

Norfolk Older People's Strategic Partnership Board

Minutes of the meeting at County Hall, Norwich Wednesday 11th March 2015

(NCC = Norfolk County Council; CCG = Clinical Commissioning Group; DC = District Council)

Present:	
Joyce Hopwood (Chair)	Also Chair of Norwich Older People's Forum
Janice Dane	Assistant Director, Early Health & Prevention, NCC
Jan Holden	Assistant Head of Service, Norfolk Library & Information Service, NCC
Sue Whitaker	Chair, Adult Social Services Committee, NCC
Niki Park	Commissioning & Client Services Manager, Transport, NCC
Paul Jackson	Consultation & Community Relations Manager, NCC
Laura McCartney-Gray	Engagement Manager, Norwich CCG
Emma MacKay	Director of Nursing, Norfolk & Norwich University Hospital
Nigel Andrews	Tenancy Support Service Manager, Norwich City Council
Amanda Ellis	Chief Inspector, Norfolk Constabulary
Mary Ledgard	Board Member, Healthwatch Norfolk
Matthew Barber	Head of Customer Services, Freebridge Housing
Linda Rogers	Head of Operations, Voluntary Norfolk
Lesley Bonshor	Member, Norfolk Carers Council
David Button	Member, Norfolk Council on Ageing
Carole Williams	Member, Norfolk Council on Ageing
David Russell	Chair, North Norfolk Older People's Forum
Shirley Matthews	Chair, Breckland Older People's Forum
Verity Gibson	Joint Vice Chair, Norwich Older People's Forum
Ann Baker	Chair, South Norfolk Older People's Forum
Hazel Fredericks	Chair, West Norfolk Older Person's Forum
Val Pettit	Chair, Great Yarmouth Older People's Network
Lyn Fabre	Norfolk Older People's Forum
Pat Wilson	Treasurer, Broadland Older People's Partnership
Graham Creelman (Vice Chair 2015)	

In Support:

Sonya Blythe	Corporate Business & Support Manager, NCC
Annie Moseley	Support Officer, Norfolk Older People's Strategic Partnership

Apologies

Harold Bodmer, Elizabeth Morgan, Catherine Underwood, Chris Hrdwell, Anna Morgan, Gaye Clarke, Hilary MacDonald, Phil Wells

1	<p>Welcome and Introductions.</p> <p>The Chair welcomed the board to the meeting.</p> <p>The Board congratulated the Chair on receiving an Outstanding Care Achievement Award at the recent Norfolk Care Awards. Joyce thanked the membership of the Board for the collaborative work in what had been achieved.</p>
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<p>2</p>	<p>Minutes of the Meeting on 3 December and Matters Arising</p> <p>The minutes of the meeting were agreed.</p> <p>Matters arising:-</p> <p>P4 – (item 5, first bullet point on responses relating to information to be added to the new Norfolk dementia website: information had now been received from some NHS agencies on the services they were providing for people with dementia and their carers .</p> <p>P5 – (item 7, first bullet point on Greater Norwich Partnership’s housing strategy: it was noted that bungalows could be very difficult for older people to get hold of as they did not often come onto the housing market.</p> <p>P5 – (item 7, second bullet on research being undertaken by the five central district councils on housing need: the work of the Norfolk Joint Strategic Housing Needs Assessment will include mapping housing needs of older people. It is being carried out by strategic leads within each District Council, the housing associations and the integrated health and social care commissioners with Public Health.</p> <p>P6 – (item 8 on workshops at the Older People’s Strategic Partnership’s Awayday in December 2014: Graham Creelman gave an update on the new Living Longer, Living Well prevention strategy being worked around the priorities for older people in Norfolk identified at the December 2014 Awayday. This was an update of the current prevention plan and would run from 2015-17. The strategy was currently in the process of being fleshed out with a Working Group of the older members of the Board, before being discussed with agencies who commissioned or provided these preventative services. Priorities were information and advice, transport, reducing loneliness, depression and anxiety, dementia, volunteering and housing. It was hoped this would be completed by summer 2015.</p>
<p align="center">Improving Access to Services – where are we now, what are the issues and what are the solutions?</p>	
<p>3</p>	<p>What are the issues?</p> <p>Tracy Jessup, Assistant Director Highways and Transport, Norfolk County Council, attended the meeting to discuss the current issues affecting access to services for older people.</p> <p>3.1 Tracy said that the main issues around travel were access to services and connectivity rather than just looking at transport itself. There were additional costs in rural areas. The main issues were the need to improve information about services available, to plan local services better to meet local need, and to encourage passenger flexibility – for example, changing the day they went to the local town to tie in with the flexibus service. The latest wave of feedback on bus services showed 92% satisfaction and 83% of journeys on time.</p> <p>3.2 Since 2010 the Norfolk County Council transport budget had been reduced, but it still spent or provided each year £1.8 million on integrated transport capital schemes and £18 million on supporting local bus-based transport including:</p>

	<ul style="list-style-type: none"> a) £1.8million on supporting bus services. This provided 140 bus routes out of approximately 250 county-wide. County Council funding supports predominantly rural services which were not commercially viable and would not run without this assistance. (They took many factors into consideration when deciding whether to subsidise a service including known level of demand, latent level of demand, car ownership, house incomes, population age range) b) £1million on managing and operating bus stations, bus stops and electronic sign boards - electronic information boards would be located at all park and ride sites from July 2015 to provide up to date arrival information to passengers. c) £350,000 on supporting community transport organisations where there were no commercial services, which delivered 500,000 journeys per year d) £11million on supporting 175,000 older and disabled people through their concessionary bus passes. (There is a gap between the £7.5 million funding provided by the government and the overall cost, but this is made up by the County Council). e) £2 million improving walking and cycling f) Funding in some areas of local taxi services for very local journeys, often to help people connect with community or commercial transport. g) Funding to train older and younger drivers, and supporting people with learning disabilities to use public transport h) Support for the 350 voluntary drivers used by ERS Medical for non-emergency patient transport. <p>3.3 They had had to make some cuts such as to staffing at Park & Ride sites which had cost £430,000. Tracy said she believed that there was enough money within the total transport system to meet need but we needed to commission services better across all public agencies to be more effective.</p>
<p>4</p>	<p>The Commercial Bus Service Perspective: issues and solutions</p> <p>Chris Speed, Business Manager for First Eastern Buses, attended to discuss issues and solutions from a commercial bus service perspective (powerpoint slides attached).</p> <p>4.1 They were the largest commercial bus provider in Norfolk, and his job was to encourage more people to use the bus. First Eastern had 220 buses in Norfolk, 460 drivers and 5 depots. They carried over one million passengers per month, which was a 17% increase on passenger numbers across the last year. The number of passengers with concessionary passes had also risen. Until a few years ago, their service had been managed by people in Aberdeen, but it was now managed by senior managers who lived in Norfolk and knew the county.</p> <p>4.2 A variety of different measures had been put into place to improve customer service, ensure a “better journey through life”, such as:</p> <ul style="list-style-type: none"> a) Ensuring they had good drivers by paying the highest rate and requiring a customer service background in new recruits b) Expecting all drivers from April 2015 to welcome all passengers getting on their bus c) Providing drivers with 7.5 hours training every year, of which 4 were spent on customer care and specialist subjects. In 2014 the training was on passengers

with dementia and some of the trainers went to talk to people with dementia; this year it was on passengers with guide dogs.

- d) Requiring drivers not to pull away until everyone was seated – they allowed enough time for this in the bus timetable. (They would also like passengers to ring the bell but remain seated until the bus stopped.)
- e) Installing an electronic ‘traffic lights’ system for drivers which measured the quality of their driving such as their speed, and fastness of breaking. They got points for the quality of their driving and were encouraged to drive ‘green’ and to get less than 20 points. Depots competed with each other and the best green driver of the month received £200.
- f) Introducing ‘Safe Journey Cards’ in a wallet which passengers could show in private to the bus driver, e.g. ‘Please be patient, I am visually impaired’; ‘Please wait for me to sit down in case I fall’; ‘Driver, please let me know when to get off.’ [Passengers can ring their Customer Services on 08456 020 121 to get a free wallet and cards].
- g) The Norfolk bus fleet was already fully compliant with the new disability act – they have spent £10 million on this, and by the end of 2015 all single deck buses will have a low floor with fewer steps inside, more bells and more hand holds.

4.3 In discussion, a request was made that non-commercial bus routes such as community transport be added onto the travel line information website. Chris responded that Travel Line was a paid-for service for registered transport so this couldn’t be done, but work was ongoing to try and pull the information together.

5 Driving Well in Older Age: issues and solutions

Andrew Sykes, Road Safety Officer, Norfolk County Council, attended to discuss issues around driving well in older age.

5.1 Norfolk County Council provides specialist support for 3 groups of drivers – 17 – 25 year olds, motor cyclists and older drivers. There was an increasing trend for road accidents to involve older people who were contributors to the accident. They provide a ‘GOLD’ service - Guidance for the Older Driver, which was open to anyone over the age of 55 for guidance and advice and offered a one hour observed drive with follow-up actions and solutions as required. They have 22 trainers in Norfolk. People can ring up and ask for the service which costs £29 unless a medical intervention, in which case it was free. Where families have been concerned about their relative’s driving, they could give the person a GOLD leaflet or perhaps talk to their GP. The service was also provided for people who had had health conditions such as a stroke or mobility problems and who had been referred by their GP or hospital staff.

http://www.norfolk.gov.uk/Travel_and_transport/Roads/Road_safety/Keep_your_mind_on_the_road/Guidance_for_Older_Drivers_-_GOLD/index.htm

5.2 If the trainer thinks the person is driving dangerously, they will talk to the driver and their family and suggest alternatives – for example, pointing out that taking taxis 3 times a week is still much cheaper than driving a car. GPs can ask the DVLA to withdraw someone’s licence if they are assessed to be unable to drive safely. Andrew has worked with the Norfolk and Suffolk Dementia Alliance, and has links with hospital stroke units, Homeshield, and Dementia Friendly towns. A

	<p>dementia diagnosis did not automatically mean that a licence was removed. The scheme had been widely publicised and Andrew is happy to give talks to any group on request [andrew.sykes@norfolk.gov.uk or 0344 800 8020].</p> <p>5.3 Discussion: Tracy said this service was particularly important now as there had been a significant increase in accidents involving older people, perhaps because of their slower reactions, failure to judge speed or slowness of turning from junctions, or failure to see another car or judge the speed of another car.</p> <p>Action: Andrew to provide Michael Emeney with GOLD leaflets to circulate in the Norfolk & Norwich Hospital.</p> <p>[Note 08.04.15: Age UK also has advice for older drivers: http://www.ageuk.org.uk/travel-lifestyle/people/driving/declaring-health-conditions/]</p>
<p>6</p>	<p>Transport to and from Hospital; issues and solutions</p> <p>Michael Emeney, Discharge Coordinator for Norfolk and Norwich University Hospital, attended to discuss transport to and from hospital.</p> <p>6.1 He said that the contract for the Non-Emergency Patient Transport service moved in October 2014 from the East of England Ambulance Service to ERS Medical for all Norfolk except the Great Yarmouth area. There had been initial problems but these were resolved as they occurred. 450-500 journeys were handled by the service each day, mostly of out-patients but including up to 60 in-patient discharges. The national eligibility criteria for this health-related transport were listed in their contract, and requests from people in Norfolk went into their call centre in Leeds (0333 240 4100) where they assessed whether the person or their carer was eligible for the service. In-patients now only had to answer 6 questions for their eligibility to be assessed. He and Tracey Fleming, Head of Therapies, met with Andy MacConnachie, Team Leader for ERS medical, each month to discuss problems and find solutions, and ERS medical have now appointed a Liaison Officer to deal with daily problems – for example, where a patient has not been picked up. Michael also has a Rapid Transport Service - 2 wheelchair-accessible ERS Medical minibuses under his direct control so he can make sure that he has a quick turn-around of patients ready for discharge. This is very important where there is great pressure on beds.</p> <p>6.2 A new volunteer-led ‘Settling-in’ back at home service would begin on 14th April 2015. Sixteen volunteers had been recruited who would, with the patient’s consent, meet the Rapid Transport scheme driver and patient at the patient’s house to help settle patient in. If necessary, they could wait with the patient until the first visit of the home carer. This would be a one-off visit, but could be followed up by the Red Cross ‘Home from Hospital’ service if required. It would give an opportunity for early and rapid discharge and help bed-flow at hospitals. They will have 28 volunteers by the end of April 2015 who would be managed by Michael. By April 2016 this service should cover the whole of Norfolk, and they will use an internet based map to show where volunteers were and would have a daily rota of volunteer availability so they could respond extremely quickly. The service would run from 8am – 8pm and work in liaison with other voluntary agencies.</p> <p>6.3 Discussion: Board Members stated that there was confusion around the criteria</p>

to be eligible to use the ERS Medical service. Members reported patients having transport requests turned down if they were able to pay for a taxi, despite being unwell or having a disability. It was confirmed that criteria were set by the CCGs in Norfolk in their contract with ERS Medical and came from the nationally laid-down criteria, but that ERS Medical were trying to be flexible in their approach.

Action: Michael agreed to check the eligibility criteria with ERS Medical and the CCGs, to find out whether ERS were subject to fines if they did not perform adequately, to find out about the criteria around a spouse travelling with a relative who was suffering with dementia and to ask if there was a leaflet explaining the eligibility criteria, and to let Annie Moseley know. He would also liaise with Age UK Norwich and Age UK Norfolk to discuss the new Settling –In service.

[Note 08.04.15: Norwich Clinical Commissioning Group (CCG) is currently coordinating commissioner and is managing the Norfolk CCG contract with ERS Medical. Peter Spears, who is their Head of Contracting, provided the following information to queries raised at the Board meeting:

1. Can we have clear guidance on the criteria as there is conflicting anecdotal evidence on how people qualify?
 - 'National guidance determines the criteria. We would need more than anecdotal evidence to take this forward with ERS Medical. Happy to do so with firm evidence'
2. Are the eligibility criteria written and in the public domain?
 - 'Written information was provided at the meeting? It is on the NNUH website' <http://www.nnuh.nhs.uk/Page.asp?ID=67&q=patient.transport>
3. Are ERS subject to fines if they breach their contract?
 - 'ERS have a standard NHS contract and as such fines are subject to the national guidance as per the NHS standard contract'
4. What if person has dementia – why can't their carer travel in these circumstances?
 - 'We would need to fully understand the issue here as I'm sure an escort would be able to travel if it is medically necessary'
5. Are the eligibility criteria different for different CCGs – if so the public need to know what they are for each CCG?
 - 'It is the same for all Norfolk CCG's (excluding Great Yarmouth)'
6. What are the guidelines for assessors – the interpretation of the guidelines when applying for transport by operator they speak to is inconsistent?
 - 'The assessors are all trained the same by ERS Medical. The Commissioner would require more information to understand what the issue is and could then liaise with ERS Medical.'

Note 08.04.15: ERS Medical said they have hard copies of their leaflet about the Patient Transport Service in Norfolk which they distribute e.g. to GPs, but not electronic copies. They will consider providing an electronic copy for the NNUH website – Annie Moseley

Note 08.04.15: The service in the Great Yarmouth area is provided by the East of England Ambulance Service. Information for patients is provided on the James Paget Hospital website: <http://www.jpaget.nhs.uk/patients-visitors/getting-to-from-hospital/> and they also provide a leaflet for patients:

	http://www.jpaget.nhs.uk/media/131853/PTS_Leaflet_Tri_fold_proof_2_FINAL.pdf - Annie Moseley]
7.	<p>The Norfolk Bus Forum</p> <p>Pat Wilson, Treasurer of Broadland Older People's Partnership and Norfolk Older People's Strategic Partnership (NOPSP) representative on the Norfolk Bus Forum gave a talk about the work of the forum.</p> <p>7.1 It was set up in 2012 and included representatives from the commercial bus services, Norfolk County Council, NOPSP and a group representing people with disabilities, and meets quarterly. A new chair had recently been elected who had suggested that the constitution be amended so that the chair no longer had to be from the WI. Issues of concern were discussed such as bus services at Christmas, problems with road works and punctuality. Passenger Focus is the national bus survey which provides statistics on commercial buses. Thought was being given to carrying out a survey amongst older people to see if more consideration could be given to ways of assisting them during journeys.</p>
8.	<p>Community Transport: challenges and possible solutions</p> <p>Matt Townsend, Chief Executive, North Norfolk Community Transport, attended to discuss challenges and solutions around community transport. He came into post in August 2014.</p> <p>8.1 The North Norfolk Community Transport Service had been in existence since 2009 and covered as much as they can of the North Norfolk District Council and the North Norfolk Clinical Commissioning Group areas, sometimes going as far south as the edge of outer Norwich. They have 90 vehicles. They are a member of Norfolk Community Transport Association whose members meet regularly to share problems and discuss solutions. Matt reminded people that concessionary bus passes could not be used on dial-a-ride services as this was a door to door service.</p> <p>8.2 The service used to be just about transporting patients to and from services such as shops and GP practices but, following wide consultation, they have developed a new vision statement to take account of the fact that more people did shopping and banking through the internet and, as well as accessing services, some also wanted friendship and company from the journeys. They were looking for ways to address accessibility and inclusion, and health and wellbeing.</p> <p>8.3 Medi-ride was their service where volunteer drivers took patients to medical appointments in their own car. It was funded by grants and donations and there were no criteria to join this apart from a fee of £8 per year. 250 people per month were using the service, a 50% increase on last year. It was funded by a Lottery grant, a Victory Housing grant and donations from people using the service. Work was underway to try and expand into the Broadland area.</p> <p>8.4 They use volunteers e.g. from the Job Centre and this experience will help them into work, and they have just employed their first apprentice. They have 50 volunteer drivers, 75% of whom are men and many over 65, while 85% of the transport users are women. Some volunteers say they really benefit by getting out</p>

	<p>of the house and knowing they are providing support to others. They are being trained in dementia awareness and the need to refer people on to other sources of help if they would like this. They have to constantly change to meet changing needs and new challenges.</p>
9.	<p>The Swaffham Pilot – a total transport approach</p> <p>Niki Park, Commissioning and Client Services Manager, Norfolk County Council attended the meeting to discuss the Swaffham Pilot – a total transport approach (powerpoint slides attached).</p> <p>9.1 Is the problem insufficient transport, the wrong sort of transport or not making the best use of all the funding going into transport in each locality? If people couldn't access services, they could miss GP appointments or get isolated lonely and their health and wellbeing would be affected. They had identified the Swaffham area as one where they would work with partner agencies to map all the transport currently being provided, and think how it could be used most efficiently. They had applied for a grant to fund this work. [They would work across sectors such as charities and the NHS to achieve better outcomes and generate efficiencies needed to maintain vital services. It was hoped that the pilot would help with identifying issues to allow transport money to be pooled and used more effectively. They had already talked to GP practices but trying to gain evidence was proving to be difficult - most evidence was anecdotal, such as regarding missed appointments.</p> <p>9.2 In discussion it was suggested that Niki contact the Patient Engagement and Participation Groups linked to each surgery to find out patients' views and experiences.</p> <p>[Note 08.04.15: Niki has now heard that Norfolk County Council has been successful in getting this grant]</p>
10	<p>Any Other Business</p> <p>The Chair reported that it was Hazel Fredericks last meeting. Hazel had been a loyal and hard working member of the Board, and she was thanked for the valuable contribution that she had made.</p>

The next meeting of the Norfolk Older People's Strategic Partnership is on:

Wednesday 17 June 2015 at Breckland District Council Offices, Elizabeth House, Walpole Loke, Dereham, Norfolk NR19 1EE, from 10.00 am – 1.0pm

followed by a buffet lunch and informal discussion with the speakers until 2.0pm

This meeting is open to the public who are very welcome to attend.

Agencies are very welcome to bring any leaflets about their service/s to share.