

People's Board Notes

19 April 2018, Learning Areas 1 & 2

Persons present:

Stella Hall, Arron Dulay, Emma Stafford, Sam Samociuk, Victoria Simmons, Humera Khan, Adam Deacon, Sue Crowe, Abdul Ismail, Karol Wysznski.

In attendance: *Jean Taylor*

Apologies:

David Richardson, Mohammed Mahboob, Max McLean.

1. Welcome and actions of the previous meeting

- Emma Stafford (ES) welcomed the group
- The group reviewed the actions of the last meeting

Item	Action	Result
1. Neuro diversity and autism strategy	Emma to forward her original email to Jo and follow up.	Ongoing
2. Health watch meeting	Due to Humera's resignation, Abdul and Mahboob to follow up on Humera's email to Sarah Hutchinson (Healthwatch). Emma to be copied in and to attend the meeting if possible.	
3. Stroke awareness	<ul style="list-style-type: none">• Sue to feedback at next meeting following meeting with Mark Thornton• Sue to forward the pack from the meeting to Emma	
4. Website	<ul style="list-style-type: none">• Adam and Karol's blogs to be submitted by 29 April.• Stella to produce a profile piece and send to Emma• Huma to do this week's blog (w/e 20.04.18)• All members to send submissions to Emma for her to upload as she has permissions• CCG and PB website need each other's respective links along with a bio of what each does. Emma to do PB blog for CCG website.	
6. Whatsapp group	All members to commit to Whatsapp and the group agreed to add Victoria to strengthen the connection between PB and CCG	

7. Recommitment document	Amended recommitment document to be recirculated along with revised Terms of Reference. Create a mini pack of docs to give to new members, once appointed.	
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4. **Conflicts of Interest** – Needs to be a standing agenda item. It is a requirement of the internal audit process for members to complete a conflict of interest to record any potential conflict. A form is to be completed at the beginning of every meeting for any agenda item where a member or spouse may have a commercial benefit.

5. Young Carers Work

Huma has met previously with young carers to discuss support and awareness and issues were raised about medication/GP visits/confidentiality. Another meeting is planned on 23 April and Huma requested the People’s Board input regarding what is currently set up within their PPGs: :

Question 1: Are your PPGs and/or GP Practices doing any work around young carers needs or have any displays:

- Emma advised that Affinity Care (6 practices across the Bradford District Area) is looking to develop a young person specific PPG to look at how to engage better with young people. This is as a result of attending the Learning & Innovation Event in January which was young-people focussed. Olivia Feather attended and has made a pledge with Emma to do more to work with young people
- Need to look at ways to encourage young people to attend without stigmatising
- An outcome of discussions with Barnardo’s, was a need for social media presence, intermittent face to face meetings, need to accommodate meetings in school/college hours
- Need to do something measurable targeting young people’s needs
- The role of the young carer needs to be officially recognised /identified/valued – avoid stigmatising
- Collate database (Carers Resource, registration cards)/Barnardo’s heat map to create action plans for GPs to link into network meetings and how PPGs can link into practices. Try change a mind-set and be less rigid about what GPs will share
- Encourage GPs to display young carer’s information. Ensure information regarding blue registration cards are available
- Carers feel invisible when visiting the GP as they’re not recognised as being the carer, due to young age. Consider young carers experiencing bullying and their health needs not being recognised, nor that of the person they are caring for.
- Utilise personal stories to highlight issues
- All schools should have a list of young carers but they don’t. Need to increase awareness for carers

Question 2 – any awareness work taking place in your community for carers?

- All local trusts signing up to John's Campaign (removing restrictions and increasing carers' involvement) - Victoria to feedback in due course
- Consider improving the system - fast tracking appointments for carers
- Bear in mind it's physical, mental and emotional support.

Question 3 – how can we raise awareness?

- Write to carers, thanking them for their care, see if they would consider joining a PPG
- Board members to raise the question with their GPs as to how many young carers are in their patch
- Young people to look at the wider issues rather
- Need young people to look at the wider issues in order to help their situation
- Explore the idea of setting up a satellite group to involve young people to talk about their own experiences and have a view/voice on young carers
- Consider launching a campaign for young carers
- PB to consider whether to pursue Youth Voice or Young Carers, consider direction going forward
- What are the other forums within the City and should we make contact?
- Who then has the remit to take the decisions forward from PB to the CCG?
- Sam to follow up with Anna Smith and try and co-produce a piece of work.
- Consider a media campaign and use young carer's testimonies.

Huma to feedback on all the actions points below at the Young Carers on Monday 23 April:

- 1. All PB members and Network Partnerships to contact their GPs/PPGs to find out what services they have for young people and young carers**
- 2. Karol will raise the issue at his next Board meeting to consider backgrounds and ethnicities.**
- 3. Board to tweet about the issue**
- 4. Victoria to introduce Sam to Anna Smith**

4. Carers Engagement

Victoria asked the PB to ask for input regarding recommissioning the contract for carers support, therefore PB asked for input to improve stakeholder engagement (allowing for restricted procurement guidelines – end of July). CCG and Council to meet with carers to discuss what needs to be put in place and what is already in place, what makes a carer so resilient. Where your caring commitments impact on your own life. Suggestions:

- Use People stories/film clips, engage with other groups, eg. Engaging People Project – connect with their links, members of PB to discuss this at other meetings for them to canvass an opinion. Assess input after one month looking at demographic to ensure there's no bias.
- Ask the carer what the benefits are, how to recognise them what are the benefits are, any system values?
- Ensure information is language accessible, link in with other niche services (substance/alcohol abuse or self-medicating groups), eg. Sickle cell/anaemia
Manningham Health Centre

- VCS and Carers Resource providing information about what is working but doesn't provide for those who have dropped out or have never been aware of services
- Institute of Research based at BRI produced a report after speaking to community centres – investigate if that's still available
- Engage with community centres/mental health centres
- Self identification, use media to identify carers – approach from “do you look after someone” rather than “are you a carer”
- Co-design with existing carers to use media clips to market being a carer and ongoing publicity.
- Consider online presence – due to being home a lot caring for someone
- Remember hidden carers – those who don't get paid.
- Ask why they are caring, what is their reason
- Remember the carers where there is an absence of service, eg. Those that are difficult to reach (no social integration/outlets). Give support to groups of people to create a safe environment for them to talk.
- Consider toxic relationships
- Tap into Instagram
- Identify carers and look at the circles around them – additional family carers that may not be registered
- Look into the workforces that log employees who are self-identified carers.
- Big local employers – what support do they provide? Eg. Carers leave
- Consider sample size and purpose of the
- Some people may not be willing to ask for “help”

PB members to provide Victoria with any further ideas

VS to feedback to PB in due course.

5. Recruitment sub group update

- Recruitment documentation/Terms of Reference was circulated to PB members prior to meeting and needs refreshing:
- Now represents all 3 CCGs
- Eliminated repetitiveness
- What you can expect from the CCG: 2.8 and 2.9 attendance allowance and expenses added
- Clarify what meetings PB members can claim for. Any additional meetings, need prior agreement at the PBs meeting, it needs linking to the Peoples Board, and a report needs completing then expenses will be paid.
- Record Programme Board attendance (Adam attends Planned Care Programme Board)
- Need to refocus PB members efforts and decide on what Programme Boards need attending and which professionals attend the PB meetings. Look at how we promote making an offer to the CCGs for a standing half hour agenda slot at a PB meeting to present.
- ToRs to circulate once all amends incorporated

- Sasha to join the People's Board from end of May/beginning of June to input on Mental Health
- Task and finish group concludes on 2 May and looking at the process of recruitment and selection.

6. AOB

Recent resignations –

- **Victoria and Emma to write to those who have members who have resigned to thank them for their contributions, ask them for any feedback, and would they attend any recruitment exercise to share their contributions. Abdul to follow up by email.**
- Clarify the 3 priorities: What are mental health, children and young people and prevention
- Ensure GDPR consent is obtained for any comms after 25 May.
- Attendance at WY&H involvement panel workshop – **Sam to circulate a report. Emma to check if it's blog-worthy. Jean to ask Karen Coleman for 12 copies of the full executive and easy read reports. Karen Coleman to circulate attendees with next steps which can be recirculated to PB members**
- **Adams attendance at :**

Patient Programme Planning Board – Adam raised POLCV not to be seen as the same thing as Patient Experience. POLCV not to lose their identity, ie. operations previously awarded may not be available going forward as they may affect patient experience differently. Patient experience is much broader.

Health and Social care Scrutiny Board – issue raised between Bradford District Care Trust and Bradford Teaching Foundation Hospital outsourcing frontline services (cleaners and non-clinical staff) therefore losing pensions and benefits etc.
- A reminder to members that it's Diabetes Awareness Week w/e 22 April.