

# JOINT PARTNERSHIP BOARD MEETING

## WINKFIELD RESOURCE CENTRE

28<sup>th</sup> September 2017, 12.30-2.30pm

### Attendees:

Sebastian Dacre	London Borough of Haringey
Gordon Peters	Older People Reference Group (OPRG)
Graham Day	Physical Disability Reference Group (PDRG)
Helena Kania	Carer
Vida Black	Carer
Anna Nicholson	National Autistic Society (NAS)
Andrew Carpenter	Autistic Adult
Mary Langan	Learning Disabilities and Autism (LD&A)
Shelley Shenker	Haringey Clinical Commissioning Group
Charlotte Pomery	London Borough of Haringey
Marco Inzani	Haringey Clinical Commissioning Group
Peter Johnson	HAIL
Beverley Tarka	London Borough of Haringey
P J Charlesworth	London Borough of Haringey
Deborah Floyd	Advocacy
Sharon Grant	OBE (Chair) Public Voice
Val Chinaglia	Public Voice

### Apologies:

Mike Wilson  
Martin Hewitt  
Lydia Jones  
Laura Gordon  
Dr Katrin Edelman

## Meeting Minutes/Actions

### 1. Welcome and Introductions

1.1 Sharon welcomed everyone to the first Joint Partnership Board (JPB) meeting.

### 2. Confirmation of Chair and nominations for Vice Chair

2.1 Concerns were raised about Healthwatch/Public Voice (PV) chairing the new JPB arrangements, because it is paid for by the Council. Sharon explained that Healthwatch is an independent service which local authorities are required

by law to commission, and in Haringey Public Voice, a social enterprise, provided this.

2.2 Charlotte reminded the meeting that, earlier in the year, a meeting was held to discuss setting up the Joint Partnership Board (JPB) as a pilot, and a lot of people present today were in attendance. During that meeting it was agreed that PV would provide administrative support, including chairing the JPB meetings, for the first trial year. In addition, Charlotte explained that there would always be a relationship between Local Authority (LA) and the appointed organisation as they are the funders for this type of work. Whilst this might be an issue for some, it was unlikely that there would be any other source of funding.

2.3 Gordon raised an issue about the Terms of Reference (ToR) where it should be clearly stated that the JPB is a partner of the Clinical Commissioning Group (CCG) and the LA rather than a vehicle for them. Additionally, meetings should be open to the public. Beverley stated that from the Council's perspective, the partnership is an important structure that aids the development of the corporate plan with the public.

2.4 Some present were happy however that PV continued to Chair the meetings and provide administrative support for the meetings. It was then suggested that the meetings should have a Co-Chair. The Co-Chair could be a service user and in this way service users would feel part of the JPB. This idea was well received and it was agreed that the Reference Groups are to be consulted about the selection of a Co-Chair. **Action:** Reference groups to be consulted about selecting the Co-Chair.

2.5 There was a brief discussion about the role of the Chair. Sharon explained that the Chair's role is simply to facilitate the meetings, to make sure the meetings run on time and the admin work prior, during and after the meeting, is done. It is not a position of power or control. There was a discussion about the need for the chair to ensure follow through and action on agenda items, and to challenge where necessary. The meeting was reminded that at the end of the one year trial the appointment of a Chair will be reconsidered.

### **3. The new Partnership Board arrangements**

3.1 Sharon explained the draft Terms of Reference (ToR) and the accountabilities of the new arrangements to both the Adult Social Care Overview & Scrutiny Committee, to the relevant Cabinet Members of the Council and to the CCG. She referred to the organogram and emphasised that the ToR is in a draft form and is not set in stone.

3.2 Mary raised a number of concerns about the ToR, specifically because she believed it set up the JPB as a mechanism enabling the Council to achieve its goals. She wanted the JPB to be an independent voice for service users and their families enabling them to challenge ideas that do not work in practice. She mentioned that the previous Boards' mission was broader than what the ToR proposes for the JPB.

3.3 Beverley did not agree with Mary about her views of the role of the partnership. Beverley stated that the council wants to work in partnership to develop plans together. Mary noted that the JPB should maintain an independent role and challenge when necessary. Beverley said that the Board has the right to challenge decisions; but there were different kinds of decisions and that Council officers who are part of the Board will have to excuse themselves on occasions if it involved lobbying against formal Council decisions which they are not allowed to challenge. **Action:** ToR to state that Council officers may exclude themselves from the room during discussions if they felt required to do so.

3.4 Beverley also said that she felt there was a misunderstanding about what 'Borough' meant in the ToR. The Borough is not just the Council, but Haringey as a whole. Additionally, the term 'priorities' referred to priorities established after considerable consultation by Council members, the CCG, and other relevant parties. She explained that established priorities have been developed in fair way, and they were not priorities only owned by the Council. **Action:** To look at ToR wording in terms of not constraining the set up focusing on the Council.

3.5 Gordon suggested a few changes to the ToR:

PURPOSE, last bullet point:

- Champion the needs of service clients, carers and local communities and *those who might be excluded*, and represent their views accurately.

ROLES AND RESPONSABILITIES, first bullet point:

- Contribute to, and inform Borough wide policies and priorities set within the Council's Corporate Plan, Haringey's Health and Wellbeing Strategy and Haringey Clinical Commissioning Group Commissioning intentions, *and retain the right to differ and promote and advocate for users and carers where the Board considers there is a discrepancy or default.*

3.6 Anna asked if the new Autism reference group, would maintain the role of looking at relevant legislation and bringing the issues to the JPB. Additionally, Andrew mentioned that Autism is slightly different due to the Autism Act. Charlotte said that the role of the JPB is to look at the issues being brought forward by the reference groups. Charlotte also mentioned that the communication line amongst all parties is crucial. **Action:** To amend the diagram to reflect a two way communication

3.7 The issue of accessibility was discussed. Andrew explained that the meeting was not suitable for an autistic person. There was too much noise, parallel conversations, etc. It was suggested that the language used in the meeting should be clear and simple. The use of power point would also be very helpful as well as a glossary for abbreviations to be put in papers. **Action:** To think of ways of making the meeting more accessible for everyone.

3.8 There was a question about officers' time when attending reference groups. Beverley mentioned that they would make an attempt to attend the meetings as long as the right council officer was informed in advance.

#### **4. Outcomes for the Partnership Board: how should we work?**

4.1 Sebastian outlined the main points of the presentation. He suggested that everyone should think about the themes and go back to the reference groups and hear what they have to say and then return with suggestions.

4.2 A brief discussion about the current state of the reference groups took place. Beverley mentioned that she was aware of all of them, but could not remember about the current state of all the reference groups at that time.

**Action:** PV/ Sebastian to do an inventory of the existing groups.

**Action:** PV to help establish Reference Groups.

**Action:** To double check dates for the next JPB meetings.

**Action:** Next JPB to focus on priorities and structures for the JPB.