

BUCKS COUNTY COUNCIL

PARTNERSHIP SELECT COMMITTEE

AN EXAMINATION OF WINTER PRESSURES

A study of partnership working between Health and Social Services

Introduction

- 1 The Partnership Select Committee was formed in November 2000 as part of the modernisation of Bucks County Council's structure. The function of the Committee is to examine the Council's partnership arrangements with outside bodies, to test their effectiveness and to consider ways in which greater benefit may be obtained through strengthening partnership.
- 2 The Local Government Act 2000 refers to Councils having a community leadership role, it also calls on them to exercise a wider view, in order to protect and enhance the well being of communities. The way that Councils undertake this role will be critical to the delivery and development of many services in the future. Councillors, for the first time, have a scrutiny role that provides an opportunity to examine the way in which many jointly provided services are delivered. It will enable Councillors to broaden the scope of their work and provide the means by which a wider level of accountability is achieved.
- 3 At their meeting on December 12, 2000 the Partnership Committee decided that they would first look at the issue of Winter Pressures (problems created by the delayed discharge from hospital). The Committee conducted its enquiry between January 12, 2001 and March 1, 2001 in a series of discussions and meetings. We visited the South Bucks Hospital Trust, we received a number of papers submitted by visitors and also had available a number of research documents. We met representatives of Bucks Health Authority including the Chief Executive, Bucks County Council's Portfolio Holder for Adult Care Services, Senior Managers from Social Services, the Chief Executive of Aylesbury Community Health Council, Chief Executive of the Ridgeway Primary Care Group and the County Community Care Co-ordinator. We also met representatives of Bucks Association of Care Homes (BACH) and visited Wycombe General Hospital.

Background

- 4 Because of the high incidence of illness and the difficulties of releasing beds, in the winter of 1999/2000, Hospitals in Buckinghamshire and throughout the country were under severe pressure. The result was that bed blocking took place and admissions had to be curtailed. The Health Authority received a special grant to help deal with the situation but difficulties were nevertheless

encountered. The pressure extended beyond the winter period and in May 2000 problems were still being experienced.

- 5 In June 2000 the Department of Health (DoH) Winter and Emergency Services Capacity Team (WEST) issued National Criteria for winter planning. They requested that Health and Social Care communities should treat the National Criteria as a guide to issues that should be considered when planning for the winter 2000/01. The guidance covered health and social care issues and stated a firm expectation that both agencies should work together and agree an appropriate Winter Plan prior to submission to the NHS Region. The National Criteria focussed on acute hospital trusts, the aim being to expedite timely discharge. £512k was made available to Health in Buckinghamshire conditional on the approval of the Winter Plan stating how the funding would be used. The plan was approved on September 30, 2000.
- 6 Mid and South Bucks were allocated funding for residential home placements. In South Bucks a Care Manager and a Placement/package finder were appointed and were in place on December 4, 2000. A Care Manager commenced on December 13, 2000 in Mid Bucks and a Placement Officer started on January 8, 2001.

Mid Bucks were allocated:

Residential and Nursing Care Placements	£142k
Care Manager – and Placement/package finder	£ 16k

South Bucks were allocated:

Residential and Nursing Placements	£321k
Care Manager and Placements/package finder	£ 33k

- 7 Their approach was different, South Bucks identified and block purchased 22 places in Residential and Nursing Homes, all above the cost usually paid by Social Services. In Mid Bucks places were purchased on a “spot” purchase basis all within Social Services normal range of payments. It was explained that the reason for this was that there were fewer available places in South Bucks homes and that there was competition with other authorities for places.
- 8 The situation has been much more stable this winter than last. This was probably due to a combination of circumstances such as better planning, flu vaccinations for older people and closer co-operation between Health and Social Services. In addition a number of initiatives have been taken to ease the situation. Among others these included the creation of a Medical Assessment Unit at Wycombe General Hospital that takes patients who have been referred by GPs. Because these patients no longer enter the hospital via the Accident and Emergency Unit medical assessments can take place more rapidly so that those who are able to can return home rather than remain in hospital. In Mid-Bucks an Intermediate Care Scheme has been developed to provide nursing care at home to enable patients to be discharged earlier.

General comments on the partnership

- 9 It is clear that a great deal of hard work is being undertaken to make the partnership work. Speaker after speaker referred to the amount of joint working that is being undertaken and the way that relationships had improved in recent years between Social Services and Health.
- 10 The committee was particularly pleased to hear that Hugh Carey, the Cabinet Member with responsibility for the Adult Care Services portfolio, would be taking the lead for the County Council on matters connected with the Health/Social Services partnership. The involvement of such a senior member of the authority demonstrates clearly a wish to further develop and improve the partnership.
- 11 The Chief Executive of the Buckinghamshire Health Authority, Jackie Haynes, stressed the very good working relationship that had been built between herself and the Director of Social Services and how this had helped the partnership to develop. Mrs. Haynes also welcomed the meetings that had been taking place between her and Mr. Carey and looked forward to even closer working between the partners.
- 12 Numerous groups had met across Mid and South Bucks over the winter period placing considerable time pressures on individuals and organisations. Proposals are already being drafted to ensure that resources and time are used effectively next year. It is hoped that a joint commissioning board may be in place by the Autumn and some progress is being made on Joint Investment Planning.
- 13 Looking further ahead, it will be interesting to see how the NHS Plan and in particular the local authority overview and scrutiny role affects the partnership. The Committee would be very interested in the views of the Portfolio Holder for Care Services for Adults.

Discussion of the Issues

i. Issues causing delayed discharge from hospital

Working hours and assessment meetings

- 14 It is important to acknowledge here that this is not only an issue in the winter. Delayed discharge, "bed blocking", occurs throughout the year. Discussions with staff at Wycombe General Hospital and visitors to the Committee meetings indicated that in fact the situation can be worse in the summer particularly arising from staff recruitment and retention difficulties. A number of steps have been taken to improve the situation, however blockages still occur. The Committee was told that on average 40 patients are occupying hospital beds unnecessarily at any one time. This may be inevitable to some extent but it became clear during the Committee's investigation that some further steps could be taken to ease the problems.

- 15 Reference was made in the introduction to the Medical Assessment Unit at Wycombe Hospital. This has been very successful in reducing the pressure on the Accident and Emergency Unit and cutting down the time that patients remain in the hospital. However the Unit is almost always full with little capacity to react to an emergency, for example a major flu epidemic. This situation could be alleviated if patients could be discharged more rapidly. This can happen if an initial assessment can be made that would enable inappropriate admissions to be avoided. However, this could be made more difficult because social workers traditionally work a 9.00 to 5.30 day. If a patient arrives at the hospital in the afternoon then it is unlikely that an assessment could be completed in time to allow that person to be discharged. This clearly was a point of considerable concern to medical staff who argued that they were having to unnecessarily admit patients. This situation is exacerbated by the practice of GPs undertaking their rounds around lunchtime. Earlier visits would enable earlier referrals.
- 16 Once a patient has been admitted, assessment meetings to decide whether a patient should be discharged and if so what support they were likely to need, take place every two weeks in South Bucks, weekly in Mid-Bucks. This period between meetings again can be a cause of bed blocking.
- 17 Steps are being taken to improve matters in Mid Bucks with the appointment of a part-time social worker and a nurse to the Accident Emergency Unit at Stoke Mandeville. This will enable the service to be run until 7.00 p.m. In South Bucks, decisions have been taken to discharge patients before a full assessment has taken place. This involves a slight risk but has so far proved to be a successful course of action.
- 18 Despite these initiatives the Committee considers that there is an urgent need to review the present cover arrangements that Social Workers provide in acute hospitals within the County. The review should consider the practicability of Social Workers working more flexible hours so that assessments can take place into the evening and at weekends.
- 19 The Committee requests further that steps be taken to increase the frequency of assessment meetings. It would be helpful if the Committee could be informed of progress in these two areas in six months time.

Late notice to Social Workers

- 20 Reference has been made above to the fact that, if GPs were to undertake their rounds earlier in the day it would be easier for assessments to be made so that, where appropriate, clients could leave hospital before the evening. This may be an unlikely aspiration but there could clearly be some benefit if social workers were alerted as soon as possible about the admission of a client to hospital. Another factor that causes delay is the lengthy wait that non-emergency patients often have for ambulances. This can result in patients arriving at hospital with insufficient time for medical staff to undertake tests before social workers finish for the day. Again the consequence is that unnecessary short term or overnight admissions take place.

- 21 The Committee was told of a scheme operating in Princes Risborough where a social worker is attached to a GP surgery. This has proved very effective in allowing a more rapid response from the Social Worker. Clearly it would be very expensive to have a Social Worker attached to every surgery in the county. However consideration could be given to a modified form of this, perhaps by setting up consortia or a “hot line” from surgeries to a duty officer.
- 22 The Committee asks the Portfolio holder for Adult Care Services to examine the following points and report back to a meeting in September:
- i the benefits that could be gained from alerting Social Workers earlier of admissions and how this could be done and
 - ii whether there is any possibility of extending in some way the Attached Social Worker system.

ii Intermediate Care

Background

- 23 Intermediate Care is being developed in order to improve services to clients and to speed up their discharge from hospital. Those organisations that spoke to us had a clear idea of what they wanted to achieve from the development of Intermediate Care. They identified it as a means to restoring independence, avoiding admissions and facilitating discharges from hospital. There was a wide agreement that Intermediate Care can make a significant contribution to the well being of patients.
- 24 Intermediate Care provides a service to the patient between the hospital and the primary care provider. It may be provided in a number of different settings, ideally the patients assessment should determine what is most appropriate. Community Hospitals, Nursing or Residential accommodation, supported discharge schemes, “hospital at home” and in-patient nursing are among the schemes operating although not all in Buckinghamshire.
- 25 The Committee were interested to hear about an Intermediate Care project that has operated in the Aston Clinton/Wendover area referred to as the Weston Project. It provides an alternative to emergency hospital admission for the patients of seven practices. An evaluation of the project by the Institute of Health Services showed an 11% reduction in the number of hospital admissions compared to an 18% increase in the rest of Buckinghamshire in 1998/99. The cost of averting admissions to hospital and the cost of running the scheme were roughly in balance but the enquiry did conclude that the project had capacity to extend within existing resources.
- 26 In Buckinghamshire, Community Hospitals play a valuable role but there appears to be a limited availability particularly in the Wycombe area since the closure of Booker Hospital. The Trust is giving this situation some attention. In the South of the County the Community Hospitals are managed by the

South Bucks Hospital Trust but the Primary Care Groups (PCGs) (soon to amalgamate to become a Primary Care Trust (PCT)) manage those in the North and Mid Bucks. We are not able to express an opinion about the different management arrangements, but in Buckinghamshire the Community Hospitals clearly play a valuable part in the process of reducing demand for admission to acute hospitals.

- 27 Already a good deal of work has been done in providing these services in the Aylesbury area by the Aylesbury Vale Intermediate Care Service (AVICS). In addition, work is taking place to develop the Elderly Persons Intermediate Care Services Project (EPICS) in Wycombe and the South of the County into a more comprehensive scheme. We consider that this development is very important and would urge that the new service be commissioned as soon as possible.

Nursing homes

- 28 Some concern was expressed about the limited availability of trained nursing staff in Nursing Homes within the County and we were told that this could sometimes prevent placements. We understand of course that Nursing Homes are independent organisations outside the direct management control of Health and Social Services, they are however subject to inspection. In the Committee's view they can potentially play a part in the development of Intermediate Care subject to the training requirements of their staff being met. Consideration should be given to providing such training. This may be an issue that could be considered jointly by Health, Social Services and Independent providers. In Mid and North Bucks, Community Nurses do from time to time attend patients in Residential Homes.

Intermediate care and home care

- 29 Some Intermediate Care staff have been recruited from within the ranks of the County Council's Home Care service. In view of this the Committee enquired whether home care employees could provide Intermediate Care. It would appear that, with training and provided that professional nursing supervision was available, this could be done.
- 30 It was further noted that AVICs relies heavily on unqualified nursing staff and that they considered former Home Care workers have the right experience to fill their vacancies. This statement raised the following questions: Are Social Services and AVICS competing for the same potential staff? Are Social Services losing staff as a consequence? A further point for consideration is that some clients can have difficulty distinguishing the difference between Health and Social Care. So, is there a case for the closer integration of these two services?
- 31 The Committee appreciates that there are differences in the way that the Intermediate Care and Home Care services are provided. For example the I.C. service to patients is time limited and free whereas home care is paid for and continues for as long as the client needs it. However, it is considered that

this matter requires further examination. Therefore the Committee asks that the Portfolio holder commissions a review of the possibility of bringing about closer working between Home Care and Intermediate Care services. The review to be completed by July.

iii Staff Recruitment

Home care

- 32 Difficulties in recruiting staff are common to both Health and Social Services. The Committee received some evidence to show that lack of Home Care provision has caused delayed discharge in some cases. Clearly any care package that includes Home Care can only be put in place if there are Home Carers available to do the work. The growth of Intermediate Care is likely to put even more pressure on the Home Care service as the whole object of I.C. is to get patients out of hospital (or prevent them going in) so that they can continue to live at home.
- 33 The Committee was made aware of a number of measures that are being taken to improve Home Care recruitment. These include improved pay levels and guaranteeing carers a certain number of hours work each week. However, recruitment is likely to continue to be difficult. This is clearly a major issue as it affects one of the most important of the Council's front line services. Here the Committee makes two recommendations.
- 34 Firstly, that there should be a review of Home Care provision in the light of the added demands that the growth of Intermediate Care and the pressure to keep people in their own homes is placing on the service. This should include the review outlined in paragraph 31 above.
- 35 Secondly, a review should take place as soon as possible of how Home Care jobs are advertised. Particular attention should be paid to finding ways to advertise in villages where there are no shops, post offices etc. Again a report back by July would be appreciated. As well as Social Services input the report should contain a description of measures being taken within the Human Resources Division to improve recruitment and retention in this field.

iv. Financial Pressures

Possible effect of winter pressures money on long term Social Services funding

- 36 The Committee accepts that funding for this area of work is very complicated. Resources appear to be allocated by the Government at short notice and in a series of tranches rather than in one lump sum at the beginning of the year based on costed plans. This makes planning difficult. Health Trusts receive a Winter Pressures Grant from central government that is used to fund beds in nursing or residential homes. However the funding finishes on March 31st and the clients then become the responsibility of the Social Services adult care budget.

- 37 Members of the Committee were concerned about the effect that spending on winter pressures could have on long term funding. Social Services phases and targets placements throughout the year in line with the budget allocated. If the placement process was accelerated during the winter period this could possibly affect people requiring placements later in the year.
- 38 It was reported to the Committee that, somewhat ironically, the winter pressures budget this year is likely to be under-spent by about £200,000. The Committee was told that this is partly because planning did not progress quickly enough in the early part of the year and partly because of a lack of Intermediate Care in the South of the county. This meant that patients stayed in hospital longer than anticipated. It is hoped that this under-spend could be used to offset some of the cost for Social Services of maintaining clients in nursing homes after March 31.
- 39 However, even allowing for the possibility of such funding being employed, the long-term implications of this care are a matter of great concern for the Committee. It would be helpful, and give a clearer picture of the possible extent of this commitment, if a report on these implications could be produced and presented to the new Partnership Committee in July. The report should take into account the changed financial criteria for providing nursing and residential care and the change to the threshold at which clients become responsible for social care charges.

Clarity of future finding

- 40 The complexity of financing residential and nursing care is a matter of concern for the Committee. Determining whether a patient should be accommodated using winter pressures money or with Health or Social Services funding or with a combination of both appears unduly complicated. Clearly great efforts had been made by both Health and Social Services to produce plans for the winter and to monitor progress. A total of 54 meetings took place between October and the end of February and, as referred to above, planning meetings are already underway for next year. However, this is not just a winter problem and, while recognising that the County Council is only one part of this complex situation, the Committee believes that greater clarity is essential. Therefore the Committee recommends that the Council should do all it can to drive forward this agenda with a view to urgently agreeing funding principles. The Partnership Select Committee would be grateful for a progress report by the Cabinet Member with responsibility for the Adult Care Services portfolio in mid July.

Joint Working

- 41 Despite, or maybe because of, the difficulties presented by the funding complexities, efforts are clearly being taken to create a more sustainable budgetary position. The Committee was informed that Joint Investment Plans would become an important part of future partnership working. This development is welcomed. The Committee feels however that it would be

helpful for the Council to have more information about the financial and management implications. Therefore the Committee would be grateful if the General Manager for Adult Care Services would arrange for the Committee to be kept informed of the progress of the planning process, initially by providing the Chairman of the Committee with a timetable for meetings for his and the Committee's information.

- 42 Several times during our discussions our visitors said that Health and Social Services have different cultures. The term was used to emphasis a particular point of difference between the two organisations. Hospital workers were concerned that Social Service cover was only available within limited hours. Administrators drew attention to the differing length of time needed for making decisions and concern was expressed by Social Services about Joint Investment Plans drawn up between two bodies who are governed differently.
- 43 The issue of governance is a difficult one, while each organisation maintains separate and distinct budgets two systems of control can operate and current partnership arrangement allow for this. The next stage of development however requires partners to develop Joint Investment Plans and it is at this stage that questions of control arise. For Health where there has been no element of elected member involvement it is not a significant problem, but for Social Services where members have determined and overseen the budget it represents a considerable change. If however maximum benefit is to be obtained from partnership it requires a further step towards joint working. There needs to be a move towards joint assessments, commissioning, harmonisation of working arrangements and management if better services are to be economically provided. It is difficult to see how this issue can be resolved entirely to satisfaction of Social Services. It is not however a completely negative situation. In some areas of service democratic decision making may be reduced but in other areas democratic accountability will be substantial increased. The County Council's new role will add a responsibility to scrutinise JIPs and the provision of Health care within the County. The Committee would be interested to hear how the Portfolio Holder for Care Services for Adults sees this new role for the Council developing.

"Promoting Independence" grant

- 44 The Committee noted the uncertainty surrounding the additional grant of £722,000 for "Promoting Independence" for the financial year 2001/02 and shares the concern expressed by a number of visitors to our meetings about the delay in providing details of the criteria and guidance for its use. The Committee is sure that efforts are being made to obtain this information as early as possible. In the meantime we urge that options should be considered to provide the best possible use of the grant. It would be helpful if the options could be presented to the Committee in June.

Demographic issues

- 45 Information was provided that indicated that private clients were paying in the region of £100 a week more for residential and nursing home care than Social

Services. In addition it was noted that other local authorities, notably London Boroughs, are said to be purchasing care in Buckinghamshire at much higher rates. One visitor to the Committee suggested that sums as high as £900 a week are being paid.

- 46 In addition the number of elderly people living in the county is continuing to increase. In 1996 there were 28910 people over the age of 75 in the county and that has increased to 31955 now (a 10.5% increase). Information from the Health Authority indicates that during the same period the number of residential home beds has increased by only 3.5% but that nursing home beds have increased by more than 30%. However, representatives of the Bucks Association of Care Homes (BACH) had suggested that in fact the number of beds available may in fact be reducing.
- 47 Clearly comparing the Health Authority statistics with the perceptions of BACH is confusing. BACH did however refer to the high value of properties in Buckinghamshire and suggested that some homeowners may be attracted to realise the value of their assets. Another factor that will affect the future supply of places will be the requirement for higher accommodation standards. In the light of this the Committee is pleased to note that the Lang and Buisson consultancy is to be employed to assess trends, demographics and the market place prior to a meeting with the bed providers. This information would then be used to inform a commissioning and pricing strategy to be developed in consultation with other members of the partnership.

v. Nursing and Residential Care Purchasing

- 48 The Chairman and Vice-Chairman of the Committee met representatives from the Bucks Association of Care Homes (BACH) which is the umbrella group for care homes providing approximately 92% of the beds available in Bucks. The BACH representatives expressed concern that they had, they felt, no longer a single point of contact within the County Council. Furthermore they considered that they should have been involved in planning for the winter period.
- 49 The Committee was pleased to hear that the Cabinet Member, the General Manager and the Social Services Assistant Director (Older People) were to attend a meeting with BACH aimed at resolving these issues and strengthening the partnership. The Committee would be grateful for a progress report from the Cabinet Member in the early summer.

vi Target Setting and Monitoring

- 50 As outlined above a large number of meetings and activities take place. There is a great deal of hard work undertaken by officers and members keen to make the planning process succeed and to provide a high quality and effective service to clients. However, the Committee was unsure how success would be measured. How do the members of the partnership know how well it is working?

- 51 For example, it was reported to the Committee that work is being undertaken to identify the total number of discharges made over the recent winter and compare this to previous years. The aim of this work is to assess the impact that Intermediate Care placements have had on managing discharges.
- 52 The Committee believes that this is a good start to target setting and proposes that this work should be built on to produce a set of clear and measurable targets. These would benefit the partnership by giving all members a clear idea of what has been achieved, enable targets to be set for the future and allow for monitoring progress.
- 53 The Committee is very aware of the large workloads that employees have and would not want to contribute too much to increasing these. However, it would be very helpful if a report could be produced by October identifying targets for the coming year together with proposals for monitoring the situation.

vii The Voluntary Sector

- 54 The Committee did not see any representatives from voluntary organisations but on reflection it would have been useful to do so. Members however did ask several of our visitors questions about voluntary sector involvement. The replies referred to the provision of Day Centres but showed that there is little or no involvement in the area of domiciliary care. The Committee's research showed that in some other areas of the country the voluntary sector is involved. They are particularly helpful in making the return of patients from hospital a little more comfortable, since they are able to attend to tasks that might normally be outside the range of Intermediate Care Nurses or Home Carers. The prospect of such assistance should be examined, it will of course depend on the resources of the voluntary sector but these can properly be assessed after discussion. The Committee would be grateful for a report by September on the possibility of extending the involvement of the voluntary sector.

Conclusion

- 55 Although this review is titled a Review of Winter Pressures it is clear that the pressure is actually all year round. It is a very complex area of work and one that is made even more difficult by the inconsistent way that central Government distributes funding. However a number of measures have been taken to make the system work better and the Committee was very impressed with the work that is being undertaken.
- 56 Fewer problems have been experienced this winter than last. While this can partly be ascribed to matters outside the control of the partnership, much of the success can be seen to have come about from local initiatives. Schemes such as Intermediate Care, the employment of home/place finders and closer co-operation between the partners has had a marked effect. What else is very clear is that one of the keys to dealing successfully with pressures will be found in making the partnership work and a lot of effort is going into this.

- 57 The bed blocking issue is one of considerable importance to Health and Social Services. It adds to hospital costs, causes patients distress, concerns relatives, and disrupts planned admissions of other patients. Minimising delayed discharges and preventing unnecessary admissions therefore has substantial benefits and needs to be a matter of continuing priority. This drive however must be balanced with recognition that the needs of the patient are of paramount importance and the quality of alternative services must be kept under continual review. Health and Social Services should not see partnership in restricted terms but should recognise the important contribution that other agencies can make.
- 58 Having said all of that, this report contains a number of recommendations that the Committee wishes to make aimed at improving the partnership even further. These recommendations occur throughout this report and they are set out below for ease of reference.

Summary of recommendations

- i Review the possibility of more flexible hours for Social Workers to enable assessments to take place in evenings and at weekends – (paragraph 17 - report back to the Committee in September)
- ii Increase the frequency of assessment meetings – (paragraph 19 - report back to the Committee in September)
- iii Assess the benefits that could be gained from alerting Social Workers earlier of admissions and how this could be done – (paragraph 22 - report back to the Committee in September)
- iv Review whether there is any possibility of extending in some way the Attached Social Worker system – (paragraph 22 - report back to the Committee in September)
- v Consider training residential home staff to provide more nursing care – (paragraph 28)
- vi Review the possibility of closer working between Home Care and Intermediate Care – (paragraph 31 – report back to the Committee in July)
- vii Review Home Care provision – (paragraph 34 – report back to the Committee in July)
- viii Review Home Care advertising methods from both Social Services and Human Resources – (paragraph 35 – report back to the Committee in July)
- ix Review and report on the implications for the Social Services adult care budget of the cost of nursing placements being transferred from Health

to Social Services at the end of March – (paragraphs 39/40 – report back to the Committee in July)

- x Produce criteria for using the “Promoting Independence” grant money – (paragraph 44 – report back to the Committee in June)
- xi Produce clear targets to measure success for the partnership and a process for monitoring – (paragraph 53 - report back to the Committee in October)
- xii A review of the possibility of greater involvement of the voluntary organisations – (paragraph 54 – report back to the Committee in September)
- xiii While not being recommendations, the Committee has identified specific topics on which they would welcome the views of the Portfolio Holder for Adult Care Services. These are, the NHS Plan (para 13); Joint Working (paras 41-43) and a progress report on developing relations with the private sector.

Acknowledgement

- 59 The Partnership Committee is dependent on the co-operation of partner organisations to assist them in effectively carrying out their work. No requirement can be placed upon outside bodies and the Committee is dependent on their willingness to co-operate. We have received the utmost support and co-operation and the Committee is most grateful to all who gave their time to talk about this issue. We believe that the level of co-operation that we received is indicative of the strength of the day to day partnership work that is undertaken by Bucks County Council staff and their Health Service colleagues.

Appendices

- 60 Summaries of the comments of the following visitors to the Committee are included as appendices:
- i Joan Elliot Assistant Director of Social Services
 - ii Jenny Hunt Chief Executive of Aylesbury Vale Community Health Council
 - iii David Beckett Strategy Development Manager (Partnership and Planning) BHA
 - iv Hugh Carey Bucks County Council Portfolio holder for Adult Care Services
 - v Jackie Haynes Chief Executive Bucks Health Authority

- vi Shaun Brogan Chief Executive, Ridgeway Primary Care Group
- vii Mary Burton, Intermediate Care Service
- viii Georgie Rixon Chairman of Bucks Association of Care Homes and Peter Hall Home Owner
- ix South Bucks Hospital Trust
- x Dwina Wheatley Direct Service Manager Team for Older People