

MEETING NOTES:	Learning Disability Partnership Board
DATE:	12 th March 2019
LOCATION:	Chacewater Village Hall, Church Hill, Chacewater, TR4 8PZ

ATTENDANCE

Name	Position	Organisation
Nuala Kiely (NK)	Partnership Boards Officer	Healthwatch Cornwall
Sophie Smith	Data Officer and Minute Taker	Healthwatch Cornwall
Christine Bateman (CB)	Advocacy Manager	Cornwall Advocacy
Deborah Rees (DR)	Screening Liaison Nurse for Adults with Learning Disabilities	CPFT
Jayne Kirkham (JK)	Cornwall Councillor	Cornwall Council
Lesley Saunders (LS)	Coordinator	Shared Lives
Paula Volkner (PV)	Transforming Care Programme Project Manager	KCCG
Sam Edwards (SE)	Interim Project Manager for Learning Disabilities and Autism	KCCG
Lynda Phillips (LP)	Carer Support Practitioner	CRCC
Tina Sandford (TS)	Adults Operational Services	Cornwall Council
Karen Holmwood	Carer Support Worker	CRCC
Vivien Maxey	Carer Support Worker	CRCC
Christopher Jordan (CJ)	Self-advocate	
Shelagh Mitchell (SM)	Liaison Lead for Learning Disabilities/Autism, CHAMPs and Safe Places Manager	Cornwall Council
Gary Bolitho (GB)	Self-advocate and Trustee	Cornwall People First
Andrew Gray (AG)	Self-advocate and Trustee	Cornwall People First
Julie Jamaa Ben M'Hand (JJM)	Diversity Communities Team	Devon & Cornwall Police
Nory Menneer (NM)	Clinical Lead and Programme Manager, Learning Disabilities	KCCG
Pam Godwin	Primary Care Liaison Nurse	CPFT
Neil Oats (NO)	Self-advocate	CHAMPs
Laura Keeper (LK)	Self-advocate and Trustee	Cornwall People First
Amy Claridge (AC)	Commissioner for Day	Cornwall Council

	Services, Respite and Shared Lives	
Hugh Evans (HE)	Health and Care Commissioning	KCCG and Cornwall Council
Ebony Rose (ER)	Self-advocate	CHAMPs
Heather Davidson (HD)	Carer	Parent Carer Cornwall
Anthony Dunn (AD)	Self-advocate	CHAMPs and KCCG

APOLOGIES

Name	Organisation
Andrea Gilbert	Cornwall Council
Aisling Khan	Isles of Scilly Council
Allison Kirk	CPFT
Anne Bowdler	CPFT
Colin Blandford	Cornwall Council
Colin Gameson	Devon & Cornwall Police
Deborah Thomas	Erya
Elizabeth Campling	Cornwall Council
Fliss Hedge	Cornwall People First
Gill Pipkin	Citizens Advice Bureau
Gordon Christie	Cornwall Advocacy
Graeme Jackson	Advance UK (Housing)
Graeme Plunkett	Cornwall Council
Gail Bishop	Cornwall Council
Jane Rees	RCHT
Jo Pyrah	Green Light PBS Ltd. Care and Support in Cornwall
Joanne Marks	Cornwall Council
Jane Nicholas	Cornwall Council
John Groom	KCCG
Jonathan Price	Cornwall Council
Leona Thorpe	Cornwall Council
Linda Byrne	CRCC
Steve Dymond	Self-advocate
Lynda Quee	Cornwall Council
Megan Julian	CPFT
Phil Confue	CPFT
Phil Hoare	Cornwall Fire & Rescue Service
Rebecca Arthur	Brandon Trust
Rob Rotchell	Cornwall Council
Rod Landman	Association for Real Change
Roxanne Sutherland	Cornwall People First
Richard Sharpe	Cornwall Council
Sharon Hambley	CPFT
Sharon Ashby	CPFT
Stuart Cohen	KCCG
Susan Bundy	Brandon Trust
Suzanne Wixey	Cornwall Council
Suzanne Leggett	Cornwall People First
Tasha Milton	Department for Work and Pensions
Tim Francis	KCCG
Jayne Price	CRCC
Chris Elliot	CRCC

Kirsty Luxton	CRCC
Joanne Buscombe	CRCC
Sue Waring	Cornwall Council
Laura Truswell	Mencap
Helen Childs	KCCG
Martin de St Aubin	Mencap
Scott Fuller	Isles of Scilly Council

ACTION LOG

<u>ACTION</u>	<u>RESPONSIBLE</u>	<u>COMPLETED</u>
NK to get in touch with Neil Carpenter to get his insight into UC issues nationally	NK	
DR to get list of jobcentre plus local numbers from Vulnerable Customer Network Meeting and send to NK	DR	
SM to send NK Steve Matthew's email address to possibly give talk at next LDPB	SM	
JJM to investigate LP's contact's situation and update board at next meeting with legitimacy of process	JJM	
HE to liaise with Martha Warrener and provide list of advocacy services (statutory requirement) commissioned by CC	HE/MW	
HE to take comment re. opt out for assessment advocate rather than opt in back to Cornwall Council	HE	
TS to report back to social worker teams the value of "opt-out" re. advocacy.	TS	
NO to find out how to access advice on advocacy from the Council without going online	NO	
TS to feed back to teams that forms and leaflets should be sent out with appointments and handed to clients after meetings	TS	
DR to find out the context of MH cases for people with LDs and feed back to NK. NK to liaise with Dr Rohit Shankar	DR/NK	
NK to liaise with LK re. transport issues at day services and to send these to AC	NK	
AC to take day service issues to in-house services manager at the Council	AC	
HD to send transport issues to NK who will liaise with Sandra Ward about the details	HD	
NO to send transport success story to NK to send on to AC	NO	

<i>Item</i>	<i>What was discussed?</i>	<i>Action</i>
1	<p>1.1 Recap of previous meeting's minutes:</p> <p>1 - NK to find Universal Credit (UC) roll-out date</p> <p>NK: All new claimants are being put on UC but there is no official end date for when all receiving benefits must be transferred to UC. The government announced on 19/02/2019 that they may change payments from monthly to weekly, as monthly payments were causing problems.</p> <p>2 - NK to circulate Cornwall Council helpline number for UC</p>	

<p>NK: I have put together a factsheet with the help of David Allkins from Cornwall Council, copies provided here. It includes helplines for Cornwall Council, Mencap and the government. I have included where you can find Easy Read (ER) guides. In general it was extremely hard to find ER guides online and please be aware that you maybe on the phone through any one of these helplines for up to 40 minutes, something someone with additional needs may not want to or be able to do. Does the board think we need to take this further? Maybe we can ask Natasha Milton from the DWP to come with a colleague to talk about this.</p> <p>CB: Neil Carpenter (Cornwall Advocacy) is in touch with people nationally about this issue so it might be worth getting in touch with him to get an overview, combine information and see where the gaps are.</p> <p>DR: The Vulnerable Customer Network (DWP-run) are aware it's an issue and there are, e.g., drop-ins in place for people who can't access the internet or would rather speak to someone face-to-face. It would be good to know what other alternatives are out there.</p> <p>NK: There are advisers and visiting officers who can come out to meet you</p> <p>LP: It might be good to gather a list of each jobcentre's number across Cornwall as in that case people can ring their local centre directly to book appointments</p> <p>DR: They do give that out at the Vulnerable Customer Network Meeting</p> <p>SM: Steve Matthews from the Jobcentre Plus in Penzance has heard that from 1st April 2019 the Citizens Advice Bureau will be conducting face to face meetings with people who can't access the internet, but he doesn't know what this will look like in practice. He gives talks about UC and I have his email address. Nationally jobcentres also have a scheme where two people who know a person can sign an identity document proving their identity so the person themselves doesn't have to provide further documentation if they don't have it. I will send Steve's email address.</p> <p>GB: I would like to say that a person with a Learning Disability (LD) being held on the phone for 40 minutes is disgusting procedure.</p> <p>NK: Jumping to PIP, I have heard a concerning story from LP</p> <p>LP: A Carer in Penwith has forwarded information about being charged for help with completing PIP forms for family members by a man who she found online. She paid £100 per form and agreed to give 15% of the money she received from DWP. The applications have been rejected and he's now asking for more money.</p>	<p>1) NK to get in touch with Neil Carpenter to get his insight into UC issues nationally</p> <p>2) DR to get list of jobcentre plus local numbers from Vulnerable Customer Network Meeting and send to NK</p> <p>3) SM to send NK Steve Matthew's email address to possibly give talk at next LDPB</p>
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	<p>the knowledge to cope with a patient with additional needs. Our service workers have gone away. I'm speaking on behalf of everyone in this county with a disability.</p> <p>NK: Is there a way we can point this issue towards Martha Warrener? We need two things: 2) what exactly is on offer to client groups, 2) where the gaps are in provision</p> <p>CB: We also need to find out what the outcomes of current provision are - how many people have successfully managed to access service vs. how many have tried</p> <p>Action points 3-6 completed</p> <p>7 - NK to get assurances from DWP of the quality of training for care assessors</p> <p>NK: According to national guidelines all assessors must be from a select list of qualified medical professionals and must have been registered as such for 2 years. They complete a standard training with the DWP and it's up to the local provider to ensure they take the training.</p>	<p>7) HE to send NK Martha Warrener's contact details</p>
<p>2</p>	<p>Cornwall People First Forum Feedback</p> <p>2.1 - "We are concerned about the number of people attending assessment meetings without the support of an independent advocate."</p> <p>NK: This might be our first gap in advocacy provision to take to commissioners, unless we discover there is provision and people don't know about it or how to access it.</p> <p>HE: It's important to recognize advocacy services don't guarantee an advocate for everyone at an assessment, it's for people who don't have any other form of advocacy. We need to know exactly what the Council offer, it may be quite limited. We may find there are other services offering the same thing but it isn't defined as advocacy.</p> <p>TS - I will take the point of "opt out" back to my teams as we should be offering an advocate. It doesn't mean then finding an advocate will be a quick process but the question should be asked.</p> <p>CB: it is important for capacity assessments as well</p> <p>TS: Not everyone would have a capacity assessment</p> <p>DR: We may be missing people's views who can't speak up because they don't have any access so it's important to know who these comments are coming from in the forums</p> <p>NK: So, we're talking about the idea that someone with an LD may not know what an advocate's role is and therefore they</p>	<p>8) TS to report back to social worker teams the value of "opt-out" re. advocacy</p>

<p>don't know to ask for one or when they may have one. Are there ER guides that explain what an advocate is?</p> <p>CB: We have books we give out</p> <p>JK: SeAp have an ER guide on independent support</p> <p>NO: How do we get this information if not online? I will ask SM how we go about this within the Council</p> <p>NK: We need to compile this, we don't know exactly but I do know you can ask the relevant organisations for a copy over the phone</p> <p>TS: I will pass on the message to social worker teams that they should hand out physical forms and leaflets when meeting people as we know they like to take information away and read through, I will also pass back to teams that they should send forms and leaflets out with appointment letters.</p> <p>GB: Is there a shortage of advocates?</p> <p>NK: We can probably say that there is</p> <p>CJ: The issue is advocacy providers, e.g. CPF and Cornwall Advocacy, have had their funding cut</p> <p>CB: You can only access seAp through social care. We've got booklets in ER we can give out, but we don't have the advocates.</p> <p>Please note referral forms and criteria for seAp. It is for Mental Health Act, Mental Capacity Act and Independent Care Act advocacy only. https://www.seap.org.uk/local-authority/cornwall.html</p> <p>AG: Advocacy should be a funding priority, other Council departments should share pots of money to bolster it</p> <p>2.2 - "Can you let us know if a person can be moved into supported living without a reassessment of their needs?"</p> <p>TS: It is very unlikely a person would move supported living situations without an understanding of their needs. We need to know if when moving into a new situation a person's needs mean they will be sharing support with someone there. How will this person's needs affect everyone else's in the house? In an emergency situation we would not assess, but a supported living situation would never be planned as an emergency.</p> <p>2.3 - "We have been told that some social workers will refer people to a service but others won't because they think the service is not good enough. Who decides and how?"</p> <p>HE: All Council-commissioned services can be considered "good enough" by social workers as they undergo lots of quality</p>	<p>9) NO to find out how to access advice on advocacy from the Council without going online</p> <p>10) TS to feed back to teams that forms and leaflets should be sent out with appointments and handed to clients after meetings</p>
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<p>assurance and safeguarding checks. It may be that one service may not be right for one person, but it is right for another.</p> <p>TS: If you have a ‘difference of opinion’ with your social worker, you can make a complaint and we would consider each opinion. We need to make sure your needs are ‘eligible’ and they will be met well and safely.</p> <p>DR: I spoke a bit about this to Roxanne (Sutherland, CPF), this came from two different social workers, one saying they rated that services, the other saying “I don’t think that’s a great service”, so their opinions did differ</p> <p>TS: Social workers may have different experiences of placing someone there, as would the service user</p> <p>NK: One would hope services would be perceived by majority of professionals as being of good standard, but it isn’t always the case, and some may be vocal about their opinion</p> <p>TS: And we do take feedback from the quality assurance team, they make sure services we refer to are safe and are appropriate, and it is important for safeguarding</p> <p>2.4 - Following two slides relate to people with a learning disability and mental health condition not qualifying for mental health help and support.</p> <p>NK: I am awaiting a response from Rohit Shankar on the matter.</p> <p>DR: It would be good to get the criteria for a person with an LD meeting LD mental health (MH) services</p> <p>NK: The level at which a person with LD meets service criteria is a grey area and I believe still done on the basis of a number</p> <p>SE: It shouldn’t just be done on a number, which is the IQ assessment, most people won’t have had one or won’t have an up to date one, so it is not used as the sole criterion. We’re also looking at social function, for example. The lead psychologist is Becky Goody for LD services, it is clear we shouldn’t be using purely IQ number, the most important factor is eligible health need - we need to look at joining up services as there are a few issues at play here, so we need join up between LD, MH and social care services, and think - “what are primary and secondary care needs?”. Just because someone has an LD, if they also have a MH need this doesn’t mean they shouldn’t be able to access MH support.</p> <p>CB: We do see in practice people just basing eligibility solely on IQ, so it may be something for you to look at</p> <p>DR: I will find out the background of these cases for context and see where things went wrong for these people</p> <p>SE: To answer question directly, their GP would be the first</p>	<p>11) DR to find out the context of MH cases for people with LDs and feed back to NK</p>
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	<p>point of call in general</p> <p>TS: Is there any advocacy to help people access good MH support?</p> <p>CB: No, there's none</p> <p>TS: If someone isn't asking for a social care needs assessment but they do need help to access health services, where can they get support? This may be a gap, advocacy for people to access health support.</p> <p>DR: Primary care liaison services would be a place you can get support</p> <p>SE: There's a deficit for day to day advocacy support for health needs</p>	
3	<p>3.1 - Day Services Update from Cornwall Council and KCCG</p> <p>AC: I'm the commissioning manager for Day Services, Respite Care and Shared Lives, my predecessor, Joanne Marks, is still in Cornwall Council but has moved on. I've relocated from Sheffield, have been here 9 weeks, I'm going round all PBs to introduce myself, my details are in the minutes, do contact me directly if you need</p> <p>HE: There has been a delay in the process due to unforeseen circumstances, the person managing the situation has had an operation and is in recovery. We want to start talking to service users and also people thinking about using the wider community. This won't be worked out fully until the end of the year so lots of time to speak to stakeholders. We're working with Healthwatch Cornwall on this as we want it to be co-produced.</p> <p>NK: Healthwatch Cornwall's work on this is yet to be determined</p> <p>AC: Nothing major has happened and we haven't got there yet, it isn't that we haven't involved service users.</p> <p>LK: We have issues with transport at Blantyre, Morley and Lyndhurst, none have buses available</p> <p>NK: I will send some issues you have brought up to AC and will talk to Roxanne (Sutherland) and Suzanne (Leggett) from CPF</p> <p>AC: LK do send NK your issues and I will take it back to the person who deals with in-house services such as these</p> <p>DR: I spoke to a social worker from Blantyre a few weeks ago and I thought the process had already started as she said they were setting up some community days</p> <p>HE: We aren't doing formal consultation at the moment as we want to have a conversation, what you heard will be coming from Shaping our Future locality teams who are looking at</p>	<p>12) NK to liaise with LK re. transport issues at day services and to send these to AC</p> <p>13) AC to take day service issues to in-house services manager at the Council</p>

	<p>services e.g. St Austell GPs, day services, and leisure services</p> <p>SM: I was asked to raise this issue: we had 5 attendees of the healthy weight group. At the end of the programme they were promised an activity. The Council, despite putting the people on the course didn't provide transport for the activity and so we had to cancel it. Could there be more consideration around what can be provided?</p> <p>HD: Sandra Ward asked me to raise: Lowena and Tregarne day services also do not have transport, as well as Blantyre and Lyndhurst, and it's affecting day services, and weekend and evening respite care.</p> <p>NK: Please pass those details to me and I'll get in touch with Sandra</p> <p>NO: I'd like to share some good news: I now have transport directly from my home arranged by Cornwall Council, the money goes back into the Council.</p> <p>AC: Could you send your story to NK? She can pass it to us and we can maybe use it as a case study</p> <p>JK: When you start consultation could you tell people exactly when and where to go?</p> <p>AC: Yes. We will definitely be at the Royal Cornwall Show.</p> <p>JJM: We also host Blue Light Day which would be a good venue for you to be at, lots of footfall.</p> <p>Update from Amy Claridge 18/3/19 Day services I just wanted to let you know that Hugh and I went to DLT last week and the broad proposals were agreed as follows:</p> <ul style="list-style-type: none"> • April – Sep 2019 - wide engagement across the county on principles • Oct – Dec 2019 – co-production/co-design of future model • Jan – Mar 2020 – formal consultation on future model • April – Jun 2020 – response to consultation and co-design of the final model • Jun 2020 onwards – tapering down of existing support, and building up of new support • April 2021 – new model fully in place 	<p>14) HD to send transport issues to NK who will liaise with Sandra Ward about the details</p> <p>15) NO to send transport success story to NK to send on to AC</p>
4	<p>4.1 - Presentation on the Transforming Care Programme</p> <p>NM: There's a government mandate to return anyone with a Learning Disability or autism in hospital out of county, back to care in their own county and out of hospital. By hospital we mean a long-term mental health hospital, for example. There are 21 people out of county. The last time we checked it was 6. It has gone up because we weren't counting people with autism</p>	

with MH problems, we weren't counting children, or people who were sent out of county for MH problems have since been diagnosed with an ASD or LD. DR has moved from screening to work with us and she's checking up on patients in hospital to make sure they're being well looked after according to their needs.

DR: We find people in hospital don't get adequate care often because carers don't understand they have autism or don't know how to treat them in the right way

NM: We employ someone to help patients to plan their journey out of hospital. The NHS has access to money to help buy houses for individuals to stay out of hospital.

CB: This comes down from the government, through the NHS

NM: The house are bought and then rented to individuals at a very reasonable rate. If the house is no longer used for its intended purpose the house/money has to be given back to the NHS

SE: It's important to note the 'giving' of the money is quite difficult, it's hard to get that money

NM: With regard to the charters the TCP has created, the Council has yet to sign up and we strongly encourage them to

CB: Is there any money going into early intervention services when people are most vulnerable?

NM: There is no new money coming in but the idea is that there will be more money in the system as someone won't be in a hospital bed.

DR: There is the NHS Kernow Dynamic Risk Register - anyone concerned about someone that may go into hospital can give us their name and we'll make sure the right people are involved. Early intervention is important.

CB: Can this be part of a person's contingency plan?

TS: I have had personal experience of the Register from people we work with, I am concerned about how broadly it is understood by social teams - how are we managing risk together?

NM: The Council is represented at Register meetings, I'm happy to discuss how they're joined up. A nurse or social worker or police officer may let us know about a person they're worried about and we discuss what we're going to do to get these people the right help at the right time. It's an early warning system and a way of possibly preventing hospital admissions.

JJM: I am aware of this and the TCP, is it replicated in other counties?

	<p>NM: It is a requirement of the TCP so I expect it is but possibly in different guises.</p> <p>NK: Do people know they're on the list?</p> <p>NM: Some do, some don't, but they need to, they need to give consent</p> <p>TS: I would recommend having a conversation with our director as in the Council we have a number of risk management frameworks, the Adults Risk Management Process and Escalation for Risky Behaviour, so to ensure we're all speaking same language and doing the right thing at the right time services need to be joined up to manage risky behaviour.</p> <p>NK: The TCP is something the Board is going to become more involved in in the future</p> <p>CB: There will be lessons to learn from young people coming back out of county, can we work together on these issues, such as transition</p> <p>NK: Bear in mind this is the Adults PB, we will have to have conversations about how we think children will be affected. I'm pleased to hear DR is on board in her new role. And despite money finishing shortly, the TCP will be business as usual</p>	
	<p>5.1 - Partnership Board Update</p> <p>NK: I want to reassure you the changes to the PBs haven't gone away, I want to reassure you the importance of people coming together isn't lost and when we need to change things people will not be losing their voice, they will still be able to feed into the Board.</p> <p>ER: How far have you got in appointing a self-advocate co-chair?</p> <p>NK: It is still happening but we need to know the set-up of the new Board so we don't want to recruit someone before we know this. They will be co-chair with JK.</p>	

NEXT MEETING	10:30am - 12:30pm
DATE	11 th June 2019
LOCATION	Wesley Halls, Wesley Street, Redruth, TR15 2EG