

Norfolk Older People's Strategic Partnership Board
Away Day
Conference Suite, Breckland District Council, Dereham
Wednesday 6 December 2017

(Abbreviations: STP = Sustainability and Transformation Plan, 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
Mary Ledgard	Healthwatch Norfolk
Derek Land	Norfolk Council on Ageing
Niki Park	Norfolk County Council (Transport)
Verity Gibson	Norwich Older People's Forum
Lynne Armitage	West Norfolk Older People's Forum
Jan Holden	Norfolk County Council (Libraries)
Lesley Bonshor	Carers Council
Pat Wilson	Broadland Older People's Partnership
Carole Williams	Norfolk Council on Ageing
Ann Baker	South Norfolk Older People's Forum
Ann Taylor	South Norfolk Older Peoples Forum
Erica Betts	Breckland Older Peoples Forum
Gina Eames	Breckland Older People's Forum
Hilary Macdonald	Age UK Norfolk
Rebecca Champion	North Norfolk CCG
Kate Kingdon	Age UK Norfolk

In Support:

Tasha Higgins	Community Action Norfolk
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Apologies:

Craig Miller (Norfolk Constabulary), Shelagh Gurney (NCC) Sheila Young WNOPF

Speakers:

Ian Duckmanton, Regional Manager, Volunteering Matters
Melanie Craig, Chief Officer for Great Yarmouth and Waveney CCG and STP Senior Officer for Primary and Community Care
Kate Lewis, Head of Strategic Planning for Great Yarmouth and Waveney CCG and STP Primary and Community Care

1. Welcome

The Chair welcomed everyone and thanked them for coming, noting that an important meeting of the Health & Wellbeing Board was occurring at the same time accounting for the absence of several members.

2. Minutes and Matters Arising

The minutes of the meeting held on 14th September 2017 were agreed as a fair record.

Graham Creelman updated on the actions and considerations from the meeting of 14th September these were:

- Monitor the level of demand for Advice and Information
- Monitor the quality and standard of Housing Support
- Monitor how the STP will engage with Housing Issues
- Follow up District Councils submissions to Housing Minister

Housing is recognised as a key consideration in all areas of the strategy. This is a direct result of the last meeting and its attendees. These actions can now be closed.

3. Election of Chair and Vice Chair/s (December 2017 – 2018)

Graham Creelman stated that he is happy to stand for another year as chair but not beyond this. David Button proposed that Graham continue for a further year as chair, seconded by Erica Betts. Agreed by all present.

Graham Creelman proposed an additional vice chair given the busy and difficult year ahead particularly with the STP and development of board's new strategy. Proposing David Button as first vice chair, seconded by Carole Williams and agreed by all present.

Followed by the proposal of Erica Betts as vice chair, seconded by Verity Gibson and agreed by all present.

Finally, Graham proposed Kate Kingdon as vice chair given her specialism in information and advice. However as not currently a member of the board she would need to be appointed as a co-opted member, allowed as allocation of co-opted members not fulfilled. Therefore, he proposed Kate Kingdon as a co-opted member of board and third vice chair, seconded by Verity Gibson and approved by all present.

Hilary MacDonald clarified that Age UK Norfolk pays for Kate Kingdon's post however her Partnership Lead role is part of a NCC project to develop a comprehensive, specialist information, advice and advocacy service for Norfolk.

Carole Williams voiced her concern that with the appointment of Kate Kingdon her work and role in framing information and advice may not be as valued. Graham Creelman assured that this would not be the case. There is a difference between

how to engage as a board on the issue of information and advice and specific direct pieces of work for older people.

Graham Creelman welcomed David Button, Kate Kingdon and Erika Betts as vice chairs.

4. Strategy 2016 – 2018 Update

Graham Creelman reflected on the crisis in health and social care services, particularly affecting older people, and how the gap between service expectations and government resource has grown, even reaching open conflict between Head of NHS England and the government.

The partnership accepts that provision needs to evolve and a closer relationship between the NHS and social care is something desperately needed. The partnership needs to be involved as closely as possible in the shaping of the STP and proposals that affect the growing population of older people, to understand what the alternatives might be and reflect priorities older people themselves have for their future. The partnerships strategy is an important part of this.

Graham Creelman ran through headlines of the current strategy. A full update on strategy progress is available.

1. Information & Advice – Proposed cuts to NCC information service have largely been reversed and worked with NCC to redesign information and advice for key services.
2. Transport – Good transport services are particularly important for older people and often ignored with an integrated structure needed at county level. The board has ensured a review of transport is part of key proposals for example any time services are moved either physically or to a different time.
3. Housing – Specialist housing provision is included in plans for health and social care but this is not enough and housing authorities need to be included.
4. Loneliness and Isolation – Key objective for new social prescribing initiative being rolled out across the country.

Hilary MacDonald referred to the recent NCC market engagement event on NCC's loneliness and social isolation strategy. The framework being developed is very much focused on activities and at no point was there any recognition or acknowledgment of those older people who are housebound or unable to get out and about. Asking members of the board to question this going forward. Graham Creelman echoed this point as well as need for connections to transport.

5. Depression and Anxiety – Since partnership raised that wellbeing services across the county are not reaching enough older people MIND have engaged with various forums across the county, to gather information on what the issues are around non-engagement. Carole Williams shared an example where cost of wheelchair taxi prevented acceptance of wellbeing service.

The following points were raised in the subsequent discussion on social prescribing:

- The need for medical issue/s to be addressed through social prescribing activity and the achievement and evidencing of long term change.
- Timely involvement of health professionals and balance between role of volunteers and professional referrals.
- Diversity of models across localities.

Graham Creelman emphasised that partnership supports the non medicalisation of patients where appropriate, but this needs to be monitored.

6. Hospital Discharge – Reablement is missing and needs to be worked on.

Graham Creelman emphasised that the partnership has been much more involved at the critical, early stages of designing proposals, which is something should be proud of.

5. Volunteering Strategy

Ian Duckmanton, Regional Manager, Volunteering Matters

The Board received a presentation from Ian Duckmanton outlining the strategy of Volunteering Matters (VM).

The following key points were raised in the presentation:

- a) Many of the people who would benefit the most from volunteering are precisely those who are least likely to do so.
- b) Challenge is to create a culture or community where volunteering becomes ordinary rather than exceptional, linking and connecting individuals and communities.
- c) VM provide a dual layered service for example where those who are isolated by their disability are enabled and supported to volunteer into a variety of settings. Not only developing their own skills but also benefitting others through their volunteering.
- d) In developing new services there are opportunities to share information, however the current commissioning process drives organisations apart and into competition.
- e) Older people can become voluntary mentors for young people in care.
- f) Age profile of people using VM services was 30 years onwards when family carers are facing the reality of being unable to provide care, therefore future focus is on reaching and supporting people earlier.

Graham Creelman thanked Ian Duckmanton for his presentation and reflected that there is a mismatch between what is needed and what is available, a need for volunteers to be cherished, trained and integrated into system and competitive commissioning to change.

Carole Williams shared NCC's proposal regarding cuts to subsidised bus routes and community transport operators, which could affect approx. 100 bus routes. Despite recognition that loneliness is already one of the key drivers of health and wellbeing,

impacting particularly on older people. As unaware of how to access consultation requested that this is shared.

Nikki Park confirmed that there is a consultation and encouraged people to share and respond.

Graham Creelman emphasised that as well as sharing consultation, as a partnership a more specific piece of work is being done in response. However, everybody needs to voice their concerns in their own groups and forums.

6. Norfolk and Waveney's STP

Melanie Craig, Chief Officer for Great Yarmouth and Waveney CCG

The Board received a presentation from Melanie Craig outlining the development of the STP.

The STP is driven by the fact that the population is enjoying living longer than ever before and NHS is not geared up well enough to support that population. If do nothing, in five years' time would overspend by £415 million. With the objective not simply to save money, as money is not there to spend.

The STP vision is to provide high quality services that support more people to live independently at home, especially older people and those with long-term conditions, like heart disease, breathing problems, diabetes or dementia. Hospitals should only really be providing specialist and emergency care which at the moment doesn't happen. For example services such as ear waxing do not require hospital resources. Mental health awareness is growing but still not recognised or addressed.

National Delivery Priorities are Urgent & Emergency Care, General Practice, Cancer, Mental Health and Helping frail & older people stay healthy and independent. Alongside this care is being integrated locally including new care models, integrated services across GPs, hospitals, mental health and social care and community involvement.

To support this a Joint Strategic Commissioning Committee (JSCC) has been formed which will have delegated authority from all the CCGs governing bodies to make decisions against a defined set of responsibilities, enabling STP enforcement, scale of economy as well as locality approach.

GPs also jointly working in about 20 localities with community services, social care and third sector organisations

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

- a) What is the process / mechanism for wider engagement beyond the stakeholder board i.e. how can other groups or organisations engage or be engaged?

- b) Importance of prevention and the links between STP and other prevention areas such as education, considering their interconnected nature and separate governing bodies such as Public Health.
- c) Fracturing of STP vision as it comes down organisational hierarchies.
- d) Importance of transport links to primary / community care given bus routes are often focused on hospitals and the need to consider access for community primary care approach to be successful.
- e) A lack of awareness of where the 20 localities are located that GPs are jointly working in.

Graham Creelman thanked Melanie Craig for her presentation and for answering the questions put to her.

7. Primary and Community Care – STP Workstream Update **Kate Lewis, Head of Strategic Planning Great Yarmouth & Waveney CCG**

The Board received a presentation from Kate Lewis updating on the Primary and Community Care STP workstream.

Revised Programme Board to include senior leaders across primary and community care, commissioning and provider organisations, mental health, adult social care and voluntary sector.

Local Delivery Boards for each CCG area with local GP provider representation and/or GP neighbourhood / locality representation, community services, mental health, District Councils, voluntary sector, carers and patients. With each Local Delivery Board responsible for local implementation, training and engagement.

Aim is to have a consistent health care offer with the ability to promote self-care and responsible health seeking behaviours from the public.

For Primary Care, the STP is an opportunity to address; sustainability and resilience in general practice, working at scale and sharing best practice and new models of care for a whole population approach.

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

- a) Engagement needs to be early in process during shaping / construction of services. How do groups and individuals engage with individual workstreams?
- b) How would voluntary sector representatives on local delivery board be selected particularly given diversity within sector?
- c) The need for linkages such as transport to be involved in decision making.
- d) The need for a balance between national standards and locally tailored services.
- e) Patients need to be kept informed of changes to services, ideally before they need to use service and the value of local advocates to explain changes.

- f) Signposting needs to be managed. Practices that signpost need to have correct information and organisations receiving signpost need to be able to offer support.
- g) The workforce needed to support STP plans needs to be carefully considered. Not just medical professionals but also wider carers and community roles.

Graham Creelman thanked Kate Lewis for her presentation and for answering the questions put to her.

The morning part of the meeting closed for lunch at 1.00pm

During the afternoon a workshop discussion was held. Board members were asked to identify what still needed to be worked on during 2018 using the 2016-2018 strategy headings and what were any concerns that would identify new areas of work for 2019.

Access to the NCC Consultation on the Review of the Bus Services and NCC proposal to change how people are charged for non residential support can be found at norfolkcitizenspace.com

A map of the CCG Areas is attached.

The Next Board Meeting is on Thursday 19th March 2018 10am-2pm Edwards Room County Hall Norwich. This meeting is open to the public.