





Physical Disability Partnership Board

10 November 2020

Zoom Meeting 11am-1pm

Minutes

Present

ΑT	Alena Taylor (Chair)	Independent member
GL	Graham Lewis	Healthwatch
DD	Debbie Drew	Healthwatch
RN	Rebecca Nuttall	Little People UK
RH	Russell Henke	Speak Out Leader - High Support Needs Committee
PH	Paul Homewood	Independent Member
RG	Raymond Griffiths	Independent member
PAW	Philippa Avery-Walters	Cambridgeshire County Council- Team Manager
KC	Karen Chambers	Commissioner (home and community support)
KCo	Kathy Cornell	Care Network
RV	Roger Valentine	Peterborough Information Network,
		Peterborough City Council
JNR	Janine Newby Robson	Healthwatch
JM	Julie McNeill	Healthwatch

Apologies

KP	Kirsten Pollock	Independent Member
JR	Julia Rutherford	Voiceability
SC	Sue Clements	Headway CEO
EP	Ekta Patel	Assistant commissioner

1.Introductions

Alena welcomed everyone and introductions were made. The recording will be kept purely for the purpose of minutes and deleted once the minutes were approved.

2. Minutes and Action Log

Minutes had been circulated prior to the meeting and were approved.

Action log

71 Ongoing.

73 GL has heard back from Sandie Burns and further work with taxis around disability are on hold due to the pandemic.

All other actions were completed

3. Updates from members

GL Raised an issue that had come to the attention of Healthwatch and asked for others to feed back if they had heard or hear anything. The councils have said that there is some PPE provision for people using a direct payment for their staff however the letter about this only went out to people using the Direct Payment Support Service (DPSS). There are many people who do not use this who consequently did not get a letter.

Teams maybe should have sent letters to individuals on a direct payment and did people still using the previous DPSS receive the letter?

ACTION GL to take this to the Adult Social Care Forum (ASCF) **ACTION** KC to ask Graeme Hodgson to get in touch with GL

RG Thanked Graham and Debbie for putting on the Hate Crime round table event. It was very useful. RG has shared the information with members of their organisation. The Police and Crime Commissioner is talking with others around the videoing of disabled people and putting it online to see what changes can be made. At present it only becomes harassment if it is done more than once.

Several others also found the Hate crime event very useful.

PAW The Physical Disabilities team are still doing, mainly, virtual interventions but face to face is possible where required. A risk assessment is done before hand.

RN We are continuing to work on-line but appreciate that some of our members do not like this. We have been sending out activity boxes which include hot chocolate and puzzle books etc for those who are not engaging digitally.

RH The Speak Out Councils next piece of work is around health.

KCo Care Network have struggled doing any physical meetings and everyone has been working from home. We have been very busy in particular, in Fenland. The normal activities ie collecting meds and shopping have been on going but increasingly we have been supporting people to navigate the thresholds to getting help.

4. Feedback from other meetings

GL The ASCF is now back up and running and had its first combined meeting. It was chaired by Shona Torrence Head of Commissioning. It looked at the terms of Reference and service

user issues. It will be meeting quarterly and will happen after the run of partnership board meetings.

GL took part in a pre-consultation meeting with Cambridge City Council about the redevelopment of the market square. GL raised issues around accessibility and co use pathways that had been flagged by people with disabilities at a range of meetings over the last few years. His comments were backed up by Mark Taylor from Cambridge City Council and Cambridge Cycle group.

GL Addenbrookes are advertising for a co-production lead who will head the public engagement and we are hopeful that they will be able to attend some of the Healthwatch meetings in the future.

DD All of the Healthwatch Health and Care Forums are still on-line. These are worth people attending as there are representatives from the health trusts and councils as well as voluntary sector organisations. They are a good way for people to find out what is happening in their local area. Email Debbie if you would like to be added to your local forums mailing list.

5. Priorities of The Board update

- 1. Getting new people and organisations to join the board is ongoing.
- 2. Digital inclusion- work is being done across the county on this. Healthwatch are feeding into this where possible. We will continue to see where the boards can go with this.
- 3. Stroke Awareness GL suggested that we invite a stroke organisation to the next meeting to talk to us.
- 4. Hate Crime- we held our event on 15th October and it was extremely popular. We feel we have already made some progress but will continue to see what else if anything needs addressing.

6.Information and Signposting- Julie McNeill

At Healthwatch this service is staffed by Julie and Anne. People can contact us via our website, by phone or via our enquiries email address. We have two roles 1) to collect people's experiences around health and social care and 2) to help people get the information they need. We do not do case work but are able to help people if they need a little extra support.

All the information we receive is logged anonymously and we can see if there are patterns to issues or queries. We give summaries to local providers and commissioners. This information can act as an early warning sign that something is going wrong and we can escalate this to the appropriate people.

We have been very busy- not so many shared experiences but lots of enquiries. The majority of the calls/ emails we are receiving are around dental access. Healthwatch have been

included in meetings with NHS England around this and taking people's experiences to the heart of the decision making.

Many of the calls we get around communications between providers and patients being poor.

We are often asked to be involved when there are changes to services. Our CE recently chaired a patient meeting around the closing of a GP practise.

enquiries@healthwatchcambspboro.co.uk

Office: 0330 355 1285 (local call number)

Office text: 0752 0635 176

Find out more about our work at www.healthwatchcambridgeshire.co.uk and

7. Update form Commissioners- Karen Chambers

We are continuing to support providers with their response to Covid-19. We are working with the CCG around their Discharge to Assessment process and Alison Bourne is leading this work.

We are still looking at our reablement options.

Graeme Hodgson is working to increase the uptake of direct payments and alongside this we have been successful in getting funding to promote micro enterprises and Community Catalysts are help us with this. Initially this will be in East Cambs.

We are doing a needs assessment for our bed-based care around Cambridgeshire and Peterborough, looking at our current and future needs. Lynne O'Brien is leading on this.

QU How successful has the Discharge to Assessment process been? KC We have not heard back from patients as yet. There is still some work to do and we have a lot to learn. People are able to get up to six weeks support and an assessment will be done within this time.

JM Healthwatch have been asked to feed in people's experience around discharge from hospital and we will be writing a report. Feedback has been mixed.

8. Election of Chair and Deputy Chair

rota.

Alena has been the interim chair. A discussion took place around the possibility of a rotating or co-chair and several members expressed a willingness to try this. **ACTION** GL to check with all Independent Members and add those wishing to co-chair to a

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9. Review of Terms of Reference

GL explained that the terms of reference were to be looked at after a year. GL asked members to read through them and see if they feel anything needs amending. One thing that will need adjustment is the chair vice chair role if the board was to have cochairs.

ACTION All to read though the ToRs and feedback to Graham GL to draft up an amendment re co-chairs.

10. GP Website Survey- Janine Newby Robson

Janine's presentation had been shared before the meeting.

JNB explained that 14 volunteers had looked at GP websites to see how accessible they were. (96 sites in total). As of September 2020, all GP websites should have been accessible but not all websites have signed up to this yet.

We have made some recommendations and asked GPs if they wanted individual feedback about their website. Only 13 have responded so far. We are co-producing, with the volunteers, a guide to what should be on the website and good practice.

In 6 months, the volunteers will have another look at the websites.

QU Do websites have links to social prescribers as they have lots of knowledge and can help people navigate support?

JNR That is something we could add to our recommendations.

QU What was the age group of people checking the websites and do we know what age group are most likely to use the GP website?

JNR Most of the volunteers were post retirement but probably all over 40. It is difficult to know what age group do look at their GP website as website analytics record number of hits etc but no identifiable data about users.

SUGGESTION

Maybe this is something Healthwatch could ask people as an aside to enquiries if appropriate to get an idea of age group using GP websites.

11. Highlights to take to ASCF

GL will take the PPE discussion to the ASCF.

It was also suggested that the success of the Hate Crime event could be mentioned there too.

Next Meeting

9th February 10.30 pre meet 11-1pm - main meeting on Zoom