

SENSORY IMPAIRMENT PARTNERSHIP BOARD

1 December 2020

Zoom meeting

Minutes

Attending

MS	Mick Scadden	Chair, Independent member
PB	Pauline Brown	Independent member
KR	Khadija Raza	Independent member
VS	Vera Shilling	Independent member
PMc	Paul McCloskey	Independent member
GL	Graham Lewis	Healthwatch
DD	Debbie Drew	Healthwatch
HM	Helena Melbourne	Sensory Impairment Team
EB	Erika Brown	Hunts Blind
MT	Mandy Thompson	Peterborough association for Blind
JC	Jacky Cozens	PCC/CCC
MA	Mehmet Ahmet	Combined Authority
LF	Lucy Forrest	TEC Manager, CCC
MJ	Mike Jenkins	CamSight
IP	Indira Pillay	From chief pharmacy team
WW	Warren Wilson	RNIB
AP	Andrew Palmer	CDA

Apologies

1. Welcome, Apologies, and Introductions

Introductions were made and Graham explained the meeting would be recorded for the purpose of minutes.

2. Minutes and Action Log

The minutes from 22 Sept were approved.

Action Log

69-NHS 111 option 2 now covers the whole of Peterborough/ Cambridgeshire. There is still mixed feedback form this.

72-This will be revisited next summer

75- GL and MT took part in a meeting about community transport and the lack of in Peterborough. It appears there is a small number of schemes running- predominately in the surrounding villages. Many volunteers have been unable to offer the service during Covid-19 and some villages have set up Good Neighbourhood Schemes which has helped people get meds and shopping.

77-Helena has had no response from Isle of Ely. MJ we have received some correspondence and we asked them about working alongside us for the prevention service tender process but there was not much interest.

All other actions completed.

A discussion took place around the NHS 111 option 2.

Some people had not heard of this so how would people know who to call.

If people are very mentally unwell this is not always the best as it involves several actions and family members cannot ring on behalf of someone else who is in crisis. Sometimes a mental health incident can come on very suddenly which is daunting for carers.

ACTION - GL to feed to Sandie the reasons why people may not be able to use this service and the lack of public awareness.

3.Feedback from independent members.

PM Raised the issue of the lack of communications around who is in vulnerable groups and who isn't. Some people who felt they not in vulnerable group receiving letter and those who felt they were not getting letters. People are comparing one to the other and it causes stress when they are not sure what they should be doing.

Action GL or DD to feedback to Anne/Julie that communications are still confusing.

PM Some people are becoming beholden to some organisations. They feel that they have to accept what is offered even if they don't need it.

PB reported that the Ushers group are having weekly zoom catch ups. These have been really useful. People share experiences and advice is given.

A discussion took place about live captioning on Zoom. It seems that some people can get this but there is a paid service element.

Action GL to speak with Andy palmer about this for more information

4. Feedback from other meetings and Adult Social Care Forum

The ASCF met last week and the terms of reference were agreed. The forum covers both Cambridgeshire and Peterborough now.

5. Update from Helena Melbourne

We had meeting yesterday with the Local Authority and the other commissioned groups which went well. There is a new commissioner for the service and her name is Tara and is likely to attend our next meeting. We now have a frame for working in place and everything is going smoothly.

6. GP Website Project - Janine Newby-Robson Healthwatch

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.

This project will be revisited in 6 months to see if their have been improvements.

Janine asked if people were aware of their GP websites and if they had used them. Janine would like feedback on people's experiences of using the sites. This can be emailed to Graham or Debbie or through the usual tell us route from our website.

AP Was there anything in the review looking to see if there was anything in sign language?

JNR It was not something we specifically looked at but 1 practice did have some sign language.

VS how specific are you with the feedback you give GPs

JNR There is an essential check list going to GP shortly and they are able to call us and get feedback on their own sites.

A discussion took place around the choice of symbol used to show accessibility. It is not commonly used in the UK. The site providers have a couple of alternatives such as someone in a wheelchair but someone with a visual impairment might not relate to that. There is a multi-disabled symbol however this is not on the site. Even with the picture symbols it would be good to have the word accessibility with it.

7. Camsight- Mike Jenkins

We have continued to do our ring around calls. We have done 6000 calls to more than 2000 people, 1400 who have engaged in conversation. 60% of the calls have further follow up calls, 40% were given advice and information and 22% needed extra support.

We have utilised our volunteers to be doing many of these front-line calls. Our staff are either working from home, working in the office, or doing blended working to keep us working in a Covid-19 secure way.

Most of our work is being done via Zoom or telephone. Due to working this way our family worker has been able to support more people.

If people need face to face, then we have been doing garden visits where appropriate. If we have to go into someone's home a full risk assessment is completed, and staff have PPE.

We have purchased a mobile unit. This will enable us to do some pop up sessions and take the unit to people. Chris Theakes will be the lead for this. We have 2 outreach workers already and are recruiting one more. They will work in their areas to see what is needed locally.

We are keeping our facilities in Wisbech and Chesterton but have reduced our opening hours. Some staff have decided to move on.

We are hoping that in the new year we will be able to visit communities with equipment to show people what is available. We hope to be able to join other events too to raise the profile.

8. Prescriptions- Indira Pillay

Indira works in the pharmacy team.

A question was asked about braille on med boxes and accessing the information needed.

On the boxes the Braille states just what the medication is but a pharmacy can print labels in larger print if requested. The medication leaflets are not accessible for visual impaired.

People can be assessed at the pharmacy to see what their needs are they may be able to offer MAR charts to record taking of meds, it could be that a person could get a dosset box or maybe they could purchase an alert box that pops up the pill at the correct time.

Qu There is a big problem with waste- what is being done?

People have been asked not to stockpile meds. In March an extra 14500 were issued to people who were possibly worrying that they would not get their meds during lockdown. This in turn did make some shortages for some people. We have put messages on Facebook and Twitter reminding people not to stockpile.

We have worked closely with GPS to be giving 28days meds at a time as this stop's wastage. We have given them information to put on their websites. We have also spoken with patient reference groups.

The CCG have asked people to take responsibility for their own ordering. When pharmacies had been doing it, they ordered everything on list which was not always needed.

Using the online ordering system, a GP can set up a year's prescription which is held at the pharmacy. A repeat can be ordered 7 days before it is due, and it is sitting at pharmacy waiting for your collection.

We have been encouraging full meds reviews- a pharmacist can ask what you want the meds are doing for you and how would you like to see things improve. This can often lead to a drop in prescription needs and items that are PRN are not needed on repeat.

We have been working with care homes to improve the prescribing there too.

We have run a campaign “open your bag before leaving” to encourage people to check that what is in the bag is what they need.

9. E Scooter update- Mehmet Ahmet

We have been running a scheme now for one month in Cambridge with Voy. It has been relatively well received from the public and a fair bit of usage. We have started with 50 scooters at the city centre, the station and the Grafton Centre. There have been 10000 rides (in 4 weeks) and 7000 users. This is low compared to other cities.

We get a log of reports and so far people’s behaviours have been quite good. We have had a few reports of pavement use and the customers are contacted (3 miss uses and they are banned) a couple of twin riding, we have had damage to a vehicle and a minor sprain from someone using the scooter.

There have been 12 near misses recorded (when an accident did not occur but could have).

The scooters are parked in controlled parking zones and if the public report one out of place there has been a response within 60 mins.

Is there likely to be a move to using scooter that have sound?

What are the stats for other schemes around incidents and miss use?

Action-MA to ask about the scooter in the future and will see if he can get a comparison and compare with other places with similar scooter numbers.

10. Priorities for the Board

We are still looking at membership and we have been working on the “gap” areas in the county.

Graham is still to complete the transport report- this should be available soon. Mehmet is keeping the board up to date regarding E scooters.

We are hoping to organise something around digital inclusion next year.

11. AOB

Helen Sismore has taken redundancy and thus will no longer be part of the board.

Action GL to write to thank her for her input and help.

The meeting today over ran substantially. It was wondered if the meeting could start earlier or maybe the pre meet be done the day before?

Action GL and DD to look at this whilst we are still using zoom. Maybe if the premeeting was online the day before people could raise experiences then (to be fed into meeting) and possible questions for the speaks could be discussed.

The next meeting will be a Zoom meeting 2nd March