policies section:

www.cwp.nhs.uk/GuidancePolicies/Policies

We aim to acknowledge all complaints within 3 working days and, in some circumstances, an investigation will take place, led by an investigating manager. It is likely that the investigating manager will ask to meet with you.

This is so that we can be certain that we look into all aspects of your complaint and investigate it fully.

ICAS and Advocacy support

If you feel you would like support from an external body during the complaints process, you can contact the Independent Complaints Advisory Service (ICAS). ICAS is a free, impartial and independent service to support people through the NHS complaints process. You can contact ICAS on 0300 456 8350.

Information for carers

At CWP we greatly value the fundamental role of carers and we want to make sure that their views are listened to.

Due to patient confidentiality laws and the Data Protection Act, there will be occasions where the patient's consent will be asked for by the Complaints Manager or PALS in order to investigate the complaint fully. Where consent is not granted, we will do our utmost to respond to any issues we can legally, without compromising patient confidentiality.

The Ombudsman

CWP take complaints very seriously and want to ensure that we resolve patients' complaints or those made by carers wherever possible.

Unfortunately, there are circumstances where complaints are not resolved by CWP. In these situations, the complainant has the right to refer their complaint to the Parliamentary Health and Social Care Ombudsman.

A referral to the Ombudsman would take place after CWP have investigated and responded to the complaint. If you would like to find out further information about this, the Ombudsman's website address is:

www.ombudsman.org.uk



More News In Brief

mymind.org.uk is a new NHS website, run by CWP CAMHS. This site has been developed for everyone interested in the mental health and well-being of children and young people across Cheshire and Wirral.

Welcome..!

We would like to take this opportunity to welcome Bridget Lawler who has joined the Family Tree team as a volunteer. Bridget is a mother and a mature psychology student at John Moores University with a strong interest in Carer and Mental Health issues. Her first task has been to help produce this issue of the Newsletter – and she says she is delighted to join us !!

Why we need to care for the carers

Looking after those who care for friends and relatives costs less than what we'd have to spend if they couldn't do it, writes Sue Yeandle



A short holiday can make a huge difference to a carer, and doesn't have to cost much. Some 6.4 million people in the UK care for sick, disabled or frail friends and relatives – and they're often punished for doing so. Many of them pay a "triple penalty": damage to their health; a poorer financial situation; and restrictions in everyday life. The intrinsic unfairness of this situation is made all the more remarkable by the fact their work and effort saves the public purse £119bn a year - more than the whole budget of the NHS. But in the current climate of public sector cuts, how can we make their lives better without costing the earth, and support those who wish to care without giving up paid work?

Research carried out by Circle (the Centre for International Research on Care, Labour and Equalities) at the University of Leeds offers insights and new ideas. We studied the impact and effectiveness of 25 multi-agency projects funded by the Department of Health, set up to explore new ways of supporting some of England's most hard-pressed carers. Almost 19,000 carers participated and we found many really valued the extra help they received.

The programme employed an innovative strategy aimed at improving how local agencies work together by involving partners in the voluntary sector, NHS and local authorities. The projects offered carers three main types of extra help: a break from caring, made accessible in a new and much more flexible way; a health and wellbeing check specially designed with carers' needs in mind; and timely support just when and where they really needed it, accessed through GPs and hospitals.

Our report *New Approaches to Supporting Carers' Health and Well-being: evidence from the National Carers' Strategy Demonstrator Sites Programme* highlights ideas that work to help carers stay well and healthy, to get a short break or chance to meet their own needs. For carers struggling to make ends meet, small investments in gym memberships, laptops or short holidays make a real difference, yet cost only a fraction of what needs to be spent if their care breaks down or cannot be sustained.

Special health and wellbeing checks spotted many physical and mental conditions, including diabetes, depression and cancer, which – as carers often put their own needs second to those of others – were previously undiagnosed. When GPs or hospitals work together with social services and voluntary agencies in their area, support for carers can really improve at a comparatively small cost.

We delivered our findings at a conference in Leeds in front of almost 200 delegates from across the health and social care sector. Their enthusiasm for continuing this type of support, and extending it nationwide, was palpable. Many felt the new schemes and partnerships had demonstrated that the "step-change" in carer support which campaigners have called for over many years was indeed achievable.

None needed reminding of the challenges ahead: meeting the growing demand for care at home in an ageing society; alleviating pressures on carers which damage their health and quality of life; helping carers to combine work and care; and finding ways of providing better, more personal and individual care without additional cost.

Circle researchers have consistently made the case for better carer support. Our work has informed policy developments under both Labour and coalition governments. Unsupported, carers risk exhaustion, isolation and stress – yet when valued and offered flexible services, many see caring as among the most rewarding and important things they have ever done.

The Department of Health's Demonstrator Sites programme showed the value of services provided at critical stages: when caring first arises, at points of change or stress in the caring situation, when caring is long-term or intensive. Many of those involved in the new support, and the carers who benefitted from it, felt passionately that ways must be found of continuing – and expanding – this approach. They believe there are low-cost ways of creating sustainability in England's health and social care system. All would argue the UK's 6.4 million carers should be rewarded rather than punished for looking after those they love. It is hard to disagree.

• Sue Yeandle is professor of sociology and director of Circle in the school of sociology and social policy at the University of Leeds

VIEW THE REPORT AT: <http://www.sociology.leeds.ac.uk/assets/files/research/circle/151111-6121-circle-newapproaches-complete-report-web.pdf>

What the 2012 Budget means for Carers – Taken from Carers UK website

March 2012

In the Budget, the Chancellor announced a number of significant changes to the Government's tax and spending policies. Whilst measures which will lift low earners out of income tax and cut taxes for middle-income earners will benefit carers who are able to juggle work and care, Carers UK is concerned that the Chancellor indicated that the Government will consider further cuts to benefits by 2016.

A brief analysis of the major announcements which could affect carers is set out below:

Tax

As part of the Government's objective to lift the personal tax allowance (the amount you can receive in income before you start paying tax) to £10,000, the Chancellor announced that the personal allowance will rise to £9,205 in April 2013.

So what does this mean for carers?

The Treasury states that this will leave millions of people on low and middle incomes around £170 a year better off, because they will pay tax on less of their earnings.

For many carers unable to work as a result of their caring responsibilities, this will have no impact at all. But for carers who are juggling work and care, or are able to work a small amount alongside caring, this may mean they keep more of their earnings.

Pensions

The Chancellor announced several measures relating to the State Pension:

- *State Pension age*: There will be an automatic review of the state pension age designed to reflect increases in longevity.
- *Reforming the State Pension*: A new 'single tier' pension will be introduced to simplify the current system; which includes the basic State Pension and Second State Pension. The Government estimates this will be set at around £140 a week and detailed plans will be published later in the Spring.
- *Freezing personal allowances for pensioners*: Currently people over State Pension age get a higher 'age-related' income tax personal allowance than people under pension age (so they pay less in tax on their income). This additional allowance for older people will be frozen and eventually phased out.

So what does this mean for carers?

With an ageing population and longer working lives, it makes sense to increase the State Pension age. However with longer lives come additional caring responsibilities for many families.

Around one million people have given up work to care, with a further three million managing to juggle work alongside caring. Research indicates that the UK will soon reach a 'tipping point' where the number of older people will outstrip the availability of family members to provide care¹. Without

radical reform of social care to support families to juggle work and care – increased demand for care will mean greater numbers of carers being forced to give up work to care.

As a result, increasing numbers of carers may face the double penalty of having reduced ability to pay into the State and private pensions, and also of having to wait longer for their State Pension as the pension age rises.

Carers UK argues that the increasing prevalence of caring and its impact on work should be taken into account as the Government looks at increasing the State Pension age.

Carers UK supports simplification of the State Pensions system, so that older people and those planning for retirement can more easily see what they will be entitled to. However it is crucial that any changes to the National Insurance contributions record you need to receive the State Pension, take account of the fact that many carers may have reduced contributions as a result of caring responsibilities.

Finally, the changes to the personal tax allowance for older people could leave people reaching 65 with incomes as low as £10,500 over £200 a year worse off. Many carers who face retirement on reduced incomes as a result of giving up work or retiring early to care will be disappointed to see an additional squeeze on their low or moderate incomes.

Welfare Spending

The Chancellor also suggested that £10 billion of welfare cuts may be necessary by 2016 - with the Treasury arguing that if the current increase in welfare spending is maintained other departments would need to make savings of 3.8% a year, rather than the current rate of 2.3%.

There were no details about where any additional cuts would fall, but the Chancellor stated that this question would be addressed in the next spending review in 2013.

¹ Linda Pickard (2008) *Informal care provided to older people by their adult children: projections of supply and demand to 2041 in England*, report to the Strategy Unit and Department of Health

This was sent to Family Tree by Jayne Watkins.

Dear Iain,

I would like to say a huge THANK YOU to everyone at Family Tree who helped to make the Carers weekend trip to Chorley possible.

I met the most wonderful people – people who I felt a connection with and who had all been through the mill so to speak, yet shared compassion and selflessness with everyone in our group.

I feel blessed and privileged to have been able to participate in this weekend. The teaching staff were all lovely and I benefited from all aspects of the programme. The centre staff too, were extremely friendly and helpful and nothing was too much trouble...and the food – absolutely scrumptious.

Of course – being spoiled and not having to prepare meals etc really contributed to the feelings of ease and relaxation I felt; I know I have continued to benefit in this last week as well; but it was the opportunity to share this experience with such lovely, inspiring people – new friends - with whom I intend to stay in touch - and will always remember.

Thank you again – for a treasured experience.

With kind regards, Jayne

Drop in Advocacy service venues

Just a reminder that the following free drop in advocacy services are still being offered by Advocacy in Wirral:

Monday to Friday 9am to 5 pm:

Advocacy in Wirral
72-74 Woodside Business Park
Shore Rd.
Birkenhead
Wirral CH41 1EP
0151 650 1530

Appointments available, also drop in on Fridays
0930 to 1200 and 1330 to 1530.
Phone on day to check

Tuesday 1100 to 1330 – No appointment needed

West Kirby Drop in Centre
United Reform Church Hall
Meols Drive
West Kirby

Wednesday 1230 to 1530 – call to book appointment on 0151 604 7272

Victoria Central hospital
Mill Lane
Wallasey

Thursday 1330 to 1430 – call to book appointment on 0151 488 7708

The Stein Centre
St. Catherine’s Hospital
Derby Rd.
Tranmere

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