

**Norfolk Older People's Strategic Partnership (NOPSP) meeting**  
**minutes**  
**Thursday 22<sup>nd</sup> June 2023 at County Hall, Norwich**

**Attendees**

Ann Donkin	Age UK Norfolk
Mary Ledgard	NOPSP
David Button	NOPSP
Janine Hagon-Powley	NOPSP
Dan Skipper	Age UK Norwich
Niki Park	Head of Passenger Transport, Norfolk County Council (NCC)
Anneliese Maerz	Age Concern North Norfolk
Michael Chenery of Horsbrugh	Adult Social Care Committee Older People's Champion
Aliona Derrett	Hear for Norfolk
Sharon Wrath	Norfolk and Norwich University Hospital (NNUH)
Malcolm Court	Your Voice In South Norfolk
Joyce Welford	Public
Ann Pulford	Public
Anna Sutton	Public
Gillian Wingham	Public
Brian Wells	Broadland Older People's Partnership (BOPP)
Shelia Young	West Norfolk Patient Participation Group (WNPPG)
Sheila Glenn	Integrated Care Board (ICB)
Caroline Varney-Bowers	Norfolk Library Service, Norfolk County Council (NCC)
Kaitlin Ferguson	Creative Arts East
Lucy Cubbitt	North Norfolk District Council (NNDC)
Audrey Harnden	BOPP
Oli Kinnier	Norfolk Fire and Rescue Service (NFRS)
Tasha Higgins	Community Action Norfolk (CAN)- Minute taker

Sally Fox Henderson Trust  
Stacey Otter Anglia Water

### **Apologies**

Sue Whitaker	Age UK Norwich Trustee
Chris Goddard	Public
Alastair Roy	Age UK Norwich Trustee
Julie Helsby	Your Voice In South Norfolk
Sue Moore	Deaf Connexions
Erica Betts	NNUH
Catherine Van Battum	NNDC
Derek Land	Public
Cllr Jeanette McMullen	Great Yarmouth Borough Council (GYBC)
Hilary Sutton	BOPP
Bridget Penhale	University of East Anglia (UEA)
Debra Lawrence-Bell	NCC
Verity Gibson	Norwich Older People's forum (NOPF)
Debbie Bartlett	NCC
Duane Elkins	Community Action Norwich

## **1. Welcome and Introduction**

<sup>1</sup>Mary Ledgard welcomed everyone.

## **2. Speaker: Dan Skipper, CEO of Age UK Norwich regarding the Later Life Provider Network**

<sup>1</sup> The following points were made by Dan:

- The Later Life Provider Network is a network of providers who deliver services to people over the age of 50 within Norfolk and Waveney - currently there are 25 organisations involved, and the network is growing. At least 50,000 Norfolk residents are receiving services from these organisations providing a critical mass of individuals for gathering client intelligence, views and input on our service delivery and development, as well as opportunities to speak to them about what is going on in their communities. The network can identify key themes / priorities that we feel need to be explored across the system or in an

area and can explore practical ways that we can make changes through the services we already have or new concepts.

- The Network wants to be an effective partner for the Norfolk and Waveney Integrated Care System, Adult Social Care, District Councils, and other stakeholders with a Network representative in each District.
- The focus is on partnership and collaboration, ensuring we don't reinvent the wheel as we already have very good effective services. However, we know that in some areas that experience might be different and want to explore that, as well as unification across different areas and scaling up of those services that are most effective.
- The Network's membership is not just voluntary sector, it also includes commercial enterprise, other not for profits, academia (representation from UEA, Institute of Healthy Ageing), Active Norfolk etc. We want to look at how academic studies and best practice about hydration, diet, physical activity etc. is shared and implemented through providers in this Network, local education and be influencing local partnerships. Over the last few months colleagues from different areas of health have wanted to come to the Network to talk about things that are going on. For example, the Talking Therapies Services are attending a future meeting to get direct provider feedback and we are sharing their current service user engagement activity amongst our clients.
- Age UK Norwich has partnered with UEA to take learning on the everyday reality of hydration in a care home setting (living conditions, mobility, care etc) to create tools and techniques which will be shared across the Network and others involved in local provision of care and support. The first phase of this is being done through Age UK Norwich's Health Coach Service, in the second phase insights and any developed materials will be promoted widely in the Network, in the community and to any service (we want to do a local campaign - online and offline), including GPs/primary care and information provided in surgeries etc.
- There is a really strong relationship with NOPSP and other forums where there is representation of older people and we have already looked at how we can collaborate. One of the areas that we want to look at is how we take the learning and development from an initiative with a health or district partner and talk to people within the community about what they feel they need, what's missing, or

indeed what's working. The network could then be a convenor to explore applying learning/insights countywide or in certain areas, demographical or geographical issues, provider perspectives and partner collaboration.

- One of the fundamental guiding principles for this Network is the 'Age Friendly Principle' (WHO) which provides best practice examples we can explore as a Network and where we can improve or do things differently. We know in Norfolk we have one of the oldest demographics in the country and we need to look at how we change society to become more age friendly across all our services, environment, employment etc.
- 'Age Friendly Norwich' is an aspiration for the city, recognising that employment in the city is mostly over 50 etc. This will involve lots of conversations and we have only just started on that journey. If anyone is interested in being part of that experience and helping us make that happen, please get in touch with me as we would welcome your support. We are aware other areas of the county are also looking at this and learning from those other areas will be shared. For example, sheltered housing in Bristol with a proportion of younger residents, a built in GP surgery and public parking paying for community activities leading to a healthier population of older people.

#### <sup>2</sup>Attendee Comments:

- Regarding the hydration project there was significant interest in this from attendees, and those they have talked to such as the Chairman of Taverham Day Centre, Norwich Door to Door who are happy to publish details in their newsletter. It's important to reach out to people who live independently without carers, who may not recognise dehydration. Unless you hear on the grapevine about these things you don't know about them.
- Even if monitoring how much people are drinking all the time it is still quite difficult because older people tend to reject drinks, don't feel thirsty, don't want to drink, can't make them etc. **Dan Skipper:** Part of the social research is understanding those factors and how we can try to influence and support those things in care homes and at home. Hydration is one of the factors for falls.
- In the context of a public sector publicly struggling to meet their statutory services and acknowledging that wellbeing and preventative services even more at risk, has there been any assurance of support for the Network from the Norfolk &

Waveney Integrated Care System? **Dan Skipper:** The Network is part of the VCSE Assembly and Patient Engagement Group with the idea being that local expertise are in each to influence existing decision making. We hope that the more the Network is used and seen to be effective, the more likely we will be at the table when the significant decisions are made.

- Consideration of the varied information and support sources, particularly for those in rural, isolated areas and those who don't engage or are not cared for by others etc. for communications to reach a wide audience. The need for information to be in various languages and recognition of the different nationalities present across Norfolk where English is not their first language.
- Has there been any development in regard to funding for bringing together West Norfolk's Patient Participation Groups and connecting this with an Older People's Forum for West Norfolk.
- The importance of Later Life Network's relationship with NSFT and other Mental Health services. **Dan Skipper:** Age UK has seen the proportion of clients accessing Mental Health services grow over last few years and there are significant access and capacity problems at the moment with waiting lists.
- The difficulties in certain areas of Norfolk for people to join online meetings due to not being able to get signal.

### **3. Speaker: Niki Park, Head of Passenger Transport, Norfolk County Council (NCC)**

<sup>1</sup> The following points were made:

- Providing public transport in a rural county like Norfolk is really difficult, we cannot afford to provide services from and to everywhere people want to go and we rely on feedback to know where people want to go, about specific gaps etc. The budget for local bus services is really small.
- The Covid-19 government message of not using public transport hasn't been reverted and bus operators are really struggling to keep services going because there aren't as many passengers now as before Covid-19 (fare paying passengers levels are at about 80-85%, concessionary pass holders at about 65% - meaning significant income loss – it's a difficult balance at the moment of

trying to keep operators at same level of funding to make sure they can continue to run their services).

- NCC were awarded £39.55 million by government, the majority (£31m) of which is capital funding for waiting area improvements such as shelter, real time information screens, seats, secure bike storage in Travel Hubs (Sheringham, Hunstanton, Cromer, Great Yarmouth, Diss and North Walsham which has been built) and at new 'Gold Stops' (high usage, approx. 20 around the county), as well as bus lanes in Norwich, Yarmouth and King's Lynn to improve bus journeys. NCC have also invested in enhanced routes (£12m over three years) with increased frequency e.g., North Walsham to Norwich service now runs every 30 minutes as an express route with single decker bus, Sheringham to Norwich has evening journeys and Swanton Morley to Norwich is running on Sundays and evenings. A popular new route is Airport P&R to NNUH. We have been able to offer discounted fares that reduce the price of a day ticket and at the moment the government £2 fare cap for single journey anywhere in Norfolk. There is a countywide multi-operator day ticket. Really lucky in Norfolk that we haven't had service cuts.
- About a year ago we launched our Demand Response Flexi Minibus Service in Swaffham area which can be booked by phone and app. We also operate Transport Plus for those who can't access public transport services with volunteer car drivers, though we struggle to get enough of these (client pays 45p a mile including volunteer journey).
- We have a customer charter on our website which outlines what you can expect. We also have a new identity 'Travel Norfolk' and are producing a website (soft launch in July) which will enable multi operator journey planning, making it easier for people to find bus, cycle, and walking information in one place. By March 2025 every bus stop will have a QR code for people to access scheduled and real time information (which can be affected by signal loss) for buses from that stop. There will be a video on the Travel Norfolk website of how to use them along with a marketing campaign when roll out starts.
- We will have 70 electric buses in Norwich by 2024 with pink and blue lines becoming fully electric.

## <sup>2</sup>Attendee Comments:

- The need for integration and co-working with Districts. **Niki Park:** Very engaged with Districts and Parish Councils and their Neighbourhood, Council Plans and we pull funding from different sources.
- Contention over bus lanes, unreliability of services with stops at either end of a village meaning too far for some residents and some buses not turning up at all meaning people can lose confidence. **Niki Park:** At least 80% of buses arrive on time but certain services can be unreliable, with roadworks a real problem. 80% of the local bus services in Norfolk are commercially run and we don't have control/power over them as we are not a regulatory body, all we can do is try and work with the operators to make them better.
- Creative Arts East, which works with older people in rural areas providing arts workshops and live events to help with wellbeing and isolation, get a lot of feedback from people struggling to get between rural market towns e.g., Attleborough and Thetford with times and frequency not sufficient. **Niki Park:** Difficult to do because doesn't generate enough passengers to make it a commercially viable route. We have quite a few market day services, particularly in North Norfolk, that run once a week sometimes. If there are specific examples we can have a look, send me an email.
- Taxis are really hard to come by with capacity taken up by school run etc and those for wheelchairs are very expensive leaving people totally isolated.
- Example shared of connecting bus from village/s to main road bus route and the County Council's Local Members Fund via Parish Councils.
- Significant challenges around combining rail journeys with other public transport particularly in terms of disability access. Issues for those with limited mobility getting around/across the city and between different bus routes. Are destinations age friendly/attractive to older people?
- The £2 bus cap has made a noticeable difference. With real time updates on the bus app there are times when the bus information disappears / goes blank.
- How is transport going to be partnered in some places with other issues such as tackling unemployment for younger people, Mental Health etc. in which the transport network is a key often preventative factor. There is money to treat mental health conditions but not to put on busses which might negate/prevent

conditions. We all need to stress the importance of routes and public transport network in social interaction etc, routes need to be used or will lose them.

Physical frailty restricts the ability of people to access services, with Covid-19 increasing the proportion of those who are physically frail, there therefore needs to be partnership working and joined up service with NHS, ICS etc.

#### **4. Discussion regarding revising Living Longer, Living Well**

<sup>1</sup>Mary Ledgard gave a summary of her activity over the last few months which has included attending the Bus Forum, all the carer locality meetings and talking to a lot of organisations which NOPSP could work with. This has included Age UK Norwich and Norfolk, Healthwatch Norfolk, Men's Sheds, the Integrated Care Board (ICB) and System about communities and engagement - she now understands where to feed in, but the ICB will be facing £30m cuts over the next three years, so this may change again. One of the ICB's ambitions in its forward plan is transforming care in later life. Information about NOPSP has been shared in Parish and Town Council Newsletters.

The purpose of Living Longer, Living Well is to bring together the priorities and objectives that will help older people to live independently and well.

##### **1. Information and Advice**

The following points were made:

- Recognising that the definition of the 'internet' has changed i.e., now includes mobile/smart phone technology, social media, WhatsApp etc. which people might not think of as 'using the internet'. Need to be careful about the use of language.
- There are lots of organisations who offer information and advice who are not specifically funded to do this, or this is not their main focus. There is also variation in terms of organisational ability to advertise this aspect of their offer. How do people know where to get information/advice from i.e., where is information held and accessibility - bringing it all together.
- It's not just about the interaction/transaction with a piece of hardware but also about how information is accessed, interpreted and understood i.e., the initial personal interaction and connectivity (older people often make an outing out of



using services) really important in enabling and facilitating confidence, skills and understanding of technology to enable accessibility.

- Recognising the diversity of this topic in terms of the sharing of information and advice e.g., directories, newsletters / publications from local to national (paper and online), networks (thematic and geographic - Early Help Hubs, Parish to County), community groups and events where people gather and VCSE organisations talking about how they can support. How do people access information / how do we share the information people need to know, recognising the spectrum of individual support networks.
- The growth of 'enabler/connector' roles - the sharing of information not just to clients/service users but also between those supporting them so professionals/volunteers are informed in the support they provide.

## **2. Transport and Access to Services**

The following points were made:

- Role of Patient Participation Panels and embedding systematic engagement.

## **3. Housing**

The following points were made:

- Younger people being priced out of local housing markets due to second homes etc. which also reduces the care and support from younger generations within a community for older people.
- Changing home adaptation requirements over time recognising different stages of being 'disabled friendly' e.g., when individuals start using a wheelchair different adaptation required - more awareness needed of where to go for adaptation services and equity of access given local variations.

## **5. Integration of Health and Social Care**

The following points were made:

- It is a worrying time given the likely squeeze on budgets and ability to recruit and retain staff in both sectors impacting what they are able to deliver. Prevention

requires a lot of focus in earlier years. There needs to be inclusion of rehabilitation to prevent bed blocking and enable people to be in their home after illness or injury. Intensive physio in the home environment can enable independence.

- Introduction of AI and smart technology to manage health conditions, investment in time and funds will be needed to ensure the older population are able to work with this.

### **Other Comments**

- Anglian Water's free Priority Services Register and their holistic approach to affordability and maximising household income, with instant access to interpreters. They are happy to attend events people are holding with information/resources and put information about their services in newsletters.
- The value of the LILY service
- Including how to refer to Healthwatch Norfolk in NOPSP newsletter in recognition of comment about dental care in Norfolk.
- Reference to carers (of all ages) in introduction and that there are organisations specifically focused on this and about making sure people know where to go to.