OLDER PEOPLE'S PARTNERSHIP BOARD

AGENDA

Date: Monday 10 September 2007

Time: 2.30 pm

Venue: Mezzanine Room 2, County Hall, Aylesbury

		Timing	Page
1	Apologies	2.30pm	
2	Minutes To agree the Minutes of the meeting of the Older People's Partnership Board on 10 July 2007 as a correct record	2.32pm	1 - 6
3	Matters Arising	2.35pm	7 - 8
For in	nformation reports		
4	Report back on ambulances picking people up who fall Jane Taptiklis and Catherine Erbetta	2.45pm	9 - 12
5	Redesign of Community Services Emma Parry	2.55pm	13 - 22
6	Action 5 - to address the failure of the market to deliver the types of products and services that older people want Sheila Davies	3.05pm	23 - 24
7	Progressing the Housing agenda Martin Holt	3.10pm	25 - 32
8	Report from the Diversity Sub-Group Report from Muriel Alleaume	3.20pm	33 - 40
9	Dementia Cafe Ken Dorling	3.30pm	41 - 42
10	Extra Care Housing Ojalae Jenkins	3.40pm	43 - 44
For d	ecision reports		
11	OP Strategy and Action Plan Refresh Jane Taptiklis	4.00pm	45 - 56
12	Any other business	4.20pm	57 - 60

13

Date of next meeting7 November 2007 at 2.30pm in Mezzanine Room 2.

For further information please contact: Sheilah Moore on 01296 383602 Fax No 01296 382538, email: smoore@buckscc.gov.uk

4.30pm



Buckinghamshire County Council

Minutes

OLDER PEOPLE'S PARTNERSHIP BOARD

MINUTES OF THE OLDER PEOPLE'S PARTNERSHIP BOARD HELD ON TUESDAY 10 JULY 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT 10.02 AM AND CONCLUDING AT 11.57 AM.

MEMBERS PRESENT

Patricia Birchley, Buckinghamshire County Council
Mike Corns, Culture and Learning, BCC
Ken Dorling, Alzheimer's Society
Steve Goldensmith, Team for Older People, BCC
Martin Holt, Chiltern District Council (VC)
Claire Oaten, OBMH
Emma Parry, Buckinghamshire PCT
Peter Ramcharitar, Buckinghamshire Hospitals Trust
Freda Roberts MBE, Liberal Democrat Spokesperson for Older People
Chris Stanners, Older Peoples Champions
Kerry Stevens, Head of Service for Older People, BCC
Stephen Stych, NSF Co-ordinator, BCC
Jane Taptiklis, Buckinghamshire PCT (C)

OTHERS PRESENT

Stuart Townsend, Buckinghamshire PCT Charlotte Watts, BCC

1. APOLOGIES

Apologies for absence were received from Angie Blackmore, Alison Bussey, Jo Brader, Neil Comley, Sheila Davies and Barbara Eccleston.

2. MINUTES

The Minutes of the meeting of the Older People's Partnership Board on 9 May 2007 were confirmed as a correct record.

3. MATTERS ARISING

Matter Arising

Jane Taptiklis reported that she was still to pursue the issues around hospital care for a 94 year old lady from a commissioning and contractual perspective.

Action: Jane Taptiklis

Chris Stanners and Sheila Davies had not yet had the opportunity to meet with Pat Ward to

discuss the failure of the market to deliver the types of products and services that older people wanted, but hoped to do so soon.

Action: Chris Stanners and Sheila Davies

Strategy 4 - transport issues

Kerry Stevens indicated that he would e-mail the programme manager of the Joint Improvement Board regarding the involvement of older people in decisions about waste and recycling.

Action: Kerry Stevens

Neil Comely had previously agreed to write a letter about his role offering to be the main point of contact between older people's action groups and the voluntary sector and transportation. Members were uncertain whether or not this action had been completed and it was agreed to receive an update on this action at the next meeting of the board.

Action: Neil Comely

Mental Health Liaison – County Wide Service

The clerk undertook to remind Eryl Davies that she had agreed to arrange for Sharon Boundy to address the OPPB about depression in older people.

Action: Sheilah Moore

OP Strategy and Action Plan Refresh

It was noted that the Terms of Reference for the Adult Commissioners had not yet been finalised and would be circulated in due course.

Action: Sheilah Moore

Future chairing arrangements

It had previously been agreed that the chairmanship would operate on a rolling basis and the Terms of Reference of the OPPB had been updated to reflect this. A member was concerned that the voluntary sector's opportunity to the chair the meeting was not lost.

Any Other Business

There was some discussion around lifting frail people who fell in their own homes. Health or social care staff were no longer able to call an ambulance to lift fail people up without being charged. Kerry Stevens indicated that he was in discussions with the ambulance trust about this, but made it clear that social care could simply step in to fill the gap. It was agreed that Kerry Stevens would raise the issue at the Adult Commissioners meeting.

Action: Kerry Stevens

4. OP STRATEGY AND ACTION PLAN REFRESH

Members made a number of amendments to the Older People's Action Plan. The revised document would be brought back to the next meeting of the OPPB for agreement. The Chairman requested that all members take time to review the action plan prior to the September meeting.

Action: All members

With respect to action 3.3 of the Older People's Action Plan, Jane Taptiklis agreed to write on behalf of the OPPB to Buckinghamshire PCT with a proposal about Older Peoples Champions to be in GP surgeries to promote Older People's issues with doctors and nurses and to ensure that Older People are "listened to."

Action: Jane Taptiklis

With respect to action 5.4, Jane Taptiklis undertook to write to Town and Parish Councils on behalf of OPPB to find out if all allotments were, in fact, let.

Action: Jane Taptiklis

With respect to action 5.8 Steve Goldensmith agreed to follow up with financial services providers such as Business Link about courses on offer.

Action: Steve Goldensmith

The meeting requested that Sheila Davies clarify the meaning of action 5.9.

Action: Sheila Davies

5. PROGRESS ON IMPROVED SUPPORT FOR OLDER CARERS

Members received and considered a report from David Richardson, of Carers Bucks. It was noted that Carers Bucks had recently secured funding for a new post – an Older Person's Advocate – from Comic Relief to the value of £96,000 over three years. The new job would be based in Carers Bucks' Wycombe Carers Centre and the post holder would commence work on 13th August 2007. The role would provide advocacy and support to individual older carers to enable their needs and the needs of their loved ones to be met, including advocacy to GP and other health services, social services, legal and financial agencies, respite and residential care providers. In essence, the service aimed to help older carers identify the information they required and supply it in the most appropriate form to them, signposting them and advocating for them to other relevant agencies where appropriate.

6. NSF UPDATE

Members received and considered an update report from Steve Stych and noted developments on various fronts but recognised the continued struggle with some key services that needed an integrated approach.

Steve Stych drew members' attention to the difficulties being encountered by the Champions in terms of inadequate representation and attendance at meetings. In particular, non-executive director representation from Buckinghamshire PCT was sought. Chris Stanners informed the meeting that a review of the Champions' Forum was underway and a consultation document had been sent to stakeholders. The Champions would be meeting in September to discuss the results of the consultation and decide on the way forward. It was agreed that all members of the OPPB would feed back to their various organisations on the need to field additional Champions and report back to the next meeting of the OPPB.

Action: All Members

Emma Parry agreed to provide some information from the national champion's network to be circulated with the Minutes of the OPPB meeting and Steve Stych undertook to supply information work on being done to promote Dignity in Care Champions.

Action: Emma Parry, Steve Sytch and Sheilah Moore

7. VOLUNTARY SECTOR PARTNERSHIP GROUP

Steve Goldensmith reported that it was taking a long time to develop a voluntary and community sector OPPB sub group due to the involvement of voluntary sector in a wide range of other County, District and Health Initiatives. An advert for the group had been published in recent copy of the Big Times, but unfortunately, there had been very little response. Subsequently, further discussion had been held with Voluntary Impact to take the initiative forward and had identified actions for the next 9 months. Two series of regular meetings would take place in the form of a Small Voluntary & Community Group Network and a Key Provider Group Network. The meetings would feed into OPPB via either Steve Goldensmith or another representative of the groups.

Martin Holt asked about how this tied in with the Older People's Forum Thematic Partnership being proposed by Chris Walkling. Steve Goldensmith conceded that there would be some overlap but he considered it to be a productive overlap. Steve Goldensmith agreed to discuss similarities and synergy with Chris Walkling and explore the possibility of Chris Walkling

attending a future meeting of OPPB to discuss his proposal further.

Action: Steve Goldensmith and Chris Walkling

8. REDESIGN OF COMMUNITY SERVICES

Emma Parry updated members on developments with regard to the redesign of community services.

- For unscheduled care Harmoni had been commissioned to develop a single point of access and to serve as a signpost for patients to the most appropriate services.
- The PCT was working to ensure equity of access to community hospitals and that they were fit for purpose. Service provision needed to be enhanced and inappropriate admissions avoided.
- Integrated community teams linking with the acute trust and GP surgeries were being developed to prevent readmissions and inappropriate admissions.
- Every effort was being made to manage risk and make effective use of resources in the community.
- A consultancy had produced a report on the equitable delivery of services across Buckinghamshire.
- Out of hours nursing services would now be provided by Harmoni to allow for flexibility in determining the skill mix of staff required to meet out of hours needs.
- A framework for redesign work was being developed.

Emma Parry extended an invitation to the OPPB to nominate representatives to join the redesign group. Representation from social care, in particular, would be most welcome.

In response to a question about a potential reduction in the number of district nurses, Stuart Townsend replied that previous plans to do so had been shelved. A member enquired as to whether the consultation around the redesign had been completed. Stuart Townsend indicated that Overview and Scrutiny had been very involved in consultation on the redesign and that the PCT was now merely proposing to change the way the same services were delivered. Older People had participated in reference groups as had representatives from the patient and public involvement forums.

Emma Parry undertook to provide a formal report on the redesign to the next meeting of the OPPB along with a copy of the consultant's report.

Action: Emma Parry

9. ACTION 5 - TO ADDRESS THE FAILURE OF THE MARKET TO DELIVER THE TYPES OF PRODUCTS AND SERVICES THAT OLDER PEOPLE WANT

This item was deferred to a future meeting of the OPPB.

Action: Sheila Davies and Chris Stanners

10. REPORT BACK ON PROPOSED POST OFFICE CLOSURES

The report on proposed post office closures was noted.

11. ACCESS AND SYSTEMS GRANT

The update from Kate Walker was noted.

12. LISTENING TO CARERS DVD

The information about the availability of the listening to carer's DVD was noted.

13. ANY OTHER BUSINESS

Charlotte Watts circulated information on tackling bogus callers, aimed at assisting older people and vulnerable to reduce the risk of being burglarised. She explained that a conference on crime and the fear of crime had recently been held and the community safety team would be represented at the Older People's conference on 16th July. Community Safety days had been held in all but 2 of the GC2C areas. Charlotte agreed to circulate information on how to stop cold callers and 'junk' mail to all members of the OPPB.

Action: Charlotte Watts

Members agreed that there should be an action around crime and the fear of crime in the older people's action plan and Steve Goldensmith and Charlotte Watts undertook to draft an action for the action plan.

Action: Steve Goldensmith and Charlotte Watts

14. DATE OF NEXT MEETING

10 September at 2.30pm in Mezzanine Room 2, County Hall, Aylesbury.

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

Repeat/uninjured fallers - how do they get up?

Background

South Central Ambulance Services (SCAS) are beginning to refuse to attend and pick up fallers who do not need conveying to A&E. Currently, this is mainly focussed on residents of care (? only nursing) homes but is also affecting community dwellers. These clients are classed low priority by SCAS when they do plan to send a crew. This may mean lying on the floor for 2 hours or more. Research shows that a 'long lie' significantly increases the risks of complications.

This initial outline paper examines some of the issues and potential solutions, makes recommendations and seeks guidance for future action.

Nursing homes:

Should have their own hoists. Are these suitable for hoisting from the floor and properly maintained?

Are staff trained in assessing risk of hoisting?

Is there a need for a protocol regarding which fallers need an ambulance for conveyance to A&E?

Care Homes:

Do they have hoists/trained staff?

If so, issues as above. If not, is there a need for a service they can access?

Community:

There are some reports that the Fire Service are called in lieu (?directed by SCAS). Fire crews have First Aid training; can they distinguish which fallers need conveyance to A&E?

What is needed:

- A clear understanding of SCAS policy and timescale.
- Knowledge of the numbers involved report for August 2006 stated there were 205 fallers picked up by 2 Shires but not conveyed in mid and south Bucks and 164 picked up and conveyed.

Issues

- How would we educate members of the public and staff of care homes to seek an alternative source of assistance?
- How would a new service receive calls? Should SCAS triage 999 calls and then redirect if appropriate?
- Use Community Alarms but
 - a) there are several in Bucks
 - b) only Wycombe's call centre is local can others distinguish Bucks clients?
- Geography Bucks is extensive with large rural areas; is there a need to combine with another service in order to provide cover while making good use of staff time?
- There is a need to make links with Moving & Handling policies.

Interested parties

Consider involving:

SCAS

Bucks PCT

Bucks Adult Social Care

Thames Valley Emergency Access

South Central Strategic Health Authority

Care Homes

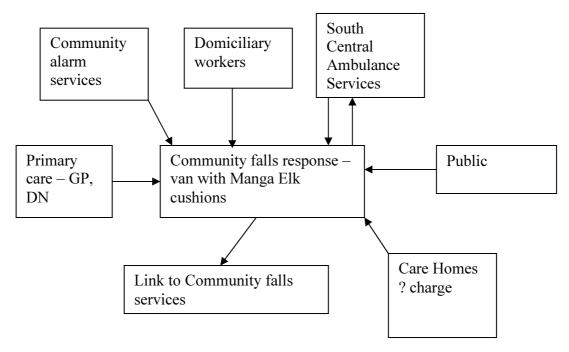
Community Alarm services

Housing services – sheltered and mobile wardens.

Options

- Educate older people how to help themselves to get up
- Educate their carers, formal and informal, how to advise an uninjured faller to help themselves up
- Establish a mobile lifting service, eg a person with a van with inflatable Manga Elk cushions, funded by some of the interested parties. Training and protocol will be needed re not moving certain patients, when to send for assistance etc.
- Link to community alarm system
- All of the above in combination

Diagram to illustrate possible links to a Bucks service



Services in other areas

Vale Housing (**Oxon**) runs retirement housing with 24 hr response fully mobile scheme managers. Residents wear a pendant alarm which they activate if they fall. A scheme manager visits and if appropriate uses Manga Elk to raise resident from floor. Moving to 2 person response. Roger Bartlett 01235 536001

Milton Keynes – mobile wardens respond to some community alarm calls with Manga Elk lifting cushions.

Eastbourne – LAA funded pilot of falls response team in high activity area 7days per week 7.30-11.30am & 6.30-10pm. Wealden & Eastbourne Lifeline run (training from ambulance service). Vehicle equipped with First Aid, Manga Elk, community responder kit (defibrillator, oxygen etc), ambulance trust radio. Single handed but direct access to Emergency Care Practitioners. Calls received via 999 triage system or direct through lifeline. Refer, if appropriate and patient agrees, to falls prevention team.

John Chibnell 01323 644422

Warwickshire – established Alternative Response Vehicles in 2002

Southampton City PCT have a rapid response falls team

Further details of these last 2 services will be sought.

Recommendations:

- 1. Any response must be multi-agency and integrated with existing services.
- 2. Clarification is required of the issues identified.
- 3. There should be further investigation of possible solutions, including questions of funding.
- 4. A detailed options paper should be brought to OPPB for decision.

Catherine Erbetta
Falls Prevention Coordinator
Catherine.erbetta@buckshosp.nhs.uk
01494 426995

August 2007



Buckinghamshire PCT Provider Development

SERVICE REDESIGN FRAMEWORK

PRODUCED BY Emma Parry, July 2007

Reference Workstream	Key Objective/Purpose	Progress Milestones	Timescale	Lead Service Manager/Redesign
W1. Integrated Teams (Adult community care).	 Implement Integrated Team approach, promoting patient- focused care. 	Saigei Project / workstream complete	April 2007 complete	Anna Selby Rosan Rowland Kate Cox
•	Capacity analysis.Integrated Team structure.	 Implementation plan. 	May 2007 complete July 2007	Emma Parry
	 Alignment with other service to promote whole system 	Resource / workforce planning		Contact: 01296 310039
	approach.	- capacity analysis.	August/September	Stakeholder
		 Process mapping workshops. 	000	involvement:
		including		
		stakeholders (after		
		key appointments) Saigei	July 2007	
		 Workshop with BHT 		
		 Formal Link with 	Ongoing	
		Social Care – Kerry Stevens	October 2007	
		 Data analysis from SPA. 		
W1a. Sub	 Support early appropriate 	 Align objectives with 	June 2007	Emma Parry
workstream,	effective discharge from BHT	unscheduled care		Contact:
proposal	Community Services	commissioning		01296 310039
Gommunity	 Prevention of inappropriate readmission 	Complete outline	July 2007	Stuart Townsend
Discharge Facilitator		proposal / Business		Contact:
		Meeting with		
		commissioning to	September 2007	
		establish service		

		specification		
		Supporting Data		Stakeholders – to be
		analysis		agreed
		PEC approval for funding		
W2.	 Seamless care across primary / 			
Buckinghams				
hire Diabetes	 Deliver sustainable countywide 			
Service	SDE programme that support			
	self-management initiatives in	 Business Case 	May 2007	Emma Parry
	community.	complete.		Contact:
W21. Structured	 Supports national initiative 	 PEC approval. 	August 2007	01296 310039
Diabetes Education	regarding self-management.	 Contract 		
Programme	 Deliver sustainable community 	agreement.		Louise Meakes:
	based insulin	 Appropriate 		
	initiation/intensificationProgram	substantive staff.	September 2007	
	me.	 Commencement of 		
		programme.	Ongoing 	
		 Review / audit. 	July 2007	
		 Business Case and 		
nili sal CC/VI		PID complete.	Aug/Sant 2007	Ctokoholder
initiation /		 PEC approval. 	7007 1db0 /6nv	involvement:
intensification		 Contractual 	Sentember 2007	PPI renort
programme		agreements		Diahetes Network
		finalised.		
		 Appointment of 		Collaborative
		substantive staff.		
		 Commencement of 		
		service		
W4. Countywide	Deliver primary care /	 Align objective with 		Emma Parry
IV Service –	community based sustainable	commissioning		01290 004431

management of severe soft tissue infections	•	service that manages SSTI in appropriate place.	•	intentions. Review and audit	Ongoing / October	Marie Coward
	•	managed process and delivery	•	Complete PID /		
				Business Care /	1000	
				Implementation Plan	July 2007	
			•	PBC collaborative		
			•	PEC approval for	September 2007	
			•	Implementation plan		
				commenced.	To be agreed.	
W5. Development	•	Support the implementation of	•	Appointment of key	September 2007	Dallas Pounds
or county wide near o		LIE NOT LIC HAIHEWOIK.		posts		i - -
rehabilitation service			•	Development of LIT		John Pimm
			•	Work with Saegei	 December 2007 	
				and BHT	 September 2007 	Andy Tyerman
			•	Implementation of		
				workstreams	December 2007	
			•	Development of		
				working groups for		isvolvomost
				implementation of workstreams	December/Jan 2008	
W6. Introduction of	•	Best Value.	•	Initial meetings with	June 2007	Bob Chevin
single catheter	•	Enable best procurement		procurement /		
system across		opportunity.		clinical staff.		Emma Parry
different service	•	Ensure consistency in system	•	Initial agreement		
providers in		management.			July 2007	Gail Tucker
Buckinghamshire.	•	Ensure best practice / quality of		quality /risk		
		patient care.		management		

			•	Catheter system		
				review and		
				agreement.		
			•	Chosen produce to		Stakeholder
				meet quality.		involvement:
			•	Project		BCC procurement
				implementation plan		Idd
				for consideration		
				with appropriate		
				cost savings		
W7.	•	Build on existing good practice.	•	Initial strategy	June 2007 (ongoing)	Elaine Coleridge-
Implementatio	•	Equitable countywide service.		planning meetings.		Smith
n of equitable Tier 2	•	High quality service provider.	•	Align service	August 2007	
psychology across	•	Meets the prevention agenda		objectives with		Ann Rowland
Buckinghamshire		NSF/ Every Child Matters.		commissioning		
deliver in line with				intentions.		
commissioning			•	Produce evidence	August 2007	
objectives prevention				based on outline		Stakeholder
agenda. – Proposal				proposal with clear		involvement:
to be developed				PIs and outcomes.		
			•	Further discussion		To be agreed.
				with commissioners		
				regarding service		
				specification.		
			*	Full review of current		

			service provision		
	•	Develop capability and	complete		
		maximises capacity in service			
		provision	 Benchmarking of 	June 2007	
	_	Develops equitable service	service against		Stuart Townsend
		provision across the county	other areas	July 2007	Contact
	•	Align objectives with key	 Align development 		01296 310039
		commissioning intentions	needs of service		Meg Wilson
		Builds on existing good	with key		Contact
		practice at local and national	commissioning	July 2007 ongoing	01296 310000
		level	intention from		ſ
			analysis of data set		Emma Farry
			and audit provided		contact
			by Single Point of		07825 099696
			Access		
			Develop PID		Stakeholder
			 Process mapping 	August 2007	involvement:
			workshops with staff		
			/stakeholders		Commissioners
			 Implementation plan 	September 2007	Staff side
			commenced		BCC
				October 2007	PPI
				ongoing	
7					

	•	Ensure high graplity equitable	 Key staff appointed 	July 2007	Elizabeth Geldard
:	•	countywide services across	priorities outlined	August 2007	01296 310000
W9 Paediatric therapy service	•	Buckinghamshire Meets National/NSF drivers	and agreedInitial planning	August 2007	1
countywide development	•	Builds on existing good practice	meeting in placeStaff workshops to	September 2007	Emma Parry 07825 099696
			support outcomes Programme of		
			development and	October 2007	0 to 10 to 1
			education and		Stakeholder involvement
			lallilly agreed		
					To be agreed
			 capacity analysis 		
			 initial staff 		
			consultation		
			 Reference group 	New 2006	
	•	Reprovision of overnight	meetings		Gail Tucker
		nursing service ensuring pest	established	Nov 2006	5
W10 Out of Nursing		Value	 Proposals written 		01296 504322
Nursing	•	Countywide nign quality	for Board/PEC	Nov 2006	
		equitable service meeting	approval		Stuart Townsend
		patient need	 Staff constulation 		01296 310080
	•		commenced	March 2007	
	•		 Commenced 		
			negotiations with		
			potential alternative	April 2006	
			providers		

- Bu	Stakeholders involved	Commissioning PPI Staff side GP collaboratives HR									Meg Wilson 01296	310000	Emma Parry 01296	508727
Intital discussions Dec 2006 – ongoing	July 2007	July 2007	August 2007							July 07			,	August 07
Staff consultation ended and HR processes in situ	Service redesign agreed with new provider	Service transfer to new provider					Service	specification received from	commissioning	Proposal	reviewed/revised	Costings complete	Agreement of PEC	
•	•	•					•			 Support demand management 	agenda	 Best use of community 	resources	Rectivating for money
										•		į	Proposal I ranster of	TWOC service from

mber	Gail Tucker/Meg Wilson 01296 310000 ary 07 Emma Parry 01296 508727	
October 07 October 07 November/December 07 January 08	July/August 07 September 07 October – January 07	
Recruitment/setting up service/full implementation plan Commence service	Service specification agreed at PEC Business case/proposal reviewed with costings Implementation plan Clinic space Redesign roles Equipment review Information reporting Recruitment/staffing skill mix	
Best care for patients	 Support demand management agenda Best care for patient 	•
acute to community setting (part of the urology workstream)	Reconfiguration of Heart failure pathway	

CONCISE REPORTING FORMAT FOR SUB GROUPS TO OLDER PEOPLE PARTNERSHIP BOARD

o Sub Group:

0	Date of OPPB Meeting:
0	Reporting Lead:
0	Specific Questions Raised by OPPB for SubGroup?
	Charter point 5 on Older People Strategy had no progress to date
0	Specific Questions for OPPB Raised by SubGroup
0	Report Update to Strategic Group on Progress of Constituent Group. To include – progress against milestones – constraints - resource implications:

S_Reporting Format_20 April_05

Sheila Davies has had an initial discussion with BCC Economic Development team (Pat Ward)

and now have an meeting set up to explore opportunities in more depth.

CONCISE REPORTING FORMAT FOR SUB GROUPS TO OLDER PEOPLE PARTNERSHIP BOARD

Sub Group: Bucks Chief Housing Officers Group

Date of OPPB Meeting: 14 September 2006

Reporting Lead: Martin Holt

Specific Questions Raised by OPPB for Sub-Group?

Overview of the support offered by the District Housing Strategies

Specific Questions for OPPB Raised by Sub-Group

Report on the local housing strategies to identify the specific housing needs of people over 50 to help them remain in their own homes.

Housing and Older People - Background

There is a wide range of housing for older people within Bucks reflecting the housing demand. Accommodation and tenure is equally varied with; owner occupiers, private or social renting tenants housed in 1 and 2 bed properties or larger and often more rurally isolated properties.

House condition

Many of the issues faced by older persons may relate to being cash poor asset rich and underoccupying properties as the families have fled the nest. Local house condition surveys identify that the private rented and the elderly owner occupied homes are most likely to be in poor condition and the least energy efficient, resulting in fuel poverty.

Nationally there are 30,000 excess winter deaths and an increasing number from heat stress. Additionally poorly heated homes are contributory factors to heart disease, strokes and delayed recovery from hospitalisation.

The housing fitness standard has recently been adjusted to make excessive cold (poorly insulated homes) the highest priority for improvement within the home. This is also backed up and supported by the range of grants, discounts and schemes to encourage insulation measures.

The demand for disability adaptations is across all tenures and whilst is some districts the landlord housing association or council is responsible for the provision in socially rented properties, this is not always the case. Older persons in at least two districts (Chiltern and South Bucks) are required to apply for disabled facilities grants irrespective of tenure.

Housing provision

Within Buckinghamshire there is above average provision of sheltered housing (3700 sheltered housing dwellings) and this is increasingly used by older persons than previously. People are now typically entering sheltered housing in their mid 70's rather than mid 60's. Of these about 1 in 6 of sheltered housing residents already receives a homecare service from Adult Social Care on average 4.75 hours per week.

Sheltered housing is becoming less popular and may be increasingly become no longer 'fit for purpose' as accommodation for an older (and frailer) group of applicants. Additionally bedsits or poorly located dwellings are no longer seen as lettable by residents or landlords. Waiting lists (which tend to significantly overstate real demand) for the four largest sheltered providers are low, supporting the view that it is an increasing less popular form of housing.

The recent Bucks Supported Housing Needs survey has identified 560 new extra care dwellings required over the next 20 years. Extra care housing being seen as an increasingly popular choice for older people, offering a real alternative to residential care, whilst enabling people to remain as independent as possible. Extra Care housing offers: self contained accommodation (usually one or two bedrooms); residents a choice of their own tenancy, or to become owner/occupiers, shared owners, or leaseholders; and access to 24 hour care on site (flexible care packages according to need).

The forecast is that between 2005 and 2025 the population over 65 in Buckinghamshire will grow from 73,800 to 100,200; a **36% increase** in just 20 years. The older elderly group, those over 80, is expected to **double** from 18,088 to 37,500.

This increase is putting additional pressures on the housing market to address their needs. Some of these needs will be taken up by persons choosing to live in the family home, but increasingly there will be a demand for good quality retirement housing and extra care for sale or rent which is currently not much above the average UK levels.

How do the County and Districts support housing for older people?

At a Strategic level

The needs of older people are considered through the District Housing Strategies. These strategies building on the research undertaken by the Districts in the form of Housing Needs and Housing Market Surveys and the County in research on the level of need for supported housing.

These are then linked to the Planning processes for the provision of available land for housing. Apart from Aylesbury (Growth Area) and Wycombe there are few available sites. The AONB and Green Belt being a significant limiting factor on land availability for housing.

Each of the Districts Housing Strategies have priority areas for older peoples housing, for example in Chiltern District, older persons housing falls within the priority of "To ensure that adequate housing and support services are provided for persons with support needs".

However this priority has to be balanced against the overall housing need in Chiltern the Housing Needs Survey (updated 2004) identified an annual shortfall of 421 affordable housing dwellings across all households, including older people

Similar overall housing needs can be seen in the other districts.

Wycombe DC is undertaking a review of its sheltered housing. They have commissioned Peter Fletcher Associates to undertake this piece of work with interim findings being available at the end of September. This report and the analysis of known issues in terms of stock condition and demand generally will be used to shape and inform decisions on the future scope for sheltered housing in Wycombe.

District	Total numbers	Affordable	Homelessness	Weeks in
	of Affordable	houses	Acceptances	temporary
	housing/year	delivered	In 2006/7	Housing
	(Housing Need	2006/7		In 2006/7
	Surveys)			
CDC	421	46	124	2.23 weeks
WDC	1236	291	141	47.19 weeks
AVDC	1077	124	59	40 weeks
SBDC	350	23	26	0

Supporting new provision

Provision of any new affordable housing (for general needs or older people) is dependent on the availability of land and subsidy.

District Councils have a strategic role in delivering new affordable housing which increasingly requires working with differing partners; RSL (Registered Social Landlord), developers, and possibly in the future Special Purpose Vehicles to deliver housing on land owned by Statutory Agencies. In Buckinghamshire very little land is owned by the statutory agencies.

The scarcity of land and subsidy means that District Councils need to prioritise what new schemes are needed and where (e.g. should general needs schemes be prioritised ahead of older persons housing)?

Over the last 5 or 6 years, Chiltern DC has supported Paradigm in delivering two new sheltered schemes in Prestwood (Cherry Orchard) and Chesham (Abbey Court) to replace old schemes that were no longer suitable for clients.

Aylesbury Vale is working in conjunction with McIntyre and Stone to develop a mixed tenure development for older people. This will remain a private scheme and the Council will not have any nomination rights.

Our housing stock was transferred to the Vale of Aylesbury Housing Trust in 2006. They are currently working with the County Council on a planning and viability study to develop a current sheltered scheme to a 63+ sheltered/extracare facility.

A similar number of new developments and refurbishments of existing sheltered housing and extra care schemes have occurred in Wycombe, Aylesbury and South Bucks

Supported housing

The provision of new supported housing faces the same issues of land availability and capital funding, but in addition there are the longer term issues of funding the care and housing support.

The District and County work in partnership to support the development of care and support strategies in Bucks, most notably the Supporting People Strategy (which includes services for older people). Supporting People services can be provided in the home or in specialist accommodation such as a hostel, refuge or sheltered housing. The kinds of support provided will include:

- help with claiming benefits and organising to pay rent and other bills;
- making sure you are safe in your home;
- support with essential life skills, such as shopping, cooking and basic hygiene; and
- support to access a range of appropriate other services, for example, social activities, education and training.

It does not include:

- home-care workers, who help with things like getting washed and dressed; or
- meals on wheels.

Planning

As planning authorities, the District Councils, can directly influence what can be built and where. This impacts on the provision of new build schemes for older people in both the social sector (e.g. RSLs) and the private sector (e.g. specialist providers such as McCarthy and Stone. New schemes must conform to local planning policy if they are to go ahead.

Current regional planning policies require the following total provision of housing in each of the districts

District	Number/annum
AVDC	1060
CDC	120
SBDC	90
WDC	330

The limited growth still doesn't tackle the growing needs for housing.

Supporting older people remain in their own home

In line with current aspirations the main form of accommodation of older people is to remain in the family home. Whilst there are initiatives to support and encourage older persons to consider moving to more suitable accommodation these presently have little impact. Some RSLs have 'move on' schemes to support tenants downsizing and Anchor Trust will assist those seeking home repairs or adaptations in considering options and support the move on process to a more suitable property.

In supporting older people to look after their own homes and ensure their continued accessibility a range of initiatives are being delivered by partner agencies. These include

- Benefits advice
- Housing advice
- Disabled Facilities Grants
- BCC Aids and Adaptations
- Cocoon and WarmFront Insulation schemes
- Southern Bucks Safer Homes
- Anchor Staying Put and AVDC Staying Put (Home Improvement Agencies)
- Help the Aged Handyvan
- Voluntary Gardening Scheme
- Call alarm systems (– range of providers charitable to local authority)
- Choice Based Lettings (to be delivered in 2008/9)

Benefits advice

Advice from a range of service providers including Pensions Service, Bucks County Council, Districts and the voluntary sector including the local citizens Advice Service and Age Concern. The services include outreach, GP surgery advice, telephone and office based services. In Chiltern alone the CAB dealt with 17000 clients, supported debt recovery of £2.87M, assisted 4185 persons to access benefits and prevented 193 people from becoming homeless.

Housing Advice

Provided by the District Councils, often in partnership with a range of providers for example the Citizens Advice Bureau, Home Improvement Agency, and Housing Associations. The type of advice varies between; homelessness, harassment, house conditions, disabled adaptations, heating and insulation, benefits advice, fire safety, landlord and tenant issues, renting in the private sector etc

Disabled Facilities Grants (DFGs)

District Councils directly administer Disabled Facilities Grants to provide adaptations in the home e.g. stair lifts, vertical lifts, bathroom and kitchen alterations, fixed ramps, widening doors, dropped curbs, central heating, reinforced ceilings etc. In 2006/07

District	DFGs completed
	2006/7
AVDC	34
CDC	48
SBDC	47
WDC	62

Buckinghamshire County Council Minor Adaptations/Aids for daily living

Buckinghamshire County Council Social Services will consider applications for handrails, alterations to steps, semi permanent ramps, electric hoists and tracks, proprietary shower units, etc. Decisions over the availability of minor adaptations are closely linked to the delivery of DFGs.

Cocoon and WarmFront Insulation schemes

Countywide provision of assistance to access insulation and heating upgrades, the scheme is linked to the LAA Fuel Poverty target in 2006/7 delivering 1783 improvements. An Affordable Warmth Co-ordinator, works county wide to raise awareness of insulation schemes.

Southern Bucks Safer Homes

Small repairs scheme designed to carry out minor repairs. Charges are £10/hr plus VAT and the cost of materials. The work can include fitting of shelves, curtain rail, replacing tiles, handrails, tap washers etc. the scheme also supports the fitting of security measures, smoke detectors and keysafes. The service also undertakes a ROSPA audit and refers cases to various agencies for assistance. In 2006/7 the service delivered over 400 improvements

Anchor Staying Put and AVDC Staying Put (Home Improvement Agencies)

Assists older disabled and vulnerable persons carry out repairs and/or adaptations to their property enabling residents to stay at home. The agency supports the individual access a range of finance and supports the person through the building process. Assistance is provided to access drawings, specifications, building trades, and contract overseeing. In 2006/7 the Aylesbury Vale Staying Put Service and Southern Buckinghamshire Anchor scheme supported 304 residents with improvements

Help the Aged Handyvan

Operates in Aylesbury and across Southern Buckinghamshire providing free locks and security and smoke alarms to people aged over 60 and on low incomes. In 2006/7 both schemes provided over 300 people with support.

Voluntary Gardening Scheme

Operates across the county from the local volunteering bureau and takes referrals from social services as to those in most need access gardening support.

Choice Based Lettings (to be delivered in 2008/9)

2008 will see the introduction of Choice Based lettings and a major change in the way social housing tenant's access homes in Buckinghamshire. Currently, households who want a Council

or RSL (Registered Social Landlords) property have to apply to go onto the local Council's Housing Register and wait for an offer of accommodation.

Choice Based Lettings will change this by giving applicants on the Register more choice about where they live. Instead of waiting for an offer, applicants will have the chance to see details of all available vacancies and decide which homes they want to put themselves forward for.

Applicants will still be prioritised based on their level of housing needs, but the current complex points system for assessing priority will be replaced by a simpler banding system (where applicants are placed into different bandings (groups) depending on their housing need).

While Choice Based Lettings will not increase the overall number of dwellings that are available, it will mean that applicants have a much greater say in where they move to (rather than simply waiting for an offer of accommodation).

Applicants will have a better idea of how long they are likely to have to wait to be re-housed and the scheme will also provide links to other housing options including private renting and home ownership schemes.

Choice Based Letting schemes already operate successfully in a number of local authorities across the United Kingdom and the Government wishes to see all authorities introducing schemes by 2010.

All the District Councils are working in partnership with their partners RSLs e.g. Paradigm Housing, to introduce Choice Based Lettings

Better use of Existing Housing

The better use of the existing housing provision is a key requirement to support the housing needs of local people as the new build will not be sufficient to deal with demand.

The Districts have in place scheme to return empty homes to use by

- maximising the payments of second homes council tax
- supporting and facilitating home owners to sell or rent their properties
- provide private rent deposit schemes enabling residents to access a wider housing choice
- enforcement powers to return empty homes to use
- support the development of move on schemes enabling people to downsize
- encourage householders to let rooms to others e.g. key workers

Future Proposals

Much of the delivery of the housing services is undertaken in partnership between the District, County, Housing Associations and the voluntary sector. The next 3-5years will see greater partnership working in order to maximise the benefits of the housing growth, supporting people funding, homelessness prevention and the delivery of decent homes in the private sector.

Plans are currently being developed that will see

- A single housing strategy based on the district strategies for Buckinghamshire
- Choice based lettings
- Wider range of financial options for persons seeking to invest in their own home
- Greater options for move on or renting in the private sector
- Improved delivery times for disabled facilities grants and aids and adaptations
- Increase floating support to those in housing need assisting them to maintain tenancies

 Increased availability of call alarm systems and telecare for vulnerable persons living their own home. 	in
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OLDER PEOPLE PARTNERSHIP BOARD

Monitoring Ethnicity of users across Statutory and Voluntary organisations in Buckinghamshire

Sub Group: Equality & Diversity

Date of OPPB Meeting: 10 September 2006

Reporting Lead: Muriel Alleaume

Specific Questions Raised by OPPB for Sub-Group?

Monitoring Ethnicity of users across Statutory and Voluntary organisation in Buckinghamshire: Can we have an overall understanding of the services accessed by different minority groups in the County? Are there any disparities of access between different minority groups and are there any organisations that are more successful than others at making their services accessible to people from minority ethnic groups?

Organisations/Services, which have produce data for the purpose of this report:

- Age Concern
- Adult Learning
- Adult Social Care
- Buckinghamshire Shared Services (PCT)
- Enara Community Care
- Oxfordshire & Buckinghamshire Mental Health Trust

Important Information:

- All figures presented in this report are based on information received and may not be 100% accurate. Figures have been rounded to the first decimal for ease of reading.
- The aim of this report is to give an overview of activities and services in relation to monitoring ethnicity and access by people from minority ethnic communities.
- Best efforts were made to keep this report focused on people over the age of 50. However, this cannot be guaranteed as not all data were link to age. Likewise, it was not possible to assert how many of the service users are disabled, as this information was not offered consistently.
- No qualitative data were offered in relation to access to services by people from minority ethnic groups.

• Based on the 2001 Census, 2.42% of the population over the age of 65 is from minority ethnic communities in Buckinghamshire.

Monitoring ethnicity

Of the organisations / services that have provided their data, all demonstrated their recording in relation to ethnicity. However, there is two main points to be noted in relation to monitoring ethnicity:

There is an inconsistency across the County as to which categories are being used. It appears that often, a concise choice is made between either a very detailed or a fairly narrow categorisation of the different ethnic groups. Both have their advantages and inconvenient. Detailed monitoring helps to identify potential gaps across specific minority ethnic groups whilst a more generic approach makes it easier to compare and contrast with the census data. The problem of using both approaches in different parts of the County combined with inconsistencies in monitoring across the County makes mapping of access problematic.

However, it is accepted that this is based on the information provided only - which may not reflect the whole of the data stored by an organisation. It may also be that information related to languages, religion and disability are being collected, which could also help increase our understanding but this could not have been taken into consideration here.

 Many organisations seem to lack the skills and/or resources required to cross more than two data ranges. This is consistent with national and local data generally, thus making it difficult to gain accurate data specifically related to people of a certain age group on occasion. It also renders it difficult to find out facts and figures related to more than one Equality strand, (e.g. how many people from a particular ethnic group are over the age of 50 and disabled).

Access to services by different minority ethnic groups (based on the 2003 Administrative Hierarchy – National Statistics) – Successful Access by different BME Groups has been determined by the percentage of client base for each organisation, as provided in Appendix 1.

Black & Minority Ethnic groups	Percentage, In Bucks, across all age groups (%)	Services with the highest rate of access for each particular ethnic group, as shown in Appendix 1
Asian or Asian British; Indian	1.06	Outreach Advocacy – Age Concern Gynaecology and link workers – Community Shared Services Elderly SS - Enara Community Care Direct Payment and Overnight Respite – Adult Social Care
Asian or Asian British; Pakistani	3.14	Link Workers, Diabetes & Continence & Stoma Advice – Community Shared

Black & Minority		Services with the highest rate of
Ethnic groups	Bucks, across all age groups	access for each particular ethnic group, as shown in Appendix 1
	(%)	group, as snown in Appendix 1
	, ,	Services
		Further Education & Community
		Learning – Adult Learning
		Older Adult Inpatient – <i>OBMH</i> Direct Payment and Overnight
		Respite – Adult Social Care
		respite Addit Goodal Gale
Asian or Asian	0.08	Further Education & Community
British; Bangladeshi		Learning – Adult Learning
Asian or Asian	0.33	Home Visiting Project – Age Concern
British; Other Asian		Further Education & Community
Black or Black	0.24	Learning – Adult Learning Further Education & Community
British; African	0.24	Learning – Adult Learning
		Diabetes – Community Shared
		Services
		Day Care, Direct Payment &
		Professional Support – Adult Social
D D		Care
Black or Black British; Caribbean	0.94	Further Education & Community
british, Campbean		Learning – <i>Adult Learning</i> Outreach Advocacy – <i>Age Concern</i>
		Older Adult Inpatient - OBMH
		Day Care, Direct Payment &
		Professional Support – Adult Social
		Care
Black or Black British; Other Black	0.10	Unknown
Chinese	0.33	Further Education & Community
		Learning – Adult Learning
		Speech Therapy – Community
		Shared Services
Mixed; White and	0.10	Befriending Service – Age Concern
Black African		Further Education & Community
Mixed; White and	0.50	Learning – Adult Learning Befriending Service – Age Concern
Black Caribbean	0.00	Liaison Community – OBMH
		Community Nursing – Community
		Shared Services
		Further Education & Community
Missadi Milaita and	0.20	Learning – Adult Learning
Mixed; White and Asian	0.39	Professional Support & Short Term Residential – <i>Adult Social Care</i>
/ Wiai i		Nesidentiai – Addit Social Cale
Mixed; Other Mixed	0.32	Speech Therapy – Community
		Shared Services
		Further Education & Community
011 11 :		Learning – Adult Learning
Other ethnic group	0.32	Pain Management – Community
		Shared Services Professional Support & Direct
		Professional Support & Direct Payment – Adult Social Care
		Further Education & Community
		Learning – Adult Learning
Other white	3.29	Advocacy & Outreach Services – Age
		Concern

Black & Minority Ethnic groups	Percentage, In Bucks, across all age groups (%)	Services with the highest rate of access for each particular ethnic group, as shown in Appendix 1
		Dietetics, Continence & Stoma Advice, General Surgery & Podiatry – Community Shared Services Further Education & Community Learning – Adult Learning Elderly SS – Enara Community Care All services provided by OBMH
White British	87.64	All services from all organisations mentioned in this report
White Irish	1.21	Elderly SS – Enara Community Care Dietetics – Community Shared Services Older Adult Community, Older Adult Outpatient & Older Adult Inpatient - OBMH

Conclusion drawn from the mapping exercise

- When producing reports related to the personal data of our clients, including Ethnicity, age, disability and gender, it would be useful to agree on a format that could be duplicated across all statutory and voluntary organisations in Buckinghamshire.
- Monitoring activity of services by detailed ethnic groups can potentially help to identify potential gaps and disparities in services before a proper analysis can take place. For example, Buckinghamshire Community Shared Services was the only organisation offering data in relation to the Bangladeshi Community specifically. This highlighted that there was a very poor access to their services by this particular ethnic community only 1 client was identified as Bangladeshi amongst all of the data offered. This could effectively demonstrate an existing gap in access by this particular ethnic group: it could be that either other Bangladeshi people are also accessing services but their ethnicity is simply recorded in other ways (any other 'Asian' or 'not known/stated' categories etc...) or that the organisation needs to promote their services to this particular group in our community. However, according to the 2001 Census, there are only 0.09% of Bangladeshi people in Buckinghamshire across all age groups. It is unknown as to what is the actual population today but one could assume that this figure has not risen dramatically. So only when data are collected adequately and contrasted against local data can we conclude whether there is or isn't an actual gap in services for this group.

This example demonstrates the need to be specific and to record accurately. Only then can analysis be completed and conclusion drawn as to whether a service offers equal access or not to all groups in our community. Those analyses are now part of our duties and responsibilities in relation to our equality legislation in the UK.

Follow up – Further Action Required

It is hoped that each organisation will be able to identify their potential and/or existing gaps in relation to which particular BME group in our community may not be accessing their services. Following this, and using the information provided above, it would be relevant to share success stories with other services/organisations in order to improve access to their services to those who are under-represented within their current client group.

Monitoring of Ethnicity across Voluntary and Statutory organisation in Buckinghamshire Service users by ethnicity and type of services accessed

	Caribbean	0.30% 1.40% 0.30% 0.	0.50%	6.40% 1.90% 0.	7.80% 2.60%	1% 1%		Black / Mixed White White Other Black and Asian White gr	0.60% 90.10%	94.70%	0.10% 97.50%	. 40.60%	6.50% 2.30% 82.60% 1.	3.10% 1.60% 93.80% 0.	2.80% 0.70% 94.50% 0.	0.00% 1.30% 89.30% 0.0	0.60% 2.50% 95.60% 0.	
Black African British	Black	0.10% 0.30%		%00:0				Other ethnic Unknown group	0.40% 0.40%		1.00% 0.10%	1.50% 0.00%	1.00% 0.80%	0.00% 0.00%	%00.0 %00.0	0.00% 0.00%	0.00% 0.00%	
Black other								Chinese Mixe	0.10%	%00.0	%00.0	%00.0	0.30%	%00.0	%00.0	%00.0	0.00%	
Indian Pakistani British A		0.20% 0.70%		1.90% 1.90%	2.60%	1%		Mixed White and Black	0.00%	%00.0	0.00%	0.00%	0.30%	%00.0	%00.0	0.00%	0.00%	
Pakistani British Asian Mixed White Other Asian	Black	0.70%	7.90%	%09:0		2%	4%											
Chinese		0.20%																
. awork to		%0				1%												
Total		100%	100%	100%	100%	100%	100%											

0.10%

0.20%

0.50%

White & Not Black specified African	0.10% 0.10%	0.00% 0.00%	0.00% 0.00%	0.00% 0.00%		0.00% 0.40%			White & Not Black African specified	0.00% 50.00%	0.00% 0.10%	%00.0 %00.0	%00.0 %00.0	0.00% 0.30%		0.00% 0.20%
Bangladeshi	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	Bangladeshi	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0%(1)
White	6.70%	100.00%	%00.0	2.00%	3.00%	5.20%	%00.0	0.00%	White	%00:0	5.30%	2.60%	3.00%	4.80%	1.50%	4.70%
Amy other ethnic group	%00:0	%00:0	%00:0	0.00%	%00.0	%00.0	0.00%	0.00%	Amy other ethnic group	%00:0	0.10%	%00:0	3.00%	0.00%	0.40%	0.10%
Patient not seen	3.90%	0.00%	0.00%	18.90%	3.00%	16.00%	0.00%	0.00%	Patient not seen	%00.0	1.60%	0.40%	27.30%	8.50%	5.60%	5.50%
Pakistani	0.10%	%00.0	0.00%	2.50%	8.00%	0.00%	0.00%	94.10%	Pakistani	%00.0	%06:0	%00'0	%00:0	0.20%	0.90%	0.10%
Not stated Pakistani	2.80%	%00:0	0.00%	1.00%	%00.0	%00.0	22.20%	0.00%	Not stated	%00:0	1.10%	%06:0	12.10%	%00.0	3.40%	4.00%
Buckinghamshire Community Shared Services - PCT (6)	Community Nursing	Child & Adolescent Psychology	Community Nursing Health Visitors	Continence &	Diabetes	Dietetics General Surgen	Gynaecology	Link Workers	Buckinghamshire Community Shared Not stated Pakistani Services - PCT (2)	IInN	Occupational Therapy	Other than Maternity	Pain Management	Palliative Medicine	Physiotherapy Podiatry	Rehabilitation
Not given	%09'0	%00.0	%00'0	0.50%	0.00%	0.20%	%00.0	%00.0	Not given	%00.0	0.70%	%00.0	%00.0	0.10%	0.20%	0.30%
Not collected at this time	%09:0	%00:0	%00.0	1.00%	0.00%	1.70%	%000	0.00%	Not collected at this time	%00.0	0.70%	0.20%	0.00%	0.30%	0.40%	0.90%
Any other Black Background	%00'0	%00:0	%00.0	0.50%	0.00%	0.20%	0.00%	%00.0	Amy other Black Background	%00:0	%00.0	%00.0	%00.0	%00:0	0.10%	%00.0
Any other Asian Background B	0.30%	0.00%	0.00%	%00.0	0.00%	0.00%	%00.0	0.00%	Any other Asian Background B	0.00%	0.20%	%00:0	0.00%	0.00%	0.20%	0.10%
Indian	0.40%	0.00%	%00:0	0.50%	%00.0	1.20%	11.10%	2.90%	Indian	%00:0	0.40%	%00:0	%00.0	0.50%	0.70%	0.30%
Any other mixed background	0.10%	%00.0	0.00%	%00.0	%00.0	%00.0 0.00%	%000	%00.0	Any other mixed background	%00.0	0% (1)	%00.0	%00.0	0.00%	0.10%	%00.0
White & Asian	0.10%	%00.0	%00.0	%00.0	%00.0	%00.0	0.00%	%00.0	White & Asian	%00:0	(1) %0	%00.0	%00:0	0.10%	0.00%	0.10%
Buckinghamshire Community Shared Services - PCT (5)	Community Nursing	Child & Adolescent Psychology	Community Nursing Health	Continence &	Diabetes	Dietetics General Surgen	Gynaecology	Link Workers	Buckinghamshire Community Shared Services - PCT (3)	IInN	Occupational Therapy	Other than Maternity	Pain Management	Palliative Medicine	Physiotherapy Podiatry	Rehabilitation
White & Black Caribbean	0.80%	0.00%	%00:0	%00:0	0.00%	0.00%	%00.0	0.00%	White & Black Caribbean	%00:0	%09:0	%00.0	%00:0	%00:0	0.10%	0.10%
Chinese	0.10%	%00.0	0.00%	%00:0	%00.0	0.20%	0.00%	0.00%	Chinese	%00.0	0.10%	%00'0	%00:0	0.00%	0.10%	0.10%
Any other White Background	%06:0	0.00%	%00:0	2.50%	0.00%	2.30%	0.00%	0.00%	Any other White Background	%00.0	1.50%	0.70%	%00.0	%09:0	1.70%	1.50%
Black Caribbean	0.70%	%00.0	0.00%	1.00%	0.00%	0.00% 0.00%	%00.0	0.00%	Black Caribbean	%00:0	%06:0	%00.0	%00.0	1.80%	0.40%	0.50%
Black African	%00:0	%00:0	%00.0	%00:0	3.00%	%00.0 0.00%	0.00%	0.00%	Black African	%00'0	0.10%	%00:0	%00.0	0.00%	0% (1)	0.20%
Irish	0.80%	%00:0	%00'0	1.00%	0.00%	1.80%	%00.0	0.00%	Irish	%00'0	1.40%	%06:0	%00.0	0.10%	0.80%	0.80%
British	80.20%	%00.0	100.00%	68.20%	84.80%	69.50%	66.70%	0.00%	British	20.00%	84.00%	94.30%	54.60%	82.70%	84.10%	80.40%
Buckinghamshire Community Shared Services - PCT (4)	Community Nursing	Child & Adolescent	Community Nursing Health	Continence &	Diabetes	Seperal Surgery	Gynaecology	Link Workers	Buckinghamshire Community Shared Services -	I I I	Occupational Therapy	Other than Maternity	Pain Management	Palliative	Physiotherapy Podiatry	Rehabilitation Speech Therapy

Asian or Asian	Mixed - Mixed White White Any White White rish White and & Back Back Other mixed Britsh White irish white Any other Not Total Asian African Caribbean background British White Irish White Provided Total	0.20% 0.05% 0.10% 0.20% 75.00% 0.60% 5.60% 0.80% 11.30% 100.00%	0.30% 0.60% 0.50% 0.50% 0.90% 11.90% 0.80% 5.90% 100.00%
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ara Community re / Information available for ecent Service Users only	White British	Asian Other	Pakistani	White Irish	White other	Total
Elderly SS Other SS tysical Disability SS Private DD	87.20% 100% 100% 100%	2.60%	2.60%	5.10%	2.60%	100% 100% 100% 100%

Whi			0.1			0.7
Other Republics which made up the former Yugoslavia	1.0%		0.1%			
Polish			0.3%		0.1%	
Italian			0.3%		0.1%	
Greek			0.1%			
Cypriot (Part not stated)			0.1%			
Oxfordshire & Buckinghamshire Cypriot (Part not Mental Health Trust - stated) Care Options (4)	Liason Community	Liason Outpatient	Older Adult Community	Older Adult Day Care attender	Older Adult Outpatient	Older Adult Inpatients
Not stated 1	%0.6	42.9%	3.0%	%9:0	2.9%	0.7%
Not known	16.0%		7.5%	%9:0	9.3%	1.5%
African			0.3%		0.3%	0.7%
Caribbean			1.2%	2.3%	1.7%	3.0%
Sri Lanka			0.1%			
Punjabi			0.1%		%1.0	
Pakistani or Any other Buckinghamshir British Asian emeral Health Pakistani Background Trust-Care Options (3)	Liason Community	Liason Outpatient	Older Adult Community	Older Adult Day Care attender	Older Adult Outpatient	Older Adult Inpatients
Any other Asian Background			0.30%		0.10%	
Pakistani or British Pakistani			0.40%	%09:0	0.80%	3.00%
Indian or British Indian			0.30%			
White and Other mixed, Black mixed Caribbean unspecified			0.10%		0.10%	
White and Black Caribbean	1.00%		0.30%	%09:0	0.30%	0.70%
Oxfordshire & Buckinghamshire Mental Health Trust - Care Options (2)	Liason Community	Liason Outpatient	Older Adult Community	Older Adult Day Care attender	Older Adult Outpatient	Older Adult Inpatients
Welsh			0.10%			
Scottish			0.30%	0.60%	0.10%	
English	8.00%	14.30%	8.90%	6.40%	11.50%	12.60%
Other white, white unspecified			0.20%		0.10%	
Any other white background	3.00%		3.10%	7.50%	1.70%	3.70%
Irish			1.30%	%09:0	1.60%	1.50%
		%0%	71.20%	80.30%	65.10%	70.40%
British, Mixed British	62.00%	42.90%	7	8	9	7

Fact: In 2001, 2.37% of the people over the age of 65 are from minority ethnic communities.

CONCISE REPORTING FORMAT FOR SUB GROUPS TO OLDER PEOPLE PARTNERSHIP BOARD

- Sub Group:
- Date of OPPB Meeting: 14 September 2006
- Reporting Lead: Ken Dorling, Service Manager, Alzheimer's Society.
- o Specific Questions Raised by OPPB for Sub-Group?

Research launched t by the Alzheimer's Society reveals that the number of people with dementia in Buckinghamshire will rise to 7,200 people by 2021. The report estimates that there are currently 4,900 people living with dementia in the region.

The Alzheimer's Society has two branches in the county South Bucks Branch and the Aylesbury & Buckingham branch. Five part –time staff are employed, supported by volunteers. There is an additional branch in Milton Keynes.

The Aylesbury and Buckingham branch of the Alzheimer's Society provides local services for carers/people with dementia, including advice and support. One such service is the Alzheimer's Café:

The first Alzheimer's café launched on September 15th 1997 in Holland, which was the brainchild of Dr Bere Miesen a Dutch psychiatrist.. Since that time Alzheimer's Cafe have grown in number in many different countries.

Essentially, if you can facilitate a good meeting place then people will share their thoughts and experiences, which inevitably will make them, feel that they are not alone.

Each Alzheimer's Café session follows the same format; an informal chat over light refreshments followed by a guest speaker, shared experiences on the subject being discussed. This is followed by something to eat and drink and a chance to chat with old and new friends. We will then have question time and perhaps some entertainment.

Work on the development of the Alzheimer's Café started in January 2006. Several meeting took place to determine the need for such a service and to see how much support there was from other voluntary and not for profit agencies.

Having established that there is a strong demand for an Alzheimer's Café in the Aylesbury area, several visits to established Alzheimer's Café schemes were undertaken to embrace best practice for such a service.

A project group was established to further progress the project. The group was drawn from Social Services, Bucks County Council, Crossroads, NHS and is headed by staff members and volunteers of the Aylesbury Branch of the Alzheimer's Society.

The first meeting of the Aylesbury Alzheimer's café took place on March 1st 2007 and was very well attended. Since then monthly meetings have taken place on the first Thursday in the month and attendance has been consistent with over 30 people attending each session. The Alzheimer's Café takes place in the community centre in Fairford Leys.

Initial funding for the Alzheimer's café came from the residue of an Education and Training grant and local fundraising. The cost to set the scheme up was £3000 and each session costs around £300 to deliver, comprising staff costs, volunteer expenses, hall hire, refreshments and sundries. This equates to around £10 per person per session ($2\ hours$). However for the scheme to continue, additional money is needed.

There is also an opportunity to establish a similar scheme in the North of the county, if funding can be found. Equipment and resources for the existing Alzheimer's Café scheme can be used to help lower costs.

$\frac{\texttt{CONCISE REPORTING FORMAT FOR SUB GROUPS TO OLDER PEOPLE}}{\texttt{PARTNERSHIP BOARD}}$

o Sub Group:

implications:

0	Date of OPPB Meeting: 10 September 2007
0	Reporting Lead: Ojalae Jenkins
0	Specific Questions Raised by OPPB for Sub-Group?
E	Extra Care Housing: A Service User Perspective
0	Specific Questions for OPPB Raised by Sub-Group

Report Update to Strategic Group on Progress of Constituent Group.
 To include – progress against milestones – constraints - resource

Extra Care Housing: A Service User Perspective

Following the publication of the Extra Care in Buckinghamshire: A Strategic plan, back in November 2006, there were a number of constructive points that were raised. Some of which this consultation attempts to address including:

- Insufficient consultation with older people and the voluntary sector.
- Further research required on the demand, particularly extra care for sale
- Further work required on specific needs, e.g. BME groups

We have carried out a range of presentations across Buckinghamshire talking to well over 300 service users and carers including BME specific groups. Of those we have spoken to, we have documented 158 questionnaires in our data base, 43 of those have put their names down to be involved in a dedicated group to look at a range of issues facing older people in Buckinghamshire.

The presentation for this OPPB will relay key messages from service users giving their perspective about Extra Care Housing in Buckinghamshire.

Older People's Action Plan 2005-11

2007 OUTCOMES

OUTCOME 31st Mar 07		LAA target has now been adopted using a national agreed scale. This relates specifically to volunteers spending more than 2 hours per week volunteering. There are 1500 volunteers in Buckinghamshire	although it is not yet possible to define the age range of this group. The benefits of this programme has included the launch of a cross agency volunteering group and improved partnership working.	The LAA target is likely to be achieved in year with performance at the end of quarter 3 being 6060 and expect to reach end of year target of target of 7265.	There has been significant partnership working between agencies regarding increasing access to training opportunities for the over 50s.
HOW WILL SUCCESS BE MEASURED?	nd independence into later life	% increase in the number of people over the age of 50 actively taking part in volunteering in Buckinghamshire.	% increase in the number of volunteering projects with a focus upon the needs of people over 50.	To maintain the number of people over 50 accessing learning programmes.	
LEAD AGENCY	intain health a	Steve G- smith. Stronger Com Block (BCC).	Steve G- smith. Stronger Com Block (BCC).	Mike Corns. LAA OP Block. (BCC)	
ACTIONS	To promote quality of life and well-being to maintain health and independence into later life	Increase the volunteering opportunities for people over the age of 50. (Volunteering provides older people with meaningful activities within their local community and helps to increase the health and life opportunities of those involved.)	Increasing the impact of volunteering upon the lives of people over 50. (By supporting a more cohesive approach to working with voluntary services and older people to promote a range of services and opportunities suitable for older people.)	Improved training and access to learning opportunities for people over the age of 50. (Promoting the maintenance of skills and good mental health through access to learning opportunities.)	
	1.	- -	 45	2.	

The fitness and well being program has not yet been able to divide the activity of over 50s from the rest of the cohort.	There has been no overarching report to the OPPB on housing issues for older people. However Eryl Davies from BCC has discussed the Extra Care Housing Strategy at OPPB and members of the board have been to the conference regarding the strategy.	Extra care strategy available from Eryl Davies on request.	The Buckinghamshire Agewell agenda has been successful, however future funding will godirect to providers of services, other than community safety days and keep well keep warm funds.	The Agewell group will continue to work with funds from the District Councils and PCT. There are potentials for integrating the prevention projects across all partners.	Single falls co-ordinator has been in place for the past 12 months.
% of total learners over 50 on fitness and well-being programmes.	Report to Older Peoples Partnership Board.		Improved attendance and sign up to the Ageing Well and Age Well agenda.		Recruitment to a single Falls Co-ordinator post across the county.
Lee Mason. LAA OP Block. (BCC)	Martin Holt. OPPB. (CDC)		Angie Blackmore (PCT)		Katherine Erbetta. OPPB. (PCT).
Increase uptake of leisure services/physical activities for people over 50. (Promoting good health and well-being.)	Report on the local housing strategies to identify upon the specific housing needs of people over 50 to help them remain in their own homes.		Age Well and Aging Well agenda to be promoted across Buckinghamshire. (Raising profile of health promotion for people who are 50+)		Falls prevention strategy to be promoted across Buckinghamshire. (Raising profile of falls prevention agenda)
1.3	1 .		ਨ:		1.6

Good practice guideline completed Good practice guideline completed	Good practice Employer to present to OP Conference Follow up group of people post retirement to see what happens	Outcomes incorporated into Wycombe Draft strategy complete and adoption / Older People Housing strategy to be shared implementation delayed due to staff across the County
Good practice g	Good practice Emplo Conference Follow up group of pe to see what happens	Outcomes incorpo Older People Hous across the County
Steve G- smith. Stronger Com Block (BCC).	Mike Corns. LAA OP Block. (BCC)	WDC Housing Team
Develop and put in place good practice guidelines on the recruitment and retention of older people as volunteers	Pre retirement and more importantly post retirement courses to assist people in adjustment to transition and raise awareness of volunteering opportunities and the benefits this brings to the individual volunteering.	Outcomes incorporated into Wycombe Older People Housing strategy to be shared across the County
1.7	8.	1.9

	ACTIONS	LEAD	HOW WILL SUCCESS BE MEASURED?	OUTCOME 31st Mar 07
2.	To ensure that older people are in receipt of adequate income in order to retain choice control and independence	equate income	in order to retain choice control and indep	oendence endence
2.7	Promote uptake of benefits and grants for older people. (To reduce poverty and the impacts of poverty upon older people.)	Mandy Thompson. LAA OP Block. (BCC)	1% increase in numbers of OP in Buckinghamshire in receipt of pension credit or attendance allowance.	Baselines are in place but there is significant work to ensure that all partners are involved.
2.2	Address barriers to employment for people over 50 and build an infrastructure to reduce these. (Access to further educational opportunities to support access to employment.)	Mike Corns. LAA OP Block. (BCC)	To maintain the number of people over 50 accessing learning programmes.	The LAA target is likely to be achieved in year with performance at the end of quarter 3 being 6060 and expect to reach end of year target of target of 7265.
				There has been significant partnership working between agencies regarding increasing access to training opportunities for the over 50s.
2.3	Co-ordinate identification of and support for people over 50 suffering from fuel poverty. (Enabling more people to safely remain in their own communities).	Martin Holt. OPPB. (CDC)	10% increase in uptake of insulation and heating measures from relevant Fuel Poverty Prevention schemes by people over 50.	Target achieved.
2.4	Access to financial information	Age Concern / CAB	Access to financial information on issues such as Safe Equity Release Schemes and budget advice, want reliable third party assistance (eg Age Concern, CAB), What qualifications etc. should older people look for when obtaining advice	Access to financial adviser
2.5	Financial advisors needed for budgetary advice to support the younger generation through University debt, ordinary debt and mortgage.	Banking industry	Find out what training is available to young people through school to develop early understanding of finance	No action

2.6	2.6 Pension service and advisors to become involved in schools	Pension service	Increase training of young people to understand pensions and money handling.	No action
2.7	2.7 Pension service and advisors to become involved in schools	BCC Social services - Barbara	Link to the National campaign on direct payments.	No action

	ACTIONS	LEAD	HOW WILL SUCCESS BE MEASURED?	OUTCOME 31st Mar 07
დ	To ensure that older people have access to information, a transition in their lives	rmation, advic	dvice and advocacy to maintain choice and control, especially at key points of	introl, especially at key points of
2.7	Partner organisations to take progressive steps towards linking and integrating information, and access to information for people over 50 across the County. (Improving access to information and services.)	Kerry Stevens. OPPB. (BCC)	Monitored through mystery shopping of partner organisations and "customer" experiences.	Mystery shopping programme has been in place working in partnership with Carers Bucks. Copies of mystery shopping reports available on request.
3.2	Expansion of community messenger scheme across whole County and partner organisations. (Promoting wider access to information about services through informal networks in local communities).	Kerry Stevens. OPPB. (BCC)	% increase in community messengers trained and supported within the County	The community messenger scheme has been developed and expanded to partnership working with District Council who have a similar programme. Reaching more people and providing them with a wider range of information about services available in their community.
မ မ	Development of Older People's advocate / lead	PCT Commission ing	Older People's Champion to be in GP surgeries to promote Older People's issues with Doctors and Nurses and is attached to the champions group / PALS / GP Patients Forum to ensure that Older People are "Listened to"	OPPB Chairman to write to BPCT with proposal asking who this can be followed through.

The LAA target of 5000 carers registered with Carers Bucks in year is on line with 4728 at the end of quarter3.	Baseline is in place for people in receipt of bereavement support and capacity improving action plan is in place. With a target to increase support by 3% in the next 12 months.	Group now in place and action plan being drafted for 07/08 with good partnership working within the LAA group to benefit the outcomes of all targets.	BCC launching single access points in each GC2C area. It would be good to do partnership working with District Councils and the PCT in this regard.
Increase in no. of users of services provided by Carers Bucks.	Increase in numbers of people over 50 in receipt of bereavement counselling in Buckinghamshire.	Increase in number of people in receipt of pre retirement training in Buckinghamshire.	Joining up services at 1st trigger point. Explore development of Single Access Point and community initiatives such as the OPAG Information stand at Budgens in Chalfont St Peter to develop County approach to One Stop Shop. SAP feedback to Conference
Kerry Stevens (BCC) OPPB			Kerry Stevens (BCC) OPPB
Increase support and services to people at transition points in their lives such as chronic illness, retirement, bereavement and at the point of becoming a carer. (Reducing the impact of transits upon the lives of older people)			Setting up of One stop Shops
4.6			്.

	ACTIONS	LEAD	HOW WILL SUCCESS BE MEASURED?	OUTCOME 31st Mar 07
4.	To ensure that older people have access to facilities and s systems	ilities and serv	services through the provision of appropriate community and public transport	ommunity and public transport
4.	Move towards a consistent and beneficial uptake of concessionary fares for older people across the county. (Improving access to public transport for older people)	Neil Comely. OPPB (BCC)	Comparison between the number of people in receipt of concessionary fares by local district council	No progress on this target
4 Si	Involvement of older people in discussions around a Countywide transportation plan. (Ensuring plans reflect the needs and wants of older people).	Neil Comely. OPPB (BCC)	OPAG / OP champion representation on transport consultation groups.	No progress on obtaining OPAG reps on transport group.
 ယ်	Move toward multi agency strategy to community transport to the benefit of older people across Buckinghamshire. (Providing a joined up approach to people over 50s transport needs)	Neil Comely. OPPB (BCC)	Improved experience of community transport services for older people.	No progress on this target
4 4.	Outcomes to be incorporated into County Access strategy	Neil Comely. OPPB (BCC)	Neil Comley to attend OPPB	

	ACTIONS	LEAD AGENCY	HOW WILL SUCCESS BE MEASURED?	OUTCOME 31st Mar 07
5. Tc	To address the failure of the market to deliver the types of products and services that older people want	he types of pr	oducts and services that older people want	
5.1	Organisations to move towards improved commissioning of services. (To ensure responsiveness of services to the needs of older people)	Eryl Davies. OPPB (BCC)	Improved / shared commissioning of services for older people better meeting peoples over 50's needs.	Planned process for implementing shared commissioning strategy but not in place as yet.
		Jeremy Newton. OPPB (VOAPCT)		
5.2	The OPPB to explore ways to promote improved awareness of the needs of older people amondst commercial providers.	Kerry Stevens. OPPB	Improved experience of people over 50 when accessing private sector services.	No progress on this target
	(Raising awareness of the needs of older people in the private sector).	(BCC)		
5.3	Increase the awareness of services available to people over 50 and their carers.	Kerry Stevens	Improved uptake of services by older people and their carers.	No progress on this target
	(Promoting independence and choice).	OPPB (BCC)		
5.4	Allotment societies and local authorities to promote spare capacity in allotments and	District Councils	Allotments available for older people to grow food cheaply, especially for those	Jane Taptiklis to write to Town and parish Councils on behalf of OPPB to
	share skills		from ethnic minorities where their types of food will be much more expensive in this country.	find out if all allotments were, in fact, let
5.5	Older people want tutors to come to their home so learning is specific to their needs	M Corns Adult	Internet banking as part of adult learning. They can train people to use the Internet	Adult Education now invited to Senior wellbeing days around the County to
5.6	Older people don't like services being driven by technology rather than user needs / skills eg the use of "chip and pin" hard for older people, so we should be promoting "chip and sign".	BOPForum	Salely. Chip and sign promoted as still available. Leaflets obtained from banking industry	profitote triell service Chip & pin promoted to members of BOPForum and information leaflet provided

5.7	Undertake study to compare Co-Op, Building Societies, Councils and Banks for the services they provide for older people. Interview users?	BOPForum and DCs	We should investigate what the establishment are doing to make life easier for older people in their financial transaction - using banks, local authorities and shopping locally, as many organisations will not accept cheques now.	Representative of Banking industry invited to 2007 conference to explain how they seek the views of older people when designing services.
5.8	Financial services providers offer courses such as Business Link		Steve Goldensmith to follow up on this	No action
5.9	All agencies to review their services	ОРРВ	Agencies to review their policies and practices on 'receiving payment' to enable older people access their services and not be excluded.	Sheila Davies to clarify meaning of action
5.10	5.10 BOPF to include money in 2007 conference	BOPforum	Issue of money and older people to go to 2007 Conference and explore further the issues of money through their working group.	Speaker and workshop at OP conference in July 2007

	ACTIONS	LEAD	HOW WILL SUCCESS BE MEASURED?	OUTCOME 31st Mar 07
9	6. To ensure that older people have a strong voice in society, future consultation must include participation of and engagement with older people at all stages	e in society, fu	ıture consultation must include participatio	n of and engagement with older
6.1	Development of a County wide older people engagement strategy that includes vulnerable and minority groups. (Providing a voice for older people)	Sheila Davies OPPB (WDC)	Wider representation by older people and of older people in planning groups.	Information about sub groups shared with OP champions group although no clear framework for OP representation as yet.
6.2	Support development of strong Bucks older people's forum that can inform, challenge and monitor the work of the OPPB	Sheila Davies OPPB (WDC)	OPAG representing each of the 23 local communities as defined by GC2C.	Framework for developing OPAGs in underrepresented areas, with successful launches in Buckingham and Wendover.

OUTCOME 31st Mar 07	oting more positive images of older	Policies under continuous review. SS working with Management Information to determine how to measure the progress to show OP are appropriate representation of the service users.	Review Audit to be carried out late 2007	No progress for mapping this starget
HOW WILL SUCCESS BE MEASURED?	ination, recognizing diversity and prom	Policies within partner organisations not restricting access to services or choice on account of age.	Improved awareness of partner organisations ability to provide services which are not discriminatory on account of age.	Completed assessment, defining work plan to redress any imbalances in health needs of older people across communities.
LEAD AGENCY	ms of discrim	Steve Stych. OPPB (BCC)	Steve Stych. OPPB (BCC)	Dot Evans. OPPB (BCC)
ACTIONS	7. To challenge and address ageism and other forms of discrimination, recognizing diversity and promoting more positive images of older people	All partner organisations to review respective documents to ensure they are not ageist. (Promoting equal access to services for older people)	Review age discrimination audit carried out by NSF task group. (Raising the profile of standard 1 of the NSF)	Undertake health needs assessment of BME elders to identify actions required. (Promoting equality of services across groups of older people)
	7. 7	7.1	2.7	7.3

CONCISE REPORTING FORMAT FOR SUB GROUPS TO OLDER PEOPLE PARTNERSHIP BOARD

Sub Group:

0	Date of OPPB Meeting:
0	Reporting Lead:
0	Specific Questions Raised by OPPB for SubGroup?
F	Feedback on Bucks Older People's Forum Conference
0	Specific Questions for OPPB Raised by SubGroup

Report Update to Strategic Group on Progress of Constituent Group.
 To include – progress against milestones – constraints - resource implications:

Speaking out – Making changes the 5th Bucks Older People's Forum Conference 2007

This is a brief report of the conference proceedings from *Speaking out – Making changes* the 5th Bucks Older People's Forum Conference 2007. The Bucks Older Peoples Forum (BOPForum) is a Countywide network of Older People's Action Groups (OPAGs) and they are independent of the service providers although they receive funding and support from the County and District Councils. The Forum wants to strengthen its support within the Community by developing OPAGs around the County, as well as its own Reference Group database. Annually the Forum bring together their members plus others interested in the wellbeing of older people, to discuss varied topics. The theme for the 2007 conference was "Speaking out - making changes" focusing on how we engage and involve older people in decisions that affect them. A specific request from the Forum was that no professionals be invited unless speaking or supporting the conference, as in previous years it was felt that they dominated discussions. This year 100 delegates from all across the County met in Chesham at the Chartridge Conference Centre.

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

can be developed and reorganized. Matt said "it is possible that you will hear terms like codesign, co-production, co-solutioneering, this is not about putting "co" in front of things we have always done. It is actually about a fundamental change in our approach to delivering public services, an approach that truly puts the customer at the heart of what we do, and an approach that I think is vitally important and the direction of travel for the future".

This theme of user engagement / involvement continued throughout the workshops where 5 speakers started off discussion by outlining how they have engaged and involved older people to date. The topics were:

- 1. Your Health
- 2. Your Money
- 3. Your Community
- 4. Your Leisure
- 5. Supported Living

The concepts of co-production and co-design are not embedded in the professional or public psyche and it not therefore a surprise to find that facilitators worked hard to prevent discussion from reverting to problems rather than solutions but many interesting ideas have begun to emerge. Many delegates have now been to several conferences and are becoming accustomed to the concept of workshops and speaking out and that they will be listened to, although feedback always asks for more action less talk! Delegates cannot be expected to take on board the move away from the welfare state model to that of co-production and community involvement in one or two conferences but they are beginning to feel empowered to participate which is more than is happening in other Counties. Matt Briggs commented that BOP Forum (with support from BCC and the districts) is ahead of other Counties in this respect and we should capitalise on this momentum.

Some of the threads emerging through the workshops

General issues:-

Poor transport especially in the evenings, as well as its frequency

Routes do not go to where older people need to access eg GP surgeries, adult education centres Libraries are a source of information and they are closing, other locations such as GP surgeries should be used

Need to get information into the heart of communities

Want to speak to an individual about their problem not get standard answer that is prepared To be treated with respect

Taxi v bus pass and bus passes only eligible in your own county

Consistent communication to be agreed between professionals

What problems can you identify in the way people have been consulted / involve 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

What next?

Facilitators are writing up their flipcharts and a report will be presented to the BOPForum AGM in October and a draft report to the Champions Forum /Bucks Older Peoples Partnership Board in September.

Other work in the County looking at improving services through community involvement is evolving though the Transformation Team of BCC and the Milton Keynes Bucks and Berks SHAPE project which will also be informed by this conference.

It is also hoped that the link with Matt Briggs of the Transformational Government team will be developed to move Buckinghamshire forward nationally in improving the lives of older people by innovation and involving them in service design, *co-production and co-solutioneering*.

S_Reporting Format_20 April_05