

Norfolk Older People's Strategic Partnership Board

Away Day

Conference Suite, Breckland District Council, Dereham

Wednesday 7 December 2016

(Abbreviations: NCC = Norfolk County Council; CCG = Clinical Commissioning Group; DC = District Council; NOPSP = Norfolk Older People's Strategic Partnership)

Present:

Graham Creelman	Chair
David Button	Vice Chair
Caroline Howarth	West Norfolk CCG
Mary Ledgard	Healthwatch Norfolk
Derek Land	Norfolk Council on Ageing
Padraigh O Luanaigh	Norfolk & Norwich University Hospital
Niki Park	Norfolk County Council (Transport)
Joyce Hopwood	President
Kate Money	Age UK Norwich
Verity Gibson	Norwich Older People's Forum
Vaughan Thomas	Norwich Older People's Forum
Kate Platt	Great Yarmouth Older People's Network
Bill Borrett	Chair, Adult Social Care Committee
Sheila Young	West Norfolk Older People's Forum
Lynne Armitage	West Norfolk Older People's Forum
Jon Clemo	Community Action Norfolk
Jan Holden	Norfolk County Council (Libraries)
Joyce Groves	Carers Council
Lesley Bonshor	Carers Council
Pat Wilson	Broadland Older People's Partnership
Carole Williams	Norfolk Council on Ageing
Hilary Sutton	Broadland Older People's Partnership
Julian Rudd	Broadland Older People's Partnership
Lynn Fabre	South Norfolk Older People's Forum
Ann Baker	South Norfolk Older People's Forum
Gina Eames	Breckland Older People's Forum
Erica Betts	Breckland Older People's Forum
Marion Hatton	North Norfolk Older People's Forum
Hilary Macdonald	Age UK Norfolk

In Support:

Ann Taylor Norfolk Older People's Strategic Partnership

Apologies:

Susan Ringwood, Oliver Cruickshank, Janice Dane, Catherine Underwood, Clare Ruff, Louis Provart, Emma McKay, Micki Monroe, Val Pettit

Speakers:

Wendy Thomson, Chief Executive, Norfolk County Council

Sera Hall, Acting Director of Integrated Commissioning, Norfolk County Council

Steve Holland, Head of Quality Assurance and Market Development, Norfolk County Council

Lorraine Barrett, Director of Norfolk Adult Operations and Integration, Norfolk Community Health and Care

1. Welcome and Introductions

The Chair welcomed everyone and thanked them for coming to the Board away day. Introducing the theme of the day, Graham talked about the crisis in health and social care and how there is growing evidence that we are at a cross roads in our attitudes to the funding and provision of health and social care. What is happening in health and social care particularly affects older people. There is increasing demand at the same time as declining resource. The Sustainability and Transformation Plan should lead to improvements and efficiencies, but it is also about saving money. At the same time, there are proposals at the County Council for cuts in adult social care. Combined, these will have an inevitable impact on the needs of the county's older people.

The partnership accepts that provision needs to evolve, and a closer relationship between the NHS and social care is something desperately needed. But as savings will almost certainly fall particularly on older people, the partnership need to be involved as closely as possible in the shape they might take; what the alternatives might be and what priorities older people themselves have for their future.

2. The Sustainability and Transformation Plans

Wendy Thomson, Chief Executive, Norfolk County Council

The Board received a presentation from Wendy Thomson outlining the Sustainability and Transformation Plan.

The STP is the local way of delivering the NHS 5-year plan and the efficiencies and transformation it requires. It is place-based, covering Norfolk and Waveney and it is system-wide, covering all the institutions including the voluntary sector and the County Council. Fifteen institutions have been involved.

Looking forward five years, if the trends of the past are replicated then Norfolk would require the equivalent of a further 300 acute hospital beds. There is £70 million growth in the plan from the NHS.

The plan looked at the current state of the system, for example, not meeting 18 week targets and delays in discharges. Modelling was undertaken looking at capacity, demand and services. If the right things are done, then 25 per cent demand can be shifted from A & E to community based services. People say they would rather not go to A & E therefore there is agreement on the shift from hospital to community based provision. What is needed is the mechanism to allow this.

Prevention of ill health is included, for example targeting obesity and diabetes: access to advice; social prescribing of activities to keep individuals healthy. The current NCC initiative 'No Lonely Day' is an example of recognising the impact of loneliness and the impact of a community based approach.

There is a drive to take out activities where there is no evidence of benefits. The aim is to bolster the primary care offer, enrich community provision and interventions to help people remain at home. Mental health services need to be more accessible and improved in quality, especially for children and young people.

The NCC financial position is that the Council is spending more every year due to demand and inflation. Currently £1 million a day is spent on social care. There is a need to examine the way the Council spends and how it can make the best of what it has to support people.

The following points were raised in the discussion and in response to questions asked by Board members:

- a) The issue that cuts will target non-statutory services, such as prevention;
- b) Age UK projects working with GP surgeries supporting people to remain at home had a good evaluation. But the funding ended. They cost relatively little, but made a big difference.
- c) The cycles of cutting and crisis planning do not give time for solutions and longer term planning, and there is no substantial engagement with the voluntary sector.
- d) NCC is now planning on a multiyear basis. Statutory and non-statutory duties can be addressed in any way the council chooses. The STP is not near any detailed service design at the moment.
- e) Should the plan have been started with people to drive the plan rather than services?
- f) The voluntary and community sector is likely to be delivering the plan. But are they engaged?
- g) Collective endeavour is important and views on engagement will be fed back.
- h) How much at an educational level are children and parents involved? There is nothing in the STP specifically about this.
- i) Any hope that health, social care and public health funding is pooled?
- j) Public Health works with adults and children's services in a collaborative way. Across the country single commissioning is undertaken and would like to explore that in Norfolk. The STP has the potential to pool resources into a single amount for the system and it is possible to achieve if we want to go that route.

A copy of the STP can be found at:

<http://www.healthwatchnorfolk.co.uk/ingoodhealth/>

The Partnership thanked Wendy Thomson for her presentation and answering the questions put to her.

3. Minutes and Matters Arising

The minutes of the meeting held on 21 September 2016 were agreed as a fair record.

4. Election of Chair and Vice Chair December 2016 – December 2017

Mr G. Creelman and Mr D. Button stood down for this agenda item.

Ann Taylor confirmed that there had been only one nomination each for Chair and Vice Chair.

Mr G Creelman was elected chair for the ensuing year.
Mr D. Button was elected Vice Chair for the ensuing year.

The Terms of Reference were agreed.

5. Redesigning Housing Related Support

Sera Hall, Acting Director of Integrated Commissioning, Norfolk County Council

Sera outlined that today was about engaging with the partnership about the future and direction for services for older people under Building Resilient Lives and services providing advice and information.

The Board then received a presentation from Sera Hall outlining two current NCC consultations.

Currently NCC spends £2.7 million on floating support; £6.4 million on accommodation including hostels and sheltered housing and £1.7 million on information, guidance and advocacy. NCC has engaged with District Councils, stakeholders, community and health partners and discussions have been taking place on how to utilise most effectively the continuing £4.5 million that will be spent on these services in the future. Questions being asked are:

- a) How can we prioritise against various areas of need?
- b) What are your views on the shape of services going forward?
- c) People need support wherever they live, we want to reach more people.

Currently seven different services provide advice. Would a generic service with a single access point work? Information, advice and guidance needs to deliver effective services. Advice services need to support people to navigate the system.

Working with providers to see what efficiencies they can deliver. Asking providers to deliver more for funding.

The thinking so far is a strong emphasis on maintaining the direct access hostels and young people accommodation; support for older people wherever they live to maintain independence; consider replacement of current support for sheltered housing with outreach support service linking to other available support.

The following points were raised in discussion and in answers to questions asked by Board members:

- a) Ask for the expertise of people around this table on how things could be better and done differently.
- b) Today is about hearing what is the best way. As a council, we must make sure the information is there and we need to listen to the best way of doing this.
- c) If you want more efficient help for when people want advice urgently the idea of a one stop shop for generalised advice is not going to be useful for people in urgent need. People have no concept of how you choose between providers. Are you prepared for diversity or more general one stop generalist?
- d) Research in Great Yarmouth showed people did not know about the NCC phone number. People know about older people organisations and can find information from them. There is also an issue with people accessing information online.
- e) Most people want to go to the voluntary organisations they know and trust therefore shouldn't money going to NCC information and advice services go to the voluntary organisations?
- f) Recognising demand coming from mental health services and benefits changes, some pressure coming from district council services, how much is the proposal a test of that model? How much looking at one service provision?
- g) People cannot find the correct information on the NCC website.
- h) A consistent problem is that people are not told about their entitlements. People want paper information not just advice.
- i) There is a current investment of £1.7 million in the private and voluntary sector. The advice line people use may be one that is funded.
- j) Regarding floating support providers and benefit schemes, we meet with the seven district councils and health to discuss what the advice offer is and where it sits. This is about saying the issues we encounter are societal issues and need to be picked up in a joint effort.

The Partnership thanked Sera Hall for her presentation and answering the questions put to her.

6. Engaging with Norfolk County Council

Steve Holland, Head of Quality Assurance and Market Development, Norfolk County Council

The Board received a presentation from Steve Holland covering engagement with NCC. Steve outlined that the Care Act brought a responsibility for Councils to develop community assets, the people and the places where they live. Also, that individual people become empowered consumers.

The Council uses taxpayer's money to invest in community and consumers of care. The players in the market are the providers and individuals/consumers of services. In the care market the customers voice is unheard. The providers need to know the way in which people want to be cared for at home but there is currently no robust way providers can know what is important to people and there are now opportunities for people to work with the council and providers to influence how services are designed and delivered.

The questions to be answered are: How can NCC's investment make the place you live liveable, to have a life, transport, shop, whatever is needed to improve wellbeing? If you need care and support what does the care system need to look like, what would you need, what makes a difference?

NCC and providers need individuals/consumers of support with lived experiences to step forward in the most vocal way. NCC needs to look at how it can support that.

The following points were raised during the discussion and in response to questions asked by the Board members:

- a) We need to sit down and work out how we get there.
- b) The STP needs to include someone from the voluntary sector.
- c) There has been well publicised criticism of engagement with the STP. The STP is part of the NHS five-year plan. The STP won't solve our issues, we need to agree the steps to be taken and where the council's money goes.
- d) The voluntary sector is part of the system not an add on. Attracting funding/fund raising for the information and advice system.
- e) Is the market economy the best way or are there other options?
- f) A lot of care is provided by people who are not paid. Your model assumes people are empowered in the same way. Not all older people are empowered in the same way so you cannot assume that in the model.
- g) We are committed to working out the route map for how we get there.
- h) We need to do things properly together for example investing smartly where attracting more funding. It is about a sustainable relationship, a different model of working together
- i) In the council, we are looking at more options, looking at how to invest money to secure the support people need.
- j) More than 94,000 people provide unpaid care. If we had to pay for this, we would spend the council's net budget! We recognise the need to be smartly investing for the best return; increasing the proportion of people enjoying good independence and wellbeing. If we take morbidity statistics in Norfolk 70% all ages have reasonable wellbeing. Need to get that up to 80% otherwise we will not decrease demand on public spending. Therefore, the challenge is keeping well for longer.
- k) NCC wants the opportunity to coproduce the answers to changes we all want and they are up for a real conversation.

The Partnership thanked Steve Holland for his presentation and answering the questions put to him.

7. The STP and Integration

**Lorryne Barrett, Director of Norfolk Adult Operations and Integration,
Norfolk Community Health and Care**

The Board received a presentation from Lorryne Barrett covering the STP and integration. Lorryne explained that her post was created 18 months ago, and is funded 50/50 between NCC and Norfolk Community Health and Care. She oversees a range of operational staff from health and social care. Lorryne has four Assistant

Directors who are also 50/50 funded. The service covers Norfolk apart from Great Yarmouth.

Lorraine explained that when asked what they wanted citizens said they only wanted to tell their story once. Therefore, the architecture was created to bring health and social care together, looking at where services could integrate and work together.

The challenge is the local versus central model. The Assistant Directors are engaged and integrate locally with CCG's but there is a challenge in what the CCG's want locally. The STP may bring this together more.

There is coherence in the Promoting Independence Strategy of NCC and the Health and Care Strategy in NCH & C. Keeping people independent and well for as long as possible, avoiding crisis and decision making made in a hurry. Across this and in the STP is integration and there is an expectation of integration nationally.

What is happening now and exciting around the STP, starting in Great Yarmouth and Waveney is the 'out of hospital' team. This is where a team of different professionals with different skills work with the person. In all localities teams are working with the independent and voluntary sector to deliver advice and information when people come into the system through a health and social care triage. Services are being shaped around GP hubs. There are multi-disciplinary team meetings in GP surgeries. Also, looking at buildings and how as a system they can be used more effectively and how people can be co-located. For example, at Wymondham there is health, social care and mental health. Looking at how roles are used and making the best use of some overlaps. For example, assistant grade roles can be developed to work across health and social care.

The following points were raised during the discussion and in response to questions asked by Board members:

- a) There are good examples of staff working together at NNUH. A joint team has been developed of NNUH/NCC and NCH & C working together as one hub. It has delivered manager savings, avoids duplication and is helping around delayed discharges.
- b) The voluntary sector is often seen as the first stop but they are dealing with more and more complex cases and self-funders are coming to us at times of crisis, these can be in the form of referrals from Social Services. It is no longer just first stage signposting. We need to achieve an understanding of the breadth and complexity of the voluntary sector work.
- c) Adult Social Care is clear there should not be a distinction in the service delivered to self-funders. In hospital, adult social care work with self-funders.
- d) We need some structures in place for engagement in a formal way. The voluntary sector is not a coherent whole, it is about using the mechanisms to engage with.
- e) Needs to be a clearer understanding that cuts to the voluntary sector are greater than the amounts cut. They get lottery money etc. If you cut information and advice money you can affect other sums that come into the organisation.

- f) Few large communities are coherent. Small communities need to be considered. Attitudes important on people feeling they contribute to community to help.
- g) Educating children at school that it is normal giving to the community not just taking out. Whole community needs to be involved as equal partners.

The Partnership thanked Lorryne for her presentation and for answering the questions put to her.

The morning part of the meeting closed for lunch at 12.50pm

During the afternoon, a workshop discussion was led by Sera Hall and Rob Cooper integrated commissioners from Norfolk County Council. The theme was 'Engagement in Action' and followed the presentation given by Sera Hall and Steve Holland during the morning. Participants were asked to consider some questions to respond to the two current Norfolk County Council consultations on 'Building Resilient Lives' and Information and Advice. Summary of group feedback is attached.

The actions for the Norfolk Older People's Strategic Partnership for 2017 were agreed as follows:

1. Continue to pursue completion of strategy objectives 1,2,4 and 7 commenced in 2016
2. Pursue completion of remaining strategy objectives 3, 5 and 6 which will include a housing summit.
3. To seek immediate engagement in discussions about provision for older people in the Sustainability and Transformation discussions
4. To agree with Steve Holland a vehicle for older people to engage, as consumers, with providers of services for them.
5. For the partnership to be invited to engage with the formulation of planned changes to services, rather than just invited to comment on proposals.
6. Improve clarity around voluntary sector engagement.

The Chair thanked everyone for their contributions to the afternoon discussions and closed the meeting at 3pm.

The next Board meeting of the Norfolk Older People's Strategic Partnership will be held on Thursday 16 March 2017 at 10am in the Edwards Room, County Hall, Norwich.