



The Debenham Project, Suffolk

- Lynden Jackson, Chair of the Trustees, 06.11.13

On April 23rd 2009 a public meeting took place which was pivotal in the way that Debenham and its surrounding villages are addressing the challenges of their ageing population. It has led to a unique project in which our community has taken responsibility for the welfare and support of those who are family carers looking after someone with dementia, and of meeting the health and social needs of those that they care for.

In just over a year, from a standing start, it developed a comprehensive range of local volunteer-based services which “draw in” the best professional support. The breadth and quality of the facilities are now “second to none” in the County of Suffolk (and perhaps the UK) and will be expanded and developed in the future.

The project has become recognised as an example of innovation and best practice across Suffolk and beyond. It challenges the public sector to respond by initiating, encouraging and supporting its “roll out” to all rural and semi-urban communities. The Debenham Project is established and will continue to evolve and develop its caring approach (Caring in the Community, Caring for the Community, and Caring by the Community) throughout the coming years. Our plans are ambitious, and our aspirations are governed only by:

“If it is not good enough for my mother, it is not good enough”

A great measure of the success of the project is that we all just “get on and do our bit” and thereby it has evolved with the minimum of bureaucracy and the maximum of goodwill and motivation. So it has become accepted as part of our regular pattern of life. Perhaps though, we need an occasional reminder of how special each and everyone’s contributions are – volunteers, participants, professionals, support workers, etc. I am often asked to give presentations about The Debenham Project and sometimes amazed to realize the full extent of everything that goes on.

Since our very early days the Project has continued to evolve so that now we have provided or arranged a very wide range of help and support within the community:

Confidential telephone helpline
Signposting to professional services
CAMEO activities and social afternoons
Debenham on Call emergency respite support
Carers Co-op professional carers
Liaison with professional agencies
Professional & Voluntary carer training
Clinical support

Advice and information
Carers Club and Info Café
Lunch Clubs
Volunteer transport
Dementia awareness
Fit Club exercise therapy
Research

This has all been achieved due entirely to the tremendous goodwill and freely given support of not only our volunteers, but also of all those professional organisations – the local authorities, the NHS, the charities, and the support agencies – together with local groups, donors, and the community at large.

For more information:

Tel: 01728 860348

Website: <http://www.the-debenham-project.org.uk/>

Email: enquiries@the-debenham-project.org.uk

Come Singing

Singing groups for people of all ages with dementia

Heather Edwards, Chair of Come Singing, 06.11.13

Come Singing! is a small unincorporated voluntary organisation formed in May 2012 by volunteers from around Norfolk with the aim of providing therapeutic singing sessions specifically for people living with dementia and for their carers. The volunteers are experienced in this field and currently support 20 singing sessions monthly in care homes, day centres, hospitals and independent sessions for Age UK, Pabulum, Norse, Norfolk and Suffolk NHS Foundation Trust, Norfolk County Council, BUPA, Barchester and other organisations.

Everyone who has ever sung Happy Birthday, joined in a football chant, or sung a Christmas carol knows that singing makes you feel good! But, if we have dementia, singing may also be something we can still do really well and enjoy as much as ever.

Come Singing groups offer a welcome break from the isolation which dementia often brings. There are great songs of every sort – favourites from the musicals, standards, folk and traditional – and therapeutic musical activities to stimulate and tease the brain into action. The emphasis is on enjoying yourself - no echoes of primary school or hymn practice! - and the pleasure of singing in a group with focus is a great boost to self-confidence and well-being!

These groups are not just for people with dementia: family members and carers are very welcome, and informed volunteer support ensures an easy, safe environment. Each of the groups is run under the auspices of a recognised charity or health provider.

Music is a gift beyond words, but for people living with dementia it can also be a vital lifeline to happiness:

“I can’t remember what we’ve just been doing, but it must have been good because that’s how I feel!” – Singer, Marion Road Day Centre, Norwich

Volunteers

The heart and soul of the groups are the singers, but volunteers are vital, whether as musical leaders or a social support. Success depends on a high ratio of volunteers to participants and the workload is relatively light and certainly enjoyable.

Social support is provided by people with training in dementia awareness. Practical tasks for these volunteers include: setting out chairs, welcoming singers, making and giving out name-labels, social support, organising refreshments and washing up, photocopying songsheets, taking charge of songbooks between sessions, ringing in advance to remind singers and other volunteers.

Music leaders need a knowledge and understanding of dementia. Music therapy skills are ideal, but certainly not essential. Practical tasks include: choosing music and devising the neuro-rehab exercises, leading warm-ups, accompanying or organising accompaniment of the songs, producing clearly-written word sheets. A friendly, non-condescending manner is essential to build a trusting and cohesive group.

'Apprenticeship' training for new volunteers is provided with existing groups.

Singing Groups in Norfolk: Sessions open to the public

- Dell Rose Court, Northfields, Norwich (Norse Care/Broadland Housing Association)
- Oakwood House, Colney, Norwich (BUPA)
- Windmill House, Wymondham (Runwood Homes)
- Marion Road Day Care Centre, Norwich (Age UK Norwich)
- Grays Fair Court, Costessey, Norwich (Age UK Norfolk)
- The Costessey Centre, Norwich (Pabulum, Age UK Norfolk)

Singing Groups in Norfolk: Sessions NOT open to the public

- Hammerton Court, Julian Hospital, Norwich (Norfolk and Suffolk Foundation Trust)
- Woodside House, Norwich (Barchester)
- Harford Hills Day Care Centre, Norwich (Independence Matters)
- Ogden Court, Wymondham (Norfolk Community Health and Care)
- Doughty's Hospital, Norwich (Norwich Consolidated Charities)
- Norfolk and Norwich University Hospital.

Future plans

We would like all older people with dementia and their carers in Norfolk to have a singing group near them, so are looking for volunteer music leaders, and volunteers to provide social support. If you are interested in getting involved, or would like more information about 'Come Singing', please contact us:

Tel: 01603 452404

Email: info@comesinging.org.uk

Website: www.comesinging.org.uk

Consultation on Norfolk County Council's Proposed 2014-17 Budget Cuts

Response from Norfolk Older People's Strategic Partnership 09.12.13

This response draws particularly on the public meetings held by the seven district older people's forums, but also reflects the detailed work undertaken by the Board throughout the year and the discussion at the Partnership Board's Awayday on 4th December.

Contents: 1. Over - Arching Concerns

2. Comments on Individual Proposals

Appendix A – Feedback on the consultation process

Appendix B – Partnership Board members

1. Over - Arching Concerns

- 1.1** The needs of the most vulnerable people, including older people, are not highlighted as a priority, and there is insufficient recognition of the impact of the proposed cuts on this group, and on the impact on other public services (e.g. primary care, district councils, mental health) and on voluntary agencies which will result, and which in turn will also impact on this same vulnerable group. We have learnt hard lessons from the 2011-13 cuts which disproportionately affected Children's Services, and need to avoid the same happening to Adult Social Services at a time of expanding need.
- **There should be no cuts to front line services in 2014 - 2015.** Norfolk County Council would then have the time to work with service users/ carers and the voluntary and private sectors to find better solutions to achieving cuts in the following two years.
 - **NCC must measure the impact of the cuts on people using adult social care and other public services, and plan for support for voluntary and community agencies as the cuts come into effect to help them with the transition.** A cut in one part of the public sector will have strong knock-on effects on other parts of the public sector and these will increase the overall spend.
- 1.2** Norfolk will soon have a higher proportion of older people than any other county. This can only be addressed by radical solutions. Integration of health and social care budgets and cultural change has to be 'jump-started'.
- **NCC must take courage and the lead on integrating health and social care budgets from April 2014.** The time has come to 'just do it!' Use new technology (e.g. shared electronic information with appropriate permissions, video conferencing to save travel time and money, smart phone apps to deal with immediate problems and complaints etc)
- 1.3** Norfolk is one of the most rural and sparsely populated counties
- **The proper cost of having to use transport to access services must be included in personal budgets, and in costing new and developing services.**

- 1.4 Income generation is very important
- **There should be more emphasis on income generation in all its forms, including on increasing Norfolk County Council's proportion of council tax by up to 1.9% to fund the purchase of care budget** (explain that the community should pay for services for our most vulnerable people).
- 1.5 Prevention has been evidenced to save £1.20 for every £1 spent ('The National Evaluation of Partnerships for Older People', PSSRU, Oct. 2009). Cuts in prevention will impact adversely on the county council's responsibilities under the new Health and Social Care bill.
- **NCC must 'hold its nerve' and invest / maintain its investment in low level support services to save spending on acute services.** We would like to work with the county council (co-production) to continue the prevention agenda and the planning in early 2014 for the 2015-16 health funding.
 - **Statutory agencies must joint-fund the activities and services that local people have identified are needed.** Only bottom-up, enabling solutions will work; local people are the experts and you need to ask them at the start how you can best support them – communities all differ and there isn't one size that fits all; small grants with outcomes agreed with local people and light-touch monitoring can achieve a great deal e.g. in developing dementia friendly communities. NB Voluntary agencies must be funded and volunteers managed by paid staff.
 - **Norfolk County Council must invest to save and properly support carers to continue in their role.** Many older people are carers or have carers, and we were shocked at the strength of feeling of not being listened to or supported, and even despair, at their public meetings. We recognise that the Carers Agency Partnership is providing a response from carers themselves, and align ourselves with their position statement and will be working with them on common areas of concern.
- 1.6 We need to see greater transparency and clarity in what you decide to do. We've studied the budget figures you have given and find them unclear, with different possible interpretations depending whether growth in costs / population has been included. Norfolk County Council figures don't accord with those provided by Norman Lamb in his 24th October letter to us (attached). It would help us to see the base budget figures from 2011 onwards on which the cuts have been based.....
- **NCC must explain clearly why it is making the budget cuts it finally decides on.** People will be more understanding if they can make sense of the reasons behind decisions.

2. Comments on Individual Proposals

	NCC Proposal with reference number	NOPSP Priority
6	<p>Change the way we set up and monitor key social care contracts to reduce costs</p> <p>- Commissioning processes need to be radically reformed; they are often very complex, not transparent, inflexible, and too time-consuming (and therefore too expensive) for the voluntary sector and small organisations; commissioning and procurement costs must be reduced; share with other local authorities; commissioning / contracting needs to improve – look at the problems with Care</p>	High

	UK in Broadland; use understandable language e.g. what is a 'block provider'?; include the costs of the transport needed to access services; use more flexible grants unless required under EU law (schedule B) to go out to tender; enable rather than control with more flexible monitoring of small grants and tendering only when required under Schedule B.	
21-29	Cuts on services for children/education – A recurring theme in our public meetings was that older people weren't just concerned about their own needs, but had concerns for their children and grandchildren	
30	Change the type of social care support that people receive to help them live at home - Older people assessed to have personal care through a personal budget often can't become more independent as they may have several deteriorating conditions; help with personal care is crucial to everyone's self-respect and dignity, and must be provided by paid, trained staff who are managed by agencies working within adult protection procedures, not by volunteers whose support role is very different.	High
31	Reduce funding for wellbeing activities for people receiving support from Adult Social Care through a personal budget – Most older people have not had funding for activities within their personal budget and often experience social isolation, loneliness and depression. Most would not therefore be directly affected by this proposal, but our focus is on all the most vulnerable and this cut will have an adverse impact mainly on younger people who are denied a social life and on their carers who are denied a break and therefore are unlikely to maintain their health and wellbeing; people's quality of life is so important: 'we shouldn't just be left to exist'; reductions will impact on core services as there is a limit to what a community can do to help a neighbour. There is a substantial risk that achievements in independence over the last few years will be severely reduced.	
34	Work better with health to deliver Reablement & Swifts & look to share costs equitably – These are vital preventative services and save the NHS money so it is right for them to pay their proportion of the bill; they are small but good examples of the urgent need for integrated budgets; what is your 'Plan B' if health funding and integrated budgets fail?	High
35	Scale back housing related services & focus on the most vulnerable - Keep the Handyperson service which is a crucial but nearly invisible service for older people who are trying to maintain living independently, and ensure Norfolk people have the same service outcomes wherever they live.	
37	Stop on-going (revenue) spend on the Strong and Well programme –The new Health and Social Care bill focuses on prevention and we need to invest in prevention now and in the future; we need more low level care services such as dementia cafes and Dementia Advisers; the support older people get on discharge from hospital mustn't be cut (this is a situation where integrated budgets would ensure funding). This was a very welcome initiative, we are alarmed to see investment in the Strong and Well programme is being withdrawn and strongly recommend its continuation.	High
39-42	Reduce the number of library staff; Share library buildings with other organisations; Reduce how often mobile libraries call at some places – Libraries are a key free community resource and are greatly valued by everyone, so don't cut staff and opening hours too much; agencies should work together more; only cut mobile libraries unless they are really under-used and	

	instead consider how you could use them to deliver the new 'Information, Advice and Advocacy' service. .	
47	Scale back Trading Standards - Don't reduce your support for the Trusted Trader service within NCC Trading Standards as this is the only reliable source of information about traders in Norfolk; continue providing Homeshield through NCC Trading Standards as this is an integrated, cheap and reliable signposting service.	
53	Reduce our subsidy for the Coasthopper bus service – This is a crucial service for older people in the North (as well as summer tourists) which enables them to access services and remain independent; two hourly services in winter are too infrequent as this is a key route link to towns and services; get district councils and local business people via the Chamber of Commerce to work collaboratively to provide funding if indeed there will be a shortfall.	High
56	Stop supplying & fitting free smoke detectors – Most older people will be willing to make a contribution to the purchase and installation of a smoke detector..	
62	Charge at some recycling centres – We predict that charging will lead to increased fly tipping particularly in rural areas, and cleaning up the dumped rubbish would cost more than the savings.	

Other Serious Concerns

A	Support & develop community transport - These are crucial services which should fill the gaps left by other transport providers.	High
B	NCC's monitoring of care quality needs to be improved – e.g. home care; safeguarding issues....	
D	The cuts in funding for the mental health trust have cut it to the bone - there aren't enough staff, patients can't get a bed (or a bed in Norfolk) and people aren't able to access personal budgets quickly, or find they have been cut; staff and patients are now so concerned that they are saying so in public.	
E	Stop 'Your Norfolk' magazine & include information in district council magazines.	

Appendix A: Feedback on the Norfolk County Council Consultation Process 'Putting People First'

1. The consultation heading, 'Putting People First', and the clear message that this was about proposed budget cuts was welcomed as transparent and honest.

2. Information about the proposed cuts in services was initially extremely very difficult to locate on the NCC website, despite our initial suggestions about learning from the access difficulties of the county councils' 2010 consultation and the importance of easy access for older people.

Following feedback, some of the information was made slightly easier to find, but the list of proposed cuts with details (66 sides of A4), and the shorter summary (17 sides of A4) were still extremely difficult to locate.

This was a fundamental problem which was raised at most of the older people's forums' public meetings.

3. Once finally located on NCC's website, the financial information lacked clarity and consistency, but the information on the proposed cuts themselves was clear and easy to understand.

4. The support we have had throughout from Paul Jackson, the county council's Consultation and Community Relations Manager, has been very good indeed.

Appendix B: Norfolk Older People's Strategic Partnership Board Membership

Chair	Chair of the Partnership, and Chair of Norwich Older People's Forum	Joyce Hopwood
Norfolk County Council (6 members)	Community Services (prev. Adult Social Services)	Harold Bodmer
	Community Services (prev. Adult Social Services)	Janice Dane
	Community Services (prev. Cultural Services)	Jan Holden
	County Council Cabinet Member for Community Services	Sue Whitaker
	Environment, Transport & Development	Niki Park
	Consultation & Community Relations (Communications)	Paul Jackson
Health (5+ members)	Clinical Commissioning Groups (CCGs)	Rebecca Champion Oliver Cruickshank Caroline Howarth Lorraine Rollo Laura McCartney-Gray
	Health & Social Care Commissioning	Catherine Underwood
	Norfolk & Norwich University Hospital and representative of the three acute hospital trusts	Emma McKay
	Norfolk & Suffolk Foundation Trust (mental health)	Dr. Kathy Chapman
	Norfolk Community Health & Care NHS Trust and Norfolk Safeguarding Adults Board	Anna Morgan
	District Councils (3 members)	Borough of Kings Lynn & West Norfolk (housing)
	Norwich City Council (housing)	Nigel Andrews
	South Norfolk District Council (housing)	Tony Cooke
Other Statutory Agencies (2 members)	Norfolk Constabulary	Carol Congreve
	Department for Work and Pensions (DWP)	Phil Yull
Voluntary / Third Sector Agencies (4 members)	A representative from Age UK Norfolk or Age UK Norwich	Hilary MacDonald or Phil Wells
	Norfolk Housing Alliance	Jane Warnes
	Rural Community Council	Jon Clemo
	Voluntary Norfolk	Linda Rogers
Independent Sector Agencies (2 members)	Norfolk Independent Care (NIC) - residential care	Denise Denis
	- home care	Jo Ardrey
Carers (1 member)	Carers Council	Lesley Bonshor

Older People's Representatives (11 members)	Norfolk Council on Ageing	Chris Mowle
		David Button
		Carole Williams
	North Norfolk Older People's Forum	David Russell
	Broadland Older People's Partnership	John Bracey
	Breckland Older People's Forum	Shirley Matthews
	Norwich Older People's Forum	Kate Money-Partnership Vice Chair
	South Norfolk Older People's Forum	Ann Baker
	West Norfolk Older Person's Forum	Hazel Fredericks
Great Yarmouth Older People's Network	Penny Carpenter	
Norfolk Older People's Forum	Emily Millington-Smith	
Co-opted (1 member)	Broadland Older People's Partnership	Pat Wilson
36 members		
Paul Anthony	Corporate Support Manager, Democratic Services, Norfolk County Council	
	Administrative Support from Democratic Services, Norfolk County Council	
Annie Moseley	Support to the Older People's Strategic Partnership Board, Age UK Norfolk	