

# Executive Partnership Board AGENDA

Date: Monday 10 December 2012

Time: 1.30 pm

Venue: Mezzanine Room 3, County Hall, Aylesbury

No	Item	Timing	Page
1	Welcome and Apologies		
2	Minutes of meeting held on 17 September 2012		1 - 26
3	Partnership Board Updates	1:45pm	27 - 58
4	Update from SUCO	1:55pm	59 - 62
	Debi Game, Bucks SUCO		
5	Day Services Update	2:05pm	
	Linda Warmbier, Project Manager, Day		
	Opportunities Transformation Project		
	AK at 2:25pm		

Accommodation and Support Development	2:35pm	
Ainsley Macdonnell, Senior Joint Commissioner,		
_earning Disabilities - Buckinghamshire		
Date of next meeting		
4 March 2013, 1:30pm, venue tbc		
	earning Disabilities - Buckinghamshire  Oate of next meeting	earning Disabilities - Buckinghamshire  Oate of next meeting

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: Helen Wailling on 01296 383614 Fax No 01296 382421, email: hwailling@buckscc.gov.uk

#### **Members**

Nadiya Ashraf, Carers Partnership Board

David Bone, SUCO

Mary Buckman, Oxford Health NHS Foundation Trust

Fred Charman, Talkback - Learning Disability Partnership Board

Andrew Clark, Physical and Sensory Disability Partnership Board

Ian Cormack, Carers Partnership Board

Deborah Dow, CEO, Bucks Vision

Lucy Falconer, SUCO

Steve Goldensmith, Prevention Partnership Board

Martin Holt, Chiltern District Council

Elaine Jewell, Wycombe District Council

Ainsley Macdonnell, Learning Disability Partnership Board

Ryan Mellett, Older People's Partnership Board

Pat Milner, Mental Health Partnership Board

Stephanie Moffat, Aylesbury Vale District Council

Kurt Moxley, Mental Health Partnership Board

Sue Pigott, Talkback

Christopher Reid, OPPB and PSD PB

Jean Rein, Talkback - Learning Disability Partnership Board

Rachael Rothero, Buckinghamshire County Council

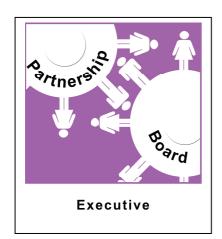
Bob Smith, South Bucks District Council

Chris Stanners, Co-Chairman, OPPB

Jane Taptiklis, NHS Buckinghamshire and Oxfordshire Cluster

Tracey Underhill, Buckinghamshire Healthcare NHS Trust

Adam Willison, Assistive Technology Board



## **Executive Partnership Board**

# **Minutes**17 September 2012

Those in attendance:	
Mary Buckman	Oxford Health NHS Foundation Trust
Fred Charman	Talkback - Learning Disability Partnership
	Board
Andrew Clark	Physical and Sensory Disability Partnership
	Board
Ian Cormack	Carers Partnership Board
Steve Goldensmith	Prevention Partnership Board
Ainsley Macdonnell	Learning Disability Partnership Board
Ryan Mellett	Older People's Partnership Board
Margaret Morgan-Owen	Assistive Technology Partnership Board
Kurt Moxley	Mental Health Partnership Board
Christopher Reid	OPPB and PSD PB
Jean Rein	Talkback - Learning Disability Partnership
	Board
Rachael Rothero	Buckinghamshire County Council
Bob Smith	South Bucks District Council
Tracey Underhill	Buckinghamshire Healthcare Trust

No	Item
1	Welcome / apologies
	Apologies for absence Apologies for absence were received from David Bone, Juliet Brown, Lucy Falconer, Sue Pigott, Chris Stanners, Jane Taptiklis, Adam Willison and Devora Wolfson.
	Tracey Underhill was in attendance as a substitute for Juliet Brown.  Margaret Morgan-Owen was in attendance as a substitute for Adam  Willison.
2	Minutes of the meeting held on 21 May 2012
	The Minutes of the meeting held on 21 May 2012 were agreed and signed as a correct record.
3	Matters arising
	Page 2 – Item on user and carer involvement in contract management to come to next Executive PB meeting – <b>Action: HW</b> .
	Pages 3-4 - Action Plan on health checks to come to next meeting – <b>Action: AMD</b>
	Page 4 - Report at next Executive PB on what is being done by PB to take forward the DiC agenda – <b>Action: CR</b>
	Page 5 – hospital transport – Tracey Underhill reported that Juliet Brown had responded to the member concerned and to the Primary Care Trust.

Page 5 – Tracey Underhill said that the overriding principle of the Better Healthcare in Bucks programme was to improve outcomes for patients. The proposals had been widely consulted upon.

- More services would be provided in the Community, and would be available 24 hours a day, seven days a week.
- Work had been carried out on COPD to see how specialist care could be provided in the patient's home.
- A frailty assessment centre would be opened in High Wycombe, and this would help to reduce stays in hospital.
- A lot of work had been undertaken on transport. A patient information workshop had been held with patient representatives.
   As an outcome of this, a service was being commissioned to set up a transport hub, in partnership with Community Impact Bucks.
   This would provide a 'one-stop' telephone number to access voluntary transport services.
- Link to information on the internet:
   <a href="http://www.buckinghamshire.nhs.uk/bhib/">http://www.buckinghamshire.nhs.uk/bhib/</a>

Ian Cormack asked if the transport hub would include wheelchair access. Tracey Underhill said that the patient transport service would still be available and would run next to the Hub.

The Chairman said that the changes would be quite profound for the stakeholders who members represented, and a shared understanding was important. Tracey Underhill said that an external assessment had been undertaken, which gave added assurance to stakeholders. A representative from BHT was willing to attend partnership board meetings to talk about the Better Healthcare in Bucks changes (contact = Helen Peggs) – **Action: HW**.

Page 5 – JSNA – Piers Simey (Consultant in Public Health) would be

coming to the next meeting to talk about the JSNA findings and the recommendations in the Joint Health and Wellbeing Strategy – **Action: HW**.

Page 6 – web page – The webpage for the partnership boards was now up and running. Members were shown a demonstration of the page and how it worked:

http://www.buckscc.gov.uk/bcc/adult\_social\_care/partnership\_boards.p
age?

Pages 6-7 – Priorities from the Prevention Partnership Board – Steve Goldensmith had circulated these to members, and said the following:

- The Prevention Partnership Board had members from Housing Associations, District Councils, Voluntary organisations and the County Council.
- The Prevention Partnership Board had a focus on prevention (on people who would soon be social care users or who were heavy healthcare users).
- The main areas of focus were Housing (change in housing benefits to people under 35 and shortage of accommodation would cause an increase in rough sleeping); Housing support; Social isolation and 'Prevention Matters;' Welfare benefits (much change was taking place); Information (how it is accessed and who is accessed); and Volunteering (how it can be better supported and advanced).

lan Cormack asked why actions under 'Supporting carers' were stated as 'none identified.' Steve Goldensmith said that the intention was to work closely with the Carers Partnership Board, which had its own agreed priorities. Carers would also be looked at under welfare benefits changes.

Chris Reid raised the issue of topics which cut across more than one Partnership Board.

The Executive Partnership Board endorsed the priorities which had been identified by the Prevention Partnership Board.

Page 7 - meeting to be held with all leads to discuss action plans (action carried over) – **Action: RR** 

Page 9 - DOLS / MCA item to go to each partnership board (Sarah Haigh) – **Action: HW** 

#### Other matters discussed:

- Refer to members by name in Minutes Action: HW
- Add BHT to Terms of Reference for the EPB Action: HW
- Meeting group to be set up re: legacy of the Paralympics, with Rachael Rothero, Andrew Clark, Tracey Underhill, Debi Game, Chris Reid, Fred Charman and Jean Rein. Contact to be made with Chris Williams about BSP being the over-arching forum for this work. Link also to be made with BCC Corporate Equalities Group. Action: RR
- Aylesbury Vale District Council had been asked to report on legacy ideas (the contact was Ian Barham).
- Ainsley Macdonnell said that there was a need to engage with other agencies, to look at how disabled people were being linked into activities. There was a need to ask disabled people what they wanted to see as an outcome.
- Andrew Clark told members that BuDS was working with Bucks
  Business First to launch a study of the market for selling to
  disabled people in Buckinghamshire. This would also provide a

breakdown of people with disabilities in Buckinghamshire.

BuDS, Transport for Buckinghamshire and Aylesbury Vale
 District Council had now launched a plan to open one of the first
 universally accessible pathways for disabled people in the UK,
 linking Aylesbury town centre and Stoke Mandeville stadium.

## 4 Partnership Board updates

Members noted the updates.

## 5 Local Account update

Marcia Smith, Service Manager for Performance, was welcomed to the meeting.

Marcia Smith referred to the briefing note on pages 35-6 of the agenda papers. The purpose of the Local Account was to enable residents to judge how well the Council was performing in meeting priorities for adult social care in Buckinghamshire and that value for money was being achieved with resources used for social care by the County Council.

The Local Account had now been completed and was available on the County Council website. A Local Account Panel had been set up.

Marcia Smith said that the County Council had committed having an ongoing dialogue with colleagues and partners.

Ian Cormack and Andrew Clark had both been involved in this process.

Ian Cormack said that it had been a responsive process, and it was good that it was ongoing.

Andrew Clark said that he had been impressed at the willingness to work with partners and that bold steps had been taken by the County Council in terms of transparency.

The Chairman said that in terms of accountability, quarterly meetings would be held with the Local Account Panel to monitor progress with the actions in the document.

The Local Account also covered partnership working with Health Services and District Councils.

Marcia Smith said that the Panel had a challenging membership. After the Panel the outcomes went back to the Adults and Family Wellbeing Board and a quarterly update could be brought to the Executive Partnership Board. The Minutes of the Panels would be published on the County Council website.

#### **Break**

## 6 Update on Health and Social Care Reforms

The Chairman gave a presentation (slides attached) about the Health and Social Care Reforms and said the following:

The funding of long-term care services had been looked at by the Dilnot Commission. One of the outcomes in the Dilnot Report was that there should be a cap on a client's contributions to their care.

A White Paper had been published by the Government which endorsed the recommendations in the Dilnot Report but said that these could not be funded currently. This would be reviewed in the next Spending Review.

Over the next 15 years there would be a 69% increase in Buckinghamshire of the number of people who required social care services. Most Local Authorities would reach a point in the next 5-10 years at which they could no longer fund long-term care.

A draft Care and Support Bill had been published alongside the White Paper, which brought together over 200 pieces of statute.

The Law Commission had also undertaken a review and made some recommendations which fundamentally changed the ways in which services were commissioned.

Councils were required to submit feedback on what was proposed, and members' views would be appreciated.

## **Summary of the changes**

New duties from 2013-14 included:

- a duty for Social Care services to incorporate preventative practice and early intervention into commissioning
- a duty for co-operation between the Local Authority and relevant partners in relation to adults with needs for care and support, and carers
- a duty to ensure Social Care services ands housing services worked together
- a duty to assess young people in care before the age of transition.
- a duty to provide an information and advice service for all people (regardless of eligibility for social care, and regardless of where they lived).

Other changes included a national minimum eligibility threshold from April 2015, and a focus on wellbeing as a basis for social care

assessments. The Government was also keen on the use of direct payments for people in registered residential care. Adult Safeguarding would be given a statutory role, and the Safeguarding Vulnerable Adults Board would become a statutory requirement. Local Authorities would also have the right to enter people's private homes if they had a safeguarding concern, even if the client had full mental capacity. A separate consultation was going on about this.

The draft Bill set out a new and very detailed legal framework for Social Care services.

The Government had provided some bridging funding (£4.4m and £4.3m in Buckinghamshire). The White Paper had identified an additional £300m nationally for integrated care in 2013-2015. The expectation from the Government was that this resource would fund the additional duties. However it was not clear if the funding provided would recur year on year.

Debi Game asked if the County Council was intending to lobby on the Draft Care and Support Bill through the debate and committee stages. Rachael Rothero said that the County Council would be expressing its disappointment to local MPs about the proposals for long-term care.

Andrew Clark asked if there would be strategic investment in a wellbeing fund. Rachael Rothero said that there was a duty to consider wellbeing but there was no clarity about funding.

Andrew Clark said that 'on the ground' feedback was needed. Rachael Rothero said that Belinda Schwehr had been commissioned to do some work on this for the County Council. Stakeholders could be invited to be part of this work.

## 7 National Benefits Update

Andrew Clark said that the Welfare Reform Act 2012 had received royal assent in March 2012. A lot of people and organisations were only just becoming aware of the magnitude of the changes to benefits and the impact they would have on disabled people.

Andrew Clark took members through a Powerpoint presentation and said the following:

- New claims for incapacity benefit were no longer being taken.
   There had been an extraordinary increase in the number of new claimants between May and December 2011 (4250 new claimants). It was not clear if this was unique to Buckinghamshire.
- The figure for fraudulent claims of incapacity benefit was less than 3%, even though this was reported differently in the media.
- Between 1300 and 1400 people in Buckinghamshire had lost incapacity benefit recently.
- Around 5000 people in Buckinghamshire would have a major change to their finances and to their mental well-being.
- Everyone on Incapacity Benefit and Severe Disability Allowance (SDA) was being migrated to Employment and Support Allowance (ESA).
- Only 21% of people who received incapacity benefit or SDA would receive a permanent award of ESA. When the award came to an end they would have to claim jobseekers allowance or, if on a very low income, the income-related component of ESA.
- Those who received no support were likely to seek support from Social Care or NHS services, and this would increase the financial burden for local Authorities and the NHS. Some people

- would sign on as unemployed, or be supported by family and friends.
- DLA would be replaced with the new Personal Independence Payment (PIP) in 2012/13. There would also be tougher eligibility criteria. The Government had advised that they wanted to reduce the DLA budget by 20% for claimants who were of working age. This meant that most people who currently received the lower rate of DLA would not receive any benefit at all and would therefore need to look at applying for Job Seekers Allowance, returning to work to support themselves or reducing their circumstances to the point where they get income support or income related benefits.
- The Department for Work and Pensions had announced that day that DLA would 'cease to exist as it withered.' Those people who were aged 60 at the time of their assessment would remain on the DLA until they were 65 and then would move to an attendance allowance. There was no mobility component for those aged 65 on Attendance Allowance, and a number of people would therefore lose their funding for scooters.
- There were different levels of mobility for DLA, and there was a widespread expectation that those on the middle, lower or nil rate would lose their benefit under the benefit changes.
- There were also four levels of care awards for DLA. Only people
  on the higher rate of care and mobility were likely to be
  unaffected by the changes to PIP. Only those with severe and
  profound learning disabilities would be entitled to PIP.
- Mental Health conditions would still be covered but possibly only for those almost at the stage of needing a statutory intervention.
- The rate of fraud for DLA was less than 0.5%.
- PIP would be brought in from June 2013 over a three year period.
   Re-application would apply there would not be an automatic

transfer, even for those with the most profound disabilities. Those affected would receive a letter from the Department of Work and Pensions informing them that their benefits would stop unless they re-applied.

 All public applications would be carried out online, although the home visiting service for people with severe or profound disabilities would continue.

Members discussed these issues and agreed that a group to discuss a response to the changes in benefits should be set up (**Action: SG**).

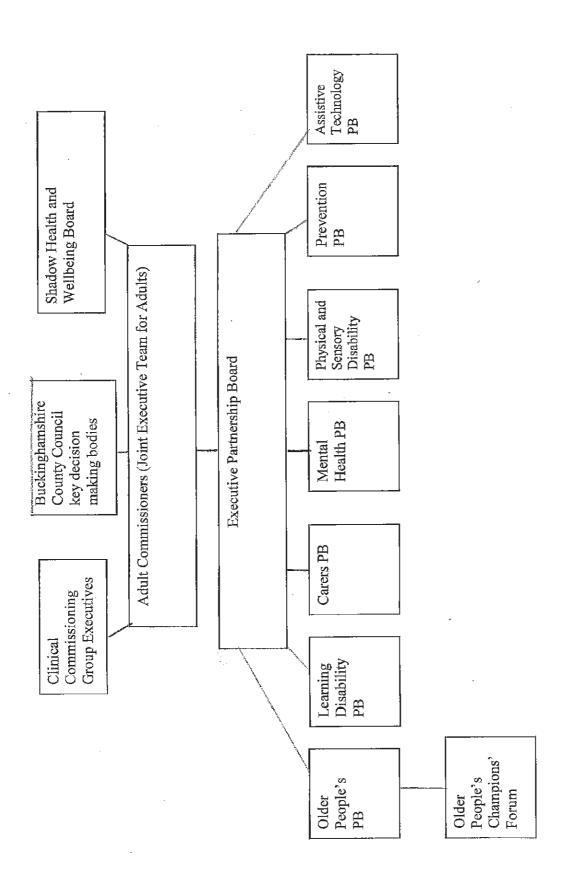
### The Group should comprise:

- Nigel Sims, Senior Manager, Economic Development, Place Service, Buckinghamshire County Council (BCC)
- Andrew Clark, Chair of Trustees, BuDS
- Steve Goldensmith, Senior Joint Commissioner, Accommodation Commissioning, BCC
- Mary Brazier, Oxford Health NHS Foundation Trust
- Welfare Benefits Manager
- Ainsley Macdonnell, Senior Joint Commissioner, Learning Disability
- Elaine Norris (Department of Work and Pensions)
- John Huskinson, Finance Business Partner, Strategic Finance, BCC
- CCG representative
- Ian Cormack, Carers Partnership Board
- Danielle Henry, Partnership Project Officer, Buckinghamshire County Council (BCC)

It was noted that the BCC charging policy would need to be updated as

	T		
	it was based on the current benefits regime.		
8	Learning Disability Partnership Board item		
	This item was deferred to the next meeting.		
9	Update from SUCO		
	Debi Game updated members with reference to the update paper, and also said the following:		
	Alison Lewis and Ian Cormack had stepped down from their roles		
	on the SUCO board. Thanks were recorded to Alison and Ian for		
	the work they had put in to secure the contract.		
	David Bone and Lucy Falconer would be interim Co-Chairmen		
	until a recruitment process had been carried out.		
	A draft process for the recruitment of Co-Chairmen had been put		
	together, and the next stage was a quick consultation exercise with all partnership boards.		
	The Induction Pack (for new and existing members) was now almost ready.		
	The Chairman said that some partnership boards (for example the		
	Older People's Partnership Board) already had a Co-Chairman in		
	place, with effective arrangements. These should not be undermined.		
10	Date of next meeting		
	10 December 2012, 1:30pm		

## Chairman



#### 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 in 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
- Buckinghamshire Healthcare NHS Trust

#### 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
- Prevention
- Assistive Technology

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.

## The Government's 3 key papers on the reform of adult social care

- Caring for our future: reforming care and support (White Paper)
- 2. Draft Care and Support Bill
- 3. Progress Report on Funding Reform



#### **Buckinghamshire County Council**

#### Why is this important?

- The government is proposing major reforms to the care and support system, and bringing together and increasing the underlying rights, powers and duties underpinning the national legislative framework for social care. There will be new duties and statutory requirements for Local Authorities, and a significant impact on social care and partnership working for many years to come.
- The major funding reforms set out by Dilnot are delayed until the next Comprehensive Spending Review. As identified by the Local Government Association (LGA) "the funding statement takes us no further forward in how a modern, stable and predictable social care system can be properly resourced"
- As noted by the Local Government Information Unit in relation to the Care and Support Bill "there has been universal criticism of the Government for not simultaneously introducing a future funding strategy for social care, although it has said it accepts the principles of the Dilnot report".

#### The Significance of Dilnot for the Local Authority

- The funding issues which would have been addressed if the Dilnot recommendations had been implemented would have contributed towards providing a solution to the "slide of doom" scenario for the Local Authority.
- If the growing funding gap which faces adult social care is not met, this in turn leads to funding pressures on other services provided by the Local Authority. This will lead to further tough decisions, in particular in relation to any remaining non statutory services provided, as there will be increasing difficulty in even funding the required statutory services.
- In the short to medium term we have put in place measures to help deal
  with this ,however a "tipping point" will be reached over time where the
  funding gap will become unsustainable and statutory services only can be
  funded.
- Therefore delay to implementation of Dilnot is an issue for the Local Authority as a whole.

3

#### **Buckinghamshire County Council**

- **1. Caring for the Future (White Paper)** this sets out the Government's vision for a new reformed care and support system. Two principles lie at the heart of this paper:
- That the focus of care and support should be to promote people's independence, connections and wellbeing by enabling them to prevent and postpone the need for care and support.
- That people should be in control of their own care and support, and that services should ensure that they respond to what people want.
- 2. Draft Care and Support Bill alongside the White Paper, the government has also published a draft Care and Support bill. The purpose of the Bill is to simplify the current legal framework for care and support, and deliver the vision outlined in the White Paper. The Bill is currently out for consultation, responses are required by the 19<sup>th</sup> October.
- 3. Progress Report on Funding Reform the government has also published this paper setting out it's analysis of the Dilnot Commission's recommendations and mapping out their proposed way forward.

#### **Key Elements to Consider**

#### **Strengthening Support within Communities**

- There will be a duty to incorporate preventative practice and early intervention into commissioning, and new requirement for cooperation between the local authority and relevant partners, in relation to adults with needs for care and support, and carers.
- There is also a new duty to ensure adult social care and housing work together, and an expectation that NHS work with LA's give consideration to developing housing for older and disabled people. A fund of £200m over 5 years will support the development of specialised housing for older and disabled people.

#### Better Information and advice in relation to Care and Support

- Local authorities will have a duty to provide an information and advice service for all people whether or not they meet eligibility criteria or live in the authority's area.
- There will be start up funding of £32.5 million available for online local services.

#### **Buckinghamshire County Council**

- Assessment, eligibility and portability

  National minimum eligibility threshold will be established from April 2015 for adults who need care, and carers
- Entitlement will be portable if users/carers move to another council area. with councils required to maintain services until a re-assessment is completed.
- Clarity to be provided on 'ordinary residence' with associated implications for determining which local authority is responsible for funding care & support for the adult and their carer.

#### **Carers Support**

Carer's rights to an assessment have been extended, and there will be a clear entitlement to support. Additional assessments for carers and the cost of additional support packages will have significant cost implications for the Local Authority.

#### Safeguarding

There will be government legislation to ensure that all agencies work together at a local level to prevent abuse. Adult Safeguarding Boards are to have statutory status and be responsible for carrying out safeguarding reviews. Local Authorities will be empowered to make safeguarding enquiries.

#### Personalised care and support

Everyone will have a legal entitlement to a personal budget.

#### Workforce

- Dignity and respect are placed at the heart of new recommended minimum training standards and a code of conduct for those working in care.
- More care workers will be trained to deliver high quality care, with an ambition to double the number of care apprenticeships to 100,000 by 2017.
- The government favours increasing the numbers of new providers offering assessment services, this could include front line staff setting up their own organisations for care and support. Therefore there could be an impact on LA staffing roles/requirements.

#### Integration and joined up care

• This area of work is central to the ability of all organisations to deliver health and care in the future. The local authority will have a duty to promote the integration of services, along similar lines to the duty on the local NHS. The White Paper identifies an additional £300M funding for social care to local authorities via the national NHS commissioning board for integrated care in 2013/14 and 2014/15.

7

#### **Buckinghamshire County Council**

#### **Key Safeguarding Aspects**

#### **Dignity and Respect**

- Clear responsibilities set out for ensuring Quality of service provision is secured
- Improving how CQC regulates/gathers intelligence.
- · Review of the regulations to be carried out.
- Making available clear information about quality of individual care providers (Quality profiles) and independent quality ratings.
- Encouraging people to feedback comments/concerns
- Code of conduct and recommended minimum standards for adult social care workers and healthcare support workers (drawing on Dignity Code)

#### Legislation-to ensure all agencies work together locally to prevent abuse

- Local Authority as lead organisation to convene a statutory Safeguarding Adults Board.
- Board to publish a strategic plan and annual report
- Local Authorities empowered to make safeguarding enquiries
- Safeguarding Board will have a responsibility to carry out safeguarding adults reviews

#### **Risks and Considerations**

#### Funding and the White paper requirements

The most significant risk for the Local authority, in common with many other authorities, is that it fails to meet these new statutory requirements.

- The Dilnot funding reforms have been delayed until the next Comprehensive spending review and Buckinghamshire is facing a growing, unsustainable funding gap which will impact on the ability to meet the requirements set out in the White Paper and the enabling bill.
- As the LGA has commented "the white paper does not address the reality of the funding pressures councils face. ....The small packets of additional funding are welcome but an essential precondition of serious progress must be an honest appraisal of what a modern social care system costs and how it is to be funded."

9

#### **Buckinghamshire County Council**

#### Uncertainty of additional funding linked to the White Paper.

 There is a significant level of current uncertainty about resources identified in the white paper, the amounts available, how they will be allocated and distributed, and eligibility requirements.

#### **Additional Costs**

 The summary impact assessment produced by the government identifies "high level", implementation costs making any financial modelling of the impact very difficult.

#### Integration and Joined up Care

 Successful delivery of the new duties and better health and Wellbeing outcomes for the people of Buckinghamshire will rely on the leadership provided by the local Health and Wellbeing board, close working with the Clinical Commissioning Group, production and effective use of a comprehensive Joint Strategic Needs Assessment, delivery of the Health and Well being strategy,the AFW portfollio plan, and cooperative and effective joint working at ground level.

#### **Financial implications**

- The most significant additional funding opportunity is the additional £300M funding for social care to local authorities via the national NHS commissioning board in 2013/14 and 2014/15. However the basis on which this will be allocated is currently unknown and it is also intended to cover the cost of reforms for local authorities in 2013/14 and 2014/15.
- There will be major additional costs to the local authority when Dilnot recommendations are enacted. An analysis by the Finance Business Partner identified over £35 million a year additional costs for Bucks based on the Dilnot recommendation of a lifetime cap of £35k for the cost of care.
- In relation to the White paper proposals specifically the most significant
  cost will result from the extended rights of assessment and a right to
  services for Carers. The government estimates the changes will cost
  councils nationally on average £144M per year. We have tried to address
  this in the MTP. This is one of a number of implementation costs identified.
- The portfolio will work with our Finance Business Partner to ensure that the funding implications of the Caring for our future White paper and the draft Care and Support bill will be modelled financially and fed into the medium term planning process as more detailed information becomes available

4

#### **Buckinghamshire County Council**

#### Key steps

- Commissioning the development of a "Target Operating Model" with Alexander Consultants to ensure there is an effective planned response to the delivery of requirements of the white paper and care and support bill.
- Ensuring the effective ongoing delivery of Portfolio Plan priorities as these are consistent with the direction of travel of "Caring for our future".
- Ensuring that we are proactively working with key regional and national groups for example Association of Directors of Social Services (ADASS), LGA, and involved in e.g. information sharing and implementation planning.
- Developing a communications plan in relation to the reforming of care and support, this will need to include our approach to not only portfolio management and staff but key partners and the partnership boards.



## Assistive Technology Partnership Board

## Report

Title: Assistive Technology (AT) progress report

Date: December 2012

Author: Adam Willison

Contact officer: Adam Willison – 01296 387691

#### 1. AT retail

Commencing with purchase of online equipment self assessment tool.
 After a delay, Procurement sign off expected this month with an implementation period of approximately 3 months.

#### 2. Telehealth

• Telehealth programme consists of 4 project areas: - speech therapy, vitals signs monitoring, medication management and healthy lifestyle promotion. Speech therapy and vital signs projects are well underway with equipment now deployed in the community and the first University evaluation report is due shortly. Smoking cessation project replaced in favour of technology supporting healthy lifestyle promotion. This project has a wider scope and is in the project development phase. Medication management project has experienced delays and is still in project scoping phase.

### 3. Raise AT awareness with key groups

- 2 x AT Assessment Workers now leading on community assessments.
- AT Project Officer and AT Business Support Assistant posts now filled.
- Working with Bucks New University to provide AT continuing professional development opportunities for social healthcare practitioners. Phase 1 will look at training up to 16 professionals in this area between January and March next year. Phase 2 will involve a wider procurement process and potential of training many more practitioners in social care and health.
- Third sector AT promotional work continues with Bucks Sensory Service, Carers Bucks, Red Cross and Alzheimer's Society.

## 4. Evaluation and economic development

- Bucks New University are now the established evaluation partner for AT, with work commencing on the new Telehealth and associated Telecare projects. They are also providing the pilot AT Practitioner training programme for BCC and NHS. The aim is to build a compendium of local evidence to support national evidence on the efficacy of AT interventions.
- 2012 Paralympics themed 'Meet the Buyer Event' at Stoke Mandeville Stadium held in Sept 12. At this event, industry met with social healthcare practitioners to discuss the AT agenda, demonstrate latest equipment developments and network with national and international delegates. The event was also linked to an EU trade delegation attending the National Spinal Injuries Centre at Stoke Mandeville to see delivery of advanced care from acute to community settings. This programme of work has helped to promote Bucks on an international stage as developers of 'Tele' technology.



# Executive Partnership Board Report

Title: Carers Partnership Board

**Date:** 2012

Author: Nadiya Ashraf

Contact officer: Nadiya Ashraf x7260

## **Carers Partnership Board - Update**

## GP Commissioning - Briefing from Lou Patten, Interim Accountable Officer for the CCB.

Lou Patten attended the partnership board setting out the structure for future GP Commissioning and stating commitment to continue Short Breaks Funding to Carers. Lou set out the challenges that lay ahead alongside the need for local involvement in shaping local services.

## **Carers Bucks Survey 2012**

Carers Bucks is in the process of reviewing the findings of its recent carer's survey. In addition to the responses to specific questions carers were also asked to raise any other issues that they felt were important. Carers Bucks is in the process of grouping these into themes.

The analysis will be completed by the end of November and will be used to inform service development in consultation with BCC commissioners.

### Summary of findings are below

- 69% of carers are women with an average age of approximately
   63 while male carers had a higher average age of approximately
   70.
- 70% of carers are aged over 60.
- 79% of carers under the age of 61 are female.
- 89% of carers are 'white British'.
- The high proportion of carers in the above four points have resulted in dominating the analysis and therefore producing relatively small sub-groups in the analysis which makes any statistical results less accurate.
- 35% of carers are caring for someone with more than one disability.
- 74% of carers spend greater than 50 hours caring in a week.
- A third of all carers have been caring for over 10 years.
- Carers with post code areas for High Wycombe and Aylesbury
   (Walton area only) score lower in the 'Quality of Life' questions for
   the section 'support from professional bodies for caring' than those
   from all other post code areas. Note that this was the only section
   analysed for post code area.
- The collecting data from some 'Asian' carers has resulted in producing a further sub-category for some of the areas analysed with significantly different results.
- 48% of carers answering this question have had a carer's assessment and of these 60% have had an annual review.
- 72% of carers who answered this question believed they were receiving the correct benefits.
- 60% of carers (both male and female) of working age were able to work. However 52% of the male carers were able to work full time compared to only 23% of women.

A full copy of the summary report is available on request.

#### **Short breaks for carers:**

NHS Bucks and the Clinical Commissioning Board agreed health funding of £400K towards a new integrated model for short breaks for carers. Priorities within the model of provision are to develop services that are more responsive to the needs of carers and stimulate greater diversity of provision to allow carers to take a break. Health funding is particularly aimed at carers where their health may be affected as a consequence of their caring role. It is hoped to reach those carers who have not been supported previously to have a break through social care funded provision.

The health funded breaks for carers was launched on June 21st, during carers' week, and the service started 1st July. To date (as 26th November) we have received 466 referrals via GPs and of those 442 carers have received a one off payment of £500 for a break.

The pilot scheme is being continuously reviewed to ensure that access to the fund and its processes are clear, simple and do not create additional stress to carers. Feedback has been given by carers, GPs, Carers Bucks, independent brokers and internal staff.

Next Steps - an interim report is to be presented to the new CCGs in the next few weeks and an application for future funding submitted before Christmas.

If funding is secured for 2013/14 information and outcomes from the pilot will inform the development of the carers breaks service going forward.

## **Care and Support Bill**

Briefing documents from both Carers UK and the Carers Trust were used in providing the partnership board with a full briefing on all of the

clauses in the new Draft Bill. The partnership board were taken through the Bill and its possible implications.

The partnership board welcomed the proposed increased legal standing for carers and the new duties, but expressed reservation regarding the number of new duties and the lack of clarity as to were this increased demand and responsibility was to be funded.

The partnership board submitted a formal response to the consultation.

#### **Carers Assessments**

The following BCC officers attended the partnership board to discuss the carers assessment process and respond to feedback from carers:-

- 1. Zita Calkin Commissioning Manager
- 2. Lynne Downs Interim Business Manager Short Term Team
- 3. Errol Crawford Team leader Contact Centre

Lynne Downs helpfully set out the process and the current demand levels. She confirmed that BCC where still offering face to face carers assessments. Errol explained the call management system used by the contact centre and set out a number of improvements that were taking place. Carers expressed dissatisfaction and the process, and the lack of actual care planning resulting in very few options for carers.

BCC – a review is being carried out on the current process for carers' assessments and the services and support provided to carers. A number of workshops with carers were carried out over the summer and these have helped inform the scope of the work necessary to improve services to carers:

 Engaging with colleagues in the contact centre to improve telephone access and responses to carers

Revising the carers assessment form and process in order to make it

more accessible and to include a self assessment element to help

carers think about the support they may need (and reflecting best

practice)

Update and improve the information and guidance about the carers

assessment

• Develop clear principles for care management around the carers

assessment and what can be offered to carers

• Establish a training programme for care managers around the

delivery of carers assessments and the legal framework

Work has begun and a working group established with the aim of

implementation early next year.

Additional areas covered:-

Hate Crime

Carers partnership Board Priorities



Title: Learning Disability Partnership Board Update

Date: 28<sup>th</sup> November 2012

Author: Learning Disability Partnership Board

Representatives

Contact officer: Ainsley MacDonnell (01296 383995)

- The Learning Disability Partnership Board had to postpone the last meeting in October 2012. Our next meeting is on Thursday 6<sup>th</sup> December 2012.
- Learning Disability Partnership Board meetings have also been set for next year.
- The Health Services and Activities Group has met on 11th
   September 2012 and on 8<sup>th</sup> November 2012
- The Keeping Safe Services and Activities Group has met on 8<sup>th</sup>
   November and 15<sup>th</sup> November 2012
- The Peoples Working Groups (for people with learning disabilities) have continued to meet supported by Talkback to raise any issues and concerns and to represent people with learning disabilities and

their views on the priorities of the Learning Disability Partnership Board.

- The LDPB has been represented on the Local Account Panel by Fred Charman and Sue Pigott.
- LDPB has also been represented at the South Central Quality Health
  Forum where issues around the Winterbourne enquiry were
  discussed. A full report on this is due for publication in November
  2012 and it was felt by some members of the Board that we need to
  address these recommendations in the first meeting of 2013.

#### **LDPB Update**

The LDPB is working on its priorities for the coming year 2013 that were set from the last meeting. Health and Keeping Safe still remain an area of high profile for the all of the working groups.

# **Services and Activities Groups**

#### **Health Action Group**

The group is made up from representatives from Bucks County Council Commissioning, Southern Health (formerly Ridgeway) from the LD Community Team and inpatient services, Bucks Hospitals Trust, Clinical Commissioning Groups and Talkback.

The group have nearly completed an initial PATH which sets out the priorities and key areas to work on over the next year. A PATH meeting was held on 11<sup>th</sup> September 2012 and people with a learning disability contributed their views to the PATH.

The Clinical Commissioning Groups have identified a champion GP, Dr Nisar Yaseen, to be the clinical lead for learning disability services. He has now attended one of the Service and Activity Health meetings and contributed to the PATH.

Targets from the Health Self Assessment Framework have also been added to the PATH to ensure that issues are included in the Partnership Board's work plan.

A small workgroup is to meet and discuss a proposal to add and include some new pages into the Health Passport and to present this to providers of health services. Requests for the Health Passport is still a high priority.

Lots of work is going on to try to improve the number of annual health checks being carried out in Bucks. Nurses from the LD community teams have been visiting all GP surgeries and a training session and toolkit are being developed to help surgeries to deliver a better service to people with learning disabilities.

### **Keeping Safe Service and Activity Group.**

At the moment this group is represented by members of Talkback and Reach both of whom work alongside people with learning disabilities.

This group was invited to meet with other representatives from local councils, police, and community safety, to discuss the launching of a Buckinghamshire wide Safe Place Scheme. It has currently been piloted in Burnham and in Chesham where it is also about to go live. In the meeting it was suggested that using service providers and people who have learning disabilities and who have experience of setting this scheme up in other local areas would be advantageous.

The Keeping Safe Group are also keen to roll this safe place scheme out to all Partnership Boards so that everyone benefits from the scheme.

#### Dignity in Care workshops

Talkback and a member of the Peoples Working Group in Burnham have now completed the Dignity in Care workshops and will be indentifying how these issues can be championed throughout all aspects of care and support.

# **Key Priorities**

At the last meeting in August 2012 the Board discussed other priority areas for the new updated workplan.

The Board identified issues and concerns around Housing -

- -The right property for the right person,
- -Housing benefit,
- -Sheltered Housing Schemes

These issues will be added to the new work plan for the next year. A new Service and Activity Housing Group will be set up to look at the key issues to focus on.

Issues around BME were also indentified and these were around personal safety, hate crime and being encouraged to speak up about things that are important to you. This work needs to be included in the service and activity groups rather than a separate group on its own.



Title: Mental Health Partnership Board update

Date: 28 November 2012

Author: Kurt Moxley

Contact officer: Kurt Moxley and Pat Milner

- The following is an update of the position and work of the Mental Health Partnership Board (MHPB) to date.
- 2. The three objectives and actions described below have been developed by the MHPB and will form the action plan and work plan for the MHPB. This work will be reviewed and updated at each of the formal meetings of the MHPB.
- 3. Adult Mental Health priority areas arising from the national strategy are:
  - More people will have good mental health
  - More people with mental health problems will recover
  - More people with mental health problems will have good physical health

- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

### 4. MHPB Objective One

People in receipt of benefits are supported and assisted where needed through the changes that are taking place within the Benefits System

- a. the MHPB will feed into the wider work being coordinated through the Executive Partnership Board
- b. develop an understanding of the changes that are taking place
- c. identify likely implications for benefit recipients
- d. evaluate activities taking place to enable benefit recipients to receive/understand the impact of changes
- e. evaluate and recommend level of training frontline staff have received across all support agencies
- f. identify and support capacity of services to manage the impacts of Benefit change
- g. monitor impact of Benefit Changes on service users within the MHPB
- h. take opportunities and make recommendations for improvements in benefit support

# 5. MHPB Objective Two

People accessing mental health services are given information about what they can expect to receive, including information about clinical pathways, what types of treatment are on offer and who will be involved in their care and treatment.

- a. The MHPB will engage with groups of service users to look at the variety of pathways in preparation for the adoption of the Payment by Results regime in mental health
- b. map the range of mental health services available to people across the health and social care sector
- c. identify gaps in services
- d. investigate different levels of support
- e. describe step-down pathways that will encourage recovery

# 6. MHPB Objective Three

Buckinghamshire will become part of a 'mental health friendly society' so that stigma and discrimination is reduced

- a. the MHPB will support the planning and delivery of a calendar of public events (e.g. world mental health day) to publicise mental wellbeing
- b. map the range of mental health training available
- c. develop a tiered-approach to training to offer appropriate levels of information and training to the public, carers, organisations not involved in direct work in front-line mental illness and those involved in health and social care as specialists in mental health care and treatment



**Title:** Older People Partnership Board (OPPB)

Update for the 2<sup>nd</sup> quarter of 2012 - 2013

Date: 10 December 2012

**Author:** Christopher Reid

Contact officer: cjreid@buckscc.gov.uk

# Report of the OPPB meeting held on 11 September 2012 Key Points:

# 1. Communications with Bucks County Council

Bev Frost, Communications Officer, Adults and Family Wellbeing, reported that she had met with Chris Stanners, Helen Wailling and Chris Reid to discuss the future of he Matrix of Services for Older People. Currently the Matrix was too long and unmanageable, and a different format was needed. The Council will or already be offering the following:

 'I want to contact' leaflet, which is being delivered to every home in Buckinghamshire in September – October 2012, containing essential telephone numbers and other details for services. The In-Touch Service provided advice and information to people
with moderate needs, through an outgoing telephone service. A
newsletter had been produced and was circulated to all those who
had received a telephone call. The newsletter was produced twice
a year, and 2000 copies were printed.

Bev suggested that the Matrix of Services for Older People which the Older People'sPartnership Board received could be incorporated in the newsletter.

It was agreed that Chris Stanners, Chris Reid, Paul Rogerson, Steven Archibald and Bev Frost would have a separate meeting to discuss the future of the Matrix

#### 2. Dignity in Care

Maxine Foster, joint commissioning manager from Bucks County Council, updated the board on the latest developments about promoting the Dignity in Care (DIC) agenda with the following key points:

- A multi-agency working group on Dignity in Care had been established by the Older People's Partnership Board in 2009. The Group had struggled to get participation and had therefore been moved to sit under the Bucks Safeguarding Vulnerable Adults Board.
- Dignity in Care should not be seen as an additional task by care providers, but rather as part of all tasks they already carried out.
- There were eight dignity factors, which were helpful in challenging poor practice: Choice and control; Communication; Eating and nutritional care; Pain management; Personal hygiene; Practical assistance; Privacy; and Social Inclusion.

- In 2010 the Bucks 50 Plus Forum had applied for funding from the Department of Health (DoH), to carry out peer interviews about people's experiences of dignity in care. The final report had been completed in 2011, and was published on the DoH website:
- In 2011 an aim had been set of recruiting 200 Dignity in Care
   Champions by March 2012. By 1 April 2012 there had been over
   300 Champions in place. The Dignity in Care Champions would
   raise awareness of Dignity in Care among professionals and the
   public.
- Events had been held in summer 2011 for care providers and domiciliary care providers. Feedback from the events had been very good.
- A national commission had been set up in 2011 to look at the difficulties experienced in implementing the Dignity in Care agenda. It has produced a report called Delivering Dignity – securing dignity in care for older people in hospitals and care homes with 37 recommendations.
- A draft Joint Action Plan for Dignity in Care in Buckinghamshire (across all health and social care organisations) would be circulated in December 2012 and would come to the Older People's Champions' Forum for comment
- 01 February 2013 is National Dignity in Care Action Day, and a showcasing event for good practice will be held in Buckinghamshire. Part of the day will be an awards ceremony, and a session to thank volunteers.
- Board members were encouraged members to sign up to be
   Dignity Champions and to encourage others to become
   Champions. Members could also help by providing more feedback
   on care services, and by taking part in the Dignity Action Day

Paul Rogerson told members that the Older People's Champions' Forum had agreed to have a championing role for Dignity in Care, and that he would be meeting with Chris Stanners and Maxine Foster to discuss this further.

# 3. Work of Vale of Aylesbury Housing Trust to support Older People

Olivia Jackson, Head of Customer Service and Supported Housing, Vale of

Aylesbury Housing Trust (VAHT), updated the board on the work of the Housing Trust with the following key points:

- 11 new purpose-built flats at Willow House.
- Extra care facilities had been put in at Bankside in Wendover, so that as residents' needs became greater, they could stay there longer.
- At Silverdale VAHT was encouraging people to get together for activities, especially those in general needs properties. A lot of tenant profiling had been carried out.
- Staff had been asked to sign up to 'Adopt a Scheme,' which
  involved staff visiting their chosen scheme a minimum of four times
  a year. This meant that residents now recognised the staff visiting
  them, and staff were better able to understand the needs of the
  people living in the Scheme. People in the schemes felt
  empowered to contact staff if they needed to.
- The Trust had put in new heating systems with individual thermostats so that residents could adjust the heating to the temperature they preferred.
- Bedsits had been removed, as these were unacceptable. Vacant properties in Wing had been reformatted to include a bedroom,

- and had all been let, except one. Removing vacant properties had made the area feel like a community.
- Kitchens have been updated as well. A gardening scheme was in place and caretakers could carry out odd jobs for residents.

In response to questions from members the following were given:

- 68% of tenants were over 55.
- Properties which had already been fitted with disabled adaptations would be used more effectively.

### 4. Update from Older People's Champions' Forum

Paul Rogerson, Chairman of the Older People's Champions' Forum, reported that:

- A new Terms of Reference had been agreed which made the championing of issues a priority
- The theme of the last meeting had been Dignity in Care
- Other areas which the Forum would be looking at included Communication, Local Provision, Standards of Care (bed moves; feeding; discharge arrangements etc) and Transport / Travel (health, community and recreational).
- The Forum would be acting as a Champion for Dignity in Care

# 5. Update from Bucks 50 Plus Forum

Chris Stanners reported that:

- A Powerpoint presentation about the Forum was being prepared.
- The Chairman of the Bucks 50 Plus Forum had written a letter to express Forum concerns about the Five Ways to Wellbeing campaign.

- The Forum had received presentations on TV Licensing, Dignity in Care and on Care and Share initiatives. Care and Share initiatives provided care before and after hospital through a not-for-profit, employee-owned franchise company. They were currently operating in north-east England but hoped to extend into Buckinghamshire. However a feasibility study had not yet been carried out.
- The speaker for the September meeting of the Forum would be the Director for Infection Prevention and Control.



Title: Physical and Sensory Disability Partnership

Board (PSDB) Update for the 3rd quarter of

2012 - 2013

Date: 10 December 2012

Author: Christopher Reid

Contact officer: cjreid@buckscc.gov.uk

### Report of the PSDB meeting held on 27 September 2012

# **Key points:**

# 1. Presentation on Dignity in Care

Maxine Foster, joint commissioning manager from Bucks County Council updated the board on the latest developments about promoting the Dignity in Care (DIC) agenda. She explained the "Dignity in Care Challenge" and the working group leading on the delivery of an action plan and reporting to the Safeguarding of Vulnerable Adults Board. The Challenge also involved recruiting DIC champions to promote the agenda within their respective organisations. By the end of March 2012, there were 310 dignity champions. The new target for March 2013 is

700. A quarterly letter celebrating good practice is now being produced and is being sent to all Dignity in Care champions.

An event is being organised to showcase good practice by DIC champions to coincide with 'Dignity in Care' day on 01 February 2013 and members were asked to consider how they could be involved on that day.

The chair asked for members to consider whether they can themselves be DIC champions or to encourage others to become one and for DIC to be a standing item on the board agenda.

### 2. Presentation on the new Sensory Services

Michael Quinlan from Action on Hearing Loss gave a presentation on the new Sensory Services starting from 01 October 2012. The following points were given:

- The new Buckinghamshire Integrated Sensory Service (BISS) involves a partnership between Action on Hearing Loss, SENSE and Young Deaf Activities.
- The new service will include children as well as adults. There will new support provision for children within their own homes – both for deaf and blind children
- The integrated team includes sensory officers who will work with visually impaired and deaf people. There are also community support officers who will be supported by a team of volunteers.
- Services include: sensory and equipment assessments, mobility and orientation training for visual impairment. For more complex assessments a referral would be made to the sensory care management team

- The team will aim to give people independence and support in their own homes
- Drop in services will be developed across the county.

# 3. LINk update

Janice Campbell from Link updated the board on the work of LINK with the following key points:

- Local Healthwatch will replace the LINk and will commence in April 2013 when Local Authorities will take over the responsibilities for Public Health.
- Community Impact Bucks is currently acting as the host organisation for the LINk
- Local Healthwatch will be able to conduct "enter and view" visits and can identify issues and concerns and conduct further investigations into issues if appropriate.
- The role of Local Healthwatch will be primarily around signposting and advocacy services.
   Three particular areas have been identified:
- LINk has identified 3 areas of priority for its members:
  - Dignity in Care
  - Transport
  - New emergency services



Title: Prevention Partnership Board Update

Date: Nov 2012

Author: Steve GoldenSmith

Contact officer: Xtn 3148

The Housing, Housing Support & Prevention Partnership Board has identified the priority areas for focus in the coming few months:

- Benefit Change Impact
- Prevention Matters
- Housing & Housing Support
- Homelessness

# **Benefits**

Benefits are of significant attention as there is considerable change occurring effecting service users and individuals across all boards remit.

The following changes have been announced:

Bedroom tax April 2013

Benefit cap April 2013

Council tax changes April 2013

HB direct to tenants October 2013

DLA changing to PIP April 2013

Social fund administration moving to Bucks CC April 2013

The group has heard update from DWP and Housing Providers re impact of changes and recognises that amongst others it is the more vulnerable people who do not engage that are going to be most at risk.

#### Question

The group would like to understand what EPB and partners have done/planned to do and what additional things that can be done to support customers, frontline staff and service organisations?

#### Recommendation

The group would like to recommend that a coordinated action plan with resources be developed to cover Buckinghamshire, so that mitigation can be best managed to support vulnerable people and avoid duplication between agencies.

Organisations that need to be involved include:

Social landlords

Private landlords forum

Support providers

Welfare advice services - cab etc

District councils

Voluntary sector

Health

Education/schools

#### **Prevention Matters**

The group has had update presentation re Prevention Matters. They are keen to keep updated re activity taking place and wish to coordinate and support activity where possible.

#### **Housing & Housing Support**

The group are aware of pressures of funding as they relate to Supporting People Services. Many of members receiving funding currently from Supporting People Grant. They are keen to hear what future plans are regarding services in this area.

#### **Homelessness**

The group ahs received update on BOSH. Wycombe DC has been asked by the DCLG to act as the lead authority for administering the £455k funding allocated to Buckinghamshire and Oxfordshire local authorities to ensure front line provision prevents single homelessness and rough sleeping.

Housing providers are aware of activities they need to consider. Direct Access, Severe Weather Emergency Provision, "Wet" services. In addition the issue of move on accommodation is regarded as significant area of concern, the benefit changes and a shortage of accommodation exasperating the situation.



# Update Paper Executive Partnership Board – 10 December 2012

#### 1. Developing Organisation, Board and Constitution

SUCO to become an independent entity – Board approval given to explore charitable status. Process and procedure to gain charitable status reviewed with Charity Commission. Briefing and work plan prepared. Approval to commence with work, to be sought at SUCO Board on 28 November. Workstream led by Stephen Archibald, Chief Executive Carers Bucks. Terms of Reference redrafted and approved by Board.

SUCO Chair - Recruitment paperwork completed and placed with Reach Recruitment and Community Impact Bucks. Advert prepared for Carers Bucks website and SUCO News and Information Bulletin. Application pack prepared and recruitment process agreed. Four expressions of interest received, two completed application packs received.

SUCO Board Membership – Two new members to the Board since September 2012. Membership stands at 10, excluding Development Officer and Stephen Archibald. Discussions continue with Bucks MIND to recruit further member. Discussions also commenced with Community Impact Bucks. Alison Lewis has stepped down from the SUCO Board completely

#### 2. Policy Development

SUCO work on drafting process for recruitment of co-Chairs for Partnership Board complete. Sent to Buckinghamshire County Council in October for circulation to all members of all Partnership Boards, to enable consultation.

Once consultation is complete SUCO will review and amend process accordingly in readiness for sign off. Elections and process to be managed by SUCO once in place.

#### 3. Information Development

SUCO website went live 5 November 2012. <a href="www.suco.org.uk">www.suco.org.uk</a> Robust testing of the site took place to ensure accessibility, which required significant time and resource. Site is still in development. Work to create and write four additional pages for the website to commence week beginning 1 December 2012.

Chair's letter to voluntary organisations ready to send to 150 plus local, regional and national organisations. Work will begin on a large mail merge exercise week beginning 1 December so that electronic letters can be sent to every organisation by 5 December.

Bi-monthly News and Information Bulletin launched 17 September. Sent out every two weeks to over 125 organisations and individuals. Once Chair's letter to voluntary

organisations has been sent out, a further 150 plus organisation will be added to database bringing circulation to over 275. Very positive feedback to the Bulletin

#### 4. Recruitment to Partnership Boards

Since September's Executive Board,. Development Officer has presented to Prevention Partnership Board and Older People's Partnership Board and attended Mental Health Partnership Board.

Development Officer has also presented to the following Support Groups as part of recruitment drive to identify potential Service User and Carer representatives for Older People's and PSD Partnership Boards:

Presentations have been made to:

- Crossroads
- MKB Care
- Buckingham Stroke Support Group
- Leonard Cheshire Tenants and Carers Group
- OWLS
- Amersham Stroke Group
- Strike Back
- BUDs
- Wycombe Stroke Group
- Carers Stroke Support Group

Approaches have been also been made to Buckinghamshire Parkinson's support groups and the Alzheimer's' Society seeking opportunities to present.

Take up has been slow. Four expressions of interest. One interest form completed and returned for PSD Board. Development Officer to contact Chair of PSD Board to arrange a meeting with interested potential representative.

Once Chair's letter to voluntary organisations has been sent out, work will commence contacting all 150 plus organisations seeking opportunities to present to support groups throughout the county.

#### 5. Training and Support

Induction pack for new and existing members to all Partnership Boards complete. Handed out to all Service User and Carer representatives on Carers Partnership Board at October meeting. Master copy held at SUCO and available to Buckinghamshire County Council should they wish to prepare copies for other members of the Carers Partnership Board

Development of Induction Workshop complete. Work on this has been a joint endeavour between Development Officer and Sarah Gammon. First workshop to be launched 30 November with an induction session for all Service User and Carer Representatives on the Carers Partnership Board.

The two hour workshop will be delivered jointly between SUCO and Buckinghamshire County Council. The programme for the workshop is as follows:

- 1. Welcome Carl Etholen, Vice Chair Buckinghamshire County Council (BCC)
- 2. Introduction Sarah Gammon, Learning and Development Manager BCC
- 3. Background and Structure of Partnership Boards including their purpose, how they work and context Democratic Services BCC
- 4. Role and importance of Service User and Carer Representatives Debi Game Bucks SUCO
- 5. Priorities in Adult Social Care over the next 6 months Marcia Smith, Service Manager, Performance BCC
- 6. Review and feedback Sarah Gammon and Debi Game

Bucks SUCO 28 November 2012