



# Rethink Carers Lancashire

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**Newsletter  
October 2019**

**Meeting Friday November 1st Brindle Community Hall, 9.45\* – 3 pm.**

**(\*Please note this is an earlier start than usual)**

The usual lunch, either meat and potato pie or cheese pie, £5 to include all teas, coffees, biscuits, etc. £1 for those who don't want the lunch. **ORDERS FOR LUNCH TO BE SENT BY FRIDAY OCTOBER 25th**, PLEASE.

**Key morning speaker – RUSSELL PATTON, EXECUTIVE DIRECTOR OF OPERATIONS, SOUTH CUMBRIA AND LANCASHIRE NHS FOUNDATION TRUST** (Note the new name of our trust following the merger with South Cumbria) **Russell has been asked to address three main issues: these are the specific questions we're putting to Russell (plus, if time, other questions sent in by our members previously):**

1. Can you give us an overview of LSCT's position vis-à-vis carers? The carer strategy\* launched in 2010 was comprehensive but never implemented; what has replaced it? We (carers and managers, SCLT as well as LCFT) have developed some excellent training around sharing information with informal carers: LCC is currently rolling this out to mental health social care staff, but - despite all the work which has gone into it - we are not aware of any LSCT plans to do the same (\* written by members of our group working with Patrick Sullivan, then Director of Nursing.
2. What are current plans for integrating clinical and social care into a comprehensive package for the service user? How can you ensure that inpatients have a Care Act assessment as part of the discharge plans, to make sure that the social aspect of care is in place in time for discharge and they will not be left several months without essential components of their recovery? We are aware that there is a problem vis-à-vis timely referrals from the wards to social care staff.
3. What are the criteria for contacting Mental Health Services when a suicide disclosure is made? There is a lot of uncertainty at what stage to contact the services as there is often a negative response when trying to make a referral. The assessment team have an approach that seems to question why a referral is being made. It would be good to have clear thresholds and criteria to inform when carers and/or third sector organisations should be making a referral.

*This will be the first meeting with a member of the NHS Trust's new top management team, a golden opportunity for us all to find out what's going on, and to make our presence felt (in case you'd forgotten, we are the ONLY Lancashire-wide mental health carer group.) PLEASE TRY TO GET TO THIS MEETING IF YOU CAN. We can help with transport costs or lifts, and pay for lunch for anyone short of cash at the moment.*



**Key afternoon speaker – YVETTE MCGURN, PRINCIPAL SOCIAL WORKER, LCC ADULT SERVICES** Yvette will speak to us about **HOARDING** particularly as a safeguarding issue, and how current policies and strategies can address this.

Thanks to everyone who made it to our 10<sup>th</sup> anniversary tea party, and special thanks to Marjory's Catering from Darwen who provided such a delicious selection of sausage rolls, sandwiches and cakes. Lovely to see the professionals who took time out of their busy schedules so that we could thank them for all the support they've given us– in this photo (left to right) Doug Feery, barrister, Mark Winstanley, Rethink's Chief Executive, and Allison Mellor, who is the service lead for the Community Mental Health Teams based in Accrington and Nelson.



**NEWS FROM  
LANCASHIRE  
CARE NHS  
TRUST**

It is disappointing to read the latest CQC inspection report, published on September 11 2019, and to see that the overall rating is still 'Requires improvement' in the areas of safe, effective, responsive and well led. Some quotes: significant concerns about patient safety, privacy and dignity and the functioning of the mental health decision units within the mental health crisis services/ the trust was not providing consistently safe care within the acute wards for adults of working age and psychiatric intensive care units /there were not sufficient numbers of suitably trained staff/ an acute care pathway that did not function effectively/ the trust did not have a strategy or service model for the care of people with a personality disorder. **However**, 'We rated 10 of the trust's 14 core services as good overall. Staff were kind, caring and motivated to provide the best care and treatment they could for patients.'

You'll find a summary of this report at <https://www.cqc.org.uk/provider/RW5/inspection-summary#overall>

A particular concern for some of our carers is **planning for discharge**. This should be started as soon as possible when someone is admitted to hospital, to give plenty of time for a Care Act assessment by social care staff, and for the resulting care plan to be put in place before someone is discharged.

**CARERS CAN BE A VITAL FACTOR IN ENSURING THAT THIS HAPPENS AS IT SHOULD** – get in touch with us if you need support to ensure on the right procedures are followed.

**Information pack for people receiving care in the community:** we were proud to be able to showcase these at our tea party display. These packs are currently being given out by Care Coordinators in Burnley and Pendle, and will be thoroughly evaluated from service user and carer feedback. The packs contain a comprehensive information booklet, a business card with key phone numbers, and an explanation of the CPA process. Several of our group members helped to produce these packs, and we'd like to thank LCFT's Allison Mellor and Clare Benson for driving forward such a vital support.



Do you know who is supposed to provide which mental health services?

Can you identify which needs are SOCIAL CARE and which are CLINICAL? These days they're very separate.

Don't waste time chasing the wrong team. If you're CONFUSED, ask us for more explanations.

## A new dodge to take your money – don't be fooled!

**This is likely to be the new PPI-type scandal:** People in our situation are particularly vulnerable to this unscrupulous practice, as it concerns the mis-selling of trusts and is happening here in Lancashire at the moment (and across the country). As most of our members know, we've done a lot of work in the group to help people set up a discretionary trust to protect their loved one if they're likely to inherit a significant sum of money. This is entirely above-board, ensures welfare benefits are still paid, and gives us peace of mind that what we leave to our relatives won't be spent unwisely.

Rethink has its own Trust Corporation and several years ago engaged Steve Howells of Arcadia Legal to explain and help us navigate the process. Steve has given us a number of talks about this, so the word 'trust' is one which we're already tuned into.

So when one family received a cold call from a "law firm" offering a quick and simple way to set up a trust, they were understandably keen to see what was on offer and invited the 'agent' from this firm into their home

The agent came, was very nice, gave them a lot of posh brochures they didn't have time to read, railroaded them into signing a customer service agreement, and left after two hours with **over £5000** of their money for massively overcharged "legal" documents which they absolutely didn't need. This was a very different kind of trust from the ones we've talked about in group meetings. It was sold as a way of protecting the value of the house from being used by the council to pay for residential care in old age. But you can't actually do this, you might lose the house altogether, and in any case the number of people likely to have to pay a lot for nursing care is *very* small.

Steve compared it to, for instance, a stranger knocking on your door and offering to re-plaster your ceiling 'just in case it falls down some time in the future'. A sensible sum for the legal work that the family above really needed, done well by a reputable lawyer, would be **about £400!!!**



Using the word differently, Steve is definitely a lawyer we can *trust*. And his advice is:

- NEVER respond to cold calls. Reputable law firms just don't do this
- Don't sign anything without thinking about it long and hard first
- Get a written quote with full details for the work proposed
- Consult with organisations you can trust, such as the Rethink Advice and Information Service
- Be suspicious of anyone who asks for money up front
- Do not pay anything until the work has been completed to your satisfaction

You can find more information about the right kind of trust at <https://www.rethink.org/advice-and-information/carers-hub/wills-and-trusts/>

and a comprehensive factsheet in the carers section of the factsheet list which is at <https://www.rethink.org/advice-and-information/browse-all-topics/>



**Some people we can trust:** volunteer first responders from the ambulance service, part of a British Heart Foundation scheme to train people in what's best to do when someone stops breathing. Deryck and Chris gave us a brilliant session at our August meeting, not sure how good we all were but, as they said, anything you can do in this situation will be better than nothing. In the afternoon we had another superb session from Matthew Lin, one of the Trust pharmacists. We hope to summarise the information he gave us in the next newsletter – but one key point you might want to know *now* is that you can ask for a pharmacist to be present at the CPA meeting



Draft guidance  
for carer  
support from  
NICE

## Unpaid carers need more support to cope with financial and emotional stress

NICE has published new draft guidance which aims to improve the wellbeing of adults who provide unpaid care for people over 16 years old. The recommendations emphasise what local authorities and health and social care practitioners can do to support carers. For practitioners this involves identifying people who are unpaid carers so they can direct them to the appropriate financial, social and emotional support that is available.

The guideline advises practitioners to encourage carers to discuss supportive working arrangements with their employers. This might include flexible hours or providing a private space to take personal phone calls.

**Professor Gillian Leng, deputy chief executive and director of health and social care at NICE, said:** “Many carers are not aware of the help available to them, therefore it’s important that health and social care practitioners are at the forefront of identifying and supporting them. “Caring for a loved one can bring a whole host of responsibilities and worries. This guidance hopes to address those concerns and ensure that carers feel supported enough to provide the best possible care for those they look after.”

The guideline also calls on health and social care commissioners to ensure replacement care services are available locally so carers can stay in, enter or return to work, education or training.

Approximately 6.5 million carers in the UK are unpaid with 3 million balancing work with caring responsibilities. It’s estimated that unpaid care saves the UK £132 billion a year in care costs but a recent report by Carers UK found that more than two thirds of carers are using their own income and savings to cover the cost of care and two in five say they struggle to make ends meet. Currently, a carer’s allowance is £66.15 a week which equates to £1.89 an hour. You can find the full guidance at <https://www.nice.org.uk/guidance/gid-ng10046/documents/draft-guideline>

### ROYAL COLLEGE OF PSYCHIATRISTS GUIDANCE ON PRODUCING EVIDENCE TO SUPPORT PIP/ESA CLAIMS

The following is taken from the Royal College’s website (<https://www.rcpsych.ac.uk/improving-care/campaigning-for-better-mental-health-policy/other-policy-areas/social-inclusion/personal-independence-payment-providing-clinical-evidence?searchTerms=providing%20evidence%20for%20ESA%20PIP> )

Unlike assessment for Disability Living Allowance (DLA) which was done as a paper application only, the assessment for Personal Independence Payment (PIP) is usually carried out as a face-to-face assessment by a health professional. As with Employment and Support Allowance (ESA) assessments people often find these processes distressing and the assessments carried out may not be accurate resulting in claimants not being given the benefits for which they are eligible. Practitioners may be asked to provide supporting evidence for people making a claim for PIP (or appealing against their decision). The provision of accurate and well-focused evidence can be of considerable value in assisting in the assessment process and ensure that people are not denied the benefits for which they are eligible.

To help with this we have created some guidance (pdf) that clinicians may helpful in compiling their reports. This guidance may be useful for psychiatrists, other mental health practitioners and general practitioners and some examples of reports (pdf). The assessments for PIP include a points-based system for judging the applicant’s ability to carry out a range of daily living and mobility activities. Further information on these activities and descriptors are given in Personal Independence Payment Activities and Descriptors Some (PIP) rules and meanings that relate to the Activities and Descriptors (pdf). This is one of two sets of guidance that we have produced for mental health practitioners providing reports for people applying for Social Security benefits (the other is for Employment and Support Allowance (ESA)) and we would like to receive any comments or suggestions to improve it. We would appreciate any helpful feedback from practitioners and others.

**Resources** Rethink 'It’s broken her’ Assessments for disability benefits and mental health