

Physical and Sensory Impairment Partnership Board
15 June 2009, 10.00am-2.30pm
Conference Room 3, Building 2, North London Business Park

Minutes of the Meeting

Present:	
Kate Kennally (KK)	Co-Chair, Deputy Director, London Borough of Barnet (LBB)
Mohine Guinness (MG)	Co-Chair, Ex PCT Ward Manager
David Pearce (DP)	Co-chair Middlesex Association for the Blind
Caroline Chant (CC)	Joint Commissioner for Older Adults and Physical and Sensory Impairment, Barnet Council / Barnet Primary Care Trust
Alan Brackpool (AB)	NHS Barnet
Dexter Hanoomansingh (DH)	Director of Disability Action in the Borough of Barnet (DAbB)
Marie Bailey (MB)	Physical and Sensory Impairment (PSI) Service Manager, Barnet Council
Paul Baldwin (PB)	Barnet Disabled for Independence and Social Contact (BDISC) Flightways
Stella Henriques (SH)	Carer's Representative
Simon Meredith (SM)	Service Development Manager, Barnet Independent Living Service (BILS)
Karen Lewis (KL)	Advocacy in Barnet
Sue Smith (SS)	Safeguarding Adults Co-ordinator
Elaine Roberts (ER)	Partnerships and Governance Officer, LBB
Amisha Sheth (AS)	Programme Support Officer, LBB
Apologies	
Caroline Seitz	MS Society
Emily Bowler	Communications Manager, LBB
Mira Goldberg	Barnet Sign Language
Jon Higgs	Team Leader, Adult Social Services, LBB

1. **Welcome to new members**

Mohine Guinness was welcomed to the board, she will be co-chairing the meetings in future, along with Dave Pearce.

Simon Meredith, Service Manager for BILS was welcomed to the board.

2. **Apologies, minutes and matters arising**

Matters arising –
Action from previous minutes.

Caroline Chant updated the board members on areas of development and also about what work she has been doing in the last 2 months of her post:

- Initially she has been working on priorities already identified such as the floating support tender and the sheltered housing proposals
- She has visited BILS and met with Simon to gain an understanding of the issues
- She is working through the PSI commissioning strategy with a view to identifying current key priorities – which could form the basis of a forward plan for the Physical and Sensory Impairment Partnership Board (PSIPB).
- She has been undertaking work on reviewing the PSI and Older Adults Partnership board
- As Joint Commissioner she spends time at Edgware Community Hospital and is undertaking an induction programme.

Work with housing – extension of handyperson scheme and Safer Homes bid.

Regarding feedback from carers representatives

- we need to have 2 carers representatives on the boards. We are currently not meeting the targets for the number of representatives required. MB explained that all the Partnership Boards are currently being reviewed to ensure

fairer representation. JP explained about the User and Carer Engagement project that is being carried out by the commissioning team regarding user involvement.

MB updated the PB about the hearing advice service, saying that it hasn't been progressing as quickly as she would have liked.

The minutes of the meeting were agreed.

3. **Group Work Session** **Vision Strategy and Consultation on Strategy**

Dave Pearce explained the strategy to the board, that all people should have the same services in the UK. DP asked for the board to go through the document together and then discuss.

The board members split into two groups and were asked to look at two strategic areas and to see if they felt that anything was missing from the document:

- Live at home, Overcome sight difficulties, Go out into the community, Access Information and Services

- Stay Healthy, Retain their Dignity, Have a Voice, Independence (Employment)

The two groups then discussed the different areas and suggested the following to be added to the document -

Group One

Live at home – added training in how to use equipment and support for carers.

Overcome Sight Difficulties – added speed up of service, GP Surgeries- raise awareness re early diagnosis with GP.s- they should be promoting visits to opticians, get the GPs on board, to do

direct referrals, and link to support services. AB agreed to find out who deals with this area and check the contract or service level agreement for opticians. Emotional support, e.g. parents of children with a visual impairment. Link with BDISC and others.

Go out into the Community – Links into environmental health and other departments, audio description (Cinema).

Group Two

Stay Healthy – more input from community policing. Environmental issues, such as poor practice (e.g. disabled toilets and baby changing areas are not compatible, audio equipment on crossings, keep steps in good order.. Talking buses need to be switched on at all times – what is the policy on this

Retain their Dignity –

Have a Voice –

Independence (Employment) - Transition services – needs more work. Being able to access courses is an issue, if the course is in the evening it is a problem. In order to get back to work, people need to re-train.

Action

Any further additions to Strategy to be forwarded to DP.

PSI Team have been doing work on benchmarking, and a work flow audit which needs to be incorporated into the strategy. More work is needed on the needs analysis which needs to be cross referenced with the Joint Strategic Needs Assessment (JSNA).

Telecare – people don't use it

DP requested that if anyone thinks of any more ideas/suggestions for the document, can they please email them to him.

SH added that regarding 'Living at Home' the main people to be consulted are the social workers as they are the frontline staff dealing with

people.

DP pointed out that he is currently waiting for some feedback from Marie about areas of importance and then he will bring all the information together.

4. **Update on Improving Services for the Deaf Community - Event**

DP explained that there have been a couple of planning meetings, where they are putting together a questionnaire for people who are deaf/hard of hearing. There is going to be an event in November where all issues that have been raised through the questionnaire will be discussed. This will then be the basis for a strategy. The date for the next planning group meeting is 29 June at NLBP. The plan is to have a draft questionnaire ready to go through at this meeting.

MB said that she feels this event is a really good idea and would like to do the same for visual impairment in the future.

5. **Our Life newsletter**

Paul Baldwin spoke about the next edition of the newsletter and said that all articles for this should be forwarded to Emily Bowler by 25 June, and then it will go to design.

There will be articles on Day Opportunities and Employment, the new manager for BILS, and there will be an item on supported living written by a client.

MB said that it would be really good to promote supported living in the newsletter. CC will liaise with PB regarding this.

Action

CC to liaise with PB re supported living promotion.

The following issues also need to be addressed –
Health and Social Care Services – Louise is to forward item to EB.

Expert Patient Programme – not received as yet.

Empowerment and Choice – DP to forward to EB.

BDISC AGM – PB is working on this with Shirley.

Mira has sent the dates to EB for partnership boards, supporting carers, Carers Nurse and Deaf Forum.

MB said to PB that the newsletter should not be a burden. The idea is for the partnership board to make the contacts and then forward them to PBI, so that they are working together. The deadline for items for the newsletter is 29 June.

DH said that he would like to contribute to the newsletter and will write an article about what Access have been doing. He will liaise with EB and PB about this.

Action

DH to write article for newsletter.

6. Safeguarding

Sue Smith, the Safeguarding Adults Co-ordinator in Barnet, spoke about safeguarding to the board.

She explained that all the safeguarding work is informed by the 'No Secrets' document. All local authorities need to have in place a policy and procedure to protect vulnerable adults. There is also a Safeguarding board, which is chaired by Glynnis Joffe, Assistant Director, Adult Social Services. There is also a service user forum, which includes all the main client groups, including deaf service users and people with a sensory impairment, and they are always looking for more people to join. There are 5 main areas.

Audit

Communication – there is an accessible leaflet and also a poster campaign running in Barnet. They still need to get information out to people, particularly those who are deaf/hard of hearing.

Training – they are responsible for delivering training to all people in Barnet. They need to monitor how it is delivered and if it is effective, and involve service users.

Providers – there are a large number in Barnet.

Joint Working - dealing with all interface issues including police, children and parents.

KK asked the question “What has been happening around alerts/issues coming up?”

SS responded that they are working on ways to encourage people to come forward and report abuse, the numbers are still low for PSI, and this is a concern. The highest is Older Adults and then Learning Disability. There is still a lot to learn. The current main theme is referrals involving drug/alcohol in the family, as these are more at risk.

SS asked the board for their input on what themes /elements are there to consider more closely. KK said that there are low numbers for sensory impairment and also very low for HIV. SS said that it is still a challenge around how to get the information/message out to people in an accessible way.

SH asked about Safeguarding from the carers perspective? She said that people feel frustrated and wouldn't come forward to a person in authority to report this. Sue explained that most of the information they have is relating to learning

Action
DP to work with SS

disabilities, and they need to know more about other groups.

regarding
Safeguarding

KK pointed out that it is very important that people know what to do about abuse/reporting abuse and asked the board members what they feel they can do to start addressing this?

The responses were that -

Organisations need to include information about Safeguarding in their magazines and also that service users should be invited to attend Safeguarding boards. DP will work together with Sue on these issues.

More Safeguarding training courses are needed. SS asked what if they went to people to provide the training, rather than people having to come to them, although most of the training they provide is at NLBP. DP said that they could include as part of their training for people to attend a Safeguarding course.

SS explained that they are keen to go back to basics, i.e. communication and respect to ensure that people are not at risk of not being heard.

DH explained that at DAaB they have used the Safeguarding toolkit in their training and have also put publicity for 'Say No' in their newsletter. DH said that more can be done and they need to plan to reach the wider community.

The Homecare Forum needs to be more involved. Barnet Carers Centre have just appointed a PSI Officer, and will need to liaise with SS around Safeguarding issues. SS explained that there is a carer's rep on the Safeguarding board from the Carers Centre, who will do some training.

KK asked about continuing care, as PSI is complex, are there any issues? e.g. live in carers/utilising direct payments. Alan Brackpool said that safeguarding is an area of weakness in the NHS, and that they will be doing more work on this.

KK suggested that SS uses the Continuing Care Panel as a way of informing people about safeguarding issues. And also, that key points need to be identified in people's care pathway.

KK asked Mohine and Paul for their thoughts on what had been discussed about Safeguarding: PB said that they have the posters, but find that the problem is getting people to read them. SS said that Safeguarding examples are explained clearly in the leaflet. There is new legislation coming out in November which will enable people to be able to check a carer on the website, and also check that staff are suitable. This website will include approximately 9 million staff, and will be up and running as from November.

KK felt that advocacy is not as strong as we would like it to be, and that it is up to us to ask initially whether advocacy involved. KK feels it is really important that people are able to take preventative action, and that this should be embedded in our safeguarding approach.

SS is to work together with MABB, and to attend the Deaf/Hard of Hearing event in November. DH to pass information to SS regarding the carers network to enable her to work with them around Safeguarding issues. Points to be identified in people's Care Pathway. SS is to produce a one page fact sheet for partnership board members with a link to the procedures on the website.

Action

SS to work with MABB and to attend Deaf/Hard of Hearing event in Nov. DH to pass info to SS re carers network. SS to produce fact sheet for PB members

7. Centre for Independent Living - update

There was a very detailed discussion and a lengthy briefing paper is attached as a separate document (appendix 1). In summary:

The development of the Barnet Centre for Independent Living is a complex project with a number of strands. A sustainable business case for a Centre for Independent Living (CIL) needs to be developed. Options for the capital funding of such a project need to be considered. Options for the future of the current building (which required substantial repairs) also need to be decided. The development of the CIL will be user led, but will be supported by the council, for example, via capacity building and project management support. The council also needs to decide what services it wishes to commission.

A meeting has been arranged for 14 July of the coalition group for the Centre for Independent Living (CIL). This meeting needs to consider:

- A 'wish list' for a CIL- the services and location.
- A headline specification
- Who will be in the group, and the governance arrangements
- Role of the council

The role of the PSIPB will be to maintain an overview, test out ideas, as key stakeholders sit on the Board.

8. Induction/support for members

This item arises from a discussion between Kate, Mohine and Caroline, about being a member of the board and what members might find helpful. This is to ensure that when people join the partnership board that they have an induction

and support. She asked the board what they think that new members might find helpful? Suggestions were - an induction/information pack, structure chart, names and telephone numbers, terms of reference. Also a job description, so that the board member feels supported.

SH asked if it is voluntary role, is a job description necessary? KL responded that it is more about what is expected from both sides, and would therefore be beneficial to both.

Action
Board
Members to forward ideas to ER and CC.

The board members were asked to forward ideas/suggestions for the job description for new members to ER and CC. CC would then prepare a document to send out to board members for discussion.

9. Stroke Grant

Caroline Chant explained that all councils have received a stroke grant, which will be spread over 3 years. Last year the grant was spent on 3 key themes: the provision of a specialist social worker, individual care package and funding to voluntary organisations, especially to stroke survivors from BM groups. The BILS also received funding. CC asked the question, do the Partnership Board have views on how the money could be spent this year, are there gaps? Suggestions already include stroke pack for front line workers, contribution to transport for stroke group attendees.

Action
Board to forward comments to CC.

KK reported to the board that Hackney council had built into their stroke service 'Lifestyle and Health Support' for people with a disability, with access to diet clubs etc. Barnet could look at this as an option, with a service such as BILS.

The board members were asked to forward their comments to CC.

10. Prevention Framework

This document has been commissioned by Social Services, so that we can identify the resources going into prevention, mainly through funding of the third sector. The priority is to review the resources and see how they be best used to support prevention activity. We need to take a fresh look at what has been done previously. A document has been drafted and will be available on the website. A letter is to be sent to providers regarding this. The board members were encouraged to read the document and comment.

11. Agenda items for Physical Disabilities for future meetings

All board members were asked to look at the different issues and put forward those that they would like on the agenda for discussion at the board. Marie asked the board to think about who should be invited to the board to give presentations. The board should always involve group work. Some of the items we already have for the next board are a presentation on Employment and Training from Jon Higgs, Libraries, job role and specification for CIL.

KK wants the board to focus on carers and this should be an agenda item. JP will speak about the User and Carer Project brief. MB would like there to be HIV input and will invite African outreach workers to the board, KK will discuss with the NHS if this subject is to come to the PSI board.

Action

KK to discuss with the NHS if the issue of HIV is to come to this board.

12. Any other business

None

13. Date of Next Meeting –

Wednesday 16 September 2009, 10.00-2.30pm,
Emerald Suite, Topaz (room), North London
Business Park.