



Adults and Communities Involvement Board

**Wednesday 7 March 2018
10.30-1pm**

Committee Room 1, Hendon Town Hall, The Burroughs, Hendon

Minutes of the meeting

Present:	
Hamid O'Toole	Resident Representative (Learning Disabilities)
Peter Sartori	Resident Representative (Mental Health)
Emma Chisholm	Resident Representative (Mental Health)
Ulla Chisholm	Resident Representative (Carers)
Janice Tausig	Resident Representative (Older Adults)
Peter Cragg	Resident Representative (Older Adults)
Melvin Gamp	Resident Representative (Older Adults)
Andrew Goodwin	Resident Representative (Sensory Impairment)
Quincy Thomas	Resident Representative (Autism)
Nicola Saunders	Resident Representative (Learning Disabilities)
Carole Dukes	Engagement Co-ordinator, Mencap
Maria Nash	Resident Representative (Physical Disabilities)
Lisa Robbins	Healthwatch Barnet
Rebecca Adejo	Health and Social Care Commissioner, Joint Commissioning Unit
Mathew Kendall	Director, Adults and Communities, Barnet Council
Ella Goschalk	Engagement Lead, Adults and Communities, Barnet Council
Sarah Perrin	Prevention and Wellbeing Manager, Adults and Communities, Barnet Council
Apologies:	
Sandra Turner	Resident Representative (Sensory Impairment)
Brian Altman	Resident Representative (Carers)
Catherine Searle	Assistant Director, Joint Commissioning Unit
Meeting supported by:	
Amy Stainton	Business Support Assistant, Customer Care, Adults and Communities, Barnet Council

1	Welcome, introduction and apologies
	Mathew Kendall welcomed everyone to the Board and passed on the apologies.
2	Minutes from the last meeting
	<p>Everyone agreed minutes from December were accurate.</p> <p>A written update on the red bag project was included as part of the papers.</p> <p>Andrew Goodwin asked about the red bag project and whether glasses/hearing aids would be included.</p> <p>Peter Cragg mentioned that it is important that everyone knows about the red bag. Mathew confirmed that part of the project is letting everyone know about</p>

	<p>the red bags, both formal and informal carers.</p> <p>Update – glasses and hearing aids are included in the red bag checklist</p>
3	<p>Working group updates</p> <p>Ella said that there had been a busy period at the end of last year and it has been a bit quieter recently. She wanted to let the group know about the mystery shopping done by prevention services working group – providers have come back with responses and improvement plans. We will also follow up with more mystery shopping. The feedback from the keeping safe working group has been put into the Safeguarding Adults Business Plan for the next 2 years.</p> <p>Peter Cragg asked for an update on dementia support. Rebecca Adeojo said that she has recently finished a report on this. The vacant post for mental health/dementia commissioner is being recruited to. Mathew asked for an update at the next meeting as it has been an important topic that keeps coming up.</p> <p>Action – Ella to add dementia to next Board agenda and work with CCG to get an update circulated before the next meeting</p> <p>Ulla Chisholm updated on the carers working group. She said it was interesting and the group were pulling together a leaflet of information for carers (including those who don't identify as a carer). Ulla said that there was a lot of good information and hopefully it will help people. The group are also looking at the carers assessment forms. Emma Chisholm added that the group made sure there weren't too many words in the leaflet. Sarah Perrin added that the leaflet will be made with Barnet Carers Centre, and they also talked about training and gaps for carer support.</p> <p>Ulla added that it was nice to see people who aren't usually involved coming to the group.</p> <p>Andrew Goodwin updated on the working group on 'how do we know we're doing a good job in adult social care?' He summarised that the group covered what kinds of data is collected and how. The group gave feedback on what questions we should be asking people to make it easy to respond.</p> <p>Ella added that the group gave valuable input on a new survey we will use in actual social care. They also selected three new measures for the department to report on:</p> <ul style="list-style-type: none"> • Average waiting time for Continuing Health Care assessments • Proportion of home care visits where carers did not arrive • Proportion of social work posts filled by permanent members of staff. <p>We can bring that information to the Board, and it will help when we start choosing priorities for next year. There will be a follow up meeting in 6 months to look at progress.</p>
4	<p>Upcoming working groups</p>

Ella talked about 4 upcoming working groups in the next couple of months.

Care homes working group – this will focus on activities in care homes. We plan to engage with people who live in care homes, families and staff.

Andrew asked what is meant by activities – is it about access to activities, evaluating their success or something else? Ella confirmed that these are all aspects the group can look at.

Members of the Board made suggestions for this group – Lisa Robbins recommended speaking to the Care Quality team, and Melvin Gamp suggested looking at best practice outside of the borough (such as Anchor Homes).

Peter Cragg asked about what would happen if there was a care home failure. Mathew explained about the statutory duty under the Care Act to step in if a care home goes bankrupt. As a local authority we do a lot of work to prevent care home failures and step in when they happen.

For more detail see item 5 from the December minutes where this topic was discussed.

Mathew mentioned that the vast majority of the time, care homes deliver good care. Failure is very unusual. Maria Nash raised the point that people don't know this – they are worried about going into residential care. Mathew agreed that this was a good point and that he would think about how to give more of a positive message about good quality care. Peter Cragg suggested an article could go in the Insider. Lisa suggested a Q+A run jointly with Healthwatch to share some of the information.

Action: Ella to work with Care Quality and others to consider best way to share positive and clear information about the quality of care services with the community

Ella's next update was on **integrated health and social care** working group. This is a big programme so the working group will focus on Burnt Oak, which is where the first phase of the programme is happening.

Another working group coming up is **keeping people up to date with community activities**. This has two strands – one with the leisure service to help shape the 'fit and active Barnet' campaign, and one with prevention and wellbeing coordinators to look at how people can get involved in their local area.

There will be an initial session of the working group **supporting people with multiple needs** to scope what we should focus on in such a broad area.

Nicola asked about autism. There has been an awareness session but not a working group – Ella will continue to keep an eye on this area and raise any opportunities for engagement.

There was a discussion around who can get involved in working groups. Maria

	<p>pointed out that all groups should consider every impairment to make sure that we are catering for everyone. Ulla suggested that different awareness groups are invited to working groups even if they are not members of the People Bank.</p> <p>Quincy asked for clarification about whether Board members should be attending every group. Mathew confirmed that they are welcome to attend whichever groups they think are relevant, but it is also useful to pass on the details to friends, colleagues and other groups so we get a variety of people attending.</p> <p>Action: Ella to ensure that relevant disability/mental health/older people's groups are informed about upcoming working groups so that members can attend.</p> <p>Action: Board members to pass on details of working groups to friends, colleagues and members of other groups that they are involved in.</p>
5	<p>Resident representatives updates</p>
	<ul style="list-style-type: none"> • Emma: the website launch was a great achievement. There was a big turn out from all different people with different experiences, and everyone was very positive. • Ulla: I have noticed there is a lot of training going on from the Carers Centre which is great to see – a lot of varied and interesting topics. • Melvin: we have a meeting at our synagogue on dementia. Jewish Care will be attending. <p>Action: Sarah to discuss with Melvin any council updates on dementia for community meetings</p> <ul style="list-style-type: none"> • Lisa: please sign up to Healthwatch newsletter if you haven't already • Nicola: we have a group called Have Your Say – Ella comes along and takes back what we say to the Council, and brings back information to us. We attend working groups and have encouraged a lot of the Have Your Say group to sign up to the People Bank. • Maria: I have been quite poorly and haven't been involved as much as I want to be. We need to think of ways to engage with people who can't attend physical meetings. We also need to get younger people involved and autistic people who may not want to come to meetings. Can we have things like webinars and other electronic ways to get involved? • Quincy: I went to the autism session which people were invited to understand what is happening in the borough. It was very poor, I felt deflated. I am still eager to get involved. <i>Sarah confirmed that it was useful to get this and earlier feedback, and we have passed it on to the commissioners.</i>

	<p>Quincy: We need more representation from different multicultural groups.</p> <ul style="list-style-type: none"> • Peter Sartori: The Mind and Mood group is meeting tonight and Sandra is giving a presentation on visual impairment and mental health. One thing we mustn't forget is that just because someone looks/sounds OK doesn't mean that they are. <p>Action: Ella to ensure that online ways of getting involved are clearer and easier to access for each working group.</p> <p>Action: Ella to ensure that a discussion on increasing the diversity of the Board is scheduled for next meeting or Annual Engagement Summit</p>
6	Hospital discharge
	<p>Mathew gave an update on this topic. He said that people leave hospital with a wide variety of needs – some don't need any support and some might need a care package or input from district nurses/physiotherapists. People might need different lengths of time for support, and some may go into a care home.</p> <p>Last year in Barnet (in both health and social care) we were not doing well in terms of people being delayed in hospital.</p> <p>Barnet social care delays have improved a lot – total delayed transfer of cared days have reduced from 719 days (in April 2017) to 120 days (for December 2017). Our monthly target is 230 so we are currently doing better than that.</p> <p>The most important thing is about the person and the best place for them to be.</p> <p><i>For more detail see written update that came with the papers.</i></p> <p>Emma mentioned that people need to be given realistic timescales about what will happen next. For example if someone needs to move property but it might take 10-11 months they need to be told that.</p> <p>Sarah gave some information about the hospital discharge working group. This group is focusing on getting better information for patients to understand the decisions being made. We are looking at existing information (like the Royal Free Trust booklet) and seeing if we can make something local and shorter.</p> <p>Quincy talked about his experience working in emergency services and the pressure that can cause errors in care.</p> <p>Mathew also talked about the issue of stopping people going into hospital in the first place and supporting them in other ways to stay healthy and well. The challenge is that there isn't one solution but we work to keep people safe and prevent things going wrong.</p> <p>Maria mentioned the hospital book which was used with people with learning disabilities and has been very useful – but these don't seem to be used</p>

	<p>everywhere.</p> <p>Action: Maria and Sarah to speak about hospital book and other opportunities for use</p> <p>Andrew discussed the provision of sign language across hospitals – has this been discussed? Sarah raised that it hasn't been covered much yet but we will explore as part of the booklet.</p> <p>Peter Cragg raised that the biggest problem seems to be communication. There is lots of information but different ways of doing things.</p> <p>Nick added that pharmacies in hospitals often have long waits.</p> <p>Ulla mentioned that it often doesn't seem like one person is in charge of hospital discharge.</p> <p>Finally Emma asked if we would look at psychiatric hospital discharge. Mathew suggested this could be a sub group.</p>
7	<p>Digital engagement</p>
	<p>Ella showed the Board the new online platform for consultations and engagement, called Engage Barnet. There are different ways people can give their feedback such as:</p> <ul style="list-style-type: none"> - Polls - Forums - Maps - Giving ideas which other people can vote on <p>The group said they would get involved in this way but suggested using more videos and also stories/photos from resident representatives.</p> <p>Action: Ella to set up People Bank page on Engage Barnet and include videos/stories from resident reps.</p>
8	<p>Prevention and Wellbeing Coordinators</p>
	<p>Sarah gave an update on this new service. There is a new team made up of four Prevention and Wellbeing Coordinators. They have two main roles:</p> <ul style="list-style-type: none"> • They work with people directly for up to 6 weeks, looking at how to stay healthy and prevent, delay and reduce needs from getting worse • They coordinate local areas – they get to know a small area to find out what is available and what is missing that will help people stay independent and well. For example dementia cafes, exercise classes, social clubs. • The coordinators are focusing on Childs Hill, Edgware and Oakleigh wards. <p><i>For more detail see the leaflet sent with these minutes.</i></p> <p>Ulla suggested that one of the coordinators could come and talk at the next BSA meeting. Maria talked about worries that older people have of being moved out</p>

	<p>of their homes – we need to engage in a more positive way.</p> <p>Sarah said that one of the benefits of the coordinators is that they get to know the community very well. Mathew added that the team won't always set up new schemes but they will work with existing groups and try and join everything up.</p>
9	<p>Other engagement updates</p> <p>Ella gave three updates:</p> <ul style="list-style-type: none"> • The annual adult social care survey is currently out and we are collecting responses • A Digital User Group has been set up to shape the department's digital work. Quincy, Hamid and Nicola are in this group. • Our telecare provider Argenti has set up a Dragon's Den competition to find new technology that will help people with support needs. They wanted a service user to be part of the judging panel, and Quincy had the successful application.
10	<p>Any other business</p> <p>Peter Cragg asked about pharmacists in Barnet who are qualified to give an assessment. Rebecca also clarified that GPs should be providing health checks.</p> <p><i>See also – CCG update from December 2017 meeting.</i></p> <p>Peter also raised the new CCG Committee which involved recruiting 4 members of the public. He asked why there is no similar set up for Finchley Memorial Hospital and Edgware.</p> <p>Andrew highlighted that one of his colleagues is a member of the new CCG Board and if Involvement Board members had any questions he could pass these on.</p> <p>Finally Peter raised a recent news story about GPs getting payments for referring fewer patients to hospital.</p> <p>Action: Rebecca to get answers from CCG about these queries and circulate to Board.</p> <p>Ulla asked for the Annual Engagement Summit date to be finalised soon.</p> <p>Action: Ella to set date and inform Board.</p>