



Brighton & Hove
Learning Disability Partnership Board
www.brightpart.org

**Brighton & Hove Learning
Disabilities Provider Forum
Minutes**

**23rd March 2011 9.30-12.30
Room 1 Hove Town Hall**

Present:			
Diana Bernhardt (Co - Chair)	Lead Commissioner for Learning Disabilities		
Joanne Olbaldiston	Sussex Tikvah		
Kay Holden (Co-Chair)	Southdown Housing Association		
Judith Cooper	B&HCC Contracts		
Raymond Langley	Brighton Hove & District Mencap Society Charity		
Sam Leath	Care UK		
Loz Blume	Priory Rookery Hove		
Sarah McBrien	Arundel Care Services		
Pauline Fretweell	Livability		
Alison Williams	Sussex Health Care		
Chris Sandland	Brighton and Sussex Care		
Joy Skattulla	Cristos		
Rachel Singh	Autism Sussex		
Steve Alexander	Caburn Support		
Katie Whyte	Grace Eyre		
Clare Deacon	CMG		
Naomi Cox	B&HCC LD Provider Manager		
Peter Warren	Consensus		
Gary Davies	Trustcare		
Deen Chauldhry	Trustcare		
Ingrid Ashberry	Speakout		
Karen	Buckingham Road Feast		
Sara Fulford	B&HCC		
Laura Scott Smith	B&HCC		
Gemma Lockwood	B&HCC		
Sarah Crowe	Minutes		
Apologies:			
Sheila Moulton	Mencap Brighton, Hove and District		
Tracy Mair	B&HCC		
Anne Richardson	B&HCC		
Mark Hendriks	B&HCC		
Beth Hemsley	Outlook Foundation		
Neil Holmes	Care Co Ops		
Alex Reeve	Autism Sussex		
Items	Action	By	
1. Introductions and Apologies – DB Details of the information on the website and links to the LD Provider Forum on the Brightpart website. http://www.brighton-hove.gov.uk/index.cfm?request=c 203314			
2. Minutes and Matters Arising Minutes agreed RAS on the agenda for today Autism Sussex are involved in the Autism Stakeholder Group and will			

<p>continue to feedback the details of this at the provider forums One agenda item from providers which is Staying Safe from Grace Eyre</p>		
<p>3. Feedback from People with learning disabilities – Barriers to Cooking IA and Karen from Speakout</p> <p>IA discussed the food report which was done together with the food partnership as some people were saying that they did not feel able to prepare food or make drinks in residential care homes and shared lives schemes. 27 people were involved. Some of the issues that were brought up included people unable to access the kitchen or stove through fear of being scolded, unable to use knives to cut up vegetables so had to use tinned vegetables and that some people were in cookery groups at the day centre however unable to cook at home and continue those skills that had been learnt. Also many people were interested in growing food. At the Food forum discussion was had around the constraints to allowing this to happen this included safety issues, particular if there were staff shortages. Hygiene was not seen as a problem and people were aware of it as well as health and safety</p> <p>IA talked about the tool that had been developed by the Person Centred Approaches Subgroup for Learning Disabled Service users called Choice and Involvement in Cooking Assessment. All agreed that this was useful. IA passed around an action plan for people to think about barriers to cooking in their service and how to address them and what more could be done.</p> <p>Ideas around barriers included, motivating service users around healthy eating and cooking, changing scheduling and routines of when people eat, finding different ways to support people with mobility issues, looking at staffing time, and staff knowledge. These could be addressed by more training, use of OTs. Some providers highlighted areas such as portion control and also to use the person centred plans to pick up on any issues. NC agreed and that in the person centred plans work could be evidenced. RS advised that there are various projects available such as Harvest and other food projects and also to get together a list of likes, dislikes and group people's tastes together (not sure what you are talking about there !). SL suggested that could include details of food (do you mean cookery skills and healthy eating knowledge at interview stage process for staff and to have menu cards or use of a DS. P W suggested the adaptations of chopping boards and raising awareness amongst staff. Also suggested was to make food and cooking as fun as possible.</p> <p>CS asked about cultural needs and the affect of this. IA said this is not something looked at in the report and should be addressed. There is a World Food Project website which has some accessible recipes on. DB thanked IA and Karen for the presentation and agreed that it would be good to keep this item on the agenda and for providers to think about this in the future.</p>	<p>Email presentation Report and other documents</p>	<p>SC</p>
<p>4. National/Local Update – DB</p> <p>DB gave an update nationally and that there would be changes to the Regional VPN governance structure. VPN the White Paper is still being kept on the agenda by the government however the regional group is to end. A new Public Health Observatory is to begin and there are new resources available as below.</p>		

<p>Employment resources for authorities http://www.valuingpeoplenow.dh.gov.uk/content/employment-resources-hub From May available at: http://base-uk.org/. Feeling settled – guidance on moving from residential care to supported living www.housingoptions.org.uk from April Locally the budget and the money for Learning Disabilities has not reduced however savings will need to be made as more people require services especially people with complex needs and people coming through transitions. There will be no inflationary uplift for providers this year and a letter will be sent shortly to all providers. Work is still continuing with personalisation and also managing growth. The key things which are being worked on include continually reviewing services to increase choice and control, working with providers and looking at people in residential settings who no longer need to be there. A review of high cost placements is being undertaken and this is going well. Locally DB advised that her and contracts are looking at terms and conditions to ensure that they are as transparent as possible as well as linking them to not only care plans but Person Centred plans. There is also a new health assessment and step by step guide on the Health lives page of the brightpart website. http://www.brightpart.org/healthy.php DB advised that currently there are 92 providers and this is difficult to manage so we want to reduce this number and have more people in supported living accommodation. A tender for a framework agreement is being developed and hope to advertise this soon. A challenging behaviour support group has been formed and some tools are available. However the team have agreed to wait until the framework has been agreed until a Challenging Behaviour network is set up. Will send details of this to providers when agreed. The Joint Strategic Needs Assessment easy read version will be added to the Brightpart website which sets out key gaps in the market and there will be a market development statement issued once it is developed to look at local need.</p>	<p>Add JSNA to agenda for next meeting Discuss market development at next meeting</p>	
<p>5. RAS and SDS Update – LSS and GL LSS and GL gave an update on the RAS and SDS The RAS is an assessment tool developed by FACE. Currently the RAS model for Older People and Physical disabilities is being trialled and has been successful. FACE have found that for learning disabilities the RAS is more difficult to design and implement as there are more types of accommodation pertinent for people with learning disabilities such as residential, supported living etc. Therefore FACE have decided to look at this more and at consistency, stream lining assessment process and benchmarking. It is being used for people in the community and high cost placements.</p>	<p>Update on RAS/SDS at all meetings</p>	
<p>6. Keeping Safe – Katie Whyte KW advised that Grace Eyre are looking to run workshops on keeping people safe. Workshops opened for the community on the 4th April and for the police, on first aid, travel and health and safety. Katie asked providers if they would like to be involved so that maybe a calendar of</p>		

<p>events could be built up and to include family carers. NC advised that in house providers would be involved. If providers wish to be involved to contact Katie Whyte at Grace Eyre. K.whyte@grace-eyre.org</p>		
<p>7. Dignity Champions – Sara Fulford The Dignity in care campaign links to the ideas around personalisation and Valuing People now and lots of good ideas are available about. Some providers are already signed up to the dignity in care campaign. Currently there are 10 dignity challenges. Surveys, checklists, documentation, visits and interviews have been developed to measure dignity. In older people services there is a dignity champion group where people meet up to discuss and look at good/bad practice. There are now 43 dignity champions from 30 different groups. The website contains a lot of information and tools which people maybe interested in and which can be adapted to suit particular needs. Agreed for providers to go back and look into this and feedback at the next meeting if they want to be involved or to email sara.fulford@brighton-hove.gov.uk http://www.dignityincare.org.uk/Topics/championresources/?parent=6654&child=7976 http://www.dignityincare.org.uk/</p>	<p>Discuss and or providers to feedback ideas at next meeting.</p>	
<p>8. AOB and Next Meetings NC advised that there is a jobs board now available on the brightpart website for recruitment and staff. Please give any feedback. http://www.brightpart.org/jobboard/ At the next meeting agreed to discuss the Joint Strategic Needs assessment and market Development and Steven Hird to come to discuss the changes to benefits.</p>		
<p>9. Providers Only – KH As agreed, at 12 noon Council representatives left the meeting to give Providers an opportunity to reflect on the agenda, put forward ideas for the next meeting and generally comment on whether they would wish the meeting to change in any way.</p> <ol style="list-style-type: none"> 1. Naomi asked whether Providers felt happy for her to remain in the meeting as she is a Council employee and at present continues to manage the CLDT. Naomi advised the meeting that from April 1st her responsibility will be for Council run provider services only. 2. KH invited comments about today's meeting. All agreed that the agenda provided a good range of topics from those that directly involved practice issues to more strategic information from Diana. 3. It was agreed that better links with the LDPB were needed with the forum 4. KH requested agenda topics for the next meeting and all agreed that for the provider agenda item next meeting it would be useful to ask Diana to present information from the JSNA and talk about market development in B & H. 	<p>Members agreed that they had no objection to Naomi remaining in the meeting</p> <p>KH to ask Sarah to add feedback from and feedback to the LDPB as a standing agenda item. KH to action</p>	
<p><u>Dates for 2011</u> All at Hove Town Hall, Room 1 from 9.30 -12.00 12-12.30 LD Providers Only</p>		

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| <ul style="list-style-type: none">• 25th May 2011• 20th July 2011• 21st September 2011• 23rd November 2011 | | |
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