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Meeting Title:	OLDER PEOPLE'S WORKING GROUP (DRAFT)	
Date:	21 st JUNE 2019	
Time:	2 - 4 pm	
Location:	Council Chamber	
Chaired by:	Cllr Gul Khan	
Attendees:		
Cllr Rachel Eden	RBC	
Janette Searle	Wellbeing Team, RBC	
Nina Crispin	Wellbeing Team, RBC	
Michelle Berry	Wellbeing Team, RBC	
John Walford		
Tony Hall	Thames Valley Pensioners Convention	
Jean Hutton	U3A	
Frank Millgate		
Silvia Millgate		
Heather Cresswell	MS Society Reading Branch	
James Penn	South Reading Patient Voice	
Miriam Sparkes		
Diane Seydoux		
Bridget Chubb	Firtree	
Ginny and Graham England	Grovelands Walking Group	
Fiona Price	Age UK Berkshire	
Laurence Napier-Peele	South Reading Patient Voice	
Janice Scruby	Firtree	
Caroline Langdon		
Mr and Mrs K S Tucker		
Brian Oatway		
Pam Sands		
Colin Ferguson	Firtree	
James Taylor		
Neil Scott	Reading Buses	

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Ian Trehauk	Stroke Association
Una Waters	Readifolk/Readipop
Gina Harris	
Nicky Hardey	TECH Project Officer, RBC
Lorna Walker	
Pearl Gibson	
Joan Walker	NHSRF
Ann Coddington	
Barbara Hobbs	Grovelands Walking Group
Marrion Huggins	
Kirsti Heath	Get Berkshire Active
Nafeesa Zubar	Carers Hub
Jessie Serrano	
Laxmieleri Kachwaha	Readibus
Yvonne Antrobus	
Eileen Blackett	
Shabana Udin	Healthwatch Reading
Apologies:	
Tom Lake	Interglossa Ltd
Brenda Jenkins	Pegasus Court / MacMillan
Gordon Summers	
Liz Wilks	Sheltered Housing, RBC
Sue Winyard	Engage Befriending
Rebecca James	Reading Museum, RBC

Item	
1/2	Welcome and minutes of last meeting on 5th April 2019 <i>CIIR Gul Khan</i>
	The minutes of the meeting on 5 th April 2019 were approved. The approved minutes from the OPWG meetings are available from the Older People's Working Group page on the RBC website at:

	http://www.reading.gov.uk/opwg
3.	Matters arising from last meeting on 5th April 2019
	<p>Suggestions for future meetings:</p> <ul style="list-style-type: none"> - Thames Valley Police and tickets to cyclists on Broad Street - item to come back to the agenda at a future OPWG meeting

4.	<p>NHS Long Term Plan - what it means for voluntary organisations and older people <i>Fiona Price, Age UK Berkshire</i></p>
	<p>The NHS Long Term Plan (LTP) was launched in January 2019 by the Prime Minister and promises additional funding for the NHS for its 70th birthday, amounting to an extra £20.5 billion by 2023/24.</p> <p>The Plan is split into six core chapters, each focusing on a specific ambition:</p> <ol style="list-style-type: none"> 1. Deliver a new service model for the 21st century 2. Take more action on prevention and health inequalities 3. Improve care quality and outcomes for major conditions 4. Support the NHS workforce 5. Make better use of data and technology 6. Financial sustainability <p>A core ambition of the Plan is to help older people to age well and live independently in the community for longer. It includes three key programmes aimed at improving the care of older people:</p> <ul style="list-style-type: none"> • Invest in developing more rapid community response teams, working between GP surgeries and hospitals, to prevent unnecessary emergency hospital admissions and speed up discharges. • Upgrade NHS staff support, including GPs and nurses, to people living in care homes through the national roll out of the

Enhanced Health in Care Homes (EHCH) model

- Develop a new Ageing Well service to identify people living at home who are moderately frail and provide preventative, multidisciplinary support

New service model:

Enhanced Health in Care Homes

The Plan promises to 'upgrade NHS support to all care home residents who would benefit by 2023/24, with the EHCH [Enhanced Health in Care Homes] model rolled out across the whole country'

Urgent Community Response and Recovery Service

This is a new NHS offer of urgent community response and recovery support to prevent unnecessary hospital and care home admissions and ensure timely discharges.

Supporting People to Age Well

This service model is about identifying older people with moderate frailty to offer proactive personalised care and multi-disciplinary support.

Universal Personalised Care

The Plan promises that personalised care will become 'business as usual' across the health and care system.

Health inequalities

The Plan makes a commitment to reducing health inequalities and variation in care.

Funding: NHS England will continue to allocate a higher share of funding towards geographies with high health inequalities - from April 2019 there will be a more accurate assessment of need for community health and mental health services, as well as ensuring

	<p>allocations formulae are more responsive to the greatest health inequalities and unmet need in certain areas.</p> <p>Outcomes: the NHS will set out specific measurable goals for narrowing inequalities, including those relating to poverty, through the service improvements set out in the LTP.</p> <p>NHS England will work with partners in the voluntary and community sector and local government to develop and publish a 'menu' of evidence-based interventions that if adopted locally would contribute to this goal.</p> <p>Additional information:</p> <p>Social prescribers will help people to get and about and access various services. There will be a drive to recruit 1000 social prescribers around England.</p> <p>Personal health care budget: people will be able to choose how they want to spend a budget on their health.</p> <p>There will be more detailed plans post 2019-2020 onwards to show how the NHS can improve access and outcomes.</p> <p>Engagement is a key aspect. There is a chance over the next year to try to influence the priority in the local area. Sustainability and Transformation Partnerships in each local area will need to engage with patients, members of the public, voluntary sector organisations</p> <p>Healthwatch Reading have run a survey on the long term plan. A report soon will be shared when ready.</p> <p>The full presentation for this item is attached alongside the minutes and is available on request. Please email opwg@reading.gov.uk or call Nina Crispin on 0118 937 2383</p>
	<p>QUESTIONS & ANSWERS / COMMENTS</p>
<p>Q1</p>	<p>There are concerns from the Kings Fund and Health Foundation - the future viability of the long term plan doesn't appear to be long term</p>

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	enough. The advice is that the plan needs to be over 30-50 years long to be viable. The impact of Brexit is not being taking account.
A1	Agree, should call it a short to medium plan. A long term plan should be over 30-50 years. More conversations need to happen around how to best implement the plan and Brexit is a worry.
Q2	Inequalities - the biggest is the excess winter death. Presume this will be addressed by NHS/social care. Health care rationing means that people have to wait for 6 months for a cataract operation.
A2	Conversations are happening around rationing with Royal Berkshire Hospital (RBH). We need to put the voice of people at the centre of what will be happening. Winter pressures extend throughout the whole NHS, not just hospitals. We need to join in together to make the case that the issues the NHS is facing are down to system inequalities that need to be addressed.
Q3	Why wasn't this done years ago?
A3	There has been a plan and a vision in the past - but to make them happen are too different things. This is a proactive approach to set out the vision for the future and what is wanted. This group could have an influence on informing the NHS, through Healthwatch Reading, on the effect of decisions made and the impact they can have.
Q4	Long waiting time at RBH, is it due to shortage of consultants or specialists?
A4	Cannot say for sure, but this is a possibility. Some areas are better than others. Some are down to staffing issues.
Q5	Could RBC let us know how we can make our opinions known? We know that we can write to MPs.
A5	Key contacts added below of where to write to have your say:
	Healthwatch Reading:
	Postal Address: 3rd Floor, Reading Central Library, Abbey Square Reading, RG1 3BQ
	Email: info@healthwatchreading.co.uk
	Tel: 0118 937 2295
	Age UK Berkshire
	Postal address: 119 London Street, Reading RG1 4QA

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	Email: info@ageukberkshire.org.uk
	Tel: 0118 959 4242
	Wellbeing Team, RBC
	Postal address: Level 2, Reading Borough Council, Civic Centre, Reading RG1 2LU
	Email: wellbeing.service@reading.gov.uk
	Tel: 0118 937 2383

5.	<p>Mental Health monitoring in older people living at home <i>Dr Luis Patina, University of Reading</i> <i>Nickey Hardey, Assistive Technology (RBC)</i></p>
	<p>This presentation is about research done at the University of Reading (UoR) on the development of camera systems and how they can help people living at home.</p> <p>Living longer sometimes means people live alone at home with little support. In some instances children live far away. Loneliness and isolation is becoming a real issue. Lonely people are more likely to develop Alzheimer, stress, anxiety, or anger.</p> <p>Cameras deployed at different location in a house can help monitoring different activities and behaviours, which can help to assess an individual mental health.</p> <p>Experimental smart home (in France) used cameras to see what the person is doing. Home activities captured:</p> <ul style="list-style-type: none"> - Walking - Sitting - Dancing <p>The cameras track movements of the body and the face / the eyes. Face parameters can be analysed and can detect the person's emotional and mental states:</p>

Hostility
Depression - not moving too much
Hallucination
Loss of memory - Alzheimer dementia

We are building a team to find out from people what they think about the use of cameras in the home for the aforementioned purpose:

- What are the concerns?
- What is permissible?
- Are there different modes the system can run?
- What periods of observation are important?
- What level of system control is acceptable?

Debate session

- o Who would be watching and checking the cameras?

UoR: We are aiming at having cameras in the kitchen and living area. The video stays on your computer at home and no one can have access to it without permission.

- o The concept sounds interesting and can be beneficial and it depends on how it is sold. But using facial recognition system could be considered as too intrusive. Maybe something like Alexa or toys robots. People do not like the idea of a camera watching them.

UoR: Alexa might be more intrusive. The camera system is only in the house - very private use.

- o Who is going to finance this? NHS long term plan could be a source
- o How many people have accepted the offer?

UoR: We are not sure yet how many people will accept this offer. This is only a pilot at the moment.

- If the camera could only see the lines of movements and not the face, this could become more acceptable.

UoR: The camera is about recognising the movements with no identity recognition.

- Is it just 5mns a day this is operational?

UoR: We're not sure for what amount of time this will be on, just for given timescales, not all day long.

- Something like this could be useful in every care home.

UoR: This is a good point. Information could be passed to GP and carers and pilots showed that people quality of life can be improved.

It's important the person stays at the centre of the project. This is not just around technology and this will not replace the human contribution.

- This is fraught with problems - sounds like reality TV and big brother. Good academic exercise but could be open to abuse. Could move to control rather than help or aid. Would like to know the safeguards before entering into such an arrangement.

UoR: This is the beginning and we don't have all the answers yet. Ethical need to be considered. A lot of the technology is being developed without people's involvement and this is part of the engagement we are doing.

A focus group will be set up - please register your interest with Nina Crispin.

Technology Enabled Care Services (TEC) - Nickey Hardey, RBC

What are Technology Enabled Care Services (TEC)?

This is nothing new, it used to be called 'Telecare'. Other related terms:

Telehealth

Telemedicine

Telecoaching

Self-care apps - for people with severe anxiety problems

The technologies enable people to transform and control their own care and empower people to manage their care in a way this is right for them.

We need to look at technology to prevent crisis and not just when or after the crisis happens:

Lifeline detectors

Smoke detector

Calendar

Fall detector

Sensor pads

TEC can give people people with a Learning Disability more autonomy to learn living skills - app can empower them to have more choice and control.

Why use TEC services?

A few factors contribute to the increasing demand for TEC:

Ageing population

Long term health conditions

Shrinking budgets

Higher expectations

Dispersed families / informal carers

Fewer formal carers

Loneliness and social isolation

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	<p>TEC is not meant to replace human contact or human care - but to enhance people's lives.</p> <p>Is the answer in technologies for care?</p> <p>More and more services rely on technologies and digitalisation:</p> <p>Education / Retail / Transportation / Banking / Communications....</p> <p>The use of technology is growing - 1 in 5 people over 75 is using a smartphone.</p> <p>TEC can also be about Prevention rather than cure. Available from Social Care:</p> <ul style="list-style-type: none"> - Carer pager - The alarm watch - press and link to lifeline unit - Pill-dispenser - alerts to take a medication and to family/carer if medication not taken - Bed pads - Activity sensors <p>The future is going to be Smartphone / Tablet</p> <ul style="list-style-type: none"> - Activity tracker - watch - Using Artificial Intelligence (AI) to build a pattern of everyday life that can send an alert to family when something is not according to the pattern
	<i>QUESTIONS AND ANSWERS / COMMENTS</i>
Q1	Maybe you could do a survey to find out how we can contribute ideas on future use of technology - or focus group. There is the issue of consent.
A1	We would like to engage with people. Consent is important and personalisation is about involving the person, and accept that the person has a choice.
Q2	A few years ago, there was a UoR pilot to have a microchip on your arm, how is this progressing? Application could be made to Dementia patients.
A2	Safety and control for the individual are important. Some Local

	<p>Authorities provide the technology but they need to consider people's liberties and privacy. Some phones have Global Positioning Systems (GPS) to detect where someone is and shows if someone has gone outside their safe zone.</p>
6.	<p>Make Every Contact Count (MECC) Awareness Raising session <i>Janette Searle, RBC</i></p>
	<p>We have been working with colleagues in Berkshire, Oxfordshire and Buckinghamshire (BOB) to set up a MECC programme.</p> <p>Some members of OPWG are part of organisations and interact with organisations and other services.</p> <p><i>How confident are people at having healthy conversations?</i></p> <ul style="list-style-type: none"> - Surprisingly some professionals do not find it easy <p><i>How important do you feel having healthy conversations?</i></p> <ul style="list-style-type: none"> - Some professionals don't know how to have the conversations to help people move along and find solutions based on things about which people can make changes themselves. MECC is not about making people become experts on health. <p>MECC gives key basic skills to help people make healthy lifestyle changes.</p> <p>It's a national programme created by Health Education England and endorsed by Public Health England, Royal College of Nursing, Royal Society for Public Health, the Association of Directors of Public Health and the Care Quality Commission.</p> <p>The principles of MECC:</p> <ul style="list-style-type: none"> o People listen more to what they say than what I say o Being given information alone doesn't make people change o I am not responsible for the changes other people then make o It is not possible to persuade people to change their habits

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	<ul style="list-style-type: none"> ○ People hold the key to their own health <p>An effective health conversation is based on the 3 A's:</p> <ol style="list-style-type: none"> 1. Ask : picking up on cues and open discovery questions 2. Assess : their capability, opportunity, motivation to change behaviour 3. Assist : encourage, reflect and signposting - closing the conversation <p>There are 4 versions of the BOB MECC Training:</p> <ul style="list-style-type: none"> ○ Awareness (15 minutes) : aims to raise awareness of MECC ○ Engagement (45 minutes) : aims to engage participants in MECC, teach key MECC principles and key skills ○ E-learning (1.5 hrs) : National programme (4 modules) ○ Practice (3 hours) : aims to give participants confidence and competence to having MECC conversations <p>Any ideas where you think we could be taking this, please let us know.</p>
	QUESTIONS AND ANSWERS / COMMENTS
Q1	What does MECC stand for?
A1	MECC is for Making Every Contact Count
Q2	Is the E-learning course available from NHS England or Care matters?
A2	<p>The MECC E-learning tool can be accessed here:</p> <p>https://www.e-lfh.org.uk/programmes/making-every-contact-count/</p> <p>For assistance on how to register, please contact Nina Crispin (Email: opwg@reading.gov.uk / Tel: 0118 937 2383 / Postal: Wellbeing Team, Level 2, Civic Centre RG1 2LU)</p>
7.	D-Day remembrance <i>Cllr Gul Khan, RBC</i>
	One minute silence held in remembrance of D-Day 6 June 1944.

8.	<p>Current issues and suggestions for future meetings <i>Cllr Gul Khan</i></p>
	<p><i>Current issues:</i></p> <ul style="list-style-type: none"> - Carer Week 2019 - Carers Hub support carers with assessments. A successful event was held in Broad Street Mall on Wednesday 12th June for carers and was supported by many local voluntary organisations. - Monday 10th June: one to one with a solicitor was offered to carers - Pampering sessions on Friday 14th June - with MP Alok Sharma attending - The next event is Carers Rights Day on Friday 21st November 2019 <p>Priority service</p> <ul style="list-style-type: none"> - This is a very useful service if someone needs to report a failure as soon as possible. - To be added to the Priority Services Register, you simply need to contact your energy supplier. You can find their contact details on your energy bill. You can ask your supplier to pass your details on to your network operator, especially if you are dependent on your supply for medical reasons. - If you have a different supplier for your gas and electricity, you need to contact them both. If you switch supplier, you'll need to register for the service again with them. - Source: Ofgem https://www.ofgem.gov.uk/consumers/household-gas-and-electricity-guide/extra-help-energy-services/priority-services-register-people-need <p>Scams Calls</p> <ul style="list-style-type: none"> - To block nuisance numbers - dial 1572 - and follow the prompts when asked if you want to block the last call... - Do not redial unknown numbers - details can be tracked back within 20s of the redialling

- Reading Recycling Centre
- To arrange a visit of the Re3 recycling plant via Nina Crispin

Readifolk

- Dates of Summer 2019 programme can be found on the Readifolk website and link below:

http://www.readifolk.org.uk/notes/Readifolk_NL42.pdf

- Firtree
People still don't know who we are. We have an Open Day on 30th July from 11am at the Mormon Church on the Meadway (junction with Church End Lane)
- Celebration of Windrush generation this weekend - 12pm-8pm at South Reading Leisure centre - Free of charge

Older People's Day 2019 - planning meeting dates

Thursday 27th June - 1:00pm-3:00pm - 3rd Floor, Central Library, Abbey Square, Reading RG1 3BQ

Monday 29th July - 1:00 pm - 3:00 pm - Committee Room 1, Civic Centre, Bridge Street, RG1 2LU

Thursday 22nd August - 1:00pm-3:00pm - 3rd Floor, Central Library, Abbey Square, Reading RG1 3BQ

Thursday 19th September - 1:00pm-3:00pm - 3rd Floor, Central Library, Abbey Square, Reading RG1 3BQ

Suggestions for future meetings:

- Changes in TV licences
- Scams awareness
- Reading Transport Plan
- Dementia Friends Awareness raising session

NEXT MEETING DATE:

Friday 6th September 2019, 2 - 4 pm

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	Council Chamber, Civic Centre, Reading RG1 2LU
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