

Joint Partnership Board Meeting Minutes

June 23 2022

Hybrid meeting at Tottenham Town Hall and on Teams

Attendees:

Helena Kania	Co-Chair of the JPB
Sharon Grant	Co-Chair of the JPB
Mike Wilson	CEO of Public Voice
Isha Turay	Chair of the Carers Reference Group
Pat Charlesworth	Chair of the LD Reference Group
Debbie Floyd	Supports LD Reference Group
Charlotte Pomery	Assistant Director for Commissioning, Haringey Council
Anne Gray	Older People's Reference Group and Haringey over 50s Forum
Lourdes Keever	Older People's Reference Group
Graham Day	Chair of the Physical Disabilities Reference Group
Paul Allen	Chair of the Dementia Reference Group and Joint Commissioner Haringey Council and NCL CCG
Karen Starkey	Localities Manager Programme Manager, Haringey Council
Nadine Pfeifer	Head of Haringey Integrated Care Partnership Programme and Co-Leader of the Localities Programme
Isha Richards	Communications and Engagement Manager Haringey, NCL CCG
Vicky Murphy	Interim Assistant Director Adults and Health Haringey Council
Maurice Richards	Transport Planning Team Manager, Haringey Council
Caroline Gillett	Primary Care Development Manager, Haringey CCG
Jano Goodchild	Partnerships Manager, Public Voice

Rachel Sanders (Minutes)

Project Officer, Public Voice

Apologies: Mary Langan

1. Reference Group Updates

1.1 SCALD Mary has been interviewed on LTNs and continues to be concerned about the inordinate impact on disabled and vulnerable people. Mary will be interviewed on the Footway parking review

SCALD held its first meeting in person. The group remain concerned that the HOPS centre only has 8 users after a year of being open.

Andrea Kelly, new Interim Head of LD and Sophie Fraiss attended to introduce herself and will come to the next meeting to address SCALD concerns.

1.2 Mental Health – Jano has contacted previous members who want to be involved to re set up the group.

1.3 Carers – meeting held in May and next meeting planned in July.

1.4 PDRG meeting to be held on 6 July

1.5 Dementia group met in person and hybrid. 6-10 new members with lived experience joined the group with varying dementia types and experiences. The group is planning a workshop in September to discuss the dementia pathway and explore further dementia needs in the borough, this is likely to be held at the Haynes centre.

Pat notes people with LD are more likely to get dementia and need regular checks.

Lourdes – notes high incidence of vascular dementia amongst the Irish. Suggests analysis of different types of dementia within ethnic minority groups.

Helena - Is there an audit of dementia in the borough?

Paul - Last year there was an analysis on dementia to ensure that diagnosis is equitable – which it roughly is, the key thing is early diagnosis.

2. LTN update – Maurice Richards

- Systra is working on behalf of 4 London boroughs on the exemptions policy.
- Interviews have taken place with a large range of residents – elderly, family and carers, mental impairment, PCVs, School transport, physical disabled.
- They are currently analysing the data and once they have the report will devise the criteria.
- Those registered disabled should have received a letter to apply for exemption for all 3 LTN proposals.
- They are adding to the current 4 criteria that Cabinet have granted.

- Next step – creating internal exemptions application process. Inform residents that they can apply for exemptions.
- Provide clarification on individual circumstances.

Questions:

2.2 Resident contact - Helena notes she has not been asked for an interview or received a letter. Hopes that this isn't a wider indication that they have not been in touch with a lot of people.

When will we see the draft before it gets submitted to Cabinet?

How many additions are being made to the exemptions criteria?

Maurice notes that adjustments will have to be made to the experimental period before they are made permanent.

Action 1: Maurice - Will see how quickly Systra report can be published- will feedback week beg 4 July timescales.

2.3 Exemption criteria - Anne – concerned about the kinds of people and vehicles that will get exemptions – at the moment the focus is on people living within the LTN – concerned about people outside the LTN – can put up taxi fares and occasional lift giving. Problems with signposting and redirections. People on the margins of registered disability can also be affected.

Maurice – for non-residents – exceptional circumstance has changed to individual circumstance, this allows for persons not living within the LTN can apply to access certain filters.

2.4 Taxis - Debbie asks can the filters allow for London taxis as happens in central London?

Maurice - Taxis –cameras are ANPR automated, but it would be difficult to put London wide taxis on the system. If you are a resident with a disability and get a PCN from a taxi and can provide evidence a PCN can be cancelled.

Long term goals of LTN are traffic reduction which should lead to quick taxi rides.

Extensive Monitoring proposal document is being rolled out using 30 cameras and data from bus cameras to monitor journey times.

2.5 Digital/non-digital access - Mike asks when claiming an exemption are we allowing for people who are not digitally enabled – does this allow for phone calls?

Maurice – will be able to make a phone call and paper application forms.

Action 2: Maurice to share draft letter to apply for applications.

2.6 Emergency vehicles - Paul has been interviewed about use of emergency vehicles. Stresses the need for planning in advance with vehicles. Need to ensure carers living outside zones are identified.

2.7 - Helena – pleased with longer consultation wants assurance that amendments will be considered in a timely manner.

Maurice – interviews will be confidential, will be treated as a learning process to make changes to the cameras and the exemptions policy – continued dialogue will ensure the process is continually developed.

3. Integrated Care Systems – Charlotte Pomery

(See also slides)

Big policy changes are being introduced as a result of the Health and care act – 1 July 2022.

- The CCG across NCL will become the Integrated care Board.
- Commissioning will be integrated into the NHS and local government and VCS and patient and resident participation groups.

Pat – what will happen for people with LD? Will there be people with LD on the Board?

4 main aims:

- To improve outcomes for the population.
- To reduce inequalities.
- Enhance productivity and value for money through integration. (NCL budget over £1bn).
- Help the NHS to improve local development and the economy.

2 statutory arms:

- Integrated Care Board –representation from Local authority, NHS executives and non - executives.
- Integrated care Partnership – broader partnership more local authority, should involve resident and patient participation.

We will develop place-based partnerships which for Haringey is the Borough Partnership – Healthwatch sits on the board – it needs to be worked out how can the JPB get involved? There is also opportunity for engagement in Localities.

Each borough partnerships will work towards the outcomes framework agreed across NCL.

Priorities– start well, live well, age well and the place board. Adult social care reforms are also about integration and strength-based working. There is the need to push for transparency and the residents voice. Localities work will move work to neighbourhoods.

Questions:

3.1 Helena notes the new statutory board will meet in public.

Will people have to submit to questions in advance? (RS to re-check answer)

3.2 Helena – huge concern about the integration of the NHS and social care – the NHS is free at the point of delivery and social care is not. How will this be reconciled and, also notes the workforce is not there.

CP – the changes that are being introduced in adult social care are about charging and introducing a cap. Funding does go more to the NHS rather than social care. The Local authorities will need to advocate for a fair deal.

We know that there is a massive shortage of GPs now, and in the future, and a lack of nurses, diagnostics staff and social workers. There are also problems in skill development, training and support and the problem of burn out with social workers. One of the aims of the ICS is encouraging local employment and development.

3.3 Debbie are there any plans to fund social care development and resettlement costs for new people in the borough?

VM – a lot of workforce planning is going onto encourage people in social work development. The council will join the Haringey workforce fair in September. They are also looking at new ways of working for example, mixing qualified and unqualified staff.

Health is swallowing up costs and we need to ensure social care staff are able to fulfil their requirements.

3.4 PA – workforce is one of the key issues, being highlighted as a risk. Need to ensure that we influence what happens locally in Haringey. Early signs of levelling to need are good. Haringey has high level of need and has got increased funding with the inequality funding.

We want to work with colleagues on a VCS strategy and ensure voices around the table are heard.

3.5 LK – at a meeting with Scrutiny before purdah they saw a presentation on a programme in Tower Hamlets to identify inequalities and suggests Haringey look at this.

Lourdes also promotes the use of personal budgets for training people, for example she encouraged some carers to use this, and they now have degrees.

CP notes that Tower Hamlets gets increased funding for its health and social care system.

3.6 SG – In relation to the new ICS system the JPB are pioneers of integrated working – as they have always had accountability to the NHS and the council. This puts us in a good place to grow and strengthen as a partnership board. Suggests we look at the model we have and look to expand, we could reference groups into Localities. Notes that the JPB needs to be at the table when decisions are made and needs to be on the Borough Partnership Board. There also needs to be patient and resident representation at NCL level, and at least for Healthwatch at the governing level. Suggests the reference groups need to be mapped onto Start well and Live well groups.

CP - Notes an Outstanding action to have a strategy workshop for the JPB – how we do map the reference groups and map with localities.

Action 3 : Vicky Murphy to get back to the JPB with a date for a strategy workshop.

Isha suggests the involvement of the voluntary sector.

CP – work is going on with VCS involvement. At system level decisions are made nationally. At place there is more flexibility to decide on involvement. And system needs to listen to place.

Mike – good presentation at the PPG meeting about the Community partnership board – Helena sits on this, but this hasn't met for a long time.

Helena – as Charlotte moves to a new role Helena thanks Charlotte for always listening and being a friend and support to the JPB.

Sharon notes that the Partnership Board wouldn't be here without Charlotte.

4. Localities – Karen Starkey and Nadine Pfeifer

4.1 The Borough partnership has been working on Localities pre-pandemic. Localities means working together on a small footprint and is about ways of working – services, communities, VCS are integrated, not only geographically, but teams come together to provide all services – see slide 6. This also includes support from VCS groups.

Localities working is about seeing the whole set of challenges that people are facing – eg debt, care and adopts strength based working. Staff are being moved to localities, so that residents can get to know staff and address issues before they become critical.

This process has started with the Northumberland Park Resource Centre, where they are bringing together a range of services – DWP, housing, mental health, social care. Connected Communities started this with 1 day per week. The team continued virtually through the pandemic and is now being re-established physically. This will then be moved onto different parts of the borough.

Pat notes that the need for people with LD to be involved in this and not just parent representatives.

The borough is divided into West, central and east networks centred around the Primary care network. They are planning an integrated hub at Wood Green.

They are going round different groups to find people from a broad range of experience and services and want to get people together to be part of this partnership. They want to understand what good access looks like and how we design the services people need in the community to develop a consistent offer but with flexibility to needs.

Multi-disciplinary staff have been tasked with setting up this group but want people to co-produce the model. There are options for involvement and regular discussion.

SG asks what people will get in return, there needs to be remuneration and be clear about the purpose, expectations and outcomes.

Karen – this is involvement in the process, replacing care needs and they recognise need for remuneration and are looking into this.

Jano notes we need to teach people how to be involved and train them.

Mike – notes as part co-design proposal Public Voice are recruiting a co-design manager to work across themes in inequalities.

Paul – suggests they can see if people from inequalities fund projects want to be involved in Localities.

Action 4: Jano to set up a meeting with Nadine, Karen, co-Chairs and Mike to discuss JPB involvement.

Lourdes – have you thought about using Action research to oversee this. Lourdes can also involve parents from a school she governs.

5. Extended GP access – Caroline Gillett (see also slides)

5.1 National change coming into place October 2022.

Changes will be taking place at NCL level, but they are committed that there won't be any change in the number of appointments.

The CCG currently commissions extended access across the GP services which provides pre-bookable and on the day appointments.

Only London has Sunday access,

Extended hours – GPs receive funding to provide funding for extra hours

From 1 October 2022 – national funding is being combined and given to PCNs to provide extended access.

Core hours - Mon-Friday 6.30am-8pm

Saturday 9am-5pm

No request for Sunday provision

What is similar?

Number of appointments, ability to pre-book and same day.

Same staff

What is different?

Sundays and bank holidays are not provided.

More pre bookable appointments especially for planned care.

Less ability for on the day appointments.

Less ability for 111 to book.

No requirements for appointments outside of PCNs.

What changes will you see?

PCNs will run extended access.

May be changes in the way to access appointments.

PCNS are doing surveys and talking to patient groups and getting feedback.

PCNS have to submit draft proposal by 31 July, agree final proposal by 31 August.

Will need to specify what engagement they have done and what communication they are doing.

Questions:

Helena – not enough face to face appointments, we need more.

Caroline suggests filling in the survey

Action 5 all chairs to forward to their groups to fill in the survey.

Sharon – notes the number of appointments will remain the same. Our concern is for the need for more appointments. Is it the same number of appointments over an extended period.

Caroline – they are offering more -pre-bookable and planned care. This is about additional appointments, could be seen by another practice within your PCN.

Debbie – is the survey in easy read format and hard copy? Easy read needs to be put up straight away also important for mental health, people with English as a second language. This needs to be available from the outset.

Caroline – online and hard copy in GP surgeries. Check if there is easy read.

Jano – what will the consultation change?

Caroline - PCNs are being asked to deliver a service that is currently being delivered by a Federation. As of October it will be up to each PCN to determine what the service will look like – they need to decide whether the hours will be covered by the GP surgery or by the PCN federation.

Sharon - Key thing is the number of appointments will remain the same, it will just be distributed across different times and our concern is that we need more appointments.

This is a different way of offering appointments – more pre-bookable and bookable 2 weeks in advance. Same day would expect to go through your practice.

It could be that you are seen by another practice, but within your LTN.

Need to cater for people with LD, English as a second language.

Action: Jano to circulate the link to the survey to the chairs.

Feedback from patient surveys closes 10 July.

Draft plans need to be submitted by the end of July.

Next meeting date 28/07/22 – Time tbc.

Body Text

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1. Numbers