

MINUTES OF THE SCRUTINY REVIEW - ACCESS TO PRIMARY HEALTHCARE FOR PEOPLE WITH LEARNING DISABILITIES
MONDAY, 11 DECEMBER 2006

Councillors *Jones (Chair), *Dogus, *Oatway, *Whyte and *Wilson

* Member Present

Also present: Ms. D. Burkens (Haringey TPCT PPI Forum), Mr. A Briggs (Head of Sports and Leisure), Mr. R. Singh (Children and Young People's Service), (Ms. G. Taylor (Haringey TPCT) and Ms. E. Lovell (Haringey Learning Disabilities Partnership),

LC29. APOLOGIES FOR ABSENCE

None.

LC30. URGENT BUSINESS

None.

LC31. DECLARATIONS OF INTEREST

None.

LC32. MINUTES

It was agreed that the minutes of the meeting of the meeting of 16 November be approved. It was noted that NDT had agreed to investigate the possibility of consulting with a male family carer. It was agreed that an update on progress with this would be sought.

LC33. IMPROVING ACCESS TO PRIMARY HEALTHCARE FOR PEOPLE WITH PMLD - FURTHER EVIDENCE FROM STAKEHOLDERS

The Panel noted that the GP who had been scheduled to come along to the meeting had been called away on urgent business and therefore was unable to attend. Ms Taylor reported that another GP had been interested in assisting the Panel but had been unable to attend on the date set. It was therefore agreed that the Panel would arrange a special meeting for 9 January and that both GPs would be invited to come along to this meeting.

It was noted that the officer from the PCT with particular responsibility for the Community Dental Service had been unable to attend due to a prior commitment. He had nevertheless provided written feedback on dental services to the Panel and this was circulated.

Ms Taylor reported that the PCT had undertaken a mapping exercise on the physical accessibility of primary care facilities. It had been found that a range of GP practices needed improvement. One particular area requiring attention was signage and improvements in communication were currently being looked at. The PCT had also recently begun work with the local authority on the provision of appropriate training for health staff on making services more accessible. This would cover a range of staff and not just clinicians.

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There was no specific guidance for primary care practitioners on dealing with people with learning disabilities and profound and multiple disabilities. Good practice would however be shared across the four primary care collaboratives which now provided a useful means of communication.

The Panel noted that the Learning Disabilities Partnership had previously had a post of medical officer. Since this post had been deleted, there had been an increased focus on the role of GPs. GPs were independent contractors and the PCT's powers of influence were therefore subject to limitations. Practices approached issues such as accessibility in variable ways and there could sometimes even be differences in approach within the same practice. In terms of training, practices made their own arrangements for attendance at events. Although the PCT encouraged attendance at relevant events, they could not make it mandatory. However, issues could be raised as part of the assessment process that GPs were required to go through and as part of their assessment.

Ms Taylor reported that the PCT was currently developing an obesity strategy. There had been a specific NRF funded scheme on obesity and the results of this would be fed in. It was agreed that Ms. Taylor would provide information on the project to the Panel. The PCT had not specifically targeted people with LD in the work that it had done so far. It was noted that obesity was also an issue for people with mental health issues.

Mr Briggs reported on the measures that the Sports and Leisure Service took to encourage the use of their facilities amongst people with LD and PMLD. It was noted that Sports and Leisure's swimming pools had hoists to assist access for people who had physical as well as learning disabilities. In addition, Tottenham Green currently used the beach area, which was a walk in shallow pool. Gyms at Tottenham Green and Park Road were equipped with equipment that had been accredited for use by the Inclusive Fitness Initiative (IFI). Park Road and Tottenham Green Leisure Centre facilities were both audited as part of the IFI process in order to gauge accessibility and, after implementing recommendations, were awarded IFI accreditation. They were 2 of only 7 centres in London to possess this award. The improvements made included converting a toilet to a disabled changing room and upgrading of current facilities and equipment to include tactile and Braille signage.

The service had a specific fitness instructor with responsibility for developing links with disability organisations and encouraging people with disabilities to use the Council's facilities. Part of the IFI accreditation meant that they needed to ensure that 6% of users were people with disabilities. Work was also being undertaken with Haringey's learning disability day centres to encourage greater use by their clients. This included use of the pools, the studio for the Special Olympics and hosting the Disability Awareness Day. One particular initiative was an ongoing booking with the Mosselle School to provide coached sessions in the SHOKK gym. However, as with many organisations, funding remained an issue for the service.

The service was holding a disability awareness day on 14 December to encourage greater participation and raise the profile of facilities to people with LD and PMLD. Sports and Leisure were also willing to enter into discussions to develop a scheme similar to one in development with the Children in Care team, whereby the Children's Service were purchasing active cards for all of their clients at a subsidised price. He

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was also aware that Out of School Providers would like to participate in the holiday programme but were restricted by funding allocations which restricted options and the number of places available. He felt that a greater emphasis on marketing and publicity and literature to disability groups and organisations could help to further encourage usage. In addition, raising awareness of the use of the natural environment e.g. parks and open spaces for recreation and leisure, could also assist in improving the health and fitness of people with LD.

There was little evidence so far of health professionals referring people to the Sports and Leisure Service for therapeutic purposes although an NRF funded referral scheme was scheduled to start shortly. This would enable GPs in the area in question to refer patients to the service. He felt that there was much that could be done with people with disabilities as the facilities were now very accessible.

The Panel felt that one option would to include recommendations exercise and recreation within Health Action Plans. It was recognised however that, irrespective of the accessibility of exercise facilities, the time and effort involved in getting a person with PMLD to and from a leisure centre could be a daunting prospect for a carer. In such circumstances, the use of parks and open spaces might be a more realistic option. In addition, the Panel agreed to ask NDT to include a question on exercise within their consultations, if this had not been completed yet.

Mr Singh responded to concerns raised by the Markfield Project on the availability of play places for children with disabilities in their evidence to the Panel. He reported that the local authority had been asked to develop a play strategy and, as part of the process for drafting this, the Markfield Project and Haringey Play Association were asked to undertake an audit of current provision. The work undertaken by the Markfield Project had shown there to be a shortfall in provision for people with disabilities and, in particular, learning disabilities. The draft strategy had referred to the need to remedy this. One particular issue was the funding arrangements for groups working with such children, which were frequently complex and unstable. Funding was a generally a major issue, especially in the case of children whose needs were at the high end of the spectrum and therefore often required one to one support. The issue was currently being addressed and a bid had been made to the Big Lottery Fund for appropriate projects. It was, however, a very costly service and that was especially true of children with PMLD. At the moment, two places for children with severe disabilities within each play centre were all that could be afforded. It was currently not possible to meet the needs of all such children and there were now approximately 100 children on the waiting list. However, 8% of places in play centres were for children with disabilities, which compared well with provision in other local authorities.

The play strategy was being further developed and consideration could be given to the setting of an appropriate target for children with disabilities if this was felt appropriate. It was noted that the TPCT was working with the Children and Young People's Service on this issue although they currently did not provide any specific funding for the service.

The Panel thanked Ms Taylor, Mr. Briggs and Mr Singh for their contribution.

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LC34. PROGRESS WITH REVIEW

Noted.

LC35. NEW ITEMS OF URGENT BUSINESS

None.

Cllr Emma Jones

Chair