

Warminster Health and Wellbeing Management Group

Warminster Civic Centre

25 July, 2017

10am until 12 noon

In attendance: Cllr Andrew Davis; Francis Ballinger; Bernice Robbins; David Reeves; Martin Evans; Pippa Webster; Emer Bolt; Babs Harris; Jacqui Abbott; Sue Frasier

1. Apologies and Matters Arising

All present. Matters to be dealt with throughout meeting.

2. Election of Chair:

Keith Humphries was elected by the group to serve as the Chair.

3. Living Well Project

Pippa Webster, Age UK, attended the meeting to give details about their Living Well Project.

This involved a paid member of staff who worked with GP teams and identified older people with social needs.

However, this was a costly service; a project worker was usually employed jointly by Age UK and the surgery.

Currently it is running only in Salisbury medical practice; Bradford on Avon St Margaret's; Chippenham Hathaway Medical Centre & Devizes.

Pippa please email costings to Keith & Jacqui

Dementia Advisors are attached to every surgery

Babs informed the meeting that a new contract from Wiltshire Council means that Alzheimer's Support does everything and Alzheimer's Society is now advocacy & information only.

Despite the Living Well project being potentially out of reach due to costs in Warminster, Age UK were also revamping their old style befriending service. The HWB group are very interested and could help with volunteer recruitment for the Warminster area to include the villages.

Pippa to keep HWB group informed on progress

Keith informed the group that he is also putting together a database – 312 things going on in Warminster!

4. Overview from Champions

See papers from Bernice Robbins (Carers' Champion) and Francis Ballinger (Older People's Champion)

In addition, Francis's comments are:

- No quick fixes & issue of co-ordination of services
- Priorities- whose? How do we find out?
- Demographics – lots of older people.
- How do we pull groups together?
- Points in lives for support and care? Crisis in lives
- Access to information
- Age UK evidence review 2012
- Face to face support preferred for info and advice – work is ongoing at Wilts Council
- Volunteer – time and space needed and this has decreased
- What can we do? WCR slot of their times
- YourCareYourSupport very difficult to use for ordinary people rather than professionals
- Also don't link to neighbouring communities sites
- David – extension to the hub is a “slow burn”
- What are outcomes for individuals.
- We've done everything we can do!
- **Learn Direct** – have been offering an ICT service which has been well-attended.
- There are a number of people who do not know about the services and / or don't use them.
- Maybe the messages are not correct?
- e.g. **Diabetes meeting** - 980 on list; around 35 turn up.
- Maybe change the message!

Wide ranging discussion followed. Jacqui informed the group that Wiltshire Council would be looking at such issues in its Transformation programme in Adult Care and would be coming to talk to the group and older people / carers.

Jacqui to liaise with Adult Social Care and partners

5. Priority HWB Initiatives

a. Information and Advice

Discussed at length along with Champion's updates.

b. Dementia Action Alliance

Babs Harris CEO **Alzheimers Support** informed he meeting regarding the **Warminster Dementia Centre** at the Old Silk Works – subject to planning permission!

Upper floor – to **Warminster Dementia Centre** Day Club 4 x wk

Available to groups for 1 day a week

This would allow the community to add to this provision with a Dementia Café; Art group, Singing and to run events etc.

6 September 18.30 Coming Together Event - who can help get it off the ground DIY SOS Trades people WCR; Longleat; Churches Together;

Any potential Stakeholders – help with the build

The Dementia Centre will also cover the South of the area, not just Warminster.

Babs thanked everyone for working together on this project and particularly the Warminster Area Board Carers' Champion, Bernice Robbins for sourcing a venue.

The group agreed that the Warminster Dementia Action Alliance should have a launch at the new centre.

Jacqui informed the group that both the Alliance and Safe Places needed a “boost” in Warminster and that it would be useful if a group could work together to do this, particularly around the businesses.

Jacqui and Bernice to meet with Carers' Support to see if there was any scope for joint working in this area and also with Alzheimer's Support.

c. Community Transport inc. survey – Len's group

Keith Humphries to check the progress of this survey and to consider the transport priority.

d. Mobility scooter repair project

Mobility works and the MS centre were keen to be involved in a project to support and advise people with mobility scooters which could sometimes be a little ropery.

Action with Keith, Jacqui and Sue to investigate

e. Handy Service

This remained a real need in the area. There was some provision in terms of the Poppy Van (ex service personal) and the Bobby Van. Francis has investigated such as service but it was extremely expensive to run. The only option is to try to extend what is already out there. Simple things like changing a light bulb could be very difficult, dangerous or expensive for older or disabled people.

Babs to discuss with Royal British Legion

Bernice chat to Bob

f. Isolation and Loneliness

Keith Humphries informed the meeting that he was working on an app which will easily connect people in their local areas – street level.

Jacqui informed the meeting that there was some interest in a Men's Shed and another meeting should be held and to continue with a search for a venue. It was agreed to hold a meeting in the new Dementia Centre and possibly to locate the shed at the Silk Works too.

Jacqui to view the Silk works

6. Funding Requests

Helen Morgan attended the meeting and submitted an application form (see Appendix II) for funding for a new drop in day centre. This would be for isolated / lonely / vulnerable people in need of "building up" There would be range of activities and support available. The application is for **£3,284** with match funding from the Baptist Church and volunteer time. The Wellspring project would also seek some capital funding from the Area Board.

The meeting discussed the project and agreed that the project would meet the Health and Wellbeing priorities in terms of isolation and loneliness.

The meeting agreed to fund the project from the Health and Wellbeing fund. The fund was £6,700 for 2017/18 and the remaining budget was therefore £3,416.

Jacqui to provide notes to Area Board to ask for them to confirm the recommendation from the Health and Wellbeing group.

7. Date of Next Meeting

Tuesday 19 September 10am to 12 noon Civic Centre

Appendix I

Older People's Champion (Francis Ballinger) Report to HWB group 25 July

It should be noted that good information and advice should be supplied not only to older people but also to carers and professionals.

Also important are the qualities of the adviser providing the information and/or advice.

Advisers need to be friendly, reliable, supporting, knowledgeable, locally well-connected, understanding, and able to get things done. A good adviser has positive personal qualities but also professionalism and a high level of knowledge.

Organisations providing Information and Advice need to aim for, or at least benchmark their services against the appropriate quality standard - or other network-specific Information and Advice standards. For information providers publishing resources, this means the Department of Health Information Standard.

For advice, this means the Advice Quality Standard (formerly CLS), although the fact that this does not include any element of quality of advice assessment means that some advice networks have developed their own standards, such as the Citizens Advice Membership Scheme.

Age UK has piloted ways to assess both quality of advice and customer experience, alongside quality of process.

In summary, Benson and Waterhouse give a comprehensive list of characteristics to ensure that older people, especially those most vulnerable, receive good information and advice.

They should:

- . focus on social and care services, housing rights and services, social security and other benefits, health and healthcare, local facilities (shops, transport, etc.), leisure activities, practical assistance with daily life and where to get Information and Advice about these matters
- . be locally based
- . build services that incorporate personal, individualised, face-to-face contact
- . maintain and nurture reputations for trustworthiness, personal support and independence
- . not charge for Information and Advice services
- . develop a profile that will be seen as appropriate by all (including ethnic minority elders)
- . take services to people rather than requiring people to come to services - especially incorporating outreach and/or home-visiting
- . use and develop the contacts that other services have with older people and their carers (including Age Concern's own other services and those of local 'non-Members')
- . develop links with groups working with marginalised or isolated older people
- . recognise the importance of family, friends and carers as sources of information and advice for older people and target services accordingly
- . Avoid over-reliance on written information
- . recognise both the usefulness and the limitations of phone-based services and the application of information technology
- . consult their users and act on the results.

Information and Advice for Older People Evidence Review Published by AgeUK 2012 page

AND:

One way of looking at life is to see it as a series of crises.(1) So we have birth, puberty, leaving home, 'midlife crisis', retirement, failing health, death. Some would suggest that it is at these points of crisis that information is needed, to help people come to terms with change and understand the reality of their situation.

However others suggest that at these points, often referred to as 'life crises', so much energy is having to be used in dealing with the current situation that the gathering of outside information is at best a peripheral activity. It is suggested that prior to the actual crisis people can undertake preparatory "worry work" (2), and that it is at this stage that the provision of information becomes important. So information is needed not at the point of crisis but in the period leading up to it.

The series of transitions that occur in old age are often carried out without recourse to outside information or advice. So such decisions as 'where and when to move home', either at retirement, or with failing physical or mental health are often made without recourse to either the written information or advice available. I would

also suggest that one of the problems we currently have is that the timescale within which such decisions have to be made is very short, and often occurs at a point when people are least capable of taking such decisions.

It is also often a point where professionals involved in those decisions are under great pressure (e.g. When

somebody needs domiciliary or residential care) and the blurring of boundaries between health authorities, social care and commercial arrangements can be very complicated.

We need to be clear about what information we need to share with people, in what form, so that it that allows

and encourages people to find the help they need at the point that they require it. But it seems that most older people seek the advice of friends and have a mistrust of, and disinclination to read the information that is

available in a written form. Attempts to provide it via other media have not been particularly successful either.

So what can we do? We can choose to make selected written information more widely available, but I suggest that this needs to be presented by word of mouth contact with individuals. So perhaps we need to provide

information to those who have contact with older people, such as doctors and care workers rather than directly to older people themselves. I suspect that for all of us as we become older the denial mechanism (i.e. this isn't happening to me) becomes stronger as our ability to seek and take in advice and information becomes weaker.

I am therefore suggesting that rather than offering direct access to information we find a way of offering it

to those who support older people. That may be to the professionals helping them, but might also be to other members of their family or friends?

There is available an ever expanding library of booklets and leaflets offering advice to older people, but also an increasingly complex web of statutory, voluntary and commercial organisations also offering advice,

support and services. Is our role to signpost to appropriate services, and if so what are the boundaries that we draw in terms of what is appropriate now, given that information will be out of date fairly rapidly?

My feeling is that before setting up signposts we need to be clear that the destinations exist and are accessible, as much

as we also need to be clear that signposts need to be looked at i.e. that those looking at them know what they're looking at.

So our approach needs to be not to look at the information we have available and how to distribute it as much as to look at what is needed in given situations and how we get it to the appropriate person at the right time.

I suggest that before we do this we need to map the points when people need information, who the appropriate people are that people get it from, alongside further work on what information is available.

1. Erickson et.al
2. Caplan, An introduction to community mental health.

Update 21/3/17 to 24/7/17

1. Dementia Action Alliance work – I have attended 3 Dementia Awareness events and one further Dementia Friendly Churches event (Note: First DF Church at Christ Church one Sunday pm in September, date to be decided)

 2. Alzheimers Support Day Centre at Silk Works likely to go ahead when Change of Use obtained. First clients now due January, it is hoped.
- Ref: Area Board Mental Health Awareness meeting: The Wiltshire Mental Health Needs Assessment will be in the public domain shortly. Hopefully this will demonstrate the perceived need for MH Patient and Carers' groups in Warminster.

 - Ref: 4/3/17 – the 'Drop in Cafe' for lonely, vulnerable and carers now called "Wellspring". Publicity now released and training to start September with target opening October. See application for funding.

 - Ref: 9/3/17 - CSW – we are yet to meet the Development Officer re Carers at Work scheme for businesses and possible work together on Safe Places and Carers' Discount Scheme.

 - Ref Cllr Humphries' request for information about the 'Dementia Experience' training bus (Wiltshire Heights Care Home, BoA) Details are at <http://www.training2care.co.uk/virtual-dementia-tour.htm>. 36 people per day can go through the experience and the cost +/- £2k (suggested we offer places to other care homes at, say, £36 each)

 - Attended second Avenue Surgery Carers (Dementia and Cancer specific) event doubling as Carers Wiltshire representative, and their PPG meeting 18/7/17.

 - Avenue Surgery Carer Liaison – met Jane 24/5, very successful and further meeting to be held soon. Tried to contact White Horse surgery on several occasions but not successful.

 - Attended AWP Care Forum 10/5/17 and 12/7/17 Topic mostly around the Sustainable Transformation Plan (STP) which makes Bristol. BaNES and Wiltshire one area for CCG Service Contracts etc and the changes that are being made as a consequence.

Also attended AWP Carers' Forum 26/6/17 Attendees from several sections of AWP. Major problems are reaching Carers for in- and out- patients & getting Carers represented on working groups etc. They have a Carers' Charter launch, probably on World Mental Health Day 10/10/17 seeking to build awareness of Carers Rights related to Mental Health. Note: Swindon rep mentioned that Warminster got no support as 'everyone' assumed it is all military. Intention to find the Military contacts and see if more/any work can be done jointly.

- At the AWP meetings I have met a representative of Wiltshire Service Users Network (WSUN), who have assisted Wilts Council in several consultations and reports. Much may be learned here.
- I have opted to attend the Health and Wellbeing Forum again, as there is much to learned and shared there.