

**OLDER ADULTS PARTNERSHIP BOARD MEETING**

**Minutes of meeting held on Tuesday, 17 March 2009  
At Westgate House**

**Key:**

OAPB	Older Adults Partnership Board
LBB	London Borough of Barnet
BPCT	Barnet Primary Care Trust
BEHMHT	Barnet, Enfield and Haringey Mental Health Trust
MHPB	Mental Health Partnership Board
BVSC	Barnet Voluntary Service Council
HSCP	Health and Social Care Partnership Board
EOG	Executive Officers Group
NSF	National Service Framework

**Present:**

<b>Chair:</b> Glynnis Joffe (GJ)	Assistant Director, Adult Social Services, LBB
Alison Kemp (AK)	Acting Director of Strategic Planning and Commissioning
Paramjit Singh (PS)	Assistant Director, Commissioning and Performance
Peter Cragg (PC)	Representative, ex PPI Forum
Stan Davison (SD)	Barnet 55+
Diane Williams (DiW)	Chief Executive, Barnet Carers Centre
Anila Shah (AS)	Representative, Barnet Elderly Asians Group
Melanie Evans (ME)	Assistant Director MHT
Mark Robinson (MR)	Chief Officer, Age Concern
David Hart (DH)	Deputy Chief Executive, Barnet Voluntary Services Council
Pamela Wells (PW)	Carer Representative
Caroline Chant (CC)	Joint Commissioning and Development Manager - Older Adults

**In Attendance:**

Shirley Law (SL)	Community Development Worker
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**Secretariat:**

Pamela Caton (PEC)

09-09	<p><b>Apologies:</b> Apologies were received from Lee Bojtor.</p>	
10-09	<p><b>Minutes of the Previous meeting held on 20<sup>th</sup> January 2009</b></p> <p>An amendment was made to an item under 01-09 that read 'Annual Safeguarding Report' but should have read 'Annual Safeguarding Workplan'.</p> <p>The rest of the minutes were agreed as correct.</p>	
11-09	<p><b>Action List and Matters Arising</b></p> <p><b>Older Adult Befriending Project</b></p> <p>A report on the older adult befriending project will be at the OAPB meeting scheduled for July 2009.</p> <p><b>Dementia Project Update – Igor Tojcic</b></p> <p>There will be an update of the Barnet dementia project at the next OAPB Meeting.</p> <p>The National Dementia Strategy will be brought to the next Board meeting.</p>	
12-09	<p><b>Operating plan in response to World Class Commissioning</b></p> <p>This item was presented by Alison Kemp, Acting Director of Strategic Planning and Commissioning at Barnet PCT. AK explained that this plan was a 5 year commissioning strategic plan, of which the operating plan 2009/10 is the annual plan put in place to prevent any slippage from the 5 year strategic plan.</p> <p>The plan covers older people and adults, children and general primary care services and it is backed up by financial commitment and expected outcomes and trajectories against each section alongside 'world class commissioning', a national process which is to be implemented locally.</p> <p>Sections of the plan include continuation of the 18 week target and the removal and prevention of healthcare associated infections. Targets include improving cancer services, extending the screening age for breast screening as well as improving access to communities not usually accessed through the management of bowel screening and appropriate timescales patients are seen within. AK explained that the national screening programme on cervical cancer costs would far exceed the risk group by age and was asked if this was not age discrimination?</p>	

	<p>There is a section to improve unnecessary deaths, patient and staff experiences and other areas such as diabetes, alcohol harm, dementia care, end of life care, mental health, learning disabilities and personality disorders.</p> <p>Barnet PCT is not a provider service so the plan is around commissioned services delivered through various local providers including acute trust and Barnet Community Service (BCS). The operating plan focuses on improving current services and patient outcomes but not necessarily for tendering although that may be one of the future options.</p> <p>The plan would not be presented to the Board until the end of the month, so it could not be circulated to the OAPB until after then, however AK welcomed any feedback.</p> <p>Questions put to AK from those in attendance were as follows.</p> <ul style="list-style-type: none"> <li>• Is there a section in the plan about carers? AK answered that there was a part on carers breaks for children and confirmed that money would be given to PCT's to develop this area in future years.</li> <li>• What is an 'unnecessary death?' cardiovascular or smoking related illness were given as definitions but AK would look to find a public health definition.</li> <li>• AK was asked by PC for information on the current position of single sexed wards and she agreed to circulate this.</li> </ul>	<b>Action: AK</b>
13-09	<p><b>Stroke Update</b></p> <p>Paramjit Singh updated those in attendance on the Hyper Acute Stroke Units (HASU) and Healthcare for London public consultation on stroke that is due to close on 8 May 2009.</p> <p>PS informed that most hospitals provide a level of stroke care but not as detailed in the HASU. PS showed a map of stroke prevalence in London and how super hubs will manage the critical care within the 'Three Hours' window of opportunity for maximum benefits to the patient which should be available 24/7.</p> <p>PS explained that current stroke units provide such care selectively and not necessarily available 24/7. The new proposal goes further in that after the first 72 hour of critical care, patients will be either discharged into a local stroke unit at a local general hospital or stay at the same hospital if HASU and standard stroke units are based on the same site depending on the borough where the patient normally lives.</p> <p>Further proposals include the establishment of 20 local stroke units in London and includes BCFH. Looking at a map, shown to the group, comments were made about the lack of HASU units closer to Barnet in</p>	

	<p>North London.</p> <p><b>Early Supported Discharge Service</b></p> <p>It was suggested that the older people's network should receive this information and so a request was made for it to be put on the agenda of its 7 April meeting.</p> <p>The Intermediate Care Service has been commissioned from this year to provide a specialist stroke service that should enable appropriate stroke patients to be discharged home directly from the acute stroke unit as an alternative to in patient rehab stroke beds at Finchley Memorial. This of course is not suitable for all patients. The service should compliment in-patient stroke rehab beds at FMH. PS was asked if ECH has stroke beds and he confirmed that in-patient stroke beds are limited to FMH only.</p> <p>Currently both BGH and RFH provide stroke and thrombolysis care, CT scans and imaging but not as proposed under HfL model of HASU. PS would give more detailed update of services at BGH.</p> <p>GJ also asked PS if he could do a diagram (A4 size) of the what? who? and how? to access the stroke discharge scheme.</p> <p>The OAPB agreed that individual responses were to be made to the HfL consultation rather than a group response as the document was a public one.</p> <p>Members were informed that the early supported discharge service will be operational on 1st April 2009.</p>	<p><b>Action: PS</b></p> <p><b>Action: PS</b></p>
<p><b>14-09</b></p>	<p><b>Social Services Inspection</b></p> <p>The Commission for Social Care Inspections (CSCI) is the regulator body for social services and they will be carrying out an inspection of Barnet social services on the 5-15th May. This inspection will focus on 2 themes:</p> <ul style="list-style-type: none"> <li>• safeguarding all adults</li> <li>• prevention and older people.</li> </ul> <p>CSCI joins the Health Care Commission and Mental Health Act Commission to become one regulatory body from April 2009 – the Care Quality Commission.</p> <p>200 service users currently receiving a service will be identified. Inspectors will choose 150 of these to send a survey of their experience of preventive services for example joint services such as intermediate care and telecare services. They will also interview carers.</p> <p>When looking at safeguarding, CSCI will be provided with an anonymised list of all referrals for safeguarding in the last 12 months (over 300) and select two cases from each of the four care groups to scrutinise</p>	

	<p>professional practice. Social work staff and partners will be interviewed, CSCI might need to interview partnership board members, key partners such as carers, the voluntary sector, mental health trust and users, and look at how social services work across diverse communities.</p> <p>There are two performance indicators across older people and ethnic minority groups which measure whether people from ethnic groups have proportional access to assessments and receiving services.</p> <p>The outcome of the inspection will feed into the council CAA ratings to see how effective they are.</p> <p>GJ will let the OAPB know what is expected of them in the inspection programme.</p>	<p><b>Action: GJ</b></p>
<p><b>15-09</b></p>	<p><b>Project proposal from Health and Well-being event</b></p> <p>Caroline Chant gave feedback from the health and wellbeing event which was held on 21 January 2009. Feedback of the day was positive and approximately 20 organisations were represented.</p> <p>A number of key points were raised at the event. Shindi Dillon, Health Improvement and Partnership Manager for BPCT/LBB has prepared a draft document listing these points. Priorities of the key points were circulated to the group and proposed actions, resource implications and notes were discussed against each of the key areas.</p> <p>CC discussed the check list scheme to help direct the public to preventive services at customer access points, in use in Nottingham and presented by Guy Robertson (DH) on the day. Discussions took place on how it could be adapted locally and if any points in Shirley Law's survey could be picked up. It was suggested that a group be formed to discuss in more detail how the key points could be best taken forward. This group would feedback to CC's group.</p> <p>PC informed that he has been meeting with contact leads from the Greenwich Leisure Service (GLS) and felt that this service could be looked at alongside this.</p> <p>While looking at the key points in the report, it was felt that under each area, one or two points only should be used to make them more achievable rather than being too ambitious by looking too widely and failing.</p> <p>BBVSC has a list of supplementary schools that could be used to see if any school facilities can be made more accessible to older people.</p> <p>PW wanted to mention that in a recent news report that more training and exercise for dementia patients was needed.</p>	<p><b>Action: CC</b> to link with Julian and Matthew from GLS.</p>

	<p>CC asked for feedback from the OAPB as to the key points and if these were prioritised right? Perhaps it could be discussed at the 'Network meeting' and steering group so that small groups of 3-4 people could meet and discuss each point with a view to setting up small projects. Names of the participants of each group should be passed to CC to overall manage the start of this.</p>	<p><b>Action:</b> CC to be sent names of group reps for overall start up.</p>
<p>16-09</p>	<p><b>Project Report – Black and Minority Ethnic and equalities</b></p> <p>Shirley Law explained the background to a study on health and social care needs assessment of older people in Barnet from Black and Minority Ethnic groups. The study was commissioned by BPCT jointly following discussions with Barnet Social Services.</p> <p>The study had three aims and objectives;</p> <ul style="list-style-type: none"> <li>• To find out the views of the local Black Minority Ethnic Refugee (BMER) on their experiences and understanding of health and social services.</li> <li>• To explore the need of the BMER older people with regard to health and social services and</li> <li>• To address the issues to meet the special needs of the BMER older people.</li> </ul> <p>119 older people over 55 years were interviewed from six minority ethnic backgrounds; Somali, South Asian, Chinese, Greek Cypriot, African Caribbean and Muslim. SL was asked why 'Muslim' was given as an ethnicity. SL explained that this group was made up of mainly Pakistani people who preferred to be identified by their religion.</p> <p>Participants were asked about their health and social care usage in the last 12 months. An average of just over 40% across all the ethnic groups received healthcare, but the same group received a more varied percentage of social care in the same period with African Caribbean older people receiving over 35% while Chinese and Muslim people received just over 10%. Within the meeting, the comparative percentage for the general white population was not known.</p> <p>The outcome was that most people felt that language was a barrier and as a result they were isolated and lonely. People asked for more written and oral community info through the media i.e. Asian TV and black radio stations. They also felt that video and DVD communication would better capture any messages to be relayed to them. The Communications department would be asked if these suggested methods of communicating to older people were possible and if so how they could be taken forward.</p> <p>Questions and answers took place following SL's slide presentation. A</p>	

	<p>suggestion was made that a summary of the findings should go back to the participants. It was suggested that details of the study should go to the PEC, MHT and SS partnership management group for their views. Individual comments should be given directly to SL and PS. SL and PS also hold copies of the full report should anyone wish to have a copy.</p>	
<b>17-09</b>	<p><b>Aligning Dementia Barnet Report with National Strategy</b></p> <p>This item was not discussed but it was agreed that it should be put back on the agenda for the next meeting scheduled for 19 May 2009.</p>	
<b><u>18-09</u></b>	<p><b>Discussion regarding the relationship between the Older Adult Partnership and the Network.</b></p> <p>The Terms of Reference of the OA Services Network was circulated by David Hart along with a BBVSC leaflet. DH felt that the structure of the community network still remains and so he was unsure why this item was raised.</p> <p>PC informed that the Older People's Network input into the OAPB needed improvement for a more effective relationship.</p> <p>The Networks communicate via e-mail and the meetings are well attended.</p> <p>The OAPB asked to see more evidence of how the Network updates members of discussions at the partnership board and also raises items to be brought to the Board by the Network.</p> <p>It was agreed that Network Chairs, including the Carers Network Chair would meet to devise a protocol for effective communication between Networks and Boards and to present a draft to the next OAPB meeting in May. DH and MR to raise the above at the OP Network in April.</p>	<p><b>Action:</b> DH and MR</p>
<b>19-09</b>	<p><b>Any other Business</b></p> <p>GJ raised that she did not think that 2 hours were long enough to discuss the business of this meeting and asked for opinions. It was felt that 2 hours is no longer sufficient so from the next meeting the time will be 2.00 – 4.30pm. It was also decided to have less items on the agenda with a note beside each item detailing whether it is for information, discussion or decision. Reports would be circulated prior to the meeting for reading instead of being tabled at the meeting.</p> <p>PW wanted it noted that as a member of the Safeguarding Board she would like an item put on the next agenda for the next meeting on Abuse. This item would be for discussion.</p> <p>PC raised the issue of whether the minutes of this meeting went onto other Boards. On doing his own research he found this was not so and</p>	

	wanted to know why? GJ explained that the minutes are put on the internet but she would explore the process of Board minutes being sent to the Adult Strategy group for information.	
<b>20-09</b>	<b>Date of next meeting</b> Tuesday, 19 May 2009 2-4.30pm, Boardroom, 1 Floor, Westgate House, Edgware Community Hospital.	