

Minutes of the West Berkshire Council

Disability External Scrutiny Board

Meeting 16 July 2015

Item	Notes
Board Members in attendance	Jan Rothwell (Chair), Alan Fleming, Keith Hester, Sue Hinks and Mick Hutchins
Others	Councillor Marcus Franks, Brian Leahy (Licensing Team Manager, WBC), Elizabeth O’Keeffe (Newbury Town Council), Liz Rushton ((NHS Windsor, Ascot and Maidenhead CCG) and Rachel Craggs (Principal Policy Officer, WBC)
1. Introduction and apologies.	<p>The Chairman welcomed everyone to the meeting.</p> <p>Apologies: Received from Karen Felgate (Contracts and Commissioning Manager, WBC) and Tandra Forster (Head of Adult Social Care. WBC).</p> <p>Concern was expressed that Tandra Forster had not been able to provide a deputy to take her place. However the Board was advised that Tandra’s inability to attend had only arisen that morning, making it impossible for her to arrange for someone to deputise for her.</p> <p>Elizabeth O’Keeffe informed the Board that she was no longer a Newbury Town Councillor, but she would like to remain on the Board and report back to the Town Council.</p>
2. Minutes and Matters Arising.	<p>The minutes of the meeting of 26 March 2015 were agreed. For an update on previous actions, please see the attached sheet.</p> <p>Action 3: January meeting - AF noted that it would have been good if the DES Board had been able to input into the Fairer Contributions Policy, as it was connected to a very important piece of Government legislation. The Board had also requested a copy of the grants and assistance available to people with disabilities but had not received this. Actions 1 & 2: (i) RC to obtain this information along with assistance provided by the VSC. (ii) MF and RC to check the Council’s Forward Plan for items that the Board may like to provide input into.</p> <p>Action 2: March meeting - AF advised that he had made a formal complaint about his treatment to Adult Social Care, as instructed by Tandra Forster, and he had received feedback. However his complaint was not yet complete.</p> <p>Action 3: March meeting – concern was expressed that the car park transponders may not be replaced and it will be necessary for the non-disabled driver to have the car park ticket validated at the car</p>

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	<p>park office in order to exit the car park. This is because it will make the disabled person different from the non-disabled person. It is also not an ideal alternative as, in AF's experience, there is not always someone in the car park office. SH commented that it would be helpful if one type of transponder worked in all the Council's multi storey car parks, as currently different ones are required for each car park. Action 3: MF to discuss this with Mark Cole in Highways.</p> <p>It was also noted that the pedestrian buttons at Pelican crossings are not accessible to everyone as some disabled people, particularly those with a guide dog, are not able to get close enough to press them. Therefore audible crossing information is also required. It was agreed that this issue will be put on the agenda for the next meeting. Action 4: RC</p>
3. AOB	<p><u>Access to Public Spaces:</u> AF reminded the Board that during 2014 they had assisted the Council in obtaining the Green Flag for the Linear Park. They had provided information on access for wheelchair users that had led to improvements to the gates accessing the park. However the curbs to access the gates are still not wheelchair friendly and the use of gravel inside the park was not conducive to wheelchair, zimmer frame and trolley users. In addition, it is not possible for certain vehicles used by wheelchair users to access the car parks as they are unable to move the hinges on the overhead barriers. Problems had also been identified at Bucklebury and Sulham Woods where the kissing gates are difficult to open. Action 5: RC to discuss this issue with Stuart Souden and if a resolution is not available, invite him to attend the next Board meeting</p> <p><u>Access Panel Update:</u> MH reported that the Panel is still meeting and it provides advice on issues such as ramps, gradients and wheelchair turning circles. He noted that there is still a problem with the lack of affordable housing and it is not easily accessible to disabled people, who make up a large percentage of affordable housing tenants due to their low incomes. EOK commented that both WBC and NTC are aware of the issues in relation to affordable housing and the difficulty was with the developers. Recent changes in planning legislation also did not help.</p> <p><u>WBC Revised Equality Policy & Draft Equality Objectives:</u> RC will email these documents to the Board for comment. Action 6: RC</p>
4. Update on Personal Healthcare Budgets	<p>Liz Rushton (LR) from the NHS Windsor, Ascot and Maidenhead CCG attended the meeting to provide an update. She explained that the Commissioning Care Group (CCG) assesses whether someone can have their healthcare costs met by the NHS. Previously it was only local authorities who provided payments to individuals to manage their own care. However in 2009 pilots were undertaken in Oxon, Somerset and Devon on personal health budgets and continuing healthcare. In 2012 the Government announced the roll out of personal health care budgets and from October 2013 people in</p>

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	<p>receipt of continuing healthcare had the right to have personal health budgets. Since then, CCGs have been rolling this out to a wider group of people and in Berkshire they are trying to establish who would benefit from them.</p> <p>The NHS still remains free at the point of delivery if it is not being used for hospital treatment. Healthcare budgets enable an agency to come into people's homes to deliver care, but often this will be at set times and if people want flexibility on visits this is not possible. With personal health budgets the client can employ their carer and build flexibility into their care. They have to have a proper job description and be formally employed and may have to make pension payments.</p> <p>There are 3 ways of doing this:</p> <ul style="list-style-type: none"> (i) The care package is organised with the agency and the NHS continues to administer it. (ii) A third party organisation holds the budget and employs the carers. (iii) A direct payment is made to the clients who hold and manage the budget. They are also provided with one-off start up costs to help with drafting the job description, interviewing etc <p>Nationally there are more direct payment budgets than third party ones as people prefer them. However it is not possible to spend the budget on items that are not in the personal support plan, so this could not include the cost for respite care.</p> <p>When the person is assessed, a decision is made as to whether they are eligible for 100% funding. If they are, the NHS is responsible for all their health and social care needs. However there are still items that the Council can be asked to fund eg child care. If the person is not eligible for 100% funding they may be eligible for a contribution from both the NHS and the Council.</p> <p>The NHS doesn't receive many referrals from GPs as they tend to come from District Nurses, Community Nurses and Mental Health Services. Once the referral is received, an assessment is carried out to see if they would benefit from a personal budget. There aren't many people on personal budgets in Berkshire as it wasn't one of the pilot areas.</p> <p>MH asked if any work was being undertaken on speeding up the assessment process to get people out of hospital, particularly if they had spinal injuries. LR advised that the guidance gives 28 days to complete an assessment so it is important to receive a referral in a timely manner and they can undertake an assessment in 5 days. Specialised units have 28 days to carry out assessments as they require a higher level of care and there is a shortage of agencies</p>

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	<p>available to provide it. In addition, it is unclear what is required until the assessment has been completed. Often the person will leave hospital with an interim care package if they have a spinal injury, while an assessment is being completed and a care package put in place.</p> <p>The CCG website will have information on who to contact. Action 7: RC to check if there is a link to the Council website.</p> <p>Annual reviews are carried out on the people they currently fund and also on retrospective cases that have been applied for under Close Down from previous years.</p> <p>Once the person has been referred, they are allocated to a continuous healthcare nurse who will meet with them or their representative and prepare a draft care package. A multi disciplinary meeting is then arranged to go through the decision support tool to make sure all their needs have been captured. This is then discussed with the professionals to agree whether the person meets the criteria and it goes to the CCG to check the evidence supports the recommendation. If CCG does not agree with the recommendation, the referral will then go to a Panel.</p> <p>It is not possible for a care package to replicate hospital or nursing home care, so if this is what is required the NHS would say they cannot provide the funding as they are unable to provide the care.</p>
<p>5. Taxi usage by wheelchair users</p>	<p>Brian Leahy (BL) attended the meeting to discuss the problems that had been experienced by wheelchair users in relation to taxi usage.</p> <p>BL advised that a proposal had been taken to Members to provide disability awareness training to all taxi drivers. The training had been successful and a DVD on infirmity, disability and age awareness also produced. The drivers are required to pass the test at the end in order to pass the exam and the training is now carried out with all drivers.</p> <p>BL would now like to take a paper to Members proposing the provision of training on the physical act of loading and securing the wheelchair in their own vehicle. If the driver doesn't pass they would have to resit the training and if they don't pass the second time, they would have their licence suspended. He could also propose to Members that there is a requirement for all new taxis to be large enough for the bigger wheelchairs, however he didn't think that they would agree to this.</p> <p>Any training would have to be funded by the taxi drivers themselves and prior consultation on this would take place with the trade and the DES Board.</p> <p>BL explained that they can only take action against taxi drivers If</p>

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	<p>they have evidence that they have refused to pick up a wheelchair user. The evidence he would require includes a Section 9 statement, the taxi licence plate number and the taxi driver number. This could then also be taken to Members.</p> <p>SH noted that someone who is blind would be unable to read the driver's badge number so she asked how they would be able to make a complaint. BL said that feedback from the Board would help them to know how to deal with this sort of situation, for example whether cards with Braille could be given to taxi users.</p> <p>Brian advised that all taxi ramps have to be fit for purpose and able to take the weight of a wheelchair. The ramps and straps are stamped with the vehicle licence number and if during a spot check this is found not be the case, the driver's licence is suspended. If this occurs on three separate occasions, their licence is revoked.</p> <p>WBC taxis are currently 59% wheelchair accessible. A report was taken to Members in March suggesting that all taxis should be wheelchair accessible, but Members' didn't agree. It may be possible to require drivers to have a specific type of vehicle when they change vehicle. However, this requirement could be appealed so Members would need supporting evidence to show the need for this to enable any challenge to be unsuccessful.</p> <p>MH asked if the Transport Inclusion Group still met as it had been a very useful group. Action 8: RC to check this with Matthew Metcalfe.</p> <p>It was noted that the only train stations in West Berkshire where staff are available to help people with mobility issues on and off trains are Newbury up until 9 pm Monday-Friday and 6 pm at weekends and Thatcham up until lunchtime.</p> <p>It was suggested that BL is invited to the January 2016 Board meeting to provide a further update. Action 9: RC to invite BL to the meeting.</p>
6. Update on the implementation of the Care Act	As Tandra Forster had sent her apologies for the meeting, this item was deferred to another meeting.
3. Agenda Items for Next Meeting	<p>Agenda Items:</p> <ol style="list-style-type: none"> 1. Commissioning Care Providers – how users are, or can be, involved in the decision making process, and how complaints are handled. (Karen Felgate) 2. Update on the implementation of the Care Act and new ways of working. (Tandra Forster) – unfortunately Tandra is unable to attend the October meeting and a deputy has been requested.

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	<p>3. Update on transport issues in relation to buses. Action 10 – RC to invite Matthew Metcalfe to the meeting</p> <p>4. Accessible usage of Pelican crossings.</p>
Meeting dates for 2015/16	<p>Thursday 15 October 2015, 10:30 – 1pm – Committee Room 1 (apologies received from EOK & Tandra Forster)</p> <p>Thursday 28 January 2016, 10:30 – 1pm – Committee Room 1</p> <p>Thursday 14 April 2016, 10:30 – 1pm – Committee Room 1</p> <p>Thursday 14 July 2016, 10:30 – 1pm – Committee Room 1</p> <p>Thursday 27 October 2016, 10:30 – 1pm – Committee Room 1</p>