

## **Northampton Borough Council Northampton Pensioners' Forum**

**Thursday, 25 May 2017**

### **1. WELCOMES, INTRODUCTIONS AND APOLOGIES**

**Present:** Cllr Brian Oldham (Co-Chair BO), Roger Rumsey (Co-Chair RR), Maureen Hill (MH), Malcolm Mildren (MM), John Rawlings (Quakers JR), Tony Mallard (NFRA, Veterans Club TM), Ann Timson (AT), Veronica Male (Tollers & DAA), J Forrest-Smith (JFS), Bill Parker (NCC), Dr Caolyn Kus (NCC), Prof. Jacqueline Parkes (JP), Jennifer Shaw (NASS, JS), Hazel Tuttle (HT), Rufia Ashraf (RA), Aimee Luck (NBC AL), Nisha Mejer (NBC NM)

**Apologies:** Jeanette Pidgen, Brian Nichols, Christiana Owusu -Akuffo, Michael Hill, David Hewitt, Alan Wright, Anna Earnshaw

### **2. MINUTES AND MATTERS ARISING**

Mins approved.

RR wrote to the NBC solicitor.

NM gave an update for the Environmental Survey report.

### **3. CLLR BILL PARKER AND ANNA EARNSHAW - NORTHAMPTONSHIRE ADULT SOCIAL SERVICES (NASS)**

Anna Earnshaw sent her apologies and Karolyn Cus (KC) attended instead. KC gave an overview of Northamptonshire Adult Social Care (NASS).

Intention for Northampton County Council (NCC) – to make service more efficient and work in partnership with other organisations.

NASS to bring together Olympus Care Services (OCS) and the assessment and functionality of NCC. Moved the staff together to form NASS.

Want to change the way we work. Creating short term intervention. Referred either from hospitals or people can self-refer.

Only one fifth of referrals come from hospitals. People from community needs to get access equally.

OCS – still there and offers services. Provide long and short term support.

There will be big changes from the discharge of patients to their recovery. Rather than being assessed in hospital, patients to be assessed in the home or residency.

Regards to longer term, complex needs will be met.

Key parts are safeguarding and assessing – to stay within the NCC. Also any commissioning to stay with NCC.

NASS went to cabinet in March. Will go live 1<sup>st</sup> September.

BP: The service needed to reform. Coalition govt announced to stop 70% revenue budget. Revenue Support grant will disappear in 2020. This is a substantial amount.

We will need to raise money through Council Tax and business rates. More recently – additional £23 million over years to be spent on ASS. Have to report how it has

been spent.

Looking to spend money on domiciliary care, voluntary sector etc.

NASS will become a trust. Will enable us to bring additional funds.

Q: When discharging people from hospital. How quickly will they be assessed?

A: In practice there will be a multi-agency team. Plans will be put in place. The discharge policy is complicated. Have teams on site who determine who is ready to go home. Will be a process in place before patient is discharged.

There is an increase in people going to A&E. This puts pressure on the service.

Services have been cut and the government has recognised this. Waiting to see outcome of election. Should see more integration going forward.

CP: Two things are happening at the moment.

Firstly, there is a health and wellbeing board – this is a clear message that organisations want to closely with NCC.

Secondly there is a big change to community care packages. There is a move away from residential care to more home based. Significant changes to this and money will be spent in this area.

Q: How will this be promoted to the public?

A: Referrals are being made through professionals or the public. There is an online platform called Brolly. This will be monitored and people can look at prices. This is being promoted now through leaflets, care directory on hard copy. Information is in libraries and there will be a roadshow in July.

Promoting equipment to help people stay at home.

Q: Is there a conflict of interest with hospitals wanting beds and the care packages?

People have come out of hospital, packages are not always in place. Are you satisfied that all packages will be in place before they are discharged?

A: If people who are stuck in bed, intention – investing in this crisis response team. Intention to work with these people for the first six weeks. Have agreed if at the end of 6 weeks, still need care, more investment can be made. People have to be ready to be discharged. Hospital has to take on that responsibility.

From safeguarding prospective, NASS can intervene if needed.

Q: Difficulty is that there is pressure. My concern that government allowing Local Authority to raise money is not an adequate answer. There is a lack of fairness as to how money is distributed.

A: Good information and advice to help with social isolation to help prevent them to getting into the system.

Q: You have excellent buildings to move people on. There are going to many people with early stages of dementia. Others won't be able to stay at home.

A: Are working to deal with issues. Have a deferred payment system. Looking at property and this is a very complicated issue. Governments were struggling financially. Hoping people won't have to be moved as Dementia increases. Want to build on this to create Dementia Villages. Eg Bourneville.

These are inclusive to everybody irrespective of financial backgrounds.

Q: Need more sheltered homes and extra care.

A: Northampton is two tier – working with NBC and NCC. Village being built in Daventry. The developer is paying for it.

Q: What happens if somebody with Dementia get worse?

A: Northamptonshire to be Dementia Friendly to raise awareness.

Every hospital has symbolism has a gentle reminder to raise awareness. This is down to choice.

Q: Who has jurisdiction to give licensing?

A: Have to be registered. Care Quality Commission.

Q: Have to make sure communication is to people who are visually impaired.

A: Yes will do.

#### **4. DEMENTIA ACTION ALLIANCE - JACQUELINE PARKES**

JP gave background to Dementia Action Alliance (DAA). Working on making Northampton a Dementia Friendly town.

JP works at University of Northampton and is a mental health nurse. Spare time leading the University strategy to work on Dementia.

Focussed on educating workforces and is operating a flagship project to launch a post Diagnostic Support Centre.

Very keen to listening to the public. Lots of engagement work. Become Chair of DAA took over from Veronica Male. It is a social movement creating awareness. Do not have a cure for Dementia but starting to get people supportive of Dementia.

Dementia is an umbrella term –there are over 100 different types of Dementia. Can happen to people of all ages. Dementia is growing fast. Aging population and people living longer. Looking at alternative sources of care. Have to have a strategy to keep vast majority at home.

Looking at major changes of care. Heavily involved in looking at villages being created.

Identified various areas that need to be reviewed are developing this. Helping to develop a document for Northamptonshire.

Exploring with working with the Police.

Looking at having a Patient Forum for people with Dementia and Carers and working with NBC to deliver this.

Changemaker Uni – look at how we educate our professionals. Won award last year for Post Diagnostic Support. Provide activities for people who are diagnosed and for the carers. Referrals to come through memory clinics.

Q: Is there a high incidence of Dementia of people who live in busy roads?

A: No. Other universities looking into this. Looking at why people getting Dementia in their 30s and 40s. Over 100 different types of Dementia. Have halved the number of men in their 50s in getting vascular Dementia by telling people to look after their hearts and to manage blood pressure. Lots we do know and lots we don't.

Q: Are you linked with Healthwatch? Healthwatch builds volunteers. Can link into this.

A: Yes will be linking in a more focussed way.

Q: What are basic tell-tale signs of Dementia?

A: Look at behaviour change in somebody. People can have it for years before they show signs. Maybe doing things out of character.

Q: How successful is the technology for assessment?

A: It is helpful. They don't just have one problem. Have to have brain scan.

Q: What is the referral rate from the Doctor?

A: There is always going to get a slight cognitive decline and not necessarily form Dementia. Have had 67% referral rate. People are frightened to go to the Doctor. There is a stigma around the illness. Lots of misdiagnosis. Can take 5 years to diagnose youngsters.

Post Diagnostic support is not fully supported.

Q: Is there treatment to slow it down?

A: Some conditions can be slowed down but not cured. Still don't know what's triggering it. It is a concern. When profile is raised you will see an increase in cases.

Q: If someone has impact on the brain do they get Dementia?

A: There is a correlation. More common with people with brain damage. Look for communication, orientation, language issues.

Q: Not enough information with BME groups.

A: Invite JP to Diverse Communities Forum

## **5. ACTION PLAN**

NM read out Action Plan and gave updates

## **6. COMMUNITY NEWS EXCHANGE**

Police and Crime Commissioner meeting for forum members: 20<sup>th</sup> July 2-4pm.  
Venue TBC

RR: Read out email from the Police about the Manchester. RR requested people to become vigilant but to carry on.

TM: The Federation of Residents Association suggested to move back to the Guildhall and have a forum. This will happen in Guildhall.

Will stay as federation and people can join for a small fee. Will get public liability.

RA: Gave out leaflet on behalf of Rural Wellbeing Service. Give services to elders living in rural areas.

JR: Number of people in West Hunsbury asking why some people pay more for rates than others.

A: CT goes up when you live in a Parish Council. This is being reviewed.

RA: When my son was 4 years old. Has meningitis. My 9 year old has become a carer. My son is abseiling down the Sixfields tower and the funds will go to Disney Ward. 12pm 3<sup>rd</sup> June.

## **7. SUGGESTIONS FOR ITEMS FOR FUTURE MEETINGS OR FORUM ACTIVITIES**

AGE UK. Liam Condon retiring, forum members would like to invite him.  
Stagecoach  
Scooter 2 Go.

## **8. ANY OTHER BUSINESS**

AT: Why don't the hospitals have the blood testing dept in one area? AT will write to them.

HT: There are hold ups at the bus station. Solution to make the road two way. BO: This is a NCC issue. **ACTION:** JS to relay this back.

Would be better to revert to old system and have traffic in Abington Street.

TM: Has problems with contacting helpdesk at Northamptonshire Partnership Homes.

## **9. DATE AND VENUES OF FUTURE FORUM MEETINGS**

27<sup>th</sup> July, The Guildhall, 1:30pm.

The meeting concluded at 4pm