

# OLDER PEOPLE'S CHAMPION'S FORUM

## DRAFT AGENDA

**Date**            **Tuesday 30 October 2007**  
**Time**            **10.00 am**  
**Venue**           **Phoenix Room 3, Ground Floor, Old County Offices**

	<b>Page</b>
<b>1</b> <b>Apologies and changes in membership</b>	
<b>2</b> <b>Minutes</b> To agree the Minutes of the meeting of the Older People's Champion's Forum held on 4 September 2007 as a correct record.	<b>1 - 6</b>
<b>3</b> <b>Matters Arising</b>	<b>7 - 8</b>
<b>4</b> <b>Report on outcomes from the Older People's Conference - 16 July 2007</b> Sheila Davies, Health Promotion Co-ordinator	
<b>5</b> <b>Report on outcomes from "The Discovery Interviews" initiative</b> Anne Banks, Buckinghamshire Hospitals Trust	<b>9 - 16</b>
<b>6</b> <b>Report back on outcomes from the "In your shoes" meetings</b> Anne Banks, Buckinghamshire Hospitals Trust	
<b>7</b> <b>Telephone Support Scheme</b> Teresa Smith, OPAG Co-ordinator	
<b>8</b> <b>SHAPE initiative (Improving Services through Community Engagement Programme)</b> David Furze, Wycombe DC or Chris Stanners, Chairman Champions Forum	
<b>9</b> <b>The Champions Mission: discussion of the future role for the Champion's Forum</b> Paper from Graham Box	<b>17 - 20</b>
<b>10</b> <b>Any other business</b>	
<b>11</b> <b>Issues arising from the OPPB agenda for 7th November</b> Draft OPPB agenda attached	<b>21 - 22</b>
<b>12</b> <b>Date of next meeting</b> 2.30pm, 15 January 2008 in Mezzanine Room 1	

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**OLDER PEOPLE'S CHAMPION'S FORUM**

**MINUTES OF THE MEETING OF THE OLDER PEOPLE'S CHAMPION'S FORUM HELD ON TUESDAY 4 SEPTEMBER 2007 IN MEZZANINE ROOM 3, COUNTY HALL, AYLESBURY, COMMENCING AT 10.00 AM AND CONCLUDING AT 12.30 PM**

**PRESENT:**

Pam Bacon, Public Health Services OSC  
Anne Banks, Buckinghamshire Hospitals Trust  
Jo Bromley, Newton Longville Parish Council  
Eric Davies, Bucks OP Forum and BOPAG  
Sheila Davies, Wycombe District Council  
Martin Ellwood, Wendover OPAG  
Waveney Munroe  
Horace Noble  
Freda Roberts MBE, Liberal Democrat Spokesman for Older People  
Chris Stanners, Older Peoples Champions

**OTHERS PRESENT:**

Graham Box, Consultant  
Sheilah Moore, Democratic Services Officer

**1. APOLOGIES AND CHANGES IN MEMBERSHIP**

Apologies for absence were received from Kerry Stevens, Christine Nicolay, Ryan Mellett, Michael Colston, Frances Finucane, Emma Parry and Marilyn Park.

Councillor Pam Bacon declared a personal interest in that she sat on the Adult Social Care Policy Advisory Group.

**2. MINUTES**

The Minutes of the meeting on 2 May 2007 were confirmed as a correct record.

**3. MATTERS ARISING**

*Item 3, para 1* It was requested that the clerk circulate the Terms of Reference of the Adult Commissioners to the Champion's Forum with the agenda for the next meeting.

**Action: Sheilah Moore**

*Item 3, para 2* Anne Banks indicated that the Hospitals Trust had introduced a policy regarding bed movement. Patients were to be moved no more than 3 times, from the Medical Assessment Unit, to a specialist ward and then a rehabilitation ward. There was not thought to be a role for the Champion's Forum at this time in monitoring beds moves. The Chairman commented that it was the Champions who had drawn attention to the issue and welcomed the introduction of the policy on bed moves.

*Item 3, para 3* Anne Banks reported that currently, there was no ward at Stoke Mandeville for older people with non-specific medical conditions. However, Hospital beds within the Trust were being reconfigured. Anne Banks would report back at the next meeting of the Forum.

**Action: Anne Banks**

Item 3, para 4 The Chairman mentioned that she had still not received a recording of the meeting that she and Kerry Stevens had attended with the Hospitals Trust on 4<sup>th</sup> December 2006 regarding the pathway analysis of care provided to a 94 year old lady. Anne Banks had requested that the recording be sent and agreed to follow up on this.

**Action: Anne Banks**

Item 3, para 5 Anne Banks reported that an open day for potential Older People's Champions was being planned for the following year. The Chairman requested that the Older People's Champion's Forum be involved in this event.

Item 3, para 6 Anne Banks reported that the Hospital Trust had held 3 "in your shoes" days in Aylesbury, Amersham and Wycombe respectively where staff had been matched with previous patients as a way of sharing patient experiences. The events had proved very successful and information gleaned was being compiled into a report. The Champions requested a copy of the report when available.

**Action: Anne Banks**

#### **4. REPORT ON OLDER PEOPLE'S CONFERENCE - 16 JULY 2007**

Sheila Davies reported that the theme of the 5<sup>th</sup> Bucks Older People's Forum Conference *Speaking out – Making changes* was engagement with older people and how to involve them in the decisions that affect them. 100 delegates from all across the County met in Chesham at the Chartridge Conference Centre. A specific request from the Forum had been that no professionals be invited unless speaking or supporting the conference, as in previous years it was felt that they dominated discussions.

The key note speaker was Matt Briggs from Department of Work and Pensions leading on the government's new Transformational Government team looking at how services for older people could be developed and reorganised. The theme of user engagement / involvement continued throughout the 5 workshops.

Some of the threads emerging through the workshops:

General issues:-

- Poor transport especially in the evenings, as well as its frequency
- Routes not taking older people where they need to go eg GP surgeries, adult education centres
- Library closures
- Need to get information into the heart of communities
- Individualised responses, not getting a standardised answer
- Being treated with respect
- Bus passes only being eligible in home county
- Consistent communication between professionals

Problems identified in the way people had been consulted / involved in the past:-

- People feel that consultation is already decided before it is done, there is too much consultation and no action afterwards
- People don't feel they have receive information directly
- People don't feel consulted on key issues such as transport

How would you improve community involvement and participation:-

- “Need real people talking to us in a real way”
- Use existing channels of communication eg radio, supermarkets
- Work on issues in the communities where they live and make it feel more personal
- Introduce a buddy system for services users to give confidence
- Offer prizes for consultation involvement

A full report would be presented to the Buckinghamshire Older People’s Forum AGM in October.

A member enquired about the possibility of reduced train fares for Older People.

The Chairman thanked the Bucks Older People’s Forum and everyone involved for their hard work in setting up the event. A member of the Champion’s Forum suggested that in future years, taxis collect more than one passenger from a locality to save money.

## **5. REPORT ON DISCOVERY INTERVIEWS PILOT**

Graham Box reported that, in a project funded by Buckinghamshire County Council, four pairs of interviewers (all but one of them are lay people aged fifty and over) had been trained to carry out discovery-type interviews with older people who have been inpatients at the Acute Trust or who attend the Day Hospital. This was a pilot study and ten patients have been interviewed. Their stories had been transcribed and shared with the Acute Trust (though there were messages for other organisations as well). The interviews had covered the admission process, being in the hospital, being discharged, settling back home and (for those who attended) their experience of the day hospital.

Some patients expressed highly favourable views on the care that they had received. However, several issues had been raised around:

- Person centred care
- Delays and duplication
- Food and sleep
- Discharge and follow up
- Personal hygiene

Whilst many of the problems raised might not be new to providers and commissioners, it was hoped that the authenticity of the approach, hearing the genuine voices of local patients, would give added impetus to making improvements in the areas highlighted. Anne Banks agreed that the interviews had been very valuable and she undertook to provide a written response to the Forum.

**Action: Anne Banks**

Graham Box recommended that the Champion’s Forum support the completion of roughly six more interviews with older people identified as users of social care. A member suggested that these take the form of follow-up interviews with those already interviewed who had gone on to use social care services. There was broad support for this approach and Graham Box indicated he would discuss this further with Kerry Stevens and report back to the next meeting of the forum.

**Action: Graham Box**

Pam Bacon suggested that the discovery interview report could be passed to the Public Health Services Overview and Scrutiny Committee as a way of formalising the work and its

recommendations. Graham Box and the Committee's Policy Officer, Angela Macpherson, could discuss this further outside of the meeting.

**Action: Graham Box**

**6. REPORT ON CHAMPION'S TRAINING WITHIN BUCKINGHAMSHIRE HOSPITALS' TRUST**

This item was covered under Matters Arising from the Minutes.

**7. REPORT ON PUBLIC MEETING WITH HEALTH CARE PROFESSIONALS AND PANEL OF SERVICE USERS**

Pam Bacon reported that she had attended one of the "In your shoes" meetings run by the Hospital Trust and had shared her experiences of inpatient care at Wycombe Hospital the previous December. Issues she had raised at this meeting revolved principally around nursing care. Mrs Bacon understood that action had already been taken to address issues of concern.

Anne Banks explained that staff on assessment wards were now returning to wearing uniforms; staff were required to wear an identification badge on the wards; the nursing structure had been reorganised and a new matron appointed; it was considered a disciplinary matter of staff did not talk in English to patients on the wards and the medical assessment unit had been painted and the physical environment improved.

Anne Banks added that the "In your shoes" meetings had been a great success and it was anticipated that more such meetings would be held the following year.

**8. ITEMS FOR COMMENT FROM OPPB AGENDA AND MINUTES**

No comment was made.

**9. THE FUTURE OF THE BUCKINGHAMSHIRE OLDER PEOPLES' CHAMPION' S FORUM - DISCUSSION AND RECOMMENDATIONS**

There was some discussion around the future of the Champion's Forum in Buckinghamshire. Broad support was expressed for continuing with the Champions Forum which had played an important role in bringing issues to the fore, both through the case study and the peer interviews. Members felt it should only continue if the problems identified below were addressed.

- 1. Lack of status and authority:** The champions were not consulted on and kept informed about important issues and changes that affect older people. They struggled to hold the OPPB to account and did not have a slot on that agenda to raise their concerns at every meeting. The acting lay chair did not receive the information that was routinely shared among professionals and was therefore not well placed to intervene on behalf of older people.
- 2. Lack of focus and impact:** The champions used to contribute to the NSF for Older People Standards working groups. Their demise had diluted the focus of the group and made the champions influence within the system far less tangible.
- 3. Lack of commitment from the statutory sector:** At the September meeting, which was intended to see a reinvigoration of the Champions, there was no representation at senior manager level from the Primary Care Trust, the Mental Health Trust, the Ambulance Trust or Social Care.

4. **Lack of senior management ownership:** There was no senior manager with responsibility for the champions and, as a result, the network had dwindled over the preceding 18 months, rather than being built up.
5. **Lack of clarity:** The lay people present did not understand if they were there to represent groups such as their Older People's Action Group or whether they speak for themselves. Nor were they clear on how decisions were made, who made them and how they could be influenced.

It was agreed that the following recommendations would be made to the Older Peoples Partnership Board:

- a. The Champions Forum needs to be chaired by someone who is linked to the whole system network of health (primary and acute) social care and community services.(a professional manager at a high level, or clinician). This person should be identified by the OPPB in partnership with the Champions Forum Chair and acting Chair. There should be a lay co-chair.
- b. A senior manager should be given responsibility for the champions network. Their role would be to grow the number of champions for older people across Buckinghamshire to become a vibrant body. The membership of the Champions Forum would be drawn from that wider network.
- c. All of the relevant statutory organisations should commit to the Champions Forum and send substitutes when their nominated representatives are unable to attend. They need to keep the Champions Forum informed about changes and issues that relate to older people.
- d. Mechanisms need to be established that allow the Champions Forum to influence the agenda of the OPPB and to allow the Champions Forum a regular, dedicated slot at OPPB meetings. The Champions Forum also needs to be clear about whether it can commission work and whether it has a budget for its activity.
- e. Training needs to be available to Champions Forum members.

A report containing these recommendations would be passed to the Chairman of the OPPB to be tabled at that meeting.

## **10. ANY OTHER BUSINESS**

None was raised.

## **11. DATE OF NEXT MEETING**

30 October at 10.00am in Phoenix Room 3.

**Chairman**





## ADULT COMMISSIONERS - TERMS OF REFERENCE

### **Purpose**

Through effective partnerships between Health and Social Care organisations in Buckinghamshire to achieve sustainable, appropriately integrated health and adult social care delivery and quality outcomes.

### **Accountability**

Through the delegated authority of chief officers or nominated leads accountable for joint decision making and / or delivery.

### **Functions**

#### *General*

- Manage the overall agenda for the Partnership and set priorities

#### *Service improvement*

- To develop the strategic direction and co-ordinate strategic thinking and analysis
- To modernise and optimise health and adult social care delivery across the whole system
- To achieve the targets set out in the NHS and Buckinghamshire adult social care service plans
- To coordinate the commissioning and reshaping of Buckinghamshire services
- To promote models of seamless health and adult social care which are people focussed, deliver excellent outcomes and maximise productivity and efficiency.
- To encourage the development of a flexible workforce in order to optimise the application of skills and competencies

#### *Managing the health and social care economy across the Partnership*

- To manage the system wide aspects of modernisation and development (capacity, workforce, access and the NSFs)
- To ensure that capacity and demand are in balance to enable service targets throughout the NHS Plan and Buckinghamshire adult social care service plans are achieved.
- To foster the use of resources that address the health and adult social care needs of the population of Buckinghamshire, taking account of the variations in population

#### *Communication and exchange of information*

- To foster and maintain external relations
- To communicate within and across the Partnership organisations to enable the vision of the Partnership to be achieved

#### *Evaluation and monitoring*

- To evaluation and monitor progress against the strategic goals and the system wide targets within the NHS Plan and Buckinghamshire adult social care service plans are achieved.

- To account for its collective actions

### **Meetings**

The partnership will meet monthly.

### **Sub-groups of the Partnership**

A range of sub-groups will support the working of the Partnership including:

- Older People's Partnership Board
- Learning Disability Partnership Board
- Mental Health Partnership Board
- Physical and Sensory Disability Partnership Board
- Scheduled Care Leadership Group
- Unscheduled Care Leadership Group

### **Membership**

Janet Fitzgerald	Chief Executive, Buckinghamshire PCT
Rita Lally	Strategic Director, Adult Social Care, BCC
Peter Loose	Head of Commissioning and Service Improvement, BCC
Dr Geoff Payne	Professional Executive Committee Chairman, Buckinghamshire PCT
Kerry Stevens	Head of Service Provision, BCC
Jane Taptiklis	Head of Joint Care Commissioning, Buckinghamshire PCT

Representatives from Practice Based Commissioning Collaboratives to be invited  
Finance representatives from the County Council and the PCT to attend as and when necessary

## **Report to the Buckinghamshire Older People's Champions Forum on the use of peer interviews to learn about the experiences of older people using local services**

### **Introduction**

1. In a project funded by Buckinghamshire County Council, four pairs of interviewers (all but one of them are lay people aged fifty and over) have been trained to carry out discovery-type interviews with older people who have been inpatients at the Acute Trust or who attend the Day Hospital.
2. The project has benefited from the active support of Fiona Coogan, (Deputy Director of Nursing, Buckinghamshire Hospitals NHS Trust), Marilyn Park (Head Nurse, Medicine for Older People, Stoke Mandeville Hospital) and Annie Banks (Head Nurse, Medicine for Older People, Wycombe Hospital) who have helped with recruiting patients and are actively considering service improvements as a result of the findings.
3. This is a pilot study and ten patients have been interviewed. Their stories have been transcribed and shared with the Acute Trust (though there are messages for other organisations as well). The interviews have covered the admission process, being in the hospital, being discharged, settling back home and (for those who attended) their experience of the day hospital.
4. Changes will take place in response to individual issues, where appropriate, and good practice should be reinforced. This report identifies some of the general issues to be addressed and evaluates the process itself. It is based upon the views of the interviewers themselves, five of whom met to discuss the ten completed transcripts.

### **Key messages**

5. It is important to note at the outset that some patients expressed highly favourable views on the care that they had received.

"And then they took me to Ward 8...There was no fault to be found – it was wonderful from the nursing care, medical care, paramedics, domiciliaries, therapists. I was in there 18 days and it was wonderful, absolutely wonderful."

"Being in the hospital, you could not wish for better service. Well, all the times I have been in there I don't think I have ever complained and the nurses and doctors have been marvellous."

"This place is wonderful I think – there is nothing that needs changing. Other people say that I have been so well looked after. I never knew this existed, this day hospital, everybody is here and I think that it is wonderful."

6. In general, the therapists, cleaners and the medical care were highly commended.

"The physios had really put me through it, upstairs and downstairs and you want to do it for them."

"There was a young girl who mostly cleaned it in the afternoon and I had been impressed with how meticulous she was in cleaning the ward. She didn't miss corners and cleaned as far up the windows and walls as she could."

"I must say that the surgeon I saw was extremely informative before they put me out. The medical staff all the way have been fantastic."

"The nurses were marvellous, really nice nurses."

7. There were also a number of important areas for improvement which we have organised below under a set of general headings.

### **Person-centred care**

8. A couple of patients felt that nursing staff sometimes lacked patience and tried to impose things on them. Another regretted how early her carers came to get her ready for bed. Patients also wanted some more awareness from ancillary staff and more sensitivity in how they were addressed.

"Not long afterwards I woke up and it was about 12 o'clock and someone was taking the temperature in my ear. Now maybe they had forgotten to take it and had to put it in the charts. That I didn't mind but what I did object to was when she went to my window [in a side ward] and closed it. I always sleep with my window open, she didn't ask me if I wanted it open and that annoyed me more than being woken up with something stuck in my ear."

"On my first night at Wycombe Hospital, they said was I ready for bed and I said yes, they said Ok, I said what have you got there and they said we pad everybody up at night. I said you don't pad me up at night I don't have a pad in bed. Oh but everyone does and I said I don't. I said you will not put a pad on in bed and I am not having one in there. Oh well if that is what you wish you won't have one. Thank you I said. I do feel that the patients should be asked and a lot of them don't know what is being done. I am afraid a lot of the patients in there were padded up and it was necessary to do so but in my case they should have asked do you have one of these in bed rather than thinking I was going to do what I was told – I don't always do what I am told."

"I have carers at half seven to undress me. I would like it a bit later at night, they just undress me and I sit there. Up till now I couldn't have the dressing gown on because I couldn't get it off on my own. If I did get cold I put a cardigan round my shoulders."

"The cleaners, if somebody has a wheelchair by their bed it is there for a purpose, and they should not clean the floor and then leave it well away from the bed. That happened in Stoke and in Wycombe and I had to call the nurse to get my wheelchair before I could get out of bed."

"One thing that got on my nerves was that I was always addressed as my darling or as my sweetheart. It really grated on my nerves – I would much rather they call me by my Christian name."

## **Delays and duplication**

9. It seems regrettably common that patient transport does not come when expected. If this is unavoidable, the waiting areas could be made more comfortable and homely and patients need to be kept informed. One patient found herself waiting for weeks to get the ramps that she needed.

"The ambulance got there this morning at 8.20 and it wasn't meant to be there until 9.00. I think it was because there wasn't much traffic because it is school holidays."

"You have to learn patience, though, because sometimes you wait absolutely ages. When I left I was told to be ready by 1 o'clock and they didn't come until 5 o'clock."

"I did have a bad experience when I went to see the consultant last week because I have trouble with my other leg and I did have to wait a very long time then and thought I was never going to get home."

"The common room was not very homely, there are lots of bits in it and things needed being taken away, there were piles of things that obviously nobody ever used. The Matron had the very good idea about patients going down to the common room to have their breakfast together but on the second day I was the only one. The idea was brilliant but there was no other opportunity to take people down just to sit and have a cup of tea"

"The only thing was that I had to wait for weeks and weeks to have ramps put up outside the house. The OT from Stoke had measured them and sent them on to Wycombe who didn't do anything with them and then they came and measured on the day of my home visit. Then once I got home the people who make them came and measured as well. The poor ambulance people had to get me over the steps for weeks and they were absolutely brilliant."

### **Food and sleep**

10. Food was a recurring theme during the interviews, as were the difficulties of getting a decent night's sleep. Given their importance for a speedy recovery, both should be given greater priority.

"They had variety but it wasn't cooked properly."

"Quite often it was apparent that on a particular day you were really having a rehash of the meals on the previous day."

"I think you go far too long without a cup of tea. Your last drink at night is around nine...and you don't get a cup of tea until eight o'clock and I think that is far too long."

"We seem to have the same menu and it never changes. Tuesdays you have the choice of this and that and Thursdays you have the choice of that and this."

"If the food was cooked properly and dished up properly it would be fine. I know that it has got no salt in it, they are not allowed to, but it has got no taste to it."

"During the night I would have liked a bit more privacy – there was a lot of shouting and hollering about, they couldn't help it...There was one thing that did annoy me I must admit when they wake you up at six in the morning. They let the ones sleep who had kept us awake all night."

"During the night, patients required attention on my particular ward. I don't think there was a night when my sleep wasn't disturbed. Understandable and it always caused a bit of commotion but I felt that the staff could have been a bit quieter and there wasn't a single night when we weren't woken up."

### **Discharge and follow-up**

11. Patients expressed mixed views about GP follow-up with some appearing slow to come and visit after patients were discharged home. It is also important to consider how patients can be fully prepared to settle back in at home, especially those who lack family support.

"I had a letter that had been sent to my GP with the result of the scans and the medications had all been changed apart from one. I haven't seen him yet. The GPs receptionist said that he had not received the letter. It said at the bottom of my letter that the GP would visit the patient. I ended up sending the GP a copy of my letter."

"The Doctor came to see me... and apologised that she hadn't got to see me sooner. I must say I was a little surprised that she hadn't called on me but...she is the last person I would grumble about...She queried the statin tablets. In the hospital they increased from 10mg to 40mg and she said that she would check on that."

"Getting back to being at home, it is quite difficult to do things on your own. It seems simple but you have got to use quite a lot of memory to prepare everything should something happen."

"My daughter settled me in and prepared my meal for that evening. They knew that she would look after me – I'm very fortunate as I have an angel for a daughter."

"I couldn't wait to get home but when I got home nothing seemed the same. I didn't like it and I used to get upset."

“When I was discharged from Wycombe Hospital, there was no list of medication that I was given like saying you take this medication at this time and this medication at this time. The painkiller was the only one that I recognised as to what time I would normally take it and the others were just what I remembered seeing at the hospital. I think it would have been helpful if I had had a full list of medication, what they were for and when they should be taken when I was discharged. I don’t know if they do this for other patients.”

### **Personal hygiene**

12. Patients recognised that others may have greater priority than them but still felt that they were not able to wash and shower as and when they would have liked.

“It was eleven o’clock before I got a wash because others wanted and needed more attention. I had to wait for the other three to be finished with the bathroom.”

“At Wycombe, you had to ask them to change the towels and I didn’t get a shower or a bath until the day I came out a fortnight later.”

13. The above analysis does not cover all of the issues that were raised. For example, parking remains a concern with family members wasting much time circulating to find a space and one patient was charged £192 (without prior warning) for a six-mile ambulance journey from a private hospital to an NHS hospital after a stroke. Nursing quality was an issue for others who felt that the nurses were too busy chatting and not sufficiently occupied with their patients.

### **Next steps**

14. The initial intention of the pilot was to learn about experiences of both health and social care. Relatively little was captured on the latter service, however, and the Champions Forum is asked to support the completion of roughly six more interviews with older people identified as users of social care. Now that the training and equipment have been arranged, the marginal costs of further interviews are fairly modest.



## **About the method**

15. Six of the nine interviewers are willing to continue in their role. They grew in confidence during the pilot, enjoyed themselves and played the key role in securing some invaluable feedback on what it is like to be a patient experiencing local services.
16. Patients were recruited through the hospital wards and through the day hospitals. It has been a little slower than anticipated (though we still managed our target of ten interviews) and, given our desire to focus on social care, we wonder if we could work through care managers in the hospital setting.
17. Patients were interviewed in their own homes and in the day hospitals. The interviewers expressed a slight preference for the former feeling it gave more independence from the service. That will therefore be our preferred approach for future interviews.

## **Conclusions**

A great deal has been learnt from just ten interviews. Many of the problems may not be new to providers and commissioners. But those involved in the peer interviews hope that the authenticity of this approach, hearing the genuine voices of local patients, will give added impetus to making improvements in the areas highlighted. We would also like to congratulate those who played a part in securing some of the really positive feedback that we received and to thank the nurse managers who have given their time and commitment to act on the issues raised.

Graham Box  
Project Manager  
31<sup>st</sup> August 2007



# The Future of Champions for Older People in Buckinghamshire: Report to the Older People's Partnership Board

## Introduction

On 4<sup>th</sup> September 2007, the Champions Forum for Older People in Buckinghamshire discussed the findings of the consultation on the future of the champions for older people. Their discussions were guided by a summary report which is presented as an Appendix to this document. This paper summarises the views of those present and includes recommendations for the future of the Champions.

## Discussion

There is broad support for continuing with the Champions Forum. It has played an important role in bringing issues to the fore, both through the case study and the peer interviews. But it should only continue if the problems identified below are addressed.

1. **Lack of status and authority:** The champions are not consulted on and kept informed about important issues and changes that affect older people. They struggle to hold the OPPB to account, are not consulted on its agenda and do not have a slot on that agenda to raise their concerns. The acting lay chair does not receive the information that is routinely shared among professionals and is therefore not well placed to intervene on behalf of older people.
2. **Lack of focus and impact:** The champions used to contribute to the NSF for Older People Standards working groups. Their demise has diluted the focus of the group and made the champions influence within the system far less tangible.
3. **Lack of commitment from the statutory sector:** At the September meeting, which was intended to see a reinvigoration of the Champions, there was no representation at senior manager level from the Primary Care Trust, the Mental Health Trust, the Ambulance Trust or Social Services.
4. **Lack of senior management ownership:** There is no senior manager with responsibility for the champions and, as a result, the network has dwindled over the past 18 months, rather than being built up.
5. **Lack of clarity:** The lay people present do not understand if they are there to represent groups such as their Older People's Action Group or whether they speak for themselves. Nor are they clear on how decisions are made, who makes them and how they can be influenced.

## Recommendations

These are the recommendations of the Champions Forum, based upon the recommendations that came out of the review. We would like the OPPB to support them and act upon them.

- I. The Champions Forum needs to be chaired by someone who is linked to the whole system network of health (primary and acute) social care and community services.(a professional manager at a high level, or clinician). This person should be identified by the OPPB in partnership with the Champions Forum Chair and acting Chair. There should be a lay co-chair.
- II. A senior manager should be given responsibility for the champions network. Their role would be to grow the number of champions for older people across Buckinghamshire to become a vibrant body. The membership of the Champions Forum would be drawn from that wider network.
- III. All of the relevant statutory organisations should commit to the Champions Forum and send substitutes when their nominated representatives are unable to attend. They need to keep the Champions Forum informed about changes and issues that relate to older people.
- IV. Mechanisms need to be established that allow the Champions Forum to influence the agenda of the OPPB and to allow the Champions Forum a regular, dedicated slot at OPPB meetings. The Champions Forum also needs to be clear about whether it can commission work and whether it has a budget for its activity.
- V. Training needs to be available to Champions Forum members.

*Graham Box*  
*5<sup>th</sup> September 2007*

# **Appendix: Summary of consultation findings on the future of the champions of older people**

## **Introduction**

This paper summarises the conclusions from the recently completed review of the future of champions for older people. The Champions Forum is asked to support the recommendations which are important to give the champions more influence and, in turn, to improve the care and services provided to older people in the county.

## **Responses**

Replies were received from Buckinghamshire Hospitals NHS Trust, Buckinghamshire Primary Care Trust Public Health Directorate, Buckinghamshire County Council Culture and Learning, South Bucks District Council, Buckinghamshire County Council Voluntary Sector Development Manager, Oxfordshire and Buckinghamshire Mental Health Trust, the former chairman of Buckinghamshire Older People's Forum and the Patient and Public Involvement Forum.

In order to produce this paper, the responses were then discussed with Steve Stych (Project Manager for implementation of the National Service Framework for Older People), Chris Stanners (current acting chairman of the Champions Forum), Sheila Davies (Health Promotion Coordinator, Wycombe District Council) and Graham Box (independent consultant).

## **Key findings**

1. There was a strong feeling that we should continue with the Forum but amend its practices.
2. The current remit received broad support, namely
  - To collate views and issues that are of concern to older people and to use these as the basis to influence decisions and service delivery
  - To monitor the actions and decisions of the Older People's Partnership Board
  - To promote public health and the prevention agenda and to facilitate understanding among the public and the professionals of the key issues that relate to the health and well-being of older people
3. The current formal membership was considered right although some noted the need for greater engagement with voluntary sector organisations and we also need to be mindful of the likely formation of Local Involvement Networks to replace the PPI Forums. Most organisations are still considering who should represent them.
4. Respondents recognised the value of a lay person acting as chair but also highlighted the benefits that could come from a "professional"

chairman so that the work is linked to all the right strategies and to improve the flow of information.

5. Only one person felt that six monthly meetings were preferable. The remainder were split between quarterly and the current two-monthly interval.

### **Recommendations**

- A. A database of champions for older people should be created with champions across all levels of organisations in Buckinghamshire. This wider network should be kept informed of key issues relating to the work of the champions and to older people in the county.
- B. Sufficient administrative and managerial support has to be in place to undertake this work, which will involve identifying and approaching prospective champions so that they are clear about their role.
- C. The Champions Forum needs reinvigorating and during this period it should be co-chaired by a senior professional who can help to make the necessary linkages and raise the profile of the champions.
- D. Each Champions Forum meeting should have a clear theme and focus with suitable speakers invited and time allowed for discussion. Some of these themes will follow directly from the messages that came out of the peer interviews that are being carried out (see separate paper).
- E. All staff and older people should be aware that they can approach champions for older people with issues of concern and these issues should be brought to the Champions Forum as part of the Agenda of themed meetings where appropriate.
- F. Training should be available to the Champions.
- G. The meeting is asked to decide whether it would prefer meetings at two or three monthly intervals.

### **Conclusions**

The champions have an important role to play in improving the care and services provided to older people in Buckinghamshire. Professional champions should raise the profile of services for older people, argue for better preventive strategies and ensure proper planning for the major demographic changes currently taking place. Lay champions can provide a voice for older people that might otherwise go unheard, challenging providers and commissioners and holding the Older People's Partnership Board to account. If we can get it right, the Champions Forum should play an important role in coordinating and motivating that activity.

Graham Box  
31<sup>st</sup> August 2007

## OLDER PEOPLE'S PARTNERSHIP BOARD

### AGENDA

**Date:** Wednesday 7 November 2007  
**Time:** 2.30 pm  
**Venue:** Mezzanine Room 2, County Hall, Aylesbury

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		Timing	Page
1	<b>Apologies</b>	2.30pm	
2	<b>Minutes</b> To agree the Minutes of the meeting of the Older People's Partnership Board on 10 September 2007 as a correct record	2.35pm	1 - 4
3	<b>Matters Arising</b>	2.40pm	
	<u>For decision reports</u>		
4	<b>Future of the Champions Forum</b> Chris Stanners	2.50pm	5 - 6
5	<b>Formation of a sub-group for OPPB Equality Impact Assessment</b> Note from Muriel Alleaume	3.05pm	
	<u>For information reports</u>		
6	<b>Discovery Interviews</b> Chris Stanners	3.15pm	7 - 14
7	<b>Action 4 - To ensure that older people have access to facilities and services through the provision of appropriate community and public transport</b> Neil Comley	3.25pm	
8	<b>Action 5 - to address the failure of the market to deliver the types of products and services that older people want</b> Sheila Davies	3.40pm	
9	<b>Report back on new Dial a Ride service</b> Martin Holt	3.50pm	
10	<b>Action Learning Sets</b> Sheila Davies	4.00pm	
11	<b>Manor House redevelopment and Older Adult Services</b> Jonathan Horbury	4.10pm	

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|-----------|---|---------------|
| <b>12</b> | <b>Any other business</b>   | <b>4.25pm</b> |
| <b>13</b> | <b>Date of next meeting</b><br>16 January 2008 at 10.00am in Mezzanine Room 1 | <b>4.30pm</b> |

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