

## WEST NORFOLK OLDER PERSONS GROUP

<b>Minutes from the Meeting of the Older Persons Group Held on the 23<sup>rd</sup> April 2007 from 2:00 p.m. to 4:00 p.m. In the Vancouver Room, St James</b>			
<b>Present:</b>	David Hanson (DH)	Care and Repair, BCKLWN	
	Sue Lowe (SL)	Age Concern West Norfolk District	
	Peter Morris (PM)	WN Voluntary and Community Action	
	Ray Boateng (RB)	Adult Social Services	
	Sue Gurr (SG)	Service Provision Norfolk PCT	
	Kate Jackson (KJ)	Chair, Independent Sector	
	Jane Evans (JE)	West Norfolk Carers	
	Kerry Jones (KJ)	Norfolk PCT	
	Roy Crane (RC)	Norfolk PCT	
	Anne Biggar (AB)	Alzheimer's Society	
	Sian Kendrick-Jones (SKJ)	Norfolk PCT	
	Penny Levett (PL)	Norfolk PCT	
	June Stokes (JS)	Norfolk PCT	
<b>Apologies:</b>	Linda Naylor (LN)	Adult Social Services	
	Teresa Webb (TW)	Norfolk PCT	
	Carmel Wolverson (CW)	WN Befriending Scheme	
	Kate Walker (KW)	QEHKLNHST	
	Joe Shepherd (JS)	Adult Social Services	
	Minutes to be circulated to: Martin Slater, BCKLWN		
			<b>Action</b>
<b>1.</b>	Welcome and introductions were made. KJ proposed a change to the agenda items with Terms of Reference/Constitution to be taken first.		
<b>2.</b>	Terms of Reference/Constitution		
	<p>The following is a summary of the final amendments to the Terms of Reference:</p> <ul style="list-style-type: none"> <li>• Role – The Group will <i>lead on influencing</i> policy and strategy development for older people <i>living in West Norfolk</i>.</li> <li>• Purpose – Influencing the commissioning process <i>linking up with Practice Based Commissioning</i> will be a key part of this work</li> <li>• Aims – To review end of life care and ensure that the standards set by <i>the Gold Standards Framework, NHS End of Life Care Programme</i> are achieved; To promote the continue development of intermediate care <i>to support older</i></li> </ul>		

	<p><i>people to remain in their own home</i></p> <ul style="list-style-type: none"> <li>• Minutes/Agenda – Norfolk County Council Older People’s Strategy <i>Partnership</i>; Norfolk and Waveney Mental Health <i>Partnership</i></li> <li>• Monitoring and Evaluation – ..... will be provided to the West Norfolk <i>Healthy Communities and Older People’s Partnership</i> on a quarterly basis.</li> </ul> <p>Amendments to the Constitution:</p> <ul style="list-style-type: none"> <li>• Accountability - ... will liaise with the Norfolk Older Persons <i>Strategic Partnership</i> and other relevant groups.</li> <li>• Membership – all the figures in brackets to be removed and the following members to be added: <ul style="list-style-type: none"> <li>- <i>Help the Aged</i></li> <li>- <i>Alzheimer’s Society</i></li> <li>- <i>WN Befriending Scheme</i></li> </ul> <p><i>Other partners will be co-opted onto the group as and when required</i></p> </li> </ul>	
3.	Data requirements	
	<p>The group discussed data requirements to support the Action Plan. A health profile of older people in West Norfolk had already been undertaken (2003) for EPSDIG and this information was still relevant. There was some discussion on the need to be clear about what information is required and it was proposed that the group focus on Long Term Conditions as this is one of the priority areas for the PCT. .</p> <p>Members felt it was important to understand what is already being provided in the way of services to older people, specifically around those who have complex care needs. It was noted that information on LTC has already been collated, which would include complex care, and could be obtained from the PCT.</p> <p>Members discussed the potential to identify current spend on older people’s services. This would prove easy within ASSD but more difficult within the PCT. The group discussed the move towards Joint Needs Assessment between Health and Social Care. It was noted that the Director of Public Health (a joint appointment) will be taking the lead in this countywide.</p> <p><b>Action:</b> Service Mapping of older people’s services to be carried out, taking into account current collated information; demographic data to include information on Long Term Conditions to be collated. Both sets of information to be presented to members at the next meeting.</p>	JS
4.	Action Plan	
	<p>The following amendments were made to the Action Plan:</p> <ul style="list-style-type: none"> <li>• Data collection to focus on long term conditions; prevention and intervention programmes</li> <li>• Service mapping to be undertaken, taking into account current information collated</li> <li>• Reference to joint needs assessment to be removed</li> </ul>	

	<b>Action:</b> Action plan to be redrafted and circulate to members.	<b>JS</b>
<b>5.</b>	<b>Election of Chair</b>	
	Some discussion was held around the election of the Chair and Vice Chair and members were asked to put forward nominations. There was agreement the Chair needs to be someone who attends other relevant partnerships/groups to be able to feed this group's aims/objectives into their plans and vice versa.	
	<b>Action:</b> Members to send nominations to JS as soon as possible. JS to send a list of members and who attends what to each of the Older Persons Group members.	<b>All</b>
<b>6.</b>	Consultation on the Intermediate Care – West Norfolk.	
	<p>The Chair asked members how and what we feel are the implications and the impact on the local population in relation to the Consultation on Intermediate Care. There was a lengthy discussion on this and the following are the main points raised.</p> <ul style="list-style-type: none"> <li>• The group welcome the opportunity to comment and that the PCT has looked at intermediate care.</li> <li>• In relation to West Norfolk there has been an extremely good intermediate care structure, the residents have experienced intermediate care in the community. However, those that have received it need to receive more supported care.</li> <li>• On the negative side, in terms of the options, the detriment/impact to existing services in relation to reducing beds have a knock on effect that people will require more intermediate care.</li> <li>• The lack of strategic approach to care of the elderly is an issue that again relates back to the fact that the document has only looked at bricks and mortar and not the needs of older people.</li> <li>• This would be a really good opportunity to provide better value for money and we should be looking at best practice that currently exists and taking some of the lessons learned from this</li> <li>• The PCT model is looking at a full range of intermediate care. In relation to West Norfolk, this basically focuses around inpatient beds and we need to look at the total number of beds and identify how these can be provided</li> <li>• The logic of just having supported beds in West Norfolk was felt to be a gross inequity and West Norfolk would lose beds.</li> <li>• We need to look at this from a NEEDS assessment point of view as there is a higher level of older people living in West Norfolk and we need to identify who receives the service now.</li> <li>• Dementia patients are excluded from this exercise and EMI services have not been taken into account. This is very much part of intermediate care</li> <li>• It was felt that travelling to Dereham is an issue bearing in mind that the model is around complex care not around those that are not medically stable and one of the biggest issues is around access.</li> <li>• The model of intermediate care should be comparable and take ALL older people into account.</li> </ul> <p>In Summary:</p>	

	<ul style="list-style-type: none"> <li>- It increases inequity in terms of access.</li> <li>- No access for those with dementia their needs have not been taken into account – it also doesn't take account of older people with functional mental ill health</li> <li>- It increases issues around travel for people and their carers. Public transport is a real issue in the rural areas in West Norfolk.</li> <li>- In relation to all of the proposals it does not reflect the demographics for West Norfolk and the ageing population</li> <li>- The document does not say, based on needs assessment, where the beds should be.</li> <li>- Intermediate care beds are for more medically unstable people and it was felt that people need a slower stream of supported beds.</li> <li>- The impact on Queen Elizabeth Hospital in relation to intermediate care, that they have now reduced beds, has not been taken into account.</li> <li>- Geographical issue is another concern.</li> </ul> <p>SG mentioned that the proposals for stroke care at Dereham Hospital for those that have gone through the acute phase will be providing a rehabilitation element and the proposal is stating more specialist input. The Queen Elizabeth Hospital feel there could be more enhancements in the community and developing the pathway.</p>	
	<b>Action:</b> Letter to be drafted and sent out to all for comments	<b>JS</b>
<b>7.</b>	Strategic Task Group Proposal	
	This item to be discussed at the next meeting when demographic/service-mapping information is available. A decision will then be taken on what tasks need to be done, when and by whom.	
	<b>Action:</b> Agenda item for 2 July 2007	<b>JS</b>
<b>8.</b>	Any other business	
	RB informed the group that there had been some discussion around Section 31 Agreements and that there doesn't appear to be any within Older Persons Mental Health Services leading to difficulties in streamlining services. Adult services in Mental Health are integrated. Another gap identified was around the fact that where older people do not meet the mental health criteria for services, they do not receive a service at all.	
<b>9.</b>	Agenda Items For The Next Meeting	
	<ul style="list-style-type: none"> <li>• Nomination of Chair/Vice Chair</li> <li>• Data Collection</li> <li>• Service Mapping</li> </ul>	
<b>7.</b>	Date of Next Meeting	
	The next meetings will be held at 2.00 pm on:  Monday 2 <sup>nd</sup> July 2007 Monday 1 <sup>st</sup> October 2007	

	Monday 7 <sup>th</sup> January 2008	
	All to be held in the Vancouver Room at St James, Extons Road	