**NCoA 07/17**

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

## **Minutes of the Norfolk Council on Ageing Meeting held**

## **at 10.30am on Tuesday 25 April 2017 in the Training Room,**

## **Great House Training Centre, Age UK Norfolk,**

## **300 St Faith’s Road, Old Catton, Norwich, Norfolk NR6 7BJ**

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| **Members Present:** | Helen Jones (Chair of Age UK Norfolk), Dr Ann Anka (School of Social Work, UEA), Bett Barrett (Vice-President of Age UK Norfolk), David Button (Age UK Norwich), Roy Dickinson (Vice-Chair of Age UK Norfolk), Margaret Drury (Age Concern North Norfolk), Susan Fraser (co-opted member and Trustee of Age UK Norfolk), Joyce Hopwood (Norwich Older People’s Forum), Dr Derek Land (Civil Service Pensioners Alliance [Norfolk] / Norfolk Carers Support), Barbara Lock (Age Concern Swaffham and District), Jacqueline Middleton (Age UK Norwich), Jonathan Moore (Equal Lives), Chris Mowle (co-opted member and Trustee of Age UK Norfolk), Kate Platt (Great Yarmouth Older People’s Network), James Porter (Norfolk County Council Unison Branch [Retired Members Section]), Fiona Routledge (Independence Matters), Jack Sadler (Norfolk Association of Local Councils), Dr Charlotte Salter (Norwich Medical School, UEA), Lynda Turner (Breckland Older People’s Forum) and Cllr Sue Whitaker (Norfolk County Council Adult Social Care Committee) |
| **In Attendance:** | Tim Allard (Norfolk Carers Support), Marc Betts (EDP), Edward Fraser (Norfolk Healthwatch), Dr Sarah Hanson (UEA), Mary Ledgard (Norfolk Council on Ageing), Hilary MacDonald (Chief Executive of Age UK Norfolk), Lin Mathews (Age UK Norfolk), Eamon McGrath (Age UK Norfolk), Paula Skelton (Age UK Norfolk) – minute taker and Peter Walker (Norfolk Council on Ageing) |
| **Apologies:****\*Denotes voting member** | Ann Baker (Norfolk Council on Ageing), Stewart Branch (Age UK Norfolk), Anne Bunting (The Norfolk and Norwich Association for the Blind), Stephen Burke\* (co-opted member and Trustee of Age UK Norfolk), Chris Carter\* (NIC [Norfolk Independent Care]), Marion Coleman\* (West Norfolk Carers), Jane Evans (proxy for Marion Coleman), Margaret Hardingham\* (Vice-President of Age UK Norfolk), Renata Hutton Mills\* South Norfolk Older People’s Forum), Karen Knights (Age UK Norfolk), Ben Long\* (Royal Voluntary Service – Norfolk Branch), Anne Loveday\* (The Great Hospital), Emily Millington-Smith\* (President of Age UK Norfolk), Jeffrey Prosser\* (co-opted member and Trustee of Age UK Norfolk), Graham Robinson\* (co-opted member and Trustee of Age UK Norfolk), Peter Threadkell\* (SSAFA), Graham Wilde\* (James Paget University Hospitals NHS Foundation Trust), Carole Williams\* (co-opted member), Jean Wilson\* (Norfolk Federation of Women’s Institutes) and Pat Wilson\* (Norfolk and Norwich Pensioners Association / Norfolk Older People’s Forum / Broadland Older People’s Partnership) |

The Chair welcomed everyone to the meeting and read out a number of items relating to housekeeping.

The Chair noted that the President had tendered her apologies for today’s meeting as she was unwell. She said that the Chief Executive would be speaking to the President later in the day and would extend best wishes to the President from everyone at the meeting.

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|  |  | **Action** |
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| **1.** | **Minutes of the Norfolk Council on Ageing Meeting held on Thursday 12 January 2017 (NCoA 03/16)** |  |
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|  | The minutes of the Norfolk Council on Ageing (NCoA) meeting held on 12 January 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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| **2.** | **Matters Arising** |  |
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|  | **2.1 NHS Walk In Centre, Norwich – Jack Sadler** |  |
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|  | The Chair reported that Mr Sadler had confirmed that the issues that had been experienced at the relocated NHS Walk In Centre had now been resolved.  |  |
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| **3.** | **Board of Trustees Report to the NCoA (NCoA 04/17)** |  |
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|  | A report prepared by the Chief Executive on behalf of the Board of Trustees had been circulated prior to the meeting. The Chief Executive reported that the charity’s annual general meeting (AGM) which was being held on 12 September, would have a theme of loneliness and befriending. She said that arrangements with the speaker were still being progressed and members would be informed once timings were finalised. Mr Sadler commented that the Norfolk Association of Local Councils was also celebrating its 70th anniversary in 2017. The Chief Executive said she would pass this information onto Michelle Jay (Marketing and Fundraising Officer).**3.1 Potential Impact of Norfolk County Council Cuts**Mr McGrath reported on cuts by Norfolk County Council (NCC) which were likely to impact on services for older people in the county. He referred to the 4.8% increase in Council Tax and the social care precept which was being applied to Council Tax. The precept would be applied during this year and next year, and would be ring-fenced for social care. Mr McGrath said that the cuts were likely to impact on the provision of mental health care services and the loss of managers in sheltered housing units. Mr McGrath said that if there was no social care precept in 2019-2020, there would be an impact on service provision in the future. Mr McGrath suggested that a cross-party review was required to look into social care provision. Cllr Whitaker said that there had been five such reviews in the last 19 years, but the results had not been implemented. Mr McGrath reported on the overall cuts to information and advice over the next three years. He said this was very concerning as the charity knew how important good quality and impartial information and advice was to people. In response to a question, Mr McGrath said that there was no recourse with regard to the Care Act 2014 as this only related to care issues. Mr McGrath reported on the consultation on the disability allowance disregard being decreased from £15 per week to £7.50 per week. Where a person can show that they have costs greater than £7.50 (by providing invoices/receipts etc) they would be able to claim for that at the actual cost. Mr McGrath said that legally, the local authority was not obliged to pay the higher amount and he recognised NCC’s commitment on this.  **3.2 Engagement Panel**Mr McGrath reported that a new “engagement panel” was being established by Age UK Norfolk. He said that the panel was open to any person of adult age who was prepared to comment and provide critical feedback on proposals for development and on various aspects of the services and activities that the charity undertakes. Mr McGrath said that the aim was to recruit 30 people onto the panel and comments could be sought via e-mail, letter and meetings. Participants would be invited to comment on approximately three activities per annum. Mr McGrath encouraged members to contact him if they were interested in joining the engagement panel. In response to a query about the Social Care Green Paper, Cllr Whitaker said that this would not be progressed during the General Election campaign period.  | PSHM |
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|  | **3.3 Ten-Minute Update: Edward Fraser, Project Officer,  Healthwatch Norfolk: “Improving health and wellbeing  outcomes for veterans of all ages”** |  |
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|  | The Chair introduced Mr Fraser who had undertaken a recent project on veterans health and wellbeing. Mr Fraser reported that the two-year veterans project had focused on a particular group of service users who may fall through the cracks with regard to their wellbeing. The project had lasted for two years and received central funding. Veterans had given up to 30 hours of their time to participate in the project.Over the course of the project in-depth interviews with veterans and families from across Norfolk and Suffolk were undertaken with the aim of improving local health and care services for veterans. Mr Fraser spoke about the armed forces covenant which is a promise from the nation that those who serve or have served, and their families, are treated fairly. Mr Fraser said that some veterans found engaging with health services difficult, particularly with their GP. He said this was because their experiences meant that they had particular needs and the macho culture surrounding the military made it difficult to ask for help. PTSD (post traumatic stress disorder) was common amongst veterans and there was a stigma attached to asking for (and receiving) help. Mr Fraser referred to a video that had been produced as part of the project which had won an award: <https://www.youtube.com/watch?v=AzhJQvACYKQ>Mr Fraser said it had been a privilege to work with the veterans who participated in the project and noted that it was fortunate the veterans’ cause was a popular one. The Chair thanked Mr Fraser for his presentation. |  |
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|  | **3.4 Fifteen-Minute Update: Dr Sarah Hanson, Lecturer in Nursing  Sciences, School of Health Sciences: “Walking Groups”** |  |
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|  | The Chair introduced Dr Hanson. Dr Hanson explained that the Walking Groups research had been funded by the Department of Health and supported by the UEA. Dr Hanson outlined the aims of the Walking Groups project:* Systematic review and meta-analysis – do they work?
* Where are they placed? Inequity in provision?
* What are some of the barriers to those most in need?
* What are some of the difficulties when starting a new scheme?

Dr Hanson referred to the general health benefits gained by walking which included improved blood pressure readings and depression levels. She said that walking in groups (rather than alone) improved these even further and generally lifted people’s mood. She said the activity was low risk and had a social element. Dr Hanson said that, overall, walking groups had proved: * To be effective and safe.
* To have health benefits across a wide range of medical conditions.
* To have high adherence and low attrition rates - indicating an acceptable treatment to participants.

They also provided valuable evidence to those who commissioned services.In response to a query, Dr Hanson confirmed that there were walking groups for people who had disabilities. Dr Hanson said that yet to be established about walking groups was:* Volume and intensity and its effects.
* Characteristics of effective walking groups.
* Socio-economic and ethnic information - walking groups could widen health inequalities?

Dr Hanson said that health walks tended to be predominated by older people who were at particular risk of inactivity. She said that the impetus to instigate schemes was most lacking in deprived areas and the barriers to starting new schemes needed to be addressed. Dr Hanson set out the findings of the research into walking groups:* Group walking was not viewed as effective exercise with health benefits.
* Group format and social expectations represented a barrier. She said that care needed to be taken on how the social element of walking groups was promoted as some participants were experiencing low mood and may not, particularly at first, wish to interact with others.
* The walking group was sustained by achievement of goals rather than sociability.
* Promoting walking groups as a social activity can be counter-productive.

Dr Hanson said it was helpful not to portray walking group participants in photographs as always wearing outdoor clothes. She said that this was not a requirement or expectation when joining a group. Participants should wear whatever they felt comfortable to walk in.The Chair thanked Dr Hanson for her presentation and said that there may be a possibility in linking in with this work and the charity’s work to support dementia friendly communities.  |  |
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| **4.** | **Norfolk Older People’s Strategic Partnership Board: Verbal Report from NCoA Representatives (The NCoA Representatives are: David Button, Dr Derek Land and Carole Williams)** |  |
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|  | Mr Button reported that:* The Norfolk Older People’s Strategic Partnership (NOPSP) Board would be organising a housing summit later in the year.
* With regard to the Sustainability and Transformation Plan (STP) engagement, a Stakeholder Board has been set up to engage with plans before they were signed off. The Chair of the NOPSP Board, Graham Creelman, had been elected as Chair of this Board.
* Mrs Williams, on behalf of the Partnership, had been involved in the drafting of a new non-emergency patient transport leaflet. The leaflet was available on members’ chairs.
* The last NOPSP Board meeting had focused on volunteering with presentations from Alan Hopley, Chief Executive, Voluntary Norfolk, Sally Knights, Voluntary Services Manager, Norfolk and Norwich University Hospital, and Bob Russell, Community Outreach Manager, and Peter Kelly, volunteer, both from Age UK Norwich.

Mr Button reported that difficulties were being experienced with holding NOPSP Board meetings at County Hall because of a shortage of parking. Consideration was currently being given to alternative venues.  |  |
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| **5.** | **Health and Wellbeing Board (NCoA Representative is Joyce Hopwood) – Verbal Report**  |  |
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|  | Mrs Hopwood reported that the next meeting of the Health and Wellbeing Board was taking place the next day. She said that she had not yet received papers for the meeting.Mrs Hopwood reported on key items currently being dealt with by the Health and Wellbeing Board:* The STP remained a concern as the contents were still pitched at a high level, with little detailed information available.
* Smoking and associated mortality rates in the county.
* Older people and dementia. The role of the Dementia Academy including providing quality, standards and training.
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| **6.** | **Presentation: Tim Allard, Executive Manager, Norfolk Carers Support: “The Work of Norfolk Carers Support”** |  |
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|  | The Chair introduced Mr Allard who started by explaining the definition of a carer:*“A Carer spends a significant proportion of their life providing unpaid support to a significant other.”*Mr Allard said that the number of carers was broadly stable as a proportion of the population, but carers were providing an increase in the number of hours of care provided (especially 50+ hours/week). He said that by one estimate, if all hours of care were replaced by the state at market rates it would cost £132B (Carers UK 2015). Mr Allard said it was clear that the health and care sectors could not function without carers.Mr Allard reported that existing trends implied that carers would ‘run out’ in 2017. This was supported by statistics which showed there was a care gap of 15,000 by 2017 rising to 160,000 by 2032 (Pickard 2015). He said the main driver was the decrease in the number of adult children caring for their parents.  Mr Allard reported on the projections for demographics for Norfolk:* Overall increase in the population of 6.7% in the next 10 years.
* An 18.5% increase in people aged 65+.
* A 43% increase in people aged 80+ by 2027.

 Mr Allard said that the health and wellbeing of carers were a key concern. Many felt unsupported by their GP and communities, and their own health was suffering. People who combined work and a caring role experienced stress and pressure to juggle their responsibilities. Mr Allard reported that some companies were making special arrangements to support employees who had carers’ responsibilities and this had resulted in huge benefits for the staff and the company eg stress related absence had been reduced through flexible working alone. Mr Allard responded to a number of comments and queries:* The increase in the numbers of older carers and how they can be supported.
* The importance of providing support to carers by a variety of methods eg online, by telephone, the carers handbook.
* The importance of carers looking after their own health and wellbeing, as well as having respite from their caring role.
* The role of social prescribing.
* The time and effort involved in providing care can mean that some carers become lonely and isolated.
* Age UK Norfolk’s Telephone Befriending Service provided support to a number of carers.
* The merit of a community becoming a “carer friendly community”.
* The importance of a carer maintaining a social life eg taking advantage of reduced admissions fees to visit museums.
* [www.dementiafriendlynorfolk.com](http://www.dementiafriendlynorfolk.com) website has a resource pack for employers on supporting employees who are carers.
* Including the role of carers in the national curriculum.
* The role of carers should not always be portrayed in a negative light. Caring for others is important and rewarding, and should be portrayed as a positive act.

Dr Anka referred to the Parliamentary Communities and Local Government Committee’s discussion on unpaid care held in November 2016. She said the Committee had looked at financial sustainability of adult social care but mainly focused on unpaid care. Dr Anka offered to send the link to Ms Skelton for members who were interested: <http://www.parliamentlive.tv/Event/Index/9aa18c87-345a-41b8-b27b-2e7798613d2e>The Chair thanked Mr Allard for his presentation and wished Norfolk Carers Support well in their work. |  |
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| **7.** | **Any Other Business** |  |
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|  | **7.1 Norfolk Bus Forum** |  |
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|  | The Chair reported that the Norfolk Federation of Women’s Institutes (NFWI) had invited the NCoA to appoint a representative onto the Norfolk Bus Forum which was supported by the NFWI. The Chair asked members to inform Ms Skelton if they would be interested in undertaking the role. | ALL |
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| **8.** | **Date of the Next Norfolk Council on Ageing Meeting:** At 10.30am on Tuesday 18 July 2017 in the Great House Training Centre, 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 noon.Signed ……………………………………………………Position …………………….…………………………….Date ………………………………….………………….. |  |
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| **Circulation:** |  |
| NCoA MembersNCoA Non-MembersAge UK Norfolk WebsiteMinutes Book |  |