

**Physical and Sensory Impairment Partnership Board**  
**7 March 2014**  
**Conference Room 3, Building 2, North London Business Park**  
**Minutes of the Meeting**

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<b>Present:</b>	
Alison Asafu-Adjaye (AA)	Sense and Healthwatch Barnet (Board Co-chair)
Marie Bailey (MB)	Head of Care Quality, Adults and Communities, Barnet Council (Board Co-chair)
David Brisacher (DB)	Stroke Association
Damian Browne (DBr)	Barnet Independent Living Service, Your Choice Barnet
Caroline Chant (CC)	Joint Commissioner for Older Adults and Physical and Sensory Impairment, Barnet Council/Barnet CCG
Andrew Cox (AC)	Middlesex Assoc for the Blind (MAB) (Board Co-chair)
Mira Goldberg (MG)	Jewish Deaf Association and Barnet Deaf Community
Stella Henriques (SH)	Carer Rep (from Item 6)
Seher Kayikci (SK)	Public Health
Delroy Pomell (DP)	Barnet Carers Centre
<b>In attendance:</b>	
Jon Dickinson (JD)	Head of Integrated Care – Older People and Disability (to Item 9)
Robert Finnin (RF)	Barnet CCG
<b>Secretariat:</b>	
Karina Vidler (KV)	Partnership Boards Officer, Barnet Council / Barnet CCG
Tracey Kane (TK)	Barnet Council
<b>Apologies:</b>	
Paul Baldwin (PB)	BCIL /BDISC

Sue Cipin (SC)	Jewish Deaf Association
Mike Fahey (MF)	Barnet Libraries Service
Shailja Kumar (SK)	Stroke Association
Margaret Nolan (MaN)	Carer Rep
Michael Nolan (MiN)	Service User Rep
Jennifer Pearl (JP)	Advocacy in Barnet
Carolin Seitz (CS)	MS Society
Sue Tomlin (ST)	Joint Commissioning Unit

1	Welcome and apologies	ACTIONS
	MB welcomed all to the meeting. Introductions were made and apologies given.	
2	News Items from Members	
	<ul style="list-style-type: none"> <li>• <b>The Stroke Association</b> is holding an 'Action on Stroke' event in May and funding is available for a replacement resource centre. (DB)</li> <li>• <b>Barnet Carer's Centre</b> is seeking to further extend its service to Black and Minority Ethnic communities. (DP)</li> <li>• The <b>Ageing Well</b> annual report will be circulated to the Board shortly. (CC)</li> <li>• <b>The CCG</b> has launched community ophthalmology in Edgware Community Hospital, Barnet Hospital and opticians in High Barnet. (RF)</li> <li>• <b>BSL Tuesdays</b> will continue until December 2014. In the first year there were 400 interventions and 57 clients were supported. (MG)</li> </ul> <p><b>Action 1:</b> Further publicise BSL Tuesdays (KV re-circulate flyer).</p> <ul style="list-style-type: none"> <li>• The Community Offer consultation event held at the <b>Jewish Deaf Association</b> for BSL users was positively received. (MG)</li> <li>• <b>Sense</b> has been working with Age UK, Jewish Care, nursing homes and day centres to provide training for staff. (AA)</li> <li>• <b>Barnet Borough Sight Impaired's</b> 20<sup>th</sup> annual AGM enabled people to find out about support available for visually impaired people. (AC)</li> <li>• <b>Middlesex Association for the Blind's</b> employment service has been running successfully for 6 months, supporting people seeking and in employment. (AC)</li> <li>•</li> </ul>	<b>All</b>

<b>3</b>	<b>Updates</b>	
<b>3.1</b>	<p><b>BCIL:</b> CC reported on behalf of PB that:</p> <ul style="list-style-type: none"> <li>• BCIL's March 2014 newsletter is available.</li> <li>• BCIL has achieved the 'Information Standard' through the national quality assurance programme for health and care information.</li> </ul>	
<b>3.2</b>	<p><b>Newsletter:</b></p> <p>There was no update on the Partnership Boards' joint newsletter.</p>	
<b>3.3</b>	<p><b>Barnet Carers Strategy and Support Service:</b> CC reported that an update from the Carers Strategy Partnership Board would be circulated shortly.</p>	
<b>4</b>	<b>Introduction to Jon Dickinson</b>	
<b>4.1</b>	<p>JD introduced himself and his role as Head of Integrated Care – Older People and Disability explaining that:</p> <ul style="list-style-type: none"> <li>• JD co-chairs the Older Adults Partnership Board</li> <li>• JD manages the social care teams for older people and disabilities. The integrated teams cover three localities in the borough: North, South and West. Each team includes social workers, occupational therapists and Direct Payment and Telecare advisers.</li> <li>• Currently, important work is being taken forward on: <ul style="list-style-type: none"> <li>- the integration of social care and health</li> <li>- preparing for the introduction of the Care Bill</li> <li>- developing Barnet's plan for the Better Care Fund.</li> </ul> </li> </ul> <p>JD emphasised that these initiatives will have positive effects for customers and service users in Barnet.</p> <ul style="list-style-type: none"> <li>• The Community Offer aims to enable people to stay independent at home longer whilst ensuring that support services provide value for money for the council. Proposals focus on improving advice and information on social care services, increased use of Telecare and equipment, more enablement support and increased take-up of Direct Payments.</li> </ul>	
<b>4.2</b>	<p>MG was interested to know more about the Care Bill and about feedback on issues raised by JDA during consultation on the Council's Community Offer.</p>	

	<p>It was noted that feedback on the Community Offer will be publicised on the Engage Space area of Council's website, questions raised will be answered and members are encouraged to challenge the council if they are not satisfied with responses or with services.</p> <p><b>Action 2:</b> Liaise with Dawn McCarthy to make the Council's report on the Community Offer consultation available to the Board, and send to the Board the link to the Council's response to the consultation on Engage Space.</p>	<b>KV</b>
<b>5</b>	<b>Viewing of DVD 'Effective Communication – Equal Access for All (GP Practices)'</b>	
5.1	The Board viewed the DVD 'Effective Communication – Equal Access for All (GP Practices)'. It was agreed that that this is an effective tool to promote good practice regarding access for people with all types of disabilities.	
5.2	<p>There was a discussion and it was agreed that the Board would include in its workplan arranging for the DVD to be distributed to GP surgeries and other health and social care settings. Further key points made were:</p> <ul style="list-style-type: none"> <li>• It was suggested that distribution should be through GP practice managers.</li> <li>• There is a need to look into copyright.</li> <li>• It would be useful for the DVD to be posted on the Council website.</li> <li>• It would be very useful for Adult Social Care and Health staff to view the DVD.</li> </ul> <p><b>Action 3:</b> Investigate how to access the DVD 'Effective Communication for All – GP Practices' for distribution to Barnet GP practices, including copyright issues</p>	
<b>6</b>	<b>Discussion on Communication and accessibility in GP practices and in hospitals</b>	
	This item was taken as part of Item 10.	

7	<b>Update on Barnet Vision Strategy Group</b>	
	<p>AC updated the Board on the Barnet Vision Strategy Group (Paper 1) reporting that:</p> <ul style="list-style-type: none"> <li>the Barnet Vision Strategy was launched at the Barnet Borough Sight Impaired AGM on 4 March 2014.</li> <li>The strategy reflects consultation with visually impaired people and sets out a number of service development priorities.</li> <li>These priorities include the establishment of an Eye Clinic Liaison Officer post to provide early and on-going emotional support. This proposal has been supported by the PSI Partnership Board.</li> </ul> <p><b>Action 4:</b> Provide briefing document on the Barnet Vision Strategy as summarised at the meeting for circulation to the Board.</p> <p><b>Action 5:</b> Provide link to Strategy on MAB or BVSG website, for posting on the PSI Partnership Board's webpage of the Barnet Council website.</p>	<p><b>AC</b></p> <p><b>AC</b></p>
8	<b>Update on the Stroke Community Pathway</b>	
	<p>CC gave an update on the Stroke Community Pathway, reporting that the three pieces of work resulting from the major review conducted three years ago are:</p> <ul style="list-style-type: none"> <li>Installation of the Atrial Fibrillation risk tool in GP practices.</li> <li>Discharging people who have suffered stroke into the community more quickly, through the Early Stroke Discharge Team and by providing a full range of therapies at home.</li> <li>Through stroke reviews, ensuring that people receive the support they need.</li> </ul> <p>It was noted that CLCH and the Stroke Association have been commissioned to jointly review stroke services and this is underway.</p> <p>DB reported that:</p> <ul style="list-style-type: none"> <li>There are currently over 50 service users of the Stroke Association's communication support services.</li> <li>People often have to wait for the services of the Early Discharge Team and Speech and Language Services.</li> </ul>	

	CC advised that everyone who has had a stroke is offered a six month review to identify any gaps in their care.	
<b>9</b>	<b>Presentation on Barnet Council's Quality Assurance Framework</b>	
	<p>JS gave a presentation on the Quality Assurance Framework (Paper 2) which will enable Adults and Communities to:</p> <ul style="list-style-type: none"> <li>- prevent instances and recurrences of poor quality</li> <li>- drive improvement</li> <li>- ensure that changes, such as the Care Bill, are implemented with a focus on quality.</li> </ul> <p>It was noted that the framework will be published in March 2014 and a Quality Board will oversee its operation. The Quality Board will include service user, carer and provider representation.</p> <p>MG commented that, for deaf people, the communication skills of all frontline staff, GPs and receptionists are vital. Simple steps such as giving eye contact are important and training in this area should be part of the framework.</p> <p>JS stated that a 'Disability Confidence' training programme currently running for Adults and Communities staff aims to enable frontline and back office staff to communicate more effectively with people with disabilities.</p>	
<b>10</b>	<b>Workshop: Development of the Board's workplan for 2014/15</b>	
	<p>The Board identified actions for its workplan for 2014 – 15, as noted at Appendix 1.</p> <p>MB thanked members for their input, and particularly DB as a visitor to the Board for ensuring that Stroke was reflected within the Board's workplan.</p> <p>It was agreed to have an agenda item at the Board's next meeting for members to give full reflections on the Board's draft workplan.</p> <p><b>Action 6:</b> Invite Stephen Craker to Board's next meeting to speak about the Ageing Well programme and how this can impact on reducing social isolation, and to assist in identifying</p>	<b>KV</b>

	<p>a specific action for the Board.</p> <p><b>Action 7:</b> Develop and issue with the minutes of the meeting:</p> <ul style="list-style-type: none"> <li>- notes of the workshop</li> <li>- proposals on actions for the Board's workplan</li> <li>- a note of what has not been not completed from last year's workplan.</li> </ul>	<b>CC, ST, KV</b>
<b>11</b>	<b>Minutes, Matters Arising and Actions Review</b>	
<b>11.1</b>	The minutes of the last meeting were agreed. There were no matters arising.	<b>ST</b>
<b>11.2</b>	Completed actions were noted as set out in the attached actions log.	
<b>11.3</b>	<p>With regard to Actions 9, 10 and 11 in the attached log, a new action was agreed:</p> <p><b>Action 8:</b> Link with Emdad Haque:</p> <ul style="list-style-type: none"> <li>- to arrange for Emdad to come back to the Board to report on implementation of the Clinical Commissioning Group Equalities Action Plan.</li> <li>- to discuss hospital access issues for people with sensory impairments and report back to the Board (Note: to link with planned Joint Commissioner discussions with EH about access and autism).</li> </ul>	
<b>11.3</b>	<p><u>Action to look at whether Friary House would be appropriate for use as a Visual Impairment Surgery</u></p> <p>AC reported that Friary House would not be an accessible venue for a Visual Impairment Surgery, as it is a 20 minute walk from public transport. The Board noted that there was no current need to identify a location for such a surgery.</p>	
<b>12</b>	<b>Agreement of Key Messages to share with other Partnership Boards</b>	
	<ul style="list-style-type: none"> <li>• The Board is focusing on prevention through health and lifestyle, including how to improving diet and exercise, linking with Public Health and other boards.</li> <li>• The Board is looking at the role of carers who themselves have physical or sensory impairments and the role of Barnet Carers Centre in supporting these carers.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The Board is looking to undertake outreach through an event focusing on prevention (stroke, deaf awareness sight loss).</li> <li>• The Board recognises the Green Gym on West Hendon Playing Fields and its gardening activity as a positive opportunity for residents become more active and healthy, and encourages people to get involved.</li> </ul>	
<b>13</b>	<b>Any other business</b>	
	There was no other business.	
<b>Date of next meeting:</b>  Wednesday 11 June 2014, 10.00am to 1.00pm, Conference Room 3, North London Business Park		



## PSI Partnership Board Actions Log following review at Board meeting 07 March 2014

Open actions			
Date Agreed	Action No	Action	Responsibility
04 Dec 2013	1	Link with Healthwatch Barnet and the CCG to find out what has happened regarding dissemination of the draft good practice guidance on access to GP surgeries for people with physical and sensory impairments provided by the Board.	Sue Tomlin
11 Sept 2013	2	Circulate to the Board for comment the specification for the procurement of anEye Clinic Liaison service, when available.	Ette Chiwaka
11 Sept 2013	3	Incorporate key messages into the NHS Health Checks training to raise awareness of the link between unhealthy lifestyle and visual and hearing impairment.	Seher Kayikci
11 Sept 2013	4	Link with Sandeep Patel to obtain statistics on referrals to Social Care of people with hearing impairments over the last 12 months and present these jointly with Sandeep at the Board's next meeting.	Manik Bapat
Revised 07 March 2014	5	Arrange through Barnet Carers Centre for a new carer: <ul style="list-style-type: none"> <li>- to attend a Board meeting on a one-off basis to give their views, or</li> <li>- to join the Board as a member.</li> </ul>	Delroy Pomell
22 March 2013	6	Make a business case for the priority actions proposed by Barnet Vision Strategy Group supported by the Board, and present this to the Health and Well-Being Board.	Sensory Impairment Team, PSIPB members/Ette Chiwaka
Revised 07 March 2014	7	Identify who should be invited to the Board to speak about Barnet Council's plans for communication with people with sensory impairments and include this item in agenda planning.	Marie Bailey Sue Tomlin

Actions closed at meeting			
04 Dec 2013	1	Contact Paul Baldwin if interested in joining a BCIL subgroup.	All
04 Dec 2013	2	Email Karen Jackson or Marie Bailey with any further questions or comments on Barnet Council's Community Offer by 31 January 2014.	All
04 Dec 2013	3	Circulate to the Board for information the draft guidance developed by Healthwatch Barnet's GP Group on good practice in GP surgeries for people with sensory impairments.	Karina Vidler
04 Dec 2013	4	Liaise with Dawn McCarthy, Adults and Communities Communications Lead, in relation to Communication Passports.	Alison Asafu-Adjaye
04 Dec 2013	5	Provide information for circulation to the Board on the 'Improving Neurology Services in Barnet' event.	Carolin Seitz
04 Dec 2013	6	Email any comments on Barnet Council's draft Equalities Policy to Lesley Holland by 12 December or complete a consultation questionnaire on the Council's website: <a href="http://engage.barnet.gov/consultation-team/draft-equalities-policy">http://engage.barnet.gov/consultation-team/draft-equalities-policy</a>	All
04 Dec 2013	7	Email any comments on the Health and Wellbeing Strategy first annual performance report to Karina Vidler.	All
11 Sept 2013	8	Provide an update on the Stroke Community Pathway jointly with Public Health to the Board in March 2014.	Caroline Chant
11 Sept 2013	9	Bring the Clinical Commissioning Group Equalities Action Plan to a future meeting of the Board for comment.	Emdad Haque
These 3 actions converted to new action.	10	Send the Clinical Commissioning Group Draft Equalities Objectives and Action Plan to all Partnership Boards for comment.	Emdad Haque
	11	Link on hospital access issues for people with sensory impairments and report back to the Board	Emdad Haque Caroline Chant
12 June 2013	12	Investigate with RNIB how to obtain copies of the DVD 'Effective Communication – Equal Access for all (GP practices)' and copyright issues.	Andrew Cox
22 March 2013	13	Look at whether space at Friary House would be appropriate for use as a Visual Impairment Surgery and report to the Board.	Andrew Cox

## **Appendix 1: Workshop at PSI Partnership Board Meeting 07 March 2014 to develop Board Workplan 2014–15**

### **Actions identified for the Board's Workplan**

1. Arrange event focusing on prevention (stroke, deaf awareness, sight loss)
2. Arrange for the DVD 'Effective Communication – Equal Access for All (GP Practices)' to be distributed to GP surgeries and other health and social care settings.
3. Participate in GLL consultation activity for service users and carers to inform their programming (ie increase access to physical activities). Link with Public Health on this.
4. Feed into discussions on any introduction of shared surfaces in Barnet.
5. Activity to address social isolation through contribution to the Ageing Well Programme (specific action will be identified).

### **Notes of board-storm on actions for the Board's Workplan**

#### **1. Stroke**

- GP visits (see below)
- Receptionists giving enough time and records flagging communication needs and that the person has had a stroke
- Support → employment
- carers
- different stages / levels of need

## **2. Visual Impairment**

- Awareness raising at mosques etc, events for religious / community leaders re prevention etc – to disseminate information affecting the health of their communities. Cover a range of disabilities.
- Direct expertise → community leaders. This helps with cultural and language barriers / issues

## **3. Prevention Event**

- Aim is around prevention, covering a number of things including stroke, issues around awareness, hearing impairment and sight impairment.
- Where hold?
- How facilitated?
- Emphases: stroke, visual impairment, hearing impairment
- Maximise the impact of fewer events
- Religious leaders – aske them to disseminate prevention messages to their groups
- Community organisation leaders
- A key message is timely eye tests

## **4. 'Work is Good for You'**

- Awareness raising campaign
  - work with businesses
  - pan-disabilities
- Healthy workplace charter - working with small/ medium-sized enterprises
- Pathways to work
- MAB employment project is successful (one of the priorities of the Health and Well-Being Board for Year 2).

## **5. CCG working with the PSI Partnership Board to address health inequalities** (Emdad Haque)

## **6. Accessing GPs**

Further distribution of DVD 'Effective Communication – Equal Access for All (GP Practices)'

Note: The Board is working with two draft guidance docs on access to GP surgeries – one on sensory impairment and one on physical and sensory impairment.

A key message is: GP surgeries need to be more accessible, with time given for appointments and records flashing to tell receptionists etc about person's communication needs.

## **7. Care Bill**

- Working with carers
- Other agencies
- Increased responsibility for local authorities to work with others

## **8. Promotion of diet and exercise for**

- reduced stress
- Increased activities
- reduced isolation
- good mental health
- 'Fit and Active Barnet'
- Link with other Partnership Boards
- Health checks
- Accessing gyms – are they targeting PSI people?
- GLL – meetings with PSI groups and carers – Board to be involved

## **9. Improving outdoor spaces**

- Street scene – liaising to ensure concerns (especially those of visually impaired people) are met re. safety and access

## **10. Ageing Well**

- Tackling social isolation at grass roots
- Emphasis on carers as well as disabled people
- Time bank a feature of the programme – can address social isolation

## **11. Community transport**

- Reductions lead to increased isolation

## **12. Address in relation to carers:**

- Carers with disabilities
- Young carers
- Young carers with disabilities