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|  | **Thurrock Disability Partnership Board****Thursday 13th December 2018 6pm to 8pm, The Beehive Centre** |  |
|  | **People at the meeting** Anne White – Co-ChairLes Billingham - Assistant Director Adult Social Care & Community Development - Adults, Housing and Health– Thurrock Council – Co-ChairIan Evans, Director - Thurrock CoalitionSteph Vallis, Partnership Board Coordinator – Thurrock Coalition (minutes)Christine Ludlow - Thurrock Diversity Network (TDN), Thurrock Centre for Independent Living (TCIL), CarerJim Nicholson – Independent Adult Safeguarding ChairJean Kendall - Essex Partnership University Trust (EPUT)Patrick Long – Thurrock Diversity Network (TDN)Trevor Hopper - Thurrock Diversity Network (TDN) and Thurrock Centre for Independent Living (TCIL)Ashley Woodward – CaPa/Parent Advisory Team Thurrock (PATT) Parent CarerNeil Woodbridge – Chief Executive Officer, Thurrock Lifestyle Solutions, CIC (TLS)Catherine Wilson – Strategic Lead Commissioning and Procurement, Adults Housing and Health – Thurrock CouncilWendy Robertson – Thurrock MindJoanne Eaton – Essex Partnership Universities Trust (EPUT) (Formally SEPT & NEPT)Angie Cahill – BATIASHuseyin Hurbas – Thurrock Diversity NetworkPhilip Langston - Thurrock Diversity NetworkSusan Goodall -Thurrock Diversity Network |  |
|  | **1. Introductions and Welcome**Anne White welcomed those present to the meeting.Jim Nicholson Introduced himself as Independent Adult Safeguarding Chair and outlined his role and how it related to the work of the Disability Partnership Board. **1.1 Apologies:** John Paddick -  Chief Executive Officer, Thurrock Centre for Independent Living (TCIL) Penny Ellmore– Thurrock Diversity Network (TDN), Thurrock Centre for Independent Living (TCIL)Toni Saliba – Thurrock Diversity Network (TDN)Kelly Woolley – Thurrock Centre for Independent Living (TCIL)Chloe Newton – Ategi Shared Lives Lynne Morgan – Chief Executive Officer of Thurrock MindTania Sitch - Partnership Director, Adults Health and Social Care (NELFT and Thurrock Council)Mo James - Parent Advisory Team Thurrock (PATT) Jane Itangata – NHS Clinical Commissioning Group (CCG)David Landy – Learning Disability Nurse - Basildon and Thurrock University Hospital (BTUH) |  |
|  | **2. Rules of the Meeting**Anne White read out the rules of the meeting.  |  |
|  | **3. Minutes of the previous meeting of the Thurrock Disability Partnership Board****3.1 Any Amendments****3.2 Matters Arising** There were no matters arising. |  |
| https://www.whatdotheyknow.com/request/256870/response/627733/attach/html/2/foiextract20150311-27911-15rt8q5-0-1_1.png | **4. (Item 5 on agenda) Mental Health Peer Review Update & Action Plan – Catherine Wilson** Catherine Wilson gave a presentation on the following:**The peer review process:*** The Peer Review Team were invited to Thurrock to help and support us
* Over 100 people were interviewed, they were open and honest
* The Peer Review Team spent 3 days in Thurrock and read a great deal of information about services and people’s experiences (including the Consultation report on Mental Health Services submitted by Thurrock Coalition)

**What they asked the Peer Review Team to look at:*** Look at how easy the mental health services were to access
* Are the services strength based and individual?
* Is support based on outcomes?
* Do services look at the whole person?
* Do services cover prevention and early intervention?
* Do partners work well together?
* Is the Section 75 Agreement working well?
* How well do Essex Partnership University Trust (EPUT) and commissioners work together?

**The 9 areas for consideration:*** Commissioners to develop an improvement plan with Essex Partnership University Trust EPUT to transform Mental Health approaches in Thurrock
* Develop joint commissioning between the Council and the Clinical Commissioning Group (CCG)
* Commission for the “middle” of mental health needs
* Create a Mental Health Programme Group/Board, including children and transition, ensuring the improvement plan is coordinated to overcome the current fragmentation of plans, including the Joint Strategic Needs assessment (JSNA) recommendations
* Develop service user involvement further
* in training
* payment for taking part in project groups, reviews and inspections
* Thurrock Council and Clinical Commissioning Group (CCG) to agree new operating model which develops referral routes and new pathways whilst managing demand in the system
* Drive innovation for Thurrock Mental Health, which matches Adult Social Care Transformation
* Work with the Sustainability and Transformation Partnership (STP) to develop models of integration. Recognise risk of NHS changing footprints and requirements in the next 10 years
* The current model of social work needs urgent change, social workers need more support to offer support in crisis and with finding beds

**What they have all done so far:*** Agreed to establish a Thurrock Mental Health Partnership Board to replace the existing Mental Health Operational Group
* Appointed a Strategic Lead for Mental Health – Maria Payne.
* Arranged interviews for next week for a joint commissioning post across the Clinical Commissioning Group (CCG) and Adult Social Care. Joint commissioning team / post interim.
* Agreed a process with Essex Partnership University Trust (EPUT) to develop a better section 75 agreement
* Senior meetings are taking place between the Council and Essex Partnership University Trust (EPUT) to look at reviewing the current Mental Health service model and the wider mental health pathway
* In consultation with Essex Partnership University Trust (EPUT) we are looking to include mental health staff in the proposed Integrated Medical Centres and wider Better Care Together work
* A Finance and Performance group has been set up to review the current Performance Indicators and develop a more outcome based approach.
* The Mental Health Joint Strategic Needs assessment (JSNA) gives a great deal of useful information about current provision and future demand.
* The Director of Public Health and Strategic Lead for Commissioning are bringing together the Peer Review and Joint Strategic Needs assessment (JSNA) into a single draft Action Plan
* The Director has asked that a more detailed financial summary is produced to see how much money we are spending on mental health and how this compares with other areas.

**Anne White** - If people are known to the GP for having Mental Health Issues will they be made to start the whole referral process again by going back to the G.P?**CW** - No, should be able to be referred if already known.**TH** - In Norfolk there is a trial service to visit people with Mental Health in their own home when they are in crisis, would this be worth looking in to?**CW** - Staff do home visits on occasion – adapting a more ‘open dialogue’ approach. **Anne White** - Is the safe house still available? **LB** - Yes but currently being repaired. People lose benefits and entitlements if they use the house, not many people with Mental Health use the house. It is being used for a lot of human trafficking cases. Not enough in demand. Ongoing review for use, once a decision has been made I will come back to the board. **ACTION LB** to keep the board up to date on progress.**TH** - If people use the house could there be a loophole that can stop them from losing their benefits and entitlements? **LB** - Lack of demand for escape to a safe place **CL** - Read that in 2016 52 suicides and in 2017 there were 80 is this right?**LB** - Essex Partnership University Trust are currently training staff for a national Clinical Trial based on the ‘Finnish open dialogue’ method, sometimes known as ‘Seikkula’s open dialogue approach’ to psychosis includes a range of practices and a philosophy of care that is radically different to the way mainstream mental health services work with people in crisis. Open dialogue has gained international attention because it has been shown to have reduced the incidence of people with first episode psychosis developing chronic symptoms and associated disability with minimal use of psychotropic medication. The open dialogue approach to psychosis emphasises a rapid response to crisis with skilled therapy teams meeting people in their own homes where possible, co-ordinating all care until the crisis is resolved, engaging with the person’s social and support network in open dialogue meetings, and the facilitation of intensive individual therapy. There will be one team and it will be Complete Continuity of Care.**ACTION LES B** -to bring update on The Open Dialogue Team to the next Partnership Board Meeting.A link on the Finnish Open Dialogue Approach is available here:<https://www.mentalhealthcarersnsw.org/wp-content/uploads/2016/06/The-Finnish-open-dialogue-approach-to-crisis-intervention-in-psychosis-A-review.pdf>Catherine’s Presentation will be distributed with the minutes **ACTION Steph to attach a copy of the presentation to the minutes.** | ***Les Billingham******Steph Vallis*** |
| shutterstock_225278329 | **5. (Item no.7 on agenda) Thurrock Diversity Network and the Local Account Priorities.** Ian then summarised the findings from Local Account workshops and the co priorities which are as follows:1. **Making the most of every impact – Tell Us/Ask Us Once** – ensure that systems are intuitive so that individuals only have to tell their story once, and are listened to and any changes are discussed and updated accordingly.
2. **Join up mental health and physical health services and social care** – take a holistic and social model approach to impairments.
3. **Public Health & wellbeing – focus upon prevention –** Pollution, food/diet, water quality, annual health checks for disabled people.
4. **Direct Payments – Greater clarity for service users contemplating direct Payments –** around the administration, choices, options for support and how they can be used creatively.
5. **Training – Co-produce a community, Third sector-led as well as a statutory offer –** Include Thurrock Coalition and others (3rd Sector delivery) and Thurrock Adult Community College.
6. **Develop a Marketing Strategy for Adult Social Care –** Continue to engage with the voluntary sector.
7. **Home Care, Respite and Carers Support**
8. **Build Upon community resilience**
9. **Expansion of services for people on the autistic spectrum**
10. **Safeguarding and keeping vulnerable people safe.**

Ian went through the **Direct Payments Engagement Group** meetings that will be held monthly.* To regularly engage with Direct Payment Stakeholders.
* To address key concerns and issues that impact Direct Payment Users and the Authority.
* To identify gaps in applied practice or in the marketplace as a whole that relate to the use of Direct Payments.
* To highlight external pressures or issues to Direct Payment users.

Anyone who would like to get involved in the Direct Payments Engagement Group can contact Ian. **ACTION Ian Meeting schedule to be sent out with the minutes.****ACTION LB - Suggested to put the Local Account on the Agenda for March Disability Partnership Board.****Will soon have an action plan for the new 10 outcomes.**  | ***Ian Evans******Les Billingham*** |
| *http://images.clipartpanda.com/sweatshop-clipart-coffee_13.gif* | **6*.* Coffee Break** |  |
| Image result for Ld Health check clipartImage result for stomp campaign | **7. (Item 4 on Agenda) Learning Disability Health Checks – Progress in Thurrock – Neil Woodbridge**Concerns have been raised locally around the numbers of people receiving learning disability (LD) Healthchecks. Thurrock Lifestyle Solutions have been working alongside nurses and College Health to increase the uptake. The Disability Partnership Board requested the most up-to-date numbers from the Clinical Commissioning Group (CCG). The Board was advised that 75% of those individuals who are eligible had been seen. However, looking at the numbers (paper attached), the actual figure appears to be around 35% (as of November 2018 – assuming there are 4 months remaining – to March 31st 2019).**ACTION: a) Co-Chairs of the Partnership Board to write to Jane Itangata to say thank you for providing the figures but to query the reason for the difference between the stated 75% completion and the 35% completion rate shown in the figures.** **b)    Note that 189 out of 332 checks completed – which seems a bit low – is this because of a lag in recording? Ask for assurances and for the final figures for 2018/2019 in June 2019.** **c)    A discussion followed which involved addressing the “one patient, one appointment, one problem” approach which is often unsuitable for people with Learning Difficulties, especially in identifying which issue is the most important. Other ideas/suggestions included appropriate triage, health navigators, and the need to find a solution and to ensure accountability.****d)   Query how best to progress this with the GPs that are not performing. Perhaps the Partnership Board could establish a Task & Finish Group looking at: i) What’s happening with the health checks currently?****ii) What improvements need to be made?****iii) How best to achieve these?** **e)      Ensure that the figures are provided routinely to the Disability Partnership Board.** **ACTION: Neil Woodbridge to email Les Billingham a copy of the data.** National Development Team for Inclusion (NDTi) and the LEDER Programme (led by researchers at the University of Bristol) looking at the data and information on the main causes of death of people with a learning disability. These being: Respiratory problems, Mental Health, obesity. A main issue is that doctors in Thurrock were asking for ten times (x10) the amount of money than any other area before they would provide the information. Thurrock Lifestyle Solutions (TLS) produced 9 suggested questions relating to the LEDER Programme (See previous minutes). A discussion followed in relation to identifying a “named person” in health and social care to oversee the progress locally. It was suggested that the Task & Finish Group (detailed above) could pick this up around co-production and accountability.    **STOMP – Stopping the Over Medication of People with Learning Disabilities** - How social care providers cansupport STOMP.Social care providers can sign up to the STOMP pledge for social care providers at the [Voluntary Organisations Disability Group (VODG) website](https://www.vodg.org.uk/campaigns/stompcampaign/). VODG ( Voluntary Organisations Disability Group) has also produced a [booklet to help support workers](https://www.vodg.org.uk/publications/preparing-to-visit-a-doctor-to-talk-about-psychotropic-medication/) accompany people they support to a GP appointment to talk about psychotropic medication. The booklet includes an easy read section for the person.Supporting STOMP -You can be a STOMP supporter whether you are a person with a learning disability, autism or both, a family carer, voluntary organisation, health or social care professional:* Ask your health care and social care providers if they have signed up to STOMP and what they are doing to stop over medication with psychotropic drugs
* Give them the web address [england.nhs.uk/stomp](http://www.england.nhs.uk/stomp) for all the information they need to get started
* Share the [easy read leaflet](https://www.england.nhs.uk/publication/stomp-stopping-the-over-medication-of-people-with-a-learning-disability-autism-or-both/) about STOMP
* Tell family carers about the resources on [the Challenging Behaviour Foundation](http://medication.challengingbehaviour.org.uk/)
* Download the poster and share the short film about STOMP on the [MiXit website](http://www.mixitdays.com/site/index.php?page=home&content=5887)
* Use social media to tell others what you are doing about STOMP. The Twitter hashtag is [#WeSupportSTOMP](https://twitter.com/search?q=%23WeSupportSTOMP&src=typd)
* If you are a professional find out what your professional body’s STOMP commitments are on their website.
 | ***Neil Woodbridge*** |
| Image result for thurrock coalition | **8. Consultation on how the Partnership Boards, Groups and Forums are working for people in Thurrock – Information and Survey – Ian Evans** Ian gave a short presentation on the consultation, a copy of the Survey was circulated at the start of the meeting.Thurrock Coalition wants hear about your experiences and views on how you currently find out about what's happening with Health and Social Care in Thurrock and how you take part and make your voice heard.We hope that by sharing experiences and views we can influence the improvement of services in the future. Your answers will help us to identify issues and to help increase the numbers and range of people taking part and feeling able to speak up about important local topics in consultations and events by visiting new and existing groups.The survey is available in EasyRead and there is an online version available here: <https://goo.gl/forms/D2l76dJ2z1tKSKAF3>If you need help in completing the survey you can contact:* Ian Evans, Director at Thurrock Coalition.
* 9:30am to 5pm Monday to Friday
* Tel: 01375 389864
* Email: ian@thurrockcoalition.co.uk

**HH** - in relation to the Survey, suggested that we ask more carers about what would be the best for the people they care for as they know that would be best for them. WR agreed that Thurrock Coalition coming out to groups that already exist would be a great idea. **ACTION Ian** to bring the results of the Survey to the March Disability Board**ACTION Steph** to attach copy of the Survey to the minutes  | ***Ian Evans******Steph Vallis*** |
| *http://www.semiconrussia.org/en/sites/semiconrussia.org/files/Info.jpg* | ***9. Board Members Suggestions for future meeting topics and Any Other Business***Huseyin Hurbas - in relation to the Survey, suggested that we ask more carers about what would be the best for the people they care for as they know that would be best for them. WR agreed that Members are asked to let Ian or Steph know if they have any suggestions for future meeting topics. | **All** |
| *http://www.coopersquare.org/picture_library/calendar.gif* | ***Next meeting of Thurrock Disability Partnership Board – 21st March 2019Networking 5:30pm. Meeting: 6pm to 8pm – The Beehive******2019 Meeting Dates:*** |  |