# OLDER PEOPLE'S PROVIDERS NETWORK

**10 March  2022, 11am – 12.30pm**
**Virtual meeting via Zoom**

**Chair:** Zara Ghods, Chief Executive, Kensington and Chelsea Over 50s Forum
Minutes taken by: Fenn Reynolds, KCSC

| Item | Notes | Action |
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| **1** | **Welcome from the Chair, Zara Ghods** | |
| | Agenda<br><br>Zara Ghods (ZG) welcomed everyone to the meeting and went through the agenda. | |
| **2** | **ASC Personalisation Team Update**<br><br>Victoria Swan – Personalisation Programme Manager, WCC<br><br>Jonathan Wills - WCC | |
| | Presentation<br><br>Victoria Swan (VS) and Jonathan Wills (JW) began by taking attendees through the slide deck, which can be found above.<br><br>VS summarised the slides which included a definition of what Direct Payment (DP) is and the benefits of that, how they can be managed, and spoke about pilots taking place within the ASC Personalisation team.  The aims of the pilots focus on support services, of which VS summarised the aims as being to:<br><br><ul><li>Increase choice and control through increased Direct Payments uptake.</li><li>Improve fragmented pathways and processes for both Council staff and its residents.</li><li>Enable operational staff to focus on assessments and reviews, meaning reduced delays and improvement in quality.</li><li>Roll out DP support service to pilot in other user groups.</li></ul>JW expanded on the Social Care Marketplace Virtual Wallet, which is a proposed model using an online portal to find and purchase services from an online catalogue, with automatic payments and reconciliation built in. JW noted that this offers benefits to both service users and the local authority.<br><br>VS and JW opened the floor for questions. Ian Cassidy (IC) wanted to add emphasis to the point that the term 'personalisation' doesn't necessarily mean direct payments by default.<br><br>IC asked for clarity on whether the virtual wallet idea can only be used for care services rather than others. JW replied that initially the service is only going live with larger care service providers, however in the future, there is no reason to suggest | |

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| 4 | that any other services could not be added via the virtual wallet, such as handyman or cleaning services, classes or free services and events.<br><br>IC responded by pointing out that initial providers chosen may have an advantage if the pilot is successful having already been part of it, and IC requested clarity on how these providers have been chosen, and what measures are in place to allow other providers to develop themselves for them to become ready to jump on board. JW replied by pointing out that it is only the largest six or seven providers by volume that have been engaged with in this pilot, and that it is currently in the onboarding process with them rather than a live service. JW added that while there is a limit to the amount of service users in the pilot, there is no limit being placed on the number of providers, and there is an expectation that providers will be added during the pilot as services users request specific agencies.<br><br>Jess Millwood (JM) asked whether there would be a screening process for the quality of services that providers have, before being entered onto the system. JM also asked about a feature whereby services users can chose to employ personal assistants/individuals as services, and want wanted clarity around the aspects of safeguarding that come into play. JM finally requested clarity on the where the burden of cost for this service would be placed, whether it be on service providers or the councils.<br><br>JW responded to this by firstly clarifying that there is not cost to anyone for this programme other than the council. With regards to safeguarding and personal assistants, JW said this is an idea at the current point, and something that other councils such as Waltham Forest do. | |
| 3 | **Organisations discuss what they have upcoming** | |
| | Organisations were split up into two breakout groups to discuss upcoming projects, events and challenges that are on the horizon. They then re-joined each other to feedback.<br><br>One attendee noted that a theme arising during the pandemic was that older people felt that they were locked away and were almost forgotten about, and that they now need to be drawn out to socialise. Social gatherings are slowly beginning to take place throughout the organisations, for which there has been a slow start because of various variants. They also noted that Reengage in particular have launched telephone befriending.<br><br>Another attendee representing Carers Network, on the topic, spoke about the home visits and coffee mornings that they are running. They noted the importance of using sufficient PPE, regardless of the lower rate of Covid, to insure a level of protection for home visits.<br><br>One attendee from the Henry Dickens Community Centre also noted they were back to running coffee and chat mornings. This is mainly attended by those in the immediate locality. In addition, outreach and therapy is again taking place with older adults in the community, though this doesn't cover people who are immunocompromised at this stage. | |
| 4 | **Older Adults Mental health, Older Adults transformation-the long-term plan & impact of Covid-19** | |

| | Lisa Cavanah and team, Programme Delivery, Mental Health, Bi-borough | |
| | Group discussion | |

[Presentation](#)

Lisa Cavanah (LC) introduced her colleagues Ali Wragg (AW), Nick Murray (NM) and Ed Austin (EA), who took attendees through the slide deck which can be found above.

NM gave an outline about of what the bi-borough mental health division provides. It's aim is to provide recovery focused and person-centred assessment, treatment and care for older adults with complex mental health needs with the aim of supporting people to live as independently as possible. This takes place through holistic assessments, recovery focussed and evidence based treatment and care, home treatments teams and liaison with the third sector. NM went on to show a table outlining the integrated local care pathways.

NM spoke about the referral process, with referrals being accepted from GPs, social services and other health care professionals. Direct referrals from care homes are also accepted. The eligibility criteria was set out as being:

• People of any age with a primary diagnosis of dementia

• People with mental disorder and significant physical illness or frailty which contributes to, or complicates management of their mental disorder. Exceptionally this may include <60 years

• People with psychological or social difficulties related to the ageing process, or end of life issues, or who feel their needs are best met by a service for older people. This would normally include people over the age of 70 years

NM then went on to summarise illustrative case study in the slide deck.

AW went on to talk about the vision for the team in relation to Older People's Mental Health (OPMH), being 'To work together with ICP partners to develop and implement a more integrated Older Adult pathway model across the bi-borough that will help prevent unplanned admissions and improve patient outcomes', and gave an overview of work so far.

AW expanded on key initiatives of interested, which were set out in three main points, being

1) Embedding specialist Older Adult mental health skills in primary care

2) Building closer links between the NHS and wider community to address inequalities such as social isolation

3) Exploring how we can improve navigation and enable more timely access to range of support available to OA and carers

In talking about draft model components for the integrated mental health and physical health are for older adults, AW listed partners in delivering a coordinated,

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| | accessible older adult model as including dementia services, the VCSE, social care, service users and carers, and others. AW noted that it is important to see if any parties that may want to express their input had been left off, and wanted to know what the VCS thought about this.<br><br>The team then opened the floor for questions. One attendee asked about engagement with carers and how that works within the plans set out. NM responded by pointing to the triangle of care initiative within the NHS Trust which includes patient, carer and medical practitioner, and NM said that the team would be more than happy to have conversations to expand on this. Carers assessments, which develop into carers budgets, for example, are another factor at play.<br><br>One member asked for the presentations shared to be sent out as resources.<br><br>This concluded the session and ZG closed the meeting. | |
| **5** | **Close** | |

## ATTENDEE LIST

| NAME | Organisation |
|---|---|
| *Amanda Clark* | *Share and Care Homeshare* |
| *Anna Porta* | *Westway CT* |
| *Basma Yaslem* | *Al-Hasaniya* |
| *Dhani Dhanoa* | *KCSC* |
| *Emma Cohen* | *Open Age* |
| *Francis Ngale* | *Carers Network* |
| *Hannah Ali* | *Re-engage* |
| *Iain Cassidy* | *Open Age* |
| *Jessica Millwood* | *Age UK Kensington & Chelsea* |
| *Julie Scheiner* | *CGL* |
| *Michelle Poponne* | *NHS* |
| *Pasha Moinuddin* | *Latimer Community Arts Therapy* |
| *Sandra Crowley* | *NHS* |
| *Zara Ghods* | *Chair* |