



Physical and Sensory Disability Partnership Board

Minutes

Thursday 31 January 2013

Those in attendance:	
Maureen Armitage	Buckinghamshire Alliance of Neurological Organisations
Ian Barham	Buckinghamshire Manager for the 2012 Games
Patricia Birchley	County Councillor - Cabinet Member for Health & Wellbeing
Andrew Clark	Bucks Disability Service (BuDS)
Debi Game	Bucks SUCO
Sharon Griffin	BCC
David Keston	Carer/Service User
Ronel Murray	AFW, Service Provision
Elaine Norris	Department for Work and Pensions
Sarah Pady	BCC/PCT
Michael Quinlan	Action on Hearing Loss
Christopher Reid	Joint Planning and Commissioning Manager
Paul Rogerson	Cabinet Spokesman - Health & Wellbeing
Andrew Shipley	Bucks Vision
Zoe Sutherland	Breathe Easy
Tony Upward	OWLS



No	Item
1	<p>Apologies for Absence/Changes in Membership</p> <p>Apologies for absence for received from Sue Brooks and Stephen Archibald.</p>
2	<p>Minutes of the Previous Meeting and Matters Arising</p> <p>The minutes of the meeting held on the 26 November 2012 were agreed as a correct record.</p> <p>Matters Arising</p> <p>Page 5 – Report on Hate Crime The new Police and Crime Action Plan is currently out for consultation. Link to be circulated to Board Members. Action: Andrew Clark/Sharon Griffin</p> <p>Page 10 – Dignity in Care The Delivering Dignity Action Plan is still in draft form awaiting sign off by the Adults and Family Wellbeing Board. Once the Action Plan has been agreed it will come to the PSDPB for comments. Action: Christopher Reid</p>
3	<p>2012 Olympic/Paralympic Legacy programme for Buckinghamshire</p> <p>Ian Barham, Buckinghamshire Legacy Manager, was welcomed to the meeting.</p> <p>Mr Barham explained that he was appointed Buckinghamshire Manager for the London 2012 Games to ensure the county was prepared for the events at Eton Dorney and Stoke Mandeville in 2012.</p> <p>There was an incredible array of success during the Olympics and Paralympics which included;</p> <ul style="list-style-type: none">• 30,000 visitors to Eton Dorney• 90,000 residents took to the streets to welcome the Olympic and Paralympic Torch Relay• Over 80% of Buckinghamshire Schools became Members of the Get Set Education Network giving them free tickets to the Games.• The Reactive Bucks campaigns have supported an increase of over 3% in sports participation in the county between 2006 and

2012.

- The Driving Inspiration project is aimed at raising awareness of the Paralympic Games by bringing school pupils into contact with Paralympic athletes and disabled artists, working with them to produce a piece of art based on the story of the athlete and the artist. To date 500 children have been involved in learning more about the Paralympic Games from 20 countries

In preparation for the Flame Festival Celebration at Stoke Mandeville on August 28th 2012, Buckinghamshire County Council and Aylesbury Vale District Council worked with BuDS (The Buckinghamshire Disability Service) to undertake the first phase of the Stoke Mandeville Way, a 2.4 kilometre accessible route between Aylesbury Town Centre at Stoke Mandeville Stadium.

Stoke Mandeville is recognised as the birth place of the Paralympic sport and was recognised in the naming of the Paralympic Mascot (Mandeville) and in the creation of the Paralympic Flame.

The next challenge is the delivery of a post games legacy programme. A high level strategic group has been established. Proposed membership includes Adrian Moorhouse (Chairman) and representatives from Bucks County Council, District Authorities, Health and Sports and Voluntary Business Sectors. The group met for the first time in December 2012 to steer the next phase of activity. The programme will be delivered around the following seven operational strategic priorities;

- Co-ordinating the positive use of the Stoke Mandeville Brands and Paralympic heritage
- Driving inward investment, job creation & enterprise – Assisted Living & Healthcare technologies
- Delivering a permanent sporting, cultural and health legacy for Buckinghamshire
- Developing a framework for enhancing volunteering & community support
- Promoting Bucks as a base for major international events and developing a stronger focus for disability sport
- Developing Bucks as an accessible & welcoming destination for visitors
- Continuing to inspire & educate a generation

Strategic priority 1 is the coordination of the positive use and promotion of the Stoke Mandeville Brand and Heritage which includes

- ensuring a link with the International Paralympic Committee (IPC) to secure the Paralympic Flame Lighting Ceremony will be hosted

at Stoke Mandeville for all future winter and summer Paralympic games.

- Relocation of Poppa Guttmann Memorial Statue
- The production of a master plan for Stoke Mandeville Stadium Site redevelopment

During discussion, Members asked the following questions and made the following comments:

A member said he was very impressed with the ambition, role models and intentions of the programme. The Paralympics have demonstrated the potential that disabled people have and can achieve with the appropriate support, resources and training facilities. There are role models in other walks of life not just sports i.e. educational setting. Is the programme going to raise awareness and provide support to enable disabled people in other walks of life to achieve their potential and what tools could be provided to benefit training and coaching? One of the primary aims of the programme is to provide a learning resource and support to the disabled residents of Buckinghamshire. The programme will initially focus on sport & culture but will be extended across a range of other services.

Service provision is driving up the quality of new developments and District Council planning policies. A greater concern is private sector building control and how this can be influenced. Are those who are responsible for policy implementation aware of their moral responsibilities etc. In many cases, planning regulations are already in place in Local Authorities and are not always as strongly enforced as they could be. Part of the Action Programme is to get some Development Control Leads together to ensure full implementation of planning policies. Aylesbury Vale is an area of greatest growth in the UK. We need to ensure that standards around disability are not at the minimum but that Aylesbury Vale is seen as an area of best practice.

Has there been user involvement in the master plans and will there be access to these plans. Ian Barham explained that a meeting has been arranged with Andrew Clark, BuDS to discuss who needs to be involved in the programme and key areas where the biggest differences and influence on policies can be made.

The involvement of disabled people is key to this programme. More details are required so that disabled people can be involved i.e. members of the PSDPB, SUCO and other disability organisations in Buckinghamshire. A copy of The London 2012 Strategic Priorities, Key Programmes and Activities (circulated with the

agenda) gives an outline of the initial work programme and framework.

Andrew Clark advised that BuDs has been involved with the Paralympics from the early stages including writing a strategy to address the access needs for disabled people at public events. The strategy was used during the Paralympics but there are still a large amount of problems to address. There is concern that the vision and ambition relies on perception. There are so many potential trip wires which make the vision always fragile. The Buckinghamshire Legacy Steering Group is committed to the programme. It gives the opportunity to be at the heart of policies for Buckinghamshire. There are a lot of resources available to help, share and process information. The challenge is to meet all the needs of people with disabilities.

The Cabinet Member for Health and Wellbeing expressed concern of possible duplication of work in Buckinghamshire. She explained that she had recently met with Mark Ormerod, Bucks Sport and who appear to have a lot in common (workwise) with the Legacy Steering Group. Ian Barham said that both Mark Ormerod and Roger Fennemore from Bucks Sport are part of the legacy board and that the two workstreams had many complementary objectives.

Is there a central access point of information for disabled people interested in exploring sporting opportunities? Parasport is a national database which has been designed to inspire, educate, inform and signpost disabled people and those interested in disability sport to their nearest resources. The website has the facility to enter their postcode to find a disability friendly sports club in the local area.

www.parasport.org.uk

There also needs to be inclusion at a national level to achieve the time frame set out in the programme i.e. with MP's. Are Buckinghamshire MPs involved are if so how is this being done? An initial meeting has taken place with Carl Etholen, Vice Chairman, BCC, Neil Gibson, Strategic Director, Place and Built Environment, BCC, Chris Kemp, Bucks New University and with David Liddington, MP for Aylesbury to highlight the ambitions of the county and further briefings are scheduled for other MP's. A discussion has also taken place with Tim Hollingsworth, Chief Executive of the British Paralympic Association. Membership of the Government Advisory Board includes the Prime Minister, Deputy Prime Minister and Chancellor.

Media coverage in other areas of the country is needed to support the programme. A full communication plan is being developed to link with national publications and broadcasters with an interest in this subject.

The Chairman thanked Mr Barham for his very informative update.

4 Deprivation of Liberty Safeguards / Mental Capacity Act

Sarah Pady, Joint Mental Capacity Act Co-ordinator and DoLS Lead, Supervisory Body and Safeguarding office was welcomed to the meeting.

Ms Pady began her update by explaining that her post is joint funded by Health and Social Care and is situated within the Local Authority. Part of her role is to look at the implementation of the Mental Capacity Act (MCA).

The MCA is now part of legislation/law which came into effect in 2007. It provides a framework to empower and protect people who may lack capacity to make some decisions for themselves. The MCA is applicable to individuals aged 16 years+ when there is a crossover from child legislation to adult legislation.

The MCA has five key principles:

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

The MCA is an important piece of future planning for individuals who are unable decisions at certain time.

With the process there is a Code of Practice which professionals and those involved with the individual are expected to follow. There is a framework to access the capability of the individual. Within Buckinghamshire Local Authority there is an assessment form developed to document the outcome of a capacity assessment.

Best Interest Checklist

Anyone making a decision on behalf of a person they believe to lack mental capacity must do so in that person's best interests. To work out

what is in the person's best interests, the decision maker must:

- not assume the decision should be based on the person's age, appearance, condition or behaviour
- consider if the decision can be postponed until the person has sufficient mental capacity to make the decision themselves
- involve the person who lacks mental capacity in the decision as much as possible
- find out the person's views (current or past), if possible, and take these into account
- consider the views of others, such as carers and people interested in the person's welfare,
- where appropriate, and take these into account
- not be motivated by a wish to bring about the person's death if the decision relates to life-sustaining treatment.

Power of Attorney

Anyone aged 18 or older who has the mental ability to make decisions for themselves can arrange for someone else to make these decisions for them in the future. This can be done at any time. This legal authority is called 'power of attorney'. There are two types of power of attorney – Property and Affairs and Health and Welfare.

If a person does not have capacity to appoint an attorney, then a request can be made to the Court of Protection by family, friends or professionals to be appointed as a deputy.

Assessments are time and decision specific. Each decision is looked at individually at the time. Some people might be able to manage their day to day finances well but they may lack capacity to make decisions in other areas of their life.

The Court of Protection is the final arbiter. If there is a dispute of care i.e. treatment is being withdrawn with which the family does not agree, they can go to the Court of Protection to challenge the decision. The Court of Protection will look at the circumstances of the individual at that time and make a decision based on the best interest of the individual.

A family can also challenge the Local Authority about the provision of local services. The Courts want to see that any issues around care have tried to be resolved locally; however a judge can make an interim decision at any time.

Section 44 of the MCA creates an offence of ill-treating or wilfully neglecting a person who lacks capacity. This applies to anyone helping a person who lacks capacity to make his or her own decisions and also

to deputies and attorneys. If a person is found guilty of ill-treatment or neglect they may face a prison sentence of up to five years and/or a fine. There have been some successful prosecutions in other areas of the County. This provides some degree of safeguarding and protection.

Deprivation of Liberty Safeguards (DoLS)

Sometimes, someone will need to go into a care home or hospital in order to get treatment, but will lack the capacity to make their own decisions about whether they want this. In order to prevent people being detained against their will inappropriately, the 'Deprivation of Liberty Safeguards' is part of the Mental Capacity Act 2005, and came into force in 2009.

The Deprivation of Liberty Safeguards are necessary to protect against unlawful deprivations of a persons liberty. If Health or Social services think that someone you care for needs to be deprived of their liberty in their best interests, and that person lacks the capacity to make the decision about whether they would like to accept services or care. If they are being held in a hospital or care home (which includes private care) and they feel as though they are being deprived of their liberty, DoLS should have been followed. If a Care Home or Hospital believes that they are depriving someone of their liberty, they must follow the DoLS process.

A Care Home can request an independent person to look into the case as and make an assessment as they have been deprived of their liberty and are not free to leave.

The MCA DoLS apply to anyone:

- Aged 18 and over
- Who suffers from a mental disorder or disability of the mind – such as dementia or a profound learning disability
- Who lacks the capacity to give informed consent to the arrangements made for their care and/or treatment

MCA DoLS covers patients in hospitals, and people in care homes registered under the Care Standards Act 2000, whether placed under public or private arrangements.

- The Best Interests assessment must be carried out by someone who is not involved in that person's care or in making decisions about it.
- The assessment must be made by at least two assessors - a best interest assessor and a mental health assessor. The supervisory body appoints the assessors, and they must have appropriate training and experience.

- Referrals for a DoLS assessment can be made via a Local Authority, Hospital or third party.

During the discussion, Members asked the following questions and made the following comments:

What is the role of a MCA Advocate? An Independent Mental Capacity Advocate (IMCA) has a key role within the MCA as they ensure that the person's views are represented, regarding decisions about the care and treatment of an individual who does not have any family members or friends to support them. An IMCA must be brought into when an individual is 'unbefriended'. IMCA's can also be used in the safeguarding process to offer support. In Buckinghamshire the organisation PohWER, provides an independent advocacy service. If a DoLS assessment is carried out for an individual who is 'unbefriended' they must have an IMCA to support them through the process.

Does this also apply to those in supported living service or are they supposed to go straight to the Court of Protection. Are Individuals in supported living also entitled to an IMCA? Individuals in supported living can also use an IMCA. If a Deprivation of Liberty occurred in a supported living environment, then the request should be made straight to the Court of Protection.

How are the decisions of those with extreme conditions such as Locked in Syndrome or Motor Neurone Disease managed as they have limited capacity to communicate, how is safeguarding applied and how are decisions made in terms of capacity. This also applies to end of life care. The case may need to go to the Court of Protection as it may not be able to be resolved locally. Clarification is to be obtained.

Action: Sarah Pady

With Locked in Syndrome and other debilitating illnesses there could be issues with Power of Attorney as the individual may not be able to manage physically but can manage mentally as the capacity to make decisions is still there. Part of the MCA is an assessment of capacity to ensure that the decision made is being understood by the individual i.e. communication via eye movement. If there is conflict over the decision, the best place to resolve this would be the Court of Protection. An emergency decision can be made. The Court is the final arbitrator to look at the best interests of the individual.

Who determines who is the decision maker? Legislation identifies the decision maker i.e. the Doctor or Nurse. An individual over the age of 18 years of age is viewed as an adult. Unless there is a Power of Attorney, the Next of Kin should not be involved in the decision being

made. The Code of Practice supports the MCA and provides guidance to all those who care for and/or make decisions on behalf of adults who lack capacity to make their own decisions.

Is it your job to encourage and enforce good practice around those individuals who have the capacity but not the ability to communicate due to medical incapacity? Sarah Pady advised that encouraging and enforcing good practice was part of her role. The MCA also applies to end of life care. If an individual has requested not to be resuscitated but lacks the capacity to make the decision, there should be a consultation with all family members and anyone else involved in the care to come to a Best Interest decision.

Ms Pady said that further information about the MCA and DoLS is available on the BCC website and can be accessed via the following links:

[http://www.buckscc.gov.uk/bcc/adult_social_care/planning_for_future.p
age](http://www.buckscc.gov.uk/bcc/adult_social_care/planning_for_future.page)

[http://www.buckscc.gov.uk/bcc/adult_social_care/deprivation_of_liberty
_safeguards.page](http://www.buckscc.gov.uk/bcc/adult_social_care/deprivation_of_liberty_safeguards.page)

Information leaflets from the Alzheimer's Society and Age UK are to be circulated with the minutes.

Action: Sharon Griffin

Sarah Pady's advised that she can be contacted by email at:

Spady@buckscc.gov.uk

Please send any general DoLS/MCA queries for the DoLS team should be sent to DOLS@buckscc.gov.uk.

The Chairman thanked Ms Pady for her update.

5 Wycombe District Council's review of services towards disabled people

This item was deferred to the April meeting as Councillor Pollack was unable to attend.

6 Department for Work & Pensions - Benefits update

Elaine Norris, The Department for Work and Pensions began her update by explaining that from the 8 April 2013 the Government is introducing a new benefit called Personal Independence Payment (PIP)

to replace Disability Living Allowance (DLA) for eligible working age people aged 16 to 64.

- PIP will be introduced in the North West of the county in April for new claimants. During this period new claimants in all other parts of the country will continue to claim Disability Living Allowance. From June 2013 new claims for Personal Independence Payment will come into effect in the rest of the country.
- The DWP will write to all existing DLA claimants in February and March 2013 with more information about PIP to tell them what their new benefit rate will be.
- Any claimants who have a reduction/disallowance will receive a telephone call from the decision maker asking if there is any further evidence they would like to be taken into consideration.
- From October 2013, if an individual reports a change in how a health condition or disability affects them, they reach the end of an existing award of DLA (and haven't already received a DLA renewal letter), or they are approaching the age of 16, the DWP will invite them to claim Personal Independence Payment.
- All claimants including those who have a lifetime award will be re-assessed for the new benefit (PIP).
- A new appeals process will also come into effect. Cases will initially have to be reconsidered by the DWP following which the claimant can lodge an appeal themselves to Her Majesty's Courts and Tribunal Service.

The assessment criteria for PIP have been finalised. There are 10 Daily Living Activities and 2 Mobility Activities against which claimants are awarded points.

PIP is payable in two rates:

Standard – a score of 8 plus points

Enhanced – a score of 12 plus points

During discussion, Members asked the following questions and made the following comments:

There are currently three rates of DLA – will those on the mid rate lose out? The reassessment is taking place to look at simplifying the process. Consultation has taken place with disability groups and

service users.

How does the criteria of daily living and mobility compare with standard and enhanced payments. Do claimants with high care needs and low mobility qualify for enhanced payment? There are two criteria under mobility. Each criteria is looked at and the claimant is scored accordingly against this i.e. how well they can do things without support.

There is the understanding that there will ultimately be a single payment for all claimants. When will existing claimants migrate to this and is there a handout providing further information. The new single payment is called Universal Credit. Unfortunately there is no handout on Universal Credit as yet.

Is a telephone call the only way of informing claimants of the decision about their benefit? A letter is initially sent from the DWP which will be followed up by the decision maker if there is any disallowance or reduction in benefit.

There are concerns that those with a hearing difficulty would struggle to understand information being relayed to them over the telephone. Text phone is also being used to contact claimants.

Will those with a hearing difficulty receive a note to advise them of this? Yes those individuals with a hearing difficulty will be sent a letter to advise them of this. Alternative ways of communication are also being looked at.

Key concerns are linked to the Appeals Panel Review. There is the worry that there will be a disproportionate representation of medical view and social view and not enough representation in terms of social feedback. There needs to be a fair balance of representation. Decisions are quite often overturned with additional evidence. The Appeals Panel Review is not part of the DWP so it is seen as an independent (court) process.

The process is envisaged as contact being initially made by telephone with straightforward questions being asked such as name, national insurance number, residential checks, place of residence (nursing home or hospital etc). The claim form will be completed and the claimant assessed against the criteria. There is the opportunity for the claimant to say how their condition affects them. Some assessments may be completed at this stage. Most will be asked to attend a face-to-face consultation. A Health Assessor (Atos) is able to give medical advice to help DWP decision makers reach an appropriate decision on entitlement to benefit. The DWP Case Manager reviews the evidence

they've received – including the report from the health professional. They make a reasoned decision on entitlement, level of award and the length of any award. A decision letter is then posted to the claimant. There is a maximum of 70 days for the decision to be made.

Has the assessment guidance and tool been publicised prior to the letter being sent to claimants so they can see the effect of the changes. There has not been any publicity of the assessment guidance and tool. Claimants will be sent a letter and a link to the information on the DWP website.

Could the county do anything to promote awareness of the changes? BuDs are already promoting the changes. They have made a large number of presentations to voluntary organisations in the last 12 months and they continue to do so. There are significant changes to the DLA and PIP but it is difficult to work out what the changes will be. An example is those with uncontrolled incontinence currently receive a higher rate of DLA. With PIP they will have to manage their incontinence unaided as they are not regarded as disabled. Points are only scored if assistance is required.

The context 'unaided' needs to be taken into account i.e. those needing help with a catheter should not be classed as 'unaided'. This has been taken into consideration.

There is also the issue of knowing how to fill the forms in correctly. Part of the role of the DWP is to engage with organisations to prepare them for the ongoing programme and upskill staff. There are 120 pages of assessment criteria which is mainly for those involved in appeals. Leaflets will be issued nearer the time.

DWP need to ensure that information is accessible in a format for all otherwise voluntary organisations could be put in an awkward position.

The DWP are looking at the accessibility of all products.

Can a claimant go to the DWP to talk about the letter they receive? The DWP are looking at all means of access to the claims process including signposting for those with hearing loss.

Link to the Disability Rights UK website to be circulated to Board members.

Action: Andrew Clark

There is concern about lack of recognition of a change to payment. If there is a change to the payment being made, will the claimant receive a text or telephone call to advise them of this The

letter from the DWP advises changes to be made to a benefit from the following month. The DWP will endeavour to try and contact all claimants who will have a disallowance or reduction in benefit due to change to PIP.

How will the process be managed? The DWP will manage the process the same as it does now but they will also try to put safeguarding measures in place.

Individuals with a sensory disability, mental health or learning difficulty may have a problem replying to a letter. The DWP will make follow up calls and reminders will be sent out.

What happens if the change in benefit results in hardship for the individual? Will there be signposting to appropriate services in the letter they receive. The letter from the DWP is notification about a change in benefit. The individual should contact Local Authority if they need extra support

Individuals such as those with a head injury or stroke victims lack awareness of how to carry out tasks such as completing forms. A lot of clinical time is being diverted to help individuals complete forms etc. The form can be completed by a family member or support organisation on behalf of the claimant.

During the initial telephone call will individuals be asked about the format they wish to receive information in – will there be a script to prompt this? Yes the caller will identify any issues of understanding and make a note of this.

Is it possible for an advocacy organisation to complete the forms and how direct are the forms? The forms have been simplified. They are still quite lengthy but the questions are not repetitive. At the end of February there will be a toolkit available on the DWP website and one of the forms will be part of the toolkit.

<http://www.dwp.gov.uk/policy/disability/personal-independence-payment/pip-toolkit/about-pip/>

There is concern about the reliance on the internet to find out information as those with a physical or mental disability may not be able to use a computer. There is a working organisation who are able to offer further advice which includes a small team who are able to visit and support the more vulnerable people.

Universal Credit will replace most of the benefits received by those of working age i.e. income support, JSA, Employment and support allowance. When Housing benefit ceases, claimants will be paid on a

monthly basis to replicate salary. There is the element of getting used to working within this budget accordingly.

Will Universal Credit be paid calendar monthly. Universal Credit will be paid four weekly. Pilots are being carried out to look at how individuals are managing making payment to their landlords.

Will users and carers receive a list advising how much they are receiving for each element of their benefit? The benefit will give details about personal allowance and rent etc. Benefits have been capped so that individuals are not better off claiming benefits rather than being in work. Universal Credit should have been introduced in April but this has been delayed. A pilot is currently taking place with London Authorities as more people are affected in the London area by the benefit changes. The Government announced an intention to cap total household benefits. The cap will be based on average earnings (after tax and National Insurance) of working families – £500 a week for couples (with or without children) and single parent households, and £350 a week for single adults.

Many households will be exempt from the cap including all households which include someone receiving a disability-related benefit: (Disability Living Allowance / Attendance Allowance / Personal Independence Payment / Industrial Injuries Benefit / support component of Employment & Support Allowance).

7 National Benefits update (standing item)

Andrew Clark explained that BuDs has been involved for a while with issues arising from the proposed changes to benefits. There has been some alarm at the size and number of changes proposed as taking place this year.

- A corporate County-wide response to the benefits changes has been encouraged as the change to income via benefits will have a knock on effect to Social Services etc. Bucks County Council has now set up a Task and Finish Group to look at the effects of the changes. Meetings of the group have taken place and the outcome has been reported to the Bucks Network. The residual budget has been tapped and a leaflet will be produced explaining the changes. This leaflet is designed for use by all front line staff in organisations across Buckinghamshire as well direct to residents to explain the changes. There will also be a publicity campaign via posters and email to try and increase awareness.
- BCC have commissioned an excellent report entitled 'Welfare Reform: Figures at a Glance' which gives a detailed statistical analysis of benefits claimants in Bucks, including disabled people

and jobseekers.

- National changes and Local Authority changes to Council tax benefit, and changes in the NHS will impact on vulnerable households at the same time. A cumulative impact assessment looking at the overall impact these changes will have on particular groups such as disabled or older people is being prepared by BCC with wide input, including from BuDS.
- Funding has been obtained for a programme of training for front line staff in the voluntary sector about benefit changes.
- There is a new information section about the benefits reform on the BCC website;
<http://www.bucksc.gov.uk/bcc/community/benefits-changes.page>
- Community Impact Bucks are carrying out finance literacy training for households that are affected by the changes i.e. benefits being paid to individuals in a lump sum.
- Main concerns are those individuals with a disability and households where there is a disabled person who currently receives a low rate of DLA care and/or mobility – there is a strong possibility of these individuals losing their benefit entirely. The ‘middle rate care’ claimants are also in the danger zone.
- The new disability benefits system is designed to support only with high support needs or severe disability. The current disability benefits model provides support to a much broader range of disabled people – this will change drastically after 2013.
- BuDS continues to increase awareness of the changes to benefits. The cumulative impact is now their main focus. Information workshops for individuals are also planned.

During discussion, Members asked the following questions and made the following points:

One of the biggest areas of concern is the possible loss of budget for Council Tax from the Government through non payment of council tax by individuals. The PSDPB needs to highlight this issue for the budgets next year.

Is there any protection for those who could have an unreasonable judgement made against them? Elaine Norris said that exceptions will be taken into account and the possibility of paying landlords directly is being looked into. The DWP are funding a Direct Payments Project to look at how to manage this.

BuDs are encouraging the production of a vulnerability index which includes details on accessibility circumstances and the grading of vulnerability. It would be good to have this information in the local

community to be able to see if those who are disproportionately affected and for support to be available in a crisis.

The County Council has produced a leaflet to make sure that advance notice is given to organisations affected by the new initiative i.e. disability organisations and to enable changes to be made within their own organisations to prepare staff and websites etc

There are increasing problems in Healthcare as more and more people are in financial crisis. Will staff be upskilled to be able to deal with this? Will seminars be provided? BuDs have made a presentation to the Clinical Commissioning Groups about the changes. The pressure on the Healthcare system has been recognised. This will be taken up at the next meeting of the Working Group.

Action: Andrew Clark

8 Dignity in Care (standing item)

Paul Rogerson, Cabinet Spokesperson – Health and Wellbeing advised that there were 100 attendees at a recent Dignity in Care day held in Buckinghamshire. Dignity in Care has been recognised as an increasing issue that needs to be addressed.

The Older Peoples Champions Forum is trying to develop a Dignity in Care Standard. There are currently 400 Dignity in Care champions. The aim is to increase this number to 700.

The main issue is how to use the Dignity in Care elements which are not being applied properly. The overarching question is how patients feel and look after their stay in an establishment. Did they feel safe, were their needs met and were they called by an appropriate name. There needs to be a contract in place to measure Dignity in Care Standards. There are more details to emerge.

During discussion, Members made the following comments:

- The Dignity in Care message needs to be strongly applied
- Health needs to be accountable
- Professional behaviour is expected from all

Mr Rogerson advised Members that this would be his last meeting as he is not standing for re-election.

The Chairman thanked Mr Rogerson for his contribution to the work of the Board.

<p>9</p>	<p>PSDPB Action Plan</p> <p>The action plan is to be updated. A column is to be added to confirm work that has taken place. The action plan will be circulated with the minutes</p> <p style="text-align: right;">Action: Chris Reid/Sharon Griffin</p>
<p>10</p>	<p>Any Other Business</p> <p>Workability website Bucks Business First (BBF) are helpfully and voluntarily helping to try to find a solution to the demise of the Workability website. It is not part of the role of BBF to secure its future. The PCT should be taking the lead. The Chairman will look into this further.</p> <p style="text-align: right;">Action: Chris Reid</p>
<p>11</p>	<p>Date of the Next Meeting</p> <p>The next meeting of the Board will take place on Thursday 28 March 2013, 10.30am, Main Hall 2, The Coach House, Aston Clinton.</p>

Chairman