

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

Attendees:

Mary Ledgard- Interim Chair, NOPSP

Janine Hagon-Powley- Partnership Co-Ordinator, NOPSP

David Button- Vice-Chair, NOPSP

Tasha Higgins- Minute taker, Community Action Norfolk (CAN)

Malcolm Court- Your Voice in South Norfolk (YVISN)

Julie Helsby- Your Voice in South Norfolk (YVISN)

Catherine Van-Battum- North Norfolk District Council

Bridget Penhale- UEA

Debra Lawrence-Bell- Norfolk County Council (NCC)

Sharon Wrath- Norfolk & Norwich University Hospitals NHS Foundation

Chris Goddard- Public

Lynda Turner- Public

Erica Betts- Norfolk & Norwich University Hospital

Lea Schiller- Creative Arts East

Brian Wells- Broadland Older People's Partnership (BOPP)

Hilary Sutton- Broadland Older People's Partnership (BOPP)

Sheila Young- West Norfolk Patient Participation

Mark Burgis- Integrated Care Board (ICB)

Debbie Bartlett- Norfolk County Council (NCC)

Claire Sullivan- Norfolk County Council (NCC)

Ann Donkin- Age UK Norfolk

Sharon Brooks- Carers Voice

Rik Martin- Community Action Norfolk (CAN)

Alistair Roy- Age UK (Via Zoom)

Caroline Varney- Bowers- Norfolk County Council Library services (Via Zoom)

Apologies:

Sue Whitaker- Age UK Trustee

Donna Hammond- Great Yarmouth Borough Council

Patricia Hewitt- Chair, NHS Norfolk & Waveney Integrated Care Board

Rachel Omori- Norwich City Council

Anneliese Marz- Age Concern North Norfolk

Valerie Pettit- Great Yarmouth Older People's Forum (GYOPF)

Niki Park- Norfolk County Council (NCC) Passenger Transport

Rebecca Champion- Integrated Care Board (ICB)

1. Welcome and Introduction

¹Mary Ledgard welcomed everyone and led a round of introductions.

2. Speaker: Mark Burgis, Executive Director of Patients and Communities, NHS Norfolk and Waveney Integrated Care Board (ICB)

¹ In addition to the shared slides the following points were made:

- My role is about listening to and supporting a wide spectrum of voices including those seldom heard / quieter in multiple ways, getting a clear picture of what would make a difference and making the case for change to get system/s right to enable better care for patients and people in our community.
- The Patients and Communities Committee is chaired by Aliona Derrett who is Chief Executive of Norfolk Deaf Association. An Older People's Programme is going to be established by the ICB and we will engage with NOPSP about how best to do that.

²Attendee Comments:

- The Carers Passport was mentioned as an example of where co-production has really worked.
- Concern that in regard to the proposed County Deal for Norfolk none of the associated money will be spent on older people services and it was asked whether the ICB has been a consultee. There was also concern regarding how easily people are able to be part of the conversation and their voices heard, either directly or through advocates, in shaping how that money is used recognising that investment may protect current spending.
- Older people need to be involved in decisions about what services are needed and not simply how services are provided - how are the ICB going to create opportunities for older people to offer their views.
- Discharging into appropriate community care has been challenging before, during and since the pandemic and this is affecting workforces. Why isn't there more provision for hospices and end of life care.

3. Speaker: Debbie Bartlett, Director of Strategy and Transformation, Adult Social Services, Norfolk County Council

¹ In addition to the presented slides the following points were made:

- We are returning to our Living Well Strengths Based Model with a relatively young and inexperienced workforce who may have joined during home-based working. We have invested in our own apprenticeship programme for practitioners. The image and profile of social care is affected by continuous negative headlines.
- By analysing our own case note data we have been able to identify people who we think have a chance of falling in the next year and we want to contact them proactively, however legislation around data sharing is behind the curve and doesn't lend itself to do that sort of work.

²Attendee Comments:

- Access issues for those with mobility problems with taxi drivers in Norwich no longer able to take older people to places they want to go too.

- Issues around Transfer of Care Document and discharge particularly when it is known patients will need a permanent care home on discharge with a lack of flexibility - example of patient waiting three months for care home in hospital which could have been shortened if more listening at beginning. Decisions being made by teams that haven't seen patients which may be approached differently if they had seen them in person. Environment is causing patient frustration and periods of challenging behaviour. Lost trusted assessor role who could give valuable information having seen patients and really missing that service.
- Emphasis needs to be on the 'soft touches/small things' that stop people getting into the health and care system in the first place and short term interventions, such as care for a couple of weeks when needed enabling and supporting people to stay home - just enough at just the right time e.g., handyman service, with public sector needing to be less risk adverse.
- The need to enable staff to think outside the box creating a wealth of ideas and to be collecting the voices of both community and frontline workers.
- ICS's rely on relationships between people and trust for the benefit of the community - won't transform if we keep doing what we have always done. Be person centred and listen carefully to what is actually needed on the ground (top up rather than top down). The different systems mean professionals can't see/share patient's stories once which is frustrating.
- We have come out of Covid with a very weakened voluntary sector and increasingly there is demand on it to step up, with subsequent cost-of-living crisis increasing risk of closure. Mutual aid schemes etc set up during Covid have disappeared as people return to work, lost interest or burnt out having gone straight into a financial crisis. We have to protect communities and voluntary sector, which we are going to increasingly need, which isn't happening and seeing polarisation towards charities that can move quickly with smaller voluntary sector falling by the wayside.

4. Discussion

The following points were made by attendees:

- Breckland District Council - Inspiring Communities provides a significant investment in VCSEs including those supporting older people. It is really

important to be out in and get to know local communities and understand what different communities need, which is not the same. The Council gives out a wide spectrum of grants to individuals and groups such as a Community Choir in Shipdham which has 80 people on its books (don't have to be able to sing, for some it's the only time they see other people over a cup of tea) - finding that opportunity to pick up issues, signpost people etc. Effective to combine opportunities such as a Warm Space, Mobile Food Bus and private space to talk to other VCSE's and create opportunities that people from all walks of life feel comfortable going to and using. Often older people need someone to pick them up and go with them to places as confidence drops as you get older. It is about attitude and using resources better e.g., council tax letter that everyone receives every year, binmen, residents survey, Council Newsletter, Parish Magazines and Social Media.

- Broadland Older People's Partnership - Management committee meets once a month, and we organise three public meetings a year with a theme/topic. We have a newsletter distribution list with approx. 30 active members. We used to have a District Council member on the Committee who has not yet been replaced and we need this direct line of communication.
- South Norfolk Older People's Partnership - activity has stopped with no interest and younger members to sustain the committee, with no contact with District Council recognising the merger between Broadland and South Norfolk. We need some direction and volunteers.
- The value of each Districts Collaboration / Help Hubs in promoting NOPSP's activity in each district which could raise profile and encourage engagement. As well as using NOPSP's newsletter to do this and reach new audiences such as social prescribers. Sometimes there isn't enough from a West Norfolk perspective.
- In the transition from West Norfolk CCG to ICS lost the funding that enabled all the PPGs in West Norfolk to come together, which was thriving. Would like to join this with an Older People's Forum in West Norfolk. There is a need and lot of hard to reach people in West Norfolk.
- Important to remember Waveney is part of the ICB.