**Possability People**

**Citywide Connect Partnership Board**

Wednesday 1st November, 2017

Lighthouse, Conference Room, 28 Kensington Street, BN1 4AJ

**Present:**

Geraldine Des Moulins – GDM (Chair) Possability People – Chief Officer

Keith Beadle – KB Citywide Connect team

Tracey Maitland – TM Citywide Connect team

Roxy Brennan – RB Citywide Connect team (minutes)

Loretta Harrison - LH Home & Company

Matt Easteal - ME BHCC, Communities, Equalities & Third Sector

Peter Huntbach - PH BHCC Seniors’ Housing

Kevin Browne – KBr Sussex Police

Lisa Bell – LB Sussex Police

Sue Game – SG Impact Initiatives

Daniel Cheeseman – DC Switchboard

Jane Lodge - JL Patient & Public Engagement (CCG)

David Brindley – DB BHCC Public Health

Sean DePodesta - SDP Impetus

Kaye Duerdoth - KD Community Works

Keira Woodroofe – KW East Sussex Fire & Rescue

Emily O’Brien – EO Brighton & Hove Food Partnership

**In attendance:**

Katy McGrory – KM Possability People - Communications Officer

Richard Denyer-Berwick - RDB Operational Director, Citizens Online

**Apologies:**

Penny Woodgate E.Sussex Local Pharmaceutical Committee

Lisa Vile Maycroft Manor

Julie O-Neil Brighton & Hove Libraries

Emma McDermott BHCC, Communities, Equalities & Third Sector

**Agenda**

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| **No** | **Item** | **Lead** |
| 3. | **Notes from the last meeting**  The minutes were taken as an accurate record of the previous meeting.  It was agreed that all previous actions are complete.  DB highlighted the Public Health report for 2016/17 – Living well in a Healthy City – which focuses on prevention. The report is available to access here <https://www.brighton-hove.gov.uk/content/health/public-health-brighton-hove/annual-report-director-public-health> | **KB** |
| 4. | **Citywide Connect Programme Update**   * See presentation sent round on the 2/11   **Q & A following presentation**  SDP: A problem in the past has been the lack of medical professionals at the hub events. Will there be more this time?  TM: We are strengthening those links, we have a GP surgery coming, we have connections with Sussex Partnership and we’ve been featured in the GP newsletter.  JL: Medical professionals would like to attend but do not always have the time.  TM: We hope that changing the format of the day, 8-12, will make it easier for medical professionals and the private sector to attend | **TM** |
| 5. | **Digital Brighton & Hove Presentation – Richard Denyer-Berwick**   * See presentation sent round on the 2/11   **Q & A following presentation**  SG: Who is the digital champion training for?  RDB: Everyone, its free to people in Brighton & Hove at the moment and beneficial for everyone – professionals and volunteers  GM: Did Links Rd surgery respond to the information you gathered from their patients?  RDB: They had an 83% increase in the number of patients registering to book online. Digital Brighton & hove want to do more work like this  GM: It would make a good case study for the GP newsletter  RDB: Yes the main barrier to digital uptake so far has been fear from the workforce, receptionists worrying they won’t have jobs and an emphasis on face to face services.  GM: But they will have more time to do MECC and have more appointments if they’re not spending time with people who could potentially book online.  LH: This gives patients choice.  LB: What do you do about people not having access to the technology?  RDB: We are not offering any general loaning or giving schemes at the moment. Although we are excited to be collaborating with [British Red Cross](https://citizensonline.us15.list-manage.com/track/click?u=ab5dfc0e92c55badb42fdd039&id=ad8909a27b&e=db8960da75) through the ‘Digital Friends’ scheme which will help vulnerable people use the internet safely so that they can live more securely and independently in their own homes. It will provide supported short loans of internet-enabled tablets to people who are currently not online. The beneficiaries of the scheme will be primarily for patients receiving the Home First Assisted Discharge service from Brighton & University Hospitals NHS Trust.We also direct people to free resources like libraries and are aware that technology is getting more affordable.  KD: Have you used an intergenerational approach?  RDB: Not in Brighton & hove so far  Digital Brighton and Hove will be a member of the Citywide Connect Partnership Board, moving forward. | **RDB** |
| 6. | **Partner Updates**  **Sussex Police – LB and KBr**   * We are making significant change to neighbourhood policing which will go live on November 6th. There is a focus on prevention, looking at resources, threat, harm and risk. We will also be looking at the force’s public engagement as a whole. * There is a divisional brochure which gives an overview of policing in the city and is useful for signposting.   This was sent round on the 2/11.   * Historically police engagement has been about making plans and then informing public of what’s happening. We’re interested in creating a plan for more inclusive community engagement, looking at how we can contact people – making links using the Charity Sector, making plans that are successful and meaningful. We’ll be looking at what capacity we have and digital aspects are important too. * More broadly we are working with dementia friends networks and have met with the DAA in Brighton & Hove. * We’re giving financial support to Time to Talk Befriending and some Christmas initiatives. We’re also looking to prevent cybercrime, distributing TrueCall phones, which block nuisance calls and working on protecting people against scams. * We have been working on the Herbert Protocol – a national scheme which B&H is looking to roll out. It involves collecting information about people with dementia who are at risk of wondering and going missing. This gives us a better chance of finding them quicker if they do go missing. We will need charity sector partners to help us find and contact the families of people living with Dementia. The sergeant leading on the project will be main contact point * We have volunteers going into care settings to start with. In West Yorkshire they’ve been using a more open referral pathway with a form online. We are going to link the information to the missing persons’ database. We will link this work with the Carelink database. * The West Division did fund some GPS systems but it’s a difficult conversation to have – not everyone is comfortable. First step is to glean information using hubs. * Police have been referring people to the Time to Talk Befriending Scheme which has proved hugely successful as the scheme also signposts to other organisations that can help. * We have small amounts of funding available for things. Talk to LB if you want info on larger amounts of funding.   **Action –** CWC to share info on scams and the Proceeds of Crime Fund which may be available for projects (up to £500) on Connect & Share  **Seniors’ Housing – PH**   * Brooke Mead extra care scheme for dementia is nearly open, in the final stage of completion – with some delays. It cost £12 million, a partnership between Adult Social Care and Seniors Housing. * Involvement with Citywide Connect has really helped, making the scheme tackle issues around isolation, making sure Brooke Mead is an enjoyable place. We’ve been working with LGBT Switchboard, Food Partnership, South East Dance and Fabrica – connections we gained through CWC. We’d love to host a partnership board meeting there. There will be café facilities and we’ll be hosting a new LGBT dementia café * Activities will be open to community, we’ll get them on It’s Local Actually and Connect and Share. We want the building to be open and appealing * There are 45 units and yes there will be Wi-Fi. There will also be a piano, obtained through our work with Fabrica. * It is a standalone scheme in Brighton but we will feedback findings to our mainstream schemes. * It is 99% allocated but keep referring as peoples’ needs will change and not everyone will take up their space. * We want the home to be comfortable for as long as possible but late stage dementia, requiring 24hr care, would not be appropriate for Brooke Mead. Agincare will be providing social care with an emphasis on dignity and social connections. * It is a council scheme so it will be for more disadvantaged communities – unlikely to be appropriate for owner occupiers. There is a challenge to the private sector to look at how well they are supporting people with dementia.   **Switchboard – DC**   * Switchboard is more than a helpline, we run an Older Person Project, working currently with Impact Initiatives and Hangelton & Knoll. * We’ve secured funding for a dementia café, based on national evidence that LGBT people need a safe, inclusive place to come together. This is starting in Brooke Mead in February. * We’re conducting an Older LGBT survey, part of it about promoting befriending schemes where there is both the opportunity to volunteer and to highlight the availability of these services. * We have employed a new LGBTQ disability worker. * We are engaging with Primary and Community care, working on the sexual orientation question that will be asked at GP appointments. Clare Project are looking to include gender identity in this and look at how this question is asked. 90% of LGBTQ people don’t mind but older people are more uncomfortable, due to significant history of oppression, so we need to focus on that.   **Brighton & Hove Food Partnership – EO**   * We’ve produced a malnutrition booklet, a guide for older people, carers and professionals. “Eat well as you age.” * Food poverty action plan – Healthwatch are looking into issues surrounding hospital discharge and food – malnutrition at this stage increases readmission rates. Also looking at nutrition in hospital. Food issues are an avenue into wider issues such as poverty and isolation. * We have relaunched our Food Poverty Cction plan with a wide consultation. We are happy to talk to groups using the CWC hubs to connect with them. * Strong links between isolation and food. We are carrying out a survey on shared meals through the council and will be liaising with CWC on this. Not so much data on activities that could add food into their offer. Food is a great engagement tool.   **Home & Company – LH**   * Not much to update. Apart from observing that our clients have increasingly complex needs and dementia is a huge part of that. Our staff need to be highly skilled dealing with family arrangements, safeguarding and mental health issues.   **Impact Initiatives – SG**   * This years’ Older People’s Festival was a great success due to the strong involvement and engagement from partners, many of whom are here today. We had 50-60 events in 2016, gone up to 90 in 2017. Next year we will have even more.   **Impetus - SDP**   * We’re working in partnership with Somerset Centre and Lifelines in East Brighton. We are working in Moulescoomb and Bevendean getting more volunteers. We have good connections with geriatric students and the medical school – creating an ongoing relationship. * Somerset Centre is at capacity. Older and Out is going well, understanding and responding to the needs of the older LGBT community. * Lifelines compliments our work through providing the Healthlinks service helping people get to hospital appointments. * Impetus are involved with commissioning the single point of contact befriending triage point. Working well referring on age, location and need. The outward facing point has made it easier. Issues around it are the capacity of each group. * Casserole club is still going – channels a different cohort of people. Good Gym partnership is also starting – running to isolated people, in early stages.   **Community Works – KD**   * Health and Social Care Network, 21st November. * Community Works Conference – 9th November.   **BHCC – DB**   * Alistair Hill – new acting director of Public Health until March 2019. * Peter Wilkinson – will reduce work time to 3 days a week.   **ESFRS – KW**   * New to post, there has been a lapse in community work but its picking up now. * Meeting with DAA in December, will invite Kevin Browne from Sussex Police.   **Universal Credit – GM**   * Universal Credit has hit the city. A lot of people are ending up without money for 4 – 6 weeks at a time. Food banks will only give you enough supplies to last for 3 days. The system isn’t working – for example when someone ticks the disability box on the form the whole things disappears. It’s going to impact on a lot of services, how can we co-ordinate them.   EM: DWP have updated advice on short term loans fund but they have to be paid back. | **CWC** |
| 7. | Working Lunch  Lunch was provided by Jasper’s Brighton.  01273 929 380 / <http://www.jaspersonline.co.uk/catering-brighton-contact> |  |
| 8. | **8. Caring Together Care Programme 1**  **Your views on project 1A: Preventative Services and Citywide Connect within this.**  **Overview of the Caring Together Programme**  JL: It is the local delivery plan for health and care in Brighton & Hove. There are some continuing services which sit outside this program, this is more about transformational services.  Programme 1 sits within 5 programmes which cover areas such as Planned Care and Cancer, Primary Care and Emergency Care, Mental Health, Learning Disabilities, Families and Children and Medicines Optimization.  They will also look at new models of care including the GP clusters and will be underpinned by governance with groups discussing each programme and a separate group discussing overall operations.  KD: My role is to meet with them to feedback what wider groups (VCS and beyond) think about the plans, through Community Works. It’s quite a short turn around so I’m gathering what I can through Community Works reps, attending groups and synthesizing comments.  JL: There will be more chances for feedback as we go along. For example there will be more specific work on how Dementia fits in to this at a later date with more chance for feedback.  KD: Other groups will be commenting too – we are casting the net wide.  KB: This is a great opportunity to reflect on the work Citywide Connect is doing, looking at the influence and effect of the programme. CWC is placed within the Ageing Well work stream but the programme is able to do more. What are the benefits that Citywide Connect can offer, what outcomes has it achieved? I feel that this programme is fundamental to bringing cross sector organisations together to build capacity and I don’t want that to get lost.  EO: I think organisations such as B&H Food Partnership really welcome a focus on prevention and a real emphasis on the costs that can be saved. The culture shift to prevention has been a difficult one for the health & social care sector. I wanted to ask whether the emphasis on improving social prescribing will result in more commissioning of things to prescribe/signpost people to. Will this plan govern the spending?  JL: I have been speaking to KB and GM about this already and it does need to be flagged up. The Ageing Well workstream is looking at the capacity in the voluntary sector as we are aware it is subject to cuts and reduced spending. This issue will be more long term than the Caring Together Care Programme. I can’t promise a shift in commissioning practice but the VCS are being flagged up as key partners. I will continue to flag them up  GM: That’s welcome news. The mention in the Plan of the Rotherham approach to funding, where the gaps are measured is very different to Brighton & Hove where this doesn’t happen. CWC is a great space to have the conversation around gaps across VCS and the Private Sector. We’re all social prescribers so everyone across sectors needs to be able to share knowledge and co-ordination is key which is where CWC comes in. A joined up conversation about the strength and weaknesses in the city.  TM: In terms of bereavement we’ve been looking into what’s available after learning about the Cruse waiting list. We’ve been working with bereavement support partners across the sector to build capacity.  GM: And Funeral Directors within the private sector are key to that.  PH: Picking up on Loretta’s point earlier (about increasingly complex clients) Scheme Managers are finding that there is increased complexity for residents around frailty, adult social care needs, housing, mental health needs. Housing is a key issue and there is a great role for retirement housing to play in social prescribing. A chance to work more productively together.  GM: Care homes have a great offer to get involved. Building on our current assets it’s not complex, we just need new ideas about how to do it. Casserole Club is a great example of a simple idea that is very effective – easy volunteering.  As an organisation PP are very aware that one size does not fit all and we must build services around people.  LH: Should there be outcomes related to social prescribing?  JL: We will be rolling Social Prescribing out and putting targets in for each GP surgery, embedding Social Prescribing in each GP practice.  LH: Social prescribing – need VCS and private sector contribution.  GM: Yes, 80% of the population are self-funders. They need options and information so we can move self-funders out of free services.  EO: It’s important to differentiate between two forms of Social Prescribing as I see them.   1. MECC - Social Prescribing lite or signposting 2. More formal social prescribing pathways through GPs – this has been a difficult thing to break through – contacting GPs is so difficult   JL: Yes there is a difference between Social Prescribing Lite and GP social prescribing  KD: The Social Prescribing network has been working on making that referral pathway for GPs easier  GM: Being flexible with the model is crucial – some people only need a phone call or some information, others need a home visit and an assessment. It needs to be empowering. GPs need to be convinced hearts and minds and shown that it works. But we can’t measure outcomes because there isn’t a Social Prescribing system in place. The referral black hole is something we talked about at the beginning of CWC.  JL: That’s really useful feedback.  KB: The preventative activity happening currently across the city is being driven by CWC and it has been of huge value for the programme to encourage that shift in thinking. The Social Prescribing Lite or signposting does not happen by itself – it needs connections to work and CWC is very good at providing those quickly for people.  RDB: I just wanted to raise some points about the enabling support and infomatics section in the plan. It mentions 5 digital journeys (referral pathways) but some of these are barriers if the workforce is not confident. There needs to be an acknowledgement of the skills and confidence gap within the workforce. I would also suggest moving this section nearer to the front of the document.  SDP: There is an emphasis in the plan on short term befriending. The current model in city is for long term befriending where that relationship is the end goal, not reablement. | **All** |
| 9. | **AOB**  None |  |
| 10. | **NEXT Meetings 2018**  Wednesday 24th January 2018 |  |