

B&NES Older People Network Meeting

Wednesday 30 November 2011



the care forum
voluntary sector service

Attended:

Harriet Bosnell	Somer Community Housing Trust
Phyllis Cook	Keynsham South Forum
Debbie Corcoran	Shaw Trust
Janet Dabbs	Age UK Bath and North East Somerset
Lorraine Davis	Whitehaven Care Home
Corinne Edwards	NHS Bath and North East Somerset
Diane Ferris	Keynsham South Forum
Ozzie FField	Energy Efficient Widcombe
Lilias Foster	Dorothy House Hospice
Melanie Hodgson	Bath and North East Somerset Council
Chris Mahachi	Cedar Care Homes
Aubrey Sibiya	Cedar Care Homes
Sakuntala Singh	Cedar Community Care
Pauline Swaby-Wallace	Bath Ethnic Minority and Senior Citizens Association (BEMSCA)
Julie Tooze	Cholwell House Nursing Home
John and Mary Walden	Action for Pensioners
Sue Watkins	Keynsham South Forum
Karen Webb	Four Seasons Health Care
Richard Williams	British Red Cross
Sandy Wu-Grant	Bath Ethnic Minority and Senior Citizens Association (BEMSCA)

Apologies:

Jay Bissessur	Action on Hearing Loss
Paula Cannings	Develop
Coleen Cleevely	British Red Cross
Lorraine Frapwell	Bath and North East Somerset Carers' Centre
Gill Harris	Action on Hearing Loss
Estelle Harvey	Agincare
Karen John	Age UK Bath and North East Somerset
Anne Marie Jovcic-Sas	Bath and North East Somerset Racial Equality Council
Chris Mahachi	Cedar Care Homes
Chris Mordaunt	Bath and North East Somerset Council
Veronica Parker	Bath and North East Somerset LINK
Luisa Roverato	Bath and North East Somerset Council
Sarah Shatwell	Bath and North East Somerset Council
Libbie Sheppard	Action on Hearing Loss
Anna Spear	Stroke Association
Helen Storey	Crossroads - Caring for Carers Bath and North East Somerset
Janet Wiggley	Headway
Roy Woods	Action on Hearing Loss
Sue Wordsworth	Bath and North East Somerset Council

Presentation: Sarah Shatwell and Cllr Simon Allen

<http://www.thecareforum.org/assets/files/Volunatry%20Sector/Presentations/Banes/OP%20Net%20work%20301111%20FINAL.pdf>

Sarah explained that the purpose of the presentation was to explain the current context and its impact on service provision. The Health and Social Care Bill set out fundamental changes to

the way local and national health and social care services will be commissioned, purchased from providers and delivered in local areas. Primary Care Trusts and the regional Strategic Health Authorities are being abolished and other structures will replace them. Clinical Commissioning Groups will consist of GPs coming together and taking on the commissioning role. We are in the middle of this transition.

The government has made a commitment to reduce debt over a five year term and we are in the second year of the debt reduction programme. Sarah described the role of the Wellbeing Policy Development and Scrutiny Panel. This includes scrutinising how the cabinet and council performs, for example, if it is meeting local and government targets and challenging decision making. It has a key role and it is important to know that this facility is available locally. Simon added that local involvement in feeding in to the policy development and scrutiny panel is key and that all the information is on the council's website if people want to find out more.

The council is undergoing a major restructure. In November last year, a paper went to scrutiny. The panel is setting out the key changes for the council structure. The changes are significant. Adult social services has recently been brought together with: children and young people services; education; public health; housing to form a new department called people and communities. Once the restructure has taken place, there will only be three departments, with three key functions.

Council restructure – paper to council November 2010:

<http://democracy.bathnes.gov.uk/documents/s3081/The%20Future%20Council.pdf>

Wellbeing Policy Development and Scrutiny Panel – paper on resources:

<http://democracy.bathnes.gov.uk/ieListDocuments.aspx?CId=460&MId=3316&Ver=4>

Q: What is the timescale for restructure?

A: This time next year. We don't yet know what the people department will look like, but it will be a significant change.

Simon: The target for the whole process to be finished is 2013.

Q: Changes frequently occur. Has the council costed the time and energy taken away from service delivery?

Simon: I can ask about obtaining the costings for you.

Sarah: The details are in the plans from the 17 November meeting, which is on the council's website.

Any changes affecting the council affects the PCT and vice versa. They have operated as a partnership in planning and delivery. Front line health and social care staff working in the community have been separated from the council and PCTs and now work for Sirona. Planning and purchasing have been separated from delivery. There is a huge amount of change, but an advantage is that in B&NES, there has been a Health and Wellbeing Board for a while.

Ronnie: The focus of the Healthy Conversation meeting on 16 November was the Clinical Commissioning Groups. The meeting notes will be going on The Care Forum's website. Ronnie is trying to negotiate regular updates on the Clinical Commissioning Group to go in The Care Forum's ebulletin. On the council website, there is a questionnaire relating to the JSNA. Details are in The Care Forum's newsletter. Ronnie urged everyone to have a look at the questionnaire, so that the voices of voluntary and community sector organisations can be heard and so that they can help to inform the priorities set out in the JSNA which in turn can help influence commissioning decisions.

Sarah emphasised that, despite all the changes, the day jobs have continued and a lot has been going on. They have been working very hard to deliver the strategy. The development of the re-ablement service includes: a handy person service; home safety checks; telehealth care to support people with congestive heart failure. 63% of service users currently have a personal budget and the target is 100% by 2013. The outcomes framework has reduced performance indicators and national indicators, so that the focus is now on evidencing outcomes for local people, based on local people's opinions and perceptions. The dementia care partnership group has been working well for some time and the Carers Break project has been innovative and successful.

Final budget decisions will be made by the council in February. One of the elements is inflationary uplift, i.e. what is available. There is a meeting planned with care homes and domiciliary care providers on 26 January. See The Care Forum website for details <http://www.thecareforum.org>

Q: It would be very helpful, to have an idea of what the timescales for contracts may translate into, so that we can plan and prepare. It would be helpful to have an understanding of what the bottom line is at cabinet level.

Simon: We are acutely aware that so many efficiencies have to be made. It is important to keep these conversations going and to be open and frank.

Sarah: There is a meeting this afternoon. Officers will be going through elements of the proposed budget for next year in adult social care and housing.

Q: At our hospice, qualified social workers are not allowed to do overview assessments for a statutory body. We are experiencing great delays in discharge from hospice because of certain strategic things. Step down beds links with this. We would like to be proactive, if we could do assessments and become au fait with the changes.

A: It is a statutory responsibility for the local authority to do community care assessments. It can be delegated to another organisation, but the sign off has to remain with the local authority. The commissioning responsibility for CHC rests between Corinne and Sarah. The provision of CHC nurses and assessment is with Sirona. There may be scope for conversations about how this could be improved or developed.

Corinne: We have a meeting with Dorothy House next week and will pick up on the points raised.

Sarah: In the new world, those sort of assessments and arrangements will be increasingly common.

Q: I would like to know more about where you think the cuts will lie. Where do you think we are inefficient?

Simon: The detail has yet to be worked out and I wish we didn't have to make efficiency savings. It is very hard to pinpoint priorities. There is a reduced budget from central government and an increased demand on services. We need to have an honest and open conversation about where we can be efficient.

Q: Efficiency savings are part of the culture now. Last year, we were given 5-9% cuts in services but it doesn't always seem rational. Before the cuts, can we feed into the process to make suggestions?

Simon: The Wellbeing Policy Development and Scrutiny Panel is key to this. We need clear information about your services and honesty about where you think things can be more efficient.

Sarah: It is the only way we can do things, we can't avoid making changes. We are hoping and anticipating that providers will engage with us.

Corinne: The relationship between health and the council is very strong in B&NES and we have been mindful of the impact of one on the other. The CQC is mindful of that and recognises the impact of its role. Locally, we are better placed to do this, but it is still difficult.

Q: Do cabinet officers differentiate between cuts and efficiencies?

A: We look at where efficiencies can be made.

Q: What is the gradation for the seriousness of cases?

A: In social care, we work to eligibility criteria set in the national framework (Fair Access to Care Services). In this local authority, eligibility for services is for those assessed as having 'substantial' and 'critical' needs. One or two authorities in the UK provide services across all four bands and five or six authorities provide for those assessed as 'critical' only. The majority provide services for 'substantial' and 'critical'. One of the ways we can work more efficiently with Sirona is around how these eligibility criteria are interpreted.

Q: With personal budgets and client contributions, some of my clients have gone without support. Some people get five hours support and their contribution is £75.

A: The way the contribution policy works is: 1) Say, for example, the costing of total care and support is £100 for 5 hours. 2) The individual's total income is looked at, including benefits, savings and private income. Elements which have been nationally set, such as what is needed for daily living, are disregarded. Additional expenditure, due for example to a disability, will be disregarded. If the income left over is more than the package of care offered, they will pay themselves. If it is less, they make a contribution. It is a very personal calculation based on each individual's circumstances.

Q: Is that just in B&NES?

A: The contribution for non resident social services is set by national government. Locally, the decision has been taken to also have a 5% buffer on minimum income thresholds.

Q: If 63% currently have personal budgets, what is happening with the remaining 37%?

A: There is a national target for any service outside a nursing/residential home. Services must be provided through personal budgets by 2013. Support to remain in the community will be through personal budgets. At the moment, people in nursing or residential care don't have personal budgets. The new framework for adult social care suggests that there will be a move to personal budgets for them in the future. Outside of this authority, there are also personal health budget pilots.

Corinne Edwards, NHS B&NES - Update on dementia care

Corinne recently gave an update to the strategy panel. An action plan has been developed locally. The national dementia strategy was published in 2009. In 2010, the Department of Health reiterated dementia as a priority for the service. There are four key areas in the national dementia strategy:

1. Good quality early diagnosis and intervention for all
2. Improve quality care in hospitals
3. Living well in care homes
4. Reduce use of anti psychotic medicines

Locally, there is a dementia care pathway group which offers fantastic interagency networking opportunities. There is a real opportunity for organisations to work together. The initiatives for memory cafes and signing for the brain, for example, came through working together. There has been recent notification from the Department of Health that resources will be transferred

from the PCT to the local authority to support memory services. This will be just under £33k locally and they are thinking carefully how to use it. Potential uses have been discussed at the dementia care pathway meeting. The feeling from the group was that the sum is not enough for assistive technology, but it would be good to develop a DVD to support carers in the caring role, particularly as the condition advances. The Alzheimer's Society has shared something which has been done elsewhere in the country. Dementia care is a key priority for next year and onwards. A local action plan has been published and is on the PCT website. The national NHS operational plan helps give an idea of national priorities for the NHS.

National NHS operational plan: <http://www.dh.gov.uk/health/2011/11/operating-framework/>

B&NES dementia action plan:

<http://www.banes.nhs.uk/aboutus/strategies/Pages/default.aspx>

Rona Agnew, Brunel University

Rona explained that her background is in community nursing. She is currently involved in a research project which is being undertaken in conjunction with Montreal University. They are running two different workshops about bladder health for women aged 60+. One workshop dispels some of the myths and the other is about self management. The workshop is a one off and takes about 1.5 hours. They hope to recruit 1000 women in the UK and have recruited 190 since January. The workshops are for approximately 20 people, will be run for between 8 and 20 and will contribute to a major UK study. Rona would love to hear from any groups who would be interested in involving older women in a workshop. An A4 sheet with an executive summary is available. Email: WomensHealth@brunel.ac.uk

Harriet Bosnell, Older Persons Housing and Support Manager, Somer Community Housing Trust

<http://www.thecareforum.org/assets/files/Volunatry%20Sector/Presentations/Banes/ILS%20HarrietPresentation%20November%20update%20to%20OP11.pdf>

Information Share

Energy Efficient Widcombe are a group of volunteers who help people get in touch with services such as free insulation services and advice on home energy conservation. The level of excess winter death in older people is high in B&NES. Widcombe has the second highest level in the area associated with cold in winter. Energy Efficient Widcombe want to support older people at risk in this group. They have knocked on doors, been to church coffee mornings and been in touch with families through schools. They can then offer to the referred person several ways of reducing energy. The aim is to work together and innovatively. They are looking at developing a care pathway approach with Age UK and health professionals. They would like to hear from anyone who can: refer an older person; contribute to the development of a care pathway; has ideas about working together. Contact Energy Efficient Widcombe on 01225 314345 or 07583 693861 or email e.e.widcombe@gmail.com or see www.energyefficientwidcombe.co.uk

Sarah explained that the council is measured on excess winter deaths and has a target to meet in relation to this. Excess Winter Mortality looks at the winter period as December to March, and compares the number of deaths that occurred in this winter period with the average number of deaths occurring in the preceding August to November and the following April to July. If you then calculate the number of deaths additionally over the Winter period this is the Excess Winter Mortality rate. There is a high rate locally over and above that target.

Evaluation

What was the most significant outcome of the event for you?

- All of it was so interesting, learnt so much!
- Making contacts; a chance to share what we hope to do; listening to briefing re changes in NHS and social care
- Share and update of news
- Obtaining information about facilities available
- Lack of support for care homes and the excellent job they do
- Need to work more closely with other organisations

Do you have any suggestions regarding topics/speakers for future meetings?

- Liaising with Sirona from Dorothy House Hospice
- Partnership working in reality; winter deaths and energy saving
- Not sure what's available
- Any

Are there any other comments you would like to make?

- Thank you, we will certainly be able to deliver on even better service, of this day
- Brilliant! Thank you.
- The time is too short for so much information given - but the networking is always good
- This type of meeting is very good for finding out about services etc
- The room was freezing. Felt a little bit in a minority with regards to care issues covered. Care home - good care homes are very important and must not be left to disintegrate and disappear.

Content	Average mark (out of 5)
Understanding of subject at start	3.2
Understanding of subject at end	4.2
Sessions	
Speakers	4.2
Other elements	4.0
Organisation	
Pre-event information	3.5
Facilitation	3.6
Organisation on day	4.2
Venue	
Access	3.8
Refreshments	3.6
Standard of room	3.2