

## Norfolk Older People's Strategic Partnership Board

### Minutes of the meeting at County Hall, Norwich Wednesday 30th September 2015

(NCC = Norfolk County Council; CCG = Clinical Commissioning Group; DC = District Council)

<b>Present:</b>	
Joyce Hopwood	<b>Chair</b> and also Chair of Norwich Older People's Forum
Janice Dane	Assistant Director, Early Help & Prevention, Adult Social Services, NCC
Jan Holden	Assistant Head of Service, Norfolk Library & Information Service, NCC
Elizabeth Morgan	Vice Chair, Adult Social Care Committee, NCC
Niki Park	Commissioning & Client Services Manager, Transport, NCC
Laura McCartney-Gray	Engagement Manager, Norwich CCG
Catherine Underwood	Director, Integrated Commissioning, Health & Social Care
Liz Yaxley	Dementia Services Manager, Norfolk & Norwich University Hospital
Gary Hazelden	North Norfolk Locality Manager, Norfolk & Suffolk Foundation Trust
Louise McGreevy	Dementia & Falls Service Coordinator, Norfolk Community Health & Care NHS Trust
Emma Boore	Careline Community Services Manager, Kings Lynn & West Norfolk Borough Council
Tony Cooke	Housing Standards Manager, South Norfolk District Council
Mary Ledgard	Board Member, Healthwatch Norfolk & Member, Norfolk Older People's Forum
Ruth Gripper	Policy & Intelligence Officer, Community Action Norfolk
Joseph Greiner	Manager, Burgh House Care Home & Norfolk Independent Care Representative
Lesley Bonshor	Member, Norfolk Carers Council
Derek Land	Member, Norfolk Council on Ageing
David Button	Member, Norfolk Council on Ageing
Carole Williams	Member, Norfolk Council on Ageing
David Russell	Chair, North Norfolk Older People's Forum
Julian Rudd	Chair, Broadland Older People's Partnership
Shirley Matthews	Chair, Breckland Older People's Forum
Verity Gibson	Joint Vice Chair, Norwich Older People's Forum
Ann Baker	Chair, South Norfolk Older People's Forum
Alex Kemp	Chair, West Norfolk Older Person's Forum
Val Pettit	Chair, Great Yarmouth Older People's Network
Emily Millington-Smith	Norfolk Older People's Forum
Pat Wilson	Co-opted & Treasurer, Broadland Older People's Partnership
Graham Creelman	<b>Vice Chair</b> & co-opted
<b>In Support:</b>	
Sonya Blythe	Corporate Business & Support Manager, NCC
Annie Moseley	Support Officer, Norfolk Older People's Strategic Partnership

**Apologies:** Harold Bodmer, Sue Whitaker, Paul Jackson, Emma McKay, Anna Morgan, Nigel Andrews, Amanda Ellis, Hilary MacDonald, Susan Ringwood, Jon Clemo, Simon O'Leary,

**1 Welcome and Introductions.**

The Chair welcomed the board to the meeting and announced that Mustard TV were present to film the start of the meeting, to publicise the launch of the Living Longer, Living Well 2016-18 strategy.

New attendees to the board were welcomed and appreciation was expressed for the support of members who had now left.

**2 Minutes of the Meeting on 17th June and Matters Arising**

The minutes of the meeting were agreed.

Matter arising:-

Pat Wilson advised the group that the Norfolk Bus Forum open meeting would be held on Tuesday 6<sup>th</sup> October at 10am at the Forum in Norwich. Members were asked to feed any issues to her beforehand.

**3 Launching the new Strategy for Norfolk**

- Joyce Hopwood (refer to the attached strategy, Living Longer, Living Well 2016 - 2018)

3.1 Joyce announced that the new Living Longer, Living Well 2016-18 strategy, written by the Graham Creelman and Annie Moseley with older Board members and commissioning agencies, would launch that day. This was the 4<sup>th</sup> strategy that the Partnership had produced and it had been written in the hardest financial circumstances faced by the Partnership and by providers of health and social care. The financial situation would bring challenges to the work undertaken by all parties but it was vital to continue to speak up for those unable to speak up for themselves.

3.2 The strategy had been developed in parallel with work going on within Norfolk County Council, which has a strong mandate to find better ways to work together with outside agencies, and to support older people to remain living independently in the community. It would work as a blueprint for older people to manage health and social care.

**4 Working Together to Develop the Strategy**

- Annie Moseley

4.1 Annie updated the partnership on how she and Graham had consulted with agencies and partners to make sure the objectives contained within were achievable within the severe financial constraints facing Norfolk County Council and health. Despite these difficulties, many of the staff and agencies approached had been positive about looking at new ways of working and with new partner agencies to achieve the changes older people needed.

4.2 Some of the objectives would involve large scale change. When older people had been consulted, many would choose to live in housing with care rather than in a residential care home. Housing with care is where everyone has their own accommodation and front door, either as a lease holder or owner, but personal care, meals and other facilities were available on the site if needed. The strategy included ways for councils, other housing providers and developers to promote this sort of housing. There was potential for councils to help in ways such as with the

planning process or with donating land.

4.3 Other objectives involved easily achievable small changes. For example, requests had been received for more information about sources of information, advice and practical support available within the community to be made available in hospitals to in-patients and out-patients and their families so they could arrange for support to be ready when the older person left hospital. Nursing staff in acute and community hospitals had been approached about this and they had responded very favourably.

## 5 Challenges and Remedies, a Plan for the Next Three Years: Living Longer, Living Well 2016-18

– Graham Creelman (refer to the attached power point presentation).

5.1 Graham introduced the Partnership's Living Longer, Living Well 2016-18 strategy by explaining that health and social care was at a critical crossroads in England. Massive restructuring was under way to re-draw boundaries and restructure budgets to try and manage escalating costs for services. Support and new capacity were required within the system to allow changes to happen which would enable more people to remain independent as long as possible.

5.2 During the ensuing discussion the following points were noted:-

- a) NCC were currently reviewing its transport scheme in North Norfolk to ensure that it is fit for purpose. The service may be put out to tender but there was no possibility of it ceasing. A consultation would be held on changes with users and Niki Park confirmed that the North Norfolk Older People's Forum would be included in this.
- b) It is important to make sure that information is easily accessible on paper and over the telephone for the many older people who hadn't got access to the internet.
- c) Gary Hazeldon reported that a new Wellbeing service had been launched by the Norfolk and Suffolk Foundation Trust on 1st September 2015. He would make sure that the access to this information was readily available. Also the mental health trust had linked specialist staff to GP practices where they could offer specialist advice and support and be a link into the specialist (secondary) mental health services. **Action:** Gary will find out how many of the mental Health Foundation Trust's 'Peer Supporters' (i.e. people who had themselves have experienced some mental health problems) were aged over 60, and also how many GP practices each specialist mental health worker linked into.
- d) It is essential that volunteers be valued; many voluntary organisations would not exist without the hours contributed by volunteers, most of whom were older people.
- e) Concern was shared regarding possible cuts to commercial rural bus services, making it more important that community transport services be maintained and supported. Older people in the city could also be isolated where they couldn't get to a bus stop. All the older people's forums were asked to make sure they were aware of what transport is available within their areas. The second section of the strategy concerned older people's objectives on transport and what could be done to improve information and advice about services and the services themselves.
- f) People in their middle years were often supporting older parents and grandchildren at the same time, and employers needed to be aware of their needs as carers. When presenting the strategy to employers, Graham said he

would impress upon them the importance of maintaining pre-retirement courses for staff to give advice on how to find out about the support and services they might need and opportunities available e.g. to volunteer.

5.3 Following a vote the partnership **agreed** to approve the strategy and take it forward as the strategy of the partnership.

## **6 Living Well in Appropriate Housing**

– Rob Walker, Executive Director of Place (including housing), Breckland District Council (refer to the attached power point presentation).

6.1 Rob gave a presentation on living well in appropriate housing and the role the district councils had to play in this. The following comments were noted:

- a) Breckland Council had just published a new 2015-19 strategic plan; one of its key priorities was to promote stronger, more independent communities and to work with partners to support older people to remain active and live independently. One in four people in Breckland were over 65. Some officer and funding support was provided to the Breckland Older People's Forum.
- b) They were working with the councils in central Norfolk to develop a strategic housing market assessment to provide evidence for local plans and developments. Work was being carried out within the accommodation and housing and with planning applications to make sure that housing met the needs of all people living within the district. There were some challenges around housing standards in the private sector.
- c) Good housing had a significant impact on health, and links with social care and health were very important. A "healthy new towns" scheme had been launched by NHS England to help with improved housing planning to lead to better neighbourhoods and an improved lifestyle. This was being led by Norfolk County Council and would focus on towns experiencing significant growth and how to improve people's health through better housing.
- d) They have maintained their budget for adaptations but demand was rising and there wasn't additional funding; instead they needed to use the funding they had more efficiently, for example by joining up with other authorities to run shared services.
- e) They have customer services in five market towns and are encouraging people to use the internet to access services as this saves money which can then be focused on the more vulnerable
- f) Half price membership at leisure centres for carers and older people had been made available following work with Admiral Nurses as carers often can't make regular use of them, and this has been implemented by a private company at no extra cost as there was spare capacity.  
**Action:** Rob will check what identification carers were required to show.
- g) All local authorities will be consulting on housing and this will give people the opportunity to give their view on policies such as the number of bedrooms per property being built e.g. when a carer needed a separate bedroom. The best way to influence developers as to the sorts of houses required was through collecting evidence and developing policies in this way.
- h) People who asked for help to put their bin out might also need other support.  
**Action:** Louise McGreevy to contact Rob regarding joining up the assisted bin collection with other services such as falls prevention.
- i) Living Longer, Living Well 2016-18 was a priority for Breckland Council for the next 4 years.

## **7 Improving Discharge Arrangements in an Acute Hospital**

- Sandra Roberts, Discharge Lead at the Queen Elizabeth Hospital (refer to the attached power point presentation)

7.1 Sandra said they were continually under very great pressure to make sure people were discharged in a timely way when they were medically ready to leave. Others were urgently needing to be admitted and there was always pressure on beds. They looked at bed availability four or five times each day, and were always open to suggestions on how the discharge experience of patients and their carers could be improved. They had already made changes which dealt with some of the problems, such as delays in having medication or transport not being ready or lack of support, aids and equipment for the patient when they returned home, or when a place in a care home wasn't available. Some people were medically fit enough to leave hospital but not well enough to return home.

7.2. They had set up a new discharge planning team with senior nursing staff do undertake specialist assessments, and discharge planning assistants to undertake practical liaison with other agencies and family. The team now handled all discharges, and followed each patient through the process, to identify where problems arose and improve communication between all relevant agencies. This had been very effective in sorting out difficulties which could lead to delays. They also met regularly with care homes to talk about the problems and find solutions.

7.3 But there was always more to do: they were looking at improving discharges during the weekends, emailing GP's with their patient's discharge information and using voluntary agencies and volunteers better, and were looking for funding to appoint a Community Support Coordinator who would make sure patients had a safe home to return to.

## **8. Recognition and Support for Older People with Depression and Anxiety**

- Euan Williamson, Commissioning Manager, Mental Health Integrated Commissioning, Norfolk and Waveney Clinical Commissioning Groups (refer to attached power point presentation)

8.1 Euan talked about the new contract for the Wellbeing Service provided by the Norfolk and Suffolk Foundation Trust with partner agencies Relate and Mind starting on September 1st. It followed on from the earlier Wellbeing service which provided 'Improved Access to Psychological Services' (IAPT). When drawing up the new contract they had consulted people using the service, carers, agency partners and GPs. Staff at UEA had drawn on this feedback to produce an independent report on what the new service should look like.

8.2 Significant improvements had been made: investment had been doubled and people aged 16+ could apply directly for support by ringing 0300 123 1503 or go through their GP for help with mild to severe depression, anxiety, phobias, post traumatic stress. The service included counselling as well as cognitive behavioural therapy, and face-to-face therapy as well as group therapy and drop-in sessions. It was based in GP practices and community venues so was now easier to get to. Where people had a more severe health problem they would be referred on to the mental health trust for a more specialist service.

8.3 It was hoped that a volunteer network would grow to enable the service to support more people, and that it would be advertised very widely to reach isolated people and communities. They value all feedback on the service from people who

have used it so they can continue to improve it: euan.williamson@nhs.net

## **9 New Strategy for Norfolk County Council Adult Social Services – ‘Promoting Independence: changing the model for social care in Norfolk’**

- Catherine Underwood, Director of Integrated Commissioning, Norfolk County Council, attended and gave a presentation (refer to the attached power point presentation).

9.1 Catherine reported that the Care Act has brought additional responsibilities while the numbers of older people are increasing. Compared with similar counties, Norfolk assessed the needs of double the amount of people and was funding more people in residential care. It was already spending more than the current budget. Now there was real pressure on public funding with more cuts coming, and the County Council had to balance its budget. They had to plan how to support more people with less money.

9.2 To do this, they were focusing on promoting independence - working with communities and families, rather than just providing formal services. There was a need to change the culture to reduce the over reliance on formal services and work with health, housing and other statutory and voluntary agencies and volunteers who also had important roles to play to help people live longer and better. They wanted to publicise more widely information about all the support that was available in the local community.

9.3 Norfolk County Council had to plan for a £50million reduction in funding of Adult Social Services over the next three years and the Adult Social Services Committee was discussing ways of reducing their spend at their meeting on 12 October.

[21.10.15 Note from Annie Moseley: eight possible areas of service reduction which could lead to a 25% cut in services were discussed by the Adult Social Services Committee meeting on 12th October, and these will be considered by Norfolk County Council's Policy and Resources Committee on 26th October. The public consultation on proposed/possible cuts will therefore be from the beginning of November until January 14th.]

## **10 Norfolk's Dementia Strategy – Update**

10.1 The Chair gave an update on the implementation of the Norfolk dementia strategy. Work had been carried out to analyse and record specialist mental health work being done across the county. It was hoped that a standardised patient pathway would be made in the future to allow proper costings to be made and to create a more equitable service.

10.2 An Employers Task and Finish group led by Chief Inspector Amanda Ellis had been set up to look at the level of dementia training needed by different staff groups and the support need by staff who were carers of people with dementia or who developed dementia. It had made good progress, would meet once more and then make recommendations. A Medication Task and Finish group led by Dr Martyn Patel of the Norfolk and Norwich Hospital was about to start. The new Dementia website would shortly be launched. The Task and Finish groups were well supported by Nicola Gregory, Norfolk Public Health Coordinator for dementia.

The next meeting is the Board Awayday on  
**Wednesday 2nd December 2015 at Breckland Council Offices, Dereham, 10am–3pm**  
(This meeting is not open to the public.)