Norfolk Older People's Strategic Partnership (NOPSP) Meeting Minutes
Thursday 1st December 2022 at County Hall, Norwich

Attendees:

David Button	Chair, NOPSP
Mary Ledgard	Vice-chair NOPSP/Chair NOPF/ Healthwatch Norfolk
Janine Hagon-Powley	Partnership Coordinator, NOPSP
Tasha Higgins	CAN (Minute taker)
Verity Gibson	NOPF
Alistair Roy	Chair, Age UK Norwich
Stephani Davis	Broadland Housing Association
Niki Park	Head of Passenger Transport, NCC
Rachel Omori	Norwich City Council
Judith Berry	Borough Council of King's Lynn & West Norfolk
Freija Harvey	Borough Council of King's Lynn & West Norfolk
Sue Whitaker	Age UK Trustee
Elly Wilson Wickenden	Creative Arts East
Derek Land	Public
Anneliese Maerz	Age Concern North Norfolk Manager
Miriam Martin	Caring Together
Catherine Van Battum	North Norfolk District Council
James Bullion	Executive Director of Adult Social Services
Sonia Kerrison	Adult Social Services
Tracey Bleakley	CEO, Norfolk and Waveney Integrated Care Board
Sonia Shuter	North Norfolk District Council
Kate Money	Norwich Age UK trustee
Malcolm Court	Your Voice in South Norfolk
Julie Helsby	Your Voice in South Norfolk
Michael Chenery	Councillor
Brian Wells	BOPP
Roy Brame	Public, Thetford

Hilary Sutton	BOPP
Sheila Young	Chairman, West Norfolk Patient partnership
Charlotte Ladyman	Adult Social Services
Aliona Derrett	Hear for Norfolk
Gina Eames	Public, Dereham
Paulette Eveleigh	Public, Dereham
Denise Rutherford	Public, Broadland
Richard Headicar	Public, Broadland
Rik Martin	CAN
Sheila Grimes	Borough Council of King's Lynn & West Norfolk

Apologies:

Jill Terrell	Norfolk Library and Information Service
Andy McGowan	Caring Together
Donna Hammond	Great Yarmouth Borough Council
Chris Goddard	Public
Valerie Pettit	GYOPN

1. Welcome and Introduction

[1]David Button welcomed everyone and reflected on societal changes since NOPSP previously met, thanking Mary and Janine for their support in keeping NOPSP going during the last three years including writing monthly editions of Your Voice in Norfolk. He referred to the unprecedented pressures and impacts of COVID-19 and Long COVID on older people, including untimely deaths and bereavement, as well as on acute, residential, and home care (availability and affordability for older people), the mass vaccination programme, and the contributions of volunteers and volunteering. Some of the resultant changes have had an impact on services including much more working from home making contact more difficult particularly for older people. In the last few years, we have also seen the introduction of an Integrated Care System (ICS), creation of a VCSE (Voluntary Community and Social Enterprise) coalition

(Empowering Communities Partnership), a war in Eastern Europe and a need to support increased numbers of refugees and migrants some of whom are older people. Currently we also have a cost-of-living crisis impacting on older people and industrial unrest.

We planned to relaunch NOPSP in September 2022 which was postponed due to the death of Her Majesty the Queen. We have done some work to gauge progress on our 'Living Longer, Living Well' strategy and attended meetings to stay connected with various partners in NOPSP, as well as supporting NOPSP's older people's forums as far as possible in difficult circumstances. Today's meeting is to enable us to catch up with each other, the latest news, to look at what the future might hold for older people and to agree future actions regarding NOPSP.

2. Speaker: Tracey Bleakley, CEO Norfolk and Waveney Integrated Care Board (ICB)

[1]Previously I was Chief Executive of Hospice UK very much focused on palliative and personalised care, what matters to people and making sure that whatever time anybody has left they could make the most of it for themselves, their families, and communities. In 2021 appointed as CEO of new organisation Norfolk and Waveney Integrated Care Board (ICB) which came into existence on 1st July 2022. I am responsible for an annual budget of just over £2billion and the performance of our health system from our hospitals to broader determinants. The Integrated Care System (ICS) is supposed to work in a very different way to its Clinical Commissioning Group (CCG) predecessor recognising that people want one joined up 'NHS' with services talking to each other reducing confusion, therefore ICS focus is on working together as a system to put patients, communities, and families at the heart of what we deliver. In September 2022 over 550,000 GP appointments across Norfolk and Waveney, which is twice the national average and an increase of 160,000 compared to the same period pre-pandemic, yet GP satisfaction and face to face appointments is higher than the national average. A lot of this is related to operation waiting times (elective recovery) which can have wider impacts such as social isolation, income loss and lead to additional health problems. This year we have had some shocking ambulance waiting times outside our hospital/s of up to 20

hours. We really struggle with accessing social care and finding domiciliary care packages which means we can't discharge people safely, linked to social care workforce issues e.g., wages, value. Sometimes we treat older people very differently in terms of risk for example, if an older person has been on the floor for more than six hours after a fall an ambulance will take them to hospital regardless of how well they have been looked after, leading to assessment and identification of other things that could be treated. While in hospital they are not drinking as much, moving less etc and may not be able to go back to previous level of independence. In addition, relatives are sometimes unable to visit/support due to difficulties of public transport or costs associated with car/taxi alongside the uncertainty of when relatives will be discharged and associated planning. Regularly not getting to people in time for example people dying of heart attacks at home and examples of care homes sending people they are worried about to hospital against their wishes.

[2]What I want to do is work with people on how we change medicine for older people e.g., why can't we expand advanced care planning and the ReSPECT form to everybody, so older people can record if they don't want to be admitted to hospital which should be respected by health and social care. We need to make sure processes are in place for people to be heard/understood and workforce training to help staff balance people's wishes with risk factors including fear of personal risk if things go wrong associated with making individual decisions and outcomes of investigations following patient complaints, which requires collectively changing the culture, processes and ways of working within our health system. For example, we have started an ICS organisational development programme at various levels which includes talking about assumptions / things we take for granted and patient journey examples and the autonomy within systems/processes. I have tasked ICS Finance Directors with finding different ways of working to enable from 1st April 2023 more money to be put into the community. Also, Patricia Hewitt has been asked by government to review the ICS and will reflect on ways to get rid of NHS bureaucracy.

[3]We want to work at 'place level' with local charities and community groups to open communication e.g., talking to British Red Cross about extending the service to make sure discharged patients, especially those older and more vulnerable are met at home to ensure heating is on, food in fridge, settled etc. Recently started a

Housing with Care scheme-https://improvinglivesnw.org.uk/housing-with-care-flats-helping-people-leave-hospital/-

consisting of 10 flats across Norfolk with 24/7 care and support for up to four weeks such as physiotherapists available until 31st March and possibly something we need to do more of to support people who are medically fit but need care at home to leave hospital. We are also having conversations with Norfolk and Waveney's Fire Service in terms of how they may be able to assist more with slips, trips and falls particularly as demand on services is increasing and increasing. Members of the public have the right to complain to the CQC (Care Quality Commission) regarding GP surgeries.

Attendee Comments:

- People being discharged 'prematurely/too early' without family support, and nobody is aware they have been discharged or returned home to make sure they have food etc, leading to them struggling and reoccurring hospitalisation. Opportunity for local community working and early conversations pre-discharge. Challenge of finding suitable accommodation - varying quality of care homes and GP surgeries - how this is dealt with, monitored and best practice or support shared.
- A lot of people feel comfortable working within a framework of rules and regulations and important to take staff with you when trying to change culture.
- Need for longer term funding/contracts with short term funding and projects including small pilots hard because you don't have the security to attract and recruit the right staff and winding down as gaining momentum. Tracey reflected that government has for first time said that winter funding will be recurrent but also about educating as NHS doesn't necessarily understand what it's like for VCSE's and could trust other organisations more.
- The need to challenge risk-averse decision-making culture by paramedics, hospital staff etc and better assessment in terms of need for hospital admission and prolonged discharge due to additional tests and making better use of existing resources e.g., HALO (Hospital Ambulance Liaison Officers). Wider availability of equipment such as that to safely assist people off the ground.
- Ensuring general awareness of Norfolk Swift Response, not just amongst older people, and how it can be an alternative to calling an ambulance.

- Importance of including older people, their families, and others, in the design of services and how we do this. As well as increased trust of and equal partnership with voluntary sector organisations/groups, recognising and addressing cultural difference, and letting the sector and its workforce into 'the room' including sharing of views, ideas, data and how we can help each other working collaboratively.
- Challenge of everything being online and not being able to speak to someone over the phone - how do we contact/inform relevant senior decision makers of issues etc as CEOs, voluntary group chairs/facilitators etc - acknowledgement of patient and public grassroots concerns and involvement.
- The confusion created by a constantly changing healthcare system that hasn't historically communicated or worked collaboratively across services and therefore the importance of communication with public. Different services, sectors etc not aware of each other's provision, activity, or opportunities.
- QEH (Queen Elizabeth hospital, King's Lynn) structural issues creating apprehension amongst older people about going in.
- Dentistry is a big problem.

3. Speaker: James Bullion, Executive Director of Adult Social Services

In addition to the presented slides the following points were made:

- In a poor state of delivery with 2,690 people currently waiting for either an assessment or complete levels of services – reached 25% vacancy rate in social work recently, 30 to 40% turnover in care jobs, with the workforce dropping by about 14% in last couple of years, for example starting to offer houses with jobs in social work. Been working with care providers to change the image of social care and get society to see care stability and spending as part of our social infrastructure. There is a need to increase political awareness and understanding of social care services and valuing of its workforce. Recognise that we haven't given enough infrastructure funding to voluntary groups and have become more targeted in what we fund rather than universal. We have Community Development and Living Well Officers as well as Integrated Care Coordinators and Social Prescribers.

- The importance of not assuming that everyone wants to or can access services online and therefore need to maintain face to face and telephone access alongside developing digital offer.
- Incoming national living wage increase adding more pressure to costs of providing and subsidising care. Example given of a sheltered housing community group no longer able to afford to hire a bus to inclusively take everybody out, affecting sense of community. Many older people are confined to their homes with no way to get out and prevention starts at that level of collective social activity the value of which needs to be recognised.
- Importance of joint working with third sector and the value they offer – takes a long time to get a reply and establish dialogue with Norfolk County Council.
- Scale of cost-of-living pressures on lowest paid workers means we will lose valued workers. As well as impact on VCSE overhead costs with sustainability sometimes dependant on private clients.
- Investment often made into projects rather than looking at how we embed support for communities to grow and develop their capacity to deliver e.g., volunteers confident enough to take on running groups, facilitating social support etc.
- Mixed awareness of Community Development and Living Well Officers, Integrated Care Coordinators and Social Prescribers and sometimes their roles are about community engagement rather than development.
- Needs to be an accessible way for concerns around care to be raised and addressed at a local level.
- The value and opportunities associated with the development of collective training and sharing resources around marketing, expertise, human resources etc across organisations including third sector as part of system and provider funding recognising variations in VCSE capacity and scale.
- Challenges associated with speaking on behalf of someone and the need to promote medical power of attorney.
- How understanding the comparative spend by Norfolk County Council on Adult Social Care will support any campaigning on this.

4. Update on behalf of Norfolk and Waveney VCSE Assembly

- Slides were unavailable on the day but are included with these minutes

5. Living Longer, Living Well Interim progress report discussion

David Button introduced the NOPSP's 'Living Longer, Living Well' Interim progress report' and asked for input on its future and questions such as whether NOPSP should continue with its strategy development and monitoring activity which is a significant part of the work of the strategic partnership and/or become more of a campaigning or advocacy organisation. The following comments were made by attendees:

- What is NOPSP's definition of older people - in eye of the beholder. There is a challenge of understanding and hearing what is important to our audience and getting their contributions - need for effective, joined up engagement in any strategy development.
- Lot of people suffering very similarly to older people therefore the age range within our sights could be broadened on overlapping priorities.
- Emerging issues such as those with long COVID now losing confidence to ask for help.
- The strategy could be more useable, manageable, realistic/achievable and/or locally focus for action. Need to know and/or be specific about what trying to achieve and if have targets/actions need to be accountable.
- The disconnection between different generations (young and old) and the need to bring generations together inclusively - intergenerational.
- Value of NOPSP in providing a structure for coordination, communication and integration that brings together diverse voices across different sectors and providers as well as older people/public to be heard in right places, providing a channel of communication, articulation, challenge and interface with senior figures and enabling them to share their perspective vice versa. Articulate that voice, specific place for older people.
- Consulting and engaging with people needs to be done in many ways and translating both ways into something useful.