



Report on



Health and Well-Being Board / Partnership Boards

Autumn Catch Up

Thursday 20 November 2014

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- 1. Notes from Workshop Session 1**
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1. Introduction



The 2nd Annual Health and Well-Being Board and Partnership Boards' Autumn Catch Up was held on 20 November 2014.

This is an informal half-day event that brings together the Health and Well-Being Board, 5 Partnership Boards and representatives from across Barnet Council, the NHS and Public Health to discuss topics that affect health and social care services in the borough.

85 people participated in this year's Autumn Catch Up, representing a wide range of people and organisations.

The key topics covered were the Health and Well Being Strategy and the Care Act.

2. Autumn Catch-Up Programme

9.30am		Registration and Refreshments
10am		Introduction Kate Kennally Strategic Director for Communities
10.05am		Welcome Councillor Helena Hart Cabinet Member for Public Health
10.10am		The Health and Wellbeing Strategy Progress and Priorities Andrew Howe Director of Public Health
10.20am		Workshop Session The Health and Wellbeing Strategy
11am		The Health and Wellbeing Strategy Strategy Refresh Andrew Howe Director of Public Health
11.10am		Break
11.25am		The Care Act Dawn Wakeling Adults and Communities Director
11.35am		Workshop Session The Care Act
12.25pm		Round Up Kate Kennally Strategic Director for Communities
12.30pm		Lunch and Networking
1pm		End of Event

3. Introduction and Welcome



Kate Kennally, Strategic Director for Communities, welcomed everyone to the Autumn Catch Up.



Councillor Helena Hart, Cabinet Member for Public Health and Chair of the Health and Well-being Board, welcomed everyone to the event.

Points that Councillor Hart covered included:

- This day follows on from the full day Summit in June and good work has been completed following the social isolation workshop
- The Health and Well-Being Board had met last week and discussed this year's progress on the Health and Well-Being Strategy and considered what was important to do in the next 12 months
- The Care Act is the biggest change to adult social care in over 60 years and it will have a big effect on services.

4. Health and Well-Being Strategy



Andrew Howe, Director of Public Health

- The Health and Well-Being Strategy says that people in Barnet can expect to live better and longer than in other areas of England.
- Health and Well-Being can depend on things like race, age, gender and how much money you earn.
- The Health and Well-Being Strategy wants to make sure that everyone is able to enjoy good health and well-being.
- The Strategy Review looked at the things that were successful, things that needed some more work and the things that had not worked well.
- The most important things for the coming year were:
 - preparing for a healthy life
 - well-being in the community
 - how we live
 - care when needed.
- During the workshop each table discussed one or two of the priorities for next year from the Health and Well-Being strategy
- Each table made an action for their board to ensure the priorities happened.

5. Health and Well-Being Strategy Workshop



These are some of the actions that were developed as part of the workshop.

The full notes can be found in [Appendix 1](#)

Work more closely
with Public Health

Develop
Community
Resources

Partnership
working with
GPs

A better
understanding of the
'Improved Access to
Psychological
Therapy' services

Provide support to
older people in
the community

Working with Barnet
Clinical Commissioning
Group and GPs to inform
them about information
and advice on prevention

Ensure
assessments
consider carers

6. The Care Act



Dawn Wakeling, Adults and Communities Director

- The Care Act introduces big changes to the way we deliver social care services. It aims to put people at the heart of the services and to promote well-being and prevent or delay people needing social care services.
- The important areas the Care Act says we must look at in 2015 are :
 - information and advice
 - eligibility criteria (which people will qualify for services from the council)
 - carers' rights
 - Deferred Payments
 - being able to receive care if you move to a new area.
- In 2016 the Care Act changes how we charge people for the services provided and there will be a 'Care Cap' which will be a maximum amount people will spend on their care.
- Barnet really want to hear what residents think of their plans and that is why there is a public consultation.
- Each table was given five discussion areas covered in the public consultation.
- Each area was based on Barnet's plans for doing what the care act says we must do. The areas are:
 - Information and advice
 - Eligibility criteria
 - Carers' rights
 - Charging
 - Prevention

Each group was asked to discuss the plans one by one – support was available from the Care Act project leads

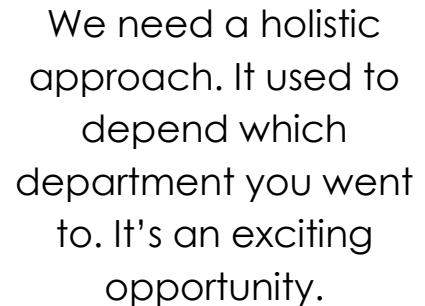
7. The Care Act Workshop

Here are some highlights of the comments.

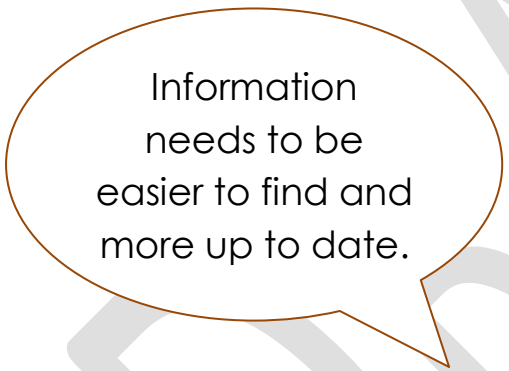
You can find the full notes can be seen in [Appendix 2](#).




Community support and charitable organisations could join together with the council to provide support and fill funding gaps.



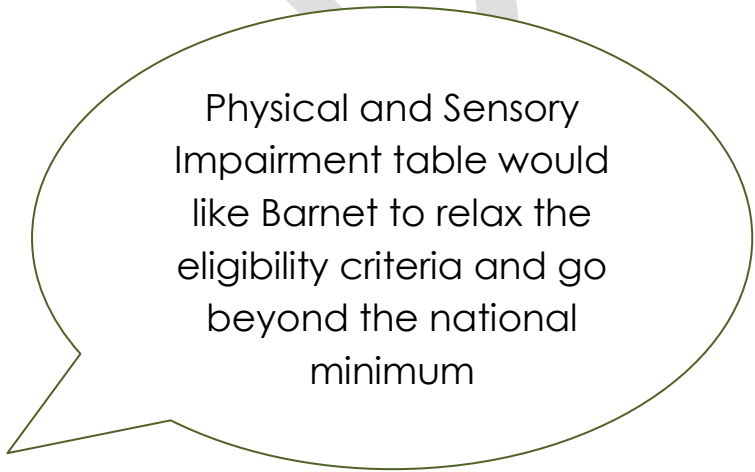
We need a holistic approach. It used to depend which department you went to. It's an exciting opportunity.




Information needs to be easier to find and more up to date.



We need to be given time to make choices.



Physical and Sensory Impairment table would like Barnet to relax the eligibility criteria and go beyond the national minimum



Need to be more joined up and proactive / joined up thinking



8. Next Steps

All of the information collected today will be used in several ways:

Health and Well-Being Strategy

The information collected from the workshop will be sent to Public Health for them to use as part of their development of the Health and Well-Being Strategy after 2015.

Care Act

The Council will take into account feedback from the day before a decision is made by the Adults and Safeguarding Committee on 19 March 2015.

Questions and suggestions

We will send the questions raised on the questions board to the relevant people to be answered. A full list of questions is in [Appendix 3](#)

We will provide the answers in the following Partnership Board's updates.















9. Round-Up

The next pages show a summary of the evaluation forms that people completed on the day.



What people thought of the Autumn Catch-Up



33 people filled in a feedback form		Very Good  	Fairly Good 	Average 	Fairly Poor 	Very Poor  
	How easy was it to get to the venue?	22	6	5		
	How accessible was the venue?	22	9	1		1
	How clear were the presentations?	20	7	6		
	How did you find the Health and Well-Being Strategy workshop?	15	15	2	1	
	How did you find the Care Act workshop?	8	15	9	1	
	How well were you able to say what you wanted at the day?	14	15	3	1	
	Overall what did you think of the event?	16	17			



Which part of the Autumn Catch Up was most useful to you?

- Health and Well-Being Strategy
- Care Act Workshop
- Discussion in relation to mental health for people aged 0-25
- Eligibility
- Workshops



Which part of the Autumn Catch Up was least useful to you?

- Speed of presentation/discussion
- Time constraints
- Care Act
- Audibility (outside was better but not perfect)
- Sometimes the talk is too fast and they use difficult words
- Less information and more focus on a particular aspect of the Care Act for each table



Is there anything that you would like to see next time?

- Health and Social Care Integration/Better Care Fund
- Would like more opportunity to share individual questions and wider views
- Maybe send questions before the event
- Response to the points that have been put forward
- Break out rooms
- Explain what the difficult words mean
- Too many papers to read
- Some of the print was too small
- More detail of how the development of the Act is progressing
- A service user case study, can it be a user-led event?
- Name badges please

Appendix 1 – Health and Well-Being Strategy Workshop

Tables 1 and 2 – Learning Disability Partnership Board

Importance of Annual Health Checks

- Physical access to Health Checks
- The interface between ‘health and social care-speak’ and the person with Learning Disabilities
- Role of Link Nurses - How is this working?
- Role of support workers - How is this working?
- Patients with Learning Disabilities need more time for the appointments - How about double appointments?
- Help to prepare for the appointment
- Carers to share information and how to work your way through the system - need easy access to information and advice

Bowel, Breast and Cervical Screening – Increase uptake

- Need to build confidence
- Just as important for people with learning disabilities as other people
- Easy Read guidance - explain the benefits
- Peer support - ‘I’ve had it, it’s not that bad’
- People’s Choice to co-produce guidance?

Dentistry, Eye Health, Feet Health – What happens

- “It’s exhausting finding a suitable one”
- More training for professionals, including about autism and physical access for a wheelchair
- Spacing appointments because of a person’s condition such as epilepsy - services need to make reasonable adjustments
- The Learning Disability Partnership Board should go back to the project about dentistry services

Support for carers' health

- Stress and frustration when sorting out any new health pathway
- Need one place to find out - it's not joined up
- Isolation as a carer but I do not want to share all private issues with others

Health and Well-Being Strategy Priority	What we want to do	How we will do it
Ensure that people are able to stay healthy	<p>Provide education and information in the community</p> <p>Information and advice about health and social care services provided by council</p> <p>Make sure health is on Board's agenda</p> <p>Make sure people can access services when they need them providing control over our own healthy lifestyles</p> <p>Make sure people know about the services available to them</p>	<ul style="list-style-type: none"> • Prepare packs for GPs to help people with Learning Disabilities • Get feedback from service users about their experiences • Provide a variety of formats, e.g. DVD to make information more accessible • Share information with other Boards. • Provide information to people through their daily activities, e.g. supermarkets, libraries (for people who are not already service users) • Think creatively about to provide this information and advice • Map places people visit most and how we can provide healthy living work with supermarkets

Help people to remain independent and avoid isolation	Develop Community Resources – places people can go and community groups.	<ul style="list-style-type: none"> • Provide information about what is out there in the community • Community Information hubs like Barnet Centre for Independent Living or libraries or supermarkets
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Table 3 – Physical and Sensory Impairment Partnership Board

Health and Well-Being Strategy Priority	What we want to do	How we will do it	Who will do this
Help around the home	<p>Up to the GP to flag this early on</p> <p>Access points to information</p> <p>Different types of support, e.g. befriending</p> <p>Working with CCG and GPs to better inform them around information and advice and prevention</p> <p>GPs attending Partnership Boards - Engage local GPs and their training</p> <p>Working with homecare providers - meet carers and PAs before agreement</p>	<ul style="list-style-type: none"> • Regularly assess homecare providers and provide support • Peer to Peer support - BCIL to map what is available • Timebanking scheme – already exists • Be aware of key contact points - information navigators • Information Catalogue • Consultation - Working groups • Board needs to be involved in procurement of care workers – training issue with providers • Social workers and keyworkers to facilitate help in interviewing carers 	<ul style="list-style-type: none"> • Partnership Board engaging GPs to attend the board meetings • The council to work with Boards and contracted providers jointly • GPs to work with practice managers to flag concerns early on • Council officials attending Partnership Board meetings.

Table 4 - Carers Strategy Partnership Board

Priorities for carers

- Communications - hearing about issues affecting carers from the local press before hearing from a group
- Very stressful for carers - who do we need to contact - how do we work across with hospitals?
- Work with Public health so all linked up
- As a council we know how we are supporting carers
- Exciting work with Barnet Integrated Locality Team
- Is there a website, a single place, where carers can go?
- A lot of work to improve council website and supporting carers to access it
- Carers need to feel that they are part of a network of carers - a community - focus on what we need to do about that
- Making a single point of access for professionals and carers
- How do we link to broader issues to create a wider link up with other council services?
- Need to have website with sophisticated Google searches for carers
- How do we identify carers and get information to them?
- Work more closely with health – no real representation from police and fire service - how do we include people at the right time?
- Are we talking about registered carers-yes but also others to outreach in the community?
- Also how we interact with children of carers. How do you engage young people to be more supported?
- Schedule the appointments so children don't miss out on school time
- Help educate children in adult interaction
- Recognising the whole family appropriately, identifying young carers in educational settings
- Child Trust Board - need to have more formal dialogue with young carers
- Haven't had the right people around the table
- Make sure people are doing the talking in the group
- Might feel overpowered as a carer with too many professionals (maybe why the Carers Forum gets more members)
- Need to review how we make best use

- Carers spend a lot of time caring - maybe being available in a more relaxed environment
- Is engagement part of the carers strategy? How do we get the messages out there-need different types of carer?
- Also need carers from the BME groups
- Identify carers more effectively
- Difference between engagement groups and just engaging
- Element of haven't we done well – a lot of carers may want to talk about their everyday problems
- At these events can we have tables dealing with specific problems and let them tell you about it there and then
- 'We are not talking about personal issues, just strategy'- shouldn't do that as it is dismissive
- We have carers' matters at Carers Strategy Partnership Board

Keeping people healthy

- Providing universal things
- Ensuring in assessments about supporting carers
- Social Care Connect website not used enough, this will be revamped next year
- Paid agencies are making sure they come up first on Google not Barnet Online – Social Care Connect should come up first we need to have a capacity to make this happen
- Advertising not just a launch need to keep going with the publicity
- Councillors how can you support us at the Partnership Boards?
- Priority - stay well and be supported
- Front page of website could have new facts today and update or feed to link you to various bits
- For young people in schools – on the front could have info for young carers "are you worried about a member of your family? Are you missing school work?" Could press a button to take you to information.

Table 5 and 6 – Older Adults Partnership Board

Health and Well-Being Strategy Priority	What we want to do	How will we do it
Communication – links to all priorities	Address need for people to have reliable information early on about conditions, services and support	<ul style="list-style-type: none"> • Use 'Every Contact Counts' – communicate and disseminate three key messages • This should run across all the Boards – and cascade out to voluntary orgs • Make better use of All together Better – how expand?
Effect on the wider community: <ul style="list-style-type: none"> • Increased awareness of available services and support • Increased awareness of prevention messages, leading to healthier lifestyles and reduced need for services and support 		
Reduce social isolation	<p>Provide support to older people in the community so they can manage their mental Well-Being</p> <p>Focus on need for information</p>	<ul style="list-style-type: none"> • Recommend ideas to Health and Well – Being Board • Integrate voluntary sector and public organisations, integrated locality teams and GPs • Volunteers - key enablers

		<ul style="list-style-type: none"> • Better transport so people can be taken to the right location • Comprehensive list of support for GPs • Signposting to community resources
Effect on the wider community: <ul style="list-style-type: none"> • Impact on people's mental health, reduce social isolation • Reduced accidents • Healthier lifestyles 		

Discussion points

- Vital to communicate to people so they know what is available. Would make a big difference to get information early, e.g. at point of diagnosis.
- Use 'Every Contact Counts' to deliver three key messages. This should run across all Partnership Boards. All communicate three key messages for a period of time.
- Help people to help themselves - so they recognise their responsibility to do this and know how to.
- Need to co-ordinate the many meetings that are being held. Partnership work on communication relevant to all services, e.g. hospital discharge, dementia friendly borough, Falls, Memory Assessment Service, diabetes.
- GPs – challenging for them to have all the information.
- Constraint – very little information goes from partnership boards to Health and Well-Being board.

What would help?

- Website and paper-based information. Remember some people cannot access internet. Appropriate level of detail
Possibly signpost people to the voluntary organisation specialist in each area
- No point in giving all information to everybody - ensure the right information is available to right people at right time.
- Use pharmacies as trusted information points - or libraries, supermarkets, post offices, schools - places where people go anyway.
- Possibly use GP care navigators (but these require extra funding)
- Newsletters / information in local newspapers - but a cost involved
- Have a one-stop-shop in each ward, as with East Finchley Altogether Better
- Use Neighbourhood Watch network
- Address obesity amongst school children through OAPB.
- Volunteers would need significant training
- Data Protection
- No instant implementation
- Gradual process will need to enable people to make links
- Create support system (central hub) to co-ordinate volunteers
- Limited resources and money
- Will people trust volunteers
- Major costs, e.g. of insuring volunteers

Tables 7 and 8 – Mental Health Partnership Boards

Suicide prevention

World Mental Health Day

How the Board works with the Mental Health Trust

Early intervention, using the Improving Access to Psychological Therapy service

Preventative services, increasing speed of referrals, concerns about waiting times

Feeling that it is difficult to get information through to GPs

Need to increase referrals and reduce waiting times

The last Board meeting confirmed that the Trust is starting to work on this

Concerns raised over the way information is delivered across Barnet and felt that this needed to be a priority

What is the role of the Board in influencing the resources used?

Want to make Improving Access to Psychological Therapy work, support the integration of health and social care and take advantage of every contact

Well-being in the community

Early help for children, working aged adults and older people experiencing mental health problems

- Feeling that this needs to be implemented and that there should be involvement in the process
- Topic to discuss at the Mental Health Partnership Board
- There is a need for education, social care and health to work together
- Feeling from the table that mental health has been ignored
- The table welcomed the implementation of preventative work in the community

- The importance of supporting children and families - working together with families /parenting on Well-Being
- It was flagged that more young people with mental health issues need supported housing
- Issue of poverty and the need for benefit advice and how to access advice. The system has become more complex, i.e. employment and Fit to Work

Known current activities

Eclipse – delivered by Richmond Fellowship – educational input

Public Health are funding an emotional Well-Being programme to be evaluated July 2015

We need to focus on self-reliance - know what to do and where to go

Enablement approach - identify problems earlier and raise the skillset to help people manage their problems

Key Points /Overview

- Prevention and Well-Being
- Awareness
- Enabling services
- Early intervention
- Facilitating self resilience

Appendix 2 – Care Act Workshop

Eligibility

- Charging not welcome
- Lack of information about new eligibility criteria and the fact that FACS has been scrapped
- Communications are not reaching the service users yet
- Engagement with carers is needed
- The wording on the document on page 4 should be clearer that Barnet will change to make sure they are doing what they should
- Gateway to services will be pretty much the same as it is now
- Need to check IQ criteria with regards to people with learning disabilities
- The table asked for clarification regarding the budget for extra assessments and where the number of extra assessments would come from. The extra people would be the people asking for extra assessment pre 2016 - self funders
- The question about living at home safely - was this about living at home alone or not?
- Living in their own home safely by themselves is one of the criteria and if another one is met then the person is deemed eligible. It was noted that this is similar to what LBB already has
- Physical and Sensory Impairment table would like Barnet to relax the eligibility criteria and go beyond the national minimum
- Important to define the difference between outcome and needs

- What's the alternative to no support
- Economically affordable - should Barnet do more than national average?
- How do you determine what type of impairment is sufficient to qualify different points of view on low, moderate etc?
- Do we have feedback on what other councils are doing?
- Increased number of people coming to the authority for assessment, how do we manage?
- Cost of care, provision etc is a 'minefield' – needs to be clearer.

Carers

- Who will trigger the assessment, the carer or London Borough of Barnet?
- Need suitable advice and training and support for the family carers so they can manage the patient care in lieu of health professionals
- Need access to respite
- Are there extra funds to support carers in an emergency?
- Can a direct payment for a carer roll over to the next year?
- Carers will need financial guidance and advice
- **What about child carers' eligibility criteria?**
There are criteria but what if the carer had mental health difficulties or physical disabilities; then who differentiates between these? These are assessed in the assessment and pull together the best placed professional to complete the assessment.

- **Will the information go straight into the consultation?**

The online survey will have similar questions but this information will go into a report

- Are we aware of carer's assessment?

- Will it be the same kind of assessment as before?

- **Do mothers now come under this?**

No, parents of disabled children come under children and families

- **An holistic approach will be used to depend what department you came under. It's an exciting opportunity.**

Will not include carers of people in residential care-they would need to be directed towards the lead provider

- **Is a carer entitled to a social worker?**

Yes but it depends on the outcome of the carer's assessment. The assessment comes first then the eligibility not the other way round

- **Talking about having a personal budget for carers-this is new as used to have the carer's grant**

A personal budget is an indicative budget. Initially, the total cost you will receive is looked at, then they look at the amount you are contributing and the remainder is provided by Barnet. If the carer is just looking for information and advice it may not be appropriate to go through the indicative budget

- **If you are a young carer can you also be entitled to other things?**

This would be dealt with under Children and Families Act. The Care Act is for people over 18

- **Are there any guidelines in the borough of who is considered to be a carer? How do you distinguish between a young carer and a child helping a family?**

A young carer may have to do washing, preparing dinners and tasks not appropriate for a child of 6 or 7. It is not about doing the tasks but how it affects daily life, mentally such as stress

- **How can we achieve all this with all the cuts and austerity?**
LBB is fully aware of this, the whole country is aware
- **How did Scotland fare better than England?**
Go back to the carer's assessment, may need a triage assessment first. Care Act working group will have something new by April
- **It will be obvious in future if people need a triage assessment or full assessment, do need to be very careful to ensure that this is something that feels easy to access**
London Borough of Barnet are not intending to charge carers. Example given that in some Local Authorities, if a carer is going on a respite holiday for the week may need to pay the first £100.
- Training of staff is a concern - need to ensure the assessor can recognise the different needs.
- The Physical and Sensory Impairment table believe that the carers' eligibility should be lowered in Barnet
- Is there any obligation on London Borough of Barnet to market this via national and local campaigns? April could be very busy
- Might find information and advice more easily. Issues around distributing this throughout London Borough of Barnet.
- Professional vs. natural. Need to focus on unpaid/family carers
- Some people who are carers are not aware of what the council are doing/support services
- Simplify language used
- Online or phone assessments are a bit impersonal, most carers would prefer a one to one

Information and Advice

- Social Care Direct need to understand people with Learning Disabilities

- Make the information accessible to everyone
- Translate legal work into Plain English
- Explain what changes there will be from 1 April and different ways to access information
- Key places - central points for information and advice
- GPs, libraries, bus stops, a volunteer to man a computer for those that do not have access to one
- Physical hub for information and access to services, i.e. a health hub
- Timing of when to provide information
- The existing services in Barnet are not useful
 - poor quality of advice
 - access limited
 - timings are not relevant
- Barnet Council website is not currently user-friendly
- Information needs to be easier to find and up to date
- Possibly needs its own website with a clear title
- Suggestion to make a small booklet for consultation on care act but recognise could not afford to do this
- Possibly develop a booklet with telephone numbers of organisations that can provide information and advice, i.e. there is demand for paper based information
- Use plain English
- Barnet Council will do its own communications relating to Department of Health national campaign
- Need to manage expectations regarding care act changes

- Make accessible: Easy read format and different languages if and when requested
- Resources – intense to have long face to face meeting about
- Direct Payments. Need to look at simplifying processes.
- Look at having more self-assessments and trusted assessors.
- Involving many organisations – need to ensure that all organisations are trained to the same level
- Budget cutbacks - a lot of people use libraries but these are gradually being scaled back in Barnet due to cutbacks
- Computer literacy - not everyone uses computers
- Update and simplify website
- Social Care Direct Barnet needs to be easy to use and available in various locations
- Information points would be very useful in post offices etc. Continuation of phone lines
- How will we check information being provided by identified organisations
- Places we go for information – Google, GP, peer support, community links, ask family, website-NHS and Council and social media
- We need to educate GPs and professionals
- Increased levels of information and advice on discharge from acute settings
- Increased amounts of support to explore and understand information and advice provided
- How do we join up all of the information that is in the community
- How do we tie information and advice into the Job Centre

- Information needs to be held in several places
- Need to ensure we do not exclude people through the use of digital media
- Will be very easy to refer people to Barnet for an assessment
- Concern: Connection between information provided by Public companies and London Borough of Barnet's statutory obligations. What if the wrong advice is provided?
- Telephone services provided by council need to be exceptional. Lots of drop offs and difficult to get through to the right people.
- What does the local authority want people to be told?

Prevention

- Equipment – Barnet aren't offering a wheelchair service ,we need information for service users how to get a wheelchair etc. Monthly workshops have stopped
- Community Support and charitable organisations could join together with council to provide support and fill the funding gaps
- Time Banking – we need to provide and encourage this.
- Emotional support should be provided to aid mental health
- Telecare is an effective tool to aid independence
- On call systems helps people remain independent, but occasional, ad hoc support would be useful (to prevent longer term support needs
- Financial support around how to help people manage their own finances
- Access to specialist aids and equipment to keep me safe and healthy

- Need professionals to see people holistically not send people to other services
- Need to be more joined up and pro-active /joined up thinking
- Need them to assess what you need and not ask “What do you need?”
- Want professionals to come up with the solution
- How professionals ask the question-“what is the problem?”
- How do we identify people who need prevention services
- What about LGBT people who have integrated needs in Barnet
- Not enough prevention information or services for older people, not enough voluntary section
- Employment and the role this plays in preventing mental health decline
- Looking at a person's whole life
- Linking prevention to recovery, things are not integrated
- The right support at the right time
- Befriending and peer support has been affected by funding cuts
- The role of volunteers in prevention and need for greater support to volunteers
- Working more closely with other partners such as Job Centre Plus and Health
- Discharges from mental health units into unsuitable accommodation and how this impacts on prevention of readmission
- Difficulties in prevention due to the lack of proper integration

- Highlighted that there is a greater need for early intervention in mental health conditions.
- There is a feeling that there needs to be improved support around health and obesity
- Does prevention apply to people being discharged from acute settings?

Charging

- What is the financial threshold for self-funders?
- Comparison of now and future changes would be helpful or not.
- Charging an arrangement fee when people ask council to help them arrange their own care
- Reviewed - How often?
- What about people on benefits?
- Do you think it's fair?
- Is it worth invoicing someone for just £30? Should this level be higher, e.g. £100 as admin would cost - something about proportionality
- Savings threshold is a national figure
- If you are living off your savings £23,000 - everyone's needs are going to be different
- Financial information and advice should be readily available
- LBB needs to support Barnet Carers Centre to provide this information and advice.
- Assessment remains free
- Social Care staff turnover regularly - might make continuity difficult

- Charging complex - where do people get information from on what is social care funded/healthcare funded as healthcare is free, need to sort out as this will be even more important.
- Demand is there as people will want a care account
- Whole system is very complicated to understand.

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Appendix 3 – Questions and Suggestions

Care Act

- Will the financial eligibility be more stringent and are these set Nationally?
- What about Lesbian, Gay, Bisexual and Transgender and Physical and Sensory Impairment issues. Where are they in the Care Act?
- More bureaucracy! Is there going to be enough care?
- Deferred Payments-Will there be a legally binding document created by council and solicitor and signed by carer/cared for?
- How will the organisations ensure that carer's with learning disabilities understand the changes?
- There must be a clear explanation on the formula for health care or social Care costs. The Care Act must make this clear.

Health and Wellbeing

- What work is Public Health doing with the large retailers to encourage people to be more healthy?
- Emotional Wellbeing program. How do we ensure that these and other programs continue to be delivered?
- There is an Adults and Safeguarding Committee meeting tonight which discusses commissioning and outcome measures for people with mental health problems (among others). It appears to be happening in splendid isolation from this catch up. Why?

Other

- Use the GP weekly bulletin to communicate information from Partnership Boards.
- Please could there be a flow chart/family tree diagram of all the boards groups and subgroups etc?
- What work is being done around access to services i.e. ramps and equipment for people with disabilities?
- Direct Payments-Is it possible for all? Criteria? Means Tested?
- Check the current curriculum for GP's, Psychiatrists and Social Workers and work out what sections of the population they are trained to deal with. Are they trained to deal with mental delays, autism, sensory and physical difficulties and do they know enough to refer for these?

We will answer these questions in the partnership board's monthly update in the coming months.