

Older People's Partnership
 Wednesday 19 March 2014
 10.00 am - 12.00 pm
 Council Chamber, Fourth Floor, Easthampstead
 House, Bracknell



AGENDA

Item	Description	Page	By	Outcome
1.	Apologies for Absence		Amanda Roden	
2.	Minutes and Action Points from 4 December 2013	1 - 8	Mira Haynes, Kieth Naylor	
	<u>Matters Arising</u> <ul style="list-style-type: none"> • Approving the Terms of Reference • Confirming updates to the Action Plan and Progress Report • Approving the Self-Assessment 			
3.	Local Healthwatch Bracknell Forest - signposting needs of older people		Mark Sanders	
4.	Welfare Changes in Health and Care	9 - 14	Rhiannon Stocking-Williams	
5.	CAB Internal Restructuring		Rhiannon Stocking-Williams	
6.	Update on the Garth Hill extra care housing scheme		Linda Wells	
7.	Members Updates		All	
8.	Future Meetings			
	Future meetings of the Older People's Partnership will be held at 10am in the Council Chamber at Easthampstead House: Wednesday 18 June 2014 Wednesday 17 September 2014 Wednesday 17 December 2014 Wednesday 18 March 2015			

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Older People's Partnership

4 December 2013

9.30 - 11.30 am

Council Chamber, Fourth Floor, Easthampstead House, Bracknell



Present: Carole Allen, BFVA
Janet Berry, Bracknell Forest Council
Councillor Dale Birch
Madeline Diver, CAB
Angela Harris, Bracknell Forest Council
Kieth Naylor, Bracknell Forest Council
Bob Pennell, Age Concern Bracknell
Councillor Clifton Thompson
Linda Wells, Bracknell Forest Homes

In attendance: Mark Gittins, Bracknell Forest Council
Bobby Mulheir, Bracknell Forest Council
Terry Pearce, National Pensioners Convention

Apologies: Mira Haynes, Bracknell Forest Council
Tracey Hedgecox, Age Concern Bracknell
Peter Smith, Bracknell Chamber of Commerce
Jayne Streak, Lifelong Learning Team
Chris Vaal, Leisure Development Manager
Amanda Waters, Senior Lifelong Learning Officer

Action Points

Minute	Item
15	<p>Minutes and Action Points from 11 September 2013</p> <p>The minutes of the meeting held on 11 September 2013 were agreed as a correct record.</p> <p><u>Matters Arising</u></p> <ul style="list-style-type: none">• Janet Berry was the new Head of Community Learning and Skills.• Madeline Diver was now Social Policy Co-ordinator for Bracknell Forest and District Citizens Advice Bureau.
16	<p>Local Account 2013-14</p> <p>Mark Gittins, Head of Performance and Information in Adult Social Care, was present at the meeting to discuss the Local Account 2013-14.</p>

	<p>The Local Account for 2012-13 had been completed and meetings were being held with regard to the Local Account for 2013-14. Partnerships were being consulted and it was queried as to whether the format of the Local Account needed to be changed and refreshed. A credit card sized z-card folded up provided a summary of the Local Account for 2012-13 and was circulated to appropriate places. BFVA requested to receive some of these.</p> <p style="text-align: right;">(Action: Mark Gittins)</p> <p>The current format for the Local Account had been used for three years and it was thought that a refresh was needed. There would be a podcast of approximately three minutes in length as well. The size of the document, which included information regarding performance indicators, at forty three pages was also thought to be prohibitive as the document was produced for the public. A more interesting way of producing the document was being sought.</p> <p>Suggestions for refreshing the Local Account and how it was used included: seeking feedback from the people who read it, sending the document to a more targeted audience, the z-card was useful and easier to scan so a continuation of this was encouraged, the document could be made available in libraries and GP surgeries, and people were interested in a measure of the quality of a service.</p> <p>Other suggestions included: the incorporation of the intended progression of integrated care, mentioning in the Local Account who the document was aimed at, highlighting awards given to teams, adding the full URL for the website on the z-card, giving feedback on achievement, channel migration, thinking about how best to promote it so that people knew it existed and could locate it more easily.</p> <p>The online version of the document could perhaps have a different structure with easy navigation rather than using a static PDF document. There should be a contact number for accessing support services, for example, 01344 352000. There could be a facility for people to comment on the format of the document online.</p> <p>Board members were requested to send any additional comments on the refresh of the Local Account to Mark Gittins mark.gittins@bracknell-forest.gov.uk .</p>
17	<p>Channel Shift Strategy</p> <p>Bobby Mulheir, Chief Officer: Customer Services, was present at the meeting to discuss the Channel Shift Strategy.</p> <p>A digital inclusion project had been developed and work was being undertaken in partnership with Age Concern and BFVA. To fulfil priority 5 of the Older People’s Strategy, the Board had recommended that a working group regarding this be established and the draft terms of reference for this group were attached in the agenda papers.</p> <p>Channel Shift was essentially about encouraging people to use different means of accessing services at Bracknell Forest Council. The aim was to move people to more digital, cost effective channels of communication, although there were no plans to shut down other methods of contact, such as phone calls or in person contact. To equip people with the skills and means of accessing the internet, for example, via public Wi-Fi. The word ‘channel’ was a marketing term and a way of interfacing with someone.</p>

	<p>The Channel Shift Strategy would aim to help meet the demand of people wishing to contact the Borough Council out of the normal office hours of 9am to 5pm. It was suggested that there be representative from the OPPB on the Digital Inclusion Group. Access to internet services could help to provide cost savings for older people, and providing information online was less expensive, for example, for charities as well. Age Concern had been holding events aimed at engaging with older people over recent months.</p> <p>The Board discussed some of the barriers for older people and there was thought to be a confidence issue with some older people using the internet, which could be overcome if people were shown how to use it. All internet pages on the Borough Council's website had contact details for people who had queries, and instant chat was currently being investigated as a possibility. It was suggested that the language used could be more user friendly when interfacing with older members of the public.</p> <p>As the aim was to help people to access the internet as much as possible, the Board thought that there could be some duplication between the proposed working group and the Older People's Partnership Board (OPPB). It was suggested that the existing Digital Inclusion Group could be expanded and work closely with the OPPB, and that a separate working group to the OPPB was not needed.</p> <p>It was agreed that both Bob Pennell and Tracey Hedgecox along with Councillor Birch would be the representatives on the Digital Inclusion Group. (Action: Bob Pennell / Tracey Hedgecox / Councillor Birch)</p> <p>Kieth Naylor would liaise with Bobby Mulheir to arrange how the objectives of the OPPB could be aligned with the Digital Inclusion Group. Feedback from OPPB members of the Digital Inclusion Group would be a standing item on the OPPB agenda. . (Action: Kieth Naylor / Bobby Mulheir)</p>
18	<p>Dignity Code for Older People</p> <p>Terry Pearce, of the National Pensioners Convention, was present at the meeting to discuss the Dignity Code for Older People.</p> <p>The Dignity Code was launched in the House of Commons in 2012. On 21 February 2014, Support Dignity Action Day would be held. Mr Pearce had contacted the Clinical Commissioning Group (CCG) and Dr Lee, Member of Parliament regarding the Dignity Code. The code was about establishing the rights of older people to be treated with dignity and recognised that certain practises and actions were unacceptable to older people.</p> <p>It was noted that the 5th item in the list should read 'changing the older persons environment <u>without</u> their permission'.</p> <p>Discussing the Code, the Board considered that the principles of the code were already embedded in members' strategies, policies, plans and practices and were a core component of members' approach to safeguarding for example. The Dignity Code was therefore not considered to be a new aim as the core values of the code were already incorporated into Adult Social Care practice with members</p>

	<p>already mindful of and practicing its principles. The Borough Council was mindful of all codes in its work but the Board agreed not to officially adopt the Dignity Code.</p> <p>It was suggested that the principles of the Dignity Code which were present in the Borough Council's strategies could be brought together in one pledge and reviewed to determine how they might be incorporated in the Older People's Strategy when it was refreshed.</p>
19	<p>Review of Terms of Reference</p> <p>The Board reviewed the membership on the terms of reference for the Older People's Partnership which were last updated in 2011. The Board felt that, as there was a new strategy and action plan, there was a need for membership to reflect the outcomes set out in these documents to make sure that membership brought the capacity to deliver change for older people over the period 2013-2016. The Board thanked Kieth for his work in pulling the action plan together and considered members who could contribute to the action plan. The Board considered and suggested the following:</p> <ul style="list-style-type: none"> • Encouragement of active engagement and involvement of older people in general, not just work of Board. • Bracknell Forest Homes (BFH) as a significant contributor to the strategy should become a member rather than adviser and that their Housing and Community Services Director be present not the Chief Executive. • Age Concern would be amended to read Age Concern Bracknell Forest representation from 'Chief Executive' to 'Representative'. • The Community Safety Manager should become an adviser to the OPPB in relation to digital inclusion. • Health representation should come from the Intermediate Care Partnership Board, and a carers representative should be present, for example, from Berkshire Carers. • An Older Person's lead from Adult Social Care and Health, rather than the Director of Adult Social Care, Health and Housing. • 'Those invited to attend and advise the Board are' would be changed to 'those invited to attend and advise the Board <u>include</u>'. • Healthwatch Bracknell Forest had a remit for all people not just older people and to ensure that their resources were directed according to capacity, they should be asked to advise the Board on matters relating to older people as a result of their statutory functions. • Voluntary Sector Forum (VSF) (facilitated by Bracknell Forest Voluntary Action (BFVA)) would advise the OPPB. • Further investigation as to the activity of the Over 50 Forum was required. • 'Older Person's Champion' would be changed to Bracknell Forest 'Older <u>People's</u> Champion'. • The relationship of OPPB members on the Digital Inclusion Group would be formalised by including this in the terms of reference. • Where two members of the same organisation were represented on the OPPB, the most senior member would have voting rights on the OPPB. • Executive Member for Adult Social Care, Health and Housing would be included as a member. • The 'Grow Our Own' project no longer existed and would be removed from

	<p>the list of advisers to the OPPB.</p> <ul style="list-style-type: none"> • 'Lifelong Learning' was now called 'Community Learning' and Janet Berry, the new Head of Community Learning and Skills, would be a permanent member of the OPPB. • Wording would be changed to include a representative from Parish and Town <u>Councils</u> as opposed to <u>Councillors</u> to advise the Board. • Further investigation on representation on employers organisations to lead this area of the action plan, for example, Breakthrough or Job Centre Plus would be required for discussion between meetings • Dispute resolution would be re-worded to reflect the Board not the wider partnership • There would be some changes to the Bracknell Forest Partnership protocols which would need to be reflected into the OPPB terms of reference. <p>The revised terms of reference would be circulated to members between meetings so that they could be agreed at the next meeting of the Board. (Action: Kieth Naylor)</p> <p>Board members were requested to send comments on and suggested changes to the OPPB terms of reference to Kieth Naylor kieth.naylor@bracknell-forest.gov.uk. (Action: All)</p>
20	<p>Older People's Strategy Action Plan</p> <p>Strategy leads would be incorporated into the Older People's Strategy Action Plan as and when they were identified. Linda Wells noted that Bracknell Forest Homes was the lead for some of the housing actions and would notify Kieth Naylor of any changes required to the action plan. (Action: Linda Wells)</p> <p>There was also a draft forward plan at the end of the action plan for members to consider. New evidence of need relating to older people had been completed and actions from this were now incorporated into the action plan. The Board agreed amendments to the Older People's Strategy Action Plan arising from the last meeting.</p> <p>On page 92 of the agenda papers, the Board agreed that action 7.3 would need to reflect the discussion of this meeting relating to the Dignity Code as it was decided that the values of the code were already embedded in current strategies.</p> <p>Linda Wells identified that a number of actions had already been taken by Bracknell Forest Homes and the Board agreed it would be helpful to add an additional column to the action plan to allow for the Board to be appraised of progress on items in the plan.</p> <p>Board members were requested to send any updates on the action plan to Kieth Naylor kieth.naylor@bracknell-forest.gov.uk . (Action: All)</p> <p>A revised action plan and progress report should be circulated prior to the next meeting of the Board.</p>

	(Action: Kieth Naylor)
21	<p>Members Updates</p> <p>Colour copies of the Over 50s booklet (Action 1.1) were available from BFVA at £3.60 each, to cover photocopying costs. BFVA were undertaking a befriending project in conjunction with Adult Social Care at the Borough Council; if you shopped in Waitrose in Bracknell you could receive a green token to use to support this project.</p> <p>The urgent care centre at Brants Bridge had received permission to be established. The Royal Berkshire Clinic at Brants Bridge had been renamed the Royal Berkshire Bracknell Healthspace. The urgent care centre would be GP led and the aim was to open the centre in April 2014. The provision of a children's urgent care special facility open until 10pm was an aim for the centre. Details regarding the new centre would be published soon. Bus companies had agreed to re-route main bus routes to stop outside Healthspace.</p> <p>Ideas for additional services Board members would like to see at Healthspace should be forwarded to Councillor Birch dale.birch@bracknell-forest.gov.uk . (Action: All)</p> <p>An extra care scheme (Action 3.3) was being built near Bracknell Town Centre to be managed by Bracknell Forest Homes (BFH) and was part funded by Bracknell Forest Council. The new development, called Clement House, would include 65 one and two bed apartments designed to meet the aspirations for older people in their retirement and to provide care and support where needed. There had been much interest from people and the local press.</p> <p>There was an initiative called Swoop at BFH as it was recognised that there were some isolated older people in the community; 70 older people had been visited and 20 had been invited to Christmas lunches at sheltered housing schemes. Fuel poverty had been identified and advice was being provided regarding this.</p> <p>Further information from Bracknell Forest Homes regarding the scheme and initiative above would be considered at the next meeting of the OPPB in March 2014. (Action: Linda Wells)</p> <p>Age Concern Bracknell Forest would be moving to a new office and would provide Amanda Roden with the details for circulation to the Board. (Action: Bob Pennell / Tracey Hedgecox)</p> <p>It was queried how NHS health checks (Action 1.4) could be encouraged and promoted. Lisa McNally, Consultant in Public Health, would be contacted regarding the best way forward for this. (Action: Kieth Naylor)</p>

22	<p>Future Agenda Items</p> <p><u>March 2014</u></p> <ul style="list-style-type: none"> • Bracknell Forest Homes: extra care scheme and Swoop initiative (Linda Wells); • Integration of Care (Actions 2.1 and 2.2) (Mira Haynes); • Restructuring at CAB & Effect on Older People (Rhiannon, CAB) (Action 4.2a); • Development of Healthwatch service and engagement with older people (Action 4.2b). 								
23	<p>Future Meetings</p> <p>Future meetings of the Board would be held in the Council Chamber at Easthampstead House:</p> <table data-bbox="331 904 890 1039"> <tr> <td>Wednesday 19 March 2014</td> <td>10am</td> </tr> <tr> <td>Wednesday 18 June 2014</td> <td>10am</td> </tr> <tr> <td>Wednesday 17 September 2014</td> <td>10am</td> </tr> <tr> <td>Wednesday 17 December 2014</td> <td>10am</td> </tr> </table>	Wednesday 19 March 2014	10am	Wednesday 18 June 2014	10am	Wednesday 17 September 2014	10am	Wednesday 17 December 2014	10am
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How Bracknell & District Citizens Advice Bureau can help people over 50 in within the context of the Action Plan for Older People in Bracknell Forest 2013-2016

There is a clear fit between health issues reported by older people, many of whom are at risk of experiencing the greatest health inequalities (as identified in the 2009 Marmot report) and the services offered by Bracknell & District Citizens Advice Bureau:

- a) Higher morbidity rate in low income households
- b) Stress-related ill-health and greater consumption of tobacco products and alcohol resulting from debt and employment worries and low income
- c) Unhealthy lifestyles (eg poor diet and housing) as a result of low income
- d) Feelings of social exclusion or isolation as a result of poor mental health arising from debt and employment worries and low income

Research on financial inclusion interventions by Dayson et al¹ highlighted changes in general health after people accessed financial inclusion advice, with clients receiving debt and benefits advice noticing they were ***less stressed, making fewer trips to the doctor , needed fewer prescriptions, and using the additional income to spend on food, paying bills and saving.*** These suggest clear implications for health.

Why Bracknell CAB?

This Citizens Advice Bureau is a reliable, trusted, well-managed and well-regarded community service - active and growing for over 50 years, with an excellent track record in both quality of advice and organisational external audits. One of the strengths of this Bureau is its capacity to respond flexibly to meet the needs of the changing population and policy environment and the needs of new partners.

Bracknell & District Citizens Advice Bureau is able to offer a number of ways of supporting the Older People's Strategy and its delivery partners, such as the CCG, to reduce health inequalities and improve public health:

- 1 **Direct provision of advice and information** to communities experiencing greater health inequality, *where they already gather*. Experience and evidence tells us that community-based provision is, initially, far more successful in providing access to CAB services for 'excluded' communities. The Bureau is highly experienced in this kind of provision and could deliver this as a sessional outreach advice service on a regular basis at a suitable community venue, and the

¹ *Financial Inclusion Initiatives, Economic Impact and regeneration in city economies, Dayson, K et al, 2009.*

service could start relatively quickly, with little need for development work.

- 2 **Provision of an 'Advice on Prescription' service.** This has been piloted successfully at other CABx and is usually run in health settings through health professionals such as GPs and frontline health workers. Health professionals are trained to identify non-clinical 'symptoms' such as debt or housing worries (often resulting in depression or anxiety) and refer the patient to a CAB adviser typically on location in the health/community setting or at the main CAB office. 'It is suggested that the provision of outreach advice services in general practice settings, particularly in fields such as welfare law, represents a constructive measure that can be expected to promote both justice and health outcomes.'²

- 3 **Capacity-building for health professionals.** This is a far more community-development approach and speaks to more long-term and sustainable outcomes for communities experiencing health inequalities. There are various options for capacity-building in this area:
 - 3.1 Basic awareness training in debt and welfare benefits for frontline community health workers. We regularly train frontline staff in other agencies in this way and our courses have proved cost-effective and very popular. We design these courses around the needs of those being trained, and are able to respond to the needs of a particular cohort as they evolve. One of the outputs of our sessions is increased awareness of the services of the CAB itself, and how to access them. This ensures that participants are more knowledgeable and confident in promoting the service to their clients/communities/friends and that referrals and signposting to the CAB is far more timely and appropriate.

 - 3.2 Financial capability mentoring – essentially a 'train-the-trainer' initiative where the CAB's MoneyTalks project worker trains community health workers in financial literacy (and generic training skills) and provides a 'Friends and Family' toolkit to use in sharing the learning and developing these skills with their own teams, patients and communities. There is an additional

² *Health Professionals as Rights Advisers, Legal Services Commission report 2004*

option here for an on-going role for the CAB in developing those we have trained and maintaining quality standards over time.

- 3.3 The MoneyTalks project is also planning to develop a user-led advisory board to inform the development of the project itself. The CAB would provide generic training to support the involvement of service users, so members from communities experiencing the greatest health inequalities would be able to learn new skills and become involved – resulting in improved self-esteem and mental health.
- 3.4 Recruitment and training of people from communities experiencing the greatest health inequalities to become fully-trained volunteer advisers – either within the mainstream CAB setting or in community settings. Volunteering is well-documented as offering a recognised activity for improving self-esteem and tackling depression, through the training programme itself and through accessing (and developing) what is a highly-valued volunteer role in Bracknell.
4. **Campaigning, data-gathering and social policy work.** Whilst the ‘service’ case for some kind of partnership between Bracknell & District Citizens Advice Bureau and the local health providers is self-evident, there is also a powerful argument for identifying a wider strategic fit. The twin aim of CABx is to improve the policies that affect communities. In our work, we gather vast amounts of data about our local area and are able to filter it by various classes to understand needs around a specific issue or a community. We have, in Bracknell, over 50 years’ of experience in this field and have developed a substantial formal and informal network of influence across the town. Through membership of strategic forums and regular liaison with Chief Officers within Bracknell Forest Council, health and social agencies and many other voluntary organisations, we are able to campaign on behalf of specific communities and on particular issues. There are a number of ways that Bracknell & District Citizens Advice Bureau could support this kind of work:
 - 4.1 Undertaking comparative analyses of data between the population as a whole and a particular community experiencing health inequality, to unpick where there may be specific advice needs and provide regular updates for the Older People’s Partnership and delivery partners.
 - 4.2 Manage a research/campaign project within a specific community experiencing health inequality to identify the barriers to health (with regard to our areas of expertise such as debt; welfare benefits; employment; housing; finances; legal

issues etc) and seek to address these with policymakers and service managers.

Why now?

Changes in the NHS and the Welfare Reform act both require us to work differently and with new partners – locally. There is now a significant evidence base that underpins our understanding of the wider determinants of older peoples’ good health and the role of non-clinical interventions is becoming widely acknowledged. A partnership between the CCG and Bracknell & District Citizens Advice Bureau offers a significant opportunity for reducing health inequalities in this area. The interventions suggested here are tried and tested and will tackle the issues that frequently lead local people to become the patients of primary and acute health services.

For more information, please contact Rhiannon Stocking-Williams, Chief Executive, Bracknell & District Citizens Advice Bureau on 01344 428107 or rhiannon@bracknellcab.org.uk

How Bracknell & District Citizens Advice Bureau already contributes to the “Strategy for older people in Bracknell Forest 2013-16” – and how it could do more

1) Effective prevention in supportive communities which promote good health, wellbeing, involvement and combat isolation in personally managed ways

Now – we offer a combination of preventative and remedial services in our town centre Bureau and at a number of outreaches across Bracknell. These offer early identification of and intervention in emerging debt, benefits and other advice needs that otherwise frequently lead to demand from older people for GP appointments for depression, anxiety etc.

We would like to – set up a home visiting service to address the access-to-advice barriers for older people with mobility issues

- set up a dedicated advice service for older people with specialist staff and volunteers, a dedicated phone line etc
- set up CAB outreaches health and social care settings such as in GP surgeries; Healthspace; Churchill House

2) Community health and care services working together to aid recovery and provide ongoing support to reduce the need for acute care

Now – we liaise with some health and social care staff on a client-by-client basis

We would like to – actively contribute to joint-working activities such as developing cross-sector protocols, participating in client case conferences, provide intelligence and data from our own client case recording systems to assist in reviewing other services for older people and local strategic plans

- set up CAB outreaches in GP surgeries etc

3) A range of different types of housing which allows people to remain at home as long as they wish

Now – we offer advice and information to older people on their housing options (including moving into residential care) and we are offering additional housing advice via the East Berkshire Advice Matters project which runs until July 2015

We would like to – capacity-build this offer through a specialist ‘older people’s advice service’ and extend access through a home visiting scheme and GP surgery outreaches etc

4) Good quality information and advice and straightforward access to health, care and support services

Now – we are unique in Bracknell in offering a full range of advice services at a generalist level and specialist advice in debt; benefits (including DLA/PIP submissions and appeals); employment and tax. We are also unique in the extent to which this advice is quality-monitored and audited to national advice standards, which has contributed to the high level of public trust and brand-awareness that CABx have established.

We would like to - capacity-build this offer through a specialist ‘older people’s advice service’ and extend access through a home visiting scheme and GP surgery outreaches etc

5) Access to the Internet and the skills to use it

Now – our advisers are trained to identify a client’s ‘digital capacity’ during the initial advice needs assessment **and** signpost people to relevant web-based information where a self-help solution is appropriate.

We would like to – host an ‘advice kiosk’ in our Bureau with an ‘information assistant’ on hand to support web access for older people; promote and link in with local digital projects such as the ‘self-care app’.

6) Better recognition and support for carers, particularly older carers

Now – we provide advice and information on carers benefits, rights and services

We would like to - capacity-build this offer through a specialist ‘older people’s advice service’ and extend access through a home visiting scheme and GP surgery outreaches etc

7) Improve community awareness of the needs of older people and promote volunteering and befriending services

Now – we offer volunteering opportunities to older people in a range of roles. We provide information to older people on local befriending services. We hold significant amounts of data on older people’s advice needs and contribute to national campaigns on older people’s issues.

We would like to - actively contribute to local awareness-raising campaigns and provide intelligence and data from our own client case recording systems.

8) Real choice and control over services which are fairly priced and affordable and promote self-management

Now – our advice model is based on self-help wherever possible and through the identification of all options open to each client. We also offer consumer rights advice on making complaints about products and services through to supporting submissions to the ombudsman.

We would like to - capacity-build this offer through a specialist ‘older people’s advice service’ and extend access through a home visiting scheme and GP surgery outreaches etc

9) Services which are effective, efficient, accessible and of good quality when and where needed

Now – we are confident in the quality and effectiveness of our services and gather outcomes data from clients that supports this view.

We would like to - capacity-build this offer through a specialist ‘older people’s advice service’ and extend access through a home visiting scheme and GP surgery outreaches etc