

Notes from Provider Forum meeting 7th December 2009

Present –

Bridget Lentill – Learning disability Service,
Stephen Peacock – Camphill Village trust,
Avis turner – Basics Plus,
Bronia Hawking – Mencap,
Freda Ciothowski – Adult & Community Services,
Lesley Dixon – Dalewood Trust,
Kathryn Nunn – Creative support,
Mel Trotter – Adult & Community Services,
Ruth Collin – Adult & Community Services –Co facilitator,

Guest speaker - Sylvie Barrett – Mental Capacity Act & DOLS County Coordinator.

Apologies –

Barry McNally – Avalon,
Deborah Jefferies – LDS,
Anna Nockles – ACS

Ruth welcomed all present to the Dec forum and explained she would on this occasion facilitate the meeting in Anna's absence. And take **brief** notes. As requested Sylvie Barrett was in attendance to discuss **Deprivation Of Liberty Safeguards – DOLS**, and the mental capacity Act. Ruth asked that Partnership Board money and voting requirements in preparation for the forthcoming meeting later in December was also discussed at the end of the meeting.

1) DOLS and MCA

Sylvie introduced and led the session offering time for discussion and questions through out main bullet points noted as follows,

- DOLS presently only applies to Residential Care,(registered services)
- The Registered managers of these establishments/services are liable if DOLS are not requested when found that it would have been appropriate,
- DOLS reporting is everybody's responsibility – to report on and make aware to those who are the residential providers,
- There is a difference between restrictions to make safe for best interest of the individual and depriving someone of there liberty, guidance should always be sort to establish this where it is questionable,
- Recording is vital, care plans/documents should clearly state what, when, why and how in all circumstances, restrictions are required, If it's not documented it is not valid!!

- It is assumed that individuals have Mental Capacity and is questioned if needed on each individual specific occasion not on the person in general!
- Capacity can change from one day to another one environment to another and one situation to another,
- The reasoning behind “intention” to restrict an individual should always be clear and transparent and factored into a decision,

Sylvie handed out a check list which can be used to aid decision making, giving guidance to look at and question decisions that are expected, we worked through the list giving some real scenarios to help understanding.

Mental capacity Act

Sylvie explained that the act has been law since Oct 2005 and that it could apply to any of us, It is there to both protect individuals and to support people to make decisions. The following points were noted

- In Law no adult can make a decision for another adult,
- Next of kin does not give rights to take decisions on behalf of another, it applies to dead bodies!
- Parent and carers including paid carers do not automatically have decision making rights,
- Any/all decisions that are taken should be recorded, so showing reasonable judgments, discussion and consultation giving a rationale as to the outcome made,
- The decision maker is the person best placed to make the decision if the person themselves does not have capacity, they are the expert on the topic
Eg; Operation required – surgeon
Dental treatment – dentist
Breast screening – GP
Assessments – Care manager
- Does the person involved fully understand the whole picture, risks and possible outcomes of making the decision?

Best Interests

We discussed the Issue of Best Interest decisions, which can encompass anything that is done for a person who cannot make the decision for themselves; it must be in the Best Interest of the person and not about what others want!

We discussed several scenarios where best interest has been questioned as to in who’s interest is the final decision made, these included going to bed at certain times, alcohol consumption, holiday decisions, relationships, self harm and duty to care.

Acting in someone’s Best Interest is a process enabling quick decisions for people there does not have to be a meeting, but contact, discussion and consultation made which should then be recorded.

Lasting Power of Attorney

Attorney –Sylvie explained that an Attorney is someone who is chosen by the individual to make choices and decisions for them; the person does this by

making a lasting Power of Attorney, so enabling the individuals known wishes, wants and decisions to be made if they are at some point not able to do this themselves,

It covers two specific areas

Finance & Property

Health & welfare

it is recommended that whilst people have the capacity to make decisions about plans and wishes they have about health, welfare and/or finance, property to make them known to someone they wish to act on their behalf. A lasting Power of Attorney can cover in part or details of both,

Forms can now be downloaded from the computer from

www.publicguardian.gov.uk

or through a solicitor which can be costly

Sylvie gave out several publications to those present including,

Easy read DOLS and you,

Making Decisions,

Mental Capacity Act 2005,

DOLS a guide for hospitals and care homes,

DOLS a guide for relevant person's representatives,

Further copies can be obtained if requested and for further information please contact Sylvie

2) Partnership Board money and spending for 2010-2011

Ruth passed round the breakdown of budget bids that have been received by the board and asked that we look at them as a group of providers, having two votes on the board so we can give a consensus vote representative of the forum,

Ruth explained, as was clearly evident by the breakdown that the bids requested overspent the budget by £38,320

Discussion held regarding main focus of board money should be to pump prime funding for projects and it should not be used to consistently fund staffing hours however valued the project/work was for statutory bodies, Ruth said this was noted and should, if that was the feeling of the group (as it was in task group chairs meeting earlier in the week) inform the votes that the provider forum held,

Ruth explained that during the task group chairs meeting several deductions/amendments from the original list had been suggested as follows, comments made within the forum noted in blue

The cost of the three staffing bids – suggested 6 months not 12 months funding

PCP suggestion was reduced from £15,000 to £12,000 Two individuals who had received a PCP did voice their agreement for PCP to remain Ruth did explain that the original costing had been £41,000 so had dramatically reduced and was come 2010, to be main stream funded by ACS, it was acknowledged that 7 years does not = pump priming

£6,000 from Partnership Board givens, conferences, forums and inclusion North subscription, all had been previously said as givens in order for the

board to function, members within the forum asked why and when the admin hours had been increased, however it was agreed that the post was valuable as was the work completed, there may be some under spend presently within this section Anna checking out prior to meeting

Learning disability nurse – one year only as the PCT would then fund - Bridget explained that the description of the LD nurse was incorrect and should read acute liaison nurse, discussion held as to full cost of post said to be in the region of £40,000 plus on costs, it was agreed that this would be extremely beneficial but was there not another way to fund it and was it necessary now? Partner's day –? Ruth explained this was in place of Market day events to be owned by the P/B and facilitated within LD week and offer opportunities for the providers to show good practice and awareness raising together at one event

No decisions were made at the task group chairs meeting and Ruth said that it looked as if no decisions as far as voting went could be made within this meeting either, this was the role of the board and the P/B meeting would facilitate the decisions required as people voted on the motions required, Lesley and Ruth will continue to use the provider votes ensuring representation from the forum is evident
As lead officer Anna has on behalf of the P/B control of the budget presently so needs to ensure that it does not overspend.

All present felt the meeting had been informative, useful and interesting no jargon clear and understandable,

Ruth Thanked all for attendance and input

Next meeting @ NYH – Monday 15th February 2-4 pm agenda to follow

RM Collin, Registered operations manager 2 SWR
Adult & community services