

Minutes of the Steering Group Committee meeting held on 11th April 2012 at The Oaks, Debenham.

<u>**Present**</u> – Dr. Paddy Fielder (Chairperson), Richard Blackwell, Alison Gravatt, Peter Holme, Lynden Jackson, Mary Morley, Gillian Shacklock and Joy Walton.

<u>**1. Apologies**</u> – Apologies were received from Roger Cockerton, Sue Jackson and Mike Rouse.

The Chairman welcomed everyone to the meeting.

There were no matters arising from the previous meeting which were approved.

2. Consideration of general progress on current and near-term objectives.

A. <u>General Progress.</u> All the activities are continuing without problems.

- Food & Friends held a useful meeting on 1st March with helpers present. Minutes will be circulated in due course. Lynden was asked to contact Rev. Patrick Cotton in relation to possible referrals. Lynden said that the current number of referrals is less than earlier but he is confident that over 50% of relevant people are being reached, which is higher than other areas of the country. Everyone is happy with the funding arrangements.
- ii. The Cameo Club is getting more popular and there are regularly about 15 attending with 17 on the books. Organisers of the club would like to see a few more people attending. There may be a need in the near for future for more funding to finance a couple of new ideas.
- iii. The Carers' Club and Info' Café both continue to thrive with between 12 & 22 attendees. The Community Psychiatric Nurse (CPN) visits once a month as well as a representative from Age UK.
- iv. The Advice and Information booklet is considered to be very successful.
- v. The Fit Club is also very successful and, with 18 members, it is at its maximum capacity. Paddy had visited a session and said that it is a fun, relaxed and enjoyable activity. The question was raised about starting another fit-club in co-operation with Coopersfield but residents haven't been very receptive of the idea to date. It was suggested that it should be raised again at the Food & Friends meeting there.

- vi. The Telephone Helpline has received a couple of calls which have resulted in one person receiving more support. Further training has been given. The question of who is aware of the helpline was raised, e.g. are GP's and Samaritans aware? A countywide helpline is in the process of being set up which means that the necessity of the Project's helpline will need to be monitored.
- B. Clinical Support & the Interface with Local GP Practices.
 - i. It was recognised that in order for GP's to become pro-active with The Project they need to be made aware that the one-stop service offered by The Project would make their lives easier and reduce their workload. It was also recognised that this might be difficult to achieve. Visits by Lynden & Paddy to GP's at Mendlesham and Framlingham have been well received. Lynden has been asked back for further talks with their care team.
 - ii. Unfortunately there were not sufficient referrals to the clinic to make its continuation worthwhile. The informal setting and mechanism was right but the clinic could not be justified on a monthly basis. It was considered that the services of the specialists were needed more in urban areas where numbers have increased considerably. The clinic will be re-instated if referral numbers pick up. In the meantime a system of volunteers has been set up to accompany people to clinic appointments, assisting with explanations and offering support.
- C. Paid Social Care Co-operative The Achievement Award of £10,000 was given to help fund this project. A 'phone call has been received from Christie's Care in Saxmundham offering the potential for co-operation between their organisation and The Project. They might supervise training and administer the paperwork involved for live-in carers. They also offered free 3 day courses for our carers. The idea of The Project recruiting and placing carers with Christies providing CRB checks and admin' support was discussed. It was noted that there had previously been talks with The Sue Ryder Foundation regarding training. Gillian and Lynden went to Christies and came back with a positive viewpoint. It is hoped that ultimately paid domiciliary, live-in and end-of-life care as well as volunteer emergency care will all be provided locally. The next step is to put together a proposal with Christies and Sue Ryder. There will be a need to employ a co-ordinator to develop this and the possibility of Sam Cage taking on the role was suggested. The community in Wickham Market have just trained volunteer carers for emergencies and it will be worth viewing how successful this project is.
- D. <u>Research Project</u> This would be a project to find out the barriers to, and what makes it difficult for people, to visit their GP because they have concerns that they might be suffering with dementia. A bid is in place for £22,000 to fund research. Initially this would involve completion of questionnaires carers and some volunteers. Structured interviews would follow in order to check the validity of the questionnaires and to try to ascertain if there are any early indicators which are missed as symptoms of dementia but which have later

become apparent as such. From this data The Project would be able to raise awareness in the community of the early signs of dementia and provide means of access to services and for an improved quality of life.

<u>3 Public Relations, Publicity, Presentations and Discussions.</u>

A. <u>POPs, DEV-P and Outreach.</u> POPs- these are forums

DEV-P Dementia Enabled Village- Project

These provide events where people can become aware of what support and services are available.

Outreach - Lynden is happy to talk to

communities and others about what we are and how we've got here but nothing more.

- B. <u>Wickham Mkt, Framlingham and Halesworth.</u> See 2Bi and 2C above. Different communities hope to move in the same general direction as us but from different starting points.
- C. <u>APPG. House of Commons</u>. This meeting took place in February and was organised with the aim of introducing the idea of The Project and to get pilot schemes set up as joint Health and Social Care projects. Mike Rouse and Lynden met with Dr. Daniel Poulter, Hugh Culver, two members of the Health Select Committee, another MP, The Head of Communications for Age UK and The director of ADAS. The Health Minister Paul Burstow was also invited but was unable to attend. The meeting was considered to have been worthwhile. It was funded by private donation.
- D. <u>Rowntree Foundation</u> Sian Lockwood has made contact via the website with a request to use The Debenham Project as one of six projects across the UK for a national study on behalf of The Rowntree Foundation; concerned with "Reciprocity and mutuality in the Community" (communities supporting themselves). She will be visiting Debenham for a couple of days in May to talk with the trustees, volunteers, carers, The Parish Council, Eddie Alcock and lots of others with the aim of finding out how The Project started, problems encountered, funding issues and how it has evolved. This will, hopefully, give The Project an introduction to The Rowntree Foundation and raise awareness of it at national levels.
- E. <u>Suffolk County Council.</u> The new CEO Deborah Cadman has visited Debenham. She came to the library and asked to visit The Project. This was on a day when a very busy Carers Club was being held and she spent time talking with several people and promised to become more aware of The Project. Anna McCreadie's position as Director of Adult Care is now a permanent position. Cathy Craig is Head of Adult Care. Cathy has met with Lynden and he voiced his concerns over the rapid loss of professional support workers and frequent changes of staff at SCC and in the charities which results in a lack of access, continuity and familiarity.

<u>4</u> Consideration of the Financial Position and Funding Arrangements.

- A. <u>Financial Position</u>. Roger Cockerton had prepared a financial statement, a copy of which was given to committee members. Donations show good support for The Project and there is currently a balance of uncommitted funds (available for the running our core activities) of approximately £18,000 There is also a known income of £22,000 for the research project. (Item 2.D above)
- B. <u>Current and Future Core Funding</u>. There will be a need towards the end of this financial year to consider ways of fundraising. This will come alongside raising awareness.
- C. <u>Funding the "Vision of Caring" (D of H, SEIF Fund etc.)</u> Work on The Vision of Caring is making progress. It is to some extent a PR exercise putting it forward as a "system of care" to be adopted. There has been no funding from the Health Service directly but is hoped to be able to persuade them to allow GPs to spend some money in the local community rather than in hospitals. It is possible that The Project will appeal to PFIs etc. There is money available for social enterprises on lower interest rate loans but research would be needed to ascertain rates and conditions.

5 Consideration of Progress towards Long Term and "Vision of Caring".

- A. <u>Putting it all together an update on "The Vision of Caring"</u> see item 4.C above.
- B. Chief Executives Workshop/Seminar. Not discussed.

6 Any Other Business. There was no other business.

<u>**7** Date of Next Meeting</u>. This was provisionally arranged for 7th November 2012 with members contacting the secretary to let her know of their availability for this date.