Gloucestershire’s Physical Disability & Sensory Impairment Partnership Board

Tuesday 11th June 2024

Attendees:

- Jan Marriott – Co-chair
- Katie Peacock – Co-Chair
- Louise Matthews – Commissioning Officer, GCC
- Paul Tyrrell – Inclusion Gloucestershire
- Paul Hepworth – Inclusion Gloucestershire
- Jo Scriven – ME/CFS Friendship Group
- Karl Gluck (for part of the meeting) – Commissioning GCC/NHS Gloucestershire
- Cheryl Hampson (for part of the meeting), Head of Quality and Performance for Adult Social Care, GCC
- Mary Woolley – Insight Gloucestershire
- Fiona Cranmore – Headway Gloucestershire

Apologies:

- Linda Hending - ME/CFS Friendship Group
- Rachel Ephgrave – ME/CFS Friendship Group
- Naomi Adams (Zoom blocked for her), Head of Service Disabled Children’s Team, GCC
- Lorna Carter (tried to join different Zoom link) – Gloucestershire Carer’s Hub
- Megan Paul (tried to join different Zoom link) – You’re Welcome Gloucestershire

No	Item	Actions
1)	**Welcome, Introductions and Apologies** Jan and Katie introduced everyone. Katie said it was lovely to see everybody today. We have lots to get through in terms of what we have heard from the survey, so I will try and keep it concise. Please feel free to ask me to speed up or slow down where necessary.	
2)	**Neurology Sub-group Update (Katie Peacock)** Short summary We spoke about the NICE guidelines and the work that has been going on around that. Jan explained it was about the Community Neurology service. Jan said: there was always some physios and a business case was put together to develop the Community Neurology Service. We heard about what it covers, but also what it doesn’t cover. There were some concerns around the issues with acquired brain injuries not being part of [the scope of the service] and also people with Myalgic Encephalomyelitis/Chronic Fatigue Syndrome (ME/CFS). The belief was they already have a service, but all they have is an outpatient service in Bristol. Katie: I know there is a lot of conversation going on to try and work that out and try and get some clarity on it, so that’s an ongoing discussion and perhaps some collaboration there. I know it’s something Dave and other colleagues are working on. There has been an extensive piece of work on the NICE guidelines, that is continuing as well. Jan: there has been some really good coproduction going on both in Bristol and in Gloucestershire around the needs and services for people with ME and CFS – a really good example of what having the Partnership Boards has brought about.	

	Katie: There is going to be further development and it's not the end of the project. Jo joined the call and apologised, as she thought she had used the wrong link. Katie invited Jo to introduce herself. Jo thought she is the only representative of the ME/CFS friendship group here today. Katie explained she was giving an overview of the last meeting, and she wasn't sure if there was anything Jo would like to say. Jo replied: No thanks, no that's fine.	
3)	**Our survey – what we have found out so far (Katie Peacock)** We have a small presentation. We were saying before the meeting we have had quite a bit of feedback, so we are going to take some time and dive into some of the results in more detail. Bear in mind it's the beginning of the process, as not only do we have this meeting today, but we also have the in-person meeting. When we can collate that all together, we will have a clear picture of where priorities are going. *Note:* The survey presentation was shared on screen at this point. The presentation is attached to these minutes. Katie said: we have had 23 responses, which is quite high, and we're pleased with that so far. Katie went through each of the priorities and the number of votes they had received. Kaite then when through the 'other issues' slides (slide 4 & 5 in the presentation). Katie said there are lots of issues and we could spend some time going through these. It's important to gather the feedback of the people we have today within the survey, so we will send this [the presentation] out so you can have a look. If you have any further questions do feel free to contact any one of us, myself or Jan. Jan commented that we came up with what we thought were the key things for people to vote for, but there is clearly lots of other things that people have concerns about. Jan also commented to Karl that once we have finished this piece of work, it's a useful exercise to collect people's views, that can be used in all sorts of places. Jan thought Healthwatch would be interested, Barnwood [Trust] and GCC as commissioners. Karl said: One of the things we have been tasked with working on, and it's something I need to take around to the Partnership Boards, which I need to plan with the boards and my team about how we do it. Since my boss, Benidict Lee, started one of the things he has been working on is a thing called an integrated commissioning framework, which basically sets out what we do and how we do things. It's a document for internal use, but also external use as well.	

One of the things included within there is priorities for us as a commissioning service and it includes the development of an overarching strategy, called, Living Well. This name will need to be developed. This is an adult (working age) strategy, and it covers all the areas I'm responsible for, including mental illness, learning disabilities, autism, physical disabilities, sensory impairment. The expectation is we work towards having a unified strategy for next year.

Sometime in the summer, was the deadline. That seems like quite a long time, but, when you factor in consultation periods and business cases that might need to be developed, or any governance we need to go through to get it signed off, that time will go quite quickly. The Commissioning team are really excited to start working with the Partnership Boards to develop that into something more meaningful, rather than just words on a page. That was a long way of saying this information is helpful, within that context, although we would probably need to do more engagement.

Katie: it's certainly a starting point and I know it's something the Partnership Board will certainly be interested in carrying on, continuing and developing. There is lots of different information to pick out.

Karl said: in my head I would like to do a huge engagement event, a mixture of online and in person, which has at its core inclusivity for all, but then has breakout sessions anyone can go to on different topic areas. Mental health, physical health, whatever it may be. The danger of doing consultation in silos is you pigeonhole people into those silos. The difficulty of doing what I just said is, logistically it takes a lot of work to do and it's difficult to make it really work and be meaningful to all people.

Jan: this bit of work helps frame what people want to talk about, so it's really useful in terms of setting the agenda for what you have just said Karl. We will have already collected quite a lot of information.

Karl: that's one of the things we always try and do, not reinvent the wheel. So, where people have told us a lot of stuff already, we'll collate that and play it back to people, rather than saying what do you think about various things. If we know this, we can say, this is what we know from what you have told us through the partnership boards or surveys. We need to get a lot better at using the intelligence that already exists across our system and range of services, collating it all together.

Kaite: that's where working together and coproduction can be so useful, so we can be a support to that hopefully. Thank you.

Paul T: there are some other slides, we can share with the minutes.

Katie: We'll share them as part of the notes and if you have any questions or you want to have further discussion with either myself or Jan, then do feel free to do that. If it can go to other places and be helpful Karl, that's great, thank you.

4)	**Your priorities – discussion and Zoom poll.** Katie explained we have a Zoom poll set up for everyone who is with us today, for people to have their input into the priorities. It has had to be spilt up slightly differently. Paul explained that due to the number of priorities, the options are split between two questions in the poll itself. We are asking people to choose their top three priorities. After people had submitted their preferences Paul T said: Transport, accessibility in the local community and having a holistic approach is coming out as the top three for this particular group of people, which is interesting. Katie said: There is going to be quite a lot of information to collate so a report or some sort of collation so nothing is lost and making it more accessible would be a good thing to be doing. Jan: We're still keen people are sharing this with people they know, particularly people with lived experience. Katie replied: There will have to be a cutoff point to a certain degree or otherwise we can't collate it. Paul T responded: I think we said after the face-to-face event. Jan confirmed this and explained we will consider what we have heard and come up with the key things we are going to work on over the next year, without losing some of the other things. Jan asked the group if anyone have anything to add, as they only got to vote and asked Mary if is there anything, particularly from Sight Loss, because she is often concerned that we don't hear enough from people with sensory impairments. Mary responded that she belongs to the sight loss council as well as Insight Gloucestershire. Transport is a huge issue as is social isolation because it's a big effort going out because of anxieties. With the boxes you have, I think you have covered people with sight loss, to be honest. Karl left the meeting. Jan asked Fiona for her thoughts. Fiona replied: They met all my concerns. I'm also a person with lived experience, with lots of frustrations about accessing any kind of support or help. Paul T said he was conscious Cheryl hadn't joined the meeting, so we have some more time to talk about this in Cheryl's absence. Katie asked the group if they had anything else to add	

Jan explained something that has come up in the Neurology subgroup and the PD&SI Partnership Board is people being able to use the talking therapies. The team are keen for more people to use their service. We did ask people if they had any experience. Jan referred to Fiona's comment that sometimes it's hard to get a response from services. We were trying to see if anyone had any feedback about experiences of the talking therapies service. Has anyone heard from any of their colleagues about any experiences?

Jan asked Jo if she knew of any of the ME/CFS Friendship Group who have used talking therapies?

Jo replied: I don't know for sure, maybe one or two, but that is a bit of a guess.

One of Emily's last actions was to create an online form to send out for feedback around talking therapies. I'm sure people would benefit from it at times, but a lot of people don't know about it, as they put it into the mental health box.

Jo responded that she was concerned that the ME community thinks if they seek help that way it would help them be labelled as 'it's all in your head'. I don't think this is what it would be, but it could be a perception.

Jan thought the service is aimed at people with stress and anxiety, which is often caused by having a long-term condition.

Jo replied: I in the past I have used services for that reason, the stress and anxiety of coming to terms with what a long-term condition actually means.

Katie said: and the challenges we reference in the survey add to [stress and anxiety] in various different ways.

Jo said: there is a big danger in the ME community that if you even mention CBT or anything like that, people run a mile, because they think your saying to them what you have isn't real, when you're not saying that at all. I think there is a place for talking therapies and CBT within any long-term condition.

Jan said: Zoe really reassured me it wasn't all about CBT. When talking therapies first started it was all about CBT but what she was talking about was much broader, in terms of being holistic and person centred. I think we could do a lot more to raise the profile of the service and what it could do for people.

Jo asked: are they limited in the number of sessions they can offer?

Katie replied: I believe it's a set number, but I believe after a certain about of time you can re-access the service.

Fiona said it always used to be limited to 6 sessions.

Jo said that was her thought, but she wanted to make sure she wasn't using old information.

	Jan said they have become more person centred and less rigid. It seems a lot more responsive to people. Jo replied saying there is a lot of things that have become more prescriptive. Jan: I think we need to go back to Emily and get it out broader as it could be really useful piece of work. Jan referred to Paul that this survey would be really helpful. Katie: there needs to be some sort of accessible media as a way of getting the message out there to people. I think, from speaking to colleagues and myself, there is a lack of awareness of what is available for certain individuals. Paul T: Jan, do you have the service contact details. I can get in contact, and we can share some information as part of the minutes if you think that would be helpful. Jan: Emily that said she was going to make contact and she agreed to create a form and an explanatory paragraph about what is being collected and how the information will be passed on and used. I guess if we do that with Zoe that would be the best. Jan asked if Louise could add anything. Louise: I've been on leave, so I've been trying to pick things up. I think Emily had put together some questions. I haven't had chance to look at those, so I need to go back and finalise those. I know it was going to be sent to the CMT group and circulate wider as well. Jan: I think Mary your groups will be interested as well, particularly those who have lost sight. Mary agreed. Jan: It feels like we have had someone from the service talking to us, so it feels we need to do a bit more work and get back to Zoe, from the talking therapies team, about how they could make their service better publicised and accessible to people with a range of disabilities. Katie: If we had something to share, we can certainly share it on social media platforms etc. Paul said: we can also share the questions in these minutes.	Louise to look at feedback questions about the talking therapies service
5)	**Outstanding Actions** Paul: there was an outstanding action for me to connect Jacky Martel (Access Social Care) with Faye Longley (Inclusion Gloucestershire). I've done that and once our drama/advocacy project is a little further down the line, Faye would like to come back to the board to tell us more about the project that Dave spoke in April.	

	Inclusion Gloucestershire are having discussions about the Access Social Care Chatbot. There was an action for Jacky Martel and Vicci Livingstone-Thompson to progress that. We are having conversations around the Chatbot. Paul said he will also be contacting Lisa Carr this week regarding to ask about whether she could signpost us to any other members of the team, who could explain a little more about the different roles that are appearing within community healthcare. Jan explained the background to Access Social Care for those who might not have known. Jan said that as the country council, in her view, is becoming much more open to listening to people. Jacky is working with the county council to try to improve the way the way they work with people who require access to social care, but still a lot of people don't even know what they could have. Jan replied: We know the CQC are coming, and they are really keen to talk to people who have had experience of trying to access social care or actually accessing social care. Jan asked, whilst we are waiting for Cheryl, is there anything else anyone would like to raise. Jo commented (with reference to the survey): it's interesting how wide the responses are, and they cover so many things, so, I think, we need to be careful not to be all things to all men, too quickly. Focus on some and park the rest. It will be interesting to see what comes out of the poll and presumably you will be doing the same at the in-person meeting next week. Katie agreed, we are just going to concentrate on the three priorities and there could potentially be some overlap. Jo: we could end up doing a little bit of lots of things and not really making any difference, rather than making some impact in a few areas. Katie agreed.	
6)	**Verbal presentation about the GCC CQC Inspection – Cheryl Hampson (Head of Quality and Performance for Adult Social Care, GCC)** Katie welcomed Cheryl at the meeting who said she was happy to go straight into talking to us. Cheryl said there is a slide pack that she won't share on screen, as every time she does on Zoom, it crashes. Cheryl said she will send it to Paul T for sharing with the minutes. Cheryl said, as she is talking, if people have got any questions, please feel free to interrupt or raise your hand. This is an interactive 10 minutes. Cheryl then introduced herself.	

	Cheryl is helping prepare for the CQC inspection. Cheryl said: in adult social care we haven't been inspected for about 14 years. CQC have to inspect all local authorities within 2 years, which started last year. Gloucestershire were notified of their inspection on the 18th March. That meant that we can be inspected anytime between March – October. As part of their process, CQC wanted us to share some documents with them. One of those documents was our self-assessment. Some of you will remember that Emily or I came out in the summer of last year, to ask you what Adult Social Care in Gloucestershire was good at, where our strengths lie and where there are some areas for improvement. We went round all our Partnership Boards, our partners, our NHS colleagues, as well as our own staff to pull together our self-assessment report. We feel it is a fair and honest reflection of where our strengths lie and where our areas of improvement are. That is on our website. We are trying to make the website as accessible as possible. It doesn't have an easy read version of our self-assessment, but we have been working with Inclusion Gloucestershire to develop an easy read. That will be coming soon as we have a draft of that. The self-assessment document is there for people who like to read documents, but for those who use screen-readers there is also the screen-reader option on the website. One of the things CQC will be doing is looking at our self-assessment, alongside any documents that are published nationally. So, some of our performance indicators, which are called Adult Social Care Outcome Frameworks (ASCOF's) are published nationally on NHS digital. CQC will be looking at anything else that is published nationally like our care provider markets and they will be looking at everything else that we sent them. In total we sent them just shy of 160 different documents and links, so there is lots for them to read through. They have been looking at these documents since March. The documents included things like our processes, our strategies and reports. Before they come on site, CQC, are going to want to speak to our carers hub, our advocacy provider (POhWER) and they are also going to send a survey out to all our CQC registered care providers, to understand their perspective. When they give us the 6-week notification of them coming on site, they are wanting to 'case track' a number of cases. By this I mean they are going to want to actively understand what the persons journey through Adult Social Care has been like. They are interested in the experiences of people using Adult Social Care. This is set against – are we delivering our Care Act legal duties in our approach. For the case tracking we will be speaking to those individuals ahead of us giving CQC the information, to see if they are happy for the CQC to contact them and they will consider reasonable adjustments as part of the information.	

	In addition to those specific individual journeys through Adult Social Care, CQC will really want to understand our relationship with our Partnership Boards, with our Voluntary Care Sector and people with lived experience generally. They want to understand how well we work in co-production, how well we listen to the voices of people who use our services, how well we support people with Equality, Diversity and Inclusion needs and with other protected characteristics.	
	My question to the group – is anyone on the Partnership Board interested in speaking to CQC, about your experience, not as part of the case tracking, but generally as part of a focus group representing this Partnership Board?	
	My second question – for those who are happy to speak to CQC inspectors, what can we do to support you? What reasonable adjustments might you need? Where would you like to meet (if not at Shire Hall)?	
	My ambition is to get a good cross section from all of the Partnership Boards, wanting to speak to CQC. The worst thing we could do if for our Partnership Boards not to show up at the table, as this gives a message itself.	
	Questions: Jan: for certain people it's really hard to come anywhere, so is it possible to have a focus group online? I think we would get a lot more people.	
	Jo and Katie agreed.	
	Jo said that was her question. I don't have any recent experience to put in, but I'm sure other people will and it [an online meeting] will make it much more accessible.	
	Jan: Could we send something out specifically around being interested and we collect the responses from PD&SI and the Neurology Subgroup.	
	Katie said she was conscious that, with this being the online meeting, not everyone is here today, so there may be others who are interested.	
	Cheryl said GCC are happy to put in any reasonable adjustment the board requires. A more accessible venue, for example, we can explore that with CQC. If you want to have your say, but not come to the meeting, is there another way we can do that? Through a short video we could share. Cheryl was trying to think outside the box.	
	Jan: I think we need to share something that is not lost in the minutes. There is an issue around people who have tried to access social care and haven't.	
	Cheryl: Concern that as we are currently in purdah due to the election, we are not able to actively send anything out until after the election.	Louise to check with GCC Democratic Services.
	Louise: I don't know as its information coming from us. I think there is a bit of a grey area there.	

	Cheryl: I wrote something for the Carers Partnership Board. If I send that to Jan and Katie to see if any amendments are needed for the PD&SI PB, that's a good starter for ten. Jan: The offer is to either meet in-person, online or any other way people want to provide input. Cheryl: any feedback on the website, in terms of accessibility, would be good. We initially set up for CQC, that was our timeframe and setup so quickly. What we should have done is coproduced it, but we're having to do that a bit retrospectively. Apologies for this, but we are wanting to make it as accessible as possible. Any feedback on documents you struggle to read with a screen reader or anything, let us know. We are wanting it to be a good reflection of what our Adult Social care department does. Paul: can I just double check for the Learning Disability Partnership Board, when you say you're in purdah, the country council, cannot send out any communications at all. Cheryl replied: it depends on what the communication is. We would need to double check, I'm not the expert on the purdah guidance. Katie: We can certainly work on making some accessible materials so when we are ready to go, people have various different ways of providing input and reaching people not already at the table. Cheryl said that's probably even more important, as the people around the table are having their say as part of the partnership boards. It's the people who aren't… I'm not sure what the answer is whether we do that through grassroots community groups. I don't know if they are all involved in the Partnership Boards. Jan said: people like Headway and the ME/CFS group, they always share information to a broad range of people. And so will you Mary to your groups. So, if we send out to our distribution list for both groups, but say please share this widely, it will get to a lot of people. Cheryl thanked the group for allowing her to talk about this. I can talk in detail about what CQC are inspecting us against. It's all on the website. Have a look at the website: CQC assessment of Gloucestershire Adult Social Care | Gloucestershire County Council We have a generic email address for feedback to us: GCCCQCInspection@gloucestershire.gov.uk	Cheryl to send CQC Carers Partnership Board information to Jan and Katie to review.
7) `	**Summary of actions arising** • Louise to look at feedback questions about the talking therapies service.	

	• Louise to check pre-election communications guidance with GCC Democratic Services. • Cheryl to send CQC Carers Partnership Board information to Jan and Katie to review.	
	Next Meeting: **In person – Monday 17th June 12 – 2pm** **Venue details:** **Main Hall, Gloucestershire Deaf Association,** **Colin Road, Barnwood, Gloucester, GL4 3JL** **Online:** **Tuesday 13th August 11 – 12:30**	

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Acronyms you may come across in our Minutes/Agendas

ASC – Adult Social Care
BBTL – Building Better Transport Links Group
CMT - Charcot Marie Tooth
CPG - Clinical Programme Group
EoL – End of Life
GHFT - Gloucestershire Hospitals Foundation Trust
GHCFT - Gloucestershire Health and Care NHS Foundation Trust
HD/HDA – Huntington's Disease/Association
H&SC – Health & Social Care
ICB – Integrated Care Board
ICS – Integrated Care Services
KPIs – Key Performance Indicators
LA – Local Authority
ME/CFS - Myalgic Encephalomyelitis/Chronic Fatigue Syndrome
MND – Motor Neurone Disease
PBs – Partnership Boards
PDSI PB/PB – Physical Disabilities & Sensory Impairment Partnership Board
PCN – Primary Care Network
VI – Visual Impairment