Adult and Communities

Annual Engagement Summit

11 August 2016

RAF Museum, Hendon

Introduction

The first Adult and Communities Annual Engagement Summit was held on 11 August at the RAF Museum. This event forms an important part of the new Adults and Communities engagement structure.

The Engagement Summit brought together members of the Health and Wellbeing Board, Barnet Council officers, people who use health and social care services and voluntary and community sector organisations.

The aim of the Engagement Summit was to work together to develop a list of adult social care and health subjects that attendees felt were the most important to discuss over the next 12 months.

Lunch and Networking

Before the start of the event there were opportunities to:

- Vote for Involvement Board Resident Representatives

- See the new engagement web pages

- Find out about the trial working groups

- Vote for the new look newsletter

- Network and meet other people.

Welcomes and introductions

The Worshipful The Mayor of the London Borough of Barnet officially opened the event.

Mathew Kendall, Adults and Communities Director welcomed everyone to the event.

Councillor Helena Hart spoke about the importance of the Partnership Boards and how their work has helped us to continue to shape health and social care services together.

Workshop 1

James Mass, Assistant Director, Communities, spoke about the engagement priorities for 2016-2017.

James spoke about what we want to achieve through working more closely together. He then put forward suggestions of subjects that people may want to consider for discussion.

Everybody was asked to add any subjects they felt were important to be considered for discussion.

Groups were asked to pick three subjects they would like to be taken to the second workshop for further discussion.

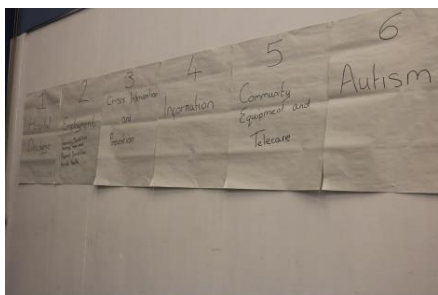The final 10 subjects nominated by the groups were:

1. Hospital discharge
2. Employment
3. Crisis intervention and prevention
4. Information
5. Community equipment and telecare
6. Autism
7. Making services accessible to everyone
8. End of life care
9. Dementia services
10. Guide to good engagement.

You can find the full notes from the workshop in Appendix 1.

Workshop 2

During the second workshop everybody was invited to join a discussion on the subject that was of most interest to them.

Discussions were held around what areas of the subject people felt would be most helpful to work together to improve.

Attendees were asked to tell us:

- What are the issues?
- What could be improved?
- How would you investigate how to make improvements?
- What are the questions that need answers?

The full responses to these can be found in Appendix 2

Round Up

Mathew Kendall advised everyone the work completed today would be taken to the Involvement Board. This is so a final decision can be made on the subjects for the working groups.

The results of the vote for the Resident Representatives for the Involvement Board would be announced over the next two weeks.

All the members of the People Bank database would be invited to attend the engagement working groups as they are set up.

Mathew thanked everyone for all their hard work and looked forward to working with everyone over the coming year.

Barnet London Borough

Barnet Clinical Commissioning Group

Appendix 1

Each table was asked to discuss the important subjects they felt should be part of the working groups in the next 12 months and also to nominate their top three priorities.

Topics that the tables put forward to be considered for working groups included:

Dementia Services
Need to look at demographic changes and how services meet these needs. GP's need support to improve their understanding and diagnosis skills. The length of time it takes to address a diagnosis needs to be looked at.

Loneliness
Loneliness has an impact on health and wellbeing and can affect individuals of all ages and races. Services that can help reduce loneliness includes carers support, long term support and improved transport

Linking Services
Hospitals, primary care services, social care should all improve links to provide a seamless service.

Transport
Improving access to transport to increase independence

Information Sharing
There should be consultation on what organisations should do with data. There needs to be improved sharing of data between organisations to enable an improved process.

Communication
Need to look at how we communicate with people about their rights, what is happening and how to complain.

Making sure the database is complete

Making sure the database has everyone who used to be on Partnership Boards and that there is a wide knowledge of events that are taking place.

Co-design a guide for good engagement
There should be timely information and ensuring people are able to find information with ease.

Set up working groups to decide what needs to be done
To be able to move forward in a positive way there needs to be more working groups set up to scope what needs to be done.

Improving supported living for people with Learning Disabilities

Employment opportunities
Making sure as many people as possible have access to employment opportunities to both find and retain employment

Service planning and commissioning alongside the voluntary sector

Reviewing Autism services post diagnosis

Public transport accessibility for people with Learning Disabilities
Access to freedom passes and support for people with learning disabilities to travel independently

Website Improvements
To make sure as many people as possible can access the information they need on the web

Training for GP's
GP's need more support to support changing populations, demographics and behaviours that impact on the rest of the community.

Spending on Mental Health services
Advocate for greater spending on mental health services particularly around adolescent services.

Physiotherapy and speech therapy for people with Learning Disabilities

Support for social workers working with people with Learning Disabilities

Support social workers and GP's to understand what individuals need and want throughout the assessment and service provision process.

Continuity of care and good communication

Having a named social worker that will be able to provide a point of contact and continuity of care for people with Learning Disabilities.

Crisis intervention and intervention for people with learning disabilities and autism

Ensuring that services are provided across the board to support people with learning disabilities and autism in a crisis.

Ensuring access to health services for people with learning disabilities

Including health passports, identifying health needs, access to health action plans and increasing participation in annual health checks.

Moving around the borough

How to remove pavement clutter and advertising boards to enusure people with physical impairments and visual impairment are able to move around safely and independently.

Psychological support for people with Learning Disabilities and Mental Health needs

How to make sure people have access to specialised support when they need it.

Children and Adolescent Mental Health Services

How to support the transition between children's and adults mental health services. Ensuring that services have adequate diagnostics for children and young people including schools support.

Recovery based mental health services

Including supported living services to enable people to regain their own independence.

Eye Clinic Liason Officer

Working to develop a service to support people who are newly diagnosed as a prevention of mental health issues.

Topics that the tables nominated as their top three priorities for the coming year were:

1 .

- Crisis intervention and prevention
- A guide to good engagement
- Improving the discharge from hospital process
- Improving access to services
- Eye clinic liason officer
- Total tailored support package for choice and independence living in the city
- Support group for hate crime for people with learning disabilities

2.

- Reviewing Autism Services
- Ensuring we have a complete database so that we get more people involved
- Improve access to assessment and evidence based high quality treatment for children with behavioural difficulties in Barnet
- Equipment
- Discharge from hospital
- Central information point for people newly diagnosed with mental health conditions
- Information and transparency.
- Employment opportunities
- Dementia Services

3.

- Improving the links between hospital care, primary care and specialist care
- Engage with working groups to facilitate suggested priorities.
- End of Life Care
- Employment for people with learning disabilities, sensory impairment, mental health issues, physical disabilities
- Children and Adolescent Mental Health Services and transitions to adult mental health services

- Support for carers to care
- Engagement for people with complex disabilities and hard to reach groups
- New technology and telecare solutions

Appendix 2

The top ten topics that were taken to be discussed in the second workshop were

1.   Hospital discharge

Issues – Staff are not being informed properly once they're back from leave on who has been discharged.

If you're able to leave hospital overnight you are no longer deemed as a priority and your bed is given to someone else. This is happening weekly. If you're not on a section your bed is also given to someone else.

NHS funding is being cut specifically for individuals.

There are concerns with the home treatment team.

There are too many unplanned discharges. There should be a person-centred discharge plan that everyone should follow. (Single page profile tool is a good resource which is used in Mental Health).

There are issues with travelling to hospitals for admissions; children are having to travel long distances and when they arrive they're no nearby beds.

They're delays in the crisis team following patients up after discharge.

They're poor quality sign language interpreters.

There is a lack of communication for people who are hearing impaired that there is insufficient funding for interpreting services.

There is lack of budget in the council for deafness.

What to improve – Need to address communication issue for those who require support or don't speak English as there first language.

Carers should be identified at the beginnings of admission; they also need to be a part of the discharge process. This should also include young carers.

There should be a better liaison with different trusts.

The current resources that are in Barnet (such as the Jewish Deaf Association) should be used more effectively.

The contracts should be rewritten, adding in appropriate support for people who need it.

When communicating with people with hearing impairment through written words you should only use simple language and avoid acronyms.

When communicating with people there should be an option for communicating through modern technology, such as texting.

There should be a way where you can identify different interpreting services, looking at voluntary services to check the quality.

There should be a way where more peoples can share their good experiences. People should be given an opportunity to speak to the CCG board on their good experiences.

People with a hearing impairment should be able to express a preference for communication via email or text rather than telephone.

The Carers Centre should send information regularly to the chair of the Health and Wellbeing Board.

How to investigate – There should be discussions had at senior levels. These conversations should be stimulated by service user experiences.

The website Language Line should be looked at in further detail to help with the communication issues.

There should be a clear way of how data is collected and fed back to senior managers. You should collect the data by enabling service

users to tick a box saying that they're happy to speak about their experiences. You should do this by a survey where local groups would have identified the questions.

An evaluation of discharge service needs to be put in place by Barnet Carers.

2.   Employment

Issues – Employers are not employing enough residents with Mental Health, Learning Difficulties or Sensory Impairment needs.

There is no were to log an employment experience, this should include volunteers.

There should be room for purposeful employment.

What to improve – How we get feedback from employers who are receiving residents from employment support services.

How to investigate - There should be regular online training for all employers.

There should be a chance to speak to other local authorities regarding their experience of employing residents with Mental Health, Learning Difficulties or Sensory Impairment needs.

There should be closer working with social enterprises such as Heart Reach and there should better support from infrastructure.

3.   Crisis intervention and prevention

Issues – People with certain disabilities aren't given the same opportunities such as hard of hearing and sight.

Equipment needs to be returned when not being used. There needs to be clear pathways who can contact who regarding equipment.

Crisis intervention isn't the same across all service user groups.

It is important that people remain in employment. This offers more training for smaller businesses.

Helping people with communication and people who don't talk also have lost of skills – how can we be creative about supporting people with employment.

The capacity for podiatrists is difficult within Barnet.

There is not a focus on early diagnosis.

There is not enough information accessible if you're having a crisis, such as whom do you call or where do you go.

There is a lack of specialists surrounding autism.

Carers are not being included early enough in the plan.

What to improve – Information about what to do in a crisis –, who to call or go to.

There should be better facilities in a crisis, for example a crash pad.

There should be better communication between crisis intervention service and clinicians in regards to accessing important information.

Crisis plans should become more personalised to suit individual needs better.

There should be a clear single point of who you are meant to contact.

How to investigate – There should be a better way to share care records, one that should be looked into is EMIS.

There should be more training made available for GP staff and GP's.

There should be leaflets in local popular Barnet venues.

There should be a closer watch on making sure medication is not being overprescribed.

4.   Information

Issues-No central point of access so people don't know where to go to get information. There is not one key contact for information.

There should be a clear place when people first have a diagnosis that people can go to get support so that conditions do not deteriorate.

When using the phone it is difficult to get the person you need to speak to in order to get the information you want. The automated services are difficult to navigate.

When using online there are difficulties about the quality of the information on the web and also is not always appropriate to use the web when the issues are complex

It is complicated to get the right information particularly in an emergency.

What to improve – Communication between providers, so social workers or GP's aren't repeating the same stories.

There needs to be a 'check a trade' service available for social services and community groups to enable people to look for themselves.

There should be an online directory of preferred services of Barnet Council website.

There should be a few people in the council who are knowledgeable with particular topics. These people should be called 'Condition Champions'.

When using online everything should be in one place so information can be easily pulled or printed off.

How to investigate – There should be a mystery shopper, who asks someone questions and sees what information is given back. You

should have someone with specific knowledge regarding the questions being the mystery shopper.

When using the Barnet website you should compare the website to other councils by typing in a specific question on both and seeing which is the better or worse website.

There should be a way for people to read recommendations about receiving information. This should be called 'User Experience'.

5.   Community equipment and telecare

Issues – Emerging technology into peoples home. Would people prefer technology rather than a human? Could you trust technology? Would it share data?

It is expensive to invest in telecare.

There needs to be a big improve on how we 'take up'

An understanding needs to be built about community equipment and telecare within Barnet.

2 strands – stuff already have new 'new' technology

What to improve – There should be a better up take of telecare.

There should be better knowledge or access of knowledge surrounding community equipment and telecare.

There should be more conversation surrounding community equipment and telecare; effectively we should be 'spreading the word'.

6.   Autism

Issues – There is a lack of services surrounding autism.

There is a lack of commitment and co-ordination from these services. Nowhere of getting access or finding out any information on these services.

There is no clear diagnosis pathway for anyone to access.

There is a gap in LBD services for people with autism unsure of which service to access. This is a huge risk.

What could improve – The diagnostic pathway of autism needs to be brought back into the community of Barnet.

Create groups that develop confidence and social skills. Focusing on how peers support each other, this will allow those who traditionally feel they have little to give to build confidence.

7.   Making services accessible to everyone

Issues – Large amount of people who don't access any services, need to find out what the reason behind this is.

Is there enough funding within the commissioning budget allocated for people with communication needs, for example, for the service to provide BSL interpreters?

Access is currently a big issue in adolescent Mental Health Services.

Voluntary and community sector organisations struggle to get information to some communities.

What could improve - Should be aware that if the EIA identifies that people with a hearing impairment will need to / should be able to access the service then this consideration should be made within the commissioning budget.

There needs to be a clear way that residents can make recommendations to change processes.

How to investigate –

The task and finish group should explore how commissioning could be more accessibly.

There should be a walkthrough of different services from diagnosis to discharge (and beyond) with relevant people to explore access issues at each stage.

- Often providers / voluntary sector groups have bid for funding for a service without the consideration of people with additional needs and therefore do not have the
- How does this link with interpretation services provided by the council / CCG?
- Diversity in representation at the point of commissioning – tender panels, consultation?
- Asking people what they need – asking people who don't access services why / what are the barriers?
- Voluntary sector organisations felt this would be difficult to do (would involve funders increasing the allocated pots) / apply for

8.   End of life care

Issues-Nobody wants to talk about it.

End of life care has an impact on hospital admission and discharge numbers. Lots of people do not die where and how they want to including in the place they want and receiving the treatment they choose.

GP's do not keep end of life care registers up to date. This can often be because determining who will need it is very difficult.

There are increasing numbers of people who have complex medical conditions before death and there is insufficient training in care homes to support people at end of life.

There is a lack of information about the options available to people and a lack of choice and control around the care people receive.

Medical intervention takes priority over quality of life considerations and this can lead to a risk of losing best practice from hospices.

What could improve-There needs to be improvement in the information that is delivered? Different types of information need to go to the general population, people at the end of their life and to family and carers. Information needs to include awareness of wills, power of attorney and advanced care plans. Information needs to be in both written and online format.

There needs to be improved training for staff in care homes to avoid hospital admissions. Health and social care staff also need to be trained in having the right conversations.

There needs to be a push to keep the end of life care registers up to date in order to help plan the scale of care needed.

There needs to be a link between personal health budgets and end of life care to help people have the care they choose.

How to investigate-there needs to be an understanding of good practice from academic, local and national research.

Research the cost of services

Need to focus on using people with experience of end of life care, families and carers, staff in hospitals and care homes and use support groups and agencies to gain access to the right people.

There should be a use of different methods including interviews, surveys, focus groups and the monitoring and evaluation of services.

9.   Guide to good engagement

Issues-Engagement is not run equally across the borough and people do not know what to expect from engagement processes.

There is not a consistent approach to ensuring that opportunities are accessible to a wide range of people.

There is not adequate feedback when people have taken time to be involved in engagement.

Improvements-Need to ensure that relevant information is sent out prior to engagement meetings

Make sure information is available in a range of formats so everyone is able to access it.

Improved networking opportunities around a range of organisations.

Making sure the right people are part of the engagement so that the information discussed is used in an effective way.

Making sure information is presented in a way that is meaningful for people

Use a dictionary or glossary or words so everyone is able to understand the information and refer back to it

Feedback on what is happening as a consequence of engagement

What questions need answering – What information needs to be made available to people to help them take part.

How to make it clear to attendees what changes can be made and where there is not an opportunity to make changes

How to make sure the right people are in the room both in terms of attendees and also people who are leading the discussions.

The benefits of running a working group on this subject would be that there would be a consistent approach to engagement across the borough. It would also help people who are not used to engaging the public to be clear on what needs to be done.

Having an engagement guide would be something that we could measure ourselves against.

It is important to give people the right skills to be able to engage with residents

10.   Dementia services

Issues – Diagnosis of dementia can take a long time with the memory clinic being the starting point.

Dementia is not always in older people and there is a need to engage with the wider public on the subject.

There is not enough information about dementia particularly for GP's about how to support progress through the pathway.

Improvements- All of the providers need to come together and look at how we can improve the knowledge information and diagnosis procedures.

There needs to be an improvement in the support for families and carers once there has been a diagnosis.

There needs to be improvement in the education doe people earlier in life about identifying symptoms and how to access early support

How could finance be refocused from other areas to be used on dementia services?