**Fed Centre for Independent Living**

**Citywide Connect Programme Board**

**2nd February 2016, 10am – 1pm**

**Open Market, Marshalls Row, Brighton, BN1 4JU**

**Present:**

Geraldine Des Moulins – GDM (Chair) The Fed – Chief Officer

Keith Beadle – KB Citywide Connect team

Alan Issler – AI Libraries Community & Development

Annie Alexander – AA BHCC Public Health

Jane Lodge – JL Patient & Public Engagement (CCG)

Jenny Moore – JM Community Works

Judith Cousin – JC JB Eventus

Jules Dienes – JD Somerset Day Centre

Julie Francis – JF Hanover Housing

Keith Hoare – KH Brighton & Hove CCG

Lisa Vile – LV Maycroft Manor

Loretta Harrison – LH Home & Company

Penny Woodgate – PW E.Sussex Local Pharmaceutical Committee

Peter Huntbach - PH BHCC Seniors’ Housing

Sally Polanski – SP Community Works

Tracey Maitland – TM Citywide Connect team

**In attendance:**

Lilly Storey – LS Citywide Connect team

Kerri Fowkes-Morley – KFM Citywide Connect team

Mandy Crandale – MC Citywide Connect team

Katy McGrory – KM The Fed – Communications Officer

Emma Field – EF The Fed – Right Track

Tom Pullen – TP SECAMB

Emily O’Brien – EO Brighton & Hove Food Partnership

**Apologies:**

Dave Steel – DS One Church Brighton

David Steedman – DS Bluebird Care

Donna Bailey – DB St John’s Day Centre

Mel King – MK East Sussex Fire Service

Natalie Woods – NW Brighton & Hove LGBT Switchboard

Revd Peter Wells – RPW BSUH

**Agenda**

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| **No** | **Item** | **Lead** |
| 1. | **Notes from the last meeting**  It was agreed that all previous actions are complete. The last meeting’s minutes can be taken as a correct record. | **GDM** |
| 2. | **Programme Updates – Headline Developments**  **It’s Local Actually & Business and Services Noticeboard:**  We have invested money in updating It’s Local Actually, and thanks to funding provided by the CCG we are doing the same for the Business and Services Noticeboard. We are currently in the process of notifying everyone currently listed on these two online resources, who will be given the option of transferring over to the new site. The advantages of having these updates include an improved search function, and being able to have an account so providers can list their activities separately, making it easier to see how many activities are happening across Brighton and Hove. The ‘new’ It’s Local Actually will be a stand alone site rather than a plug-in as it is currently, and will have two sections: Out and About, for activities, and a new section which will be called something like Help at Home, which will list local businesses and micro-providers of services around the home such as nail cutting, hairdressing, gardening, care and domestic services for example.  **Further discussion and updates:**  **SP** provided an update on the Better Care Work, now being led by Kay Duerdoth. They are working around clusters to link the voluntary sector in with GPs. So far links have been made with 50 voluntary organisations working with the MDTs. Guides are being produced for the 6 GP clusters based on the needs of the patients in each cluster, with presentations on relevant organisations in that area (and the It’s Local Actually resource). Currently focusing on cluster 1 primarily with the Proactive Care programme of work, and locally commissioned services will be a future strand.  **ACTION:** To look at developmental matters in the report – particularly what’s not working and why.  **ACTION:** SP to contact Link Back service to feed into the report  **LH** – Are there specialist voluntary organisations for mental health and older people? I can give you my details if so, as that’s a gap for us. CPAs contact us but it depends on the level of need.  **AA** – Public Health are interested as the mental health strategy needs to be refreshed.  **TM** – We’re looking at mental health at our next round of Hubs.  **AA** – Also the Age Friendly City steering group are discussing this in June.  **PH** – I’ve seen an increase in residents attending the Recovery College, for example for anxiety and similar issues. We’ve been promoting it and the message is getting through.  **EO** – Also the support for our community gardening scheme is focussing more on mental health, and we have received funding for dementia support as this doesn’t exist at all in the city [for community gardening programmes]. I’m not yet sure of the timescale for this.  **ACTION:** Loretta/Annie to book on to next Hub.  **AA** – There’s a meeting on Thursday 11th February 2-5pm – it would be good to have strong representation there, as funding is available until 2020. There’s very much a focus on outcomes and getting an agreement from all providers on what to look at going forward. Hopefully this will address needs and improve funding opportunities.  **ACTION**: Look into attending upcoming CCG meeting on 11th February. | **KB**  **SP/Community Works**  **SP**  **LH/AA**  **All** |
| 3. | **Programme Update – Hub Feedback**  Please see attached presentation, *Locality Hub Event Presentation 02.02.16*, for more information.  Further updates from Citywide Connect:   * Private links made: Complete Community Care, Brighton College (50 additional student placements for befriending and additional activity support) * Health links made: IPCTs, pharmacists, OTs, and more bookings from the SussexPartnership Trust in general * It was noted that there was less representation from health at the recent round of Hubs. A number of reasons were given including that there are more IPCT teams in the north/central and west of the city so that might impact capacity, and that many health teams are citywide, so may feel they don’t need to attend each locality * Met recently with Immaculate Lagat, one of the social workers linked to the Central IPCT, who will help us to spread the word. We also discussed linking District Nurses into the Citywide Connect conversation * Introducing a new ‘pre-pledge’, asking Hub attendees to tell someone else so we can build up a network.   **ACTION:** CWC team to look into improving health representation in the East  **PW** – I spoke about the green bags at the Hubs. Citywide Connect got a mention in the report to the CCG for their help in promoting these. The outcome of that was on average 3 green bags a day were being taken into hospital. At a conservative estimate that’s an annual saving of approximately £15,000. Citywide Connect played a huge part in being able to cascade information on to others.  **KB** – A lot of joint working doesn’t have to cost extra money. We need to show the outcomes and benefits to older, isolated people that come from joint working. We can see now that there is more of an emphasis on doing, not just talking. Our relationship with Access Point and further discussion with Sally will help to identify gaps going forward and develop new ideas. There’s momentum behind it now and we need to capitalise on this shift in thinking and promote it more.  **AA** – Given the funding situation for the public sector it would be really good to demonstrate the impact of working in partnership. We know that it’s hard work, and that it’s more just putting people in the same room to meet. There is a need to demonstrate all that’s involved and the impact it has.  Please see flyer for more information on the Spring 2016 CWC Hubs. | **CWC team**  **CWC team** |
| 4. | **Partners Showcase (1)**  **Linking with PPGs - Jenny Moore, Community Works**  Please see attached *Presentation re. PPG Work* for more information.  **Q&A following presentation:**  **JL** – Care Coaches are just for the 1 – 1.5% of the population with really complex needs and multiple health conditions.  One of the big things that’s come out of this approach is getting groups coming together to think about what they can do. Thinking about the assets of PPGs and how to link in with the community and voluntary sector. There is a lot of interest in CWC from the PPGs; perhaps CWC could go to a PPG Network meeting.  **KH** – Jenny does your work support the Network? PPGs could influence strategy across the city. How can we ensure that the 43 PPGs can link in?  **JM** – Members can attend Network meetings. There were 4-5 new members from PPGs at the last meeting. We can support people to attend and take information back. 2 representatives from each PPG could potentially attend.  **JL** – If all the PPGs feed in we could identify needs better.  **JM** – There needs to be a culture change; to be more outward looking. It’s Local Actually, and having people able to do things for themselves - empowering people is what we want.  **ACTION:** CWC team to make links withJM | **JM**  **CWC team** |
| 5. | **Emily O’Brien – Brighton and Hove Food Partnership**  The Action Plan began with BHCC looking at food banks in the city. On the back of that was the thought that we should be looking deeper and longer term – not just at the point of crisis. Other issues could be affording heating or school uniform, or being able to get out and about. This is a mix of strategic and practical ideas, around prevention and looking not just at poverty, or food, but also at social isolation having a massive impact, particularly for vulnerable people. We’ve been working with The Fed looking at shared meals and lunch clubs: more regular support meets the food and the social needs.  **ACTION** – EO will share Action Plan and link to her blog with members. | **EO**  **EO** |
| 6. | **Partners Showcase (2)**  **Right Track Pilot – Emma Field, The Fed**  Sussex MSK Partnership Central (SMSKP) wants to support people with musculoskeletal conditions to self-manage. It has commissioned the Right Track partners to build the capacity of the local community and voluntary sector (CVS) to help deliver this support.  Right Track, in collaboration with SMSKP, will identify practical, scalable ways that the CVS can support people with self-management. These will be recommended to SMSKP at the end of the pilot for potential roll out October 2016 to September 2019. The pilot contributes to SMSKP’s broader ambition and work around self-management. Through collaboration with SMSKP and primary care, Right Track aims to help improve access to self-management options in the community and enable people to take more control of their own care.  **Pilot objectives**  1. Identify issues and barriers to self-management in the community.    In order to identify solutions, we first need to understand:   * the issues and barriers people with musculoskeletal conditions experience * the current resource and capacity of the CVS to support them * the needs of clinicians and how they can connect to the CVS   2. Identify and test solutions to enable self-management in the community.  A key indicator for successful self-management in the community will be to measure people’s activity levels. The Right Track pilot will identify, refer into, develop and test support options in the CVS that enable people to become more active.  **Pilot approach**  This is a developmental piece of work. Right Track takes a person-centred, action learning approach. It will use the Community Link Specialist (CLS) model for the duration of the pilot in order to:   * gain understanding of the cohort’s needs/assets to build support around this * follow and map patients’ and carers’ journey from health services into the CVS, and identify and test where the CVS can add benefit * use the expertise in the CVS to enable people to become more active * build the capacity of the link specialists to connect patients, carers, and clinicians to the CVS   The CLS will work with a small cohort of patients and carers (focusing on older people and those from BME communities) and the people that support them in health and in the CVS. This will enable Right Track to identify self-management solutions that work for, and are scalable across, the whole system.  **Q&A following presentation:**  **SP** – Could you link in with Public Health and the GP clusters to identify the needs of the patients?  **AA** – There are also locality health profiles for older people on the Brighton & Hove Connected site. There’s also an overview of localities, Public Health reports and city statistics for example.  **ACTION**: EF to contact Kate Parkin (Blind Veterans), Kate Gilchrist and Alistair Hill (Intelligence team), Jo Glazebrook (BHFP) and Neil Francis (Better Care). | **EF**  **EF** |
| 7. | **Falls Prevention and Community Links - Tom Pullen, SECAMB**  My role sits within the clinical development team, responsible for opportunities to enable more treatment to be carried out at home to reduce admissions to A+E. I’m also the clinical lead for the IBIS system which is a way to link with GPs and community teams. Falls account for around 10-15% of calls to 999/101, which amounted to about 860,000 calls last year in Surrey and Sussex. Per shift you will be called out to at least one person who has had a fall.  We try to be not just reactive but look at the bigger picture of identification and prevention of falls. IBIS allows community care teams to upload patient care plans. We’re running a trial for an Acute Trust in Surrey. We’ve also piloted 2 CCGs in Surrey - for hypo patients with low blood sugar we can send notifications to local diabetic teams for example.  Different falls teams like to be contacted in different ways. We’re trying to engage with all the falls services and encourage them to work electronically – it’s quicker and easier. It will go live soon, and then all falls referrals will go through IBIS. After carrying out and uploading a screening questionnaire IBIS prioritises the person from 1 to 3. (1 is high priority, 2 is of some concern, and 3 is low risk.) Priority 3 doesn’t require a follow up visit; we log it for information and more proactive management for teams.  Historically we haven’t been very good at prevention after the first fall. There’s not been consistency. Now, a notification is sent after each fall which means information is better linked up and can help build a bigger picture for each patient.  Please see the attached *Potential Faller Assessment Document* for more information.  **Q & A following presentation:**  **EO** –What happens if there are other factors that are apparent like social isolation?  **TP** – This information goes to the falls teams only at the moment. There is an opportunity for the falls teams to pick it up. We’d also look at secondary referrals to local support – we’re currently mapping local services for this. In the south east there are hundreds of referral pathways with no consistency. There are also lots of directories out there containing different information. Claire Hall heads up our pathways work. She’s based in Thameside in Kent though she can travel.  **AA** – Here we have carried out a falls need assessment, but the question is what to do now. In Brighton and Hove there are a lot of falls registered, with hip fractures etc. and the cost of falls not only to the individual but to the health system is enormous. There’s a need for better understanding across the whole system that falls are everyone’s business. We need to raise awareness of this and think about prevention – putting measures in place before as well as after a fall, and be more consistent with the approach. We need to address things like social isolation and needing to build up a person’s strength. If your main contact is the falls service, that’s too late really.  **TP** – Historically we’ve referred to the falls service after multiple falls but now we’re doing it after the very first fall that person has ever had, so there has been some improvement.  **Action:** Annie and Keith Hoare tohave a joint conversation around this.  **AA** – Is the Carelink pilot still going on, to avoid calling out an ambulance?  **TP** – In all honesty I don’t think that will work out. It has been tried before in East Sussex but it’s rare that a fall isn’t non-sinister. Nearly always it results in an injury or there’s an underlying medical condition that contributed to the fall.  **AA** – The falls services aren’t really geared up for prevention.  **TP** – They don’t action priority 3. We’ve said about them needing to tap into that but they don’t have capacity, it’s not really their job. I agree we need to link with falls services so that you all can work with the priority 3s, and those people who might not have had another fall recently but other issues can be picked up such as social isolation.  **AA** - This really fits in with Better Care too. I wonder about priority 2 – it could be helpful for the social element there as well.  **ACTION:** AA, KB and TM are meeting w/c 8th February to discuss this in more detail. | **TP**  **AA/KH**  **KB / TM / AA** |
| 8. | **Update on Strategy, Monitoring and Evaluation Framework – Judith Cousin, Eventus**  **Working Groups – Outcomes for Measuring Impact**  See attached document – ‘*CCPB Flipchart Notes from Working Groups’* | **JC** |
| 9. | **AOB**  No further updates or actions |  |
| 10. | Lunch was provided by Big Fig.  Venue was provided by The Open Market. |  |
| 11. | **Date of Next Meeting**  Tuesday 7th June 2016, 10am – 1pm. Venue TBC |  |