



Executive Partnership Board

Minutes

1 December 2014

Members in attendance:	
Emily Everton	Assistive Technology Partnership Board
Steve Goldensmith	Prevention Partnership Board
Stephanie Moffat	Aylesbury Vale District Council
Kurt Moxley	Mental Health Partnership Board
Sue Pigott	Talkback
Bharti Quinn	Interim Lead Commissioner for Service Users and Carers
Christopher Reid	OPP and PSD PB
Bob Smith	South Bucks District Council and Chiltern District Council
Others in attendance:	
Debi Game	SUCO
Helen Wailling	Democratic Services Officer



No	Item
1	<p>Welcome and apologies</p> <p>Apologies for absence were received from Zita Calkin, Ian Cormack, Maxine Foster, Elaine Jewell, Ainsley Macdonnell, Ryan Mellett, Jean Rein, Tracey Underhill and Adam Willison.</p>

	<p>Emily Everton was in attendance as a substitute for Adam Willison.</p> <p>Steve Goldensmith chaired the meeting.</p>
2	<p>Minutes of meeting held on 22 September 2014</p> <p>The Minutes of the meeting held on 22 September 2014 were agreed and signed as a correct record.</p>
3	<p>Action Sheet</p> <p>Dignity Update – concerns raised at last meeting about self-funders in care homes and people on direct payments.</p> <p>Chris Reid reported that he had raised this at the meeting of the Dignity in Care Strategy Group meeting the previous week. Healthwatch did not single out clients whose places were commissioned by BCC, and looked more widely at provision in a care home (they did not discriminate). No distinction was made in the feedback either between BCC clients and self-funders.</p> <p>Challenging Behaviour Project</p> <p>The template for this work had been circulated to Board members. Debi Game told members that there was a lot of anecdotal evidence about challenging behaviour. The purpose of the study was to identify good practice and also concerns. Where there were concerns, evidence would be obtained so that Healthwatch could use their ‘enter and view’ powers in the homes concerned.</p> <p>Bharti Quinn asked if this study would feed into the work of the Quality in Care Team. Debi Game said that they had held long conversations with the Quality in Care Team. Once the questionnaires had been completed (the closing date was that day), morning events would be held for service users to talk about their experiences.</p>
4	<p>Feedback from Partnership Boards and SUCO</p> <p>Mental Health Partnership Board (MHPB)</p> <ul style="list-style-type: none"> • Information, advice, support on benefits. Will be on agenda for next meeting of MHPB. This could feed into the BCC work on the implementation of the Care Act. • Training – service users were very keen that training reflected their journey. Mandy Carey (Bucks Mind) had been commissioned to do mental health first aid training. Three SUCO representatives would be attending ‘training the trainer,’ and then would be meeting with Bucks Mind to look at training. • From 1st April 2014 a new Mental Health Strategy would be needed. A draft strategy was now being circulated, and had been to JET Adults. The

Strategy would go out for consultation from January to March 2015.

- Mental Health Crisis Care Concordat – this was about how people in a crisis with mental health issues could access services. Buckinghamshire has its own version of the Declaration, and this was currently going round to each organisation for agreement. An Action Plan would sit behind the Declaration. The governance for the Concordat would go through the Health and Wellbeing Board.

Carers Partnership Board

- Respite beds, especially re: availability and flexibility of reserving beds (they could not be booked in advance). There were also issues regarding communication between partners and providers, about how respite can be used better. Carers Bucks now had an arrangement with Fremantle for carers to book respite. This could be used as a model for the whole of Buckinghamshire.

There was a lack of understanding about availability of beds, and where they were located etc. Bharti Quinn had taken this away as a piece of mapping work.

Homes did not keep beds empty for respite.

A small pilot was currently being carried out with mental health respite beds, where carers bought a number of beds as a group.

This was an issue which affected carers in all client groups

- Carers' needs analysis, particularly around 'hidden' carers. In the Care Act there were implications for carers (they would have a legal footing regarding assessment for care and support). Some work was being carried out currently to identify and understand where the issues were. The work was being done in partnership with public health and Carers Bucks about 'hidden' carers. This work would feed into the priorities for the Carers Partnership Board, which would then feed into the Carers Strategy 2015. Bharti Quinn had carried out briefings for carers about the Care Act across Buckinghamshire, and feedback was that carers were very interested in this.

Learning Disability Partnership Board (LDPB)

- A report (Bubb report) has been published highlighting the support or rather the lack of support for people with learning disabilities and even though Winterbourne has been some 3 years ago there still seems to be a trend whereby people are placed into residential care/treatment places rather than offering or giving them the opportunity to have a home, a social life and to meet people within their local community.

This links in with the work Talkback and the Partnership board has been talking about around Loneliness and social isolation and so this is a real area of concern and needs some real work – real projects- real time spent on it to develop alongside everyone (voluntary and council and health) to ensure that we do everything that is possible to prevent people being treated in such a way.

- Work around health checks. There is still some confusion for people in regards to what these are and who invites or asks you to attend for a health check.

- Health passports - these were intrinsic for communicating. Funding was available to re-launch the health passports. This needed to be joined-up with partners. Zita Calkin was aware of this work. Bharti Quinn suggested that contact be made with public health about this work. Debi Game said that she would send through some information sent to her by the Bucks 50 Plus Forum.

Older People's Partnership Board (OPPB)

- Older People's Champions' Forum – there was a plan for the Forum to be relaunched in 2015. The issue for the OPPB members was to understand what the purpose of OPCF was, and there was a concern that there would be duplication with the OPPB. The concerns had already been raised with the Deputy Cabinet Member for Health and Wellbeing. A close eye would be kept on this.
- Roll out of information, advice and guidance part of the Care Act. The key message from the Older People's Conference held in spring 2014 had been a need for better quality information and a single point of access. Bharti Quinn would be coming to the OPPB meeting in January 2015 to speak about this.

Physical and Sensory Disability Partnership Board (PSD PB)

- What is the plan around the implementation of the Care Act (i.e. involving partnership boards in this work)?
- Disabled Street Parking – where kerbs were not dropped, it made access to street parking very difficult. There was a request for BCC to be more proactive when renewing pavements and roads. The PSD PB was looking for reassurance that there was an active requirement for kerbs to be dropped when works were planned on highways / pavements. This was also a wider issue (e.g. accessibility when housing estates were planned). This linked into the Paralympic legacy work. Steve Goldensmith was working with Andrew Clark and Ian Barham on this and a workshop was being planned for 2015, hosted by AVDC

Prevention Partnership Board

The three 'burning issues' were:

- Social isolation and exclusion
- IAG, particularly welfare reform and the implications of this
- Transport

Service User and Carer Organisation (SUCO)

The number of service users and carers on each partnership board were now as follows:

- Carers Partnership Board – 8
- PSD Partnership Board – 7
- Older People's Partnership Board – 5
- Mental Health Partnership Board – 8
- Assistive Technology Partnership Board – 4
- Autism Partnership Board – 7
- Dementia Partnership Board – 5
- Dementia Network Group – 7

The link between the partnership boards, the Executive Partnership Board and the Health and Wellbeing Board needed to be looked at, particularly as SUCO was encouraging service users and carers to be involved with the Boards.

A number of service users and carers were involved with the Local Account meeting. There had been some drops in service satisfaction, which needed to be analysed – **Action: Marcia Smith**

5 Dignity Update

Chris Reid told members the following:

Dignity Campaign – leaflet and poster

- The dignity leaflet and poster were now finalised, and contained the standard principles of dignity. They also had four telephone numbers which each covered a different area of service.
- Chris Reid had met with those responsible for each telephone number and had agreed a shared protocol.
- The poster would be sent to GP practices and hospitals etc.
- If members wanted copies of the leaflet or poster they should contact Bev Frost.
- The leaflets were also being circulated via Community Practice Workers.

Healthwatch Enter and View Project

- Four care homes had been visited so far, and feedback had been well-received.
- Commissioners would receive detailed feedback reports from the visits.
- A public version of the feedback would be available on the Healthwatch website.
- The target was to visit 16 care homes by the end of March 2015, plus two domiciliary care providers.

Steve Goldensmith asked if Healthwatch had a great enough profile to be able to influence. Chris Reid said that this would be a question for Alex Care. Healthwatch had had a change in leadership recently, with a new Chief Executive (Richard Corbett).

Stephanie Moffat said that Healthwatch had attended a scrutiny committee. Members on the committee had had a low level of knowledge about the work of Healthwatch.

	<p>Debi Game noted that Healthwatch had been in existence for over a year.</p> <p>Sue Pigott suggested that Richard Corbett attend a meeting of the Executive Partnership Board (EPB). Debi Game said that she had previously encouraged Alex Hannaford to attend EPB meetings, but that Alex Hannaford had now left Healthwatch.</p> <p>Steve Goldensmith suggested that Healthwatch attend an EPB meeting to speak about their role and their plans – Action: CR to speak to Richard Corbett.</p> <p>Bharti Quinn said that she would speak to Alex Care in the meantime.</p>
<p>6</p>	<p>Break</p>
<p>7</p>	<p>Loneliness / Social Isolation as a cross-cutting issue</p> <p>Angie Sarchet had sent her apologies for this meeting.</p> <p>However Steve Goldensmith was able to update members as follows:</p> <ul style="list-style-type: none"> • Prevention Matters worked with a particular group of individuals in regard to social isolation. • Good social contact had a larger impact on death rates than giving up smoking or alcohol (data to be circulated – Action: SG). • Social media (e.g. Mumsnet) stimulated meetings between people. • Evidence showed that going back to old relationships was best. • People in relationships could feel lonely too. • Public Health had released a report on social isolation, which could be circulated – Action: SG • Research showed that people in residential care could be some of the loneliest people. • People’s sense of loneliness had increased by 20-30% over the past ten years. • People could build their own barriers to engaging. <p>Debi Game referred to IAPT (Improving Access to Psychological Therapies) and said that people accessed this service due to mental health issues, rather than because they were lonely.</p> <p>Debi Game also said that volunteering increased self-worth.</p> <p>Bharti Quinn said that there were a lot of issues for carers regarding</p>

	<p>social isolation, and that some work might be needed specifically in relation to carers. Challenging behaviour could create issues for carers.</p> <p>Steve Goldensmith said that carers were mentioned a lot in reference to loneliness, often in the context of loss.</p> <p>Debi Game said that carers might not feel that they had time to look at their own issues.</p> <p>Sue Pigott said that loneliness was raised all the time for those with learning disabilities, especially since the changes to day services. Talkback had run a 'Time to Talk' service two years previously, and was still running this, even though funding had ceased.</p> <p>Transport, especially in rural areas, was an issue.</p> <p>Those with learning disabilities did not necessarily want befrienders.</p> <p>Stephanie Moffatt said that the Health and Wellbeing Board had run a workshop on loneliness, but was not sure what had come out of that. Chris Reid said that this highlighted the lack of communication between the Health and Wellbeing Board and the Executive Partnership Board.</p> <p>Debi Game said that questions around isolation needed to be embedded, e.g. from GPs and Community Practice Workers in assessments.</p> <p>Sue Pigott asked if loneliness was mentioned in the Health and Wellbeing Strategy.</p> <p>Bob Smith said that it was picked up by the 'Five Ways to Wellbeing' campaign. Debi Game said that some people felt that the campaign was patronising.</p> <p>Kurt Moxley said that the Chief Medical Officer had since discarded the 'Five Ways to Wellbeing.'</p>
<p>8</p>	<p>Presentation on the Care Act</p> <p>Steve Goldensmith took members through some slides about the Care Act and said the following:</p> <ul style="list-style-type: none"> • At least one in three people would have a care need at some point in their lives. • The Care Act had two phases of implementation. The first phase, which was required by April 2015, included the requirement for the Council to provide a comprehensive information, advice and guidance service to all, regardless of financial status.

	<ul style="list-style-type: none"> • There was also a duty to provide independent financial advice, and to provide an advocacy service (an advocacy service was already in place in Buckinghamshire). • There was a right to assessment for all adults, including carers. • Bharti Quinn was leading on developing a strategy for AIG. • Due to a tougher legal framework for safeguarding, a restructured safeguarding team was now in place. The MASH (Multi Agency Safeguarding Hub) had also been set up. Safeguarding for adults was now on a similar footing to Children’s safeguarding. • Personal budgets would be available for all, and direct payments would be available for carers. • There were new duties for care and support of prisoners. There was not currently a social care service for prisoners in Buckinghamshire (although there was a health service in place). A trained team would be put in place and Bharti Quinn was writing a specification for this. • The second phase of the Care Act, which would be required to be in place by April 2016, included a cap on care fees of £72 000 for those of state pension age. More guidance on this would be published in April 2015. • The Council would need to set up care accounts for those who were eligible, to record the progression to the cap. • There were new requirements around charging, and a new Charging Policy would go to consultation in December 2014. • Currently the County Council provided care and support to approximately 44% of Buckinghamshire residents. After the introduction of the Care Act, they would need to provide care and support to 90% of residents. This would have a huge impact. <p>Sue Pigott asked if there had been any consultation on the Care Act for stakeholders. Bharti Quinn said that there had been a huge consultation exercise before it became an Act. The project lead for each area at BCC should be engaging with stakeholders. There would be national communications on the Care Act in January 2015.</p>
<p>9</p>	<p>Date of next meeting</p> <p>2 March 2015, 1:30pm, Mezzanine Room 1, County Hall, Aylesbury</p>

Chairman