

OLDER ADULTS PARTNERSHIP BOARD MEETING

Minutes of meeting held on Tuesday, 19 May 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
HSCPB	Health and Social Care Partnership Board
EOG	Executive Officers Group
NSF	National Service Framework

Present:

Chair: 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+ Group
Melanie Evans (ME)	Assistant Director MHT
Mark Robinson (MR)	Chief Officer, Age Concern
Pamela Wells (PW)	Carer Representative
Eryl Davis	Strategic Commissioning

In Attendance:

Edith Okolo	Assistant Director Health Improvement
Caroline Powls	Business Programme support officer.
Elaine Louise Roberts.	Partnership and Governance officer

Secretariat:

Jennie De Lord

20-09	<p>Apologies: Apologies were received from Lee Bojtor. David Hart Anila Shah</p>	
21-09	<p>Minutes of the Previous meeting held on 20th January 2009 A correction was made to an item under AOB; PW is not a member of the Safeguarding board.</p> <p>The rest of the minutes were agreed as correct.</p>	
<p>22-09</p> <p>22-09-1</p> <p>22-09-1</p> <p>22-09-1.1</p> <p>22-09-1.2</p> <p>22-09-1.3</p> <p>22-09-2</p>	<p>Action List and Matters Arising</p> <p>Older Adult Befriending Project</p> <p>A report on the older adult befriending project will be at the OAPB meeting scheduled for July 2009.</p> <p>Operating plan in response to World Class Commissioning</p> <p>AK and EO clarified that an “unnecessary death” related to cardiovascular disease or smoking related illness, is a death that occurs when the person is under the age of 75.</p> <p>With regard to the tendering Process, SD queried whether GPs were expected to refer to Clinicentre, in the first instance. AK clarified that Clinicentre would be integrated within current Barnet pathways, by using a single point of access, specifically to aid in supporting care in the community, care home and nursing homes, therefore avoiding admission into hospital.</p> <p>AK will provide a detailed report on Clinicentre at the next board meeting in July.</p> <p>Early Supported Discharge Service</p> <p>PC would like a report regarding the relationship between Health authorities and how the cost of care is implemented if care is given to patients out of borough.</p>	<p>Agenda 21/7/09</p>

<p>23-09</p>	<p style="text-align: center;">Presentation on the 5000 – health inequalities project</p> <p>EO presented this item on behalf of Andrew Burnett.</p>	
<p>23-09.1</p>	<p>The purpose of this project is to help reduce vascular disease. There are various factors that compromise the blood supply and cause vascular diseases, such as</p> <ul style="list-style-type: none"> • smoking, • high blood pressure • raised blood lipids • Diabetes. <p>Studies have also shown that there is a close relationship between deprivation and health</p> <p>This project identified the people within the age group of 40-74, as this is the age group that early signs of cardiovascular disease are apparent, who have the above risk factors with the aim of tackling those factors early before it turns into a chronic condition.</p> <p>Working with the council 20,000 households came under the category of social housing. Of that 11,000, were council tenants and 2500, were homeless or living in temporary accommodation</p> <p>Further investigation found that 85% of the social housing figures were registered with GPs.</p> <p>Compared with the Model figure which was obtained after a survey of approximately 13,000 people, it was found that GPs were underreporting figures for those indentified with the risk factors.</p> <p>A publicity campaign covering all areas close to those in areas of deprivation, from public toilets- Pharmacies has proven effective, in that the numbers of people asking for Health checks has risen.</p> <p>It is part of the GP contract that all clients over the age of 40 should be invited for a health check every five years.</p>	
<p>23-09.2</p>	<p>The board requested a follow-up presentation in six month.</p>	

24-09	<p>Communication between Partnership Board and Older Adults Network</p>	
24-09.1	<p>Following the last OAPB meeting on 17 March 2009, MR, DH, PC,SD met to discuss proposals to make the Communication between Partnership Board and Older Adults Network more effective.</p> <ul style="list-style-type: none"> • They agreed that there should be a standing agenda item on each body for the other, that minutes should be exchanged in a timely fashion before each meeting and that the minutes of the partnership board should be sent to and should also be a standing item on agenda at the Adult Strategy Group. • It was also suggested that the partnership board be co-chaired by a voluntary sector representative. • The partnership board agenda should be cut down in regard to the number of items on the agenda and increased in time, by at least half an hour. • If the partnership board gave more time to discussions and consultation then it could become a more effective organisation in reaching out to the wider community. 	
24-09.2	<p>The Network also requires new ways of working. This is an ongoing project but the aims are that it will reach more of its membership and those organisations that do not/cannot attend meetings by doing more of its work through email and websites. It will improve consultation, discussion and decision making through use of sub-groups, working parties and workshops, outside of the normal meeting cycle. One area for new working will be to develop groups working on particular themes, e.g. property, health, day services, learning.</p>	
24-09.3	<p>Following a mapping exercise, 70 groups were identified who have Older Adult links but have no connection with any network groups. PC would like details of these groups.</p>	
24-09.4	<p>Following discussion, it was agreed that at the next board meeting an hour and half be set aside to look at the structure of the board, the roles of the members and how the group as a whole represents the Older Adult and how this relationship and flow of communication can be strengthened and made more effective.</p> <p>It was agreed that the agendas and minutes from both the partnership board and the network will be shared as the first step in improving communication.</p>	
	<p>Action</p>	
24-09.5	<p>AK, CC, ED and MoD to meet and discuss how the meeting on 21 July can be proactive to look at the mechanics, forward work plan, what the subgroups are and how they all link up.</p>	<p>Agenda item to be tabled 21/7/09</p>
24-09.6	<p>GJ, CC and ELR to meet and discuss the mapping and flows of information</p>	

<p>25.09</p>	<p>Personal health budgets briefing update</p> <p>AK presented the Brief written by Alan Blackpool which gives an update to the Board of the recent health - led expression of interest to become a pilot site for personalisation/personal budgets in Health Care.</p> <p>Barnet PCT working in partnership with Barnet Council and other key stakeholders submitted a formal expression of interest to the Department of Health on 27 March 2009. High Quality Care for All announced a pilot programme for personal health budgets, building on the successes of direct payments and individual budgets in social care, to explore the potential of personal health budgets in the NHS.</p> <p>Expressions of interest in the pilot programme were welcomed from PCTs with enthusiasm, innovative ideas, and vision about personal health budgets particularly those that wish to develop healthcare direct payments. This is really about delivering the personalisation agenda in health that supports the work in place across social care.</p> <p>74 pilot applications were received from 80 PCTs and 'Provisional' pilot status were awarded to 68 proposals including Barnet PCT. From NHS London there were 14 bids submitted with all being awarded 'provisional' status.</p> <p>BPCT focused its bid on Continuing Healthcare as this will not exclude any client group aged 18 and above.</p> <p>Taking into account the feedback and establishing a local programme board, Barnet PCT needs to start to develop the proposal. Contact from the personal health budgets team at DH is expected in the next 2 weeks. The developed proposal will be evaluated in detail by an independent evaluation team which should be in place from July. This important work will be overseen at a national level by newly established personal health budget programme board, which includes members from the NHS, local government and user representatives. This will potentially be an excellent opportunity to move away from Block purchasing and move towards a more person centred approach.</p>	
<p>30.09</p>	<p>Edgware Community Hospital Review</p> <p>The purpose of the Edgware review is to look at the services provided on this site and if it is being used to its capacity.</p> <p>An event is being planned for 4 June, for the public to inform them of the services that are being delivered from this site, what they feel should be delivered.</p> <p>SD suggested a system of sustained dialogue to obtain the best results.</p>	

31.09

Dementia project update and the Dementia strategy

Presented by ED

Barnet Primary Care trust with Adult social services have developed a project to deliver a new model of care which forms the basic strategic plan for dementia that supports the recommendations of the National Dementia strategy. With this project there is an opportunity to bid for funding under the category of Peer support from the department of Health.

The project carried out a comprehensive assessment of current dementia services in Barnet and the plan was developed based on the arts participation model. The plan is based on a social inclusion programme, a programme of training for a range of provider staff both specialist and non specialist.

The bid for funding for the peer support Network project is to facilitate what would be a core component of the new plan, which will consist of a mobile cafe with a rotating venue, delivering an arts and culture programme from 6 locations across the borough. Each location has been chosen for its position within the community and its value as an arts and culture host. The aim is to promote social inclusion for people with dementia and provide a form of outreach for information regarding dementia to the wider population.

The deadline for the submission of the bid is 12 noon on Thursday 21 May 2009.

The funding in year one would be used to set up the facilitator role, who would then be responsible for co-ordinating the rotating cafe across the 6 venues identified in the borough. The funding would also be used for the costs of setting up a group of volunteers and to contribute to the training and awareness programme for all those who become linked to the project through provision of the arts or advocacy.

If the bid is successful the Board agreed that they would act as the sponsor and the dementia steering group will feed into to the board.

<p>32.09</p>	<p>Feedback from the Health and Wellbeing set up meeting</p> <p>ED on behalf of Caroline Chant presented the report following the Health and well being Set up meeting held on 7 May 2009.</p> <p>The aim of the Health and Well Being Network Day in January 2009 was to bring together representatives of Older People (OP) and consider innovative approaches to the Health and Well being agenda through the wider involvement of OP themselves. A discussion document outlining how to take forward issues flowing from the day was considered at the last Partnership Board. The Board subsequently agreed that these proposals should be considered by a sub group, who would report back to the main Partnership Board.</p> <p>The questions raised were:</p> <ul style="list-style-type: none"> • What will be the rules/framework for engagement, where will the group report to? • If the group is a sub group of the OAPB – how will it link into Barnet’s Health Improvement Working group, and the LINK, and existing networks? • What will be the regular channels of communication? • What power and resources will the group have, how will they be empowered to set the agenda? Members of the group want to be able to make a difference/be listened to, and resources need to be identified to ensure the group is sustainable. <p>Members of the Older Adult Partnership board, whilst supporting the Health and Well being group in principle expressed concern that this would be another group to add to the list for the flow of communication. And that there is a risk that more subgroups are being set up to answer the same questions.</p> <p>It was suggested that the mapping exercise mentioned at item 24-9.6 also include the Health and Well being subgroup.</p>	
<p>32.09.1</p>	<p>Action</p> <p>AK to meet with Caroline Chant, to discuss the terms of reference for the Health and Well being subgroup.</p>	
<p>33.09</p>	<p>Discussion around the Inter Generational Bid</p> <p>HM government want local authorities to develop intergenerational approaches to support the delivery of local priorities. They have announced £5.5 million of support for 12 local intergenerational projects, delivered as a partnership between local authorities and their local third sector organisations.</p> <p>The deadline for this bid is June 10.</p>	

<p>33.09.01</p>	<p>All English local authorities with social services / children's service responsibilities are invited to submit expressions of interest, in partnership with third sector organisations, for funding to develop demonstrator sites of intergenerational practice. The programme will run during 2009/10 and 2010/11. .</p> <p>The Department of Children Schools and Families (DCSF); Department of Health (DH), Department of Work and Pensions (DWP), Office of the Third Sector (OTS) and Department of Communities and Local Government (DCLG) will use these expressions of interest to select up to 12 potential sites spread across the country.</p> <p>The demonstrator sites programme is designed to:</p> <ul style="list-style-type: none"> • To generate wider interest in and thinking about intergenerational work; • To increase the number of volunteers working on intergenerational activity by 20,000 by the end of the programme; • To encourage a more strategic and sustainable approach; • To provide robust evidence of the effectiveness of intergenerational initiatives, and in particular, to develop evidence about which models are most effective in delivering which outcomes, for which groups of people, in which situations. <p>This document outlines:</p> <ul style="list-style-type: none"> • The thinking behind the programme; • An overview of intergenerational practice and its potential benefits; • The nature and scope of the programme; • The criteria for selecting the successful sites. <p>Action. AK, ED, Vivienne Stimpson and Maria O' Dwyer to meet to give a commissioning context, then can open it up to volunteer groups, such as BVSC, Age concern and RSVP and LINKs (Local Involvement Networks),. If there are any further ideas, forward to JDL who will progress the information.</p>	
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<p>34.09</p>	<p>Information items.</p> <p>PS tabled the following items</p> <ul style="list-style-type: none"> • Barnet General Stroke update • National Falls Audit 2009 –Barnet health services • Stroke Early Supported Discharge Service (ESD) – Care Pathway. <p>Please forward any comments or feedback to JDL to process.</p>	
<p>35.9</p>	<p>Any other Business</p> <ul style="list-style-type: none"> • PC would like clarification as to whether the Chair of the Mental Health Board has removed from the agenda, the ability for the Public to ask questions. If this is the case he would like his concerns and that of the board to be expressed. • PC and SD are attempting to locate and set up meeting venues for the public. They would like the Boards support in taking forward the project and enabling the waiting area at Finchley Memorial Hospital to be developed and enabling community use of the site. • PC would like to be informed of the next review date for Greenwich leisure. <p>Barnet Homecare Commissioning Advisory Group</p> <p>Barnet Council’s Adult Social Services are looking for volunteers to form an Advisory Group to assist in reshaping the Homecare Service in Barnet, as well as taking part in the tender evaluation process for the new contract awards in 2009/2010 Caroline Powls will send an invitation to all board members via JDL</p> <p>Action: CP to draft an invitation; JDL to circulate.</p>	
<p>36.9</p>	<p>Date of next meeting</p> <p>Tuesday, 21 July 2009 2-4.30pm, Boardroom, 1 Floor, Westgate House, Edgware Community Hospital.</p>	