

Physical and Sensory Impairment Partnership Board
16 November 2012
Conference Room 2, North London Business Park
Minutes of the Meeting

Present	
Alison Asafu-Adjaye (AA)	Sense
Marie Bailey (MB)	Head of Service (Access, Hospitals, Disability) Adult Social Care and Health, Barnet Council (Board Co-chair)
Paul Baldwin (PB)	BCIL /BDISC
Caroline Chant (CC)	Joint Commissioner for Older Adults and Physical and Sensory Impairment, Barnet Council/NHS NCL: Barnet
Andrew Cox (AC)	Middlesex Assoc for the Blind (MAB) (Board Co-chair)
Stella Henriques (SH)	Carer Rep (Item 3.5 onwards)
Shailja Kumar (SK)	Stroke Association
Simon Meredith (SM)	Barnet Independent Living Service, Your Choice Barnet
Margaret Nolan (MaN)	Carer Rep
Michael Nolan (MiN)	Service User Rep
Selina Rodrigues (SR)	Community Barnet
In attendance	
Michele Eshmene (ME)	GP Practice Managers Forum (Item 4)
Jeremy Nixey (JN)	My Care My Home (Item 6)
Glen Crosier (GC)	Barnet Council (Item 8)
Amisha Lall (AL)	Barnet Council (Item 9)
Rachel Williamson (RW)	Barnet Council (Item 9)
Vittorio Graziani (VG)	Barnet Council (Item 10)
Jessica Akosah (JA)	Barnet Council (support)

Secretariat	
Karina Vidler (KV)	Partnerships and Governance Officer, Barnet Council / NHS NCL: Barnet
Apologies	
Manik Bapat (MkB)	Barnet Council (Item 4)
Representative	Barnet Carers Centre
Alan Brackpool (AB)	NHS NCL: Barnet
Mike Fahey (MF)	Barnet Libraries Service
Mira Goldberg (MGo)	Barnet Deaf Community Rep
Mohine Guinness (MGu)	Service User Rep (Co-chair)
Jennifer Pearl (JP)	Advocacy in Barnet

1 **Welcome and apologies** **ACTIONS**

AC welcomed members to the meeting.

2 **News Items from Members**

Members reported that:

- MiN's local GP is setting up a resource centre.
- BILS has been partly refurbished.
- The Stroke Association has gained funding for work with younger stroke survivors.
- Barnet LINK has met with the Barnet Clinical Commissioning Group (CCG) regarding patient access to GP surgeries and is taking its work in this area further.
- MAB has successfully celebrated its 90th anniversary, and has received funding from City Bridge Trust to provide an employment service.

3 **Updates**

3.1 **BCIL**

PB reported that:

- There is a high probability of a 12 month extension to the Right to Control trailblazer project.
- Barnet Cabinet Resources Committee has agreed to an extension of BCIL's peer support service.
- The Information, Advice, Advocacy and Brokerage (IAAB) Service is working well, but not

- enough people are using the service.
- BCIL is recruiting to director posts.
- BCIL has agreed to work jointly with Barnet Council Adult Social Care and Health (ASCH) to encourage more people to take up direct payments.

Action 1 Consider how to increase referrals to BCIL IAAB Service **All**

3.2 Carers Strategy

CC reported that:

- The Carers Strategy has been updated and is on the council's website.
- The re-launched Carers Forum will next meet in January 2013.
- GPs are now able to prescribe breaks for carers.
- A Hospital Discharge Co-ordinator for carers has been recruited.

3.3 NHS NCL: Barnet

CC reported that:

- The Barnet CCG continues to move towards authorisation. Full information about the CCG can be found on its website:
<http://www.barnetccg.nhs.uk>
- NHS NCL: Barnet continues to address the same issues, with overspend by acute providers being an ongoing priority.

3.4 Newsletter

PB reported that:

- the first newsletter crossing the PSI, Older Adults and Mental Health Partnership Boards was issued in September.
- PB has ideas for the next newsletter, which is due to be issued in March 2013.

3.5 Hearing Impairment Surgery Pilot

CC reported that:

- The first session for the BSL Tuesdays Deaf Support Service will be on 27 November 2012.
- Sessions will take place on the last Tuesday of

every month, at Julius Newman House.

- The service is aimed at deaf British Sign Language users and deafblind people living in Barnet, all faiths, aged 18 plus.

It was noted that people attending the pilot surgery who are deafblind and aged 60 plus can be referred to AA, but a communication issue for deafblind people aged under 60 has been identified. MB stated that the review of the 6-month pilot, which was set up for deaf people, will look at meeting identified gaps.

4 Improving access to GP Practices for people with sensory and physical disabilities

- 4.1 ME advised the Board that Mira Goldberg's report on access to GP surgeries on Barnet will be considered at the practice managers' forum on 27 November. The Board requested feedback on how the forum will take the report recommendations forward.

Action 2 Report back from the practice managers' forum to PSIPB. **ME**

- 4.2 AC reported that MAB has asked MGo to re-visit the GP practices featured in the report, and will fund this.

- 4.3 There was a discussion on the key points to include in guidance on good practice for access to GP surgeries for people with disabilities. Points made by members are recorded in the Appendix.

Action 3 Provide any further comments to KV within one week. **All**

Action 4 Send guidance sheet ME. **CC**

Action 5 Take draft guidelines to the practice managers' forum and report back to PSIPB. **ME**

- 4.4 AA reported that Action for the Blind has produced a video for GPs.

Action 6 Establish whether PSIPB can obtain and distribute this. **AA**

- 5 Update on neurology services audit**
CC reported that results are awaited of an audit of the neurology rehabilitation service provided by the Royal Free Hospital.
Action 7 Arrange for a presentation on the audit to a future meeting of the Board. **CC**
- 6 Presentation on My Care My Home (MCMH)**
6.1 CC introduced MCMH, a new initiative providing information and advice to people who need care and are not eligible for social care support. It was noted that Barnet Council has formed an arrangement to refer such people to MCMH, to address an identified gap in advice and support.
- 6.2 JN provided details of the service and there was a discussion. It was noted that MCMH provides advice to people in all settings including their own homes, care homes and hospitals, and to people of any age. The Board welcomed MCMH as a source of support when people are required to make decisions on care quickly at challenging times in their lives.
- 7 Presentation and discussion on Self Directed Support (Personal Budgets)**
Members noted Barnet Council guidance on Self Directed Support (Paper 1).
- 8 Information Advice Advocacy and Brokerage (IAAB) Strategy Refresh**
GC informed the Board that Barnet Council's IAAB strategy is being updated to reflect significant strategic developments in the provision of IAAB. GC invited Board members to be involved in the work, reported on a workshop held on 1st November and encouraged Board members to the next workshop, on 6th December. SH agreed to be consulted on the work, together with her husband.
Action 8 Circulate workshop report to the Board, and liaise with SH **GC**

9 **Market Position Statement**

AL advised the Board that Adult Social Care and Health is developing a Market Position Statement for social care in Barnet. This key document for providers and service users will set out where the Barnet market is now and the future direction of travel. ASCH is keen to hear the views of service users and providers, through a micro-site on council's website from early December and through workshops in January.

Action 9 Circulate link to micro-site to the Board and members, when available.

AL, KV

10 **PSI Improvement Plan**

VG advised the Board that ASCH has been looking comprehensively at ways of improving PSI pathways and enhancing the quality and efficiency of services. The aim is to make sure that people are supported in ways that are cost effective and to offer a personalised service. This work has included:

- ensuring that people receiving services have an annual re-assessment
- developing partnerships, linking PSI services together
- developing and investing in services
- identifying people in residential services who wish to live in the community and assisting them to do so, looking at aids and adaptations.
- developing a Telecare and Telehealthcare strategy.

11 **Update on Barnet Vision Strategy Group – Development of a Barnet Vision Strategy**

11.1 AC summarised progress on the initiative to localise the UK Vision Strategy to provide a strategy appropriate to Barnet. It was noted that:

- the project has produced a draft document based on a template used in other boroughs and incorporating local data.
- This is being developed into a local strategy defining the services appropriate to visually impaired Barnet residents.
- A number of specific service areas are being

looked at, including services provided when a person first experiences sight problems, and services available in the community when a person is discharged from hospital.

11.2 AC expressed confidence in the validity of data, which has been drawn from a number of sources including documents published by Barnet Council, RNIB and other national organisations.

11.3 CC stressed the need to avoid overlap and to look at how the initiative fits with existing work on visual impairment. AC assured the Board that this is in hand.

12 **Update on Voiceye**

The Board noted (Paper 2) and that ASCH has decided:

- not to look into Voiceye at this time, and to improve access to information for people with visual impairments in other ways.
- to look into Voiceye again and similar forms of technology in 18 months.

Some members felt that ASCH research on the potential use of Voiceye has been too narrow and has underestimated the use of smartphones by visually impaired people.

Action 10 Take this back to ASCH, and report back to the Board's next meeting. CC

13 **Workshop to finalise PSIPB Workplan 2012/13**

Due to lack of time, this item was deferred to the Board's next meeting.

14 **Discussion on attendance at Board meetings and adoption of minimum attendance requirement for members and co-chairs**

Due to lack of time, it was agreed that this item would be dealt with by the co-chairs.

15 **Minutes, Matters Arising and Actions Review**

15.1 The minutes of the last meeting were approved as accurate, except for the omission of one agreed

action:

Action 11 (Item 10.2.3) Find out whether space will be available in Friary House for use as a Visual Impairment Surgery.

CC

15.2 **Matters Arising**

15.2.1 Item 8.3 It was noted that there is a facility on the Council's website to change text fonts.

Action 12 Report to Corporate Communications the Board's view that faint text on the Council's website can be difficult to read and needs to be more user friendly.

CC/KV

15.2.2 Board request for briefing on equality in the NHS

Action 13 Provide any questions that members would like to be answered in the briefing to KV

All

15.3 Actions were reviewed as recorded in the updated Actions Log.

16 **Agreement of 3 key messages to share with other Partnership Boards.**

Due to lack of time, this item was deferred to the Board's next meeting.

17 **Any Other Business**

17.1 It was noted that Community Barnet plan to set up a PSI Network, and agreed to discuss this at the Board's next meeting.

17.2 MiN reported difficulty in obtaining replacement hearing aid batteries, having been advised that these are no longer available from Finchley Memorial Hospital, as the hearing aid was issued at Royal Free Hospital. AA reported that her clients are also being told by clinics and hospitals that they cannot issue replacement hearing aid batteries.

Action 14 Look into this issue.

CC

17.3 SM advised that Board that Boots Opticians has a

limited fund which can pay £40 on a one-off basis for people requiring BSL support for appointments.

Date of next meeting

Friday 25 January 2013, 10.00am – 1.00pm

Poplar Meeting Room, North London Business Park

Appendix

Key Points for Best Practice Guidance for GP Practices on Access in Relation to Disability

General Points

- All staff to undergo disability awareness training.
- Provision of parking areas for Blue Badge holders.
- Wide automatic opening entrance door and/or entry phone reachable from a wheel-chair.
- Walk ways and passages free of obstruction with sufficient turning space for wheel-chairs.
- Split level reception desk. Lower level convenient for wheel-chair users.
- Newsletters and information sheets to be available in a variety of formats (easy read, large print, giant print, Voiceye and CD on request).
- Firm high back chairs with arms to be available in the waiting room and consultation room. (Second chair to be available in the consultation room for carer or escort).
- Offer all patients with disability a needs assessment. The result of this to be placed as an alert on the front of the patients' record and on the receptionists' computer as a reminder to GP/nurse/staff.
- Reception staff to always ask a patient with disability if there is anything they can do to help them.
- Functioning loop system.
- Toilet for patients with disability.
- Surgery staff to speak directly to the patient and not to the carer or escort unless this is absolutely necessary.
- Remind patients with disability when appropriate, of the home visit option.
- Negotiate with pharmacist arrangements for home delivery of prescriptions when this may be appropriate.
- Communication needs:(eg: blind people cannot see to read information, VDU, medication, could use pen-friend for blind people's prescriptions).

- Ensure that it is recorded on a patient's record when the patient has consented to GPs sharing information and speaking with a carer / other person.

Three key recommendations from Access Barnet report that should go in the guidance for GPs to improve access to their services for deaf and hard of hearing patients.

- Make alternative methods available to enable deaf and hard of hearing people to book appointments eg. SMS mobile phone text messaging, email and online booking. This information should appear in all publicity materials, such as leaflets, letters and on websites.
- GPs/hospital doctors should take extra care and time to explain how to take medication and offer supporting information, e.g. information sheets, clarifying the diagnosis and instructions on how to take medication.
- Staff training for GP surgery reception staff should include basic communication tips such as maintaining eye contact, providing a paper and pen if needed, speaking clearly, and an awareness of the different types of deafness and variances in communication.