Norfolk Older People's Strategic Partnership (NOPSP) Away Day

Anglia Room, Breckland District Council, Elizabeth House, Walpole Loke, Dereham, NR19 1EE

Thursday 29th November 2018 10am to 1pm

(Abbreviations: STP = Sustainability and Transformation Partnership, NCC = Norfolk County Council; CCG = Clinical Commissioning Group; DC = District Council; NOPSPB = Norfolk Older People's Strategic Partnership Board)

Present:

Graham Creelman	Chair
David Button	Vice Chair
Carole Williams	Norfolk Council on Ageing
Ann Baker	South Norfolk Older People's Forum
Penny Carpenter	Great Yarmouth Borough Council
Verity Gibson	Norwich Older Peoples Forum
Sheila Young	West Norfolk Older Peoples Forum
Karen Robson	LILY
Janice Dane	NCC Adult Social Care
Joyce Groves	Broadland Older People's Partnership (BOPP)
Lesley Bonshor	Carers Council for Norfolk
Jan Holden	NCC Libraries and Information
Rebecca Champion	NHS North Norfolk CCG
Mary Ledgard	Norwich Older People's Forum
Dorothy Bryant	NCC Transport
Tony Mitchell	South Norfolk District Council

In Support:

Janine Hagon-Powley	NOPSP Support Officer
Tasha Higgins	Community Action Norfolk (CAN)

Apologies:

Sue Whitaker	Norfolk Council on Ageing
Alex Stewart	Healthwatch
Hilary MacDonald	Age UK Norfolk
Valerie Pettit	Great Yarmouth Older People's Network
Joyce Hopwood	President NOPSPB
Lorraine Rollo	NHS
Connie Hughes	Norfolk Community Health and Care
Erica Betts	Breckland Older People's Forum
Laura McCartney-Gray	NHS
Jon Clemo	Community Action Norfolk (CAN)
Dan Skipper	Age UK Norwich
James Bullion	NCC Adult Social Care
Hilary Sutton	Broadland Older Peoples Partnership
Pat Wilson	Broadland Older People's Partnership
Nikki Park	NCC Transport

Derek Land	Norfolk Council on Ageing

Speaker:

Edward Fraser	NCC Healthy Ageing

Independent adjudicator for voting:

Stefan Clifford	Breckland District Council

1. Welcome

[1]Graham Creelman welcomed everyone, thanked them for coming and thanked Breckland District Council for the use of their Anglia Room.

[2]Graham Creelman reflected on difficulties around attendance at NOPSP and across similar structures throughout Norfolk, but this is no excuse not to try and make these meetings as interesting and relevant as possible. Organisations do come when they want to present to us and want our input.

[3]This is the last meeting of 2018 and indeed my last meeting as Chair. We will be selecting my successor later in the day. In this meeting we reflect on how we are doing and try to come to a consensus on what the major activities should be for 2019. Most importantly, this is an opportunity to review the headline objectives of NOPSP's 2019 – 2021 Strategy.

2. Minutes and Matters Arising

[1]The minutes of the meeting held on 13th Sep 2018 were agreed as a fair record after the following update:

- Carole Williams asked for Page 1, Item 2, Paragraph 3 to be changed to 'particularly highlighting a lack of information about the future of health and social care funding. Janice ….'
- Amendment received via email from Sue Whittaker, Norfolk Council on Ageing, whose apology was omitted for the September meeting

[2]Carole Williams asked for an update regarding Page 1, Item 3, Paragraph 2 around the 'secured transformational funding for urgent and emergency care' and the amount of funding secured. Graham Creelman did not know but understands it is reasonably significant and already flowing into the system.

[3]Ann Baker asked for an update on Page 1, Item 2, Paragraph 2 regarding the Housing with Care Strategy. Janice Dane confirmed that this was launched recently, and she will send a link or copy to Janine, it is also located on NCC's website under Living Well section.

ACTION: Janine to circulate link to or copy of the Housing with Care Strategy.

[4]Graham Creelman confirmed that in regard to the Adult Mental Health Review (10-year strategy) there have been significant push backs on the timescale for this strategy and that this has been done in isolation from simultaneous Dementia and

Young Person's Mental Health Reviews with no evidence of how these reviews are going to link with each other. For the 3rd time NSFT has been declared more than inadequate by the CQC with calls for management to be completely disbanded. There are some concerns that the Mental Health review/s will be used as a vehicle for the restructuring of mental health services and reallocation of trust responsibilities.

[5]Carole Williams asked for an update on the Carers Handbook. Verity Gibson confirmed that it is due to be launched tomorrow.

3. General Updates

[1]2018 has been a very difficult year for nearly everybody. Inevitably an organisation which is concerned with the lives of older people has been much engaged with the significant developments in health and social care. And 2018 has been a busy year for that, as the STP gets to grips with the complicated but important business of better aligning Health and Social Care through an Integrated Care System. Now this is not easy, particularly as the management and the budgets for the NHS are handled by central government and that for social care by local government.

[2]It's a slow business, but I am pleased to say that the importance of getting proposals right for older people has been taken on board by those creating proposals for changes to health and social care. NOPSP meetings are one of the first ports of calls for early engagement on new plans, and as Chair of this Board I also chair the Stakeholder Partnership of the STP, which was set up to ensure that the voluntary sector is engaged and consulted on any proposals. We need to be engaged in the designing and development of reviews and that still hasn't changed. The Stakeholder Partnership works reasonably well most of the time however a major issue remains about the timeliness of when it and similar organisations are engaged with.

[3]Being engaged with is not the same as being listened to, and it is clearly a most important part of this board's function to ensure that good intentions are carried through into final proposals. Much of the refreshed strategy addresses these critical issues. NOPSP will continue to have a place on the stakeholder group of the STP, but there is no assumption that our new chair will also chair the stakeholder group.

[4]We have already made the case that it seems unhelpful that the county's dementia strategy is being considered in a different piece of work, rather than integrated with the wider mental health review. In addition, we have made the case that a dementia strategy review should not be done in isolation from consideration of the physical health of older people, who are living longer with dementia and inevitably other illnesses.

[5]This partnership has been successful in ensuring that transport is considered as a key element in any proposals for changes to services. If the future is more localisation of health care, with some treatments moved out of hospitals and into the community, then the needs of older people, who may not be able to drive and whose local bus service is poor, becomes critical.

[6]These are good things. On the down side, attendance at this Board meetings has been erratic. It does not seem to be based on location, or particularly on subject matter. But we are a non-executive body with few resources and no statutory function. And at a time when those in the statutory and voluntary sector are really stretched, we must make sure that we are relevant to their work and not just an extra commitment that is dropped if something more important comes up.

[7]It will be upon the new Chair and Vice Chairs to carry this forward. I would like to say what a privilege it has been to chair an organisation with so many skills and dedicated people in it. And let us never forget that it is the District Older People's Forums which are our eyes and ears in the community.

[8]Graham Creelman proposed that David Button is co-opted as a member of the Board, there were no objections.

[9]NOPSP's Terms of Reference allow for the role of Vice Chair. In the past few years it has been useful to have more than one, to spread the work load. Erica Betts is prepared to carry on as a vice chair, there were no objections. Graham Creelman recommended that Carole Williams and Mary Ledgard also become vice chairs, there were no objections.

[10]For the role of Chair:

- David Button, currently vice chair, was nominated by Ann Baker, seconded by Verity Gibson.
- Penny Carpenter, currently an active and engaged district and county councilor, was nominated by Sheila Young, seconded by Carole Williams.

[11]Voting slips are in your pack and need to be completed in the break. The votes will be counted by an independent official of the district council.

Frailty in Later Life

[1]Graham Creelman introduced Ed Fraser who provided an update on the issue of frailty in later life and the shift to Healthy Ageing. Ed is the newly appointed Commissioning Manager for Healthy Ageing and Care Homes for the County Council. The following key points were raised in the presentation:

a) While many of our residents are living well into older age, a significant number of older people have complex health and care needs arising from long-term conditions such as frailty and/or dementia.
b) These people are some of the most frequent users of our local services and providing appropriate support is one of the biggest challenges facing our health and care system. Too much care is provided by crisis or specialist services. This is very expensive and often does not lead to the best outcome for the individual.
c) The Healthy Ageing project is Norfolk County Council's plan to enable older people (65+), families and carers, especially those living with frailty and/or dementia, to enjoy the best possible quality of life and remain safe and well at home this winter (and beyond).

d) This is being achieved through increased connectivity between NHS, Norfolk County Council, District Council and VCSE services, and better targeting of community resources.
e) Healthy Ageing is part of Norfolk County Council's Promoting Independence strategy.
f) Frailty is a long-term condition where multiple body systems gradually lose their in-built reserves. People with frailty have reduced resilience and increased vulnerability to relatively minor changes in their circumstances, leading to sharp deterioration in their independence and health. Frailty is more common in older people, but it is not an inevitable part of ageing. Frailty is a spectrum condition that ranges from "mild" to "severe" and a person's frailty can increase or decrease over time. Diet and exercise have been shown to decrease frailty and there are links between frailty and social isolation.
g) Approx. 234,9000 people aged 65+ in Norfolk and Waveney of which around 80,100 are 'mildly frail', 31,300 'moderately frail' and 8,600 'severely frail'.
h) The first sign of frailty is often when a person requires emergency care following a crisis. Because of this reactive approach, an increasingly high proportion of hospital bed days are used by people aged 65+. Unnecessary hospital admissions can be very harmful for older people. Ten days of bed rest equates to 10 years of muscle loss. We all need to work together to recognise people living with frailty as early as possible.
i) The cost of care for a person who is mildly frail is 63% of the cost for a person who is moderately frail. Enabling 1 in 100 local people who are mildly frail to maintain their level of health would result in savings of approx. £810k to the local health and care system.
j) We will focus our energies on key moments along the frailty progression (Stages 3: Support for complex co-morbidities frailty, 4: Accessible, effective support in crisis, 6: Good discharge planning and post-discharge support and 7: Effective rehabilitation and re-ablement).
k) We have produced a toolkit, series of public webpages, to support staff and volunteers working with older people in the community to:
    - Recognise people living with frailty and/or dementia at an early stage,
    - Know where older people can go for information and advice about these conditions and healthy ageing in general,
    - Be aware of local services that can help older people, especially those with frailty and/or dementia, to enjoy the best possible quality of life.

    We are promoting the toolkit as a vehicle to improve partnership working across a wide range of stakeholders and to embed the toolkit into everyday practice for community services, especially those that engage with older people at key moments – e.g. The Norfolk Swift service and Norfolk Early Intervention Vehicles.
l) Public Health datasets are being used to identify "hotspot" areas where there is high usage of urgent and emergency services relative to the level of expected need on the assumption that this indicates a lack of community provision. In future, population mapping tools (e.g. ECLIPSE) may be used to identify specific cohorts of older people who could benefit from extra support to remain safe and well at home.
m) The Healthy Ageing project is scheduled to finish in September 2019 so the challenge will be to ensure sustainable long-term improvements.

n) We encourage groups like NOPSPB to push toolkit out through their own networks, friends, neighbours, colleagues.

Graham Creelman thanked Ed Fraser for his presentation. The following points were raised during the subsequent discussion:

a) Concerns around the shifting of responsibility onto community and voluntary organisations. Ed responded that the key services under scope are council services and it is about how all services can work better together. Now a lot of activity is at the acute end of the scale and would like to shift that using NCC and other services. Keen to look strategically across the contracts that we have to find out how we can work more effectively for this particular patient cohort.
b) The importance of linking with broader key services such as Norfolk Constabulary Control Room and wider community safety teams, Fire and Rescue Service, Assisted Bin, Post Office.
c) Voluntary organisations such as Age UK Norfolk engage with and support many older people and can therefore identify people that fit your parameters but often lack funding to do the work. Therefore, if you are asking more VCSE organisations to support you in identifying people you need to support them, particularly given the number and complexity of calls is increasing e.g. sometimes a long time to persuade people to seek support. Ed responded that collecting this evidence is what we need if we are going to shift care from acute to preventative and build a business case that identifies where we need more funding.
d) The challenge and importance of gathering and sharing up to date and in-depth knowledge and understanding of how individual communities work – who has this role? Ed responded that there are several NCC staff whose role is community development and there are best practice examples of how this can be done in partnership and individually.
e) There are many 'frail' and vulnerable people out in the community who are under the radar and therefore could be missed, the question is how you get to these as 'in the community' roles disappear. Ed responded that it is important to identify hidden people and Public Health are currently using hospital data to map where we think people with frailty are currently living, which will be done by January 2019. GP primary care data is also very good and are looking to use GP's electronic frailty index overlaid with other data such as assisted bin collection, length of house ownership. These kinds of conversations around integrating data sets will be discussed at the Healthy Ageing Steering Group. It was highlighted that in South Norfolk District Council they now have two staff whose role specifically includes data analysis who could be useful contacts.
f) The possibilities of self-care and wellbeing (diet, sleep, exercise, sociability) for individuals to at least prevent progression.
g) Where do you refer people to when you find them and how do you do it? There needs to be clear and easy lines of communication and an ability to report gaps in services particularly for when organisations end up beyond their remit or capability. Ed responded they will be following up with key services including Social Isolation and Social Isolation, exploring links and synergies between services helping the development of action plans for what needs to happen to improve these connections.

h) The value of engaging with different groups e.g. Patient Participation Group's, small businesses (newsagents, fish and chip shops, hairdressers) who know their communities as well as larger supermarkets who have a greater ability to engage. As well as the role of the education system.

Graham Creelman asked for the toolkit to be shared with NOPSP and for Ed to come back at some point next year to reflect on how it has been working.

Election of Chair

[1]Graham Creelman announced the voting results with 4 votes for Penny Carpenter and 12 votes for David Button, officially handing over to David Button thanking Penny Carpenter for standing.

[2]David Button thanked Graham Creelman for his contribution as Chair and colleagues for their votes, emphasising his commitment to the role and the wellbeing and future of older people. It was announced that Ann Taylor, a previous support worker for NOPSP, is very seriously ill.

Strategy 2019-2021

[1]David Button confirmed that the strategy is very much at a draft stage. Where other organisations are stated as having a responsibility for delivering some of the objectives they are not necessarily achievable but more directional.

[2]Graham Creelman confirmed that having started this process he will continue to work on developing the strategy focusing on the overall strategic direction, reporting to the new Chair and Vice Chairs. Unlike previous strategies trying to keep this strategy relatively simple given the resources of NOPSP. The strategy will come back to the Board for further approval at its next meeting and in between work on refining and improving the strategy will continue.

1. Information and Advice

Carole Williams highlighted that accessing information and advice has always emerged as a fundamental concern amongst older people. Two evaluation exercises of NCC's website have highlighted the difficulty of accessing information and she is concerned that there has been a drift back towards illegibility. Ideally need to be able to talk to somebody to influence at the design stage, as it is often simple changes e.g. font size, background, language that make a lot of difference.

Comments:

- Local Delivery Groups are correct, and they cover the same areas as the CCGs.
- The increasing importance of Norfolk Community Directory as a service directory and source of information and advice, which in future may be more useful and easier to access than the NCC website.
- The importance of being able to easily print off directory information which needs to be obvious to older people. Can you save entries to easily view again or is it

possible to add entries to a shortlist and tailor the information you print or save, however this process may be difficult for older people to understand?
- The issue of access e.g. those who do not have access to a computer at home or libraries, therefore we have to be mindful that people might be accessing on other people's behalf for whom saving, or printing is important. For older people font size and clear language is important e.g. print this page.
- Inclusion of parishes and the words 'printed media'.
- Include social isolation in 1.3

2. Transport

Graham Creelman highlighted that transport is always an issue but particularly important at the moment given the restructuring of services across health and social care.

- Addition of Local Delivery Groups to 2.1 Lead Agency/ies as they will be coming up with the proposals for local services.
- Explain what ERS is in 2.4 e.g. non-emergency patient transport.
- In relation to 2.4 - 'bus companies to include community transport on their websites' - Find Your Transport is a transport information tool which brings together bus, rail and community transport information. About to do a second round of development to make it better and as part of that would welcome any input once we have a protype to have a look at and give feedback. Are now working with districts and CCGs looking at the coverage of community transport, making sure there is no duplication, seeing where the gaps are and working with existing providers as much as we can.
- Although mapping would identify precisely where black spots need to be considered, what would be done with this map considering limited funding available. For example, using them to target who to tell about specific services e.g. those in areas with no public transport are more likely to be missing opportunity to claim back transport costs.
- People aren't realising that they might be entitled to claim back money for transport, lack of awareness. Could NOPSP proactively produce something to clarify this as it isn't an easy process and is not generally understood bringing together information on the NCC website transport section e.g. how to claim mobility allowance and other information. If it is a certain type of condition or cohort e.g. cancer, can there be a line on letters e.g. hospital appointment letter or existing resources e.g. Transport Plus (NCC car scheme service) leaflet
- As a result of rigorous representation from the WN PPG the QEH have now revised their outgoing letters and they are including a line 'you may be entitled to claim' and a telephone number which you can ring.

ACTION: Janine to circulate Age UK National Factsheet on claiming back transport costs.

ACTION: Forum chairs to look at what is happening in their local areas. Potentially collaborate with NCC and other stakeholders on publishing information highlighting that some people will qualify.

- Issue around GPs being aware of transport difficulties in their area for patients travelling to surgeries, particularly in relation to booking ahead community transport for appointments and the different booking timescales. Carole Williams to investigate this and feedback.
- Importance of fulfilling Bus Forum role.
- Driving Miss Daisy is a legitimate private company that is more than a taxi service taking people on day trips etc. and has received really good feedback in West Norfolk.
- Community transport is not the only answer to our transport problems because there is very often a limited capacity for how many people can use these services

3. Housing

David Button highlighted that given the focus on people remaining in their homes for as long as possible the suitability of these home is often questionable in terms of providing good quality care.

- Need to include section on ensuring existing stock is suitable for older people particularly conditioning and affordable warmth.
- Need sustainable and mixed housing stock particularly as there are many people who do not qualify for housing association stock who are struggling to get on the property ladder. This will bring together a cross section of ages that can support each other as a community. General need for long term affordable housing.
- Developers/Builders will put applications in according to the market e.g. family and first-time buyers, not necessarily building other accommodation such as sheltered housing, which then falls onto local authorities who are strapped for cash. With applications and planning permissions stacked up. Need to influence developers and builders who have the money. There is an issue around builders being able to hold onto land without building.
- The importance of considering older people's needs at the housing design stage e.g. wide doors, wider stairway for stairlift, as the cost dramatically increases if retrofitting.
- 3.4 - Do not necessarily have to have the internet to have assistive technology – replace broadband with connectivity.
- Apparently land lines are going to be completely going by 2025.

4. Loneliness and Isolation

- This is not unconnected to things like fraility, mental health, depression and anxiety in older people.
- There are several strands going on to try and combat this and there is a task to bring these together and not go down their divergent paths.
- 4.2 – what are organisations doing to support the kitemark following the award e.g. in the last year what have you actually done to support the kitemark principles.

5. Integration of Health and Social Care

- Strengthen 5.3 – need to be involved in the redesign of services, not just told about services, where it is relevant or significantly different.
- 5.2: 'Patients are not necessarily…' – clarify/change this to reflect that patients need to know which service/organisation professionals are from, but they do not need to the structural detail.
- Add Carers Council to 5.4

6. End of Life

- 6.2 – Solicitors only do wills for free at certain times of the year, called 'Free wills month' usually in Oct/Nov.
- Consider adding something in about bereavement care.
- Explain what a yellow folder is.
- Reflect development of Compassionate Communities and Neighbours.
- 6.4: Make clear who the following sentence refers to – 'Care is personalised and all those caring receive the appropriate training.
- North and South Norfolk have just launched a hospice at home service.

Include in the main introduction some emphasis on the issues of frailty, dementia, carers etc. that run through many of these subsections.

Following these comments, the strategy will be updated and a refreshed draft strategy circulated.

8. Any Other Business

Carole Williams shared that she recently attended the relaunch of the Herbert Protocol which was a real example of joined up working, notes of which will be circulated along with the new Protocol. The focus is now on older people.

The meeting ended at 13:00.

Subsequent amendment following 7 March 2019 meeting-

Surname correction to Whitaker