

Norfolk Older People's Strategic Partnership Board
Cranworth Room, County Hall, Norwich
Wednesday 21st September 2016

(Abbreviations: NCC = Norfolk County Council; CCG = Clinical Commissioning Group; DC = District Council; NOPSP = Norfolk Older People's Strategic Partnership)

Present:

| | |
|-------------------|--|
| Graham Creelman | Chair |
| David Button | Vice Chair |
| Veronica Mitchell | Adult Social Care, NCC |
| Jan Holden | Community & Environmental Services (libraries) |
| Karen Robson | Kings Lynn & West Norfolk BC (housing) |
| Lesley Bonshor | Carers Council |
| Mary Ledgard | Healthwatch Norfolk |
| Derek Land | Norfolk Council on Ageing |
| Carole Williams | Norfolk Council on Ageing |
| Verity Gibson | Norwich Older People's Forum |
| Lyn Fabre | South Norfolk Older People's Forum |
| Lynne Armitage | West Norfolk Older People's Forum |
| Julian Rudd | Broadland Older People's Partnership |
| Valerie Pettit | Great Yarmouth Older People's Network |
| Clare Ruff | Norfolk Community Health & Care |

In Support:

| | |
|------------|--|
| Ann Taylor | Norfolk Older People's Strategic Partnership |
|------------|--|

Speakers:

| | |
|--------------------------|---|
| Linda Matthews | Age UK Norfolk |
| Prof. Michael Hornberger | Chair of Applied Dementia Research, UEA |
| Sue Spooner | Research Consultant |
| Walter Lloyd Smith | Norfolk Safeguarding Adults Board |

Apologies : Joyce Hopwood, Janice Dane, Hilary Macdonald, Susan Ringwood, David Russell, Pat Wilson, Niki Park, Erica Betts, Emma Boore, Laura Macartney Gray, Sheila Young, Nigel Andrews, Pdraigh O Luanaigh

1. Welcome and Introductions

The Chair welcomed the Board to the meeting and acknowledged the difficulties with parking at the previous Board held at County Hall. He asked for feedback from Board members about whether parking was a deciding factor for attending a Board at County Hall.

Carole Williams asked that bus information is added to the information about the Board. Although website details had been circulated it is not easy to find the information on the park and ride website.

Action: Ann will include bus details when the Board is held at County Hall

The Chair paid tribute to the late John Bracey, a founder member of the Broadland Older People's Partnership. A service to celebrate his life is to be held on Friday 30 September at midday at Norwich Cathedral.

The Chair advised the Board that David Russell would be standing down from his role as Chair of the North Norfolk Older People's Forum at their AGM on 10th October. The Chair thanked David for all the work he had done for North Norfolk and the Partnership and wished him success for the future.

2. Minutes and Matters Arising

Mary Ledgard advised that Healthwatch would be putting together a project on care homes and she would keep the Partnership informed.

The Chair advised that all of the actions were included in the Strategy updates circulated at the Board.

The minutes of the meeting held on 7 July 2016 were agreed as a fair record approved by Carole Williams and seconded by Lesley Bonshor.

3. Self-Neglect and Hoarding Strategy

Walter Lloyd Smith of the Norfolk Safeguarding Adults Board attended the meeting to present the new Self Neglect and Hoarding Strategy developed by himself and Nigel Andrews, who could not be present today.

Self-Neglect is a new category of adult abuse within the Care Act and the strategy document has been developed to guide staff when tackling difficult and contentious issues. There is no definition of self-neglect, even nationally. The strategy is about chronic cases where individuals may have involvement from several agencies to support them to make changes in their lives. It is a multi-agency approach in Norfolk and the agency who holds the case has responsibility to bring it forward and demonstrate they have done all they can to bring about change. The approach is very much one of developing relationships to bring the person to a position where change can happen.

Hoarding is recognised as a distinctive mental disorder, clinically recognised difficulty in discarding items. The strategy does not include deliberate self-harm which would be referred to Mental Health services.

The strategy includes tools, for example, the Clutter Image Rating Scale in section 6 which includes a series of pictures. This nationally used tool helps a visitor to have a conversation with someone in a situation of concern. Assessment guidelines and information on pertinent questions to ask are included. There is a high risk panel that brings agencies together to hear cases of concern on the higher levels of the Clutter Image Rating Scale.

The strategy is being piloted for 6 months in Norwich and West Norfolk. The outcome will be publicised. The strategy can be found on the website of the Norfolk Safeguarding Adults Board. <http://www.norfolksafeguardingadultsboard.info/professionals/self-neglect-and-hoarding/>

In response to questions Walter outlined that the strategy does not prescribe interventions, there is a clear expectation and obligation on authorities to have done what they can. The purpose of the High Risk Panel is to put heads together and think about the best way to support the individual.

Linda Matthews asked about the tension inherent in hoarding being recognised as a mental health condition alongside the reduction in mental health staff. Walter acknowledged this tension because mental health interventions have to reach a high level but that it may be that a high risk panel will trigger a mental health assessment.

Verity Gibson asked if Walter could say more about self-neglect. He advised that it covered areas such as not taking medication, not attending to personal hygiene, not eating or drinking or seeking medical help and a deterioration over time. There are examples in the strategy.

4. Forward looking: The things we really must do

The Chair outlined that the theme of this Board had been built around one of the key objectives of the current Partnership strategy, access to clear information and advice. For this session the focus is on the key elements of three important issues for future planning; keeping well in later life; organising your finances and preparing for the end of life with advanced care planning.

5. Putting last things first – Sue Spooner, Research Consultant

Sue Spooner gave a presentation on the research that she had undertaken with Healthwatch and the importance of Advanced Care Planning.

Sue outlined that the research was generated by concerns from Healthwatch around thinking ahead and planning in light of the increasing older population living alone and perhaps with Dementia and how health and social care services would cope. 9,000 people die in Norfolk each year and it is important to get people thinking about advanced care planning, what the barriers might be and what might encourage people to think ahead.

The research came from a comprehensive literature review, in-depth interviews, focus groups and a survey.

An Advanced Care Plan can be a formal legal document or simply recording wishes. The Palliative Care Academy produced the 'Yellow Folder' available from GP surgeries called "Thinking Ahead." A Living Will is an advance decision to refuse treatment and helps others to know what you want to happen and what is important to you

Sue talked about how complex a subject this is. Members of the public responding to the survey said that they are comfortable talking about death, want their wishes to be respected but they don't tell anyone. People said they would like GP's to approach the subject with them before they needed to have the difficult conversation. Sue talked about how Advanced Care Planning does help people get the End of Life they want and that we as members of the public have responsibility for ourselves and others. Sue talked about the issues around no mandatory training in care homes, inability to share records for example 111 does not have access, and the issue being difficult to raise for some black and minority ethnic groups.

The research made four recommendations:

- Raise public awareness of the benefit of advanced care planning
- Ensure all workforce, including care home staff have the knowledge and skills and support they need to communicate the benefits of advanced care planning effectively
- Address inequalities in end of life care for BAME communities, people with disabilities and LGBT groups by monitoring access to end of life care services and outcomes for people from different groups
- Assure people that their wishes will be recorded and shared appropriately.

The research can be found on the Healthwatch website www.healthwatchnofolk.co.uk

The Chair commented that people need the best possible information to do this properly. There are huge variations between GP practices who are engaged versus those who have not heard about advanced care planning.

Action: Partnership to make sure the best possible information is available through its partnerships and influence

Lin Matthews asked if Healthwatch would be looking at End of Life in care homes and Mary Ledgard said she would take this back to Healthwatch.

Action: Mary Ledgard will enquire if Healthwatch will be looking at End of Life in care homes.

Ann Baker commended Sue for all the work she had done. She also asked the Chair if there was anything more that could be done with GP surgeries. The Chair responded that End of Life care had drifted down the Health and Social Care agenda because so much else was happening and that it was the job of the Partnership to raise it up the agenda.

Action: Partnership to promote the inclusion of end of life care on health and social care agendas.

Carole Williams commented that GP surgeries have Patient Participation Panels and members could influence here where they sit on panels. Carole raised the question of whether this should be part of GP and health professionals training at UEA for example could be used in case studies.

6. Staying well in mind and body, Professor Michael Hornberger, Chair of Applied Dementia Research, University of East Anglia

Professor Michael Hornberger gave a presentation on how to stay well in mind and body. He began by talking about the increasing older population, with the whole of East Anglia being one of the oldest areas in the country. As people age they are more likely to have illnesses and the top three are heart disease, stroke and dementia. The older a person gets the more likely they are to develop dementia.

The risk factors for heart disease and stroke are the same; smoking; high blood pressure; high cholesterol and weight. Heart disease results in 73,000 deaths a year whilst stroke accounts for 100,000 deaths a year in the UK.

Professor Hornberger talked about the heart/brain relationship with the body as a whole system. Heart problems can create a stroke. Medical students are now being taught about the body as a holistic system.

At the moment in the UK there are about 800,000 people with Dementia. The projection is the doubling or tripling of Dementia in the next 40 years. The risk factors for Dementia are the same as those for stroke and heart disease.

Risks for heart disease, stroke and dementia are all the same. What is good for the heart is good for the brain. The things people need to do are:

- Physical exercise/keeping active and research shows it does not matter whether it is aerobic or non-aerobic.
- Stopping smoking will make a difference even if you have smoked for many years.
- Reduce alcohol
- Eat healthily: the more mix of colours on the plate the better. Dark chocolate better than milk chocolate.
- Mental exercise: Scientific evidence is weak on the benefits of Sudoku or crosswords but there is strong evidence on the benefits of taking up a new hobby, starting something new and especially if it includes social engagement

The three reasons older people get admitted to hospital are

- Pneumonia – help to prevent by not allowing coughs and colds to develop into pneumonia
- Urinary Tract Infections – help to prevent by drinking well, can drink Cranberry juice and not too much alcohol
- Falls – help to prevent by keeping physically active, taking care of feet.

Physical health needs to be promoted in terms of its overall effect on health.

7. Your money and your life, Linda Matthews, Information and Advice Manager, Age UK Norfolk

Linda Matthews talked about some key financial areas that people need to think about. It is important that people get the right information and advice by specialist advisers and that planning is important.

There are means tested and non means tested benefits. Attendance Allowance is non means tested and is paid in accordance with a person's difficulties.

Pension is dependent on the contributions made. The government website or phone line can be used for a pension forecast. Pension Wise is the government's free pension advice service.

Make a will. Norfolk offers a free wills in Free Wills month usually in October with details of participating solicitors on the Free Wills website or through Age UK Norfolk. You can buy DIY wills. There are specific solicitors for the elderly.

People can plan for a funeral through pre-paid plans to protect against future cost increases.

Lasting Power of Attorney. This is a legal document but you can complete your own on line or have the forms sent to you from the Office of the Public Guardian. You need to have mental capacity to take out a Lasting Power of Attorney. There are two types; Finances that can be used whilst you still have capacity to make decisions and Health and Care that can only be used when you no longer have capacity to make decisions.

Equity release refers to the various ways in which homeowners can use their homes to assist with income and capital needs. Raising money on your home is only one of a number of options available and this should always be discussed with a qualified financial adviser. Many older people do not claim the state benefits to which they are entitled and should have a full benefit check before considering equity release.

For debt always speak to a debt specialist who will have the skills to look at your position and offer solutions. Many charities and organisations can assist people with debt.

Linda advised to think about what you have in place, what are the gaps and then what you need. When seeking financial advice use someone qualified. Look for the FCA Financial Conduct Authority, AQS the advice quality standard. Other sources of advice that can be used include The Money Advice Service, Age UK Norfolk, Citizens Advice, your bank or building society, job centre plus or Gov.UK.

8. Question and answer panel

VM: NCC are working with trading standards and looking at how they can recruit independent financial advisers through Trusted Trader.

LM: Age UK Norfolk tends to use SOLLA (Society of Later Life Advisers) because they are monitored.

DL (Q to MH) Many people now looking at screens, any evidence it may have longer term effect on dementia?

MH: Many studies on environmental factors and so far, no relationship found. Technology can create new social networks, for example carers online.

SS (Q to MH): Do you have a problem recruiting for projects?

MH: In general, yes, because person may already have the disease. Can join Dementia Research, people with or without dementia can sign up to be part of research projects.

LM (Q to MH): Mentioned learning something new, is it about keep learning new things?

MH: Can learn skills that develop over time, if you learn something quickly then you need to do more, it is about constant development.

GC (Q to MH): Is it ever too late for example working with care homes, someone 88 with poor mobility?

MH: Not too late, can make a difference and physiologically it makes sense but arranging for this to happen is the difficulty.

VP (Q to MH): Is there any research on E cigarettes

MH: The effect for yourself is the same because you receive the same amount of nicotine but not the other harmful substances, for example tar.

DL (Q for MH): I have visited people in residential homes, people can go in quite bright and engaged but very often quickly lose this, always sitting in same place therefore do not talk to different people. Is this something that could be improved by design, could care homes physically change the environment?

MH: This would be good for some people but not for people with dementia. Perhaps an icebreaker activity to get people engaged.

LA (Q to LM): Recent phone call from someone who needed money for a scooter had gone to a loan shark and had been very intimidated.

LM: We do have calls from people who find loan sharks so threatening they don't want to take action. Age UK informs trading standards.

Public question to MH: is there a link between Diabetes and Dementia.

MH: A very strong relationship. Diabetes puts a strain on the immune system causing inflammation which can encourage the onset of Dementia.

9. Any other Business

Norwich Older People's Forum AGM 28th September 10 -1 at Blackfriars Hall.

Winter Wellbeing Conference, 4th October 10 – 1 Blackfriars Hall

Great Yarmouth Older People's network have a new website.

Broadland Older Peoples Partnership Open meeting 21st October at Horsham St Faiths Community Centre.

South Norfolk Older People's Forum AGM on 19 October at South Norfolk District Council.

UEA Sportspark Open Day Monday 17th October. Range of activities for older people, Maria Rowe would be happy to talk to older people Forums.

Action: Ann to send out an events bulletin

The Chair thanked the speakers and everyone for attending and the meeting closed at 1pm for lunch and informal discussions.

The next Board will be the away day on **Wednesday 7th December 10am – 3pm at Breckland District Council Offices**. This meeting will not be open to the public.