###### **NCoA 09/17**

###### **NORFOLK COUNCIL ON AGEING**

## **Minutes of the Norfolk Council on Ageing Meeting held at 10.30am on Tuesday 18 July 2017 in the Purple Room, The Elms Business Space, Age UK Norfolk, 300 St Faith’s Road, Old Catton, Norwich, Norfolk NR6 7BJ**

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| **Present:** | Helen Jones (Chair of Age UK Norfolk) and proxy for Jeffrey Prosser, Bett Barrett (Vice-President of Age UK Norfolk), David Button (Age UK Norwich), Roy Dickinson (Vice-Chair of Age UK Norfolk), Joyce Hopwood (Norwich Older People’s Forum), Mark Johnston (NIC) – proxy for Chris Carter, Dr Derek Land (Civil Service Pensioners Alliance [Norfolk] / Norfolk Carers Support), Anne Loveday (The Great Hospital) Jacqueline Middleton (Age UK Norwich), Emily Millington-Smith MBE (President of Age UK Norfolk), James Porter (Norfolk County Council Unison Branch [Retired Members Section]), Mary Russell (North Norfolk Older People’s Forum / Age Concern North Norfolk), Cllr Jack Sadler (Norfolk Association of Local Councils), Peter Threadkell (SSAFA), Lynda Turner (Breckland Older People’s Forum), Carole Williams (Co-opted member) and Jean Wilson (Norfolk Federation of Women’s Institutes) |
| **In attendance:** | Anne Bunting (The Norfolk and Norwich Association for the Blind), Tom Humphries (The Matthew Project), Hilary MacDonald (Chief Executive of Age UK Norfolk), Paul Martin (The Matthew Project), Eamon McGrath (Age UK Norfolk), Paula Skelton (Age UK Norfolk) – minute taker and Peter Walker (Associate Member) |
| **Apologies:** **\*Denotes voting member** | Dr Ann Anka\* (School of Social Work, UEA), Stephen Burke\* (Co-opted member/Trustee of Age UK Norfolk), Marion Coleman\* (West Norfolk Carers), Stephen Drake\* (Co-opted member/Trustee of Age UK Norfolk), Barbara Lock\* (Age Concern Swaffham and District), Ben Long\* (Royal Voluntary Service – Norfolk Branch), Jonathan Moore\* (Equal Lives), Chris Mowle\* (Co-opted member/Trustee of Age UK Norfolk), Jeffrey Prosser\* (Co-opted member/Trustee of Age UK Norfolk), Dr Charlotte Salter\* (Norwich Medical School, UEA), Cllr Mike Sands\* (Norfolk County Council Adult Social Care Committee), Paul Slyfield\* (Treasurer of Age UK Norfolk), Graham Wilde\* (James Paget University Hospitals NHS Foundation Trust) and Pat Wilson\* (Norfolk and Norwich Pensioners Association / Norfolk Older People’s Forum / Broadland Older People’s Forum) |

The Chair welcomed everyone to the meeting and introduced Judith Wildig, a new Trustee who had recently been appointed onto the Board of Trustees. The Chair went through a number of housekeeping items.

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|  | **Minutes of the Norfolk Council on Ageing Meeting held on 25 April 2017 (NCoA 07/17)** |  |
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|  | The minutes of the Norfolk Council on Ageing (NCoA) meeting held on 25 April 2017 had been circulated prior to the meeting.  The minutes were agreed as a correct record and signed by the Chair. |  |
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|  | **Matters Arising** |  |
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|  | There were no matters arising. |  |
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| **3.** | **Board of Trustees Report to the NCoA (NCoA 08/17)** |  |
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|  | **3.1 20-Minute Update: Peter Threadkell, Caseworker and Training   Organiser, SSAFA Norfolk: “Serving the needs of past and present   members of the Armed Forces Community”** Mr Threadkell started by thanking the Chair for the invitation to speak today and he informed members that promotional literature about SSAFA was available at the front of the room.  Mr Threadkell explained that the purpose of SSAFA was to support members of the armed forces and their dependents. SSAFA was established in 1885 and had branches around the UK. Nationally, it had helped 60,000 people last year and paid out grants of £30M. In Norfolk, 655 people had been supported by 40 volunteer case workers. SSAFA supported past and present members of the armed forces, their partners or widows, and dependents aged under 18. Mr Threadkell said that while the number of people needing SSAFA’s services was decreasing these days because the country was involved in fewer wars than it used to be, the cases the charity dealt with were becoming more complex with a wide range of contributory factors: homelessness (particularly for single men), debt, unemployment, drug and alcohol misuse, marriage problems and mental health problems.  Mr Threadkell explained that referral into SSAFA was by an agency or self-referral. The client was assigned a case worker who would then visit them in their home. If funding was required, applications could be made by the caseworker eg to a benevolent fund and paid directly to SSAFA (funds were rarely paid directly to the client).  Mr Threadkell concluded by providing four case studies where SSAFA had provided help and support to people living in Norfolk  Mr Threadkell responded to a number of questions and comments from members around prevention tactics, especially on discharge from the forces and associated wellbeing, working with the MoD and lack of information for men and women who were being discharged from the forces  The Chair thanked Mr Threadkell for his presentation.  **3.2 Board of Trustees Report (NCoA 08/17)**  The Chief Executive highlighted a number of items from the Board report:   1. The recent 70th anniversary celebratory event held for staff and volunteers. 2. The forthcoming sponsored sky dive by staff and volunteers in aid of Age UK Norfolk. 3. The newly published “A Guide to Our Services”, which would be available at the annual general meeting (AGM). 4. The speaker at the charity’s AGM would be Laura Alcock-Ferguson from The Campaign to End Loneliness. |  |
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| **4.** | **Norfolk Older People’s Strategic Partnership Board** |  |
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|  | **4.1 Verbal Report from NCoA Representatives (David Button, Dr Derek Land   and Carole Williams)** |  |
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|  | Dr Land reported on the most recent meeting of the Norfolk Older People’s Strategic Partnership (NOPSP) Board. The meeting had focussed on a number of topics:   * Transport. * Mental health problems. * Wellbeing Service. * Information and Advice Partnership   Dr Land reported that Catherine Underwood, Director for Health and Integration, had given an update on the STP (Sustainability and Transformation Plan): Prevention, Primary and Community Care. Her updated included:   * The new model of social prescribing that was being rolled out. * The Primary Care Stream. * The role of “connectors” in GP surgeries.   Dr Land commented that much of the STP content had aspirational status at the current time.  Referring to the update given by Kate Kingdon, Partnership Lead for Specialist Information and Advice, who is employed by Age UK Norfolk, the Chief Executive said that many of the 58,000 information and advice queries in the last year had been dealt with by Age UK Norfolk. She reported that confirmation had been received that Information, Advice and Advocacy Services should be rolled forward to 2019. The Chief Executive said that whilst Age UK Norfolk was very grateful for the funding received for its Information, Advice and Advocacy Services, the charity provided over and above contractual requirements.  Dr Land said that Norfolk County Council (NCC) was discussing the whole issue of advice and asked if anyone had more information on this. The Chief Executive reported that Ms Kingdon was working with commissioners on behalf of all the information and advice partners, to re-design the specification for these contracts. It was anticipated that more information would be available in September 2017.  The Chair reported that apologies for today’s meeting had been received from Cllr Mike Sands, who was the newly appointed representative on the NCoA for Norfolk County Council Adult Social Care Committee. Cllr Sands was unable to attend today’s meeting but had suggested meeting with the Chief Executive and Chair in his new role. The Chair said that the items highlighted by Dr Land as aspirational and requiring more information would be helpful in informing their meeting with Cllr Sands. Mrs Williams reported that the STP Reference Group had held three meetings. She said they had been informed that Norfolk was behind the rest of the country, but she commented that the Group could arrange a meeting quickly if required to provide comments on issues. Mrs Williams reported on NEAT (Norwich Escalation Avoidance Team), a new multi-disciplinary health team in Norwich piloted to stem unnecessary hospital trips. It was being trialled for eight weeks. Mrs Williams suggested having a separate report to NCoA in future relating to the STP and this was agreed.  Mr Button reminded members that Mrs Williams, Dr Land and he represented the NCoA on the NOPSP Board and encouraged members to raise issues and provide feedback.  The Chair asked Ms Skelton to remind members about the invitation received from the NFWI (Norfolk Federation of Women’s Institutes) for the NCoA to appoint a delegate to the Norwich Bus Forum. | PS  PS |
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| **5.** | **Health and Wellbeing Board – Verbal Report by NCoA Representative, Joyce Hopwood** |  |
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|  | Mrs Hopwood reported that at the most recent meeting of the Health and Wellbeing Board, there had been a focus on the STP and the Better Care Fund. Items included:   * Engagement with external organisations. * Mental health work. Mrs Hopwood reported that according to Public Health, dementia was no longer a mental health issue. * Better Care Fund – working on promoting independence. * Reviewing how Norfolk performs against a key matrix – Norfolk had not reached targets except for consistently exceeding targets in re-ablement.   Mrs Hopwood reported that the Health and Wellbeing Board’s strategy for the next three years contained the following goals:   * Prevention. * Integration. * Quality   Mrs Hopwood said that there was no mention of older people.  The Chair thanked Mrs Hopwood for her update.  Dr Land reported on a public meeting he had attended the previous evening at Blackfriars Hall in Norwich about the STP. He said that there had been constant interventions from the audience, in particular political comments, and it had been difficult at times to hear the panel. Dr Land said that the panel members had not answered many of the questions put to them. |  |
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| **6.** | **Presentation: Paul Martin, Chief Executive of The Matthew Project: “*Does ageing make us drink more? Looking at alcohol abuse in older age”*** |  |
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|  | Mr Martin introduced his colleague, Tom Humphries, who led the adult service at The Matthew Project. Mr Martin explained that The Matthew Project was currently reviewing its adult services.  Mr Martin set out the background to The Matthew Project:   * Founded in 1987. * Provides services for all ages to help people lead fuller lives free from alcohol and drug misuse. * Set up with and still retains a Christian ethos. * Services provided covered the whole spectrum of substance misuse, from prevention to recovery and helping people to sustain their abstinence. * The charity embodied a non-judgemental attitude to those who sought help.   Mr Martin reported that in the last year The Matthew Project had supported:   * 4,600 adults. * 479 young people. * 189 young affected others. * 60 military veterans.   Mr Martin said that there was less focus on older people and alcohol issues, mainly because the focus was on binge drinking which tended to involve younger people.  Mr Martin referred to the descriptions “good drinking” and “bad drinking”, and said that “good drinking” - such as drinking in moderation - helped reduce stress, improve mood and was usually enjoyed with other people. He said that “bad drinking” usually related to drinking alone and was used as a coping mechanism. Mr Martin described “dependent drinkers” as people who could not give up drinking if they decided that they wanted to.    Mr Martin referred to the guidelines provided by national bodies around the weekly recommended units of alcohol (now the same for men and women) and said it was also important to have three or four days per week which were alcohol free. He said that also important was the speed that people consumed alcohol. Mr Martin said that drinking at home had become more prevalent as the cost of alcohol became cheaper. Mr Martin had brought along unit measuring glasses and he encouraged members to take one with them at the end of the meeting, so that they could measure the units they served at home to help monitor unit consumption.  Mr Martin ran a straw poll about drinking levels. The ONS (Office for National Statistics) statistics showed that the people who drank the most tended to be female, rich and older, although with regard to financial status it was more richer men and poorer women. Overall, the biggest drinkers were 30-50 year olds.  Mr Martin referred to the growing evidence that excessive alcohol consumption in the over 50s was a cause for concern eg hospital admissions among people aged 60-74 for mental and behavioural disorders due to the use of alcohol had risen by 150%. He said that reasons for excessive drinking included:   * The sudden disruption in lifestyle caused by major lifestyle events eg retirement and bereavement - which can lead to decreased social activity. * Isolation and loneliness. * Some people justified particular beverages (eg brandy and rum) on the grounds that they act as an anaesthetic with medicinal properties.   Mr Martin said there were three types of older drinker:  1. Early-onset drinkers (Survivors): those who had a continuing problem with alcohol which developed in earlier life. Because of the health risks connected to heavy drinking and dependence on alcohol, the lifespan of a problem drinker may be shortened by on average 10 to 15 years.  2. Late-onset drinkers (Reactors): they began problematic drinking later in life, often in response to traumatic life events such as the death of a loved one, loneliness, pain, insomnia, retirement etc.  3. Intermittent (Binge drinkers): they used alcohol occasionally and sometimes drank to excess which may cause them problems.  Mr Martin said that the problem with older drinkers quite often went unrecognised by GPs, A&E departments and by the person themselves. He said that the impact of older drinkers was being felt with 420 falls in Norfolk leading to hospital treatment. Also, alcohol can act as a depressant and there was a link with dementia. It could also affect and interact negatively with medication.  Mr Martin reported that The Matthew Project also worked with carers and said that caring for a loved one with an alcohol problem could be very challenging.  Mr Humphries reported that The Matthew Project wanted to co-produce its services and he asked about the best way to reach older people. Responses included:   * Having champions who could speak from personal experience. * Looking at why people drink more when they retire. * Consider how information is given – today’s presentation was delivered in a friendly, non-judgemental manner and the content was engaging and interactive. * Understand that there are different methods of working with people at different stages of their life eg tailor methods according to the age group. * Intergenerational work can be very beneficial. It may take a younger member of a family to recognise that an older relative has an alcohol problem, so education was an important factor. * Provide support to people about to retire to help them with the changes this brought to their lifestyle eg provide information to them about retirement organisations, encourage them to consider taking up volunteering. * Provide information to volunteers who come across alcohol abuse in carers who are struggling with their role. * Provide information for family members who are trying to support an older relative who was experiencing alcohol problems. * The importance of Befriending Services.   Mr Humphries thanked members for their comments and asked for ideas about where services should be located. He asked if less formal environments were preferable. Comments and ideas included:   * Using already established social groups who hold meetings locally and regularly invite speakers. * Promote services available in village newsletters. * Mrs Wilson explained that the WI had a list of approved speakers available to speak to WI groups. The WI promoted the speakers who were available. * Non-threatening environments were considered important eg libraries. * Locations where an attendee was not likely to be recognised or known ie some distance away from where they lived – anonymity and confidentiality were very important.   Mr Martin concluded by thanking members for their ideas and input.  The Chair thanked Mr Martin and Mr Humphries for their presentation and wished The Matthew Project well with its work. She also thanked members for their input. |  |
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| **7.** | **Any Other Business** |  |
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|  | **7.1 2017 AGM** |  |
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|  | The Chair reminded members that the charity’s AGM would take place at 2.00pm on Tuesday 12 September 2017 at South Green Park, Mattishall. |  |
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|  | **7.2 2017 Honorary Officer and Trustee Elections** |  |
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|  | The Chair reported that the following nominations for the annual elections had been received:   1. *Honorary Officers*  * Chair: Helen Jones * Vice-Chair: Roy Dickinson * Treasurer: None.  1. *Elected Trustees*  * Simon Green * Graham Robinson * Paul Slyfield * Lynda Turner   The Chair reported that ballot papers would be issued in due course for the elected Trustee positions. |  |
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| **8.** | **Date of Next NCoA meeting:** *At 10.30am on Monday 04 December 2017 in the Purple Room, The Elms Business Space, Age UK Norfolk, 300 St Faith’s Road, Old Catton, Norwich, Norfolk NR6 7BJ.* |  |
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|  | There being no further business, the Chair closed the meeting at 12.15pm. Signed………………………………………..………………………  Position………………………………………..……………………..  Date…………………………………………………………………. |  |
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