

**Speak Up for Your Age – Thurrock**

**Minutes of the meeting held on**

**Tuesday 23rd April – Beehive, Grays**

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| **Present:**  Gerry Calder – Co-Chair – TOFF/Future East  Les Billingham – Co-Chair – Thurrock Council  Ian Evans – Thurrock Coalition  Kelly Woolley – TCIL (minutes)  Dot Blake - TOFF  Joyce Guest - TOFF  John Guest - TOFF  Brian D’Arcy RVM – TOFF  Glynis Pettit - Resident  John Pettit - Resident  Kathleen Hudson - TOFF  Chris Reid - TOFF  Mary Hurrell – TOFF (U3A)  Pam Finn – TOFF  Barbara Rice - HWT  Eve Dymond - TOFF (B.U.G.)  Robert Lyth – TOFF  **Apologies:**  Pamela Hood – Thurrock Sheltered Housing  Francis Allie – Team Manager, Community Led Support Team.  Christine Keeble | | Key:  TOFF – Thurrock Over Fifties Forum  TCIL – Thurrock Centre for Independent Living  BUG – Bus Users Group  U3A – University of the 3rd Age  Cariads – Carers Information & Advice Service  SCOOT – Stanford-le-Hope Older Peoples Club  FE – Future East (The Regional Forum on Ageing)  EOPPG – Essex Older Peoples Partnership Board  EPUT – Essex Partnership University Trust  TAA - Thurrock Asian Association  TDN – Thurrock Diversity Network  CAB – Citizens Advice Bureau  HWT – Healthwatch Thurrock  HWBB – Health & Wellbeing Board  NEA - National Energy Action  ECO - Energy Company Obligation  CLS – Community Led Support | |
| **1.** | | **Welcome & Introductions**  Gerry thanked everyone for attending the meeting today and wished a happy “St. George’s Day”.  Introductions were made. | |  | |
| **2.** | | **Minutes of Last Meeting**  Apologies for Glynis and John Pettit were not mentioned on the minutes.  The minutes of the last meeting held were read and agreed as a true record.  Proposed by: John Guest  Seconded by: Les Billingham | |  | |
| **3.** | | **Matters Arising**  • Glynis requested the removal of Age Concern from the Glossary list due to closure of the charity.  • All actions from previous meeting completed.  • **Adult care and support drop-in sessions:** LB gives a talk on the Community Led Support project and how the local authority delivers services – designed and driven by practitioners along with local partners and members of the community they are serving. New social work service currently piloted in Chadwell-St-Mary, Tilbury, East Tilbury, West Tilbury and Linford where you are able to talk with one of our community-led support social work team. If this trial scheme proves to be successful it will then be circulated into additional areas. It’s currently successful with positive verbal feedback. | |  | |
| **4.** | | **Thurrock Centre for Independent Living**  The Office Manager of TCIL came long to talk about TCIL and the support and advice they offer to disabled people. TCIL provide a wide range of disability related guidance and support. They also specialise in the benefit system, Lasting Power of Attorney, Will Writing, Advocacy and Form Filling.  TCIL are Lasting Power of Attorney champions and received their training direct from the Office of Public Guardian and have currently supported over 500 residents to apply for a Lasting Power of Attorney. They support applicants from the start of the application right the way up to being ready for postage. They also hire wheelchairs at a very low weekly cost and sell the RADAR (Disabled Toilet) Keys. | |  | |
|  | | They also offer a Handyman Service offered to disabled and elderly residents. This project also supports people with learning Difficulties to gain confidence and experience in work skills and environments. Our World of Work project supports clients with Mental Health and Learning Disabilities to prepare for work and interview skills and techniques.  LB – mentions the good work carried out by TCIL and that their service should be spoke of more frequently.  GC – More information about benefits and LPAs can be found on the government website  www. gov.uk | |  | |
| **5.** | | **Consultation on how the Partnership Boards are working in Thurrock**  Ian gave a short presentation on the consultation, a copy of the Survey Results was circulated at the start of the meeting. Thurrock Coalition gathered peoples' experiences and views on how you currently find out about what's happening with Health and Social Care in Thurrock and how you take part and make your voice heard.  **The Consultation Results:** Total Overall Responses: 90 - 82/90 Participants are Thurrock Residents   * 42/89 Participants identified as having some form of impairment * 23/89 Participants identified as Carers   **In terms of impairment types:**   * 38/63 Participants identified as having a physical impairment * 15/63 Participants identified as having mental health issues * 10/63 Participants identified as having a learning difference * 5/63 Participants identified as having a sensory impairment   **The majority of Participants said that:**  In order to find out about things that are happening in Thurrock that affect peoples ‘health and wellbeing, they want:   * People to come to their group/forum to talk about topics that are coming up and to listen and gather feedback (47 people - 55.3%) * The topics that are up for discussion to be decided by the various groups/forums (46people – 52.9%) * To contribute views on the chosen topics at the various groups/forums that they already attend (41 people – 47.7%) * To have the option of an online format (31 people – 35.6%) * To attend a meeting in the morning (30people – 36.6%)   **Currently, the main barriers to participation are:** | |  | |
|  | | * Transport/Travel (26 people – 37.1%) * Not enough interesting topics (4 people – 5.7%) * Timing of meeting (26 people – 37.1%) * The place where the meetings are held (the venue) (13 people – 18.6%)   **The "Top 3" Topics that participants said they would like to see discussed at any future meetings were:**   * Mental Health * Local Area Issues i.e. Activities for younger people, local environmental issues, Local Housing issues, Future plans & Local transport. * Health & Social Care including G. Ps, Hospitals and the closure of Orsett hospital.   **Options**  **Option 1**  Make no change to existing structures.  **Option 2**  Establish an overarching Thurrock Partnership Board, to meet 3 times a year, with representation from the range of current Boards, Groups and Forums, primarily with individuals comprising:  The current Co-Chairs, User-Led Reps of the range of community groups and networks in Thurrock, Disabled people (of various impairment types), parents, older people, family members, carers (sourced from a wide range of community groups and organisations in Thurrock), Third Sector Representatives, Healthwatch Thurrock, Assistant Director of Adult Social Care, Strategic Leads – Commissioning, Social Work, Elected Member – Portfolio Holder, Health (NHS) Representatives, CCG Representative, Public Health.  The Board should establish indicative membership spaces/places and should aim for at least50% of membership from Disabled people, older people, carers, family members.  **Proposed next steps**  We are proposing that the existing Forums including Thurrock Diversity Network, Speak Up for Your Age Thurrock, The Emotional Wellbeing Forum, Thurrock Autism Action Group continue to be vital consultation, engagement and co-productive groups that provide community voices which directly inform the priorities and work of the Thurrock Partnership Board. | |  | |
|  | | **How the Partnership Board could be working practice:**   1. Thurrock Coalition to carry out an annual survey of community groups and networks to determine the topics to be addressed at The Partnership Board in the forthcoming year. 2. The Topics are organised and questionnaires are designed to identify specific areas of concern that can be addressed. The questionnaire on a given topic, for example “Transport" or "Accessible Housing" are taken to the range of community groups, networks, forums, societies etc., and runs for 3 months whilst results are gathered. 3. Feedback is gathered. The results are then analysed and issues identified. A Report &Recommendations is drafted which are then added to the agenda of the Partnership Board. 4. Specific representatives of providers and interested organisations are then invited to attend the subsequent Partnership Board. The Board will run as a "Town Hall" meeting/workshop where the issues and concerns identified from the questionnaire are discussed. 5. The Thurrock Partnership Board suggests steps and actions for implementation and improvement. Recommendations are made and agreed. This could include, for example, a recommendation for co-productive work to be undertaken to improve services around hospital discharge.   The Thurrock Partnership Board, represented by Thurrock Coalition could formally request a standing item on the agenda at the Thurrock Health & Wellbeing Overview &Scrutiny Committee at which the Findings, Recommendations and Actions are then reported as appropriate.  Recommendation - That the respective Boards vote on the suggested options outlined above and any change stake effect from July 2019 (after one final round of meetings for each Board). The new Board to launch in October 2019.  A vote took place – The Recommendation and Option 2 (above) was unanimously agreed.  Attendees noted that ways of increasing the numbers of people attending and getting people more involved in decisions that affect them whilst sharing important information is a good thing.    Brian D’Arcy comments on the well delivered presentation. | |  | |
| **6.** | | **Comfort Break** | |  | |
| **7.** | | **Healthwatch Thurrock**  Barbara Rice gave a talk on the NHS long Term – 10-year plan.  Healthwatch Thurrock is co-ordinating a tri-borough wide survey on the proposed NHS Long Term Plan. Along with Southend and Essex, Thurrock will be asking people what they think of the Plan as well as what is the most important to them when it comes to healthcare. The survey is part of the “What would you do” national campaign by NHS to give people the opportunity of contributing to what health services look like in the future.  Healthwatch Thurrock will be conducting face to face survey activity and targeted focus groups. All information from the three boroughs will be collated and submitted giving a collective response from the Mid and South Essex STP areas.  The voices captured through the survey, launched this week will continue until mid-May where they will be collated helping shape the NHS Long Term Plan.  Subjects such as Cancer Alliances showing Best Representation across Thurrock and Dental Work questionnaires were mentioned. Through anecdotal discussion from service users and residents, a need to better understand Dental Services for both children and adults living in Thurrock was identified in Autumn 2018.  Actions were taken from these recommendations and more staff placed into children’s centres all being fully trained with a good knowledge of tooth decay. The report also noted that dentist’s need to have information on treating patients with Chronic obstructive pulmonary disease (COPD).  **Mobile Lung Scanner**  There is soon to be a mobile Lung Scanner placed for 4 years which should be situated outside Morrison’s supermarket, Grays. This will be available for patients aged between 55-75 years and should be in position for 1st October 2019. This will be the second portable scanner in the East of England, the other being Luton.  Discussion from the room mentioning ways of encouraging more residents to complete either the online or paper Healthwatch and any other questionnaires and the possibility of paper advertisements or attending additional forums. There is also a possibility of Sue Kane visiting sheltered accommodation to complete more surveys.  Gerry mentions it would be good to circulate the information findings including the positive and negative feedback once the Survey is complete | | **ACTION: HWT to provide update with survey results at next meeting** | |

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| **8.** | **Updates**  Gerry informs the room that International Day of Older Persons is observed on the 1st October.  **Thurrock Council Update:** Les mentions the 2 new teams for Adult Social Care in Chadwell & Tilbury. These are known as Wellbeing Teams – Care in your own home. There have been previous concerns/difficulties nationally and locally. Previous homecare staff are paid a low wage, with no pension etc in place with a zero-hour contract. The homecare visits are cut short due to the carers not being paid travel time in between clients. The service is on the verge of collapse.  The Buurtzorg – or “neighbourhood care” – model uses teams that have a maximum of 12 district nurses to deliver care in people’s homes. The typical caseload for a team is 40 to 60 patients in the local area, although most nurses in Holland work part-time under this model.  Helen Sanderson has developed the Wellbeing Teams and will be piloted in Tilbury and Chadwell-St-Mary. The aim is to discover a way that delivers the care and support required, with a client group not bigger than 12. The carer is chosen by the client with an aim to establish a good working relationship.  It is well known that carers are paid a very low wage for the caring role with no perks given back to the employee. They will be on a reasonable salary. Often carers have never worked in the role previously and are usually attracted by the advert. These roles need to offer more for the carer and client.  **TOFF Update:** Gerry Calder was re-elected at the latest Annual General meeting. We have funding up until 2020 and are still awaiting grant money for 2019-2020.  **Date of Next Meeting**: Joint board scheduled for 23rd July 2019 with the date to be sent out with the minutes. | **ACTION: Les to provide update on Wellbeing Teams and CLS at next meeting** |
| **AOB**  No items for discussion |