



Buckinghamshire County Council
Select Committee
Health and Adult Social Care

Minutes

HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE

MINUTES OF THE HEALTH AND ADULT SOCIAL CARE SELECT COMMITTEE HELD ON TUESDAY 24 JUNE 2014, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.05 AM AND CONCLUDING AT 12.32 PM.

MEMBERS PRESENT

Buckinghamshire County Council

Lin Hazell (In the Chair)

Mr B Adams, Mrs M Aston, Mr D Martin, Mr A Huxley and Mr N Brown

District Councils

Mr N Shepherd

Dr W Matthews

Mr A Green

Chiltern District Council

South Bucks District Council

Wycombe District Council

Others in Attendance

Mrs E Wheaton, Democratic Services Officer

Mrs P Birchley, Cabinet Member for Adults and Family Wellbeing

Ms R Rothero, Service Director, Commissioning and Service Improvement, Adults and Family Wellbeing

Mr A Brown, Policy, Overview & Scrutiny Officer, Bucks County Council

Mr G Finch, Contracts Manager

1 APOLOGIES FOR ABSENCE / CHANGES IN MEMBERSHIP

Apologies were received from Roger Reed, Brian Roberts, Jean Teesdale, Julia Wassell, David Carroll, Freda Roberts and Shade Adoh.

2 DECLARATIONS OF INTEREST

Margaret Aston declared that she is a Trustee of Carers Bucks. She is also the Chairman of Abbeyfield House.

3 MINUTES



South Bucks
District Council



The minutes of the meeting held on Tuesday 20 May 2014 were agreed as a correct record.

Matters arising

Item 8 – Mr Macdonald has produced a presentation in response to his outstanding actions which has been circulated to members and is attached for information.

4 PUBLIC QUESTIONS

The Chairman reiterated that a public question needs to be received in writing 7 days prior to the date of the meeting. This is to allow time for a response to be prepared or for the appropriate representative to be invited to the meeting. The full guidance for public questions can be found on the website – <http://www.buckscc.gov.uk/about-your-council/scrutiny/get/involved/>

5 CHAIRMAN'S REPORT

The Chairman updated Members on the following:

- A recent statement from Buckinghamshire Healthcare NHS Trust stated that “Buckinghamshire Healthcare NHS Trust was today removed from special measures after demonstrating that it had made significant improvements to the quality of care it provides.....Overall the Trust was rated as ‘requires improvement’, although it received a ‘good’ rating for having caring staff....The inspection team found that the Trust had made ‘significant progress’ with ‘real differences being made in a relatively short time to improve quality and the patient experience.” They also praised staff for being ‘caring and compassionate and treated patients with dignity and respect.’
- At the Committee meeting in April, Members raised concerns with Buckinghamshire Healthcare Trust regarding discharge papers being illegible and going missing. Lee Jones from the Trust has since provided assurance that their Chief Nurse and Medical Director are working in partnership with GP colleagues and Clinical Commissioning Group partners to improve discharge planning and process as part of their Quality Improvement Plan.
- Some Committee Members visited the Whiteleaf Centre on Thursday 29th May. The Whiteleaf Centre is the new Mental Health Hospital in Aylesbury which is operated by Oxford Health NHS Foundation Trust. It houses services which were previously run from the Tindal Centre. It also provides office space for some of the mental health community teams. It was agreed to send a letter of thanks to the staff at the Whiteleaf Centre.

Action: James Povey

- County Councillor Noel Brown is the council’s representative on Oxford Health and it was agreed that he would provide updates for the Committee on the developments at the Whiteleaf Centre and Oxford Health in general.

Action: Noel Brown

- The Centre for Public Scrutiny – Good Scrutiny Awards 2014. Buckinghamshire County Council was shortlisted for its budget scrutiny conducted in early 2014. Although the County Council did not win an award, it

was highly commended under the 'Improving Transparency' category and the council was runner-up in the 'Scrutineer's Choice' award.

6 COMMITTEE UPDATE

The Chairman referred Members to the report which was produced by Shade Adoh, the Healthwatch representative on the Committee. The report was circulated to Members prior to the meeting and is attached to the minutes.

District Councillor Wendy Matthews updated members on an issue which was raised at the last meeting in terms of a lack of clinics in the Iver area. Iver is now being used as a pilot site for both Adult Mental Health Services and Adult Social Care.

County Councillor David Martin reported that Mulberry Court has just re-opened which is a place for patients with the early on-set on dementia. It was a 37 bed unit but it has now re-opened with 24 beds. He commented on the good quality of staff who work there. The Chairman added that mental health was always the poor relation and it is good to see that it is now being given priority.

7 CARE BILL

The Chairman welcomed Patricia Birchley, Cabinet Member for Adults and Family Wellbeing and Rachael Rothero, Service Director, Adults and Family Wellbeing. The Chairman started by saying that the Care Bill legislation will come into force in 2015/16 and will have significant impacts on how social care is delivered and funded.

The Cabinet Member started by saying that the County Council is prioritising on two aspects of the Care Bill – Self-funders (the number of self-funders is considerably higher in Buckinghamshire) and Market Equalisation. More people will be reaching the cap of £72k and will be asking the County Council to fund their care costs.

In 2016, people will want to open a care account so that their contribution towards the cap will be clear and about 72% of self-funders will continue to be self-funders and they will not reach the point where the County Council will be expected to foot their care bill. There will be a smaller cohort of self-funders who will reach the cap of £72k for their care costs and then those who would currently pay for their own care costs but will be asking the County Council to pay for their care as they have reached the gap of £72k. The estimate is £10.5m of extra funding each year which is new money that the County Council has got to find. It is hoped that the Government will find this new money.

Of even more concern is the issue of market equalisation. From 1 April 2016, people can ask the County Council to buy their residential care for them at the County Council's cost of approximately £600 per week as opposed to the price that around 62% of self-funders are paying of £900 per week. So if everyone can purchase their care at a cost of £600 per week, the cost to care home providers is around £22million and it makes the market unsustainable.

During the presentation, they made the following main points.

- The Cabinet Member has recently been elected as Chairman of the South East Councils Adult Social Care Committee and she said that she will use this appointment as a platform to do all she can for the residents of Buckinghamshire.
- The Portfolio faces continued pressure on budgets due to demographics factors which increase demand for services and through pressures on prices in the market.
- There are real concerns at a national and local level around self-funders and the

potential impact on the local care market.

- The additional costs to the council will be around £30million a year.
- The Government has not recognised market equalisation.
- This is one of the biggest pieces of legislation in Social Care that the County Council has had to respond to. It is a profound change to the way social care has historically been funded and has profound implications in terms of how services are commissioned in future.
- The timetable for responding to the consultation is very tight.
- From 2015/16, the service will need to respond to the way it commissions services and there will also be financial reforms in terms of who pays for social care in the future.
- The service has already received 25 pieces of policy documentation on the changes which are taking place in 2015/16 and these will be finalised in the Autumn. The team is still awaiting guidance around the financial reforms.
- An organisation called LG Futures has been commissioned to look at the impact of the financial assumptions and to work on the financial modelling.

During discussion, Members asked the following questions.

- **Where does the ‘budget increase’ figure of around £41m per year which is mentioned in the paper come from and how does it relate to the ‘Total Risk’ figure in the table which is projected to be £35.6m by 2025/26? The budget scrutiny committee was advised in December that the total cost impact could be up to £30m so what has changed since then?** Ms Rothero explained that, irrespective of the care bill, the care market place is under pressure – both in terms of demographics and inflationary pressures across the market place. Additional pressure of £40m on the budget due to these pressures. Indicatively, based on the best information available to the service area, it believes that it will need an additional budget of £36m from 2025 onwards which is made up of four components – the cap on care costs (£11m), market equalisation (£16m), loss of income of £3m per year (the county council will not be able to charge people with a disability coming through from children’s services to adult services for their care), £6m infrastructure pressures in terms of preparing for the new responsibilities (eg. new assessments to be completed by social workers for all new people who are eligible for social care).
- **A member commented that the real risk is £77m.** Ms Rothero said that the £41m risk would still be a risk for the county council irrespective of the Care Act but the remaining amount of risk is attributable to the Care Act.
- **A member said that with the minimum wage increasing in October it is going to put increased pressure on residential and nursing homes and the member felt that the costs are likely to be closer to £750-£800 a week.** The Cabinet Member agreed and said that there is a challenge in terms of recruiting care staff. Ms Rothero added that there has already been an increase in the prices charged by care homes as providers start to feel the pressure.
- **How has the Care Market Equalisation risk of a £15.9m per annum by 2023 been identified and how likely is this level of adjustment? What engagement with other councils has been undertaken to ensure that the financial forecasts up to 2026 are robust and based on accurate assumptions?** The Cabinet Member explained that the county council has worked closely with other councils and has contributed to a publication by the County Council’s network. There has also been lots of work in conjunction with SECAS. Ms Rothero added that the figures have been tested with other councils.

Market equalisation has been acknowledged as a risk across the country and there is a call for a more detailed piece of work on this. It is a major risk for Buckinghamshire as the county has the highest number of self-funders. The Cabinet Member said that the local MPs are all lobbying on behalf of the residents of Buckinghamshire. The Government has said that they will fund it but Buckinghamshire has got the greatest number of self-funders.

- **A member expressed concern about predicting so far into the future and questioned the robustness of the forecasting.**
- **A member asked whether the care Bill has any effect on those people who are funded by the NHS in care and will those costs come to the county council.** Ms Rothero explained that the Care Bill places a new duty on the county council to fully integrate with NHS colleagues. She provided an example whereby the council purchases a placement from a social care perspective which currently costs £600 per week which includes hotel costs. From 2015, there will be a separation of hotel costs and people will be expected to pay up to £12k of hotel costs. Still awaiting clarity around what is classed as a hotel cost and what is a social care cost.
- **The eligibility threshold for care in Buckinghamshire is set at ‘substantial’ and the indications are that the new nationally set eligibility threshold will be set at the same level. Has work been undertaken to understand what the impact will be if the threshold is set at a lower level, such as ‘moderate’; either when the Act comes into force or in the future?** The Cabinet Member said that the county council feels that it is extremely unlikely that it will be set as moderate as it is a national criteria so there is less room for movement. Ms Rothero went on to say that 85% of councils set their eligibility at critical and substantial. Only recently had the guidance around this. There are some concerns across a number of councils who have undertaken some sampling to say that the eligibility threshold is set lower than where critical and substantial is currently set. In Buckinghamshire, work is currently being undertaken to look at parity of the banding. At the moment it is not a financial risk for the county council but need to understand more.
- **Is the Government being lobbied to ensure that care market equalisation is included in the funding and how will this be done? Will professional lobbyists be recruited to achieve the best outcome or can this be done collaboratively with other authorities in order to share the costs?** The Cabinet Member referred to demand management and the work of Prevention Matters and Buckinghamshire Care and said that the county council is doing all it can to support people to remain as independent as possible and to be cared for at home for as long as possible. Ms Rothero went on to say that one of the challenges is around how to get a funding settlement that covers the costs of implementation of the Care Act. The Government has referred to the new burdens money. The challenge is around market equalisation and there is a lobbying strategy which is being developed. The county council is working closely with Kent and Essex councils to try and shape the policy and get a “regional voice” on this issue. The county council is positioning itself to meet the increase in demand (a 60% increase in social care by 2031). A sub-group has been set-up with councils who have similar issues with a high number of self-funders. The first meeting is taking place next week and there is a meeting with MPs on 1 July. CCN (County Council Network) is the best route and there are 12 councils attending the sub-group with a strong cohort from the south of the country.
- **What are the costs associated with Prevention Matters?** Ms Rothero said that the budget for Prevention Matters is £1m and it is seen as a critical service.

Volunteers are a vital part of the service. The Cabinet Member went on to say that the Prevention Matters money comes from S256 monies which is “health money” being spent on social care. There are lots of benefits for the community.

- **Could you explain how carers will be better off from the Care Act provisions? A key provision of the Act requires carers to be treated as equal to those who they care for. What would need to be done to comply with this requirement and what would be the financial consequences of doing this?** The Cabinet Member explained that every carer, who requests it, can now receive an assessment and these needs will need to be met. Carers Bucks have been commissioned to provide information for carers. The county council is expecting to see an increase in the numbers of carers and it will also have new responsibilities around providing care packages for carers. There is no clarity yet from Government in relation to the funding arrangements for this.
- **What are the communication plans for explaining the Care Act implications to both current and imminent care recipients and are there clear communication exercises being undertaken at the national level and how will the local communications align with this?** The officer responded by saying that there will be a public awareness campaign which will start in the Autumn once the guidance has been published. The County Council will fit-in with the national strategy but will tailor it to local needs – one of the key aspects of the communications strategy will be around demand management. Ms Rothero said that it is a very complex area and the challenge is to convey the changes in a user-friendly way. The Cabinet Member stressed the need to try and get self-funders to carry on funding their care costs. Transition plans will be put in place for current users. There are many discussions taking place with the providers to explore and investigate the implications of the changes.
- **For people who may be 5 or 10 years away from requiring social care and commencing their care meter, what information and tools will be made available for them to easily understand what the means testing, various thresholds and the distinction between care and hotel costs will mean for them?** The officer responded by saying that the service area has a work stream around information and guidance for people requiring social care. There is national guidance around the duties placed on local councils. Ms Rothero said that the county council has already created in the marketplace specialist financial advice for people who are looking to fund their social care costs.
- **A member commented that benefit advice is very important.**
- **A member asked for clarification around social care costs – hotel costs, care costs and nursing costs. Based on the assumption of £750 per week – what proportion would each element cost?** Ms Rothero responded by saying that hotel costs are modelled on £230 per week (board and lodging) based on the unit cost of £650 per week. If a person cannot pay for this, then the costs are picked up by the county council. Pre-nursing care costs are around £120 per week.

The Chairman concluded by thanking the presenters for their very useful presentation and it was agreed that the presenters would be invited back to provide an update once more clarity and guidance has been received on the Care Bill.

8 DOMICILIARY CARE SERVICES

The Chairman started by acknowledging that the policy on the 15 minute care visits is currently being reviewed by the Adult Social Care team and this issue will be discussed in

more detail at a future meeting.

The Cabinet Member introduced Graeme Finch who is a contract manager within the Adult Social Care team and she went on to stress the importance of domiciliary care both locally and nationally.

Ms Rothero went on to say that domiciliary care is a critical market for the county council. The challenge is to ensure that every transaction is dignified and provides high quality care. It consumes a lot of time in terms of intense contract management. One of the biggest challenges is to ensure that the domiciliary care market place that is able to respond to the increased demand in social care as a result of the Care Bill. This is seen as the biggest Public Health crisis which local authorities are facing.

During discussion, Members asked the following questions.

- **The National Adult Social Care Intelligence Service (NASCIS) 2012/13 data shows a lower weekly spend per person for home care and meals in Bucks compared to the average for England (home care - £170 vs £214; meals - £16 vs £34). Does the service have data from service users which can reassure the Committee that this cost difference indicates an efficient and value for money service rather than an inferior service to that offered elsewhere in the country?** Ms Rothero explained that the unit costs are based on the 2012/13 data and are based on the average cost per person, per week receiving 10 hours of home care which represents around 40% of the County Council's overall market place. She went on to say that nationally, some places include supported living in their figures but in Buckinghamshire, supported living is not included. The Government has recognised this and are no longer using this measure of unit cost in future – they are proposing to use a standard cost of care per hour for the external market place. The 2014/15 data will be based on the new unit cost measure. Mr Finch added that in 2010/11 the trend from £190 to £170 is also against a background of average of 8 hours of care but it is now around 9 hours of care. The cost difference is for more hourly care. The county council currently pays around £17.85 per hour against a national average of £15.19 per hour. It is known that some authorities pay around £11-£13 per hour which is not sustainable in Buckinghamshire.
- **A member commented that evening care can start around 5pm which seems very early to be putting people to bed. Would you have to pay more if you asked the providers to put people to bed later and is there capacity within the teams to do this?** Some providers have a rate between 7am-7pm and they have different rates for weekends and bank holidays. With the main providers there is a composite rate which applies irrespective of time and is based on a fixed rate per hour. Capacity is by far the greatest issue – currently seeing a growth in demand at around 15% a year and there is enormous pressure around the retention and recruitment of care staff.
- **The report refers to the principle of equity price for Direct Payment users who do not benefit from bulk buying and Council purchased activities. Given that this principle is not enforceable through the contract, do we know whether this expectation is being met?** Ms Rothero explained that Direct Payments are where the service user becomes the commissioner and people are given a budget to spend on the services they need to meet their needs. We have a number of mechanisms in place to safeguard vulnerable people.
- **A member asked whether people can buy on the open market.** Ms Rothero said that people can buy on the open market. The council has been working

closely with Trading Standards on a project called "Support with Confidence" which is encouraging providers and traders to register their services through Trading Standards to ensure quality assurance.

- **There has been recent national press coverage of a backlog in assessing the care of disabled and mentally ill individuals following a Supreme Court ruling in March which changed the law on what constitutes a deprivation of a person's liberty (national backlog up from 10,000 in March 2014 to a projected 112,000 in the current financial year). Is this an issue in Bucks and, if so, what is being done about it?** Ms Rothero said that she did not have this information to hand but she would look into it and report back. She was not aware that there were any backlogs in terms of Deprivation of Liberty Safeguards (DoLs). In terms of the Supreme Court Ruling and the changes in legislation, she said that DoLs is an authorisation which is approved by the county council but going forward it will be the Court of Protection that will approve this but the county council is still awaiting clarity around the legislation.
- **The report shows the schedules of commissioned calls which average 35 minutes per call. On the basis that a straightforward visit could hardly take much less than this, how satisfied are you that service users are receiving as much care and time with their workers that they really need?** Mr Finch responded by saying that 35 minutes is the average and some visits are 15 minutes whilst others are around one hour. Also, some people require shorter visits but on a more regular basis. The Cabinet Member added that 30% of the county council's care costs come from 2% of people over the age of 80. She stressed that more people are being cared for in their homes for longer.
- **How many dementia patients are receiving domiciliary care services? Can you provide assurances that staff have received an appropriate level of training and that they have the necessary skills and awareness to care for these individuals?** Ms Rothero said that based on the total number of people who receive social care from the county council - 6,000 people in total and around 600 of them were diagnosed with dementia. Diagnostic rates around dementia are understated so the council is working closely with the NHS on this. The Care Quality Commission requires that training is in place for care workers and they can respond to patients with dementia and they have to be NVQ trained. The Cabinet Member added that the county council has commissioned Age UK which ensures that dementia patients have a named person.
- **A member asked whether the quality of care is monitored by officers visiting people who are in care.** Ms Rothero said that carers and service users are asked about their experience and commissioners meet regularly with providers. Complaints are not used as the only measure of feedback and the council gathers as much information as possible about the service providers.
- **What oversight or control do you have over the quality of staff delivering the services? Do you specify minimum levels of training, qualification and/or experience and if so, do these apply to staff employed by subcontractors?** Ms Rothero explained that sub-contractors are managed by the main provider and they have to comply with the same quality issues as the main provider. Ms Rothero added that the service area is currently reviewing its safeguarding patterns. There is a quality in care team which are tasked with going in and helping care homes to raise their levels of quality and they are being pro-active in improving the quality of care.
- **The report states that the recruitment and retention of skilled staff is a challenge in Buckinghamshire and that steps have been taken to improve this with providers. What have you done and is there any improvement as a**

result? Ms Rothero explained that there has been a piece of work looking into this area as there was a need to understand the recruitment and retention issues. As a result, there has been a real effort towards incentivising the workforce to try and reduce the high level of turnover. Some providers have changed some of their employment contracts as a result of our discussions with them so they have a better mix of types of contract arrangements with their staff.

- **The report explains why you pay for services based on a fixed hourly rate which incorporates travel costs. What assurance can you give the Committee that the sub-contracted providers pay their staff the minimum wage, including travel costs and time so that staff do not end up receiving less than the minimum wage overall for the total hours they work?** Mr Finch responded by saying that all major providers are monitored in terms of the average costs based on the minimum wage calculation. They have a requirement legislatively to pay the minimum wage and providers confirm this to us on a regular basis.
- **A member asked for reassurance that the county council would not employ a contractor based on just the time spent with the client and not include their travel costs to and from the client as this should be included as part of their overall wage.** Mr Finch said that some providers do pay on a natural time basis but they monitor the costs to ensure they are above the minimum wage when travel costs are included.
- **A member felt that it should be made clear what element of a care worker's wage is for the care of the person and how much is allocated for their travel costs.** Mr Finch responded by saying that in the most rural parts of the county (Aylesbury and parts of the north of the county), domiciliary costs are higher because the travel costs are higher. Providers have their own models for paying their staff but they have to comply with the legislation in terms of the minimum wage. Ms Rothero stressed that the county council is very clear that all contractors comply and this is monitored on a regular basis.
- **A member expressed concern about how zero-hours looks in terms of presentation and went on to say that zero-hours contracts can result in poor staff retention and in front-line staff lacking morale and motivation.**
- **A member asked who delivers care in Aylesbury.** Ms Rothero confirmed that Radian Support Limited are now delivering this care and the contract started on 1 April 2014.
- **A member said that different providers appear to be used in different areas and asked whether this was a deliberate move.** Ms Rothero said that when the procurement strategy in 2010/11, providers could only bid for one area. They could be the sub-contractor in another area but only the main provider in one area. This was done to minimise the risks with being with just one provider should any problems arise. Part of the procurement process is to assess the risk of the providers. The care market is often made up of providers who provide care on a national basis so this needs to be taken into account and seen in this context.
- **What impact will the increase in the minimum wage in October have on the domiciliary care budget?** Mr Finch said that there would not be no immediate impact on the budget this year as it has been factored in. Ms Rothero went on to say it will have an impact on the MTP budget in terms of any potential bids coming through and we will need to do the modelling on this.
- **If there was a major increase in petrol prices, who would pay for these increased costs?** Ms Rothero said that providers would come back to the county council to negotiate for more money to cover these additional costs.

The Chairman thanked the Cabinet Member and the officers for their very useful presentation and asked them to come back to the Committee in the Autumn to provide further information on the 15 minute visit. The Chairman commended the Cabinet Member on her very high performing team and their high level of knowledge of a very complex area. The Cabinet Member agreed that the service is very fortunate to have Rachael Rothero.

Action: James Povey

9 HASC INQUIRY

The Chairman confirmed that the next inquiry will be on local GP services and specifically the variability in patient satisfaction with their local GP services. Members interested in being part of this inquiry were noted and they were asked to provide their availability from mid-July onwards so that the initial meetings can be arranged.

10 COMMITTEE WORK PROGRAMME

The Chairman referred Members to the work programme and stated that the September meeting will focus on the results of the CQC inspection report with input from the Buckinghamshire Healthcare NHS Trust.

The Chairman mentioned the budget scrutiny and the impacts on the proposed cut to the Supporting People budget which includes support for vulnerable adults.

A member asked about the current Ofsted report on Children's Services as it is on services in care as she felt there was some cross-over with the Committee. The Chairman asked the policy officer to look into this and confirm where it will be looked at and when.

Action: James Povey

A member commented that the Health & Wellbeing Board is a joint partnership which relies on input from different partners and the Committee needs to get feedback from the partners to see how effective it is and the ongoing funding of this. The Chairman said that the Committee has not yet scrutinised the work of the Health & Wellbeing Board and its performance. The Chairman said that she would speak to the policy officer about how much detail can be given to this item in October.

Action: James Povey

11 DATE AND TIME OF NEXT MEETING

The next meeting is due to take place on Tuesday 16 September 2014 at 10am in Mezzanine Room 2, County Hall, Aylesbury.

Future dates in 2014

Tuesday 28 October
Tuesday 25 November

Proposed dates in 2015

Tuesday 10 February
Tuesday 24 March
Tuesday 28 April
Tuesday 26 May

Tuesday 30 June
Tuesday 15 September
Tuesday 20 October
Tuesday 24 November

CHAIRMAN

Action taken to improve Ambulance handover times and avoid queuing

We have:

- Redesigned the emergency department to include a rapid assessment area
- Dedicated an admin coordinator to facilitate arrival and departure of ambulance crews
- Identified a NURSE CO-ORDINATOR for each shift to receive handover on arrival
- Changed the staff mix in the rapid assessment area ensure handover times are kept to a minimum

How we monitor:

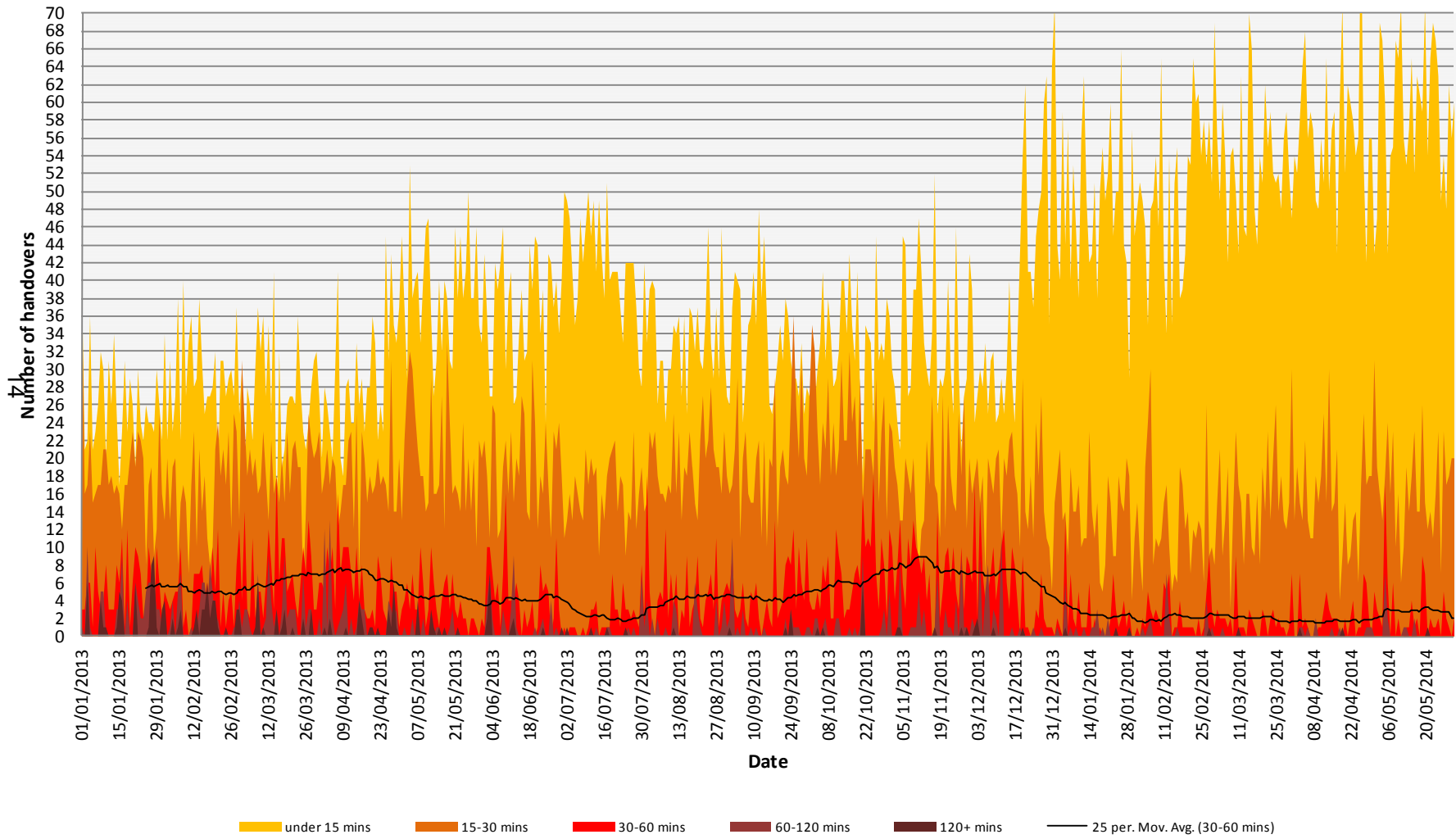
- 13 ▪ Daily reports from SCAS, daily validation of handover times
- Monthly quality check and assurance of handover times

However overall ambulance attendance is also increasing with May 2014 being the highest month to date.

Ambulance Handovers

Time in minutes

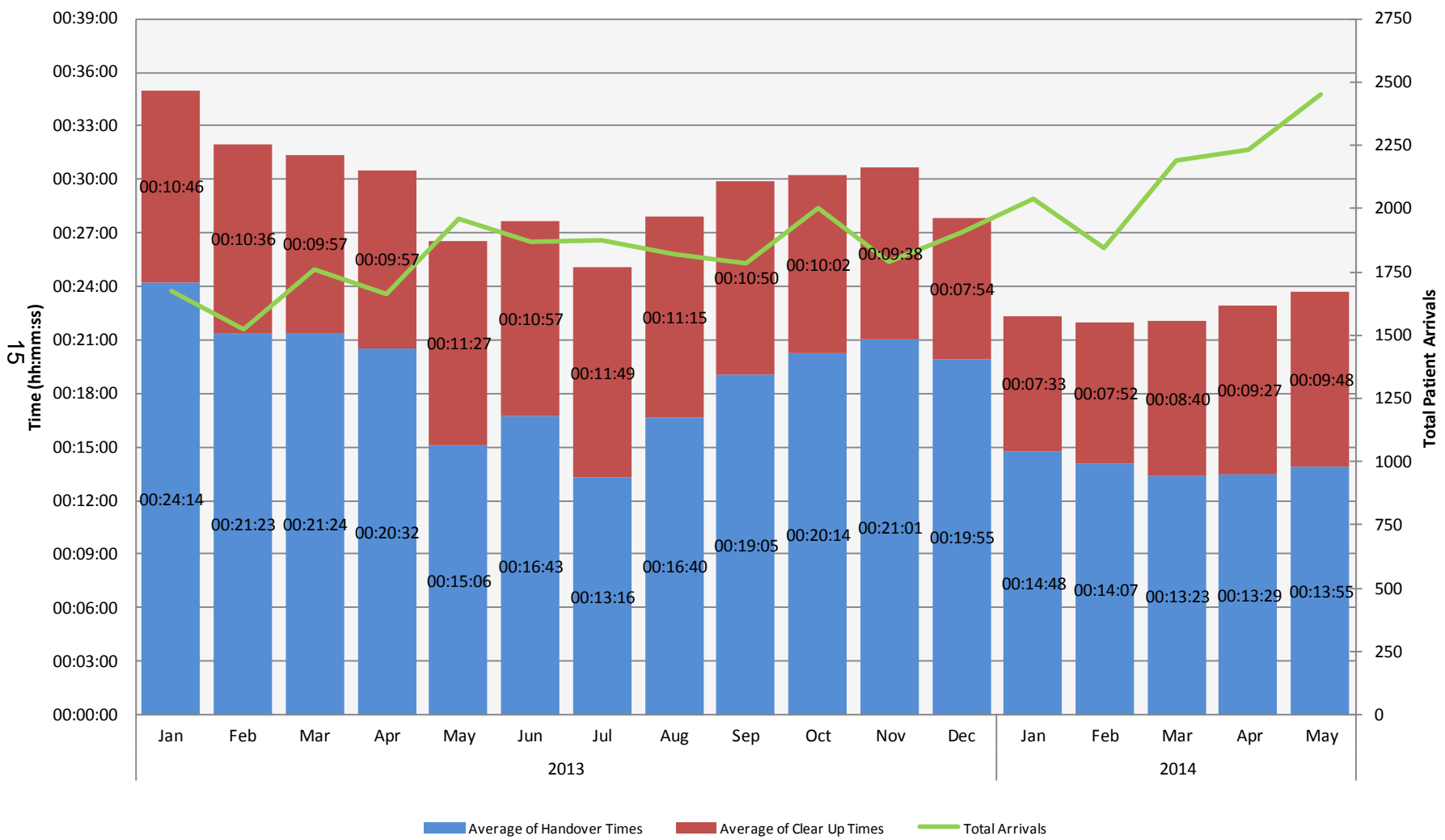
Daily Ambulance Handovers From 01/01/2013 to 31/05/2014



Ambulance Handovers

Volume and Handover times

Monthly Arrivals and Averaged Monthly Handover and Clear Up Times



Dementia Actions

Dementia Care team will comprise 3 staff:

- **1 x band 7 team leader (equivalent to a ward matron/ward sister role)**
- **2 x band 5 staff nurses (currently advertised)**

The team will:

- **Assess patients dementia needs**
- **Identify specific nutrition, sleep, communication needs**
- **Monitor and support staff to deal with behavioural and psychological symptoms of dementia**
- **Offer advice and support to relatives/carers of people with dementia**

Dementia Training

The following training is available throughout the trust:

- **Trust induction** (20 minute dementia awareness)
- **Essential Training** (as above)
- **Discipline specific training** (bespoke training for departments/ teams)
- **Preceptorship training** (monthly training for new starters)
- **Dementia training days** (full day training every month including symptoms, communication, a carers story, pain management, nutrition and end of life care). Aim to train 20 members of staff per month
- **Dementia Champions** (comprehensive training for qualified and unqualified staff comprising of 6 modules delivered over a 4 month period). Eight champions completing this training shortly, with a further cohort in September

Dementia Support

- **Dementia champions** encourage patient relative/carer to complete a copy of 'This is me', audit dementia care plans and referrals to the Dementia Care Team.
- **There are 3 'mylife' units available**, (mobile computer units specifically designed for people with dementia which include music, games, drawing, reminiscence and the ability to compile a 'story book' of the persons life with words and photos).
- **The Sunflower lounge** (situated near the coffee cart) is a 1950's style living room designed for people with dementia, the lounge is a calm, therapeutic environment where people can participate in activities, listen to music or talk to staff.
- **Sunflower garden** (at the rear of the sunflower lounge) is a dementia friendly designed garden with raised beds, sensory plants, a bus shelter (for people to sit and chat) and raised beds for patients to grow vegetables. The lounge will be opened on 15th July with a dementia awareness day.

Dementia CQUIN

Finding people with dementia, **Assessing** and **investigating** their symptoms and **Referring** for support (**FAIR**)

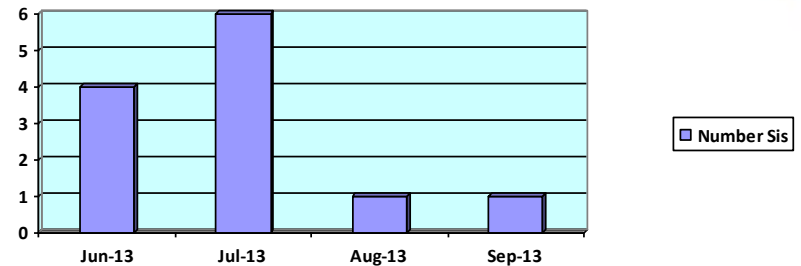
CQUIN	Quarter 1			Quarter 2			Quarter 3			Quarter 4		
	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Dementia Element 1 Find	93%	91%	93%	98.60%	90.60%	90.10%	90%	90.80%	90.40%	91.70%	90.50%	93.30%
Dementia Element 2 Assess	91%	99%	92%	95%	97.40%	91.30%	90%	91.80%	91.30%	91.80%	91.30%	92.10%
Dementia Element 3 Refer	100%	100%	95%	94%	94.70%	100%	100%	100%	93.80%	95.70%	95.00%	100.00%
Dementia carer audit	Completed monthly											

Definition:

- Patients aged 75 and over, who were admitted as emergencies and stayed for more than 72 hours;
- Find** - asked the case finding question within 72 hours of admission, *Has the person been more forgetful in the last 12 months to the extent that it has significantly affected their daily life* or b) had a clinical diagnosis of delirium on initial assessment, or c) had a known diagnosis of dementia;
 - Assess/Investigate** – patients who have scored positively on the case finding question should have undergone a diagnostic assessment and investigations
 - Refer** – Following investigations (outcome is either “positive” or “inconclusive”) patients should be referred for further diagnostic advice/follow up e.g. GP or other services

Background on cluster of Serious Incidents in the summer of 2013

- A cluster of SIs over a 12 week period (June – September 2013) occurred which raised questions relating to safety and quality within the department.



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- The themes were identified as follows:
 - CTG Interpretation
 - Decision making
 - Consultant oversight of women's care
 - Ownership of women and their care
 - Following of guidelines
 - Lack of general ward rounds

Maternity – Themes from Cluster of SIs

An external review was commissioned and the final report included the following recommendations:

- **Improve consultant engagement**
- **Align local guidelines consistency to national guidance and ensure consistency**
- **Consider local processes for updating local guidance**
- **Consider asking the department staff for alternative models of senior care provision.**
 - Revisit rules of engagement and responsibilities of consultants in job plan sessions.
 - Provide closer scrutiny of senior rotas.
 - Implement gynaecology post-take ward rounds.
- **Review local teaching and guidelines for the management of suspected sepsis.**
- **Improve training for CTG interpretation.**
 - Training to be more participative and multi-professional
 - Obstetric consultants should be part of the training faculty and encourage local champions to lead the training
 - Develop and make available a dashboard allowing continuous monitoring of outcomes
- **Review department training and competence for operative vaginal birth.**
 - Become an early site for the forthcoming RCOG Operative delivery course

Actions taken:

- Consultant hot week increasing cover to 134 hours per week
- Re-alignment of job plans to ensure Consultant cover in ward areas
- Appointment of 3 locum Consultants
- Continuing of coaching support for senior teams
- Purchase of K2 package to support CTG training for all
- Development of specific roles/responsibilities within the Consultant body to improve team working
- Guidelines revisited to ensure national compliance by the Lead Midwife

Healthwatch Update to Buckinghamshire HASC, June 2014

Annual Report: Draft of this due to go to the next Board Meeting. Plan is for an annual report launch event in September.

Outreach work: Our outreach workers continue to gather stories and raise the profile of Healthwatch with the public. This includes visits to libraries, womens groups, ethnic minority groups, shopmobility, GP surgeries and children centres.

Survey Mapping: We are conducting a survey of existing and planned schemes to gather the opinions, experiences and suggestions of Buckinghamshire residents who are users of health and/or social care services. This will assist us in determining the most productive role that we can perform on behalf of Bucks citizens in relation to the gathering, aggregation or usage of data from service users and carers.

Projects: Projects with Talkback and Action4Youth have been completed and the reports will be sent to the Health and Wellbeing Board, and will be publicised. Next steps for the Board is to consider how best Healthwatch Bucks manages the process of tracking activities and recommendations which result from our work so that we can ensure we are making a difference.

- **Transport** - aim is to get the views of a wide range of people about their transport issues and to use the information to discuss solutions with key decision makers. Engagement activity will take place in six local areas which have been identified as likely to have difficulty accessing health services (i.e. rural with limited public transport and community transport, and concentrations of older people). We have also interviewed people on transport and access at a series of Community Impact Bucks events on community transport, and have run a questionnaire on our website which we have publicised. We have also surveyed people attending appointments in hospital outpatient departments, and are having further discussions with key local organisations including community transport providers. We are considering holding a conference when the report is published.
- **Urgent Care** - Final preparations are in hand for the assessment of patient experiences of using A & E, the MIU, NHS 111, GP surgeries and community pharmacies for minor injuries and illnesses throughout Bucks. This hopes to include patients in the south and north of the county using Wexham Park and Milton Keynes Hospitals. This survey should complement the urgent care report from the HASC. A meeting will be held with all involved in this project on 18th June to confirm project plans, dates and responsibilities.
- **Wexham Park** - Meeting with Bucks County Council Head of Hospital Social Work, Wexham Park Head of Discharge and the Integrated Care Director (Lesley Perkin) to discuss this project.

Engagement and Involvement: CEO (Alex Hannaford) spoke at Bucks 50plus forum recently, as well as at the Action4Youth Annual Conference.

Shade Adoh (Healthwatch Bucks & HASC Member)

