



Barnet Clinical Commissioning Group

**Report on**

**Barnet Health and Well-Being Board /  
Partnership Boards  
Summit**

**Held on 29 May 2013**

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## 1. Introduction and aims of the Summit

The strategic review of Partnership Boards completed in 2012 recommended the establishment of a Summit to bring together the Health and Well-Being Board and all five Partnership Boards. The first Summit was held on 29 May 2013 in the White Diamond Suite, North London Business Park.

The aims of the Summit were to enable the Partnership Boards and the Health and Well-Being Board to:

- celebrate Partnership Boards' achievements in supporting the Health and Wellbeing strategy
- share any lessons learned
- work together in developing a coherent view of future priorities
- explore themes that are relevant across all Partnership Boards
- develop a set of key messages to deliver to the community.

In total 90 people participated in the Summit. This included:

- Chairman of the Health and Well-Being Board who is also Cabinet Member for Public Health
- Members of the Health and Well-Being Board including the Chief Officer of Barnet Clinical Commissioning Group
- Cabinet Member for Safety and Resident Engagement who is also Chairman of the Barnet Safer Communities Partnership
- Chairman and Vice-Chairman of the Health Overview and Scrutiny Committee
- Further representatives of the Barnet Clinical Commissioning Group, Barnet Council Adults and Communities, Barnet Enfield and Haringey Mental Health Trust and other stakeholder organisations
- Members of the Adults and Communities Commissioning and Engagement Teams
- Members of five Partnership Boards:
  - Carers Strategy Partnership Board
  - Learning Disability Partnership Board
  - Mental Health Partnership Board
  - Older Adults Partnership Board
  - Physical and Sensory Impairment Partnership Board

The Summit was designed and run as a fully accessible and inclusive event so that all participants could be involved. Communication was supported through 'traffic light' communication cards, easy read format information, British Sign Language interpretation, and assistive technology including a hearing loop.

## 2. Next Steps - moving forward from the Summit

The Partnership Boards and the Health and Well-Being Board will use the information generated through discussion and workshops at the Summit to inform their future work.

An action plan will be developed and implemented. This will reflect, in particular, the following key points:

- Strengthening links between Partnership Boards and developing work between boards on cross-cutting issues.
- Where appropriate, taking Partnership Board priority and cross-cutting issues to the Health and Well-Being Board.
- Involving all Partnership Boards in the consultation on the Joint Strategic Needs Assessment (JSNA) refresh.
- Developing links between Partnership Boards and Public Health.
- Reviewing Partnership Board membership to reflect the diversity of the Barnet population.
- Reviewing Partnership Board work plans to reflect workshop discussion on priorities for the next year.
- Reviewing Partnership Board work plans to reflect workshop discussion on how to overcome challenges.
- Ensuring that Partnership Boards assist Healthwatch Barnet in developing its priorities.
- Looking at methods of communication across Partnership Boards and with the public.
- Publicising Partnership Board activities and achievements, and involving the Press in this.

### 3. Summit Programme



29 May 2013, 9.30am-3pm  
White Diamond Suite, North London Business Park

9.30am		<b>Registration</b> – tea, coffee, juice	
10am		<b>Introduction to the day</b> (and housekeeping)	Kate Kennally
10.05am		<b>Welcome from Councillor Hart</b>	Councillor Helena Hart
10.15am		<b>Quiz about the Health and Well-Being Board</b>	Kate Kennally
10.50am		<b>Partnership Board Presentation 1:</b> Celebrating our achievements	Co-chairs
11.05am		<b>Break</b> – tea, coffee, juice	
11.20am		<b>Partnership Board Presentation 2:</b> Our priorities	Co-chairs
11.30am 11.40am		<b>Workshop 1 – Are our priorities right?</b> Feedback on main points	

11.50am		<b>Partnership Board Presentation 3:</b> Our challenges	Co-chairs
12noon 12.10pm		<b>Workshop 2 – How can we overcome these challenges?</b> Feedback of main points	
12.30pm		<b>Lunch and networking</b>	
1.20pm		<b>Healthwatch Presentation</b>	Healthwatch Barnet
1.35pm 2pm		<b>Workshop 3 – Working with Healthwatch Barnet</b> Feedback of main points	
2.10pm		<b>Partnership Board discussions:</b> Agree 3 questions for the Health and Well-being Board	Co-chairs
2.15pm		<b>Questions to Health and Well-Being Board Panel</b>	Health and Well-being Board
2.45pm		<b>Round-up of the day</b>	Kate Kennally
3pm		<b>Summit ends</b> (refreshments available)	

## 4. Welcome and Quiz about the Health and Well-Being Board

Kate Kennally, Director for People (Barnet Council), introduced the day and thanked everyone for attending. Richard Harris, Chair of the Learning Disability Partnership Board Speaking Up Subgroup, showed participants how to use the 'Traffic Light' Communication cards. Kate invited Councillor Helena Hart, Chairman of the Health and Well-Being Board and Barnet Council Cabinet Member for Public Health, to open the Summit.

Councillor Hart warmly welcomed participants, emphasising that this first Summit would be a valuable opportunity to strengthen links between the Health and Well-Being Board and its Partnership Boards, and ensure coherent working in order to enhance the health and wellbeing of Barnet residents. Councillor Hart recognised the importance of the Partnership Boards in implementing the Barnet Health and Wellbeing strategy. She also emphasised the valued role of Partnership Boards in ensuring that the voice of stakeholders, including service users and carers, informs the development and delivery of services as the integration of health and social care progresses.

Participants worked in groups to complete a quiz about health and wellbeing in Barnet, demonstrating their knowledge of these key facts:

- 17.9% of adults in Barnet are classified as 'obese'.
- We expect 2,100 more people aged between 65-69 years to live in Barnet over the next ten years.
- Barnet's Clinical Commissioning Group is made up of 67 GP practices
- As part of its regeneration scheme, Barnet will be developing a new town centre in Cricklewood.
- Councillor Helena Hart is the Chair of the Barnet Health and Well-Being Board.
- Barnet's Health and Well-Being Board has a statutory obligation to use these documents to drive its work programme:
  - The Joint Strategic Needs Assessment
  - The Health and Wellbeing Strategy
- The themes of Barnet's Health and Wellbeing Strategy are:
  - Preparation for a healthy life (maternity care and early years development)
  - Well-being in the community (creating circumstances which enable people to be healthier and have greater life opportunities)
  - How we live (enabling and encouraging healthier lifestyles)
  - Care when needed (providing appropriate care and support)
- Barnet's Public Health team will help to deliver the Health and Wellbeing Strategy. The Public Health service in Barnet is now shared with Harrow.
- Members of the public can attend Barnet's Health and Well-Being Board meetings to observe, and can access papers online. Papers can be found on Barnet Council's website, here:  
<http://barnet.moderngov.co.uk/ieListMeetings.aspx?CIId=177&Year=0>

## 5. Partnership Board Presentation 1: Celebrating our Achievements

Helen Duncan-Turnbull and Mahmuda Minhaz, Co-Chairs of the Learning Disability Partnership Board gave a presentation on how our five Partnership Boards help us to **achieve the aims** of the Barnet Health and Wellbeing Strategy:

- Keeping well
- Keeping independent

The co-chairs reported that the Partnership Board **achievements** under the Health and Wellbeing **strategy's themes** during the last year include:

### Theme two: Wellbeing in the community

- 'Your Life' newsletter for Partnership Boards has been re-launched, to provide residents with information about new services and events, and tips for staying well.
- The Barnet Family Carers Forum has been re-launched and is led by a steering group of carers. There have been 3 forums since September 2012.
- Another successful year for Barnet Older People's Assembly, with well attended events and the Assembly's Committee made stronger.
- A new service called Eclipse has been set up to promote mental health and wellbeing and provide peer support to people with mental health problems.
- The Physical and Sensory Impairment Partnership Board acted as 'critical friend' supporting the development of the council's Information, Advice, Advocacy and Brokerage contract, and the review of British Sign Language (BSL) Interpretation Service.
- The Mental Health Partnership Board ran successful awareness raising events for World Mental Health Day in October 2012.
- The Learning Disability Partnership Board held a 'Have your say' day so that people with learning disabilities could influence the Board's work plan and share what was most important to them in areas such as employment, day opportunities, health and housing.
- Ruth Carter has developed a very useful leaflet on Good and Bad Friends. Ruth explained how she had developed the leaflet and showed it to participants, and received a round of applause.

### Theme three: How we live

- Day opportunities for older people have been re-shaped, and the Older Adults Partnership Board is overseeing the change to the new Neighbourhood model for services.
- Work is taking place to improve access to GP surgeries for people with sensory impairments.

- The Older Adults Partnership Board is shaping the Ageing Well programme. Board members are actively involved in developing the 'Altogether Better' projects in different areas of the borough.
- There was an increase in the number of people with learning disabilities who had a health check in 2012.
- The Learning Disability Partnership Board held a 'Big Health Check' event in July 2012 to ask people about their health and the services that they get.

#### **Theme four: Care when needed**

- A new Carers Emergency Planning Scheme is being launched.
- The Physical and Sensory Impairment Partnership Board has supported the work starting on a Barnet Sensory Impairment Strategy and action plan.
- A pilot of a hearing impairment surgery has taken place.
- A Primary Care Learning Disability Nurse has been appointed. The nurse will work with GPs and other services to improve access.
- The Physical and Sensory Impairment Partnership Board have advised on the review of the Barnet stroke pathway.
- Carers health projects have been developed, including health break prescriptions
- A Carers hospital discharge coordinator
- Carers Charter and Carers badge scheme is being used by Barnet and Chase Farm hospitals.

## 6. Partnership Board Presentation 2: Our Priorities

Maria O'Dwyer and Elsie Lyons, Co-Chairs of the Mental Health Partnership Board gave a presentation on the five Partnership Boards' priorities to achieve the aims of the Barnet Health and Wellbeing Strategy.

The co-chairs reported that the Partnership Board priorities under the Health and Wellbeing **strategy's themes** during the next year include:

### **Theme two: Wellbeing in the community**

- Increasing membership of some boards to reflect the diversity of Barnet's population.
- Supporting the Learning Disability Parliament.
- Working with Healthwatch Barnet to ensure that services are safe, and ensuring safeguarding representation on Boards.
- Feeding into the commissioning of new services (such as the wellbeing service for mental health), and acting as a 'critical friend'.
- Continuing to shape the Barnet Ageing Well Programme.
- Further development of Barnet Older People's Assembly.

### **Theme three: How we live**

- Improving access to health services (such as GPs, hospitals and dentists) for people with a learning disability, and providing better information for people about staying healthy. The Learning Disability Partnership Board is also setting up health promotion groups.
- Evaluation of carers' health projects.

### **Theme four: Care when needed**

- Ensuring that more carers have an emergency plan.
- Improving access to psychological therapies and crisis services for mental health.
- Re-modelling primary care mental health services and developing better information for patients about services available.
- Integrating carers support pathways with patient pathways (for Stroke and Falls).
- Implementing the new Carers Needs Assessment process.
- Shaping the Frail Elderly Pathway work as the Falls, Stroke and Dementia initiatives are implemented.
- Looking at national reports on failings of care services, to consider any implications for Barnet.
- Finalising the Barnet Sensory Impairment Action Plan.

- Creating a business case for investment following the recent Barnet Vision Strategy event.
- Contributing to the development of the mental health commissioning strategy.
- Publishing a report on the hearing impairment surgery pilot, and considering whether to pilot a visual impairment surgery.

## Workshop 1 – Are our priorities right?

Participants worked in 10 mixed groups to discuss these questions:

- Are our priorities are right?
- If they need to be changed, what should those changes be?
- Is there anything missing?

The following key points made were:

### **Do you think our priorities are right and if they need to be changed, what should those changes be?**

- There was broad support for the priorities. Some groups felt that there were too many priorities across the five Partnership Boards.
- It was agreed that priorities should focus on:
  - outcomes, not processes
  - need, not age or disability.
- There was strong agreement on the need to focus on prevention, integration and communication.
- There was strong support for the priority of improving access to GP practices and health services, with agreement that this should be broadened to relate to people with all types of disabilities.
- There was strong agreement to ensuring that the Partnership Boards' membership reflects the diversity of Barnet's population.

### **Is there anything missing?**

A number of areas were identified, including:

- Addressing social isolation - being lonely, and being lonely in the community.
- Reviewing planned consultations to make sure that they are fair, clear and accessible.
- Raising the awareness of all professional staff of all disabilities, for example receptionists in GP surgeries.

- Promoting public health messages.
- Addressing issues relating to general (rather than health and social care) services, such as housing, the environment and transport.
- Looking at transition of young people to adult health and social care services, to ensure quality of services.
- Ensuring good practice for carers' support and extending carers' emergency plans to all vulnerable people.
- Communication - between Partnership Boards, and with the public.
- Addressing Hate Crime and reducing stigma and discrimination.
- Recognising the overlap between Partnership Boards and working in a way that deals with this efficiently.

The information from the workshop will inform Partnership Board future working.

## 7. Partnership Board Presentation 3: Our Challenges

Mathew Kendall and Peter Cragg, Co-chairs of the Older Adults Partnership Board gave a presentation on the five Partnership Boards' challenges in achieving the aims of the Barnet Health and Wellbeing Strategy.

Some challenges are **faced by all Boards**. These include:

- Involving people with complex needs in Board meetings.
- Ensuring that Boards get to hear the views of people who are not Board members.
- Increasing engagement from key partners in Board activities.
- Making sure that responses to issues and stories are made, and actions are followed through.
- How do the Partnership Boards, the Health and Well-Being Board, the Clinical Commissioning Group and the voluntary sector all work together?
- Making sure that all Partnership Board members contribute to the work of the Board.
- Effective engagement from Healthwatch Barnet in the future.
- Ensuring effective evaluation to measure the success of projects.
- Ensuring Board members have the right training, and information on changes in health and social care.
- Prioritising activities undertaken by Boards, and how links can be made across Boards for some projects / groups.

Partnership Board challenges under the Health and Wellbeing strategy's themes include:

### **Theme two: Wellbeing in the community**

- The effect that welfare reforms could have on people who use health and social care services.
- Getting GP Carers Champions represented on the Barnet Clinical Commissioning Group.

### **Theme three: How we live**

- Stopping Mental Health difficulties in a family passing from one generation to the next.
- Making sure people have information about where to get the support they need.

### **Theme four: Care when needed**

- Ensuring that carers get mental health support when they need it.
- The integration of health and social care services will be complex. There is a challenge for the Boards about how to engage with this.

## Workshop 2 – How can we overcome these challenges?

Participants worked in 10 mixed groups to discuss these questions:

1. What actions should we take to overcome our challenges?
2. How can the Health and Well-Being Board help us with this?
3. How can the Boards help each other to achieve their goals?

Key points made were:

### 1. What actions should we take to overcome our challenges?

- Robust forward planning reflecting Partnership Board priorities.
- Evaluation of Partnership Boards' work.
- Strong leadership on Partnership Boards and strong links with relevant organisations, for example the Mental Health Trust.
- Link into Overview and Scrutiny Committees.
- Link with Healthwatch Barnet to ensure that health and social care issues and priorities are identified and addressed.
- Clearly outline roles and responsibilities of Board members, supplemented by appropriate training.
- Look at methods of communication across Boards and with the public, for example through newsletters and with Black Minority Ethnic and Refugee communities.
- Use technology to enable people to be involved in the work of Partnership Boards, whilst recognising that not everybody uses the internet and social media.
- Identify and widely publicise best practice and success stories.

### 2. How can the Health and Well-Being Board help us with this?

- Take priority and cross-cutting issues identified by partnership Boards into its work plan.
- Ensure that Partnership Boards are involved in consultation on the Joint Strategic Needs Assessment (JSNA) refresh.
- Ensure that the JSNA is accurate and comprehensive, reflects complex needs and addresses identified gaps.
- Review representation and consider whether the public can be represented by one Healthwatch member.

### 3. How can the Boards help each other to achieve their goals?

- Identify cross-cutting issues that can be best addressed by Partnership Boards working together.
- Allocate one Partnership Board responsibility for leading on identified cross-cutting issues.

- Have regular meetings between Partnership Board Co-Chairs to review and plan joint working and to identify and monitor progress on cross-cutting issues.

The information from the workshop will inform the ways in which Partnership Boards work to overcome challenges.

## 8. Barnet Healthwatch Presentation

Selina Rodrigues, Head of Healthwatch Barnet, gave a presentation on local Healthwatch, making the following key points:

### 1. Healthwatch Barnet is a consortium of 10 Barnet organisations:

- Community Barnet (leading and co-ordinating)
- Barnet Citizens Advice Bureau
- Barnet Centre for Independent Living
- Barnet Home Start
- Age UK Barnet
- Jewish Care
- Barnet Carers Centre
- Barnet Mencap
- Mind in Barnet
- Advocacy in Barnet

### 2. Healthwatch Barnet will be **different from Barnet LINK** in a number of ways:

- The **independent voice** for children and adults
- Healthwatch England
- Focus on under-represented communities
- Information, Advice and Signposting
- Health and Wellbeing partner organisations
- Links with statutory partners (like the council and health authority).

### 3. Healthwatch Barnet will:

- be a **strong, local voice for residents, patients and service users**
- make sure **diverse and seldom listened-to voices** from across the borough are heard
- **be a respected and credible** organisation
- work in **partnership** across all sectors of health and social care
- provide **evidence** to decision makers
- **question and challenge** service providers and commissioners.

#### 4. Healthwatch Barnet's **emerging priorities** are:

- **Young people**
- **Lesbian, Gay, Bisexual and Transgender people**  
Consult with and develop focus groups
- **Mental Health**  
Question how the Clinical Commissioning Group (CCG) and the Council will consult.
- **GP Appointments**  
Promote good practice  
Support for people with mental health conditions and learning disabilities and carers  
Make surgeries accessible.
- **Unscheduled / Out of Hours Care**  
Question the CCG on how it has acted upon its consultation.

### Workshop 3 – Working with Barnet Healthwatch

Participants worked in eight Board-based groups to discuss these questions:

1. Are the emerging priorities the right priorities?
2. Are there other health and social care priorities which it is important for Healthwatch Barnet to be involved in?
3. How should Partnership Boards, Healthwatch Barnet and the Health and Well-Being Board work together?

Key points made in group discussion were:

#### 1. Are the emerging priorities the right priorities?

- Healthwatch Barnet's emerging priorities are a good start.
- The priorities need to be developed through consultation. It would be helpful to know how these emerging priorities have been arrived at.
- The Partnership Boards are a good place for Healthwatch to pick up additional priorities.
- The identified items appear to be emerging areas of work rather than priorities. The priorities will need to tell us what Healthwatch will deliver and what will be better. They will need to link to outcomes.
- It will be important to ensure that Healthwatch does not have too many priorities.
- What is being done for adults needs to also happen for children. There is a lack of representation of disabled children / young people who cannot speak for themselves.

## **2. Are there other health and social care priorities which it is important for Healthwatch Barnet to be involved in?**

- Responding to the Mid Staffordshire NHS Public Inquiry report.
- The challenges faced by social care and how Healthwatch engages with these.
- Integration of health and social care services.
- Holding the Health and Well-Being Board and partners to account.
- Healthwatch Barnet needs to have a clear link to the Patient Advice and Liaison Service (PALS), and also to link with Barnet Council regarding complaints in social care.
- The priorities need to be more broadly based, for example to address much more representation of learning disability and autism, older people, carers.
- Priorities need to include access issues, to GP surgeries and to health services. Healthwatch needs to challenge providers and commissioners about making reasonable adjustment for people with disabilities.
- Mental health issues for Black, Minority Ethnic and Refugee communities and for young people.
- Communication of the Healthwatch role, who they are and what they will do.

## **3. How should Partnership Boards, Healthwatch Barnet and the Health and Well-Being Board work together?**

- Healthwatch should provide challenge on Health and Well-Being Board agreed priorities.
- Healthwatch should capture evidence regarding health and social care issues through involvement with Partnership Boards.
- There needs to be two-way communication between Healthwatch and Partnership Boards, and Healthwatch should work with Partnership Boards to develop its priorities.
- Healthwatch should have a place on all Partnership Boards, reporting on progress at meetings.
- Healthwatch should look at health intelligence working with Public Health.
- Healthwatch should fully involve the voluntary sector, and reflect the voluntary sector appropriately in its activity as a member of the Health and Well-Being Board.
- Health and Well-Being Board papers should be issued early, so that Partnership Boards and Healthwatch can forward comments on the papers before the meeting.

Full information has been recorded and will be passed to Healthwatch Barnet. The information will inform the ways in which Partnership Boards, Healthwatch Barnet and the Health and Well-Being Board work together.

## 9. Questions to the Health and Well-Being Board Panel

Participants worked in Partnership Board groups to agree three questions each for the Health and Well-Being Board Panel.

Panel Members were:

### ***Health and Well-Being Board Members:***

Cllr Helena Hart	Cabinet Member for Public Health
Gillian Jordan	Barnet Healthwatch representative
Kate Kennally	Director for People
Dr Jeff Lake	Deputy for Dr Andrew Howe, Director of Public Health, Barnet and Harrow
John Morton	Barnet Clinical Commissioning Group – Chief Officer
Selina Rodrigues	Head of Healthwatch Barnet
Dr Claire Stephens	Barnet Clinical Commissioning Group- Board member
and	
Cllr David Longstaff	Cabinet Member for Safety and Resident Engagement and Chairman of the Barnet Safer Communities Partnership Board

### **Question 1. Physical and Sensory Impairment Partnership Board**

**From all you have heard today, what action will be taken regarding access to GP surgeries and related issues?**

#### John Morton

Whilst Barnet Clinical Commissioning Group (CCG) does not manage GPs directly in the new NHS structure, it knows that good primary care is essential to all integration work. Barnet CCG has a primary care strategy and this includes investment in primary care.

Barnet CCG's support to GP practices in the borough includes support for the use of technology for GP practices. Measures that will improve access include:

- Barnet CCG has funded all GPs to use texting
- Email appointments are being made in some surgeries
- consultations are being arranged with nurses rather than GPs.

On 6 June 2013, the CCG is meeting with GPs regarding additional support to primary care.

#### Selina Rodrigues

With guidance from Barnet CCG, a group of volunteers has been doing excellent work talking to patients about access to GP surgeries. The group has also looked at Mental Health, Learning Disability and Physical and Sensory Impairment Partnership Board issues regarding access to GP surgeries and support for patients.

Healthwatch Barnet will promote and publicise good practice with GP practice managers and Patient Participation Groups. Healthwatch Barnet plans to publish a one-page guide

on good practice points regarding access. Healthwatch volunteers will take this to Patient Participation Groups to spread good practice.

Partnership Board members with experiences regarding access to GP surgeries are invited to contact Healthwatch Barnet.

## **Question 2 Mental Health Partnership Board**

### **What will be the outcome of the positive suggestions made today?**

Kate Kennally

Depending on what they are, actions will be taken forward by:

- Partnership Boards
- Healthwatch Barnet
- The Health and Well-Being Board

Partnership Boards will be supported to be influential and effective, supporting Healthwatch to engage and champion the consumer voice.

Partnership Board co-chairs and Healthwatch Barnet will meet regularly to formulate actions to take forward.

Notes of the Summit will be written up so that actions can be identified.

## **Question 3 Carers Strategy Partnership Board**

### **What can the Health and Well-Being Board do to support carers and ensure they promote carers' needs so that they can continue to care?**

Jeff Lake

Public Health recognises the importance of carers looking after themselves whilst doing the important job of caring. Public Health is looking at developing health promotion resources. This will lead to a range of resources targeted at different groups. For example, June is 'Health in the Workplace Month' at North London Business Park. Further schemes are being developed focussed on older people. Best evidence models will be identified, and it will be important to make sure that they are being done well.

Cllr Helena Hart

The Health and Well-Being Board thinks that carers are essential. Early intervention and prevention are key points of the Health and Wellbeing Strategy, and this is reflected in the Board's work plan.

For example, Health in the Workplace Schemes are being set up across the borough. The Health and Well-Being Board is making sure that there is enough money for schemes to help people stay well, support themselves in healthier lifestyles, and identify health problems early on.

Kate Kennally

A key part of the new Care Bill reforming how adult social care is to be provided in England, gives carers new statutory rights. Currently carers have the right to an assessment but not to their needs being met. The proposed legislation challenges this. It is important to do work now on how to meet the new requirement. This will involve working with the Carers Strategy Partnership Board to support carers well, so that people who are cared for can stay in their homes longer and are happier and healthier.

#### **Question 4 Learning Disability Partnership Board**

**What are your plans for inclusion of people with learning disabilities in the community?**

Kate Kennally

A key priority in the Health and Well-Being Strategy for people with learning disabilities is around employment. Some progress has been made. There are also priorities regarding housing and making communities safer places. The Health and Well-Being Board will work with the safer Communities Board, chaired by Cllr Longstaff, on this.

It is not easy for people with learning disabilities to take on a job. It is useful to show that you could do a job by doing placements. Some people are worried that they could lose their benefits. The Council is working with JobCentre Plus and Disability Employment Advisers work alongside social workers and give information regarding benefits. Taking on a job is a big change for people with learning disabilities and it needs to be properly supported.

**Supplementary question:**

**Does Barnet Council employ people with learning disabilities?**

Kate Kennally

Yes, it does.

#### **Question 5 Older Adults Partnership Board**

**How can the Health and Well-Being Board support Partnership Boards to link with other partners to achieve their objectives, for example, to link with Highways on falls prevention.**

Cllr Helena Hart

The Summit has been an ideal opportunity to link with Partnership Boards. We have seen how different issues run across Partnership Boards, and Partnership Boards will be addressing cross-cutting issues together.

With regard to falls prevention, a number of stakeholders have been involved in the development of the new Falls Unit at Finchley Memorial Hospital. Finchley Memorial Hospital is a good example of how new services are being commissioned closer to people's homes. In addition to many other services, it is planned to have GPs in Finchley Memorial Hospital.

Kate Kennally

Councils now have a statutory duty to promote health and wellbeing. Therefore, if there is a particular issue affecting health and wellbeing, Council officers must consider this. Health and wellbeing is considered in the development of services. For example, health impact assessments are completed for new town design.

If Partnership Boards are experiencing difficulty in generating joined up responses to issues, they should let the Health and Well-Being Board know.

**Question 6: Mental Health Partnership Board**

**How do we as members of Partnership Boards access the Health and Well-Being Board? For example, can Partnership Boards come and present issues to the Health and Well-Being Board?**

Cllr Helena Hart

Partnership Board members are urged to attend Health and Well-Being Board meetings. As the last item of the public session of each meeting, the Board covers a topic or theme in depth. This is an ideal opportunity for a burning issue to be considered, especially if it is cross-cutting. Partnership Boards should put such issues to the Health and Well-Being Board, and these will be put into the Board's work programme.

The Board will also press for early publication of its meeting papers on Barnet Council's website <http://barnet.moderngov.co.uk/ieListMeetings.aspx?CId=177&Year=0>

**Question 7: Older Adults Partnership Board**

**Many Partnership Board members are volunteers. We often need to research questions with the Council. How do I, as a Partnership Board member, ask a question such as whether a kerb which has been knocked over on a particular street can be repaired?**

Kate Kennally

With regard to pavement issues, people can:

- contact the Council's Customer Services (020 8359 2000)
- use the 'Fix My Street' facility on the Council's website <http://barnet.fixmystreet.com/>

With regard to Partnership Board volunteer members' questions to the Council and the NHS, John Morton and colleagues are looking at how to strengthen the joint commissioning team so that we take issues into Health and Social Care and communicate responses back out to you.

John Morton

Barnet Clinical Commissioning Group will work much more closely with Barnet Council with regard to commissioning.

The NHS in Barnet is under new management. It was part of NHS North Central London. NHS management has moved to being more local and closer to patients. Barnet Clinical Commissioning Board has meetings for just Barnet. The Board has nine GPs within its 15 members. Therefore the Board has very real knowledge about what's happening locally.

Barnet Clinical Commissioning Group is a very new organisation. Challenge us on what we have done in 12 months or 24 months.

### **Question 8: Learning Disability Partnership Board**

**What will the timeframe be to see progress and how will we know that it is working?**

#### John Morton

Barnet CCG will develop a work programme. This will be confirmed through the Integration Board and the Health and Well-Being Board. We'll clearly set out the jobs we'll do this year and next year.

The Health Overview and Scrutiny Committee, the Health and Well-Being Board and Healthwatch Barnet have a responsibility to see that we deliver our work plan.

Barnet Clinical Commissioning Group will work with the Health Overview and Scrutiny Committee, the Health and Well-Being Board and Healthwatch Barnet on how we deliver joint priorities.

#### Cllr Helena Hart

The Health and Wellbeing Strategy, within its four themes, sets out what needs to be done, what programmes need to achieve and measures to be taken to address issues.

#### Dr Jeff Lake

The Joint Strategic Needs Assessment provides high level health indicators for Barnet. This directs the development of the Health and Well-Being Board's strategy. The implementation of the strategy is measured against indicators, for example levels of physical activity in Barnet.

#### Selina Rodrigues

It is important to make sure that all information about our strategies, work plans and measures of success (key performance indicators) are accessible and meaningful.

## Further questions agreed by Partnership Boards which were not answered at the Summit due to lack of time

### Question 9 Carers Strategy Partnership Board

**How can the Health and Well-Being Board ensure that carers are respected as partners in care as they are the experts in their cared-for's health needs?**

The Health and Well-Being Board recognise that involving carers in the discussion about health and social care needs of the person cared for is essential, and that carers issues are a priority and seen as an integral part of health and well-being in Barnet. This is reflected in a number of schemes that aim to provide training on carers awareness within hospital wards for example. Further work is also planned to support GPs to identify carers and have clear updated protocols on carers.

### Question 10: Mental Health Partnership Board

**Why is voluntary sector representation on the Health and Well-Being Board so limited?**

Barnet's Health and Well-Being Board consulted the guidance for statutory membership that was set out in the Health and Social Care Act (2012), and used this template to recruit its members.

This guidance requires that Healthwatch is a statutory member, to ensure patient, public and a wider community voice are represented in the Board's discussions and decision making. Healthwatch Barnet has contracts with a number of voluntary sector organisations to engage with more people and be the consumer voice for health and social care.

Whilst wider voluntary sector partners have not been asked to be statutory members of the Board, it recognises the immense value the sector can bring to its work, and has consulted the sector on the key documents that the Board developed - the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy.

Each Health and Wellbeing Strategy lead will also need to work with the voluntary sector to achieve its objectives.

The Partnership Boards Summit will be a key forum through which the Health and Well-being Board can meet with voluntary sector partners to test its priorities and work programme.

### Question 11: Mental Health Partnership Board

**Who prioritises the priorities – how is that done – against what criteria and how can that be challenged?**

The priorities of the Health and Well-Being Board have been set by:

1. National legislation (Health and Social Care Act (2012)) and policy guidance to Health and Well-Being Boards published by the Department of Health

2. Public Health research on the wider determinants of health by Michael Marmot
3. The results of the Joint Strategic Needs Assessment for Barnet (2011)

These documents have been reviewed and translated into the priorities and targets in the Health and Wellbeing Strategy.

The Health and Wellbeing Strategy includes clear objective which organisations need to deliver against. There are named leads against each target in the Health and Wellbeing Strategy. These leads are responsible for achieving the objectives of the Strategy, and are accountable to the Health and Well-Being Board for achieving against these targets.

Residents can make comments through Healthwatch about these priorities, which can raise emerging issues/ investigate concerns further through the Health and Well-Being Board

The Partnership Boards will be a key forum through which issues about the priorities can be raised by Partnership Boards and considered by the Health and Well-Being Board.

### **Question 12: Learning Disability Partnership Board**

**How will the Health and Well-Being Board make its work accessible to people with learning disabilities, especially people with complex needs, and how will it understand the barriers and lives of people with complex needs?**

Whoever delivers services on behalf of the Council is required to make sure that they have regard to the needs of all of Barnet's residents in line with our equalities responsibilities. Personalisation is an important way for all people with difficulties to have a real say over their lives in line with Valuing People and the integrated learning disability service is committed to giving everyone meaningful choice and control.

The Board is committed to making information accessible to those with complex needs. For example, it has made a summary of the Health and Wellbeing Strategy which is presented in easy read format on the Council's website.

The Partnership Boards Summit will always have easy read materials available for people with complex needs.

Minutes from the Health and Well-Being Board are made available online. If there are areas of particular interest to the Learning Disability Partnership Board, they are welcome to raise this with the Health and Well-Being Board and agree for a presentation to be delivered on the area. Additionally there is a separate working group 'commissioned' by the Learning Disability Partnership Board exploring how best to engage with people with complex needs and ensure their needs/views are represented by the Learning Disability Partnership Board; the board is also inviting a stakeholder member whose priority is supporting people with complex needs to ensure these are considered as part of the board.

**Question 13: Learning Disability Partnership Board**

**How will concerns of the Learning Disability Partnership Board be included in the Health and Well-Being Board's strategy and needs assessment?**

The Public Health team are committed to refreshing the needs assessment in 2013. The team will be consulting with Partnership Boards before finalising the revised assessment. The revised needs assessment will be used to revise the Health and Wellbeing Strategy, if/where this is appropriate.

**Question 14: Learning Disability Partnership Board**

**How will supported housing affect learning disability?**

Having a home of your own with support is something which many people with a learning disability want. We remain committed to making this a reality for more people over the coming years.

## 10. Round-Up of the Day

Kate Kennally thanked participants for spending their time at the Summit, and all those involved in organising and running the event, and service users and carer members of Partnership Boards for volunteering. Kate emphasised that Partnership Boards and the Health and Well-Being Board would develop and undertake actions in response to learning from the Summit. In closing the event, Kate expressed how she was looking forward to seeing people again at the next Summit, which will be in autumn 2013.

## 11. Participant Evaluation of the Summit

29 participants completed feedback forms, giving their views on the event. Feedback will be taken into account in planning future Summits.

### Summary of Main Points

Overall, there was very positive feedback. Key points are:

- 27 participants thought that the day was very good or fairly good.
- 24 participants rated being able to say what they wanted at the Summit as very good or fairly good.
- 26 participants thought that the venue was very good or fairly good.
- 26 participants rated the clarity of presentations as very good or fairly good.
- The most useful parts of the day were networking, updates, presentations and the workshops.
- Some people did not find different parts of the day useful.
- Suggestions on how to make the Summit better include having more time for questions and networking, co-producing the Summit and having more interactive activities.

## Detailed Responses

### 1. Rating of different aspects of the event.

	Very Good 	Fairly Good 	Average 	Fairly Poor 	Very Poor 
How well were you able to say what you wanted at the day?	13	11	3	2	
Was the information clear in the packs?	21	7	2		
Were the presentations clear?	17	9	1	2	
How good was the venue?	19	7	1		2
How good was the day?	14	13	1	1	

### 2. Which part of the day was most useful to you?

- Networking (8)
- Update and presentations (7)
- Mahmuda and Helen's presentation on Partnership Board achievements
- Workshops (very focussed and energising) (4)
- Discussion on mixed boards table (3)
- Quiz was good – learnt new information (3)
- Healthwatch (3)
- Group discussion (although 15 minutes would be better than ten) (2)
- Finding out at first hand views of partnership board members and key strategic members (2)
- Being involved (2)
- Panel questions
- Feel more informed about the structure of the HWBB/Partnership Boards – more connected
- Group tasks
- Information packs

### 3. Which part of the day was least useful to you?

- Questions at the end – not really practical to do this and most of the panel did not speak (3)
- Workshops – attempt to address too broad a brief in too short a time (2)
- A shame that networking was truncated as lunch was ‘abbreviated’
- Role of the Health and Well-Being Board
- Unable to ask questions
- None – all good

### 4. How could we make the Summit better?

- More time for workshops
- More time for questions (2)
- Make it two days
- More time for networking
- More time to speak to other board members and get ideas
- Mix the seating of the 5 partnership boards so there is more interactions and networking
- Hold a couple of times a year (2)
- Showcase/agree joint work programmes across Boards
- Outcome of feedback/impact/what has changed as a result
- Continue the good work – make sure we get feedback
- Avoid red/green pens on table
- Avoid school half term
- Label food at lunch better
- List of delegates in the pack (2)
- Documents not accessible enough – lots of text with a picture is not accessible enough
- More interactive activities and more co-production with users
- Map of organisations (Healthwatch/HWBB/CCG/PBs) and how they link with
- each other
- List of names in the above organisations
- Better access
- Use of other rooms – sometimes noisy and busy

- More representation from partnership boards
- Introductions of the groups and what they do
- Fewer workshops
- Have separate smaller Q&A sessions throughout the day
- Co-production
- Too serious, stuffy, and at times cheesy, need different approach in presenting information

#### **5. Is there anything else you would like to say?**

- Thank you – the day was very well organised (3)
- Very good atmosphere to launch first Summit – well chaired by Kate Kennally
- Lunch not great for people with special diet
- Including Children's Board and strategic partners in these joint discussions would be helpful
- Concerned that we do not have the funding to take effective action, training
- needed to do meaningful evaluation to justify and make future business cases for specific actions
- In this time of changes we keep hearing the same news from different people – heard nothing new
- Found everyone very supportive/caring/accessible and focussed on my needs
- More funding for Barnet council and more funding for people with learning disabilities
- I hope this continues and the public are made aware not just groups
- An excellent move towards integration of health and social services
- Highlight: participation and opportunity for those with impairments and difficulties
- Wasn't sure we were being taken seriously – isn't this exercise just lip service?
- More access to mental health services as there is nowhere near enough
- provision for people trying to access them at the moment
- Elderly people and wheelchair users can't climb the mountain to the Diamond Suite