

Northampton Borough Council - Northampton Disabled People's Forum

Friday, 10 May 2019

1. WELCOMES, INTRODUCTIONS AND APOLOGIES

ATTENDANCE: Martin De Rosario (MDR, Chair), Barbara Barber (BB, Individual), Larry Barber (LB, Individual), Bernie Gabriel (BG, Job Centre), Louise Croucher (LC, Job Centre), Beverley Mennell (BM, Individual), Martin Page (MP, DWP), Dawn Cummins (DC, VIN) Carl Weininger (CW, Northants Polio Fellowship).

APOLOGIES: Phil Larratt, Debbie MacColl

2. MINUTES AND MATTERS ARISING

BM – Suggestion for meeting. We hear through the media that the support services just aren't there, this links in with disabled people too. Need to invite these groups to the meetings.

3. DAWN CUMMINS - VIN - SOCIAL PRESCRIBING

Social Prescribing.

What do you know about it?

MP – things to help people with their conditions away from the standard medical treatments. So gyms or activity group access for example.

DC – It's about diverting people away from a GP surgery into community support which may be more relevant at that time. For example, money issues getting on top of a person, feeling down/depressed. May be more helpful to go to a support service instead of being given medication.

BM – People do know there are other services out there. With the high medication bill we do need to look at other options but there are instances where you do need medication.

DC – Yes this is not trying to stop that, it is for those people who need low level support. They may need medical support but it has been recognised that these community support branches are also very effective.

It is the idea that people are being prescribed to do these things, instead of medication in some instances, it's a physical way to help try and alleviate an individual's issues.

GP's are being given money for a year to employ a social prescriber. These people will look to find organisations or places to send people to help them with their issues and trying to divert people away from a future high level intervention by starting with low level interventions.

CW – one GP didn't know the Social Prescriber was in post for a year, and I suggested that it may take 6 months to a year to train the Social Prescriber. So are they just paying for a person to be trained with no plan after?

DC – It has been something that has been going on for years but it has just not been formalised.

Q: How much do surgeries get?

A: Up to £35,000.

CW: Small surgeries probably won't get that much.

BM: Seen over the last 5/10 years that surgeries are grouping together as medical centres.

DC – It's creating links with health and social care. I know how this works and I've found it difficult to get the help I need.

BM – this brings me back to my earlier point, we need the support services around the table.

DC – some forms of social prescribing help tackle or include - exercise and healthy lifestyles, isolation, carer support, home adaptation, financial advice.

Social Prescribing is new to Northamptonshire, part of it is still in development. This work needs to be done with the community and voluntary sector to provide the best support. Programme focuses on those with the greatest needs. Mild mental health issues, frequent attenders, those with long term conditions will benefit the most. If you receive ongoing medical support this will still continue. The aim is to expand and make the most use out of the services that are available.

Volunteering/social action/housing sector/carers/support specific to the individual. Looking to focus on quality and narrowing inequality.

Social Prescribers based on lifestyle risk factors.

Will be overseen by the GP, they are not going to recommend physical exercise to a person who's health would be made worse with increased physical exertion for example.

DC: Mainly aimed at low level conditions.

CW – it could work for high risk individuals such as my polio group, with hydrotherapy etc. but yes you can't generalise.

DC – Yes it will be need very individual.

BM – Perfectly good one stop shop downstairs, information needs to go there so all of the residents of Northampton can see these groups.

Council doesn't advertise the forum well.

CW – apparently one person from Northampton turned up to the PPG in Corby.

CW – I see this as an experiment, they will try for a year then evaluate if this is saving the NHS money. If the evaluation shows positive results then I presume they will expand it.

4. INTERNATIONAL DAY FOR PEOPLE WITH DISABILITIES

CW – Feedback is that there is not enough footfall. Was cold in the Grosvenor and there was an issue at one at Weston Favell. Great Hall was great but it's hard to get the message out and have the public attend. The Uni might be an issue with parking.

Is the old university still about?

MP – they have put houses up there now so not available.

BM – Broadmead Church has been recently extended. The building is placed in an area where you have an influx of people from Kingsley.

CW – The Umbrella Fair is done at a much better time of the year, could we have a stand there? Although it is not the day, the actual day in December is more about networking with the groups.

MDR – The carnival would be a good place to have a stall or banners on a float, something like that.

5. COMMUNITY INFORMATION EXCHANGE

BB - June 8th – Northampton Carers holding an event – 7:30pm and tickets are £12.50.

CW - There is a website/app called WaitLess which shows the waiting times at the hospitals – this includes travel time also. May be better than going to the closest hospital.

6. ITEMS FOR NEXT AND FUTURE MEETINGS

CW - All public services - NAB, Mind, Scope, British Red Cross, Barnardos, Cancer Research etc.

MDR - Diabetes organisation

CW – Diabetic people get free podiatry which some people do not actually realise. Some people do not qualify and they do not know why.

MP – Northampton General Hospital – Helen left her post, look to see who has taken that post on.

7. DATE OF THE NEXT MEETING

12th July.

All future meetings to be at 11am.

MDR - closed the meeting at 12pm.