

Norfolk Older People's Strategic Partnership (NOPSP) Meeting Minutes
Thursday 16th November 2023 at Breckland District Council Offices, Dereham,

NR19 1EE

Attendees

Kaitlin Ferguson	Creative Arts East
Jacky High-Caston	East Anglian DriveAbility
Kerri Bateson	North Norfolk Social Prescribing & North Norfolk Help Hub
Sharon Wrath	Norfolk and Norwich University Hospital (NNUH)
Ann Donkin	Age UK Norfolk
Rhiannon Patrick	Care co-ordinator Watton medical practice
Gemma Rorie	Care co-ordinator Grove Surgery Thetford
Caroline Varney-Bowers	Norfolk County Council (NCC) Libraries
Marie Smith	NCC
Aliona Derrett	Hear For Norfolk
Angela Symonds	Saffron Housing
Mary Ledgard	Norfolk Older People's Strategic Partnership (NOPSP)
David Button	NOPSP
Janine Hagon-Powley	NOPSP
Tasha Higgins	Community Action Norfolk (CAN) - minutes
Derek Land	Public
Sheila Young	West Norfolk Patient Participation Group
Brian Wells	Broadland Older People's Partnership (BOPP)
Sarah-Louise Forrest	Saffron Housing
Judith Berry	Careline
Emma Poucher	Careline
Phillip Matthews	NCC
Sera Hall	NCC
Safiyya Kazi-Makin	NCC
Julie Davis	Norwich City Council

Stacey Otter	Anglian Water
Michael Chenery of Horsbrugh	Adult Social Care Committee Older People's Champion
Verity Gibson	Norwich Older People's Forum (NOPF)

Apologies

Denise Forder	Norfolk First Support
Sue Whitaker	Age UK Trustee
Chris Goddard	Previous Breckland OPF Chair
Anneliese Marz	Age UK North
Debra Lawrence-Bell	NCC
Niki Park	NCC
Kirsty Rowden	NHS
Hilary Sutton	BOPP
Julie Helsby	Your Voice in South Norfolk
Malcolm Court	Your Voice in South Norfolk
Catherine Van Battum	North Norfolk District Council (NNDC)
Katie Docherty	Broadland Housing Association
Audrey Harnden	BOPP
Bridget Penhale	University of East Anglia (UEA)
Angela Steggles	Norfolk & Suffolk Care Support Ltd (N&SCS)
Barbara Howard	Social Prescribing Link Worker Breckland Council
Sue Moore	Deaf Connexions
Tanya Gorrell	NCC

1. Welcome and Introduction

¹Mary Ledgard welcomed everyone.

2. Speaker: Sera Hall (Assistant Director Housing and Capital Programme) and Philip Matthews (Project Manager), Norfolk County Council

¹ The following points were made by Sera and Philip in addition to the presentation shared:

- Modern specialist housing schemes, often referred to as Independent Living (where you only pay for the care you receive, plus a charge for 24/7 emergency presence), Housing with Care, Extra Care, Community Housing/Living, are in market towns with good access to local facilities where people want to live. Schemes involve self-contained accommodation, within a wider complex, and provide planned care and support as well as 24/7 emergency care. With some exceptions, schemes are for people aged over 55 who have some sort of care and support need/s. Much of the support is traditional domiciliary care e.g., washing, dressing, food preparation and cleaning. Newer Independent Living Schemes are often supported by local businesses such as onsite hairdressers/barbers, cafés open to the public, communal areas and have pet friendly policies. Evidence shows that people tend to stay healthier and happier if they are not lonely, have access to local services, and are part of a community.
- Currently there are two Independent Living Schemes in Fakenham and Acle, with others in the pipeline across Norfolk starting with Harleston and Hunstanton. More information about schemes, eligibility, and how to apply can be found at <https://www.norfolk.gov.uk/care-support-and-health/housing/housing-with-support/independent-living-and-housing-with-care> including educational and case study videos and an e-learning package for NCC and providers. Question to room - how do we get this information to people and increase awareness of it?
- In April 2023 Norfolk County Council (NCC) started a pilot in terms of how people access schemes and assessments aiming to reduce the initial contact/triage timeframe. People should contact NCC's Customer Service Centre if they are interested in housing, independent living, signing up to a scheme etc. Customer services will then schedule a call back by a dedicated support officer whose primary role is housing with care and independent living (currently the average time for this is within a day). They can do an initial assessment to see whether the person is eligible. If eligible, they will be allocated to the social work team for a full assessment.

²Attendee Comments:

- The importance of internal communications within Norfolk County Council was highlighted given referrals from adult social services asking VCSEs to speak to individuals about housing and allocations. It appears NCC colleagues don't have a lot of information or are not accessing/familiar with it - quite a lot of inquiries are received from assistant practitioners and social workers about what different schemes can provide, vacancies etc., particularly from those who don't have everyday dealings with housing, care and have not viewed schemes. This highlights the need to raise awareness of the resources and information mentioned above amongst the wider public and professionals.
- People are waiting a long time to get an assessment by social work teams - sometimes they are not timely / done appropriately. This can be frustrating when places do not come up very often and a delay can mean a place is missed. Some people have moved to North Norfolk with no other support network which is frightening.
- Given quite a lot of people in later life live with high levels of deprivation, what does 'affordable' mean? Response: If eligible housing benefit will cover a scheme's rent with the 24/7 charge disregarded from the assessment because its disability related.
- The Chief Medical Officer's Annual Report 2023 'Health in an Ageing Society' mentions Norfolk and calls for a focus to maximise the independence of those in older age and minimise the time in ill health between reaching old age and the end of life. Is increasing demand being recognised in the independent living pipeline? Response: The programme is looking at over 1,000 affordable units over the next 10 years. At least three more schemes have been delayed by issues around nutrient neutrality.
- Are people advised in the initial contact by support officers how long they may be waiting for an assessment, as this can be a big gap - are expectations managed? Response: The length of time between somebody being told they can have an assessment and them receiving it is tracked - currently 28 days.
- What is the allocation policy, given waiting lists? Response: There are different approaches across the county in terms of each district's allocation criteria, however residents from within the relevant district are prioritised in terms of

scheme vacancies and there is a care need requirement. It is a complicated process.

- Some schemes offer visitors' accommodation e.g., in Fakenham (guest room residents can book - minimal charge)
- Except for banned breeds the pet friendly approach is on a case-by-case basis (contract required) as there are limitations such as cats only being allowed on the ground floor and need to consider the pets behaviour and owner control particularly in terms of how they react to others and considerations in terms of allergies etc. Also require owners to keep vaccinations up to date, register with a vet. Dogs can be taken into the public cafés and garden areas.
- Some schemes have successfully trailed including a small contingency of younger adults with learning difficulties and have also supported community stepdown projects from hospital discharges, rehabilitation beds etc.
- What about people with dementia being able to understand a tenancy agreement? Response: Schemes have a dementia friendly design, carers are trained in supporting people with dementia and mental capacity / power of attorney training is provided. The level of general care, sometimes with external specialist input, can be tailored according to people's needs however if somebody needs round-the-clock nursing / care or is it not appropriate or safe, then they should be in residential care. Each situation is assessed on a case-by-case basis.
- Anglian Water have debt forgiveness schemes, crisis funds, [extra care assessment](#) (income maximisation in terms of identifying benefits etc - online or paper form), a priority service register, discounts of up to 50%, access to translators and British Sign Language (BSL) interpretation systems.

3. Speaker: Aliona Derrett, Chief Executive Officer, [Hear for Norfolk](#) (operating name of Norfolk Deaf Association)

¹ The following points were made by Aliona in addition to the presentation shared:

- We help people to get better hearing, as the majority of people who have hearing loss and related conditions are not profoundly deaf. In November 2023 we had just under 23,000 people on our books. In Norfolk just over 200,000 people have

hearing loss. We run various mobile clinics, home visits and clinics on other premises.

- Sound when it comes through a hearing aid is very different and the brain has to learn to hear sound differently - hearing aids amplify every sound around you, and the brain has to learn to dismiss sounds it is not interested in. This takes time - some people take up to a year to get used to their hearing aids and some people choose not to use them because of this. Nowadays hearing aids are very small making them fiddly to look after and maintain. Many older people have dexterity and memory problems making this difficult.
- There is a strong link between hearing loss (aids are a preventative measure), loneliness, isolation, depression, anxiety, onset of cognitive decline (those aged 45 to 65 at biggest risk) and dementia. The number of people with hearing loss is going to increase due to exposure to loud noise (which kills cochlea hair cells that do not regenerate, impacting loss of hearing of high pitch noises first) and people living longer (as we get older our hearing deteriorates).
- Hear for Norfolk's Hearing Support Service helps people maintain their NHS issued hearing aids. No formal referral is required to access this service. Our clinics help people replace and clean tubes, domes and batteries, supporting them to fit their hearing aids properly. This includes people who have moved to Norfolk and are wearing NHS hearing aids issued by other hospitals in the country.
- Our Aural Care Service provides earwax removal using micro suction through a GP or James Paget Hospital referral, or people can pay £50. If your GP practice is in the Norfolk and Waveney area, then you will be eligible for referral to this service. We also provide free Otoscopy Clinics.
- We have three audiologists who can see people aged 50 plus who are not complex - just call us, and we will triage, if too complex we will make sure your GP gets a letter from us saying you must be referred to hospital audiology. Anyone under 50 must seek a referral from their GP. Hearing assessments under the NHS can be done once every 5 years but if someone is issued a hearing aid by us and their hearing changes we will do another assessment and re-programme the aid.
- We deliver hearing loss awareness training to organisations (charged).

- Cuppa Care Project - developed and delivered by Hear for Norfolk in partnership with local organisations. You can access the timetable [here](#). They park in locations across Norfolk for two-hours and talk to people, provide tea and coffee, and help with whatever people need help with - people can also access our hearing support (maintenance of hearing aids). West Norfolk Deaf Association covers the maintenance of hearing aids in the Borough Council of King's Lynn & West Norfolk.

4. Speaker: Mary Ledgard and General Discussion

¹ The following points were made:

- The waiting list for a wheelchair assessment can be anywhere up to 18 months. Nobody's looking at whether aids are a suitable piece of equipment - refurbished, repurposed aids are not always completely suitable for individuals. Some schemes are so large that for people to remain independent and able to access facilities they need to have a motorised wheelchair or scooter. Delays can really slow down the whole allocation process.
- People's perceptions vary about what being active means e.g., different levels from just getting out.
- Since Covid more people are wanting to get out and about using mobility scooters because a lot of people stopped driving. [Castle Quarter in Norwich provide mobility scooter hire](#).
- People must be allowed and encouraged to maintain their sense of self, their dignity and being their own person - feel they are not just one of a huge crowd. We need to listen to people and treat everybody with the respect of the individual that they are.
- It is increasingly difficult for people, particularly those with restricted mobility, to take/park their cars near where they need to go (getting to shops, parks, to play sports, or other activities recognising challenge of first and last mile in terms of access - reducing their movement and ability to engage/interact). For carers there is the added challenge of safely dropping of the person they are caring for within access of their intended destination and then not being able to easily park nearby. For those with memory challenges an example was given of writing

where you have parked on a post it note. It was highlighted that gardening aids can enable people to continue enjoying their garden.

- Getting a Blue Badge is quite challenging (having to push already stretched resources such as doctors and therapists for more evidence) and inflexible boundaries.
- The challenge of applying for attendance allowance - people that need this allowance might be the people that are least equipped or capable of completing those themselves.
- The overwhelming demand for information, advice, social contact and human interface is increasing and calls from service users are becoming much longer reflecting their multiple and often complex needs. Which can sometimes reduce resources in other areas.
- Request for an explanation of Integrated Care Board (ICB). Response: The ICB is currently going through a big restructuring, yet it still must put in place a number of plans so do need to make sure that people/organisations/stakeholders from multiple sectors participate in decision making. An Ageing Well Strategy is currently being put together with a number of workshops organised.
- The difficulty of accessing dementia services was highlighted as well as the average reading age being nine.
- We are often not very good as individuals in keeping information easily accessible before a crisis, when we suddenly need it and then discover we cannot find or navigate to it even if the information is there. There is a mismatch between the availability of lots of information and brilliant organisations, yet at the moment of crisis you or your support network cannot access it easily. Then sometimes when you do find it you are having to go on waiting lists etc. Challenge of knowing who does what and relevant point/s of contact even through there are excellent resources like the [LILY Directory](#).
- Careline: All telecare company clients are particularly vulnerable at the moment due to a scam where scammers phone people that have got a telecare service and say the unit that you have is not going to be digital friendly and you need to pay some money (about £89) and provide your bank details over the telephone. This is happening because of the analogue to digital switch.
- Anybody with any form of disability can get a key safe in West Norfolk.

- A NOPSP Facebook page is in progress.