

Norfolk Older People's Strategic Partnership
Nominations for Chair and Vice-Chair (09.03.11)
Brief Biographies of Nominees

Nomination for Chair - Joyce Hopwood

Joyce started her working life as a research scientist, with an Edinburgh PhD, and then marriage and a family intervened and being around many young families she discovered an interest in social problems and voluntary work.

She is now approaching 50 years of voluntary work across a wide range, much of it involving disadvantaged people. This has included working for the CAB, as a magistrate, as Chairman of the Family Panel at Norwich Magistrates Court, as Chairman of Norfolk Probation Committee and as Chairman of the St Martin-at-Palace church conversion into a Probation Centre.

She was also a member of the East Anglian Regional Health Authority and Chairman of Norfolk Family Health Services Authority during its brief life. Latterly, as a Trustee for Norwich Consolidated Charities, she took on the Chairmanship of their Almshouses Committee for 10 years, which led to a major reorganisation and modernisation of the running of Doughty's Hospital with the participation of the residents.

Currently she is Chairman of Norwich Older People's Forum and is becoming increasingly involved in the world of older people and the wide range that this encompasses.

Nomination for Vice Chair – Ann Baker

Ann spent all her working life in education, teaching Biology and general Science. After she and her husband returned from Malta where she and her husband shared the Head of Science posts in the Royal Naval School, she spent the next few years raising her two eldest children and doing voluntary work in village life in Dorset and then in Norfolk.

When she returned to teaching, her post was at the then Keswick College of Education which became merged with the UEA School of Education. During this time she travelled all over Norfolk supervising students on teaching practice and taught their Health module. After the birth of her youngest son, she held deputy and acting headships until her retirement. In the latter teaching years she cared for both her parents for two years at home throughout terminal illnesses.

On retirement, Ann was elected as a South Norfolk District Councillor working on Housing, Health and Planning committees and served for eight years before standing down. During this time she was elected as a council representative on the Norwich and District Community Health Council, chaired it for the last six years of its existence, and acted as an advisor to the developing County Council Health Overview and Scrutiny committee.

In 2004 she then became co-founder of the South Norfolk Older People's Forum and its Chairman.

Norfolk Older People's Strategic Partnership

Conference with Commissioners on Preventative Services 09.12.10

(47 participants in total, a few of whom could only attend part of the day)

Participants' Recommendations for the Partnership's 2011 Work Plan

Equal 1st	<p>Prevention packages which enable older people to stay at home – includes integrating funding for prevention, and in particular Swifts and Night Owls/perhaps Homeshield type models.</p> <ul style="list-style-type: none"> - urgent, unexpected needs, and the development of a crisis plan not just for carers but also for older people (could be led by practice nurse or others in a range of roles with respect of older people, including volunteers) - influencing the framework for an effective safety net. - all the recommendations impinge on each other.
Equal 1st	<p>Information and advice and advocacy – awareness of what is available and widen a potentially narrowing safety net</p> <ul style="list-style-type: none"> - ensure fairness of access.
Equal 1st	<p>Promote integrated care and disseminate the evaluations/results</p> <ul style="list-style-type: none"> - challenge where appropriate, and provide support for achieving integrated working
4th	<p>Monitor the impact of adult social care cuts, especially costs of welfare reforms, health reforms and GP consortia – take ACTION. (deep concerns about how the cuts will have most impact on the most vulnerable)</p>
Equal 5th	<p>Practical help in the home – link to volunteers; set up social enterprise organisations to do this</p>
Equal 5th	<p>Support the sustainability of the voluntary sector if it becomes the main provider</p> <ul style="list-style-type: none"> - 'volunteering isn't free' - volunteering isn't appropriate for all activities - they have the ability to innovate
	<p>Other</p> <ul style="list-style-type: none"> - involve the private sector – large businesses and the very large number of very small businesses. - partnership is the principle/key message - identify the potential for larger role in the 'Big Society' agenda. <p><u>(No support for the Partnership to have a commissioning role)</u></p>

Norfolk Older People's Strategic Partnership Board

2011 Working Groups

11.04.11 Annie Moseley

Prevention and Early Intervention Working Group

Aim

Using the older people's strategy 'Living Longer, Living Well, Promoting Independence and Wellbeing 2011-2014' to:

- (1) Monitor and influence the Preventative Workstream through observation and researching gaps in services (with agencies and through the older people's forums)
- (2) Make recommendations directly to agencies and/or to the NCC Prevention Workstream group and Universal Services Project Board.

Areas covered could include:

- level of joined-up delivery between partners
- uniformity of coverage in a given area
- penetration of information into isolated rural areas
- strength of links to community-based provision

Members

Jon Clemo (Lead)	Chief Executive, Norfolk Rural Community Council
Phil Wells	Chief Executive, Age UK Norwich
Andrew Stevenson	Deputy Director, Housing Services, Broadland Housing
Graeme Duncan	Previous Chair, Norfolk Older People's Strategic Partnership
Dr Lucinda Poliakoff	GP, Norwich
Linda Robbins	Manager, Universal Services Project, NCC
Annie Moseley	Support Officer to Norfolk Older People's Strategic Partnership

[Lead contact details: Jonathan@norfolkrcc.org.uk; 01362 698 216]

Information, Advice & Advocacy Working Group

Aim

Using the older people's strategy 'Living Longer, Living Well, Promoting Independence and Wellbeing 2011-2014' to:

- (1) Monitor and influence the NCC proposals through observation on the Information, Advice & Advocacy Workstream, researching gaps in services (with agencies and through the older people's forums)
- (2) Make recommendations directly to agencies and/or to the NCC Information, Advice & Advocacy Workstream group and Universal Services Project Board.

Areas covered could include:

- lack of agreement between partners on key pathways for all information
- lack of agreement on the key sorts of information older people need to maintain

- their independence
- lack of joined-up delivery between partners
- patchy coverage in a given area
- lack of penetration of information into isolated rural areas
- lack of links to community-based provision

Members

Ann Baker (Lead)	Chair, South Norfolk Older People's Forum
Carole Williams	Member, Norfolk Council on Ageing
Lesley Bonshor	Member, Carers' Council
Jan Holden	Assistant Head of Library Service (Localities), NCC Community Services
Alan MacKim	Member, Norfolk Council on Ageing
Linda Gill	Age UK Norfolk / Norwich
Ruth Broome	Service Manager, Housing Support, Saffron Housing
Annie Moseley	Support Officer to Norfolk Older People's Strategic Partnership

[Lead contact details: annbaker7@btinternet.com; 01508 481 819]

Celebrating UK Older People's Day Working Group
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Aim

Using the older people's strategy 'Living Longer, Living Well, Promoting Independence and Wellbeing 2011-2014' to work with agencies and older people to coordinate and plan events in the period 26th September to 7th October to celebrate national Older People's Day on 1st October, and to report to the Board on 7th December with an evaluation of the day.

Areas covered will include:

- keeping fit and healthy
- reducing social isolation
- promoting active living
- promoting intergenerational work
- challenging age discrimination
- showing and valuing what older people do and what they achieve

Members

Jan Holden (Lead)	Assistant Head of Library Service, NCC Community Services
Steve Rees	Norwich Older People's Forum
Ellen Vanlint	Active Norfolk
Earle Jactotine	Broadland District Council
Janet Baker	Norwich District Council
Eamon McGrath	Age UK Norfolk
Suzanne Handsley	Age UK Norfolk
	Representative of the Registered Social Landlords Alliance (to be identified)

[Lead contact details: janet.holden@norfolk.gov.uk; 01603 774 701]

Remit for the Three Working Groups in 2011

1. Membership:

- 1.1 to be small enough to be able to work together quickly and effectively
- 1.2 to include an older person's representative - either Partnership Board member or other (their contact details and dates/duration/venue of meetings they attend to be given to Annie Moseley so that an involvement fee and expenses can be paid)
- 1.3 to include people with relevant experience from as wide a range of agencies as possible e.g. NCC, Health, district council, Age UK, Registered Social Landlord + links through Partnership Board members with DWP, police, mental health trust, hospitals, independent sector etc

Please would Partnership Board members feed relevant information/ideas to the Working Group Leads (contact details on pages 2 - 3)
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2. Consultation and decision-making

each Group Lead to refer to Joyce Hopwood as Chair of the Partnership to consult, or for any decision that needs to be made before the next NOPSP meeting

3. Sharing information between the three group leads, the Chair and Annie

- 3.1 minutes of the NCC meetings attended by Group Leads (Universal Services Project Board – Joyce; Prevention Reference Group – Jon; Advice & Advocacy Strategy Group – Ann) to be circulated
- 3.2 any notes of working group meetings to be circulated

4. Admin

wherever possible, Group Leads should use admin from their agency. Annie to provide admin support to Ann.

5. Venues

wherever possible, Group Leads should use venues they can use at no charge.

6. Reporting

Group Leads to report briefly on progress to the three 2011 NOPSP meetings (8th June, 21st September and 7th December)

Working locally on prevention

James Bullion

Assistant Director, Prevention,
Community Services Directorate

Context

- ‘Working with People to achieve their potential and to build strong communities.’
- Health and Well-being approach
- A prevention approach is ‘wider than care’, across age groups - using culture, leisure, learning, housing, employment, safeguarding and safety services as a means of improving individual well-being and stronger communities

Context

- Budget savings from prevention services over the next three years £16m – but with some potential investments that produce ‘savings’
- Emerging local GP commissioning – ‘for their communities’
- Development of integrated locality health and care delivery services
- Prevention Strategy, and associated funding, shaped locally by commissioners
- Working locally, decentralising decisions



Building Stronger Communities

- The idea of developing ‘community capacity’ and ‘social capital’ gained increasing prominence with the Putting People First reforms (2008) which set out four interconnected areas of focus for councils and their partners in transforming adult social care:
 - universal services
 - prevention
 - choice and control
 - and *social capital*

Vision for adult social care: capable communities and active citizens (DH 2010).

- The vision describes a Big Society approach to social care, in which care is transformed not by looking to the state, but to active citizens and strong communities. The role of local authorities, with partners such as community groups, is to establish the conditions in which ‘the big society can flourish’ through ‘stimulating’, ‘inspiring’ and ‘unlocking’ the potential of communities and neighbourhoods, particularly in areas where social networks are poorly developed through deprivation or rural geography

A changing offer from providers

- A related priority is ‘a changing offer’ from a ‘plurality’ of providers:
- small-scale voluntary and independent sector ‘microproviders’ and social enterprises provide community-based, affordable and niche support to individuals or small groups
- larger providers are encouraged to offer more flexible community options
- care homes will be increasingly operate as community facilities.

Local wellbeing networks

- Local authorities need to utilise the assets of the local area – individuals, communities, organisations – and to encourage and facilitate these to take a much more active role in helping themselves and each other. Each area should have a ‘local wellbeing network’ which provides a comprehensive structure of personalised support able to meet all levels of social care need for both council-funded people and self funders

Local community & voluntary Sector

- Promoting health, wellbeing, social involvement and access to information in local areas across the authority through 'neighbourliness', informal resident collaboration, and running local services.
- The first response to social care needs to be met by the voluntary and community sector.
- Councils to focus on high-end, complex cases and statutory duties as well as encouraging and enabling the network on an authority-wide basis.

New ways of approaching old issues

- Social capital
- Community Capacity
- Co-production
- Targeting prevention
 - Primary prevention – promoting wellbeing, helping people stay out of services for as long as possible through promoting physical activity – walking clubs, social activities, good information and advice.
 - Secondary prevention – early intervention, targeted at people at risk to slow down or halt further deterioration e.g. assistive technology, reablement and intermediate care.
 - Tertiary prevention – maximising independence, helping people who need ongoing support to remain as independent as possible to prevent further deterioration e.g. falls services.



Norfolk Prevention Strategy

- Developed by a multi-agency group
- Discussed by Overview and Scrutiny, and agreed by Cabinet
- Focussed on health care and housing issues
- Both 'statutory services' and broader community services
- Broad priorities rather than actions – needs to be actioned locally by communities, commissioners and service providers
- Linked to development of an innovation and investment prevention fund

Norfolk's Prevention Strategy

Prevention is about providing the kind of support people want so they can have independence, choice and good health for as long as possible.

- **Promoting wellbeing**, even if at present people have no particular social care needs or symptoms of illness
 - **Supporting early intervention** if people are at risk of illness or impairment and have low or moderate social care needs
 - **Maximising people's quality of life** if they have a long term condition or complex social care needs
- To ensure relevant advice, information and advocacy is freely and easily accessible
 - To shift resources towards effective, early and timely interventions to prevent people needing higher levels of support
 - To ensure that all agencies work together to share knowledge so that the most appropriate support is offered
 - To work with individuals and groups, at risk of developing greater needs, to identify area of risk and help them to seek out the most appropriate support
 - To work with users to support them in maintaining lifestyle and choice
 - To work with local communities, supporting them to develop their own community initiatives

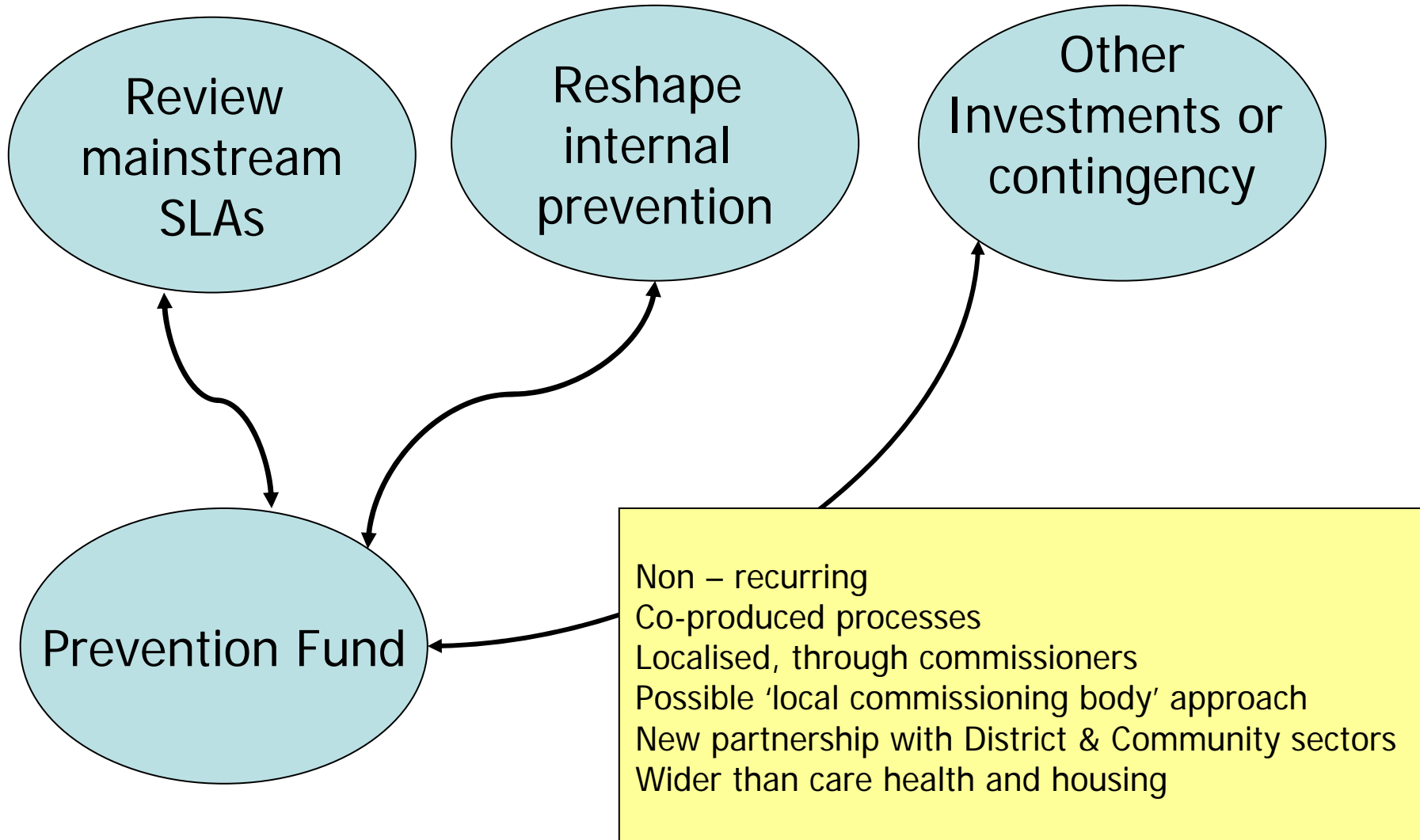
New local commissioning

- Mainstream commissioning strategies should pick up prevention issues as appropriate; often based on business cases, JSNA, and best practice
- Local commissioners will ensure full community involvement in the local commissioning and service development cycle
- From May/June 2011
- Co-produced strategies/plans

Prevention Funding

- Mainstream funding, put to preventative use – recurring, but with savings requirements and pressures
- Additional innovation and investment Funds – non recurring

Local innovation and investment fund for prevention - £ Sources?



Innovation and Investment prevention Funds - Questions

- The £16m savings must remain our priority?
- Based on an 'innovation and investment approach'?
- A different focus from mainstream commissioning?
- With ring fenced rules of engagement?
- Amounts paid out self sustaining within 3 years?
- Aimed at all potential providers and community groups?
- Added value? (In Kind?)
- Access to it worked up together?



Example prevention services – all types of funding

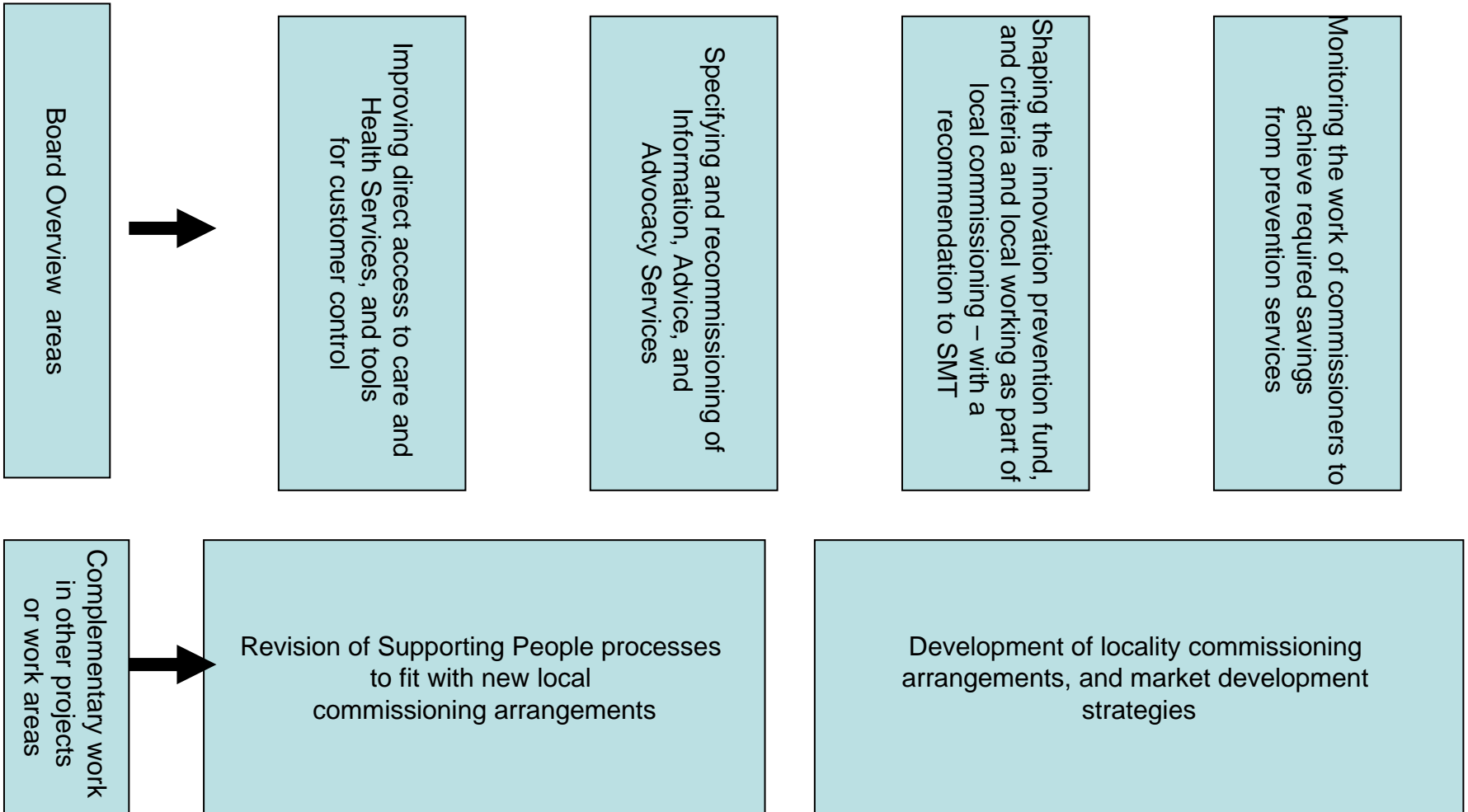
- Enabling community support and development
- Information, advice and advocacy, community navigating
- ‘Just that little bit of help’ – low level practical services
- Networks and circles, time banks, volunteering, befriending, handypersons
- Services for specific risks (reablement, falls prevention, unplanned care, offender behaviour, harm reduction)
- Pre-emptive services for independence and well-being (weight management, floating support, crime reduction, befriending, carers support)
- Building mental capital, for life and transitions (learning, skills, behaviour therapy, arts, befriending)
- Working with the enterprise sector and promoting connections (community meals, assistive technology)



Prevention Coordination

- Build evidence case for individual prevention interventions (with providers, with practitioners, with communities).
- Make sure that main service and commissioning strategies reflect the objectives of the Prevention Strategy for Norfolk.
- Maintain a 'prevention profile' for Norfolk to evidence actions underway that support Norfolk's prevention strategy and articulates Norfolk's progress against national expectations
- Work with commissioners to develop specifications for prevention services where applicable.
- Develop and encourage a platform for innovation in prevention, with users, providers and practitioners.
- Develop, in co-production with 3rd sector advocacy organisations, and with all local commissioners, the criteria and operation of the Prevention Fund.
- Transform directly provided prevention services in line with commissioning intentions.
- Annual Symposium to spread learning

Role of the Universal Services Project Board in relation to prevention



Questions and Discussion

- Contact;
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- 01603 222996