Minutes of the Enfield Learning Disability Partnership Board

20th February 2017

This Meeting’s Big Issue Was

Information and Advice and Autism and Learning Disabilities Council
Present -
People Who Were There

<table>
<thead>
<tr>
<th>Name</th>
<th>Position and Title</th>
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<tbody>
<tr>
<td>Niel Niehorster</td>
<td>Co-Chair - London Borough of Enfield Head of Integrated Learning Disability Services</td>
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<tr>
<td>Kellie Scott</td>
<td>Autism and Learning Disability Councillor</td>
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<tr>
<td>Elizabeth Taoushanis</td>
<td>Autism and Learning Disability Councillor</td>
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<tr>
<td>Sue Wilkinson</td>
<td>Advocacy Support, Enfield Disability Action Advocacy Project</td>
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<tr>
<td>Stephen Smith</td>
<td>Autism and Learning Disability Councillor</td>
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<tr>
<td>Deanna Rogers</td>
<td>Specialist Participant, Voluntary Sector. Champion for Hate Crime</td>
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<tr>
<td>Cllr Sarah Doyle</td>
<td>Councillor</td>
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<tr>
<td>Wendy Berry</td>
<td>Family Carers Champion - Parent Carer/ CAPE</td>
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<tr>
<td>Surojit Walawalker (Wally)</td>
<td>Family Carers Champion - Parent Carer and CAPE Chair</td>
</tr>
<tr>
<td>Jane Richards</td>
<td>Carer2Carer network</td>
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<tr>
<td>Shirley-Anne Wheeler (PM)</td>
<td>Employment Champion – London Borough of Enfield Service Manager Equals Employment</td>
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<tr>
<td>Christiana During</td>
<td>Councillor</td>
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<tr>
<td>Paulette Blackwood</td>
<td>Acute Liaison Nurse, North Middlesex Hospital.</td>
</tr>
<tr>
<td>Pamela Burke</td>
<td>Chief Executive, Enfield Carers Centre</td>
</tr>
<tr>
<td>Chris O’Donnell</td>
<td>Facilitator - Person Centred Planning Coordinator</td>
</tr>
<tr>
<td>Geoff Lambrick</td>
<td>London Borough of Enfield, Service Manager Assessment and Care Management,</td>
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<tr>
<td>Ineta Miskinyte</td>
<td>Service Development Manager LBE</td>
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<tr>
<td>Priscilla Surfraz</td>
<td>Acting Manager, Community Nurses</td>
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<tr>
<td>Soobhash Ramphul</td>
<td>Acting Manager, Community Nurses</td>
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<tr>
<td>Chris O’Donnell</td>
<td>PCP Coordinator</td>
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### Apologies – People who could not be there

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tbody>
<tr>
<td>Bill Barry</td>
<td>Peer Advocate, User forum</td>
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<tr>
<td>Sheila Barry</td>
<td>Co-Chair – Self Advocate and User Forum</td>
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<tr>
<td>Stephen Young</td>
<td>Peer Advocate, Formont User Forum</td>
</tr>
<tr>
<td>Katherine O'Donnell</td>
<td>Clinical Director Enfield, Barnet Enfield and Haringey Mental Health Trust</td>
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<tr>
<td>Josephine Carroll</td>
<td>Central and North West London NHS Foundation Trust</td>
</tr>
<tr>
<td>Tamara McNamara</td>
<td>Acute Liaison Nurse, Barnet and Chase farm Hospital</td>
</tr>
<tr>
<td>Bernadette Reigar</td>
<td>Parent Carer/ (CAPE)</td>
</tr>
<tr>
<td>Lesley Walls</td>
<td>Specialist Participant – Voluntary Sector</td>
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<tr>
<td>Richard Armstrong</td>
<td>Autism and Learning Disability Councillor</td>
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<tr>
<td>Sarah Davis</td>
<td>Autism and Learning Disability Councillor</td>
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<tr>
<td>Liz Griffiths</td>
<td>Autism and Learning Disability Councillor</td>
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Note – 2 members of one-to-one were nominated to represent Leslie, but were unable to attend.

### Guests

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
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<tr>
<td>Karen Grimes</td>
<td>Enfield Disability Information and Advice Service</td>
</tr>
<tr>
<td>Nancie Alleyne</td>
<td>Service Development Manager Older People and Physical Disability</td>
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<tr>
<td>Naomi Gilder</td>
<td>Autism and Learning Disability Councillor</td>
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<tr>
<td>Victor Chanaryn</td>
<td>Autism and Learning Disability Councillor</td>
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<tr>
<td>Margaret Denney</td>
<td>Autism and Learning Disability Councillor</td>
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<tr>
<td>Louise Collins</td>
<td>Autism and Learning Disability Councillor</td>
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Karen Grimes talked to the Board about the Enfield Disability Information and Advice Service (DIAS)

DIAS are based at Community House. People can drop in, phone or contact them on the internet.

They have a Facebook page.

DIAS have some paid staff, but are mostly made up of volunteers. Many of the volunteers are disabled themselves.

DIAS staff are able to provide most information people ask for. If they do not have the information they will know who does.

Most commonly, people ask for things like OT assessments, blue badges or wheelchair repairs.
Most commonly people seek advice about benefits.

At the moment, people are being transferred from Disability Living Allowance to Personal Independence Payments. This is complicated. If the forms are not filled in properly, people can lose money. It is best to get it right first time. Karen recommends that people come to DIAS for advice.

People can come into the drop in sessions for advice. They can book an appointment for help to fill in the forms if they need to.

DAIS will also help people check to see if they are getting all the right benefits.

People also ask for advice about housing. DIAS will help people apply for the housing register, and check for housing benefit level.
People also ask about help in the home, including support and equipment.

People also ask about their community charge – DIAS can advise if people think they are paying too much.

**Question** – how do the department of work and pensions choose who will be transferred to PIP and when?

**Answer** – Karen said this seems to be random, but everyone will be transferred eventually.

**Question** – How much time do people have when they come to the drop in session?
**Answer** – As much as they need. About 20 – 30 people come to each 2 hour drop in session. About half are given a further appointment.

**Question** – Do DIAS give advice on income assessments and disability related expenses?

**Answer** – Yes. They will also contact the council on people’s behalf, but this can often take some time.
**Question** – Have DIAS noticed a difference since the income and assessment team have **stopped home visits**?

**Answer** – Yes. More people are coming to the office for help with filling out the income assessment forms. Some people have completed the forms themselves and made mistakes. Some have higher costs.

It was noted that the income and assessment team will visit in **certain circumstances**.

Niel explained that if someone **does not return** the financial assessment form, they will need to pay the **full cost of their care**.

The **Income Assessment Team** should contact **EILDS** first to make sure the person is being supported. This does not always happen. In the future computer systems will talk to each other and this will be easier.

Karen also said that income reassessments tend to happen in **October**, when new policy comes into place in **April**. Sometimes people are in **arrears without knowing it**.

**Action** – Invite Geoff Waterton to the next board to discuss income assessments and **Disability Related Expenditure**.
Question – Is DIAS funded by the council?
Answer – Yes, but this will be changing in October.

Question – Enfield Carers Centre have had to stop providing benefits advice – has this increased the number of people coming to DIAS?

Answer – Yes. Karen understands that Age Concern have also stopped providing advice. DIAS have never had as many people coming to them as they do now. DIAS now has about 40 people on their waiting list for appointments.

Pamela said they Enfield Carers Centre are looking for new funding.

In the mean time they are arranging group sessions with the department of work and pensions.

They are also working with volunteers to help people apply for Blue Badgers, set up their Enfield connected account etc.

The group felt that DIAS is a vital service. There is currently a gap, but Information is a key outcome of the new commissioning strategy.
Ineta then gave this presentation on the ‘Voluntary Sector Recommissioning Strategy’

**HHASC Voluntary and Community (VCS) Sector Recommissioning**

**Plan**

Service Development Team
Hhasc.commissioning@enfield.gov.uk

www.enfield.gov.uk

Striving for excellence

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**Why are we recommissioning?**

- Focus on **prevention** and early intervention
- Many grants and **contracts** have rolled over **year on year**
- No longer meet the priorities of the Council, CCG or the community
- Better value for money
Why are we recommissioning?

- Increased **partnership** working
- **Outcomes focused** allowing more creativity
- Reduced number of contracts means more **support** available
- **Co-production**

Approach to Commissioning

**Outcomes Based**
- VCS can find **innovative** ways to meet needs
- More power to **adapt** to service user/carer needs
- Measured on what **really matters**
- More **trust** in the knowledge of the VCS

**Consortia Approach**
- Joint up working = **better services**
- Reduces duplication
- **Better value** for money

Outcomes

- 1: Helping People Continue **Caring**
- 2: Supporting people to live **healthy** and **independent** lives in the community
- 3: Supporting people to improve their health and **wellbeing/improving self-management**
Outcomes

- 4: Helping Vulnerable Adults to have a voice
- 5: People recover from illness, safe and appropriate discharge from hospital
- 6: Increased and improved information provision

Process

- Outcomes determined through co-production workshops in 2016
- One contract per outcome
- Requires cross client group partnership working
- Final budget and specification released in April

Process

- Three month application period
- Additional funding available for management
- Each contract will have a dedicated commissioner
- Contracts begin November 2017
The Board then had a discussion about the presentation

**Question** – The board asked what ‘consortia’ meant.

**Answer** – A ‘Consortia’ is where different groups work together on projects.

For example, Age Concern, Mencap and Mind, might all work together on a project for make information available for everyone.

A ‘Consortia’ will have a lead organisation. They will delegate actions and share funding.

Information on the specifications will be sent to heads of service, the clinical commissioning group and public health.
This process is just about council funding. Many organisations get most of their money from other sources, like charity funds.

**Question** – Will organisations from outside Enfield be allowed to apply?

**Answer** – Yes.

The council might require organisations to have a local base and show they have local knowledge.

**Question** – Can the council advocate for people when dealing with DWP?

**Answer** – No. People can feedback through EDA about DLA and PIP.

EDA also have some contact with Disability Employment Officers at the job centre to help with JSA and ESA.
The Board then identified some key areas that they would like to see included in the information outcome of the strategy.

Provide good accessible information on welfare benefits and charging policy.

Develop a working ‘e-market place’ so people can find out about and buy services.

Have a dedicated manager in the council to work with the Voluntary and Community Sector.

A one stop shop for information, that needs to be staffed. Many people need face to face support, especially with form filling.

Waiting lists for face to face sessions should be short. Especially as sometimes people have to return forms in a short space of time.
Link with **existing local networks**, for example ‘love your doorstep’.

Look at **alternatives to online**. Some members had tried ‘facetime’ style online video support, but many found it unhelpful. Also, many people with LD do not have internet connections, and rely on mobile phones. They found data charges expensive.

Produce **Accessible Health Information**, for example;

- CHC policy
- Acute Liaison Nurses
- Health Checks
- Hospital Passports

Improved **disability awareness** in generic services, including signposting to specialist advice (One stop shop).
Ineta then gave this presentation on the Transforming Care Programme

Programme Overview & Update

Niel Niehorster, Head of Integrated Learning Disability Service
Ineta Miskinyte, Service Development Manager

What is the Transforming Care Programme?

A national programme developed in response to the 2011 Winterbourne View abuse scandal.

It aims to support people with a learning disability and/or autism to live in the community and have a better standard of care and support.
Who is it for?

- Children, young people and adults with a learning disability and/or autism, with behaviour that challenges, including those with a mental health condition

Current in North Central London:

- 230 - people at risk of going to hospital due to behaviour that challenges
- 76 people currently in hospital
  - 10 of the current in-patients are children and young people

Objectives

1/2

- Reduce the number of people with learning disabilities and/or autism in hospitals by half by March 2019
- Reduce average length of stay

- Eliminate use of out of area placements – all people should be supported near home

- Eliminate existing health inequalities

- Transform care and support to be designed around the individual

- Improve the quality of life for people with learning disabilities and/or autism and reduce behaviour that challenges
North Central London Progress

Progress by Borough

What are we planning to do?

1. Multi-agency partnership working (Joint discharge planning, support planning and crisis planning)

2. Positive Behaviour Support (to understand the causes and triggers for behaviour that challenges, and implement strategies to prevent and manage those behaviours; additional funding sought for PBS intervention specifically for children and young people)

3. Crisis Intervention (More and better crisis planning and crisis intervention. Professionals will be available out of hours when there is a crisis. Patients will have a contingency plan so everyone knows what to do in a crisis)
What are we planning to do?

4. Accommodation (Housing and Technology Fund)
   - Funding to adapt homes to be more autism-friendly
   - Funding for packages of assistive technology
   - A campaign to find more, suitable properties and landlords

What is happening in Enfield?

- The **lowest number** of people in hospitals across North Central London
- Developed the 'At-Risk of Admission' register in partnership with Children Services
- Developing a PBS Business Case for the local PBS Service

What is happening in Enfield?

- Using a Care and Treatment Reviews process to plan discharges or plan/avoid admissions
- Raising awareness of an **more referrals** of people with complex needs from other Local Authorities
The Board had this discussion about Ineta’s presentation

Enfield currently have 12 adults on the at risk list.

The average length of stay in hospital is currently 12 weeks.
This is much better than the 2 years it was before!

The current target for Enfield is to have no one in hospital by 2019.
5 people are currently in hospital, and 3 are moving out over the next few months.

Question – How are people’s support funded?
Answer – When people are in hospital their care is paid for by the NHS.
When they come back to the community, their funding is split between the Local Authority and NHS

Question – How are people identified as ‘At Risk’
Answer – There is a weekly meeting looking at this. **People are at risk if** –

- Their behaviour can be **challenging** and
- Their support is **not working** and
- the only other option is **hospital**.

This is different from the continuing health care process.

**Question** – The presentation shows Enfield doing better than other boroughs in North Central London. Why is this?

**Answer** – There are different reasons. For example -

- Enfield has a good **integrated service**.

- Enfield has a **Community Intervention Service**. This is part funded by the CCG for crisis intervention.

- Enfield is good at promoting **Positive Behaviour Support**.
• Enfield has good partnerships with **specialist providers**.

**Question** – When people come out of hospital they need a **place to live**, are private landlords offering long term secure tenancies?

**Answer** – Short term assured tenancies have been the normal arrangements, but there has been some work as part of the Transforming Care Programme in North Central London, to see if longer secure tenancies are possible.

Ineta has just started working with landlords.

She has nothing specific to report yet.

Ineta says she cannot find any other areas where this has been done, so will have to see how it progresses.

**Question** – Are **support** and **accommodation** still separate?

**Answer** – Ideally **yes**.

People should be able to swap their support without moving home.

Different organisations work in different ways.

Some have different ‘arms’ for support and accommodation.

**Question** – As Enfield are **meeting the targets** of transforming care anyway, what is the **benefit** of working with the rest of North Central London?
**Answer** – It is good to share best practice and learn from our neighbours.

Also, as other local boroughs improve, it should **reduce the numbers of people moving into Enfield**.

Although the ‘host’ borough would still pay for their care, they do get a health service. The fewer people move to Enfield the less strain on our health service.

**Question** – About **Acute Hospitals** (not Transforming Care). NICE guidelines say that -

If a person needs **support** when they are in hospital because for their **behaviour**, the **hospital has to provided it**.

But hospitals don’t have skilled staff to do this. So **people tend to use their own supporters** from the community. Do **hospitals pay** for this?

**Answer** – **No**. Commissioners are talking about this at the moment.

**Action** – Ineta will look into a **sector wide arrangement** where **acute hospitals reimburse support costs** for people whose behaviour can be challenging when in acute hospitals.
Question – Pam asked if the carers centre can be involved in promoting Positive Behaviour Support?

Answer – Yes. All plans are different, so there is no set training. But the PBS team to give advice sessions.

Action – Pam to contact Rupa Gone (Head of Psychology ILDS) to discuss how Carers Centre can help with PBS advice sessions.
The elected members of the Autism and Learning Disability Council introduced themselves.

Councillors at today’s meeting were -

**Elizabeth Taoshanis**
- **Councillor for** – Community Link Edmonton
- **Member of** – Partnership Board
- **Special Interest** – Moving on

**Stephen Smith**
- **Councillor for** – Outward
- **Member of** – Partnership Board
- **Special Interest** – Transport (Champion of Sub Group)

**Margaret Denney**
- **Councillor for** – Outward
- **Special Interest** – Hate Crime and Safeguarding, Carers
Naomi Gilder

**Councillor for** – Outward

**Special Interest** – Employment, Leisure Recreation and Day Opportunities

Kelly Scott

**Councillor for** – One-to-One (Enfield)

**Member of** - Partnership Board (Next Co-Chair)

**Special Interest** – Leisure Recreation and Day Opportunities

Victor Chanaryn

**Councillor for** - One-to-One (Enfield)

**Special Interest** – Transport

These councillors were not able to make it on the day
Sarah Davis
Councillor for - Autism Group
Member of - Partnership Board
Special Interest – Autism Steering Group, Employment, Leadership and Advocacy

Jay Bonsal
Councillor for - Autism Group
Special Interest – Transport.

Susan Griffiths
Councillor for - Community Link Edmonton

Liz Griffiths
Councillor for - One-to-One (Enfield)
Special Interest - Carers
Richard Armstrong

Councillor for - St John of God Hospitaller Services

Special Interest – Helath (Co-Chair of Sub Group)

(Louise Collins represented Richard at the Board)

A&LD Councillors will be contacting the partnership board sub groups and introducing themselves.

Councillors Doyle and During will give the new A&LD Councillors a tour of the council chambers.

A&LD Councillors will hold surgery’s and represent their constituents.

They will also represent people outside of the organisations that elected them.

Question – How are people with profound and multiple learning disabilities represented?

Answer – A&LD Councillors have given a presentation at Formont, but there is no direct representation as yet.
The Board thought A&LD councillors could also -

- Represent people whose behaviour can be challenging.

- Represent people with profound and multiple learning disabilities.

- Represent people from all the different ethnic communities in Enfield.

- Look at housing options for people with learning disabilities, and take part in the housing allocations policy consultation.

- Include community safety in the work with safeguarding and hate crime.
• Give presentations at **schools**.

• Encourage people to **vote** in elections

• Develop **easy read budget consultations**

• Make contact with local **Mencap** to join in **campaigns**.

• Join in the over 50’s forum ‘**Fairer Funding for Enfield**’ campaign

• **Offer training to bus drivers** on how to recognise and support **independent travellers** if there is a **change to the journey**.

**Action** – A&LD council to be added to the council’s list of local organisations
How the Partnership Board will take the lead

**A&LD councillors** will add the things listed above (page 32 and 33) to their **work plan**.

Include issues above (page 17 and 18) in the **information outcome** of the **VCS recommissioning strategy**.

Ineta to forward with Rosie Loman
Work Plan Report

Health –
Paulette said the Care Quality Commission have decided that the North Middlesex Hospital is too big to have a part time Learning Disability Liaison Nurse.

NHS England have agreed to fund a full time Acute Liaison Nurse post. New ALN posters should be placed in all GP surgery’s.

North Middlesex hospital flagging system is now up and running. Paulette is entering the information. It should be up to date by May.

Carers – Wendy says that Independence and Wellbeing Enfield still do not have a system for sending out invoices.

Wendy has also had conformation from Marc Gadsby about VAT payments to Independence and Wellbeing Enfield. People will have to pay 20% VAT for day services. If they but the service themselves or with a direct payment, they cannot claim it back.

If the council buys the service for them, the council can claim the VAT back. People currently using the day services will continue to have them bought for them by the council.

Hate Crime - The Hate Crime Forum is arranging ‘3rd party reporting’ refresher training.
Current Financial Situation

£2.6m

The current projected **overspend** for Learning Disability Services is **£2.6 million**.

£1.4m

There have been **£1.4 million savings**. These have come from:

- more people being funded by **Continuing Health Care**
- More **efficient** services
- **Reviews** looking at lower indicative budgets (this saved about £350,000)

**2018**

Next year’s budget is **not decided yet**. The current overspend will carry over.

Families were **hopeful** next year’s financial situation would be better.

Niel said the service will be seriously financially **challenged** until at least 2020.

**Question** – The **Enfield 2017** programme expected to make savings. Did they happen?
Answer – Yes.
E17 has achieved most of its targets.
The move to hubs, especially the procurement hub, has achieved a lot of savings.

Niel noted that Enfield Adult Social Care has achieved the second highest saving (as a %) in the country.

Question – When is the council tax for next year agreed?

Answer – Cabinet has recommended a 4.9 % increase.
Note – this has now been agreed by the council - a 1.9% increase in Council tax, and a precept of 3%.

Carers said they have read some reports that the increase in council tax would just be enough to pay for the higher wages coming in in April.

Carers pointed out the new indicative budgets are often much lower.
Carers are sometimes given the impression this is the final budget.

Niel said this should not be the case.
We use the indicative budget as a starting point for a conversation.
The Local Authority needs to demonstrate it is meeting people’s needs.
Carers also said that sometimes combined assessments do not fully cover carer’s issues, for example the right to work.

**Action** – Geoff Lambrick will continue working with the Care Management team on how to have discussion about lower indicative budgets, and how to fully reflect carer’s needs in a combined assessment. Geoff will feedback through focus group.

**Question** – The board asked if the deal recently agreed in Surrey, where the local council keeps a higher proportion of the local business rate, could happen in Enfield.

**Answer** – It is too early to say, but should know more by next board.
Outcomes from November 2016

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<th>Who</th>
<th>Will do What</th>
<th>By When</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Chris</td>
<td>Arrange a planning meeting for the Safeguarding Conference, (to include Jane, Deanna and Monica to form part of planning group)</td>
<td>20/12/17</td>
<td>Arranged for 13th March</td>
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<tr>
<td>Chris</td>
<td>Send out information on the Multi-Agency Safeguarding Hub</td>
<td>12/12/16</td>
<td>This was done</td>
</tr>
<tr>
<td>Niel</td>
<td>Chase up a new member of the Hate Crime Network to replace the Speech and Language Therapist that left.</td>
<td>20/02/17</td>
<td>This has gone to the therapies teams to be allocated.</td>
</tr>
<tr>
<td>Chris</td>
<td>Send updated Easy Read guide to safeguarding to the group.</td>
<td>When available</td>
<td>Not yet available</td>
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<tr>
<td>Trevor</td>
<td>Provide case studies on on-line abuse (for example, 'sexting' and bullying) to Lesley to support her bid for more Hate Crime funding.</td>
<td>01/01/17</td>
<td>Trevor and Geoff have shared information with Lesley to support the bid.</td>
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<tr>
<td>Chris</td>
<td>Consider adding a booking form to the Fusion taster session leaflets.</td>
<td>01/01/01</td>
<td>These have gone out with a request for people to inform Chris of numbers.</td>
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<tr>
<td>Chris</td>
<td>Invite potential volunteers to help with Fusion taster sessions to a meeting.</td>
<td>15/01/17</td>
<td>Members have been identified and contacted individually.</td>
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<td>Chris</td>
<td>Chase up Library’s after Fusion project has finished.</td>
<td>Summer 2017</td>
<td>Keep on agenda for summer.</td>
</tr>
<tr>
<td>Chris</td>
<td>Identify potential sources of training for carers.</td>
<td>Feedback at next meeting.</td>
<td>New videos produced by Enfield will be used in a session for keep safe week.</td>
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Any Other Business

Cllr During said that the Meridian Water development is progressing and will be bringing new resources into the borough. This is a good opportunity for people with learning disabilities to benefit from new employment and housing.

Jon Robson has been successful in applying for a post with the CCG. His post as Service Manager for Community Nursing will be advertised. This does leave community nurses a bit short staffed.

The Board were reminded that this year’s Autism Conference will be at the Dugdale Centre on the 22nd March.

Jane was concerned that information from the transition events was not getting out to all carers.

A&LD counsellors said that they enjoyed the day at Partnership Board.
## Summary of Actions

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<tr>
<th>Who</th>
<th>Will do What</th>
<th>By When</th>
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<tr>
<td>Ineta to forward with Rosie Loman</td>
<td>Include Partnership Board recommendations (pages 17 and 18 of minutes) in the information outcome of the VCS recommissioning strategy.</td>
<td>Feedback at next meeting</td>
</tr>
<tr>
<td>A&amp;LD councillors</td>
<td>Add partnership Board feedback (pages 32 and 33) to their work plan.</td>
<td>Feedback at next meeting</td>
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<td>Ineta</td>
<td>Look into a sector wide arrangement where acute hospitals reimburse support costs for people whose behaviour can be challenging when in acute hospital.</td>
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<td>Geoff Lambrick</td>
<td>Continue working with the Care Management team on how to have discussion about lower indicative budgets, and how to fully reflect carers needs in a combined assessment.</td>
<td>Geoff will feedback through focus group.</td>
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<td>Chris</td>
<td>Invite Geoff Waterton to the next board to discuss income assessments and Disability Related Expenditure.</td>
<td>May 22nd</td>
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<tr>
<td>Pam</td>
<td>Contact Rupa Gone (Head of Psychology ILDS) to discuss how Carers Centre can help with PBS advice sessions.</td>
<td>Feedback at next meeting</td>
</tr>
<tr>
<td>Chris</td>
<td>Add A&amp;LD council to the council’s list of local organisations</td>
<td>Feedback at next meeting</td>
</tr>
<tr>
<td>Chris</td>
<td>Chase up Library’s after Fusion project has finished.</td>
<td>Summer 2017</td>
</tr>
<tr>
<td>Chris</td>
<td>Send updated Easy Read guide to safeguarding to the group.</td>
<td>When available</td>
</tr>
</tbody>
</table>
The ‘Big Issue’ for our meeting on May 22\textsuperscript{nd} 2017 will be….

Meetings for the next year

May 22\textsuperscript{nd}
August 21\textsuperscript{st}
November 20\textsuperscript{th}

Review of the Work Plan