



Partnership Board

Physical and Sensory Disability Partnership Board

Minutes

Thursday 31 May 2012

Those in attendance:	
Maureen Armitage	Buckinghamshire Alliance of Neurological Organisations
Patricia Birchley	County Councillor - Cabinet Member for Health & Wellbeing
April Brett	NHS Buckinghamshire
Andrew Clark	Bucks Disability Service (BuDS)
Steve Goldensmith	Lead Commissioner Housing, Housing Related Support and Prevention
Sharon Griffin	
Amy Moore	Alcohol Commissioner Co-ordinator
Dr Maggie Murphy	CNRS
Charles Owen-Conway	BSVAB
Michael Quinlan	Action on Hearing Loss
Bharti Quinn	BCC
Paul Rogerson	Cabinet Spokesman - Health & Wellbeing
Jane Taptiklis	NHS Buckinghamshire
Louise Wakelam	Chilterns MS Centre

No	Item
1	<p>Apologies for Absence / Changes in Membership</p> <p>Apologies for absence were received from Sue Brooks, Ronel Murray, Elaine Norris, Christopher Reid, Julie Richardson and Janine Thomas.</p>
2	<p>Minutes from the Previous Meeting and Matters Arising</p> <p>The minutes of the meeting held on the 29 March 2012 were agreed as a correct record after the following amendments had been made;</p> <p>Page 15 – Item 8, National Benefits update Paragraph 2, sentence 4 Capacity to be amended to incapacity</p> <p>Page 16 Remove paragraph 4 PIP is shaping up etc.....</p> <p><i>Matters Arising</i></p> <p>Page 17 Confirm if comments about the letting of Advocacy Service to a private sector organisation from outside the county have been passed to AFW. Action: Christopher Reid</p> <p>Page 13 Diagram from the Prevention Matters Programme to be obtained Action: Christopher Reid</p>
3	<p>Five Ways to Wellbeing</p> <p>April Brett, Public Health Principal, Oxfordshire & Buckinghamshire NHS Cluster gave the following overview of the Five Ways to Wellbeing Campaign;</p> <p>The main focus is mental health as 1:4 people experience mental health problems at some point during their lifetime. Mental illness represents the single largest cause of disability. Costs in England were £22.5 billion in 2007 (NHS, Social & informal care) to increase by 45% to £32.6 billion in 2026.</p> <p>Mental wellbeing is having a sense of wellbeing and being able to participate in the community and is interplay of individual, economic, social, cultural, community & environmental factors.</p>

Objective 1: more people will have good mental health. Key areas;

- Starting well
- Developing well
- Living well
- Working well
- Ageing well

Evidence – an extensive recent review of literature found that wellbeing is positively associated with various positive health outcomes. Studies have shown that the prevalence of good moods predicts working days lost through illness, likelihood of stroke and of cardio vascular disease.

The aim of the campaign is to gain a positive shift in population mental health spectrum.

The scope of public mental health work is;

- Primary prevention – wellbeing for the whole population
- Secondary prevention – early intervention with high risk groups
- Tertiary prevention – treatment and recovery

The focus of this campaign is primary prevention – promoting the wellbeing of the whole population.

There are five things we can all do every day to improve the way we feel;

Connect with other people

Relationships are quite fundamental. Time should be taken to chat to others, to connect and build a relationship and participate socially

Be active – find an activity you love

Keeping active boosts a sense of wellbeing

Take notice of the world around you

Take time to have a 'sense of being in the moment' i.e. a nice day and have an awareness of thoughts and sensations.

Keep learning – try something new

The continuation of learning through life has the benefits of enhancing an individual's self esteem, encouraging social interaction and a more active life.

Give a smile, a hug, some time...

Do something for others even at the most basic level i.e. smiling or on a more formal level volunteering.

The communication objectives of the campaign are;

- To raise awareness of the Five Ways to Wellbeing as a way to promote mental health and wellbeing
- To encourage individual and community participation in the existing services/programme that relate to the five ways
- To promote the reputation of Buckinghamshire as a place to live and work

Consultation has taken place with Bucks Association for the Blind and the Royal National Institute for the Blind (RNIB) about colourways and text size to be used in the branding materials. A flower symbol has been used with each petal representing each of the five ways.

More information can be found via the following links;

Mental Wellbeing Self Assessment

<http://www.nhs.uk/tools/pages/wellbeing-self-assessment.aspx>

Five Ways to Mental Wellbeing

<http://www.nhs.uk/livewell/mental-wellbeing/pages/five-ways-mental-wellbeing.aspx>

Mental Wellbeing

<http://www.nhs.uk/livewell/mental-wellbeing/pages/mental-wellbeing.aspx>

Buckinghamshire Wellbeing website

www.buckinghamshire.nhs.uk/wellbeing

After the update the following questions were raised and points made;

How are those with hearing impairment/loss able to access information about the campaign and are there any plans to translate the information into other language(s). There was no segmentation/targeting for this campaign. It is general adult population focused. Working Group will be contacted to provide a response to the question about translation.

Action: April Brett

Concern was expressed that the campaign now appears to be geared towards mental health rather than the original coverage of all aspects of wellbeing i.e. obesity, drinking, smoking etc. The Five Ways to Wellbeing campaign is specifically focused on the promotion of mental health wellbeing to the general population. There

is no change in the original focus of the campaign.

What is the primary audience for the campaign? The primary audience is the general adult population.

Are resources available to support individuals who are in a degree of distress as they are not best equipped to take action? The campaign is public health funded. The branding of materials etc has taken place in conjunction with various other partners. The issue of resources, funding and communication needs to be discussed with commissioners. The webpage links with the Healthy Mind service and some other local web links where more support at the secondary level of intervention might be found.

How does this campaign fit into the backdrop of austerity i.e. benefits review/reconfiguration of services. Is there any work taking place to evaluate the impact of external factors? Jane Taptiklis advised that the recession has had an impact and mental health services have found themselves overwhelmed. Statutory services are also mindful of the impact. There is a push from the Government for this campaign to also be available for those with long term conditions as it known to be harder for individuals to recover if they also have depression. It may be useful to invite the team leading the next stage of the campaign (Healthy Minds) to a future meeting.

Action: Christopher Reid / Sharon Griffin

Mental health wellbeing is about improving the quality of life before individuals step over into health issues.

Awareness of the campaign and signposting needs to take place in GP surgeries. All GPs have been briefed about the campaign and indeed a GP lead was involved in the Working Group.

Is it possible to see a more strategic document which looks at the actions by the County Council and NHS and measures these actions against the outcome shown here? The purpose of the Health & Wellbeing Board is to look at actions and outcomes in an overarching way.

4

Section 106 Funding and the Prevention Matters programme

Steven Goldensmith, Lead Commissioner Housing, Housing Related Support and Prevention Commissioning & Service Improvement Adults & Family Wellbeing took members through a PowerPoint presentation

on the Prevention Matters programme, highlighting the following key points;

The Council in conjunction with partners from health, district councils, the voluntary and private sectors, as well as people living in the community have been engaged in developing a model to deliver prevention and early intervention services. The Council has been working with the Innovation Unit, an independent social enterprise, in the planning phase. It was necessary to start investing in preventative services due to an increase in local needs and a decrease in funding.

The primary aim of the prevention programme is to:

- promote independence
- prevent or delay the deterioration of wellbeing resulting from ageing, illness or disability
- delay the need for more costly intensive services

The aim is to keep people out of statutory services for longer. The focus would be on secondary prevention, for people already dealing with difficulties. Earlier intervention work might follow on from this.

The model being used has five principles;

- Motivating & Enabling
- Intelligence (building up intelligence data to demonstrate value for money)
- Bridging (between organisations, professionals and communities)
- Connecting people (social networks are vital for keeping people independent)
- Maximising existing resources

There has been a four month period of co-production with the statutory and voluntary sector etc. Connecting with people is crucial as there are resources and services in the community which are sometimes not accessed.

The new system implements four components;

Community Links Officer (CLOs)

Community Links Officers would work with organisations to bring about service improvements, ensure training was up to date and to build capacity. The CLOs would gather data and feed back to the commissioners. The CLOs are a bridge between the community and the formal systems working with individuals and organisations to provide greater resources and services in the wider community

Community Prevention Workers (CPWs)

Community Prevention Workers (CPWs) would support individuals in the community, and be based in GP localities (two in each locality). GPs would then refer patients to the CPW. Work would take place face to face with the client and the GP to find services in the community and improve engagement. This could be just signposting to groups, short term interviews and providing those with moderate learning disabilities with ongoing support etc.

Intelligence Hub

An intelligence hub would be built up, to pool data on clients and outcomes, and to tie this information to funding. The current funding was only available for three years.

Volunteer Hub

The basis of the model is to provide more support for volunteers. An administration assistant will be recruited using funding from the CRB. A volunteer hub would maximise the recruitment of volunteers, both formally and informally (i.e. neighbourliness). This matched the idea of the Big Society. Existing volunteer resources would be maximised and volunteers from different organisations would be encouraged to communicate.

Job descriptions and job specifications had been developed for the CLO and CPW roles, and total investment in these roles over three years would be £2.3m (out of a total budget for the model of £4.1m over three years).

There is the following funding allocation;

- Intelligence hub - £300,000 (7.5%) for people and ICT
- Volunteer hub - £550,000 (14%) – includes the development of volunteering activity including befriending and Time Bank.

After the update the following questions were asked and points made;

The numbers shown in the presentation are significantly lower than Department for Work and Pensions figures for those in Buckinghamshire claiming incapacity sickness or disability related benefit. Even though someone is claiming benefits it doesn't necessarily mean that they need further support.

Concern was expressed that national research has shown that the Department of Work and Pensions (DWP) pays money to individuals who the NHS and Social Care are not aware of due to data protection.

To what extent are existing resources being looked at to capitalise or support the programme and what steps are being taken to

avoid duplication as some organisations pool volunteer drivers. It is part of the remit of the Community Links Officers (CLO's) to find out what resources are already available and to identify any gaps. CLOs are also able to approach organisations to ask for their help in providing support.

When does the Prevention Matters programme start? It is hoped that the programme will start in September and will tie in with the brokerage model.

A similar programme around dementia has taken place in Buckinghamshire which has been flagged as good practice. It is all about investing early as is the ethos in Buckinghamshire.

It is important that the programme is community driven rather than 'top down'. Parish Councils need to be more proactive in encouraging management in their local areas. The membership of the Working Group includes representation from the District Council.

5 Day Opportunities

Bharti Quinn, Joint Commissioning Manager, Learning Disability Integrated Commissioning gave the following update;

In March 2011, Cabinet approved the transformation of Day Services across Buckinghamshire. There are a number of national drivers behind this transformation i.e. personalisation, efficiency, savings, choice and control, under utilisation of Day Centres and meeting the changing needs and aspirations from the traditional model of delivering services to one that is more flexible, creative and innovative. There are currently 22 day centres provided by the Local Authority across the county.

The drive towards Self Directed Support gives the individual more choice and control over the type of services they receive by receiving a Direct Payment.

The transformation of Day Services is a four year project with four project streams. The 22 day centres will be replaced by 6 new day opportunity centres which will be located in key areas/localities across Buckinghamshire. The procurement process will take into account the buying and procurement of care and support services for the six new day centres.

Service Users are currently being reassessed for eligibility and their needs are being reviewed. The four year programme will include a high

level transition plan for all services and clients. Those who no longer receive services in the day centres will receive services in the community via the brokerage service. The market place will be developed so that a flexible choice of community alternative services are available. This work will also include identifying, demand, gaps and meeting need.

The future plans for property are as follows;

Well Street Day Centre in Buckingham

The existing building will be redeveloped and refurbished. Feasibility plans have been agreed. The aim is for the centre to be open in autumn 2013 with capacity for 28 clients. The new model will be more community based with rooms available for the provision of other health services.

The Hartwell Centre, Aylesbury

Planning has been submitted and the provision of services is now out to tender. It is envisaged that construction will commence in July 2012 with completion in August 2013.

Burnham Resource Centre, Burnham

Plans for redevelopment of the site are almost finalised

Seeley's House, Beaconsfield

Significant construction work is not envisaged as the building is in good condition

Orchard House, High Wycombe

Discussions are taking place about the development of the existing site.

Amersham/Chesham

Options for alternative sites are being investigated.

After the update the following questions were asked and points made;

BuDS were given the assurance two years ago that the development of independent living would be part of the day opportunities review. There is no mention of independent living as part of the information received today. The centres are not purely day centres. There is the expectation that the provider running the centre will be flexible and will work with other partners to provide a range of services. If independent living services are necessary in the community, the providers would be expected to integrate this service.

Concern was expressed about the transformation of day services resulting in fewer centres in a wider catchment. It is therefore

essential that transport issues are taken into consideration. Care managers carry out assessments to look at how individuals are able to access day centres which takes transportation into account. There is a separate assessment process for transportation needs and costs.

Concern was expressed that the brokerage takes too long and there are too many people are involved in the process. The issue of time management around the brokerage process is being addressed at Program Team meetings and work is also taking place with the brokerage time to minimise time.

Will self funders (particularly those with neurological conditions) still be able to use brokers and what would the cost be? One challenge providers are facing is the provision of an affordable costing model and work is also taking place to look at how all clients can be reached. The continuation of the use of brokers and the cost are to be advised.

Action: Bharti Quinn

6 Strengthening Transitions Arrangements, Multi Agency Protocol and Pathway

Amy Moore, Joint Commissioner Transitions took members through a PowerPoint presentation highlighting the following key points;

The Special Educational Needs (SEN) Green Paper which sets out the Government's plans to reform health, social care and education for children with disabilities and SEN in England has been published nationally. The Government has announced that 10 pathfinders, covering 31 local authorities and their Primary Care Trust (PCT) partners, will test out the main proposals in the SEN and disabilities of the Green Paper with the potential of the paper becoming a Bill.

The purpose of the transitions protocol is;

- To ensure that disabled young people with complicated needs receive appropriate co-ordinated support to help them move from adolescence to adulthood
- To set up planning and review processes
- To clarify which young people should be offered support to through the planning process
- Provide guidance on both practice and process for professional involved in the planning process
- To provide general information for young people and carers

The aims are;

- To enhance the transition process for disabled young people and

their parents/carers

- To gain commitment of all key partners (working with various interpreters during the process)
- To ensure the feedback from disabled young people and their parents/carers is at the centre of service improvement

The Protocol has been signed off by the Multi Agency Strengthening Transitions Arrangements Board. Transitions will cover those aged 14-25.

Social Care and Adult Care have different age transfers which causes difficulty in health etc when individuals do not all transfer at the same time. Adult Social Care is willing to assess individuals at the age of 17; therefore part of the Protocol is the need to start planning a lot earlier.

Is the transitions program just a local authority incentive? No the program is multiagency and the final document should feature all of the partner logos.

Is the transfer age from adolescent care to Adult Social Care set by the Government? Yes the Government set the transfer age whereby Adult Social Care responsibility begins at 18 years of age even though education can potentially continue a lot longer. If the individual is in education, Adult Social Care has the responsibility to become involved and carry out an assessment.

Has the equality act been missed from the legislation and is it possible to clarify whether individuals with a statement of special educational needs or those with complex needs are required to go through the Protocol. Patients and carers have advised BuDS of their concern that it is far more difficult to access services than it used to be and that they have also been affected by the changes to benefits.

What does the success and outcome of the Protocol look like? The outcomes are predominantly linked to four areas around preparing for adulthood. There are also health links into the community, relationships, employment, vocational opportunities and potentially independent living. Work is taking place around implementation and work in practice. Success is not necessarily about accessing Adult Care Services. It is about looking at using person centred review planning, training schools and parents to carry out facilitation.

Concern was expressed that when individuals reach the age of 19 they go into community head injury services and lots of individuals with Acquired Brain Injury go into Learning Disability

facilities and never come out. Headway has received funding from the Roald Dahl trust to try to identify those with acquired brain injury. Jane Taptiklis advised that continuing care needs to appear as an issue of transfer and a smooth transition is needed for those with complex needs. A meeting is to be arranged with the PCT Continuing Care Commissioner.

Action: Amy Moore

7 Buckinghamshire Safeguarding Vulnerable Adults Board Annual Report 2010/11

Charles Owen-Conway, Independent Chairman, Bucks Safeguarding Vulnerable Adults Board (BSVAB) was welcomed to the meeting.

Members were advised that the fourth annual report of the Board (2010/11) has been published. The target for 2012 is to finish and publish the report by September within six months of the final year end but this is reliant on partners and contributors.

The BSVAB is a multi agency partnership with 12 member organisations. Through the partnership the Board has access to a large network of health, housing and social care providers from approximately 200 organisations. Membership now also includes representation from the Fire and Ambulance services and carers and service users.

The objectives of the BSVAB are;

- scrutinise and monitor activities across Buckinghamshire to understand the definition of vulnerable adult.
- To identify people at risk, put in harm's way or subjected to harm and look at what action needs to be taken, either away from or in the home.

The success of the Board has seen an increase in the number of alerts received. The scope of the Board includes preventing abuse. Protection of vulnerable adults is also vital and removal from a vulnerable situation to a place of safety.

A major piece of work has taken place on strategic management training and learning to try to ensure safeguarding in the widest form and to understand agencies and carers etc.

Approximately 1000 alerts were received in 2010/11 with 300 requiring further action. The view is that the more alerts received, the better the

BSVAB and partner organisations are doing their job. The BBC television programme 'Panorama' broadcast in June 2011 catalogued a series of cruel and unprovoked abuse carried out by staff at care home in Bristol. This gave a reminder of the absolute need to ensure that potential abuse is recognised and action taken to protect the most vulnerable in our society.

There are six main areas of operation to provide a means of reducing the risk of abuse:

- Promotion, through raising awareness;
- Prevention, through robust employment practices and working with communities and mainstream providers
- Protection – robust multi-agency policy and procedures and standards of best practice
- Monitoring
- Promotion of learning
- Partnership working

There is an awareness campaign and major communication exercise is taking place throughout the County. Links with the media include the Buckinghamshire Examiner and Advertiser featuring a six week rolling campaign and a radio interview with Mix 96. Work is also taking place with Trading Standards to build up a series of stories to highlight areas of risk as the embezzlement of individuals cannot be underestimated and can spiral out of control.

The consistent message is the safeguarding is everyone's business and potential incidents should not be ignored.

Further information can be accessed through the website, including guidance and where to go for help and guidance.

<http://www.buckinghamshirepartnership.co.uk/partnership/sva/bsvab.page>

After the update the following questions were asked and points made;

What is the definition of the age group that the BSVAB is trying to reach and does the Board membership include representation from key stakeholders from the business/retail as retail staff have the opportunity to be vigilant and play a role in safeguarding. The BSVAB are not trying to reach a particular age group. A promotional campaign took place in Friars Square, Aylesbury. This came about after an incident whereby a person in a wheelchair who was left in a shop by a carer became agitated and a member of staff contacted the

safeguarding alerts team.

Is there any information or guidance on detailing with safeguarding incidents on the BSVAB website? The simple answer is consistency and action in a timely manner. Case studies have been published and work is taking place with Trading Standards to address this issue.

Concern was expressed that some individuals are worried about potential ramifications or reprisals as a result of reporting safeguarding incidents. Any calls received by Careline are absolutely confidential and the process is managed very carefully.

Does the majority of safeguarding alerts come from service users, staff or businesses? The majority of alerts come from carers, both personal and professional. A breakdown of the types of abuse, gender ethnicity, age profile and outcomes is included in the annual report.

How do individuals with communication difficulties i.e. hearing impairment make a report to the safeguarding team and are there case studies available. The safeguarding team are to be contacted for clarification of the process.

Action: Charles Owen-Conway

BuDS has previously worked with the BSVAB to look at the safeguarding needs of smaller voluntary organisations as the procedural model was designed for larger organisations. Because of the plethora of voluntary organisations there is also the challenge of trying to find one person to represent all organisations. A tool kit has therefore been provided to voluntary organisations which provides basic knowledge of safeguarding and links to services available and engagement work is ongoing. A stakeholder forum also takes place on an annual basis.

The Disability Alliance is starting to see a significant amount of neglect occurring through loss of benefits and the long appeal process. Preventative Medicine Strategies have also resulted in the unlicensed nature of disability suppliers passing on client names and addresses etc therefore creating risk. The suggestion was made of the local Safeguarding Board working more closely with the Department of Work & Pensions to address this issue. It is having the awareness and availability to ensure whatever the potential reason behind the vulnerability of the adult, the incident should still be channelled to the Safeguarding Team.

8 National Benefits update (standing update)

Andrew Clark, Chair of Trustees, Bucks Disability Service (BuDS), gave the following update on National Benefits;

There is continued migration of those claiming Incapacity Benefit to Employment and Support Allowance (ESA). The percentage of individuals receiving a permanent award is declining (previously 11% now 7% nationally). Those claiming ESA is expected to increase to 4%. There is a worry about the trend in claiming income related support as previously individuals were on incapacity benefit a disability related benefit not an income related benefit.

For those of working age, Personal Independence Payment (PIP) will replace Disability Living Allowance (DLA) in 2013/14. There is a broad consensus among national disability organisations that those on the lower rate of care will lose DLA altogether. There is also the possibility of approximately 40% of those on the middle rate losing DLA. Those with no clear diagnosis or a variable condition were most at risk.

The following questions were asked and points made;

Community Mental Health nurses are asked to carry out assessments on individuals with Mental Health issues. Does this happen in all areas of health? The benefits decision should include taking the advice of a suitably qualified medical professional into account i.e. physiotherapist but it is up to the individual to provide this information/evidence. A study carried out by Headway has shown that medical evidence is taken into account by DWP is less than 40% of cases. As a result of the study, a formal investigation is being carried out by the DWP. Individuals are able to make a formal appeal to change a decision which they feel is incorrect. There appears to be an increase in the number of benefit decisions overturned by the DWP decision maker. The assessment for PIP has been put out to tender and the criteria is being looked at.

The overall view is that there has been a substantial increase in those seeking funding for care which has placed enormous pressure on health.

Individuals with hearing impairments are vulnerable and their needs may be mis-represented. The appeal process has a tight timeline of four weeks for the individual to complete otherwise the benefits may stop and the individual will need to reapply.

Concern was expressed about those with complex needs and the change to the benefits system resulting in an increase of visits to

	<p>GPs.</p> <p>Concern was also expressed about those on housing benefit being affected by the changes i.e. if an individual loses Incapacity Benefit and goes onto Income related benefit this could result in the rent arrears with the Housing Association and legal proceeding started.</p> <p>Where can people go for advice about changes to benefits? The Citizens Advice Bureau is able to provide advice but unfortunately there may be a long response time as there are only two Disability Advisors available.</p> <p>Access to benefits advice is critical. Discussions have taken place with a large amount of funders/providers who have advised that they will not provide or fund benefits advice as it is the statutory responsibility of the DWP to help individuals claim the benefits they are entitled to.</p> <p>The potential effect of the changes to benefits is almost a safeguarding issue which needs to be addressed. Some individuals who have had a stroke do not have the capacity to make their own decisions.</p> <p>The DWP has produced a succession of drafts of regulations. The Government has advised that capacity of an individual should not be part of the scope for making a decision about benefit eligibility. The decision should be disability based.</p>
<p>9</p>	<p>Any Other Business</p> <p>No items of other business were raised.</p>
<p>10</p>	<p>Date of the Next Meeting</p> <p>The next meeting of the Board will take place on Thursday 26 July 2012, 10.30am, Seminar Room 1, Green Park, Aston Clinton.</p>

Chairman