Carers Partnership Board

AGENDA

Partnership Board

Date: Wednesday 25 January 2012

Time: 9.30 am

Venue: Room 2, 11th Floor, New County Offices

No	Item	Timing	Page
1	**Welcome and Introductions/Apologies**		
2	**Minutes** of the meeting held on 12 October 2011 to be agreed		**1 - 8**
3	**Matters Arising and Actions**		
4	**Revised Terms of Reference** Terms of Reference attached.		**9 - 18**
5	**Priorities Template** Template attached		**19 - 20**
6	**Executive Partnership Feedback** Please find attached the minutes from the Executive Partnership Board dated 14 November 2011; the EPB Terms of Reference and the presentation on the Partnership structure, attendance, membership and roles.		**21 - 42**
7	**User Led Organisation (ULO) Update** Debi Game, ULO Development Worker will attend		

	the meeting to introduce herself to members.		
8	**NHS Breaks** Business Case and Update		
9	**Exception Reporting - Work Plans** Verbal Update		
10	**Safeguarding Audit** Report attached		**43 - 50**
11	**Dates and Times of Future Meetings** 14 March 2012 at 9.00am in Mezzanine Room 2, County Hall, Aylesbury HP20 1UA 13 June 2012 at 9.00am in Mezzanine Room 2, County Hall Aylesbury HP20 1UA 12 September 2012 at 9.00am in Mezzanine Room 2, County Hall Aylesbury HP20 1UA 12 December 2012 at 9.00am in Mezzanine Room 2, County Hall Aylesbury HP20 1UA		

If you would like to attend a meeting, but need extra help to do so, for example because of a disability, please contact us as early as possible, so that we can try to put the right support in place.

For further information please contact: Maureen Keyworth on 01296 383603 Fax No 01296 382538, email: mkeyworth@buckscc.gov.uk

Members

Stephen Archibald, Carers Bucks
Clare Blakeway-Phillips, NHS Buckinghamshire
Richard Brook, Bucks Crossroads Care
Ian Cormack
Des Healy, Job Centre Plus
Joy Jannetta, Oxford Health NHS Foundation Trust
Nicole Palmer
Chris Petford, NHS Buckinghamshire and Oxfordshire Cluster
Jean Watson
Ann Whiteley, Carers Bucks
Sandra Wickenden

Carers Partnership Board

Minutes
12 October 2011

Partnership Board

Those in attendance:	
Ian Cormack	Chairman
Ann Whitely	Carers Bucks
Stephen Archibald	Carers Bucks
Nadiya Ashraf	BCC
Clare Blakeway-Phillips Assistant Director	Partnership Development NHS Buckinghamshire and Oxfordshire Cluster
Richard Brook	Crossroads Care Central and South Bucks Crossroads Care North Buckinghamshire and Milton Keynes
Margaret Morgan-Owen	Carer
Zita Calkin	Employment Services Manager
Pam Saw	Domiciliary Care
Gill Manning-Smith, Service Manager	Safeguarding
David Cowell Project Manager	Day Services Transformation

No	Item
1	**Apologies for Absence/Changes in Membership** Apologies were received from Lucy Falconer and Sandra Wickenden
2	**Minutes** The minutes of the meeting held on 10 August were presented. There was some concern about the minutes of the previous meeting and the fact that a draft version seemed to have been circulated rather than the final version. The CPB would like the minutes to be available to the public via the BCC website but on this occasion it was felt that the minutes should not be made available.

Matters arising

Nadiya Ashraf reported that the legislation following the Law Commission report was still being discussed by parliament and that Local Authorities were waiting for guidance from central government to clarify exactly what they would be required to do, particularly with regard to carers assessments. It was clear however that the new assessments would be focussed on outcomes. It was also clear that there would be a tension between the increased responsibilities that Local Authorities would have and the reduced budgets they were having to work with.

Nadiya reported that BCC had undertaken a review of carers assessments and she will ensure that an update on this will be distributed with the papers of the next CPB.

Some members of the CPB expressed concern with the quality of some assessments, particularly those carried out by telephone. There was also concern that carers did not always receive a copy of their assessment and that when they did it was often a long time after the assessment had taken place. Nadiya said that a generalised concern was difficult to follow up but that if particular examples could be given it would be possible to examine the problem.

The CPB asked for a breakdown of the percentage of assessments that were carried out by telephone and face to face. The CPB also asked whether there was a correlation with the outcome that resulted from the assessment.

3	**CHARIISMA - Carers Recognition, Involvement, Information and Support.**
	It was reported that there had been a great deal of interest in this project which is focussed on carers and hospital discharge. Progress has been made on developing a carers pack for discharge, improving carer engagement in the systems and generally integrating carers into the discharge process.
4	**Partnership Board Review**
	The review is about to be implemented and the 1st of November will see the first meeting of the Executive Board. Ian Cormack has been invited to join as Chairman of the CPB. A Job Description for the Chairman of Partnership Board is being drafted.

5	**Membership of Partnership Boards** This has been circulated by Nadiya. The Board felt that as the Partnership Boards became more effective becoming a member would be more attractive to carers and service users.
6	**Continuing Care** Clare Blakeway-Phillips reported that Continuing Care does include respite breaks for carers of patients in receipt of continuing care services.
7	**Carers Breaks and the PCT** The Board was still unhappy with the PCT response to its concerns about the PCT's failure to provide carers breaks. Lack of carers breaks expenditure. Clare Blakeway-Phillips felt that the PB had not been as smart as it could have been in its approach to this topic and that its approach was unlikely to result in more carers breaks. It was also the case that the mechanisms had not been established between BCC and the PCT to enable the money to be spent on an individual basis. Nadiya and Richard Brook to discuss the NHS funding update re carers breaks. Zita Calkin will look at what is happening about carers breaks in Buckinghamshire including respite for dementia carers and report back to the CPB.
8	**Matters arising.** The CPB decided that in future this item should be changed to **Matters arising and actions.**
9	**Big ideas work stream update** **Stephen Archibald - Information** *Quality of life questionnaire* The background to this item is that the carers survey which Carers Bucks used to carry out was not considered to be very useful. Carers Bucks has instead decided to use a Carers Quality of Life Questionnaire, which is a tool developed by the Princes Royal Trust for Carers. AW reported that the trials of this tool that Carers Bucks had undertaken found that carers were not very happy with it and did not feel that it reflected their experience.

Clare Blakeway-Phillips stressed the importance of developing tools that were effective in producing good quality in formation and could be used by a variety of organisations that worked with carers. Clare felt that Victoria Spools from the Bucks PCT may be able to help with this. Clare to send Stephen Archibald Victoria Spools email address and Stephen will report back to the CPB about the outcome of their conversation.

Richard Brook – Independence and life chances

Richard reiterated a point that he had made at the previous meeting that he did not feel that he or Crossroads can really lead on the implementation of this big idea because of the amount of work involved and the fact that Crossroads receives no funding to pay for this. He is however happy to help and put in some work.

Recognition
Nadiya reported that when BCC is clear about the new carers assessment guidance it will provide training to BCC and PCT staff and then open this up to a wider audience.

Stephen Archibald to report back to future CPB meetings regarding working carer initiatives.

Support for carers

An initiative will begin shortly to support carers of stroke survivors.

Stephen Archibald outlined the importance of moving and handling courses being personalised to the individual carers situation, ideally in their own home. RB said that this could be done relatively cheaply by voluntary organisation such as Crossroads. Clare Blakeway-Phillips pointed out that the NHS has a back care programme but that the service is very stretched.

Nadiya suggested that the person who was responsible for each big idea could come up with a proposal that would have financial implications and the CPB could decide which to prioritise. NA to distribute a one page pro forma and an indicative budget.

Stephen Archibald will write something about working carers under Idea number 3.

10 | **Update on Domiciliary Care**
Pam Saw reported that two of the four providers were now in steady state in that all of the transfers had taken place for the

Wycombe and South Bucks District Council areas. In the Aylesbury District Council area it is envisaged Plan Care will go to steady state in late October.

The CPB asked whether clients were just sent the new provider or whether they were invited to take a direct payment and look for whichever provider they wanted to choose. Pam said that all clients are invited to take a direct payment at the assessment stage. The balance between those taking direct payments and those who were transferred to the new provider is about 50/50.

In the Chiltern District Council area Prime Care and Risborough Carers had won the contract and transfers are currently taking place. It is envisaged that they should reach steady state by 5th December.

Plan Care have 252 clients
Ceva Care have 376 clients
Westminster Homecare have 294 clients
Primecare have 84 clients
Risborough Carers have 48 clients

Recruitment of domiciliary care staff is proving challenging in the Chiltern District Council area.

There has been some sub contracting by the contract holders to smaller domiciliary care agencies and some members of the CPB were concerned that this may cause confusion about who is responsible for the service amongst those who receive the service. Pam told the Board that it will always be the case that the primary contract holder will be the responsible body.

The BCC internal home care service is in the process of being wound down as the new contracts start to bed down.

Meers Care had gone into administration and Pam reported that BCC Central Access team had managed the repercussions of this in a way that minimised the adverse impact of this for those receiving a service.

Richard Brook declared an interest at this point because Crossroads provides domiciliary care. He was concerned that the low level of the payments made by BCC could lead to some providers failing financially. This in turn will lead to less choice for those who need a service. It is also the case that the charges to self funders were being driven up to subsidise the BCC contract rate. In other areas of the country Local Authorities have actively

encouraged an increased number of care agencies so that clients had more choice and there was a lower level of risk if an agency ceased trading.

Margaret Morgan-Owen expressed concern about the high level of turnover of care staff and that this was an issue that the CPB should return to regularly. Pam Saw assured her that BCC monitor this through the contractual agreements.

Pam reported that Trevor Boyd was the officer to contact regarding concerns about market vulnerability.

| 11 | **David Cowell — Update on Day Services** |

David Cowell reported that a number of work streams associated with the transformation of day services were now moving on quite quickly.

Six sites have now been chosen as the centres for the new services. A design brief has been agreed for each of the new buildings but BCC still have a further six weeks of consultation to undertake on the actual designs. Meet the Architect events have taken place and on the whole the feedback has been that people are concerned about how their particular service will be accommodated alongside services for clients with very different issues and support needs. BCC is confident that good building design can deal with this issue. It is also the case that current provision accommodates a wide variety of clients. One of the results of the consultation was that there would now be more toilets that originally envisaged.

BCC envisage that the new centres will open in 2013/14. The first is likely to be either Orchard House in Wycombe or Hartwell in Aylesbury. Alternative placements will be found for clients who currently receive services on these sites whilst the redevelopment takes place, however BCC was not closing existing provision yet.

David assured the CPB that there were opportunities for carers to influence the changes that were taking place.

BCC is very keen to stimulate the market in day services for those clients who will no longer receive a building based service and for those who had not used a building base service in the past. BCC is meeting with providers regularly and sharing information about the needs that come out of reviews.

BCC is giving transitional support to those who were no longer

entitled to Day Centre services. Richard Brooke said that the CPB should not lose sight of the principle of personalisation, namely that services should fit service users not the other way around and this was something that disability campaigners has been promoting for many years. It is unfortunate that this has come at the same time and a big squeeze on Local Authority budgets.

Some concern was expressed that BCC was falling behind with assessments. DC will provide the CPB with the number of assessments that are taking place.

12	**Update on Safeguarding**
	Gill Manning Smith outlined the new safeguarding campaign that is being launched by Buckinghamshire Safeguarding Vulnerable Adults Board (BSVAB). Campaign material can be accessed at the BSVAB web site as can a safeguarding tool kit.
	The aim of the campaign is to empower the public so that they know what abuse is and feel confident about reporting it. It will run until 31st March 2012.
	Gill would like any stories forwarded to her that members of the CPB may have, regarding abuse/safeguarding.
	Gill reported that the Safeguarding Board now has Alison Lewis, a service user on it but it still lacks a carer.
	Richard said that when a complaint is made, even where no abuse has taken place it can dislocate relationships between the family carer and service user and the domiciliary care worker. Gill said that she was looking for feedback from victims and perpetrators / alleged perpetrators to explore how successful they felt the process had been but she agreed that a complaint could cause difficulties. She also felt that by reporting back to all parties it was hoped that people would feel supported. BCC is still in the process of developing its feedback processes.
	The CPB expressed some concerns that carers did not currently understand what abuse is. Nadiya and Gill are currently trying to address this by developing some carer training about safeguarding.
13	**AOB**
	Margaret Morgan-Owen should be added to the circulation list.

	It was pointed out that the new GP data base has no field for carers. 130 people attended the stroke initiative feedback event. The stroke co-ordinators are now in place. Richard Brook informed the CPB that Crossroads Care Bucks and Milton Keynes were now in merger talks with Hillingdon and Windsor and Maidenhead Crossroads.
14	**Date of the Next Meeting** 25 January 2012

Terms of Reference of Buckinghamshire Partnership Boards

1. Purpose and Key Responsibilities

1.1 Purpose

The (Name) Partnership Board will bring together local service users, local carers of service users, local providers and local commissioners to advise and make recommendations on the joint development of health, social care and related services for (specify the service user group).

The Partnership Board will:

- Provide a forum where discussions can take place between service users and commissioners on services being provided in Buckinghamshire.

- Champion the needs of service users and carers and represent their views to ensure services are accessible and responsive to their needs.

1.2 Key Responsibilities

The key responsibilities of Partnership Board are to:

- Implement a work programme based on priorities set nationally and locally in agreement with the Executive Partnership Board.

- Review and evaluate progress with their work programme and report progress to the Executive Partnership Board on a bi-monthly basis.

- Contribute ideas to the development of commissioning strategies.

- Provide feedback and make recommendations to the Executive Partnership Board.

- Participate in themed groups on identified areas of work where required.

- Engage with users' and carers' to ensure their perspectives are incorporated into the work of the Partnership Board and the Executive Partnership Board.

2. Constitution and Membership

2.1 Constitution

The (Name) Partnership Board will advise and make recommendations through the Executive Partnership Board to the Adult Commissioners Board, Buckinghamshire Primary Care Trust, Buckinghamshire County Council and the District Councils and to the Buckinghamshire Strategic Partnership Board as appropriate.

The (Name) Partnership Board does not have strategic decision making powers. Its role is to represent the views of service users, carers, their representatives, commissioners and service providers for consideration during the decision making process and to be consulted as part of the decision making process.

2.2   Membership

The (Name) Partnership Board will have a 12 month transition period in which it will work from its current structure to the new structure of:

Nominated and Elected Posts
- At least 50% service user representatives and/or carers nominated and elected via the User Led Organisation (ULO).
- Buckinghamshire Joint Commissioning Lead (PCT and County Council).

Other members to be determined by each board as appropriate which may include:
- Buckinghamshire County Council Service Provision Lead for each area of responsibility
- District Council
- Service Providers
- Black and Minority Health and Community
- Voluntary Sector
- Job Centre Plus
- Connexions
- GP's

To ensure involvement and participation it is recommended that the Board should have a maximum number of 16 members. The Co-Chairs will be responsible for agreeing exceptions to this rule for example where advocacy, support or facilitation is required by service user representatives.

2.3   The Chair

The Boards will have 2 Co-Chairs who work in partnership, elected at the start of each year. One of the Co-Chairs will be from the statutory sector and the other will be a service/user or carer. Co-Chairs will be elected each year.

The Co-Chairs will be responsible for the development of the (Name) Partnership Board and for facilitating full participation by ensuring:

- Agenda papers are sent out at least two weeks in advance of meetings so that people can prepare adequately.
- The agenda is managed by limiting the number of papers on each agenda and the number being 'tabled' at the meeting etc.

- All new members are inducted thoroughly including explaining the Partnership Board's Terms of Reference and ensuing they understand their role and responsibilities (Appendix 2).
- Members are engaged and involved in a variety of ways by varying the approach between formal business meetings, workshops, subgroups etc.
- Service users and carer representatives with different needs are supported to participate in the Board through pre-meeting briefings, advocacy and support as appropriate.
- Effective communications with the Executive Board, between Partnership Boards and communication to other stakeholders, users and carers.

The (Name) Partnership Board will nominate two people (one of whom is a service user/ or carer representative) to attend the Executive Partnership Board.

2.4   Elections

From October 2011, service users and carers can be nominated by any individual, group or organisation or can apply as an individual. Nominations can be made verbally or in writing to the ULO (Appendix 3). The nominee will be asked to complete a nomination form (with support from the ULO) if required. The ULO will retain a file of applications until a vacancy occurs. When a vacancy occurs, the ULO will co-ordinate an election process in conjunction with the Co-Chairs.

Nominations and applications should be considered by members of the ULO. At least 50% of the members present should be service users or carers.

User and carer representatives will be elected onto the Partnership Board and serve a one year term which can be extended following a further election. If a user or carer representative wishes to end their membership before the end of their one year term, they should formally notify the Co- Chairs.

The ULO will have responsibility for reviewing the position of elected members if they do not comply with the Code of Conduct.

2.5   Conduct of Business

The (Name) Partnership Board will work to an agenda which the chair will co-ordinate and distribute at least ten working days prior to the meeting.

There is no minimum number for Board meetings as this is an advisory body, although full attendance will be encouraged. Recommendations will, wherever possible, be made by consensus. Boards have the responsibility of maintaining membership of appropriate numbers and diversity.

Members of the (Name) Partnership Board are representatives of their agency, group or forum. The decision making powers of officers will be in accordance with the limits of the authority delegated to their post.

Any member with a conflict of interest or who seeks to benefit as an individual, group or organisation (financially or any other individual benefit) in an agenda item must declare their vested interest and leave the meeting for that item and take no part in the discussion, agreement or recommendations.

The operation of the (Name) Partnership Board will be reviewed every 2 years in conjunction with the Executive Board and the other partnership boards to ensure consistency.

Administrative support will be provided by Buckinghamshire County Council and the level of support will be agreed by the Executive Partnership Board.

There will be an annual Partnership event attended by members of each of the Partnership Boards and the Executive Board.

2.6   Board Member Responsibilities and Conduct

The individual roles and responsibilities of Board Members and code of conduct for individual Board Members are set out in Appendix 1.

2.7   Frequency of Meetings

The (Name) Partnership Board will meet on a two monthly basis. Subgroups may be established as required to take work forwards in between meetings

The Executive Partnership Board may from time to time commission a schedule of time limited themed groups and the Partnership Board will nominate members to participate in these groups as appropriate.

2.8   Budget

The (Name) Partnership Board does not have a specific budget; although it may be given a delegated budget in order to carry out specific programmes of work.

2.9   Expenses

Expenses will be paid to service user and carer members to cover travel and the cost of caring responsibilities whilst attending Partnership Board meetings and agreed related activities.

Role and Responsibilities of Partnership Board Members

Members

Members of the Partnership Boards should focus on the needs of the group they represent. The (Name) Partnership Board should not be the forum for personal issues to be discussed. These issues should only be used to demonstrate a point of Principle.

Members will:

- Regularly attend meetings of the Board.
- Be honest, open and provide constructive and balanced feedback.
- Demonstrate positive co-working with other members.
- Undertake actions they have agreed at meetings.
- Be accountable for the recommendations they make to the Executive Partnership Board.
- Communicate the work of the Board with the constituency they represent, e.g. other users, other providers etc.
- Where possible seek the views of others and represent these views to the Board.

Co-Chairs

The Co-Chairs are responsible for the effective operation of the Partnership Board by:

- Setting the agenda.
- Checking progress with activities in the work programme and the actions agreed at meetings.
- Ensuring members are able to participate and are listened to.
- Leading the induction process for new members.
- Maintaining a code of conduct.
- Clarifying agreements, actions and recommendations.
- Representing the (Name) Board at other public meetings as required.
- Co-ordinating the election process for users and carer representatives on the Partnership Board with the ULO.

5

Code of Conduct - Partnership Board Members

All Board members should work positively by:

- Being honest and open.
- Being constructive - going beyond criticism by working with other members on the Board to find solutions to problems and areas for improvement.
- Being objective and fair.
- Being polite and courteous to others - They must not insult, abuse or use any kind of offensive or threatening language or behaviour towards anyone they have contact with as a Partnership Board member.
- Listening to the views of others without interrupting.
- Being organised and punctual.
- Being prepared for meetings and ensure they read all the documentation.
- Being actively engaged.

The Partnership Board should not be the forum for personal issues to be discussed. These issues should only be used to demonstrate a point of principle.

6

Induction Checklist

The aim of the induction check list is to support new members of Partnership Boards to understand their role and the work of the Board and become an active member of the Board.

The content of the induction list can be adapted by each Partnership Board to take account of specific information and communication needs. For example, it can be reproduced in large print or an easy read version. Partnership Boards can also add information that they think will help members to become fully involved and engaged as quickly as possible.
T

Information	Completed (date)
Introductions to other Board Members • A chance to meet other Board members and find out who they are and who they represent	
Talk with the Co-chairs • How the Board works - what it does and how it fits into the decision making processes • Who is on the Board • Purpose of the Board • Board's work programme	
Individual Support • The support that users and carers are able to receive, e.g. transport, support from advocacy organisation or other	
Expenses • What elected Partnership Board members can claim and how to claim expenses	
Website and I.T. • How to use the Council's website to find information • Email and electronic communication	
Confidentiality • Rules about confidentiality • Tips on how to keep information confidential	
Expectations • Representing others • Attendance • Code of conduct	
Asking Questions and Speaking in Meetings • Explanation of how the meeting works and the best way of making sure your questions and views are heard • Listening to others • How to be part of making decisions	
Getting Involved • Information on how you can get fully involved in the work of the Partnership Board e.g. volunteering for themed groups	

7

Nomination/Application Form (to be completed with the support of the ULO if required)

I/We (Name or Name of Organisation)

Nominate

(Name)

To be a member of the (Name) Partnership Board

Is the person you are nominating a (please tick)
- Service User ☐
- Carer ☐

The reason why I/ this person would be a good member of the (Name) Partnership Board
is...
....
....
....

The knowledge, skills or experience this person would bring to the Partnership Board:
1.
2.
3.
4.
5.

8

Personal Details

These details will are to ensure that we can contact you and the nominee and will be stored in line with the Data Protection Act 1998.

About you

Your name

The organisation you represent (if applicable)

Telephone number

Address

Email address

About the person or organisation you are nominating

Name

Telephone number

Address

Email address

Does the nominee have any special needs? If so, please provide brief details so that we can ensure that we meet their needs when contacting them in the election process.

....

....

9

Partnership Board

Carers Partnership Board

Priorities Template

	Outcome	Priorities
1	Helping people to speak up and to be active citizens	
2	Supporting Carers	
3	Day and employment opportunities	

	Outcome	Priorities
4	Housing and support	
5	Improving Health	
6	Personalisation	

Executive Partnership Board

Minutes
14 November 2011

Those in attendance:	
Nadiya Ashraf (NA)	Carers Partnership Board
David Bone (DB)	Assistive Technology Board
Trevor Boyd (TB)	Head of Commissioning and Service Improvement, Buckinghamshire County Council
Fred Charman (FC)	Talkback - Learning Disability Partnership Board
Andrew Clark	Physical and Sensory Disability Partnership Board
Ian Cormack (IC)	Carers Partnership Board
Steve Goldensmith (SG)	Supporting People
Elaine Jewell (EJ)	Wycombe District Council
Alison Lewis (AL)	Chair of the Service User and Carer Reference Group / ULO
Ainsley Macdonnell (AM)	Learning Disability Partnership Board
Ryan Mellett (RM)	Older People's Partnership Board
Pat Milner (PM)	Mental Health Partnership Board
Sue Pigott (SP)	Talkback
Chris Reid (CR)	OPPB and PSD PB
Jean Rein (JR)	Talkback - Learning Disability Partnership Board
Rachael Rothero (RR)	Assistive Technology Board
Marcia Smith (MS)	Service Manager, Performance,

	Buckinghamshire County Council
Bob Smith (BS)	South Bucks District Council
Jane Taptiklis (JT)	NHS Buckinghamshire and Oxfordshire Cluster
Kelly Taylor (KT)	Hightown
Helen Wailling (HW)	Democratic Services Officer
Andrew Walker (AW)	Local Involvement Network (LINk)

No	Item
1	**Welcome and Introductions** Trevor Boyd welcomed everyone to the meeting, and each member introduced themselves. There were no apologies for the meeting. Trevor Boyd chaired the meeting.
2	**Recap of the Review and the future operation of the Board** (Agenda Item 4 was taken together with this item). Rachael Rothero referred members to the terms of reference which had been produced following the partnership board review, and asked if members were still happy with these. **Governance Structure** The Review had looked at a structure of five partnership boards and an Executive Partnership Board. There were now two further

partnership boards (Supporting People and the Assistive Technology Board), which would be added to the structure if members agreed this.

The governance structure which had previously been agreed was that the Executive Partnership Board (EPB) would be an over-arching Board and that the other partnership boards would report to the EPB.

Partnership board members had been concerned that they would lose their identity, but this would not be the case, as there would be a two way line of communication, both downwards from the EPB to the partnership boards, and upwards from the boards to the EPB.

Rachael Rothero also said the following:

- The EPB would report to the Adult Commissioners.
- The EPB was a high-level, strategic Board, and members would have to give a commitment to attend, to ensure that it was effective.
- Partnership boards and the EPB were not decision-making bodies, but made recommendations and could act as steering groups.
- The new Shadow Health and Wellbeing Board would need to be considered in the structure.
- Standard agenda items for EPB meetings would include an update from each partnership board about progress against their work programme.

Membership

A membership of no more than 15 people was suggested for each partnership board, to ensure the boards were effective. The Learning Disability Partnership Board would be different as it had

national guidelines about membership.

The aim was for two representatives of each partnership board to sit on the EPB, one of whom should be a service user or carer.

Members discussed the membership and it was agreed that Community Impact Bucks would be asked to put forward a representative for the EPB, as the priorities agreed by each board would have implications for voluntary and community sector (VCS) providers. It would not be possible to represent the whole of the VCS and this was the reason for having one representative from an umbrella organisation.

It was also agreed that the EPB should have representatives from the following:

- Oxford Health NHS Foundation Trust
- The Ridgeway Partnership Trust
- Buckinghamshire Healthcare NHS Trust

A health forum would be set up in 2012, and that this could be linked to the partnership boards.

Bob Smith suggested that each Board might only need one or two District Council representatives to represent all four District Councils. This would be discussed further once the work outcomes had been set.

Work Programme

It was very important that each partnership board had a work programme which was agreed and signed off at the beginning of each financial year. The work programmes would be reviewed after

6 months and at the end of each year. This would ensure that there was a consistent approach across all the partnership boards.

The Shadow Health and Wellbeing Board had identified some over-arching outcomes which could be used as a basis for the partnership board priorities.

Each partnership board would need to produce a list of its priorities. The work programme for each partnership board would be signed off by the EPB.
The Adult Commissioners would also identify priorities for each partnership board.

The work programmes would not just be based on health and social care issues, but also on wider issues, such as transport.

Some priorities would be cross-cutting.

Cross – cutting themes
Some topics (e.g. Day Services or Dignity in Care) cut across all the partnership boards and short-term groups could be set up to address these, rather than them going to each partnership board. These short-term groups would be set up by the Executive Partnership Board.
Short-term groups would also reduce officer attendance at meetings.

Code of Conduct
The changes incorporated by the County Council's Standards Committee should be considered for inclusion in the terms of reference when they were agreed.

Elections

Elections for service users had recently been held for the Learning Disability Board, but other partnership boards would need to have their service user and carer representatives arranged by the ULO. A common sense approach would need to be taken.

Each partnership board would also need to elect a Chairman and Vice-Chairman.

Training

Induction sessions would be provided for all partnership board members.

Communication

A partnership board website would be developed which would contain all reports, minutes and agendas for each board, as well as the priorities and work programmes once they had been agreed.

There would also be a quarterly newsletter which would cover all the boards, and would be available on the website.

A celebration event would be held annually.

Suggestions for other ways of communicating would be welcomed (e.g. through the User-led Organisation or through the Local Involvement Network).

Ainsley Macdonnell (Senior Joint Commissioner, Learning Disability) had a list of basic communication needs, which she suggested could be adopted by the Boards, to ensure that service

users were properly involved.

Administration

The Democratic Services Team had been commissioned to administer the partnership boards and the EPB, with the exception of the Learning Disability Partnership Board, which would be administered by Talkback.

There was a small budget available to ensure that the partnership board structure operated effectively (administration, communications, training etc.)

Standard templates and formats would be developed for all partnership boards, although the Learning Disability Partnership Board would have additional requirements.

Service user expenses

This would be arranged through the User-led organisation.

EPB members then made the following comments:

- Papers for all meetings needed to be sent out at least one week in advance, and should not be tabled at meetings.
- Partnership board agendas needed to reflect the items on the agendas at more senior boards.
- Communication was not included in the terms of reference for the EPB, and needed to have a stronger focus.
- Business at meetings and paperwork needed to be accessible, and breaks needed to be incorporated in all partnership board agendas.
- Membership was more about quality of communication and regularity of attendance than about the number of members.

Representation on the Board was different to membership.

- Some groups had always struggled to have user attendance (e.g. Mental Health Partnership Board) and engagement with users might have to be flexible (e.g. going out to users in some cases).
- The timescale for setting up the boards should not be unrealistic.

A member asked how service users would be consulted for short-term cross-cutting groups. Trevor Boyd said that each representative would have mechanisms for how they consulted with service users, and how this would then be fed back into a working group.

The Executive Partnership Board agreed the terms of reference for the EPB and for the other partnership boards (attached), and the Governance structure (attached).

Agreed actions:

- **Each partnership board to produce a list of its priorities. A template form to be produced and sent out for completion to partnership board leads before the end of November 2011. The completed forms to be returned by 20 January 2012.**
- **Alison Lewis to meet with Democratic Services to discuss accessibility of paperwork.**
- **Bev Frost, Communications Officer, to be contacted about the production of a newsletter and other communication needs.**
- **Nadiya Ashraf to prepare a paper with interim options for services users' and carers' expenses, and a proposal for a**

	remuneration policy.
3	**Break**
4	**Draft Terms of Reference for Executive Partnership Board** See Agenda Item 2.
5	**Role of the User Led Organisation (ULO) in supporting the Partnership Boards** Rachael Rothero said that a User-Led organisation (ULO) had been commissioned the previous year to ensure an effective service user involvement in the partnership boards. Alison Lewis (Chair of the ULO) and Ian Cormack (Vice Chair of the ULO) would be representing the ULO on the Executive Partnership Board (EPB). Alison Lewis said that many service users and carers felt de-motivated, and that they needed to feel that their input into meetings was productive. Timing and location of meetings needed to be considered, to fit around the needs of users and carers. Transport was a large issue. The format of paperwork was important too. The ULO would be recruiting service users and carers, and the first recruitment stage was currently being carried out. A new support worker had been employed, and would carry out a mapping exercise to look at the current numbers of service users and carers on the partnership boards.

	The contacts for the ULO were Nadiya Ashraf or Ann Whiteley (Carers Bucks). **Agreed action:** **Partnership Board leads to feed back what user support is needed on each partnership board.**
6	**Administration and Support** See Agenda Item 2.
7	**Next Steps** Date of next meeting – the EPB would meet quarterly and the next meeting would be in February 2012.
8	**Any Other Business - The Local Account Challenge** **The Local Account Challenge** Marcia Smith (Service Manager, Performance, Adults and Family Wellbeing) handed out a factsheet (attached). The Local Account was a requirement for every social care authority to produce an annual document. The factsheet was for information, and further information would be brought to EPB members in 2012.

Chairman

Draft Terms of reference of Buckinghamshire Executive Partnership Board

1.   Purpose and Key responsibilities
1.1 Purpose

The Executive Partnership Board will bring together senior managers from the County Council, PCT, District Council, representatives of the Partnership Boards to make strategic commissioning decisions and determine commissioning strategies and priorities. It will ensure that best use is made of available resources and that commissioning arrangements meet needs, provide value for money and fit within the broader statutory and policy framework.

The Executive Partnership Board will consider the views and recommendations made by the Partnership Boards is making its decisions and maintain a strategic overview of the work of the Partnership Boards.

The Executive Partnership Board will refer issues and make recommendations to the Adults Commissioners Board and Local Strategic Partnership Board.

1.2 Key responsibilities

The Executive Board will:

- Set priorities for the Partnership Boards and communicate these priorities.
- Approve and coordinate the work programme of Partnership Boards and monitor their progress.
- Commission Partnership Boards to do specific pieces of work.
- Establish time limited themed groups for specific areas of work that is relevant to more than one Partnership Board and consider their recommendations.
- Consider views and recommendations from Partnership Boards in its decisions and recommendations to the Adult Commissioners Board, Local Strategic Partnership and the PCT and County Council decision making bodies.
- Report on progress with their work programme to the Adults Commissioners Board.
- Ensures users' and carers' perspectives influence strategic commissioning decisions and that the diverse views of service users and carers, commissioners and service providers are considered as part of the decision making process.

2. Constitution and membership
2.1 Constitution

The Executive Partnership Board has the authority to make strategic decisions and will also advise and make recommendations to the Adult Commissioners Board, the Bucks Strategic Partnership, Bucks Primary Care Trust, Buckinghamshire County Council and the District Councils as appropriate.

The Executive Partnership Board may delegate a budget to the Partnership Boards in order to carry out specific programmes of work.

2.2 Membership
The Executive Partnership Board will have representation from:

Senior management level representation
- Buckinghamshire County Council
- Buckinghamshire PCT
- District Council

Representatives from the Partnership Boards
2 representatives from each of the following Partnership Boards (one of whom will be a service user or carer representative):

- Older People
- Physical and Sensory Disability
- Mental Health
- Learning Disability
- Carers

There will be no more than 20 members on the Executive Board to ensure full involvement and participation. Additional people may attend the Board meetings with agreement from the chair to provide advocacy or facilitation for service user representatives.

The Chair
The Chair of the Executive Partnership Board will be from Bucks County Council pr the PCT.

2.3 Frequency of meetings

The Executive Partnership Board will meet on a two monthly basis.

2.4 Conduct of Business

An annual work programme will be agreed at the beginning of each year. This will inform the agenda for each of the meetings. The chair will ensure the agenda papers are distributed at least ten working days prior to the meeting.

The quorum for Executive Board meetings is 13 members of the Board.

Any member with a conflict of interest or who seeks to benefit as an individual, group or organisation (financially or any other individual benefit) in an agenda item must declare their vested interest and leave the meeting for that item and take no part in the discussion, agreement or recommendations.

Arrangements will be put in place to will ensure that all members of the Board are able to participate fully. Agenda papers will be sent out at least two weeks in advance of meetings so that members can prepare adequately. Service users and carer representatives will be supported through pre-meeting briefings, advocacy and support during meetings as appropriate via the ULO or Talkback. New members of the Executive Board will receive an appropriate induction.

Administrative support will be provided by the statutory sector

There will be an annual Partnership event attended by members of each of the Partnership Boards and the Executive Board.

The operation of the Executive Partnership board will be reviewed every 2 years.

2.5 Board Member Responsibilities

Executive Board Members are required to attend Board meetings regularly and work constructively with different opinions. They are also expected to undertake agreed work, or delegate actions to others in their organisation and ensure work is completed.

Members will be responsible for communicating the decisions of the Executive Board within their own organisation or to the Partnership Board they represent.

Executive Board members should present the views of the organisation or Partnership Board that they represent rather than their personal views and comply with the Code of Conduct set out below.

Code of Conduct – Partnership Board Members

All Board members should work positively by:

- Being honest and open
- Being constructive – going beyond criticism by working with other members on the Board to find solutions to problems and areas for improvement.
- Being objective and fair
- Being polite and courteous to others – They must not insult, abuse or use any kind of offensive or threatening language behaviour towards anyone they have contact with as a Partnership Board member.
- Listening to the views of others without interrupting
- Being organised and punctual
- Being prepared for meetings and ensure they read all the documentation
- Being actively engaged.

The Partnership Board should not be the forum for personal issues to be discussed. These issues should only be used to demonstrate a point of principle.

Executive Partnership Board

Rachael Rothero

Partnership Structure, attendance, membership and roles

- The new structure is made up of an Executive Partnership Board, Partnership Boards and themed working groups which report into it.

- The Executive Partnership Board will feed into the Adults Commissioners Board and the Local Strategic Partnership Board decision making processes.

- The Executive Partnership Board should be attended by senior level representatives, e.g. Director/Assistant Director of Adult Social Care, Assistant Director of Commissioning at the PCT, District Council representation, Head of Commissioning, and representatives from each Partnership Board.

- The Executive Board should include 2 representatives from each Partnership Board, of whom 1 should be a user or carer.

- There should be 5 'Partnership Boards' reporting to the Executive Partnership Board:

-
    - Older People's Partnership Board
    - Physical and Sensory Disability Partnership Board
    - Carers Partnership Board
    - Learning Disability Partnership Board
    - Mental Health Partnership Board
    - Prevention

Partnership Structure, attendance, membership and roles

- The term Partnership Board will be retained in the new structure. The purpose, role, responsibilities accountabilities etc. will be made clear in new Terms of Reference. These will be standard as far as possible to ensure consistency.

- A small number of fixed-term themed (cross Partnership Boards) working groups, reporting to the Executive Partnership Board should be established to work on six monthly identified programmes of themes. Members of Executive Partnership Board would identify the themes and which of the Partnership Boards need to be involved.

- Membership of Partnership Boards should be limited to a maximum of 15, unless there are specific circumstances which require a larger membership, e.g. Learning Disability Partnership Board. 50% should be users or carers representatives.

- The roles and responsibilities of Board members will be clarified and documented.

- Each Partnership Board will have an annual work programme, agreed by Executive Partnership Board and monitored via the meeting process at 6 months and 12 months annually.

- Provide induction for all Partnership Board and Executive Partnership Board members that includes briefing on role, responsibility and accountability.

- When members are selected there should be consideration of whose views they represent and where they report back. An election process for user and carer representatives will be in place in 2011.
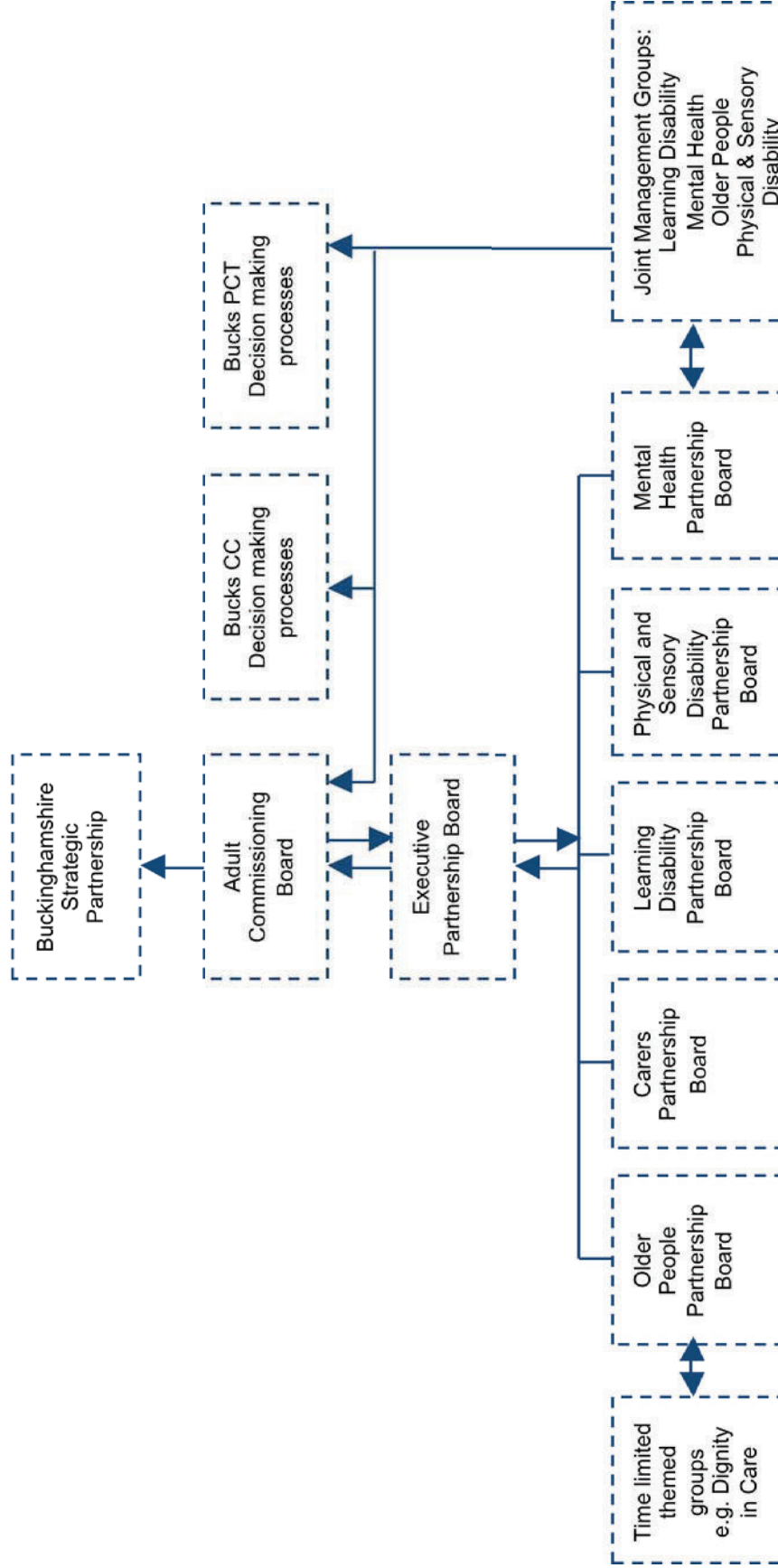
Communications and information sharing

- Introduce a standard template to capture standard information and to assist feedback from each Partnership Board meeting. The Template will assist communication upwards to Executive Partnership Board, between Partnership Board's and with all Partnership Board members.

- Develop shared communications, e.g. a shared newsletter.

- Hold an annual event for members of the Executive Partnership Board and Partnership Boards to come together, to include 2 way feedback with a focus on continual improvement and development of knowledge and skills.

- Identify alternative ways for structured information sharing and dissemination including use of a newsletter and development of a shared intranet site.

Resourcing and Effectiveness

- An equal level of support is provided to each Partnership Board – to disseminate information, keep monitoring information and progress chase. It is proposed that the commissioning leads on the Boards are responsible for ensuring this happens

- The role of the User-Led Organisation (ULO) will be to support user involvement in the partnership.

Structure of the new Executive Partnership Board

Proposed new Partnership structure

Buckinghamshire Strategic Partnership	
Adult Commissioning Board	Bucks CC Decision making processes
Executive Partnership Board	Bucks PCT Decision making processes

Mental Health Partnership Board

Physical and Sensory Disability Partnership Board

Learning Disability Partnership Board

Carers Partnership Board

Older People Partnership Board

Time limited themed groups e.g. Dignity in Care

Joint Management Groups:
Learning Disability
Mental Health
Older People
Physical & Sensory Disability

Next Steps

- Sign off ToR

- Agree administrative support

- Agree role of ULO

- Agree priorities for the Board

CARERS AND SAFEGUARDING ADULTS SELF ASSESSMENT TOOL

1   Introduction

1.1   The Association of Directors of Adult Social Services (adass) have produced a review paper in July 2011 called "Carers and Safeguarding Adults – Working together to improve outcomes."

1.2   It has been sent to all Directors of Adult Social Services who are being encouraged to:

- Share this paper with their Lead Member for adult safeguarding and the Chair of their Safeguarding Adults Board or Partnership;

- Draw the review to the attention of their carers and safeguarding leads and others as they consider appropriate locally; and

- Invite them to consider together how far the issues and messages from this review apply and what local action would help to take them forward.

1.3   This paper explores issues around improving practice and securing desired outcomes for:

- Carers speaking up about abuse or neglect within the community or within different care settings;

- Carers who may experience intentional or unintentional harm from the person they are trying to support or from professionals and organisations they are in contact with;

- Carers who may unintentionally or intentionally harm or neglect the person they support.

1.4   **There are seven key messages that need to be considered. These are:**

1.4.1 **Leadership**; Safeguarding is everybody's business with Directors and local Boards listening, learning and leading on improved safeguarding outcomes.

1.4.2 **Partnership**; Safeguarding Adults Boards engage with carers and local stakeholders and work together for better safeguarding practice and outcomes.

1.4.3 **Empowerment**; Carers have access to information, advice and advocacy that empowers them to share concerns and change harmful circumstances.

1.4.4 **Prevention**; Community engagement, public and professional awareness is encouraged and information is available to carers that reduces risk of abuse.

1.4.5 **Recognition & Reporting**; Partnerships and practitioners understand the barriers to recognition and reporting and work in partnership to overcome them.

1.4.6 **Protection & Proportionality**; Responses have the person concerned at their centre and enable those at risk to inform outcomes linked to proportionate and protective services and supports. Risks are managed and harmful and abusive situations stopped.

1.4.7 **Learning & Accountability**; Impacts are understood, practice monitored and safeguarding experiences and outcomes monitored to learn lessons. Staff have the competencies and the operational culture to support this.

2 Proposed Action

2.1 In order to work together to improve outcomes for carers and Safeguarding Adults, it is proposed that there should be an evaluation of the areas mentioned in section 1 above to highlight where extra support may be needed.

2.2 This evaluation should be in the form of an organisational self assessment being completed by the organisations themselves to see the extent to which support is needed. This should be done by completing the simple tool attached as Appendix 1.

2.3   Thereafter the responses received will be collated and shared with all the appropriate parties in order to collectively determine the best way forward.

Carers and Safeguarding Adults Outcomes Self-Assessment Tool

1   Introduction

1.1   The Association of Directors of Adult Social Services (adass) have produced a review paper in July 2011 called "Carers and Safeguarding Adults – Working together to improve outcomes."

1.2   The organisations are invited to consider how far the issues and messages from this review apply and what local action would help to take them forward.

1.3   The purpose of this short self assessment is to help identify the areas where support may be needed. This is an informal exercise and the responses received will only be shared amongst the organisations in order to identify areas of support.

1.4   The person with the lead responsibility within the organisation for carers should complete this self assessment by 30 November 2011.

The completed questionnaire should be emailed to:

Sabar Ullah (Safeguarding Quality Assurance Officer)
Email address: sullah@buckscc.gov.uk

Or should it be ??????
Nadiya Ashraf (Lead Commissioner Carers and User Engagement)
Email address: nashraf@buckscc.gov.uk

Self assessment was completed by:

Name:	47
Contact details: Tel Number Email:	
Organisation:	
Position:	
Date:	

SELF ASSESSMENT QUESTIONS FOR MCA / DoLS

	QUESTIONS	COMMENTS / VIEWS
1	Is this area personally lead by very senior management in the organisation?	
1.1	How does the organisation ensure that safeguarding is everybody's business?	
2	Is the organisation engaged with the Safeguarding Adults Board and other stakeholders?	
2.1	How does this partnership ensure that there is better safeguarding practice and processes?	
3	Do the carers have access to information, advice and advocacy?	
3.1	Does this lead the carers to share concerns?	
4	How does the organisation ensure community engagement and awareness is raised?	
4.1	How does this lead to a reduction of risks?	
5	What difficulties does the organisation face in recognising and reporting of safeguarding concerns?	
5.1	What does the organisation do to overcome these barriers?	
6	What arrangements are there for ensuring that the persons affected are able to influence the outcomes?	

	QUESTIONS	COMMENTS / VIEWS
6.1	How do you ensure that harmful and abusive situations are stopped?	
7	What arrangements are there for ensuring that the organisation monitors and learns from the the above areas?	
7.1	How do you ensure that staff have the competencies to be able to support this?	
8	Please add any other comments, suggestions or questions about any other aspects.	