



Executive Partnership Board

Minutes

20 February 2012

| Those in attendance: | |
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| Stephen Archibald | Carers Bucks |
| David Bone | Assistive Technology Board |
| Fred Charman | Talkback - Learning Disability Partnership Board |
| Ian Cormack | Carers Partnership Board / Vice Chairman of SUCO (ULO) |
| Steve Goldensmith | BCC |
| Alison Lewis | Chairman of SUCO (ULO) |
| Ainsley Macdonnell | Learning Disability Partnership Board |
| Ryan Mellett | Older People's Partnership Board |
| Kurt Moxley | Mental Health Partnership Board |
| Sue Pigott | Talkback |
| Jean Rein | Talkback - Learning Disability Partnership Board |
| Rachael Rothero | Assistive Technology Board |
| Jane Taptiklis | NHS Buckinghamshire and Oxfordshire Cluster |
| Andrew Walker | Local Involvement Network (LINK) |
| Adam Willison | Assistive Technology Board |



| No | Item |
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| 1 | <p data-bbox="288 181 938 219">Welcome and apologies for absence</p> <p data-bbox="288 309 1385 412">Apologies for absence were received from Nadiya Ashraf, Andrew Clark, Elaine Jewell, Chris Reid and Bob Smith.</p> <p data-bbox="288 501 1453 604">Stephen Archibald (Chief Executive, Carers Bucks) was in attendance as a substitute for Nadiya Ashraf.</p> <p data-bbox="288 694 1469 797">Rita Lally, Strategic Director, Adults and Family Wellbeing, was on sick leave.</p> <p data-bbox="288 887 1461 990">Trevor Boyd was currently Acting Strategic Director, Adults and Family Wellbeing.</p> <p data-bbox="288 1079 1302 1245">Rachael Rothero was currently Acting Service Director for Commissioning and Service Improvement, Adults and Family Wellbeing.</p> <p data-bbox="288 1335 1477 1373">Due to these changes, Rachael Rothero would be chairing the meeting.</p> |
| 2 | <p data-bbox="288 1496 1177 1534">Minutes of the meeting held on 14 November 2011</p> <p data-bbox="288 1624 1426 1727">The Minutes of the meeting held on 14 November 2011 were agreed and signed as a correct record.</p> <p data-bbox="288 1816 555 1854">Matters arising</p> <p data-bbox="288 1877 1453 2042">Page 2 – the Supporting People Board had now been renamed as the ‘Prevention and Wellbeing Partnership Board.’ The focus of the Board would be on people not eligible for social care services.</p> |

The Supporting People governance structure had been disbanded. The membership list for the new Board was being put together, and the aim would be to have 50% of the membership from service users and carers.

The work programme for the new board would come to the Executive Partnership Board for approval as with the other partnership boards.

Page 4 – representatives from Oxford Health NHS Trust, The Ridgeway Partnership Trust and Buckinghamshire Healthcare NHS Trust to be invited to join the Board – **Action: HW [Post meeting note – emails of invitation have been sent to all three organisations]**

Page 5 – the terms of reference would be amended to reflect the code of conduct – **Action: HW [Post meeting note - the Code of Conduct at Buckinghamshire County Council is being revised under the Localism Act, and this work has not yet been completed.]**

Page 6 – Training for partnership board members – Rachael Rothero asked how members wished to approach this training. Ian Cormack said that training for services user / carer members would be part of the role of the User-led Organisation (ULO) after the ULO had finished the recruitment for the partnership boards.

It was noted that officers and professionals who attended the partnership boards should also have training to ensure that they had a thorough understanding of the needs of services users / carers.

Rachael Rothero said that she had a very small amount of funding which could be used for training, and asked that each partnership board consider their training needs and feed these back to form a proposal for the next meeting – **Action: all partnership boards**

Members asked that the training include information about the format of presentations and slides, as well as about accessibility and the equalities duty. Each partnership board had different issues, and the Executive Partnership Board needed to have a basic understanding of all these to work effectively.

Page 8 – Terms of Reference – partnership boards were now being formally re-constituted in line with the agreed terms of reference. Partnership boards were also now using the new format for agendas, minutes and other documents. Alison Lewis had met with Democratic Services to discuss accessibility of documents and other than a few further tweaks, the documents were now in the correct format.

3 Updates from each Partnership Board

Written reports had been prepared by the lead commissioners for each partnership board. The reports were in the agenda papers. The main points in each report are below, as well as discussions held about each report.

Assistive Technology Partnership Board (ATPB) – Adam Willison

The ATPB would focus on four areas in the next financial year, and was looking at how to make Assistive Technology equipment more available on the retail market.

A Conference was being held in March 2012, and the Assistive Technology business case was being prepared for agreement in May 2012.

The Assistive Technology assessment process used by social workers and occupational therapists was being looked at to try and make it part of the care management process.

A community awareness programme for Assistive Technology would be run by Carers Bucks in 2012/13.

Carers Partnership Board (CPB) – Stephen Archibald

A Carers Safeguarding Toolkit had been developed, including a questionnaire about what each organisation knew about safeguarding.

Ian Cormack had done great work in obtaining information from the Primary Care Trust regarding NHS Carers Breaks. Clare Blakeway-Phillips (Assistant Director, Partnership Development, NHS Buckinghamshire) had attended the CPB to speak about Carers Breaks and had tabled a draft business case. This had been endorsed and welcomed by the CPB.

The CPB had expressed great concern about the Domiciliary Care provider which had been found to be unsafe by the Care Quality Commission.

Rachael Rothero said that significant service failings had been found in a service provider in north Buckinghamshire. A decision had therefore been taken to reduce the level of service, which was now only being provided in Aylesbury town, and not further north in Buckinghamshire. The provider was being monitored very carefully, on a weekly basis, and complaints and safeguarding issues had significantly reduced.

A user / carer member noted that they had been involved in the tendering process for the provider, and said that they now felt very uncomfortable. The Council had also not kept them informed of the

issues with the provider.

Rachael Rothero said that the issues with the provider had not been due to the choice of provider.

Members discussed this and said that users / carers involved in tendering processes would feel a sense of implied responsibility / accountability. It was agreed that training and processes were needed on this.

Members also said that users / carers involved in tendering should receive some sort of feedback about how the contract was running. Rachael Rothero said that user feedback was obtained once the contracts were in place, as part of the evaluation process.

Action: Marcia Smith, Service Manager for Performance, to be invited to the next meeting to present her ideas about involving users and carers in contract management and feedback. [Post meeting note – Marcia has been invited to the meeting in September 2012.]

Learning Disability Partnership Board (LDPB) – Ainsley Macdonnell

A Services and Activities Group had been introduced to work on specific topics. The group would be meeting every six weeks, and had so far looked at day service transformation and transport.

A Services and Activities Group meeting had been booked for March 2012 to focus on health, health passports and health checks etc.

The User Parliament had also been reviewed and had become the People's Working Group, to support groups of people with learning disabilities to come together.

The LDPB had been involved in the Ridgeway Partnership's Big Engagement Day, and LDPB members had met the final three bidders and provided feedback on these. The final selection would be made within the next three weeks.

The LDPB had been discussing the Longcare survivors' book. Longcare was a case which had occurred in Buckinghamshire c. 15 years previously. The creation of the Safeguarding Vulnerable Adults Board had been as a direct result of the Longcare case.

Angie Sarchet, Cohesion and Equalities Manager, had attended a meeting of the Board to talk about hate crime. **Action: Angie Sarchet to be asked to make contact with all the partnership boards to speak about hate crime. [Post meeting note – contact has been made with Angie Sarchet, inviting her to attend the meetings of the different partnership boards].**

Paul Greenhalgh said that there had been a recent national report, 'Death by indifference: 74 deaths and counting' which was a follow on from the original 'Death by Indifference' Report.

<http://www.mencap.org.uk/news/article/74-deaths-and-counting>

Andrew Walker said that the take up of health checks in Buckinghamshire was less than 20% and that this needed to be pursued. Ainsley Macdonnell said that this was continually pursued but that GPs could choose to opt into the scheme. Jane Taptiklis said that there would be opportunities to take this forward as GPs took over the responsibilities of the Primary Care Trust. Health checks could also be taken up as part of the work on health inequalities. **Action: information on health checks to be brought to the next meeting,**

and an update on the work on health inequalities to be brought to a future meeting. [Post meeting note – update on health checks which was prepared for the Health Overview and Scrutiny Committee is attached. A further update will be available soon. Invitation sent to the Director of Public Health to attend a future meeting to speak about the work on health inequalities.]

Mental Health Partnership Board (MHPB) – Kurt Moxley

The MHPB was currently re-forming, as it had previously been based on the National Strategic Framework, which had now come to an end. A meeting had been set up with the ULO to look at user / carer involvement on the Board.

Older People's Partnership Board (OPPB) – Chris Reid

The OPPB had received information on the Overview and Scrutiny review of Transport for Buckinghamshire Services, and had been asked to feed information into the Review.

The OPPB had also received information on the Stroke Conference held in September 2011. The Conference had been well-attended and good progress had been reported on the actions agreed at the previous Conference. A new stroke service was being put out to tender (more information could be obtained from Maxine Foster).

The Bucks 50 Plus Forum had provided an update on its work. The Bucks 50 Plus Forum was a voluntary umbrella organisation for all the Older People's Action Groups in the County.

Chris Reid had given an update on the Dignity in Care campaign. 208 people had signed up to be Dignity in Care champions. Ryan Mellett said that he had put his name forward to be a champion but had not

received any further information.

Action: further information from Chris Reid at the next meeting about the difference the Dignity in Care campaign had made.

Physical and Sensory Disability Partnership Board (PSD PB) – Chris Reid

The PSD PB had also had a presentation about the Overview and Scrutiny review of Transport for Buckinghamshire Services.

Chris Reid had provided an update on developing a future model for sensory services (contracts for sensory services were coming to an end in early 2012). Engagement events had been held with user groups about this and the PSD PB had been asked to complete a questionnaire to provide its views.

Andrew Clark had asked for it to be noted that BuDS strongly urged the Executive Partnership Board to take changes to national welfare benefits on to its agenda so that action could be coordinated across the partnership boards (information attached – examples of how the new arrangements might affect people). **Action: Andrew Clark to speak about national benefits at the next meeting. [Post meeting note - Invitation sent to Andrew Clark to speak at the September 2012 meeting]**

Members discussed the issue of transport and noted that it was an issue which cut across all the partnership boards. A Consultation was currently being carried out *Travel Bucks 2012*, which finished on 31 March 2012, and it was suggested that the Executive Partnership Board submit one co-ordinated response. **Action: each partnership board to feed their responses to Helen Wailling, and one co-ordinated response to be sent from the Executive Partnership**

Board [Post meeting note – only one response was received (from the Learning Disability Partnership Board), which is attached.]

There was also a transport summit being held as part of the Better Healthcare in Buckinghamshire Consultation. It was noted that the flyer for this had not been accessible and had not given the option of another format. Bev Frost said that she would feed this back to the Communications Team.

Alison Lewis said that she would send through some information on the Consultation.

A member said that the partnership board reports were each slightly different in the type of information they provided. Rachael Rothero said that once the priorities for each board had been agreed, this would be the focus for the update reports.

4 Update re: Priorities for the Partnership Boards

Following the meeting of the Executive Partnership Board on 14 November 2011, partnership boards had been asked to provide a list of their priorities against the following outcomes:

Helping people to speak up and to be active citizens

Supporting carers

Day and employment opportunities

Housing and support

Improving health

Personalisation

The progress of the partnership boards in identifying their priorities was detailed in the report. Over the next two months the priorities for all the

boards would be set, and these would be presented at the next meeting of the Executive Partnership Board.

It was noted that to set three priorities against each outcome was quite an undertaking for some boards. Rachael Rothero said that a maximum of three priorities, not a requirement for three, had been requested. Members asked that this be communicated to the boards.

Rachael Rothero said that the priorities should come from and be aligned with the strategies for each board, and should not be new priorities. The partnership boards would not be expected to carry out all the work needed for the priorities, but would have a role of oversight and influence.

5 Newsletter and Website Updates

Bev Frost, Communications Officer, updated members.

Shadow Health and Wellbeing Board – draft Strategy

The Shadow Health and Wellbeing Board was a new partnership group that brought together Councillors, GPs and patient representatives. The purpose of this board was to work together to improve the health and wellbeing of people who live in Buckinghamshire. The board had developed a strategy and was looking for comments and views on whether it had got this right.

A Focus Group would be created to look at the Health & Wellbeing Strategy, and partnership boards were being asked to nominate one person to take part in this. Further information would be circulated about this – **Action: Bev Frost [Post meeting note – due to**

insufficient interest, the focus group did not go ahead]

The Health & Wellbeing Strategy would be a very important document for deciding how priorities and budgets were set.

Members said the following:

- A meeting was being held on 5 March 2012 to discuss how to involve Learning Disability clients on Health and Wellbeing Boards.
- The connection between the Executive Partnership Board (EPB) and the Shadow Health and Wellbeing Board needed to be looked at, including how the EPB could feed into and influence the Board.
- The key document for the Shadow Health and Wellbeing Board was the Joint Strategic Needs Assessment, and there should be an agenda item on this for each partnership board – **Action: HW [Post meeting note – this has been communicated to the support officers for each partnership board]**

Partnership Board newsletter

A draft template for a partnership board newsletter was circulated. Bev Frost asked members what they would like to see in the newsletter.

Rachael Rothero said that the newsletter should contain an update from each partnership board, and should be circulated as widely as possible. The newsletter could also contain information about changes in policy. The audience for the newsletter would be users and carers who did not sit on the partnership boards. Each partnership board would have networks which could be used to distribute the newsletter.

Members also said the following:

- User / carer chairmen of the partnership boards needed a better understanding of what was going on across the Council

- If the newsletter contained too much information, people would not read it.
- The newsletter should not regurgitate information which had already been sent to the boards, but should report on cross-cutting issues such as transport.
- The newsletter should focus on what the Executive Partnership Board did to enhance the work of the other partnership boards.
- The newsletter could report on changes in services, such as the new supported living service.

Action: A proposal about the newsletter to be brought to the next meeting.

Partnership boards website

A webpage for the partnership boards would be live from 1 April 2012, and would contain agendas, minutes and other information from the boards.

It was suggested that the website should be independent and not linked to the Council or health websites. However unfortunately this would not be possible due to technical issues.

6 Paper re: Remuneration Policy for Service Users and Carers

Ian Cormack referred members to the draft expense policy for users and carers in the papers.

The draft policy had been written to ensure that service users and carers were not financially disadvantaged as a result of attending partnership board meetings. The Policy would be reviewed after six

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| | <p>months.</p> <p>Andrew Clark had commented that the draft expenses policy implied that only travel and subsistence and ‘sitting service’ costs could be reimbursed. For many disabled people, attending a meeting would incur other legitimate costs, such as replacement care beyond sitting, childcare, additional personal assistance or facilities, etc. The policy should include these items, and also specify approved or maximum rates which were in the upper quartile of the local average.</p> <p>A member referred to Appendix 1 (page 38 of the papers) and the bullet point which read ‘Payments should be made according to consistent and transparent criteria that take into account the level of involvement, the type of work and the skills and expertise required.’</p> <p>The member said that this bullet point needed to be changed as the payments should not be based on the level of skills and expertise.</p> <p>Kurt Moxley noted that Oxford Health NHS Foundation Trust had its own remuneration policy, and that the two policies needed to be aligned.</p> <p>The Executive Partnership Board agreed the Policy in principle, subject to there being a budget in place (Rachael Rothero to check this).</p> |
| 7 | <p>User-led Organisation (ULO) - verbal update</p> <p>Alison Lewis reported to members as follows:</p> <ul style="list-style-type: none">• The User-led Organisation (ULO) had been re-named as the Service User Carer Organisation (SUCO). |

- Alison Lewis was Chairman of SUCO, and Ian Cormack was Vice-Chairman of SUCO.
- Branding for SUCO was being developed, as well as a website.
- A development worker had been employed (Debbie Game) who would be attending each partnership board in due course.
- The SUCO steering group was made up of service users. The Self-Directed Support working group would be kept as a wider working group.
- The task for SUCO was to increase service user and carer representation on the partnership boards. These members could not all be recruited at the same time, and it was important that the right people were recruited. Two adverts had been placed in local papers, and contact was being made with other media as well.
- Training needs for each user group were also being looked at.
- When a volunteer came forward, they would be contacted initially by Debbie Game and then again by either Alison Lewis or by Ian Cormack.

Ian Cormack said that SUCO would be prioritising service user / carer representation for the Mental Health Partnership Board and for the Carers Partnership Board. User / carer representation for the Learning Disability Partnership Board was mainly being handled by Talkback.

At the next meeting a clear plan for engaging service users and carers would be presented.

8 Discussion about the Local Account

Paul Greenhalgh, Performance Manager, Adults and Family Wellbeing, told members the following:

- In May - June 2012 the Council would create its first Local Account, which would enable residents to judge how well the Council was performing in meeting priorities for adult social care in Buckinghamshire and in ensuring that value for money was being achieved.
- The Council wanted to involve users and carers in determining what the Local Account would look like. The aim was for the report to be clear and easy to read, in a format which was accessible.
- A working group had been put together and had met on 24 January 2012, and a questionnaire had been produced for members of the working group to take back to their organisations.
- Feedback was being obtained from the partnership boards, the Local Involvement Network, Older People's Action Groups, Town / Parish Councils and user groups. The questionnaire had also been sent out with the Carers Bucks newsletter.
- There was also an online questionnaire:
http://bucksconsultation.buckscc.gov.uk/bucksccp/kms/dmart.aspx?LoggingIn=tempVar&noIP=1&filter_Status=1
- The working group would meet again on 21 February 2012.

Steve Goldensmith asked how the priorities from the Local Account would fit with the partnership board priorities. Paul Greenhalgh said that the Local Account should fit with the Big ideas contained in the Commissioning Strategies, and would not contain new priorities.

A member said that the Local Account should express positive outcomes but also concerns and constraints. Other authorities had produced Local Accounts which varied widely in the amount of detail included.

A member asked if the Local Account would be submitted to the Care

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| | <p>Quality Commission (CQC). Paul Greenhalgh said that any major concerns would be fed into National Healthwatch by Local Healthwatch. The CQC might be involved in a worst case scenario. Local indicators (e.g. waiting times) would be monitored at a local level.</p> <p>Jane Taptiklis noted that if each Authority produced their Local Account in different formats, these could not be compared.</p> <p>Rachael Rothero said that there was a new social care outcome framework (attached). Many of the outcomes interfaced with the new health outcomes framework.</p> <p>Steve Goldensmith asked about the language in the Local Account, and if it would refer to outcomes. Paul Greenhalgh said that the language would be about priorities and delivery.</p> |
| <p>9</p> | <p>Date of next meeting</p> <p>21 May 2012, 1:30pm, venue tbc</p> <p>17 September 2012, 1:30pm, venue tbc</p> <p>10 December 2012, 1:30pm, venue tbc</p> |

Chairman

Written Progress Update: Annual Health Checks for Adults with Learning Disabilities

The matter of Learning Disability annual health checks under the DES was discussed at the Enhanced Services Working Group on 2nd February. Out of that meeting, myself and a local GP are taking forward the planning and establishment of how we go about improving uptake. With this in mind we attended an event on 20th February which involved people from a variety of backgrounds,

At the event we were able to establish that the immediate focus for Buckinghamshire has to be around ensuring registers are aligned between practices and BCC, training for GPs is identified and carried out as this had previously been offered and needs to be re-introduced and for clinicians who now wish to take part in the DES.

A survey to all practices is being coordinated to distribute among GPs in order to ascertain statistical information as to why the health checks are not being completed and why if they are being completed practices are not making claims for them and if they are not being completed then what work is being undertaken with these patients.

We have discussed with Oxford PCT to gain an understanding of their methods for improving take up and this has demonstrated a model which we will review within Buckinghamshire and includes local specialist nursing teams providing support in the community.

Kaileigh Brown | Primary Care Manager (Buckinghamshire)

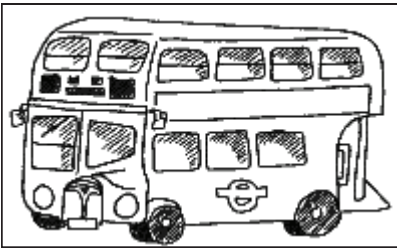
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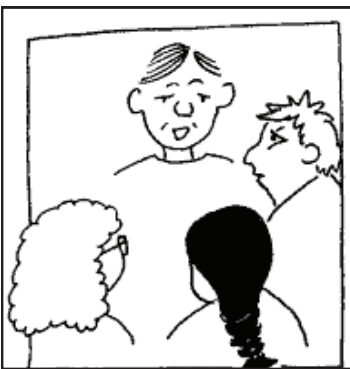
www.buckinghamshire.nhs.uk

Update provided: 27 February 2012



TRAVEL BUCKS STRATEGY

Talkback currently has over 60 self advocacy groups for people with learning disabilities running throughout Buckinghamshire. The evidence collected for this survey reflects the thoughts and opinions of people in those groups and includes people with a wide range of support needs.



More people with learning disabilities are being encouraged to use public transport in and around Buckinghamshire. Whether it be going to college, attending meetings, going to work placements or actually going to work, people with learning

disabilities are becoming more empowered to use public transport.

For those people that use the buses there are a few barriers that seem to get in the way of the experience being successful. For some people with learning disabilities learning bus routes and times, and bus numbers can take just that little bit of extra time. The problem is that all too often the routes are changed, or the bus numbers swapped and the whole process having to be learnt again.



For other people getting to work before 9am or 9.30am means additional money has to be found as the bus pass they have is only to be used after 9am or 9.30am. There have also been one of two incidents where people have got upset with the attitude of the driver of the bus.



Other people have said that sometimes the experience of using public buses has left them feeling that perhaps using dial-a-ride would be better. This can mean that people are restricting themselves to dial-a-ride rather than using or being a part of the local community.

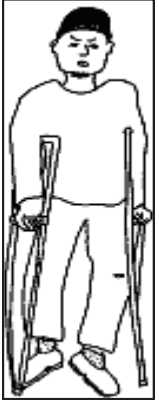
Alot of people with learning disabilities would only go on a bus supported by another person. The reasons for this are because they need that support to know when to get off the bus, and to ensure that they feel safe on the bus.



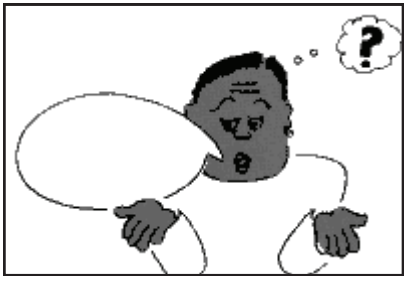
When buses get crowded people with learning disabilities can get a bit anxious. Not everyone is as patient as they could be or understand this anxiety and therefore misunderstandings occur with the result that the person with the learning disabilities ends up feeling bad.

Some people do use the buses regularly. Some people do find the drivers of the buses to be polite and courteous. However there are some incidents where people have had difficulties in getting understood and the drivers can be abrupt and rude.

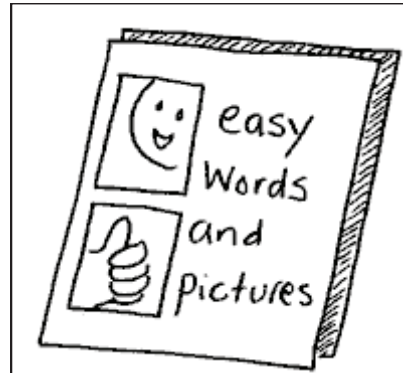
Some people with learning disabilities also have mobility aids and need to sit down before the bus drives away. This isn't always understood by the driver, and words are then said that causes everyone to get upset.



The Travel Bucks Strategy is not an easy document for people with learning disabilities to understand. For the best part people with disabilities do use buses and for a good number of people they only encounter minor problems.



However for those people that do have difficulties it is how these difficulties are dealt with that make all the difference.



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