

Norfolk Older People's Strategic Partnership (NOPSP) Minutes

Thursday 5th September 2019 (10:00 - 13:00)

Jerningham Room, Costessey Centre, Longwater Lane, Norwich, NR8
5AH

(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:

Christine Goddard	Your Voice in Breckland (YVIB)
Tasha Higgins	Community Action Norfolk
Veronica Mitchell	Early Help and Prevention, Norfolk County Council
Hannah Foreman	Norfolk and Norwich University Hospital
Rosemary Boutet	Attending as a member of the public
Chris Carter	Home Instead
Charlotte Kippin	Norfolk and Norwich University Hospital
Jaime Walker	Saffron Housing
Jo Willingham	Age UK Norwich
Cllr. Donna Hammond	Great Yarmouth Borough council
Mary Ledgard	Norwich Older People's Forum
Erica Betts	Breckland Older People's Forum/ NOPSP
David Button	Chair NOPSP
Verity Gibson	Norwich Older People's Forum
Debra Lawrence-Bell	Norfolk County Council
Sue Whitaker	Norfolk Council on Ageing
Tracey Jones	Norfolk Fire and Rescue Service
Yusi Xing	Early Help Team, Norfolk County Council
Derek Land	Norfolk Council on Ageing
Ruth Stannard	Your Voice in South Norfolk
Joyce Hopwood	President, NOPSP
Ryan Hughes	Active Norfolk

In Support:

Janine Hagon-Powley	NOPSP Partnership Coordinator
Tasha Higgins	Community Action Norfolk (CAN)

Apologies:

Jan Holden	Norfolk Library and Information Service, Norfolk County Council
Janice Dane	Early Help and Prevention, Norfolk County Council
Connie Hughes	Norfolk Community Health and Care NHS Trust
Niki Park	Environment, Transport and Development, Norfolk County Council
Dan Skipper	Age UK Norwich

Craig Miller	Norfolk Constabulary
Sharon Brooks	Carers Voice Norfolk and Waveney
Hilary Sutton	Broadland Older People's Partnership (BOPP)
Ruth Nobbs	North and South Norfolk Clinical Commissioning Groups
Melanie Craig	CCG
Hilary MacDonald	Age UK Norfolk

Speakers:

Ellie Raspberry	Age UK Norfolk
Jo Willingham	Age UK Norwich
Laura McCartney-Gray	Norwich CCG
Oliver Cruickshank	South Norfolk CCG
James Dunn	Communications NCC
Debbie Bartlett	Adult Social Care

1. Welcome

David Button welcomed everyone, thanked them for coming and introduced the theme of the meeting 'All about communication'.

David Button requested that any feedback / comments on the new venue be shared after the meeting or via email.

2. Minutes and Matters Arising

The minutes of the meeting held on 6th June 2019 were agreed as a fair record.

3. "What People Ask" (Age UK)

¹David Button introduced Ellie Raspberry and Jo Willingham who used Age UK casework to answer questions around the theme of "what people ask". Below are the key points raised during the discussion:

- a) Age UK (as a whole) received 14,474 referrals in the period 2018 to 2019. 10,529 were self-referrals, 1,964 were professionals or other organisations referring into us. In Quarter 1 of 19/20 3,510 referrals with 500 of these professionals/organisations.
- b) In 2018 to 2019 1,604 referrals were for information only and 13,610 were for advice where guidance, recommendations or action person should take were given.
- c) In 2018 to 2019 Age UK Norwich received 1,328 new clients each quarter and its website received 38,000 unique views, with 2,216 people looking for information and advice.
- d) Estimate about 30% of the people Age UK see are coming for information / advice to take back to others. Noticed that family members are trying to think about potential issues sooner rather than later, so they know what to do when things happen, maybe due to experiences with other relatives.

- e) The majority of people that come to us don't really have any detailed knowledge / understanding of health and social care provision. A lot of people are just interested when they need help and in what help they can get, don't particularly understand background, terminology etc. People, on the whole, do not understand or are confused about the range of professionals, services etc. across health and social care and see NHS as one whole organisation / set of people. Services, on the whole, aren't transparent to people and the information you get from health professionals differs.
- f) The large amount of information available, alongside variations in provision/offer, mean people feel overwhelmed and often only seek to find information or advice they need at point of crisis / need and not prior to this.
- g) Sometimes clients come to Age UK first because of good reputation, impartial advice/information or via health professionals/services a client is involved with. Often at the end of the road where nobody else has been able to help them properly and not really sure what to do. People do go from pillar to post and very often slip through the net. When people are poorly they often don't have the impetus or ability to find out what help / support they could get and need an advocate.
- h) Expectation is changing - clients understand that GP's don't know everything but don't know where else to go to get the information and advice they need, which isn't helped by GP time constraints. The knowledge of some GPs can also be very out of date in terms of what services are available in the community.
- i) GP referrals into Social Prescribing are often at the end of the issue / problem rather than at the point of prevention. Given the variation in Social Prescribing, Social Isolation and Hub services and terminology across the county it is very confusing at the moment for people to know where and when to access these services. There needs to be clear information on what is where.
- j) Early Help Hubs across the county are a multidisciplinary networking forum for cases to be discussed.
- k) There have been major changes in the structure of communities and society and the way information is communicated and available, which is particularly impacting older people as there are a lot of older people not online and seems to be a huge gap in face to face.
- l) Having a diverse approach to sharing information that is accessible to all, is really important. Increasingly see older people accessing information online however it's important that we still retain telephone and face to face options.
- m) The role of Older People's Forum in disseminating information to people in the community when not at crisis point, but difficult to get younger older people on these groups.
- n) Some older people do have expectation that everything should be free, as free in past and assumption that still free. There is a younger audience coming through who have seen austerity, know there are cutbacks and have a slightly different view / understanding. There is a lack of free services.
- o) A lot of the time clients and statutory services want the same outcome but statutory services don't always have the infrastructure / time to help clients. Sometimes Age UK/clients are hindered by the communications that come from statutory organisations e.g. letters that are incomprehensible.
- p) Age UK keeps up to date through its information department, network meetings (internal and external), trusted online information sources, NCAN

(Norfolk Community Advice Network) to learn from advisors in different settings - this is also a good way for organisations to share information or explain changes to lots of organisations.

- q) Really important as an advice organisation to understand your limitations and have specialist organisations that you can connect appropriate clients to.
- r) Still seems to be a lack of understanding around the fact that home care is actually the first option before residential care and there is a huge amount of clients that feel they will just be put in a home.

²David Button thanked Ellie and Jo for their presentation.

4. “A view from the NHS” and “The Local Authority View”

¹David Button introduced Laura McCartney-Gray and Oliver Cruickshank who presented “A view from the NHS” around communication. Below are the key points raised during the presentation and subsequent discussion which are not on their presentation slides.

- a) The opportunities that will arise from the merging of Norfolk & Waveney’s 5 CCG’s e.g. reduction in inconsistencies but also the challenges of clearly and effectively communicating the impact of all the structural / system changes on how service users access the support and services.
- b) Video conferencing trials are taking across Norfolk in some GP practices. GP practices have access to an interpretation service which automatically should be offered to those who do not have English as a first language. There are also videos made by Deaf Connexions such as how to manage your prescription online.

³David Button thanked Laura McCartney-Gray and Oliver Cruickshank for their presentation and introduced James Dunn and Debbie Bartlett who presented “The Local Authority View” on communication.

- a) One of the things we are looking to do a bit better is to change the language that we use.
- b) The need to listen, acknowledge and respond to the different ways people want to access information e.g. email rather than writing to get information/response quicker, in balance with those who want to still access in the ‘traditional’ ways.
- c) One of the biggest things about changing the way we do things is trust, and very often ‘the public’ are distrustful of change or new ways of doing things, so gaining peoples trust needs to be considered.
- d) Feeding back after consultations is important to show how people’s views are being hear and incorporated, need to shift to mindset that this a dialogue that continues and constantly in dialogue with consultation etc., just a key point i.e. not first time being heard. This will also address perception that already decided what going to do – ‘going through the motion’.

4. Any Other Business

¹David Button thanked everybody for their contributions.