

**Norfolk Older People's Strategic Partnership Board**  
**Edwards Room, County Hall, Martineau Lane, Norwich**  
**Thursday 13 September 2018**

(Abbreviations: STP = Sustainability and Transformation Partnership, 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
Erica Betts	Vice Chair, Breckland Older People's Forum
Lynne Armitage	West Norfolk Older People's Forum
Carole Williams	Norfolk Council on Ageing
Derek Land	Norfolk Council on Ageing
Mary Ledger	Healthwatch Norfolk
Sheila Young	West Norfolk Older Peoples Forum
Janice Dane	Adult Social Care Norfolk County Council
Verity Gibson	Norwich Older Peoples Forum
Joyce Hopwood	President NOPSP
Lesley Bonshor	Carers Council
Ann Baker	South Norfolk Older Peoples Forum
Vicky Cullender	Saffron Housing
Julie Ringer	South Norfolk Council
Karen Robson	King's Lynn West Norfolk Borough Council
Hilary Sutton	Broadland Older Peoples Partnership
<b>In Support:</b>	
Tasha Higgins	Community Action Norfolk

**Board Apologies:**

Hilary MacDonald (Age UK Norfolk),  
Niki Park (NCC Community and Environmental Services – Transport)  
Connie Hughes (Norfolk Community NHS Trust)  
Penny Carpenter (Great Yarmouth Borough Council/Gt Yarmouth OPNetwork)  
Craig Miller Norfolk Constabulary

**Speakers:**

Dupe Burgess (Boston Consulting Group)  
Stephen Maunder (Community Protection)  
Tim Curtis (Norwich CCG Communication and Engagement)  
Rosemary Boutet (All Age Autism Partnership Board)  
Emma Bugg (Head of Integrated Commissioning NNCCG)  
Debbie Bartlett (Assistant Director NCC Strategy and Transformation)  
Sue Whitaker (Norfolk Council on Ageing)

## **1. Welcome**

Graham Creelman welcomed everyone and thanked them for coming. Following concerns around erratic attendance contact was made with those sending apologies to explore barriers to attendance. The consensus, particularly from organisational statutory services e.g. CCGs, is that individuals are just really pushed for time and find it difficult to fit in these meetings, but this doesn't mean that NOPSPB shouldn't continue to encourage them to attend.

## **2. Minutes and Matters Arising**

<sup>1</sup>The minutes of the meeting held on 14<sup>th</sup> June 2018 were agreed as a fair record. Graham Creelman highlighted that as NOPSPB is not a statutory body minutes are not checked for factual errors instead they are more like a newsletter conveying information from the meeting that attendees may have been unable to write down or to inform members unable to attend.

<sup>2</sup>Carole Williams asked for future minutes to have paragraph numbers and whether anyone had seen an updated draft of the Housing with Care Strategy. Lynne Armitage confirmed that Gita Prasad has asked if she can attend the next NOPSPB.

<sup>3</sup>Carole Williams asked whether there has been any contact with Bill Borrett since the last NOPSPB meeting, particularly highlighting a lack of information about the future of health and social care funding. Janice Dane highlighted that the government has pushed back publication of the green paper to around December 2018 and therefore they haven't been able to schedule any consultation dates. Sheila Young, member of Bill Borrett's Adult Social Care Committee, confirmed that he is interested in NOPSPB and does want more communication.

## **3. General Updates**

<sup>1</sup>Graham Creelman commented that there is nothing more important to the lives of older people in this county than getting an improved and more integrated health and social care system. The continuing issue is the interchange between care and help to live independently and how this fits in with the medical system. It has been a constant issue that once you enter the medical system you don't usual come out to live independently. One holistic system which supports, relates to and treats people is exactly what we should be looking for.

<sup>2</sup>Last week the Norfolk and Waveney STP secured transformational funding for urgent and emergency care, elective care and diabetic foot care, areas which have been starved of funds. The Norfolk and Waveney STP has also been selected for the Aspirant Integrated Care System (ICS) Development Programme. This means that local leaders in health and social care will be fast tracked to help our STP join

the group of national partnerships who are moving towards an integrated health and social care system.

<sup>3</sup>The financial state of health care in Norfolk and Waveney has been a concern to NHS England and is one of the reasons we are part of the aspirant ICS programme. One of the ways this is being addressed, and something we probably need to keep an eye on, is the move towards block contracts between CCGs and the 3 main hospitals. This should be more efficient and save money.

<sup>4</sup>The STP is beginning to implement the recent review of acute services which is being headed up by Mark Davies, Chief Executive of NNUH. Mark Burgis, Chief Operating Officer of North Norfolk CCG, has been appointed as director of the Winter Room which will keep an eye on winter plans for Norfolk and Waveney and try to smooth out the peaks, troughs and demand.

<sup>5</sup>Verity Gibson commented on the integration of health and social care budgets and the issue of local democracy because there are different structures within health and social care systems. Therefore, how is that going to be dealt with in all these discussions about integration. Graham Creelman agreed that this is a big issue, but by moving an integrated structure more closely into locally based delivery models the idea is that there should be a supervisory and management group for each locality which will be drawn from communities of interest.

<sup>6</sup>Erica Betts talked about her role as an elected governor of NNUH, where governors do challenge the board and they take notice, but governors are perhaps not as forcible as they could be. Governors only have a 3-year term after which they can stand for re-election. In the first year you are finding your feet, the second year you start to take part and in the third year you are informed and can challenge but then your term could end. We have suggested that this is extended to a minimum 4 year term.

<sup>7</sup>Graham Creelman reflected that over the past year NOPSB have tried to bring advance notice of the most significant proposals in the ongoing process of re-structuring health and social care in Norfolk, drawing on a collective experience. For us one of the key areas of this work is a review of the state provision for mental health in Norfolk and Suffolk. This review will form the basis for proposals for the development of mental health services in Norfolk and Waveney, which is fundamentally important for older people.

#### **4. Mental Health Review**

Graham Creelman introduced Dupe Burgess from the Boston Consulting Group who are carrying out the Mental Health Review on behalf of the STP. The following key points were raised in the presentation:

- a) Commissioned to look into how mental health services across Norfolk and Waveney are working, what we can do to improve them and come up with a strategy over the next 10 years that is sustainable and robust. A big part of that strategy is the care of older people including specifically dementia.

- b) Over the next few weeks, in the first phase of this review, we are embarking on a series of engagements to try and get as much feedback and input as possible from a wide range of stakeholders, users, carers etc.
- c) The first phase includes understanding the key challenges and what needs to change, through a series of engagements like this as well as open forums and discussions with users, carers and other stakeholders. The second stage, which begins around November through to January, will involve formulating the strategy, testing some of our recommendations in further engagements and refining what we have.
- d) The core objectives of this strategy include adequately meeting the current and future mental health needs of the population, controlling costs, integration across sectors enabling seamless handovers, commissioning efficiently and focusing on prevention before care interventions are required.
- e) The strategy will not assume that integration happens. A big part of our work is thinking about how integration can happen for example how physical and mental health combine, integrated commissioning etc. What would the system look like if we designed it from scratch and how we would go about putting that in place.
- f) To broaden our engagement there will be a survey going online shortly.

Graham Creelman thanked Dupe Burgess for her presentation. The following points were raised during the subsequent discussion:

- a) The next 10 years will encompass a number of general elections and changes in government and policy therefore how can any strategy be sustained, particularly considering that withdrawal of funding for services, projects etc. is often underpinned by changes in political objectives. Withdrawing of funding can also create fragmentation in service and support provision.
- b) Another underlying theme / issue, particularly for older people, is access to transport and services due to the county's geography.
- c) A key issue is that people are being detained in hospital for far longer than they need to be because there is no or not enough properly funded supported accommodation in the community for people who have mental issues and who are perhaps on a community treatment order or something similar. Poor integration of care and community care are fundamental issues and the integration of these systems is really important because you won't get people moving along a pathway of recovery unless there is much greater properly resourced community accommodation, support etc.
- d) Rigid pathways mean people are falling between gaps - don't meet particular thresholds or criteria which have come about because of stress on the system and cut backs.
- e) An important issue is crisis management for people who are at home – issues in accessing support particularly for patients not on home visit systems.
- f) Some services can be seen as an intrusion into people's homes and therefore need to reassure people that what is being offered is not a threat.
- g) There are initiatives in GP surgeries for receptionists to signpost, is there some scope to look into working with this so that alternative mental health is one of the places that patients can be directed to in the first instance. By understanding what is available in the area and knowing where to direct people it prevents them entering a system they don't need to enter.

**Action:** Dupe Burgess to email NOPSPB survey link when live and a list of all their engagement events for NOPSPB to identify any gaps.

## 5. Norfolk Against Scams Partnership (NASP)

Graham Creelman introduced Stephen Maunder from Community Prevention. The following key points were raised in the presentation:

- a) Text message scams are becoming a really big growth area but scams are also done online, by phone, email, post or in person.
- b) Almost three quarters of people in the UK have been targeted by scammers in the last two years. Over a third of people have been targeted five times or more.
- c) 7 in 10 people targeted by a scam do not tell anyone about it. Almost half of people have taken no action to protect themselves against scams in the last 12 months.
- d) Friends Against Scams is a national initiative aiming to get information out into communities and make people more aware, knowledgeable and involved, with 2,261 Friends recruited in Norfolk since April 2017.
- e) Now have the Norfolk Against Scams Partnership which is a group of organisations committed to taking a stand against scams, aiming to make Norfolk a scam free county. It is about partners working together to protect and support residents and businesses in Norfolk from scams, doorstep crime and fraud, providing an opportunity to share knowledge, good practice and bring more people together. This will allow a consistent message and improve access to the right help and support. Are currently looking to recruit partners.
- f) There will be a steering group to help guide the project which will be chaired by NCC for its initial year after which the chair will come from within the group itself.
- g) Working towards an event in early Nov 2018 to bring together all partners signed up so far and for anyone else who wants to find out more.

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

- a) There is an important link with vulnerability and mental health and therefore need to focus on prevention and raising awareness.
- b) Would be really good if you could forward any email scams rather than reporting through forms which do not have email capacity. Although the majority of bigger companies do have their own dedicated email addresses and teams that are working to stop scams which you can forward emails too, this excludes a wide range of scams.
- c) Natwest have appointed three community bankers in Norfolk and their role is purely to go out and deliver scams education.

## 6. Prepare for Winter

Graham Creelman introduced Tim Curtis who provided an update on the winter communication plan. The following key points were raised in the presentation:

- a) There is a standard national campaign for winter communications called the stay well campaign which combines different communication strands.
- b) Flu jab campaign has just started and working with care homes to ensure all staff have their free flu jabs.
- c) Slowly GP practices are introducing more weekend and evening appointments.
- d) This year particularly targeting pregnant mums, carers and people with long term conditions to raise awareness of the fact that they eligible for a free flu jab as uptake is lower than other groups such as older people.
- e) To bolster its winter response there will be more admission capacity, more capacity in mental health liaison in hospitals and more capacity in discharge services to create some resilience. Trying to pull this all together in one document for future communication.
- f) 25% of calls to 111 resulted in a face to face clinical contact of which a small proportion of those involved 999.

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

- a) Not all older people are familiar with Google, social media etc. and therefore you do need to continue to use traditional campaign methods such as GP surgeries, parish and borough newsletters, radio stations etc. Many of our older people's forums also have a newsletter for communications.
- b) Concerns around directing people to the 111 service so often.
- c) Perception that there will be side effects from the flu jab and that it gives you the flu, can communications address these myths and perceptions.
- d) Confusion around the enhanced flu jab for people over 65, it's not clear that this is the vaccine that will be given if over 65 and there is not a choice.
- e) People with long term conditions who are rather frail tend not to realise they can manage their own conditions so well.
- f) Discharge doesn't start when the person is ready to go to home, it starts when the patient comes in or before and that needs good leadership and team work.
- g) There was a Falls Prevention Strategy, now called Healthy Ageing, which takes in frailty and susceptibility.
- h) GP receptionists should be recognising that carers are entitled to a free flu jab and advising appropriately, whatever their age.

**Action:** Lynne Armitage to share with Tim Curtis contact details for the older people's Forums.

## **7. Norfolk Autism Strategy**

Graham Creelman introduced Rosemary Boutet who provided an update on the all age Norfolk Autism Strategy being carried out by the All Age Autism Partnership Board. The following key points were raised in the presentation:

- a) I am the only member of the Board representing over 55s and therefore we are looking for an additional 2 members particularly someone over 55 who has autism.
- b) Autism is a lifelong condition and across a spectrum (Autism Spectrum Disorder - ASD) with parents in their 60s, 70s and 80s still caring in various ways for adult children with autism in their 30s, 40s and 50s.
- c) Through the Autism Partnership Board Norfolk is developing a much more ambitious plan to support people with autism across the spectrum and throughout their lives, involving as many partners as possible to gather and share knowledge.
- d) The Board meets quarterly and consists of NCC professionals, NHS and partners, experts by experience and other voluntary agencies who will be putting in place and overseeing a Norfolk Autism Strategy.
- e) The Board also aims to influence NHS and NCC professionals to improve services for people of any age who have or may have autism and to raise awareness of autism within the wider community, helping to enable people with autism to be better or fully included in society.
- f) People with autism need reasonable adjustments, e.g. time and patience, as they have problems processing language and responding to a 'bombardment' of questions or sensory overload.
- g) The Norfolk All Age Partnership Group meets quarterly in different venues for those with autism, carers, parents etc. from anywhere in the county.
- h) There is a working group looking at workforce development and training to help anyone in public services begin to identify potential signs of autism as well as supporting senior staff to make decisions about the lives of people with autism through specialist knowledge.
- i) NCC has to carry out an autism self-assessment to measure progress against the National Autism Strategy. An autism dashboard will inform planning and scale of services and the adult diagnostic pathway (25+) is being recommissioned.
- j) Historically there has been almost no dedicated support for people with autism if they didn't have significant learning difficulties.

Graham Creelman thanked Rosemary Boutet for her presentation and added that this raises a big issue about the role of older carers, who are living longer, and people with long term conditions who are now living much longer as their physical health has improved, placing an enormous strain on carers and the system.

## **8. Norfolk Carers Strategy**

Graham Creelman introduced Emma Bugg and Debbie Bartlet who provided an update on the Norfolk Carers Strategy. The following key points were raised in the presentation:

- a) Looking at how we can ensure that, as a whole system, carers are identified at any point, there is better for support for carers once they are identified and achieving commonality in how this is done across the system.
- b) In July 2018 went to the Health and Wellbeing Board asking them to oversee and monitor the development of a Norfolk Carers Strategy, to which they agreed. Ideally would like to have a draft publication available by March 2019 but keen to ensure that the process is meaningful.
- c) The strategy will include both adults and children and its intentions are:
  - to strengthen our approach to carers across the whole system by recognising carers in their own right and to ensure they are not impacted by their caring responsibilities to lead fulfilling lives. There is also a great deal of support that carers could receive, enabling them to provide their caring role better and more confidently.
  - to see how we can develop a system wide set of principles and standards to support carer identification and support that is provided to carers.
  - to ensure that the strategy is co-produced and carer led, talking to carers first. A proposed engagement timescale has not yet been set out and currently working out how that process will happen.
- d) Looking for organisations to sign up to the Carers Charter for Norfolk, developed with Carers Council for Norfolk with an independent chair, focusing on what it is like to be an employee and employer if you are a carer, young carers and issues in educational establishments and as a carer how you retain the ability to have your own life. We feel this provides a very solid foundation on which to move forward with this strategy.

Graham Creelman thanked Emma Bugg and Debbie Bartlet for their presentation. The following points were raised during the subsequent discussion:

- a) Generally speaking everyone is getting older, both those caring and those being cared for, and therefore the stresses and strains on older people need to be recognised.
- b) Really important that this is an all age strategy and considered as a whole.
- c) There are a lot of voluntary organisations involved with carers that need to be involved somehow.
- d) Carers are recorded on GP records but how do you ensure that this information is shared across other relevant health systems, organisations etc.
- e) Carers Matters Norfolk are currently working with carers on producing a new version of the Carers Handbook and ensuring this is made accessible.
- f) The carers emergency card continues to be available through the Carers Handbook but there is some work being done on what this card means in terms of effectively supporting someone who is really struggling.
- g) A lack of respite care for carers.
- h) Coordination and integration with the various STP workstreams is needed.

**Action:** Emma Bugg to provide an update to the NOPSPB on the Carers Handbook and in the future an update on respite care as currently working with operational



colleagues to look at what is happening now, what our policies say and what respite really mean in terms of the outcomes it delivers for carers and those they are looking after.

## **9. Any Other Business**

<sup>1</sup>Graham Creelman confirmed that there have been 2 nominations for vice chair and would welcome any further nominations for chair, with a decision made at the next NOPSPB meeting.

<sup>2</sup>NOPSPB has been asked to sit on the steering group for the Norfolk Against Scams Partnership therefore if anyone would like to do this do let us know. We have also been asked to sign up to the charter which we will do on your behalf.

The meeting ended at 13:00.