Adult and Communities

MINUTES
HSCI Board

Date: Tuesday 17th February 2015
Time: 10:00-12:00
Venue: Conference Room 2, Ground Floor, Building 2, NLBP

Attendees: Dr Debbie Frost (DF), Dawn Wakeling (DW), Julie Pal (JP), Selina Rodrigues (SR), Pam McClinton (PMC), C Baxter (CB), Leanne Hicks (LH), Muyi Adekoya (MA), Jeff Lake (JL), Dominic Battiston (DB), Maria O'Dwyer (MOD), Fiona Jackson (FJ), Karen Spooner (KS), James Benson (JB), Mathew Kendall (MK), Dr Peter Dutton (PD)
Apologies:
Guest:
Chair: Dr Debbie Frost
Minutes: James Hallifax (JH)

No	Item	Lead
1	Membership and TOR for 2015	
	DW explained that the Board is meant to have a wide membership with two senior staff/directors from each organisation to attend. JB suggested that attendees requested should be a director and a senior manager instead. DW agreed, she added that attendees need only to be able to make decisions. DF confirmed the mood of the meeting that each organisation need to send at least 1 person who can make the necessary decisions AT THE MEETING. SR mentioned that the voluntary sector and residents of Barnet would be represented by the attendance of Community Barnet and Healthwatch Barnet. **Action:** JP offered to provide an updated logo for Community Barnet. **Action:** All to review the membership list and confirm members to JH, who will chase up list.	JH/DB
2	Progress and Success in 2014/15	
	KS presented on the progress and success of Health & Social Care Integration in 2014/15. JL asked if the positive results of the OPIC project presented were certain not to be a regression to the mean as is often the case with PH initiatives. KS replied that the indicators will continue to be monitored to clarify this.	

	PD advised that the RAID implementation took place in the same period and may mean that the results were also related to RAID. MA agreed that the results showed the various schemes in place were having positive effects.	
3	Barnet Integrated Locality Teams Design Pilot	
	MA presented on the BILT pilot. MA informed that through the pilot they discovered that voluntary organisations were being brought too late into the process and that their early involvement will go on to form a bigger part of the strategy going forward. LH presented two case studies of service users whose outcomes (in terms of service involvement) improved after BILT worked with them. PMC asked if any work had taken place on advance care planning. LH replied that it had not yet. DW highlighted the importance of shared care records and advanced care planning, which she suggested should start with close work with the relatives of the service user. MOD proposed further learning and thought around End of Life care. **Action:** MA to build EoL into planning/development for BILT	
4	Priority Projects and Services for 2015/16	
	DB presented on the priority projects and services for 2015/16. DB informed that RW will run a project to mobilise tier 2 organisations and services. DF asked if there was a date set for workshops around tier 2. DB replied that the date had not yet been set and that he was waiting for a response from RW on this. **Action:** DB to propose workshop date by w/c 23rd February. DW suggested that services don't need to be recreated, just used more effectively and asked for a progress report on tier 2 mobilisation for the next meeting. **Action: RW/** DB to report on tier 2 mobilisation – progress to date and forward plan - at next meeting. FJ advised on the importance of workforce development and gave the example using more trusted assessors.	DB RW/DB

CB asked how the BILT differs from or links to the MDT.
MA replied that complex cases go to the MDT, but also that BILT is a pilot at present in just a few GP practices.
DW identified a need for more clarity in these differences and links.

JB suggested that:

- The BILT pathway should be simplified.
- Further thought could be had around the speed of implementation.
- The wider impact on other services should be monitored to ensure that other services can be dropped for that person.

MOD advised that she would like to see a BILT in each locality.

DF asked if pharmacists were involved in the BILT.
MOD replied that they were.

JP advised that the voluntary organisations needed to discuss how best to input their specialist knowledge.

MA informed that the BILT will be sending out two case studies a month for comment.

FJ asked if more telecare development was in the pipeline.
JB replied that it is being looked at but it needs to be scaled up further in order to bring unit costs down.

SR suggested greater promotion of the BILT success on the internet.
DF suggested using videos including patients, with their consent.
MK emphasised the importance of consistency and collaboration in producing this web content across the different sites.

DW informed that the aim of the BILT is to focus on prevention over discharge and that the top risk categories are falls and mobility.

DW advised focus on the falls and mobility categories.

JB informed that his systems are being geared up to analyse the mobility categories.
MOD suggested the use of London Ambulance Service data as the data is rich and falls can be picked up early.
MOD added that there is a need to understand to whether falls are occurring more in personal homes or care homes.

Action: A report to be presented at the next meeting on the FALLS referrals to Rapid Care by CLCH. Purpose is to consider required further development of the 5 tier model and BILT **-JB**

5	Next Steps and Timescales	
	DW informed that the project team will produce a BCF next stage work plan for the next meeting, along with highlight reports on all projects . DF requested that in additional to falls, an item on action required re: advanced care planning development for the 5 tier model be included for the next meeting.	DB
6	Next meeting	
	19th May 1-3pm	