

Minutes

DIGNITY IN CARE STRATEGY GROUP

MINUTES OF THE DIGNITY IN CARE STRATEGY GROUP HELD ON THURSDAY 31 OCTOBER 2013, IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY, COMMENCING AT 10.16 AM AND CONCLUDING AT 11.52 AM.

MEMBERS PRESENT

Noel Brown, Alison Bulman, Rachel Daly, Charles Owen-Conway, Christopher Reid, Paul Rogerson, Chris Stanners, Jane Taptiklis (In place of Stephen Murphy), Sharon Webb (In place of Lynne Swiatczak) and Katharine Woods

OTHERS IN ATTENDANCE

Helen Wailling

1 WELCOME AND APOLOGIES

Noel Brown, Deputy Cabinet Member for Health and Wellbeing, welcomed members to the Group and asked everyone to introduce themselves.

Apologies had been received from Ros Alstead, Dr Stephen Murphy, Rachael Rothero, Professor David Sines, Lynne Swiatczak and Dr Karen West.

Jane Taptiklis was in attendance as a substitute for Dr Stephen Murphy.

Sharon Webb was in attendance as a substitute for Lynne Swiatczak.

2 TERMS OF REFERENCE

Members discussed and accepted the Terms of Reference, subject to changes as the Group moved forwards. The following amendments were made:

- Katharine Woods' title was *Director* of Healthwatch.
- Charles Owen-Conway noted that the Board he chaired was now called the Buckinghamshire Safeguarding Adults Board.

3 GROUP MEMBERSHIP

Chris Reid (Senior Joint Commissioner, Physical Sensory Disability, Long Term Neurological Conditions and Older People) told members that the CQC had said that they would not be attending meetings of the Group but would like to be kept informed.

A representative of Southern Health had not yet been found.

Members discussed whether other providers should be invited to join the Group. Chris Reid said that he would be attending the Care Provider Forum in January 2014 and would ask for a nomination from there.

Alison Bulman suggested that Georgie Rixon from MKB Care, could nominate someone to represent providers.

Chris Reid said that he would like to see District Councils represented on the Group as it developed.

4 DRAFT DIGNITY IN CARE ACTION PLAN

Chris Reid told members that in April 2013 the Health and Wellbeing Board had decided that a separate group should take responsibility for Dignity in Care. This new group would report to JET Adults and then to the Health and Wellbeing Board.

The aims of the new Group were:

- to bring together key influential officers who could really make a difference
- to oversee the delivery of a strategic Action Plan

Chris Reid said the following about the Action Plan:

- the draft Action Plan was attached to the agenda.
- Actions would be scored against a score card on page 5.
- The challenge to make the Action Plan multi-agency. Services needed to work together to deliver actions.
- Strategic actions were listed on page 7 onwards, and members were asked to comment on these.
- Chris Reid would be the co-ordinator for the Action Plan and would collate responses and update the Plan for each meeting.
- The Action Plan would be brought to the next meeting for agreement.

Noel Brown said that they would also expect each service represented on the Group to have their own policy / action plan for Dignity which would be looked at by the Group.

Paul Rogerson said that he was not sure that the current level of dignity in Buckinghamshire was known (i.e. areas of good and bad practice). Noel Brown said that it was very clear that there was an issue regarding dignity. The areas in the Action Plan had based on past information.

Members then said the following:

- The next agenda item was about collection of evidence.
- Evidence came through surveys carried out by providers. Providers were also asked to report back on the lessons learnt from complaints.
- The Action Plan contained a large number of indicators, and these might need to be reduced so that the Plan was sharper and more focused, and could therefore engage people more.
- The Action Plan was more operational in nature, than strategic.
- The actions needed to flow into the business cycle soon, to be included in contracts for the next year. Was there a simple and top-line version of the Action Plan which could be put together for CCGs?
- Good practice in care homes was missed. Good practice generated more interest, involvement and awareness. Good practice needed to be balanced against the bad practice.
- Staff were reluctant to feed back compliments. The Council Complaints Team looked at complaints and compliments.
- It was very important to recruit the right people on the front line and to train them.
- The actions needed traffic light ratings.
- It was important to engage with the 400 Dignity in Care Champions.

Chris Stanners asked who had been involved in producing the Action Plan. Chris Reid said that it had come from good practice guidance from the Department of Health, and also from Dignity in Care Strategic Action Plans from other areas. The Action Plan was very much a first draft, and Chris Reid asked for comments before the next meeting.

Action: members to send comments on the draft Action Plan to Chris Reid

5 HEALTHWATCH PROPOSAL ON THE USE OF 'ENTRY AND VIEW' TO SUPPORT DIGNITY IN CARE

Chris Reid said that the Older People's Champions' Forum had previously received funding from the Department of Health (DoH) to deliver a project using volunteers to visit care home residents to find out their experience of care. This had been a time-limited project and the final report had been published on the DoH website:

http://www.dignityincare.org.uk/library/Resources/Dignity/OtherOrganisation/Bucks_BIG_ID_EAS_DIGNITY_IN_CARE_REPORT.doc

Chris Reid and Chris Stanners had spoken to Healthwatch Bucks about how Healthwatch could continue this work. Healthwatch Bucks had the power to 'enter and view.'

Katharine Woods (Director, Healthwatch Bucks) said that they had been approached by Chris Reid about how they could use volunteers more effectively to identify trends and good practice. Chris Stanners had been very open about the limitations of the previous work. The aim of the project would be to identify clear recommendations for improvement. The project would fit well with what Healthwatch Bucks had been tasked with doing. It would also fit with the draft Action Plan for the Dignity in Care Strategy Group.

Healthwatch Bucks felt that without a project manager to co-ordinate volunteers and to write the report, this project would not be able to proceed. The project would need funding and the volunteers would need support and training.

Charles Owen-Conway said that it was a very interesting draft proposal which would help to validate the draft Action Plan, but that the narrow focus of the project was a concern.

Katharine Woods said that in regard to the project having a narrow focus, she would ask Healthwatch what capacity was available. There was still a benefit in asking a fewer number of people some in-depth questions.

Jane Taptiklis said that CCGs had the power to 'sit and see,' going into providers and observing activity. This provided a better, more qualitative view of how services were responding to the patient population. Where they had done 'sit and see' they had come away with an enormous number of positives as well as criticisms.

Rachel Daly said that the benefits of 'sit and see' were that a lot more ground could be covered. It was very useful for people living with dementia and mental health issues. Rachel Daly said that in her experience, excellent practice in homes went unnoticed. Poor practice was also not noticed. It would be great if the 'sit and see' process could be combined with a more in-depth interview process.

Katharine Woods asked if CCG representatives carrying out 'sit and see' could talk to care home residents. Jane Taptiklis said that 'sit and see' was part of a whole programme of information-gathering. Residents were asked about their experiences and perception. Katharine Woods said that it sounded like the two projects needed to be joined.

Alison Bulman noted that County Councillors were 'corporate relatives' and could go into care homes.

Chris Stanners said that when they had started the original project, it had included health services in the scope. However it had developed into a project to look at Social Care services. Funding of £2000 had been provided. The LINK had said that they could take the work further and look at hospital experiences. It was therefore a great disappointment that the latest proposal was to look at social care experiences only.

Katharine Woods said that one of the biggest challenges would be to ensure that there was no duplication with other projects.

Noel Brown said that in hospital, the older someone was, the less they wanted to complain.

Paul Rogerson said that a mapping exercise was needed as to who was doing what, where and how. Dignity in Care champions needed to be utilised. Publicity was important and the project needed to be launched.

Alison Bulman referred to the Dignity in Care day in February 2013 and said that it would be good to share some positive outcomes.

Sharon Webb (BHT) said that her initial reaction to the project proposal was that health services had been over-scrutinised recently. The project would need specific objectives which were measurable, and should not be based on subjectivity. The project should avoid duplication and over-surveying of patients.

A base line needed to be established of the current situation, and this could be done through patient panels, complaints and accolades. BHT was doing positive work with the Older Patients Forum.

Noel Brown said that they would value input from BHT to help prevent duplication.

Chris Stanners said that using volunteers as interviewers instead of professionals obtained much better responses from older people. One of the lessons they had learnt from the original project was that an initial meeting with service managers should have been held, so that they were on board with the project.

Chris Reid said that he and Katharine Woods needed to discuss the areas of focus for the project, and the question of funding needed to be discussed with commissioning colleagues.

Katharine Woods asked who would do the mapping. Chris Reid said that he would do this. Noel Brown asked Sharon Webb to provide Chris Reid with information.

Charles Owen-Conway said that on the previous Monday there had been a lengthy meeting about the Saville enquiry. An action plan would be put in place following this. It would not take a great deal to bring Dignity in Care within this process and work. Safeguarding and Dignity went closely together.

The Group agreed that to support the proposal in principle.

6 AOB

Dignity Standard / Leaflet

Paul Rogerson said that the Older People's Champions' Forum had discussed this about a year previously. The idea was to have a Dignity Standard in leaflet form for all services in Buckinghamshire, for users, carers and professionals.

A draft Dignity Standard was circulated.

Paul Rogerson said that Jo Birrell (BHT) had been a catalyst for this work, and that the main question to be asked was 'Do you feel cared for in our care?'

Chris Stanners said that the Standard did not just refer to older people.

Alison Bulman suggested that the contact name at the end of the leaflet could contain an overall contact as well as a specific contact for each organisation.

Alison Bulman asked if they could tap into a database / website already in existence that contained comments from users. **Action: Alison Bulman to circulate information.**

Charles Owen-Conway said that the Standard could act like a Dignity 'Trip Advisor.'

Jane Taptiklis said that she could see the Standard going on CCG newsletters and on screens in GP practices. A whole range of social media could be used, but the Standard would need to be short and snappy.

Sharon Webb said that the initial Keogh Report had pulled a lot of patient feedback from NHS Choices, and that it would be great to work together. NHS Choices covered all health providers.

Chris Stanners referred to the new Inform Magazine.

Noel Brown suggested that members provide a list of places that the Standard could be linked to.

Rachel Daly said that as a note of caution, feedback websites could be manipulated.

Katharine Woods said that there were a plethora of places for users to feed back their views, and it would be helpful if these could be synthesised.

Alison Bulman said that there was no wrong point of contact, and that it was about taking ownership of queries and information and passing it on to the appropriate place.

Noel Brown asked members to feed information to Chris Reid within 10 days – **Action: all members.**

Paul Rogerson suggested that a smaller sub-group be set up to look at the Standard Leaflet. **Agreed: sub-group to meet before next meeting. Sub-group to include Noel Brown, Paul Rogerson, Chris Reid, Chris Stanners and someone from Communications at BCC.**

Dignity in Care Awards

Chris Reid said that these awards were being held on 31 January 2014. The new deadline for receipt of nominations was 11 November 2013. Chris Reid asked members to spread the word. Information about the event would be sent to members.

Alison Bulman asked how widely this day had been communicated. Chris Reid said that information had been sent to providers. He would check if it had been sent to users and if it had been included in the 'Inform' Magazine.

Noel Brown suggested that the information be sent out via District Council community teams.

'My Life, My Home'

Rachel Daly said that 'My Life, My Home' was a national evidence-based programme for older people. The programme had included 60 researchers, as well as care home providers and managers.

'My Life, My Home' included a one-year Leadership Development Programme for care home managers. This was for two days a month and then for one day a month after that. It took the form of action learning.

'My Life, My Home' had revolutionised care across two local authorities, including Essex County Council.

It would be launched in Buckinghamshire on 7 November 2013 at the Oculus, Aylesbury. An invitation would be sent to members. It would be great for this programme to be linked with Dignity in Care.

There was also a second strand to the programme, which was community development (10 day training with facilitation). This identified challenges and how to move forward as a whole system. At the launch event people would be asked to identify what was a challenge to them.

Noel Brown suggested that District Council community teams be involved.

Paul Rogerson asked if the Programme would deal with social isolation. Rachel Daly said that it would look at isolation in care homes.

7 DATE OF NEXT MEETING

Noel Brown said that he was very grateful for the level of interest and the number of people who had attended the Group.

Chris Reid asked how frequently members would like to meet. Members agreed that meetings should be held every two months, and that there should be another meeting arranged sooner if necessary.

CHAIRMAN