

# OLDER PEOPLE'S PARTNERSHIP BOARD

## AGENDA

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

---

		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	5 - 20
	<u>For decision reports</u>		
4	<b>Future of the Champions Forum</b> Chris Stanners	2.50pm	21 - 22
5	<b>Formation of a sub-group for OPPB Equality Impact Assessment</b> Adult Social Care is required to complete an Equality Impact Assessment on the Older People Partnership Board as the function of the Board is relevant to equality. This statutory duty should also apply to all other statutory organisations / services represented on the Partnership Board. Muriel Alleaume proposes formation of a sub-group comprising of various members of the Partnership Board so as to complete the assessment together. This would not only fulfil each organisation's requirement but also demonstrate good practice in relation to partnership working as well as offering diverse perspectives within the assessment.	3.05pm	
	<u>For information reports</u>		
6	<b>Peer Interviews</b> Graham Box	3.15pm	23 - 30
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	To be tabled
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	31 - 32

<b>9</b>	<b>Report back on new Dial a Ride service</b> Martin Holt	<b>3.50pm</b>	<b>33 - 34</b>
<b>10</b>	<b>Action Learning Sets</b> Sheila Davies	<b>4.00pm</b>	
<b>11</b>	<b>Manor House redevelopment and Older Adult Services</b> Jonathan Horbury	<b>4.10pm</b>	
<b>12</b>	<b>Any other business</b>	<b>4.25pm</b>	
<b>13</b>	<b>Date of next meeting</b> 16 January 2008 at 10.00am in Mezzanine Room 1	<b>4.30pm</b>	

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



# Buckinghamshire County Council

## Minutes

## *OLDER PEOPLE'S PARTNERSHIP BOARD*

---

**MINUTES OF THE OLDER PEOPLE'S PARTNERSHIP BOARD HELD ON MONDAY 10 SEPTEMBER 2007, IN MEZZANINE ROOM 2, COUNTY HALL, AYLESBURY, COMMENCING AT TIME NOT SPECIFIED AND CONCLUDING AT TIME NOT SPECIFIED.**

### **MEMBERS PRESENT**

Jo Brader, Age Concern  
Neil Comley, BCC  
Mike Corns, Culture and Learning, BCC  
Sheila Davies, Wycombe District Council  
Liz Gainer, BPCT  
Steve Goldensmith, Team for Older People, BCC  
Ryan Mellett, Older Peoples Champions  
Jenny Newton, AVDC  
Claire Oaten, OBMH  
David Peevers, Bucks Older Peoples Forum  
William Rysdale, AVDC  
Kerry Stevens, Head of Service for Older People, BCC  
Jane Taptiklis, Buckinghamshire PCT (C)

### **OTHERS PRESENT**

Catherine Erbetta, Bucks PCT  
Ojalae Jenkins, BCC  
Sheilah Moore, BCC

### **1. APOLOGIES**

Apologies for absence were received from Tricia Birchley, Alison Bussey, Rachel Young, Peter Ramcharitar, Charlotte Watts, Freda Roberts, Steve Stych, Claire Paine, Sheila Cascarino, Ken Dorling, Martin Holt, Emma Parry, Angie Blackmore with Liz Gainer attending in her place.

### **2. MINUTES**

The Minutes of the meeting on 10 July 2007 were agreed as a correct record subject to the insertion of the word "not" to the second sentence of paragraph 7 on page 2 of the Minutes clarifying that social care could not simply step in to fill the gap left by the Ambulance Trust no longer lifting frail people who fell unless there was a medical need.

### **3. MATTERS ARISING**

#### Matters Arising

Neil Comley was not available to provide an update regarding the letter about his role offering to be main point of contact between OPAGs and voluntary sector and transportation. An update for the next OPPB meeting was requested.

**Action: Neil Comley**

Claire Oaten agreed to contact Sharon Boundy with regard to talking to OPPB about depression in Older People.

**Action: Claire Oaten**

Kerry Stevens reported that Adult Commissioners had considered the issues around lifting frail people who fell in their own homes. The matter had been referred to the PCT's Urgent Care Network.

#### OP Strategy and Action Plan Refresh

Jane Taptiklis would pursue the matter of PCT representation on the Champions Forum and would report back to the OPPB.

**Action: Jane Taptiklis**

Steve Goldensmith reported that Age Concern provided financial advice to older people. Buckinghamshire County Council offered a pre-retirement course for employees run by an Independent Financial Adviser. This could potentially be extended. The other alternative was for Adult Learning to provide pre-retirement or other financial advice courses for older people. Mike Corns agreed to investigate the possibility of Adult Learning providing this.

**Action: Mike Corns**

#### Any other business

Steve Goldensmith and Charlotte Watts had discussed areas of action around crime and fear of crime for inclusion in the older people's action plan. Steve Goldensmith agreed to bring this to the next meeting of OPPB.

**Action: Steve Goldensmith**

### **4. REPORT BACK ON AMBULANCES PICKING PEOPLE UP WHO FALL**

Catherine Erbetta reported that she had done some preliminary investigation into the issues and possible solutions around lifting frail people who fell but did not need conveying to Accident and Emergency. She explained that in many other areas where community alarm systems were operated by the Local Authority, mobile wardens provided a lifting service for people who fell. In other areas a sophisticated partnership arrangement existed with the ambulance service.

In line with the recommendations in the report, the meeting asked Catherine Erbetta to set up multi-agency meeting to clarify the issues identified, discuss the possible solutions further and to draft a full options appraisal with funding streams to be brought back to the January meeting of OPPB.

**Action: Catherine Erbetta**

### **5. REDESIGN OF COMMUNITY SERVICES**

The report on the service redesign framework was noted. Any questions should be addressed to Stuart Townsend or Emma Parry.

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

Sheila Davies informed the board that she had met with Pat Ward, the Economic Development Officer, on 5<sup>th</sup> October to discuss issues around the failure of the market to deliver the types and products and services older people want which included:

- Removal of cheques as a method of payment
- Chip and pin
- Telephone handling systems
- Portion sizes
- Easier opening packaging
- Places to rest in town and the community
- The size of writing on products
- Insurance barriers
- Retirement planning
- Age friendly policies
- Single person premiums

A member suggested that Trading Standards might be able to assist. Another member raised the issue of pickpockets in supermarkets and suggested that regular announcements that there were pickpockets operating in the store might act as a deterrent. Members should raise any other related issues with Sheila Davies. Sheila Davies agreed to report back to the October meeting of OPPB with an action plan after meeting with Pat Ward.

**Action: Sheila Davies**

## **7. PROGRESSING THE HOUSING AGENDA**

The report from Martin Holt was noted. Any questions should be put to Martin Holt.

## **8. REPORT FROM THE DIVERSITY SUB-GROUP**

Muriel Alleaume reported that she had been tasked with collating information about the ethnicity of service users across organisations. However, there was an inconsistency across the County regarding categories being used. The use of different approaches in different parts of the County combined with inconsistencies in monitoring across the County made mapping of access problematic.

Another issue identified was that organisations seemed to lack the skills and/or resources required to cross more than two data ranges making it difficult to gain accurate data relating to people of a certain age group. It was also 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).

There was also a high rate of unknown returns in the data collected. Issues around staff training and trust between those requesting the information and the service user needed to be addressed.

As a result, the Officer indicated that it was impossible to draw a conclusion from the data submitted by organisations. She suggested that all organisations should, at least, be using the 2001 census categories. It was noted that someone was being recruited to the County Council to map access in Buckinghamshire and to develop a comprehensive access strategy for the County.

A member requested that further information be provided to services about the number of potential service users from black and ethnic minority backgrounds in Buckinghamshire to

inform the establishment of target figures.

**Action: Muriel Alleaume**

There was some discussion about how to take this forward. The Chairman suggested that a county wide technical group would be appropriate and undertook to identify such a group.

**Action: Jane Taptiklis**

#### **9. DEMENTIA CAFE**

The report from Ken Dorling was noted. Any questions to be posed to Ken Dorling.

#### **10. EXTRA CARE HOUSING**

Ojalae Jenkins gave a very informative presentation on key messages from service users about their views of extra care housing in Buckinghamshire, a copy of which is attached to these Minutes.

A member commented that the County Council backed the extra care strategy in Buckinghamshire but further work needed to be done with District Councils and other partner agencies in order to broaden this out.

Ojalae Jenkins agreed to report back to future meeting on extra care housing in 2008.

**Action: Ojalae Jenkins**

#### **11. OP STRATEGY AND ACTION PLAN REFRESH**

The Chairman proposed that the Older People's strategy needed to be refreshed. As the original strategy was commissioned by the Chief Executive's group, CADEX, the Chairman undertook to propose a refresh via that forum.

**Action: Jane Taptiklis**

The action plan was updated and the amended version is attached to these Minutes with actions for OPPB members.

**Action: Various OPPB members**

#### **12. ANY OTHER BUSINESS**

Jane Taptiklis to meet with Chris Stanners and Graham Box regarding the Peer Interviews and the future of the Champion's Forum.

**Action: Jane Taptiklis**

In response to an issue raised regarding transport and accessibility, it was requested that Neil Comley report back to next OPPB meeting on the Council's access policy.

**Action: Neil Comley**

#### **13. DATE OF NEXT MEETING**

7 November 2007 at 2.30pm in Mezzanine Room 2.

**CHAIRMAN**

# Older People's Action Plan 2005-11

## 2007 OUTCOMES

ACTIONS	LEAD AGENCY/ SUB GROUP	HOW WILL SUCCESS BE MEASURED?	OUTCOME
<b>1. To promote quality of life and well-being to maintain health and independence into later life</b>			
1.1 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.)	Steve G-smith. Stronger Com Block of LAA (BCC).	3 % increase in the number of people over the age of 50 actively taking part in volunteering in Buckinghamshire as recorded by the LAA partnership group.	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 recorded by the LAA partnership group although it is not yet possible to define the age range of this group.
1.2 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.)	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 7265.  There has been significant partnership working between agencies regarding increasing access to training opportunities for the over 50s.

1.3	Increase uptake of leisure services/physical activities for people over 50. (Promoting good health and well-being.)	MKOB Physical Activity Alliance/ Lee Mason. LAA OP Block. (BCC)	% of total learners over 50 on fitness and well-being programmes. <i>Sheila Davies to ask MKOB about baseline and target figures</i>	<b>The fitness and well being program has not yet been able to divide the activity of over 50s from the rest of the cohort.</b>
1.4	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.	Martin Holt. Housing for OP subgroup (CDC) New lead will be Planning and Commissioning Manger (Care with Accommodation)	Report to Older Peoples Partnership Board.  <i>Baseline and target figures to be provided by Planning and Commissioning Manger (Care with Accommodation)</i>	<b>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.</b>  Extra care strategy available from Eryl Davies on request.
1.5	Age Well and Aging Well agenda to be promoted across Buckinghamshire. (Raising profile of health promotion for people who are 50+)	Angie Blackmore (PCT)	Improved attendance and sign up to the Ageing Well and Age Well agenda.  <i>Sheila Davies, Jenny Newton and Angie Blackmore to provide progress report</i>	<b>The Buckinghamshire Agewell agenda has been successful, however future funding will go direct to providers of services, other than community safety days and keep well keep warm funds.</b>  <b>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.</b>



1.6	Falls prevention strategy to be promoted across Buckinghamshire. (Raising profile of falls prevention agenda)	Catherine Erbetta. OPPB. (PCT).	Recruitment to a single Falls Co-ordinator post across the county. <i>Catherine Erbetta to provide report by End of 2007 on whether or not there is continued need for the post of Falls Co-ordinator</i>	<b>Single falls co-ordinator has been in place for the past 12 months.</b>
1.7	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.	Kathleen Begen LAA OP Block (BCC)	Good practice Employer to present to OP Conference Follow up group of people post retirement to see what happens	<b>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.</b>  Pre-retirement programme up and running within the County Council

ACTIONS	LEAD AGENCY	HOW WILL SUCCESS BE MEASURED?	OUTCOME 31 <sup>st</sup> Mar 07
<b>2. To ensure that older people are in receipt of adequate income in order to retain choice control and independence</b>			
2.1 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.  <i>Mandy Thompson to provide baseline and target figures</i>	<b>Baselines are in place but there is significant work to ensure that all partners are involved.</b>
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.	<b>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.</b>  <b>There has been significant partnership working between agencies regarding increasing access to training opportunities for the over 50s.</b>
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 Affordable Warmth Group	10% increase in uptake of insulation and heating measures from relevant Fuel Poverty Prevention schemes by people over 50.	<b>Target achieved.</b>
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  <i>Jo Brader will provide Age Concern's report</i> <i>Will Rysdale will ask for a report from AVDC homelessness team</i> <i>Jane Taptiklis to ask CAB for similar report</i>

ACTIONS	LEAD AGENCY	HOW WILL SUCCESS BE MEASURED?	OUTCOME 31 <sup>st</sup> Mar 07
<p>3. To ensure that older people have access to information, advice and advocacy to maintain choice and control, especially at key points of transition in their lives</p>			
<p>3.1 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.)</p>	<p>Kerry Stevens. OPPB. (BCC)</p>	<p>Monitored through mystery shopping of partner organisations and “customer” experiences. <i>Kerry Stevens to make meaning and targets more explicit and to provide report</i></p>	<p><b>Mystery shopping programme has been in place working in partnership with Carers Bucks.</b>  Copies of mystery shopping reports available on request.</p>
<p>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).</p>	<p>Kerry Stevens. OPPB. (BCC)</p>	<p>% increase in community links trained and supported within the County <i>Steve Goldensmith to firm up</i></p>	<p><b>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. .</b></p>
<p>3.3 Development of Older People’s advocate / lead</p>	<p>PCT Commissioning</p>	<p>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”</p>	<p>OPPB Chairman to write to BPCCT with proposal asking who this can be followed through.  <i>Jane Taptiklis to work on this and report back</i></p>

<p>3.4</p> <p>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)</p>	<p>Kerry Stevens (BCC) OPPB</p> <p>Steve G-smith</p>	<p>Increase in no. of users of services provided by Carers Bucks.</p> <p>Increase in numbers of people over 50 in receipt of bereavement counselling in Buckinghamshire.</p>	<p><b>The LAA target of 5000 carers registered with Carers Bucks in year is on line with 4728 at the end of quarter3.</b></p> <p><b>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.</b></p>
<p>3.5</p> <p>Setting up of One stop Shops</p>	<p>Kerry Stevens (BCC) OPPB</p> <p>Lead to move to Community Links post</p>	<p>Joining up services at 1<sup>st</sup> 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.</p> <p><i>Prevention group will set targets for this</i></p>	<p>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.</p>

ACTIONS	LEAD AGENCY	HOW WILL SUCCESS BE MEASURED?	OUTCOME 31 <sup>st</sup> Mar 07
<b>4. To ensure that older people have access to facilities and services through the provision of appropriate community and public transport systems</b>			
4.1 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 Comley. OPPB (BCC)	Comparison between the number of people in receipt of concessionary fares by local district council <i>Neil Comley to clarify actions, make them specific and achievable</i>	<b>No progress on this target</b>
4.2 Involvement of older people in discussions around a Countywide transportation plan. (Ensuring plans reflect the needs and wants of older people).	Neil Comley. OPPB (BCC)	OPAG / OP champion representation on transport consultation groups. <i>Neil Comley to clarify actions, make them specific and achievable</i>	<b>No progress on obtaining OPAG reps on transport group.</b>
4.3 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 Comley. OPPB (BCC)	Improved experience of community transport services for older people. <i>Neil Comley to clarify actions, make them specific and achievable</i>	<b>No progress on this target</b> From 1 April 2008, concessionary fares will be country wide
4.4 Outcomes to be incorporated into County Access strategy	Neil Comley. OPPB (BCC)	Neil Comley to attend OPPB <i>Neil Comley to clarify actions, make them specific and achievable</i>	

ACTIONS	LEAD AGENCY	HOW WILL SUCCESS BE MEASURED?	OUTCOME 31 <sup>st</sup> Mar 07
<b>5. To address the failure of the market to deliver the types of products and services that older people want</b>			
5.1	Organisations to move towards improved commissioning of services. (To ensure responsiveness of services to the needs of older people)	Rachel Rothero	Improved / shared commissioning of services for older people better meeting peoples over 50's needs.  Shared Commissioning strategy by end of March 2008
5.2	The OPPB to explore ways to promote improved awareness of the needs of older people amongst commercial providers. (Raising awareness of the needs of older people in the private sector).	Sheila Davies (WDC)	Planned process for implementing shared commissioning strategy but not in place as yet.  No progress on this target
5.3	Increase the awareness of services available to people over 50 and their carers. (Promoting independence and choice).	Kerry Stevens OPPB (BCC) Adult Social Care Senior Management Team	No progress on this target  Improved uptake of services by older people and their carers.  Steve G-smith to provide feedback  In touch service provided by BCC
5.4	Allotment societies and local authorities to promote spare capacity in allotments and share skills	Sheila Davies	Richard Griffiths (CDC) and Sheila Davies WDC to find out what DC strategy is regarding increasing availability of allotments

5.5	Older people want tutors to come to their home so learning is specific to their needs	M Corns Adult Education	Internet as part of adult learning. They can train people to use the Internet safely. <i>Mike Corns to report on takeup of IT training</i> <i>Jo Brader to report on takeup of IT training</i>	Adult Education now invited to Senior wellbeing days around the County to promote their service
5.6	All Local Authorities to review their policies on receipt of payment	Sheila Davies (OPPB)	To enable older people access their services and not be excluded. <i>Sheila Davies to clarify</i>	

ACTIONS		LEAD AGENCY	HOW WILL SUCCESS BE MEASURED?	OUTCOME 31 <sup>st</sup> Mar 07
<b>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</b>				
6.1	Commitment from all statutory organisations that they have a clear policy in place about engaging users at the earliest opportunity	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 (BOPF)	OPAG representing each of the 23 local communities as defined by GC2C. <i>Sheila Davies to report back</i>	Framework for developing OPAGs in underrepresented areas, with successful launches in Buckingham and Wendover.

ACTIONS	LEAD AGENCY	HOW WILL SUCCESS BE MEASURED?	OUTCOME 31 <sup>st</sup> Mar 07
<b>7. To challenge and address ageism and other forms of discrimination, recognizing diversity and promoting more positive images of older people</b>			
7.1 All partner organisations to review respective documents to ensure they are not ageist. (Promoting equal access to services for older people)	Dot Evans (BCC)	Policies within partner organisations not restricting access to services or choice on account of age.	<b>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.</b>
7.2 Review age discrimination audit carried out by NSF task group. (Raising the profile of standard 1 of the NSF)	Dot Evans OPPB (BCC)	Improved awareness of partner organisations ability to provide services which are not discriminatory on account of age. <i>Steve Stych to report on equalities audit with respect to age</i>	<b>Review Audit to be carried out late 2007</b>
7.3 Undertake health needs assessment of BME elders to identify actions required. (Promoting equality of services across groups of older people)	Dot Evans OPPB (BCC)	Completed assessment, defining work plan to redress any imbalances in health needs of older people across communities. <i>Dot Evans to provide progress report</i>	<b>No progress for mapping this target</b>



## **ACTION PLAN FOR OLDER PEOPLES PARTNERSHIP BOARD 2007/08.**

The 2007/08 action plan is based upon the Buckinghamshire Strategy for Older People and the activity of the Older People's Partnership Board (OPPB). The original strategy was drafted in partnership with statutory and voluntary agencies and representatives of older people in Buckinghamshire.

The OPPB has been using the strategy as a framework to plan its activity and has had some significant successes, however, there are certain areas which there has been limited progress. As the OPPB is the vehicle for driving the Strategy which has been signed up to by partner organisations it is necessary for there to be a focus on **all** the targets held therein. The OPPB will also need to continue to hear up dates and reports from the many subgroups which feed the Board, with a split between information and business reporting in the meeting.

A comprehensive review of progress against the targets during 2007/08 is available from the OPPB minutes. However some of the highlights are detailed below:

### *Strategy 1 - To promote quality of life and well-being to maintain health and independence into later life*

There has been good progress on volunteering activity, increasing benefits and providing access to training opportunities for older people. However it is unclear as to the progress on the housing strategies and access to physical activity for older people.

### *Strategy 2 - To ensure that older people are in receipt of adequate income in order to retain choice control and independence*

There is progress in terms of defining baselines for benefits increases although there is not currently information about the fuel poverty indicators.

### *Strategy 3 - To ensure that older people have access to information, advice and advocacy to maintain choice and control, especially at key points of transition in their lives*

There is a range of activity to support provision of advice and information to older people, including community messenger, bereavement support and mystery shopping projects.

*Strategy 4 - To ensure that older people have access to facilities and services through the provision of appropriate community and public transport systems*

There has been little or no progress on the transport agenda.

*Strategy 5 - To address the failure of the market to deliver the types of products and services that older people want*

There has been no active progress on this agenda yet but there are plans in place to link with commercial providers.

*Strategy 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*

There has been some progress on developing the OPAGs across Buckinghamshire, however, the OP champions group requires additional support to fulfil its role.

*Strategy 7 - To challenge and address ageism and other forms of discrimination, recognizing diversity and promoting more positive images of older people*

The County Council and Primary Care Trust had completed some reviews of policies and procedures in light of the strategy. However there is no clear information about how this has been applied in other agencies.

Month	Working group / issues.	Report / outcomes.	Lead.	Notes
MAY	Strategy 4 – transport issues.	To plan OPPB approach to transport as defined in OP strategy.	Neil Comely – BCC	Business item to agree a way strategy to be adopted by members of the board.
	Post Office Closures		Shirley Shaw	
	Access and Systems Grant Bids		Kate Walker	
	OP Strategy and Action Plan Refresh			
	Housing		Martin Holt	
	Future charring arrangements		Kerry Stevens	
	Other business.		All	
JULY	National Service Framework for Older People.	Report regarding audit tool of progress against NSF milestones.	Stephen Stych (BCC)	Information item on progress of subgroup.
	Bed moves for Older People		Jane Taptiklis	
	Strategy 5 – failure of market to deliver services to older people.	How to progress joint commissioning of services and looking and older peoples experiences as customers.	Chris Stanners and Sheila Davies	Business item to agree a way strategy to be adopted by members of the board.
	Carers of/as Older People.	Report on progress of LAA target and relationship to older	David Richardson (Carers Bucks)	Information item on progress of subgroup.

		peoples needs as carers and people with carers.			
	Voluntary sector.	Increasing the number of people who volunteer and developing voluntary sector.	Steve GoldenSmith (BCC)		Information item on progress of subgroup.
	Post office closures		Shirley Shaw		
	OP Strategy and Action Plan Refresh				
	Redesign of Community Services		Emma Parry		
	Access and Systems Grant		Kate Walker		
SEPT	Strategy 6 – Champion representation.	To support user / champion representation on the various workgroups reporting to the OPPB. As the involvement of champions on work groups to support effective user involvement in influencing outcomes.	Champions lead.		Business item to agree a way strategy to be adopted by members of the board.
	Safer communities.	Progress report on milestones against the BVR of crime and fear of crime in older people.	Tracey Allan / Steve GoldenSmith (BCC)		Information item on progress of subgroup.
	Housing for older people.	Influencing wider housing strategies to reflect the needs of older peoples.	Martin Holt (CSB DC) Eryl Davies (BCC)		Information item on progress of subgroup.

		Update on the extra care strategy.		
	Dementia cafe		Ken Dorling	
	OP Action Plan refresh			
	Voluntary Sector		Steve Goldensmith/ Chris Walking??	
	Service redesign		Emma Parry	
NOV	Manor House redevelopment		Jonathan Horbury	
	Action Learning Sets	Pertinent points	Sheila Davies	Information item on progress of subgroup.
	New Dial-a-Ride service		Martin Holt	
	Strategy 4 – Access /Transportation		Neil Comely	
JAN	Equality Impact Assessment		Muriel Alleaume	Information item on disbanding of diversity subgroup and the need for Equality Impact Assessment.
	Strategy 1 – to promote quality of life and well being.			Business item to agree a way strategy to be adopted by members of the board.
	National Service Framework for Older People.	Report regarding audit tool of progress against NSF milestones.	Stephen Stych (BCC)	Information item on progress of subgroup.
	Picking people up who fall			Catherine Erbetta
MARCH	Strategy 2 – to ensure older people have			Business item to agree a way strategy to be

	adequate income.			adopted by members of the board.
	Extra Care Housing		Ojalae Jenkins	
	Strategy 3 – to ensure older people have access to information and advice.			Business item to agree a way strategy to be adopted by members of the board.
	Access and Systems projects.	Progress report on milestones.	Kerry Stevens (BCC)	Information item on progress of subgroup.
	End of year report		Kerry Stevens	
MAY	Strategy 7 – to address ageism and other forms of discrimination.		Dot Evans	Business item to agree a way strategy to be adopted by members of the board.

# The Future of Champions for Older People in Buckinghamshire

## 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



## **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





**CONCISE REPORTING FORMAT FOR SUB GROUPS TO OLDER PEOPLE**  
**PARTNERSHIP BOARD**

- Sub Group:
- Date of OPPB Meeting: 7<sup>th</sup> November 2007
- Reporting Lead: Sheila Davies
- Specific Questions Raised by OPPB for SubGroup?

Update on work to be incorporated into Strategy objective 5 :

*- To address the failure of the market to deliver the types of products and services that older people want*

- Specific Questions for OPPB Raised by SubGroup

**Do OPPB support the development of a subgroup to explore and focus work on Objective 5**

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

A meeting was held with Pat Ward of the Bucks Economic Development Team. Pat outlined the departmental structure within which the Economic Development Team worked at County and the outside networks that they access also that they were lead for Block 4 of the LAA on economic development.

Sheila Davies and Chris Stanners represented Bucks Older People Forum at the meeting and outlined the fact that objective 5 was included in the Bucks Older People's Strategy in recognition of the fact that the activity of commercial organisation was equally as important to the wellbeing of local older people as that of Health & Social Care and should therefore be explored and expanded further.

We discussed opportunities for progressing this area :

- 1) The refresh of LAA Targets in the Blocks for older people and economic development for 2008
- 2) To capitalise on the increased awareness of businesses on the marketability of issues such as: Social Responsibility, changing demographics, and the power of the grey pound.
- 3) Pat to raise the issue at the County meeting of Economic Development teams the following week.
- 4) Pat to discuss opportunities within BCC with Kerry Stevens
- 5) Research to be undertaken for examples of commercial good practice eg B7Q employing staff aged 50 plus



CHILTERN AND SOUTH BUCKS DIAL-A-RIDE LIMITED

Memo to: Martin Holt, Head of Health and Housing, Chiltern District Council  
From : Brian Richards, Manager of Chiltern and South Bucks Dial-a-Ride

Dated: 25<sup>th</sup> October 2007

Re: New Hospital Transport Scheme

Background

High levels of dissatisfaction, especially amongst the more elderly, at the difficulties of attending hospitals (possibly many miles away) for consultations/clinics and visiting friends or relatives.

Solution

C.D.C. and local D-A-R to work together whereby CDC provide 100% of purchase price of a new dedicated vehicle ( Citroen Dispatch converted by Gowrings of Newbury to provide either 1 wheelchair space plus 3 seats or just 4 seats) with DAR meeting running costs, and charging fares.

Operation

For normal DAR transport, we operate under Section 19 permits which prohibits picking up the general public but allows us to carry members (who pay a small annual fee, currently £8.00 ) and who pay fares for journeys. For this hospital scheme, we consider that CDC has 'corporate' membership of DAR and thus any resident of CDC wishing to make use of the hospital service is eligible to do so and does not have to become a member first.

We run Mondays to Fridays, normally between 08:30 and 17:00, but with sufficient notice will consider any reasonable variation on these hours.

To request/book a journey, telephone our bookings line on 01494 766123 between 08:00 and 13:00 or leave details on the same number answerphone.

Destinations

We have taken customers to hospitals at Amersham, High Wycombe, Stoke Mandeville, Wexham Park, Oxford and Windsor, as well as to the Diagnostic Centre at Cressex Place in High Wycombe, the Aylesbury Medical Centre in Bell Business Park, as well as to physio clinics and the Multiple Sclerosis centre at Halton

Customer Satisfaction

Without exception, the service has been well received with favourable comments on the vehicle which is quieter, rides more smoothly and is more comfortable than the usual larger DAR vehicles, and customers are reassured to know both outgoing and returning times before they travel with the further reassurance that the driver will be waiting for them.

<u>Numbers (to Hospitals)</u>	<u>Numbers (to Other Med. Appts)</u>	<u>Numbers (to relatives)</u>
April	2	0
May	17	4
June	10	6
July	15	4
August	13	9
September	20	11

#### Fare Income

April	£ 31
May	£ 178
June	£ 303
July	£ 289
August	£ 344
September	£ 398

#### The Future

The concept of a dedicated hospital service is sound (although there is only a limited amount that a local voluntary charity can handle ) – the model whereby the district council or some other source provides the initial capital cost and the operator runs on volunteer drivers (no wage costs) but charges fares and meets running costs is likewise desirable, as within say 5 years there should be sufficient moneys accumulated to provide for a replacement vehicle. In this way, the service is not a one-off but is permanently established.

We have always been fortunate in both finding and retaining volunteer drivers and were delighted to attract 8 new people for the hospital service ( I think that it being a small vehicle and that we arrange the insurance cover helps considerably ) but the service is not sustainable if fare income has to be paid away in drivers wages.

To their credit, Chiltern DC jumped in first with a service starting up in April 2007 and South Bucks DC who have followed progress closely are following suit – a vehicle is on order and their service should commence in December.

I understand that it is the wish of Bucks CC that there should be a similar service in each of the districts.