

# JOINT PARTNERSHIP BOARD MEETING

## WINKFIELD RESOURCE CENTRE

23<sup>rd</sup> November, 12.30-3pm

### MEETING MINUTES

#### Present

Charlotte Pomery	London Borough of Haringey
Peter Petzal	
Helena Kania	Carer/ OPRG
Graham Days	PDRG
Lauritz	OPRF
Sarah Miller	Carer/Markfield
Gordon Peters	OPRG
Emel Teymur	Haynes
Patrick Morreau	Haynes/ Dementia Steering Group
Andrew Carpenter	N/A
Sebastian Dacre	London Borough of Haringey
Vida Black	Carer
Anne Gray	OPRG
Deborah Floyd	Independent Advocacy
Michael Brookstein	LDRG
Mike Wilson	Public Voice
Sharon Grant	Public Voice
Val Chinaglia	Public Voice

#### Apologies

Marco Inziani  
Mary Langan  
Martin Hewitt

#### 1. WELCOME AND INTRODUCTIONS

1.1 Sharon welcomed everyone to the meeting.

#### 2. MINUTES OF THE MEETING 28<sup>th</sup> SEPTEMBER

2.1 Meeting Minutes Correction: (Item 2.1) The phrase 'because it is paid for by the council' has been deleted.

#### 3. MATTERS ARISING

3.1 Partnership Board Terms of Reference (ToR) – Mike stated that we are still receiving email comments on the ToR, such as Martin and Emel's comments. The plan is to set up a small group of people interested in discussing the ToR issues

and amendments with a view of bringing a revised version for agreement at the next meeting. Sarah nominated Martin Hewitt to be a part of the group, as she believes he would be interested. **(Action: Mike)**

- 3.2 Clarification note circulated to the meeting - this aimed to address issues and questions raised at the last meeting and via email. Charlotte mentioned that the issues raised are important and very useful learning, but it is also critical to focus on what the outcomes for the JPB should be during the pilot period.
- 3.3 Peter mentioned that the clarification note was a very useful document and that it is great to see that everybody is committed to working together in this pilot partnership. Peter asked who were the directors and owners of Public Voice (PV) and Sharon explained that she is the Chair of PV and that PV is a Social Enterprise with a number of board members, mostly local people with expertise in the social/health sector.
- 3.4 Peter asked if Sharon was paid a salary. Sharon mentioned she gets a very small remuneration but not a salary.
- 3.5 There was a brief discussion about the Co-Chair selection and the Co-Chair's role. Charlotte mentioned that there would be some sort of payment/expenses covered for the Co-Chair. It was agreed that the Co-Chair is to be a service user or carer from Haringey. It was agreed that PV would write to all JPB members to ask if anyone would like to apply for the Co-Chair role during the trial months until August 2018. **(Action: Mike)**
- 3.6 Graham mentioned that the Physical Disabilities Reference Group have met and are very supportive of selecting a service user/ carer as a Co-Chair.
- 3.7 Emel asked if the ToR should be amended to reflect the selection of the Chair and Co-chair. Charlotte does not think the ToR needs to be amended at this time, as there will be an evaluation of the process at the end of the trial.
- 3.8 Peter enquired who is responsible for selecting agenda items and taking the meeting minutes. Sharon explained that PV provides admin support for the JPB and therefore Val takes the minutes and forwards to Sharon and Mike to check before sending out to the JPB members.
- 3.9 There was a discussion about the selection of agenda items where everybody agreed that there is a need to be as democratic as possible in how the agenda items are selected. Mike explained that the original idea was that agenda items would be agreed for the next meeting by the Partnership Board as a standing item. Charlotte noted that agenda items will need to be discussed in advance as some items will require speakers to give a presentation to the board and this will need to be booked in advance. Sharon explained that one of the ways that Healthwatch can add value to the JPB is because they are involved and aware of relevant discussions happening in Haringey and there are topics that are of concern to a lot of people and she would like to use discretion to bring them to this meeting if deemed to be necessary. Therefore, it was agreed that there are a number of ways in which the agenda items can be selected, via this meeting planned in advance;

referral by reference groups; Chair/Co-Chair discretion and all approaches could be adopted.

- 3.10 Anne suggested adding a line on the ToR to say that at the Chair/ Co-Chair could use their discretion to put items on the agenda. Anne also suggested that Partnership Board meetings should be advertised and open to the public as observers.
- 3.11 Sarah suggested that a regular item on the agenda should be *Items Raised by the Reference Groups*. Mike noted that the draft ToR states that all reference groups will share their meeting minutes with the JPB meeting.
- 3.12 Lauritz asked if the JPB has a website. Charlotte said there is a section on the council website about Partnership meetings, Mike informed Charlotte that he has given Andrew Tempest (Haringey website project officer) updated information on the JPB and this will be developed further as the arrangements progress.

#### **4. TABLE DISCUSSION- REFERENCE GROUPS**

- 4.1 Mike introduced the draft ToR for the Reference Groups and explained that different groups may want to amend the ToR particularly the sections relating to membership and numbers attending. However the governance issues are good practice and should be standard in all version of the ToR.
- 4.2 Mike explained that there are seven different reference groups (Learning Disabilities, Autism, Dementia, Older People, Mental Health, Physical Disabilities and Carers). In addition, Martin Hewitt's proposal for a new reference group around complex needs.
- 4.3 Patrick updated the meeting and confirmed that the Dementia Steering Group will act as the Dementia Reference Group.
- 4.4 Mike confirmed that the CCG were invited to the meeting, however, they were unable to attend it but will be in attendance in the future. They will also need to be involved in some of the Reference Groups, particularly those with a health dimension.

#### **5. TABLE FEEDBACK- REFERENCE GROUPS**

Table 1:

- Reference groups not to be owned by the JPB. They need to maintain independence. However, it was recognised that there is strength in all voices from all the reference groups coming together.
- Information should be open and shared with all members in a timely fashion.
- It should not state that officers or members of individual organisations should sit on the reference groups, but they could be invited to attend as and when required.
- Minutes of the reference groups should be shared across the Partnership Board.
- Consideration should be given to a carer sitting at each reference group.

- There could be an upper limit on the number of the people in the reference groups.
- Reference groups to have the ability to ask for and get answers in a timely fashion.
- There should be a line of communication through to councillors.

Table 2

- The draft ToR should be seen as advisory rather than a mandate, as the level of engagement of reference groups varies at the moment.
- Membership should not be refreshed on an annual basis.
- Instead of producing an annual report, a summary of the meeting minutes could be put together.
- Sarah explained the idea of a new reference group around complex needs came about because it was felt that people with severe learning disabilities would not be able to be part of this meeting, therefore their voices will be able to be heard through the new group. It was agreed that this reference group is to be formed.
- Andrew said that the new Autism reference group is slightly different from the other reference groups due to the Autism Act. The fact that there are not services provided to those with Autism only and the long waiting time to be diagnosed, makes it hard to identify people to be in the reference group.
- It was felt that there is a need to be open to a potential need to develop more specific groups and allow room for subgroups to exist. However, to bear in mind that more groups will need more resources.

Table 3

- Membership for some of the reference groups can be challenging, there is a need to recruit more service users.
  - In the case of carers, there are a number of different carers groups so the level of representation needs to be looked at.
  - There is a need to have an easier and clear version of the ToR in easy read **(Action: Mike / Debbie)**
- 5.1 Michael fed back on the work that LD service clients have been doing to organise the LDRG including looking at ways to increase membership, contacting NHS England about working towards an easy read information, and organising a coffee morning for carers with LD. Sharon thanked Michael for the update.
- 5.2 Helena raised a question to Michael and Debbie about why they are approaching the NHS England instead of CCG about access issues in GP surgeries; she mentioned that the CCG advises all GPs in Haringey. Debbie mentioned that they would approach CCG as well. Mike mentioned that the NHS produced an Accessible Information Standard (AIS), he will send to Debbie. **(Action: Mike)**
- 5.3 Peter asked if there is enough capacity for all the groups to exist, particularly Mental Health. Mike explained that in the past Nuala used to organise the Mental Health Group, which worked well. A brief discussion about the number

of people using Mental Health services took place. The meeting agreed that it is very important to have a Mental Health Reference Group. PV is working to set up the Mental Health reference group and other groups that are not yet in place. It was agreed that PV will give an update at the next meeting on the state of all Reference Groups. **(Action: Mike)**

- 5.4 Peter mentioned the draft ToR will need to be amended in line with the table discussions. Mike agreed but as the Reference Groups can amend the Generic (model) ToR as required few amendments will be necessary. An amended version will be circulated within the next 10 days. **(Action: Mike)**

## 6. TABLE DISCUSSIONS- OUTCOMES FOR THE PARTNERSHIP BOARD

Table 3

- Listening, transparency, real involvement in decision making.
- Service users and carers to not being talked down.
- Good communication amongst all, equality and recognition that people might not always agree with each other.
- To be able to comment/discuss things such as meeting date changes.
- More service users involved in the JPB and reference groups.
- To have a tangible plan of action that will help improve people's lives/ JPB should bring about real improvements in people's lives.
- Themes for discussion at the JPB to be agreed in advance, for example, Housing so that the right Council Officer will attend the meeting.

Table 2

- To be able to provide an input to the policy process focusing on unified needs, priorities and budgets. This could be done through participatory budgeting or giving permission to more working groups to use joint budgets, as seen before austerity.
- To be able to draw attention to the unmet needs of people in the context of the impact of shrinking services.
- To be able to bring together evidence on what the needs are and to become a catalyst for ideas about better ways of doing things.
- To be able to comment not only on strategic issues, but use their experience to comment on operational things.
- To encourage innovation leading to more preventative work/ preventative approach to service delivery.
- JPB not to have self-interest, not to be tied to current procedures.

Table 1

- To have an active meaningful dialogue between service users, carers, professionals and decision makers (CCG / Council).
- To be able to bring issues to the Partnership Board and to expect a meaningful response. Good communication between service users and professionals and vice versa.
- Problem solving approach. To encourage a sense of reciprocity to be able to work together to resolve issues.
- To work towards a unified information source.

- To stress the benefit of early flagging/intervention and to underpin what the ideas were for flagging the intervention.
  - To ensure that the landscape we operate in is easy to navigate and to build capacity to navigate it.
  - Empowering people.
- 6.1 Peter expressed his concerns that there are too many expected outcomes and he thinks the outcomes need to be specific, measurable and achievable. Sharon mentioned that we would need to go away and think about how we can translate all of the ideas into a work plan.

## **7. NEXT MEETING- ACTIONS, PRIORITIES AND AGENDA**

- 7.1 Peter asked when the meeting minutes and a revised Reference Group draft ToR would be available. It was agreed that PV would circulate the meeting minutes and a revised draft Reference Group ToR within 10 days of this meeting. JPB members are welcome to comment on the papers within 2 weeks and a final version will be issued by Christmas. **(Action: Mike/ All)**
- 7.2 It was agreed that at the next meeting the Council will present the Budget Proposals for 2018/19. It was also agreed that at the next meeting there will be a report back on the state of the reference groups. **(Action: Mike/Council)**
- 7.3 Sharon informed the meeting that the next POG will focus on a presentation and discussion about Haringey Adult Social Care statistics and demographic data and all are welcome to attend. **(Action: Val)**
- 7.4 There was a short discussion about the JPB meeting dates. It was agreed that Val will change the meetings dates to Thursdays from 12:30-3pm. **(Action: Val)**

## **8. AOB**

None

