



## Adults and Communities Involvement Board

**Wednesday 6 December 2017  
2-4pm**

**Committee Room 3, Hendon Town Hall, The Burroughs, Hendon**

### ***Minutes of the meeting***

<b>Present:</b>	
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)
Carole Dukes	Engagement Co-ordinator, Mencap
Lisa Robbins	Healthwatch Barnet
Louise Keane	Quality in Care Advisor, Adults and Communities, Barnet Council
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
Amisha Lall	Commissioning Lead, Joint Commissioning Unit
Ian Bretman	Lay Member for Public and Patient Involvement, Barnet, CCG
<b>Apologies:</b>	
Nicola Saunders	Resident Representative (Learning Disabilities)
Sandra Turner	Resident Representative (Sensory Impairment)
Maria Nash	Resident Representative (Physical Disabilities)
Catherine Searle	Assistant Director, Joint Commissioning Unit
<b>Meeting supported by:</b>	
Amy Stainton	Business Support Assistant, Customer Care, Adults and Communities, Barnet Council

<b>1</b>	<b>Welcome, introduction and apologies</b>
	Mathew Kendall welcomed everyone to the Board and passed on the apologies.
<b>2</b>	<b>Minutes from the last meeting</b>
	<p>Everyone agreed minutes from 19 September were accurate.</p> <p>Mathew Kendall discussed outstanding actions from the last meeting. He began by talking about Finchley Memorial Hospital.</p> <p>Mathew told the group that there is a new ward at Finchley Memorial Hospital called the Adams Ward. The ward will be used for people who don't need to be in acute</p>

	<p>hospital but need to stay in hospital for a bit longer, for example if their home needs an assessment. There are 17 beds in the ward and the expectation is they will be used by Barnet residents. Central London Community Healthcare (CLCH) are providing the service. It is another offer in the system that will help people get the right care in the right place.</p> <p>Peter Cragg added that he has been talking to people at Clinical Commissioning Group (CCG) about Barnet Senior Assembly (BSA) being able to use a room at Finchley Memorial Hospital for their meetings. Peter said he has been talking to them for some time and has finally secured a room for BSA meetings. Peter advised the Board that if any of their groups would like to hold a small meeting to contact BSA and they will see what they can do. The room can hold up to 10 people. The group congratulated Peter.</p> <p>Peter requested an update regarding the dementia support services contract. Amisha Lall said that when Caroline Chant, previous Joint Commissioning Manager of Commissioning, Barnet Clinical Commissioning Group left, there was a gap. CCG have realised this gap. Gerard Darcy, Lead Commissioner, Joint Commissioning Unit, is looking into the gap within mental health and dementia.</p> <p>Ella Goschalk discussed the other open action. She explained that there is a new online engagement portal called Engage Barnet, which has lots of different functions. The best way to share with the Board would be to give a demonstration. The Board agreed that Engage Barnet could be on the agenda for the next meeting.</p> <p>While looking at the minutes from the last meeting Andrew Goodwin asked if there was an update on the red bag project, especially around making sure that glasses and hearing aids are included.</p> <p>Louise Keane described to the Board that the red bag project is a bag that people will have ready in their care homes for them to take to hospital. Nurses and doctors will know that they are important bags with useful information inside. We are currently talking to care homes about what should be inside the red bags. At the moment we are focus on elderly homes, however in the new year we will look at mental health and learning disability care homes. Louise advised she would take Andrew's question forward.</p> <p>Peter Sartori mentioned that he thought the red bag would be very helpful for people with mental health.</p> <p><b>Action: Ella to get an update on the red bag project for the next Board meeting.</b></p>
<b>3</b>	<p><b>Update from Involvement Board</b></p> <p>Ella Goschalk began by saying that the workshop was really useful. The main points from the session were:</p> <ul style="list-style-type: none"> <li>• There needs to be a better link between the Board and the working groups. To solve this the Board will spend more time talking about the working groups and there will be an opportunity for people to present and say how they are finding it.</li> <li>• There will be monthly updates and information passed on as and when things happen</li> </ul>

	<ul style="list-style-type: none"> <li>• The working group topics are too broad. To solve this Adults and Communities will start off with less broad topics and make a clearer link for People Bank members of how the working groups relate to current strategies and priorities.</li> <li>• There should be a chance for representatives to discuss their roles and what they are doing outside of meetings. To solve this there will be opportunity for the Board to give a short update at the meetings.</li> <li>• There should be an opportunity to network with the rest of the Board. To solve this Adults and Communities will book the rooms earlier so people can catch up.</li> <li>• There should be a formal training session for the Board on how to act in meetings. To solve this Adults and Communities will organise a training offer.</li> </ul> <p><b>Action: The Board to let Ella know what format they would like to receive the monthly updates.</b></p> <p><b>Action: If anyone has any questions on the workshop contact Ella.</b></p> <p>Peter Sartori said the session was great and that there should be another session in a years' time to review. Janice Tausig agreed. Emma Chisholm said she felt the session made her feel more a part of the group.</p> <p>Mathew Kendall replied that he is glad the Board found the session useful. He agreed that a review workshop is a good idea and will happen.</p> <p>Ella added that she has begun to change the terms of reference based on the conversations from the workshop.</p> <p><b>Action: Ella to send the Board the updated terms of reference when complete.</b></p>
4	<p><b>Resident representative roles</b></p> <p>Mathew Kendall began by talking about how Adults and Communities changed the role representative from 1 year to 2 years. He asked for the Boards members' opinion on two topics:</p> <ul style="list-style-type: none"> <li>• Whether there should be the option to stand for re-election</li> <li>• Whether there are the right numbers and roles on the Board.</li> </ul> <p>Andrew Goodwin started the conversation by saying that he felt sensory impairment should be split between a representative for visual impairment and sensory impairment. He also felt that having deputies would be useful.</p> <p>Emma Chisholm said that she felt the Board should encourage new people to join and that it might be easier for the new member to shadow an old Board member. Quincy Thomas replied by saying as the new Autism representative he would have found it useful to have someone to guide him.</p> <p>There was a conversation within the Board on groups that cross over such as Older Adults and Mental Health. Both groups represent issues such as dementia and loneliness. Melvin asked if these issues should have separate representation. Ulla Chisholm raised that the representatives should not be restricted to only talk about their group. Their knowledge and experience can help many people. They should feel able to speak about it.</p>

	<p>Mathew explained that the representatives were from old Partnerships Boards. Peter Sartori added that most of the representatives have previously come from a Board that focused on one issue, such as mental health. It is clear that the Involvement Board gives an overall view of what people can face. Andrew agreed by saying that the Board should all be working together on issues.</p> <p>Janice Tausig questioned how the representatives share information. Hamid O'Toole mentioned that he feeds back the information to the Mencap Have Your Say group.</p> <p>Both Ulla and Emma said they felt the best place to use their experiences and knowledge are the working groups. Emma continued by saying everything she has gone to she has been able to contribute and help other people</p> <p>Quincy asked because he was new how long would be posted as the autism representative. Mathew advised Quincy would be an autism representative for 2 ½ years.</p> <p><b>The Board agreed:</b></p> <ul style="list-style-type: none"> <li>• <b>Board members would like to stand for re-election</b></li> <li>• <b>There should be deputy representatives</b></li> <li>• <b>People who did not stand for re-election, or were not re-elected, will be asked to be a buddy for the new representative.</b></li> </ul>
<b>5</b>	<p><b>Care homes and provider failure</b></p> <p><i>The Board requested an update on what happens when care home providers fail and what we do to prevent and deal with this.</i></p> <p>Louise Keane started by saying she was a part of the Care Quality Team. The team are a part of Adults and Communities, Barnet Council and work closely with CCG. The team goes out and support care homes.</p> <p>When a care home starts to struggle that is often because the manager or staff leaves and that is when things can go wrong. The Care Quality team looks at systems, policies and procedures. They also do provider risk assessments with the CCG where they assess the risk of people living in the home. If the risk is high they bring the provider in and have conversations of what support they can offer them. If they are concerned they put a suspension on the home. This means the home can't take on any more people which gives them time to makes changes with our support.</p> <p>Melvin Gamp asked what would happen if one of the largest care homes shut down because of finance. Louise replied by saying that the team also look at the provider's financial system. They work closely with Care Quality Commission (CQC). They would have an alert if there was a financial problem.</p> <p>Mathew Kendall said on large scale you would see local authorities, CCG, central government, and CQC all come together on supporting those providers. We would work with care homes to make sure care of all individuals is maintained. Within Barnet there just under 3000 care home beds. Between local authorises and CCG we purchase 1000 of those beds. 2000 are brought by people who fund their care,</p>

	<p>other local authorities who place in Barnet or other CCGs who buy beds. We are unusual in Barnet because we have so many care homes.</p> <p>Ulla Chisholm asked Louise if her team support care homes to employ people who are trained, experienced and able to meet cultural needs.</p> <p>Louise replied by saying all providers have different policies. Care Quality Team have contract monitoring staff who look at how they recruit and maintain and train their staff. Barnet Council and CCG provide training. We can tell them what best practice is and expect them to do that but it is up to the provider. Contract monitoring is thorough. We keep very close eye on what is going on. Care homes also want the same thing as we do when looking after vulnerable people.</p> <p>Mathew confirmed by saying when things go wrong we work closely with care homes, police and safeguarding. A lot of good care takes place in Barnet. As soon as we are aware we work to solve that and to stop it happening. We also work with homes to share good practice.</p> <p>Lastly Louise mentioned if someone is having a problem in a care home they should either contact the care home directly, CQC and or contact Social Care Direct.</p>
6	<p><b>CCG Public and Patient Engagement</b></p> <p>Ian Bretman started by saying he began in April and is on the CCG Governing Body 1 day a week to advise and recommend improvements in this area. He has lived in Barnet over 30 years and is the chair of trustees for Barnet Citizens Advice Bureau. This is the first time he has been professionally involved in health service and everyone in CCG is very committed. He wants to get as many people in the community as possible involved in shaping services to make sure we get people the best care, quality and time they need.</p> <p>Ian went on to say the CCG are running a variety of projects such as looking at dementia or mental health. These projects will involve residents. It is Ian's role to make sure people feel their voice is heard and to let them know what we are doing and what we can and can't do. In order to do that he has been focusing on setting up a committee that will oversee public involvement. He has been looking at what is going on in the borough, what is going on nationally and if we could learn from it. In the new year the committee will get 2 residents from the Patient Participation Groups. They are also looking for 2 new people for voluntary roles, who will go through an interview process. We are not looking to duplicate work but to make sure your voice can be heard at the right place right time.</p> <p>Peter Cragg mentioned there needs to be a clear journey from problem to change that people are able to see, suggesting that CCG should start a public forum.</p> <p>Mathew Kendall asked the Board members how we can use the Involvement Board to make sure we all work together. There needs to be a formal link between the Board, and the work that Ian and Healthwatch are doing, as well as the Health and Wellbeing Board. This is something Mathew, Ella and others will pick up with Ian.</p> <p>Ian finished the conversation by saying that it is clear that we need to work on communication. At the moment there is a very small team. Everything this Board is doing is great.. We have to be open and honest with people to make sure people</p>

	<p>know what is going on. It is important that we go back to groups like this to update people. That is a relatively simple thing to change.</p>
7	<p><b>Working group updates:</b>  <b>Employment</b>  <b>End of life care</b>  <b>Keeping safe</b>  <b>Prevention services</b></p>
	<p>Ella Goschalk opened the conversation by saying that the working groups have a good momentum at the moment. 3 groups are currently going on. We have good attendance from 5-10 people.</p> <p><b>Employment</b>  Hamid O'Toole said the group looked at:</p> <ul style="list-style-type: none"> <li>• where people can get support</li> <li>• how to make people aware with what is going on</li> <li>• what messages can be given to providers and employers</li> <li>• how the job centre could be more engaged and supportive.</li> </ul> <p>Ulla Chisholm added that finding voluntary work is just as important as paid employment. Hamid ended his update by saying it is a challenge for people with learning disabilities to go from voluntary work into paid employment.</p> <p><b>End of life care</b>  Janice Tausig updated the group on general activity going on in end of life care. <i>More detail in Janice's written update.</i></p> <p>the working group looked at:</p> <ul style="list-style-type: none"> <li>• how to improve the patient and carer experience;</li> <li>• gaining better information and planning for the last phase of life and</li> <li>• how to meet specific needs – one of which was to improve joined up working.</li> </ul> <p>The group identified 9 important areas through the discussions, which will be fed back to the end of life care steering group.</p> <p><b>Keeping safe</b>  Emma Chisholm said the group talked about:</p> <ul style="list-style-type: none"> <li>• reporting abuse</li> <li>• more training to support people to talk about abuse</li> <li>• letting people know where to access support</li> <li>• how can we promote support and reporting such as leaflets, online, information groups.</li> <li>• Transport for London are coming next week to talk about issues on public transport travel</li> <li>• We also discussed the safe places scheme in Barnet and the good work Mencap is doing.</li> </ul> <p>Due to timing Melvin Gamp was unable to give his update on Prevention Services.</p>

	<p>Ella Goschalk gave an update instead.</p> <p><b>Prevention services:</b></p> <p>Ella said the group did:</p> <ul style="list-style-type: none"> <li>• mystery shopping exercise on the website and over the phone with various providers in Barnet.</li> <li>• group exercise where they talked about their own experiences with the providers.</li> <li>• The findings will be used to help these organisations improve and also be shared with a wider group of voluntary sector organisations</li> </ul>
7	<p><b>In progress working group updates:</b></p> <p><b>How do we know we are doing a good job in adult social care?</b></p> <p><b>Carers support</b></p> <p><b>Hospital discharge</b></p>
	<p><b>How do we know we are doing a good job in adult social care?</b></p> <p>Andrew Goodwin said they have only had one meeting so far. The group will focus on how we measure adult social care performance, and how this information is presented to the public.</p> <p><b>Carers support</b></p> <p>Ulla Chisholm said the group has had one meeting so far. They spoke about:</p> <ul style="list-style-type: none"> <li>• Carers' assessments</li> <li>• how can Adults and Communities support carers who feel they are on their own</li> <li>• how can Adults and Communities inform carers</li> <li>• how can adults and Communities support carers to let their adult children live as independently as possible.</li> </ul> <p><b>Hospital discharge</b></p> <p>Peter Cragg said they have had 1 meeting so far with, 10 or 12 attendees. He was disappointed to find there was no one there from any Trusts. The group looked at:</p> <ul style="list-style-type: none"> <li>• issues to do with hospital discharge, many of which came down to there not being one person following them through their journey</li> <li>• what information is out there at the moment</li> </ul>
8	<p><b>Any other business</b></p> <p>There was no time left for resident updates, so the suggestion was to share these by email.</p> <p><b>Action: Everyone to send their resident representative updates to Ella Goschalk to send around.</b></p> <p>Mathew Kendall confirmed all meetings will be extended to 2 ½ hours.</p>