



Older People's Providers Network

Time: 2.30 pm to 4.30 pm, Tuesday 15 October 2019

Venue: The Reed centre, Octavia, 28 Convent Gardens W11 1NJ

Notes and feedback

1	Welcome and introductions by chair Reena Mukherji (RM), Octavia Foundation	Actions
	Round of introduction and review of the agenda for the day.	
2	Minutes of the last meeting and actions arising	
	The minutes of the last meeting were circulated and approved. There were no actions pending.	
3	'NHS long term plan, impact for older adults, Kalwant Sahota, WLCCG - Kalwant Sahota (KS), WLCCG	
	<ul style="list-style-type: none"> • See here Kalwant's presentation <p>Kalwant finished her presentation by opening the discussion to the room.</p> <ul style="list-style-type: none"> • Tasio from Age UK raised the issue of communication and coordination. He said he was called on a house visit a couple of times to find out that the service required was not one they provided and had to try and resolve the issue for the patient. It is hard to keep up to date with all the different services provided. Training all signposting staff working with Older People with long term needs can help with this issue. • Jenny from ADKC stated that sometime the simpler solution is not the easiest to get. For example it's a lot cheaper to install a hospital bed in someone's house than to keep them in hospital where the prices are high but whose responsibility is it to install the bed? RM mentioned that the local voluntary sector can raise these issues and highlight the concerns but cannot be expected to take on the responsibility to deliver. • Tasio also reported another case where he was called in and the only thing the person needed was for someone to change a light bulb or close a window. The patient had 2 carers visit a day but it was not on their job description so it was not handled. Aisling from LCAT raised the risk that if the patient then tries to do it themselves, they are at risk for a fall. Letting the Older person suffer is not the best practice. Sometimes the solution is just common sense. • KS suggested that these case studies should be collected and sent to the CCG but also to Adult Social Care so they can act on the feedback. • KCSC agreed to collect all the case studies sent and collate them to send to ASC on behalf of the OPPN. Please share any case studies of issues or concerns you have encountered in your work with Older People. 	<p>KCSC</p> <p>All</p>

	<ul style="list-style-type: none"> • Clare from Sheppard Trust has been faced with a number of cases where the hospital discharge was done inappropriately. For instance when the patient is discharged on a Friday there are no volunteer services for the next 2 days when they could have been released on Thursday but the paperwork took too long. Clare has made the hospital aware repeatedly but it still happens. A better joining up of the different systems has to happen for a better follow up of care. • Tasio asked if with the merging of the 8 CCG the Primary Care Networks (PCN) would stay the same. KS confirmed that this would be the case as they just joined up and should not be affected by the merger. A session on PCN could be useful for a future session. Attendees agreed. • Jenny asked if the CCG foresaw any changes coming with Brexit. KS said that not as of yet. The CCG is focussed on the merger that is due to be complete by April 2021. • RM stated that the overall targets of the Long Term plan were ambitious but that they are for the whole country and she wonders how it's going to impact the services locally. • Raksha from Octavia raised another issue they are facing when the discharge papers are not completed, not filled in. There is a pressure to discharge to save costs but there is a need for balance with the necessity of keeping good after care practice as well. 	KCSC
4	Key organisational changes, events and important information sharing	
	<p>RM asked the room for updates and events from the providers.</p> <ul style="list-style-type: none"> • Latimer Community Art Therapy (LCAT) is a grassroots organisation providing a clinical art psychotherapy service for children, adolescents and adults in the community and schools in RBKC and other neighbouring boroughs following the tragedy at Grenfell. This includes outreach art psychotherapy for older adults in their own home, sheltered housings and day centres as required and also clinical supervision to art therapists, community art groups or other organisations on request. We are based at the Henry Dickens community centre in North Kensington - where educational, creative and physical activities run in parallel to the art psychotherapy groups and individual work. Weekly coffee mornings, craft groups, yoga and pilates are run for adults of all ages. <p>For more information on LCAT art psychotherapy or to make a referral, please contact Susan Rudnik, LCAT Director on 07932 054 834, susan.rudnik@lcat.org.uk or Aisling Fegan, LCAT Lead for adult art psychotherapy services on 07 527 156 037, aisling.fegan@lcat.org.uk</p> <p>For information on activities run at the Henry Dickens Centre please contact Lucy Knight, Henry Dickens Centre Manager on lucy.knight@lcat.org.uk</p>	

	<ul style="list-style-type: none"> • The Reed centre has a qualified hairdresser on Wednesdays and she charges £20.00 for a wash, cut & blow-dry. She is usually free on in the afternoon, if people wish to use her services, they can contact Martha on a Monday at martha.moran@octavia.org.uk or call 0208 962 3570 and she can ensure that the hairdresser will be available. The Reed also offers a lunch club if people drop-in at 12.00 and request lunch, they are able to accommodate their requests. The menu is mostly traditional English food and there is a vegetarian option to. Three-course meal is £6.00, two-course £5.00 and main course only is £4.50. If you only want homemade soup and desert each dish is a £1.00 each • The Kensington and Chelsea Foundation launched its Winter Warmth Campaign. See here the flyer with all the relevant information. • KCSC has a new programme of training for local charity staff and volunteers. • Age UK has more capacity available for their Shopping service on Thursdays. • Resonate Arts is providing music therapy for Dementia patients at Bay20. • Jenny is looking to re-launch a co-production group on Independent Living to push for better services more affordable as many have been affected by direct payments. Anybody interested in contributing is welcome. Contact Jenny at independentliving@adkc.org.uk. • Francis from Carers Network has heard a lot of fear and worry from 'Meals on Wheels' users. Halal and Kosher meals are also more expensive. Jenny confirms she has heard the same, with some users even reporting terror. KCSC is happy to take this feedback to the Council on behalf of the network. • Aisling raised the need for some Equality Impact Assessment training for local staff. This could be used to evidence the meals on wheels need for example. Aisling will undertake to do one and begin to research how others go about it. 	KCSC
5	Evaluation of the Network's aim and performance	
	<p>As this is the last event for the first year of the network, KCSC circulated an evaluation form for all to completed and collected 13 responses. See below the collated information received:</p> <ol style="list-style-type: none"> 1. Participants found the contents of the network events useful on average 4.15/5 2. Most participants found the sharing of services and updates between the members of the meeting the most useful. One participant said that the case studies to highlight the gaps were useful. Another said they liked the information from the CCG and MCMW. Another participant suggested it would be good to have opportunities with Health and Social Care services to debate some of the issues, which we all have consensus on. 	

	<p>3. Participants found the networking opportunities useful on average 4.08/5.</p> <p>4. Most participants found the first two purposes were met with a couple of participants raising questions around the need to include “reduce the overlaps in services” in the first aim. A lot of people commented on the third aim saying the following:</p> <ol style="list-style-type: none"> a. Not sure the third purpose has been met and it should be a priority b. I think there could be more opportunities to achieve the above. c. I am not keen on the last purpose and doubt that this would have been met, I would suggest that the last purpose be: To act as a voice for the third sector. <p>5. Almost all participants agreed that the format of the network was fit for purpose with one person highlighting: clearer guidance on who should attend might help - operational or strategic?</p> <p>6. Other comments included:</p> <ol style="list-style-type: none"> a. Sharing more information about training for staff. b. Actions for attendees to raise agenda items. A well-kept list will inform needs. c. Thank you for the work that goes into organising - much appreciated! It would be good if it could expand more widely. <p>The network was also asked to contribute ideas for future discussion on a post it board. Here is the list collected:</p> <ul style="list-style-type: none"> • A couple of people asked about KCSC’s sharing of information on services. There is an updated list of MCMW services on KCSC’s website. • Impact of Universal credit • Opportunities to put forward views to other sectors • Good practice with complex referrals and how to support people with complex needs • Sharing solutions: Orgs should tell the group what they are finding difficult/challenging to see how they can help each other/make suggestions. • A knowledge base of services for Adult Social Care • Identifying trends, to inform funding opportunities. • One person asked about Charity log training. This is something KCSC does but only with our Self care providers. If you are interested, please contact Sara@kcsc.org.uk. 	
6	Date of the next meeting	
	<ul style="list-style-type: none"> • 21 January 2020, 2.30 at the Reed Centre. • Next meetings to include: <ul style="list-style-type: none"> ○ A presentation from the digital team working on personalisation. ○ A discussion on Older People Hubs and the preventative offer. ○ A presentation on the Primary Care Network. 	