

**Norfolk Older People's Strategic Partnership Board**  
**9 March 2011**  
**Cranworth Room, County Hall, Martineau Lane, Norwich**

**Present:**

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|------------------------|---|
| Graeme Duncan          | - Trustee, Age UK Norfolk, and in the Chair for the appointment of the new Chair                            |
| Joyce Hopwood          | - Chair, Norwich Older People's Forum, and in the Chair for the remainder of the meeting                    |
| David Harwood          | - Cabinet Member for Adult Social Services, Norfolk County Council  |
| Harold Bodmer          | - Director of Community Services, Norfolk County Council  |
| Margaret Craske        | - Member, Council on Ageing   |
| Mary Granville-White   | - Chair, North Norfolk Older People's Forum   |
| Lesley Bonshor         | - Member, Norfolk Carer's Council   |
| Phil Wells             | - Chief Executive, Age UK Norwich   |
| Niki Park              | - Client Services Manager, Travel & Transport, Environment, Transport & Development, Norfolk County Council |
| Andrew Stevenson       | - Deputy Director, Broadland Housing & Norfolk Housing Alliance   |
| Catherine Underwood    | - Director of Commissioning, Community Health & Care, NHS Norfolk   |
| Sarah Plume            | - Discharge Team Manager, James Paget Hospital, for the three NHS Acute Hospitals                           |
| Duncan Hall            | - Strategic Housing Manager, King's Lynn and West Norfolk Borough Council                                   |
| Janet Baker            | - Sport & Equity Development Officer, Norwich City Council  |
| Alan McKim             | - Member, Norfolk Council on Ageing   |
| Jan Holden             | - Assistant Head of Library Service, Norfolk County Council Community Services                              |
| Carol Congreave        | - Inspector, Partnerships, Norfolk Constabulary   |
| Emily Millington Smith | - Chair, Norfolk Older People's Forum   |
| Ann Baker              | - Chair, South Norfolk Older People's Forum   |
| Pat Wilson             | - Treasurer, Broadland Older People's Partnership   |
| Carol Williams         | - Member, Norfolk Council on Ageing   |

**Also in attendance:**

- |               |  |
|---------------|--|
| Annie Moseley | - Supporting the Norfolk Older People's Strategic Board, Age UK, Norfolk |
| Paul Anthony  | - Corporate Support Manager, Norfolk County Council                      |

**Apologies:**

Apologies for absence were received from Ian Southam, Mark Taylor, Sam Sirdar, Hilary Macdonald, Hazel Fredericks, Andrew Marzolini, Jon Clemo and Mat Armitage.

The meeting was open to observers.

**1 Address by Graeme Duncan – Outgoing Chair**

Graeme said that, as this was his last meeting in the Chair, he wanted to thank the partnership for all their work on behalf of older people in Norfolk. He mentioned in particular Louise Cornell and Anne Harrod who were no longer on

the Board, and Janet Barker and Margaret Craske for whom it was their last meeting. He went on to welcome Niki Park, Client Services Manager, Travel and Transport, Norfolk County Council, and Lesley Bonshor, Carers' Council representative, to their first meeting.

Graeme said that, over the past five years, he had witnessed the Board becoming a balanced, representative and creative organisation, involving all the Older People's Forums across the County.

He believed that it was particularly important in an era of expenditure reductions, for the Board to monitor all the changes taking place in Community Services, including the increasing involvement of third sector and private sector providers.

Graeme said that the Board should also seek to promote a positive role of older people in society; and become engaged in the equality/deprivation agenda.

## **2 Address by Harold Bodmer – Director of Community Services, Norfolk County Council**

Harold recalled the beginnings of the Partnership in 2006 and the substantial progress that had been made under Graham's Leadership over the last five years in creating an effective voice for older people.

Harold reminded the Board that 'Living Longer Living Well', was now well established as a strategy owned by the Partnership, with the result that clear messages were being sent to commissioners about where their resources should be invested to the greatest benefit of older people in Norfolk.

On behalf of the Partnership, Harold proposed a formal vote of thanks to Graham, which was passed by the Board.

## **3 Appointment of Chair**

**It was agreed** to appoint Joyce Hopwood as Chair of the Board for the ensuing year.

## **4 Appointment of Vice-Chair**

**It was agreed** to appoint Ann Baker as Vice Chair of the Board for the ensuing year.

## **5 Minutes**

The minutes of the meeting held on 1 December 2010 were agreed, subject to amending bullet point 3 on page 7 to indicate that the South of the County was also not covered by Swifts/Night Owls Services.

## **6 Matters Arising**

- (i) Big Conversation/Norfolk County Council 2011/12 budget.

Harold said, following the Big Conversation, the 2011/12 County Council budget had been agreed, and he was pleased to report that it had been possible to remove some of the more difficult issues relating to Adult Social Care. For instance the eligibility criteria remained the same; the changes in Mental Health Services were being phased in over two years; an extra £5M had been put back into prevention services; and £600,000 back into sensory

support services. Nevertheless, although the situation was better than it might have been, Adult Social Services still had to find £16M worth of spending reductions.

(ii) GP appointment times.

Catherine confirmed that GPs were contractually obliged to provide for advance appointments. In reply to a question, she undertook to check the position on the provision of escorts for older people.

## 7 Revised Terms of Reference.

The revised terms of Reference were presented to the Board and agreed subject to the following points

- Objective 3 – to revise the wording by removing reference to ‘post code lottery’ and referring instead to the need to achieve equity of outcomes across the County while recognising the need for innovation in the provision of services to meet the different needs of rural and urban communities.
- Decision making – need to clarify when it is proposed that decisions must (or can) be taken by a consensus; and that the Board can only recommend particular actions (but not commit) to individual partner agencies.
- Need to seek advice from Mark Taylor about future representation on the Board for the GP Consortia
- Need to reflect the position of Acute and Community Trusts in the structure diagram
- Must ensure that Board members provide feedback to their respective organisations on the work/recommendations of the partnership.

(Action) **Annie** undertook to **circulate revised terms of reference** to the partnership, and asked members if they could respond to the new draft with comments as soon as possible.

It was further agreed that Graeme should be appointed as a co-opted (non-voting) member of the Board for the ensuing twelve months.

## 8 District Based Prevention

James Bullion gave a presentation on ‘Working Locally on Prevention’ (copies circulated).

He explained that the context for working together locally included the need to make savings; the emerging GP commissioners; and the development of integrated health and social care services. Savings of £16,000,000 would need to be made in prevention services over the next three years.

James referred to the need to build stronger communities, and outlined the vision for the Big Society approach to Adult Social Care in the future.

He described the changing offer from a variety of providers, including not only large scale providers but also small scale voluntary and independent sector ‘micro providers’ and social enterprises. He said that local authorities would need to utilise the assets of local communities and facilitate the establishment of ‘local wellbeing networks’ which would provide personalised support as the first

response to social care needs. This would leave the County Council to focus on more complex cases and statutory duties.

James outlined Norfolk's prevention strategy which had been developed by a multi agency group, focussing on health care and training issues involving both statutory and broader community services. Local commissioners would ensure full community involvement in the local commissioning and service development cycle, and could access a Prevention Fund which would be established through savings made elsewhere.

During the ensuing discussion, the following points were raised:

- Concerns were expressed that GP commissioners may not necessarily wish to invest in preventative services. Harold explained that whilst the County Council would retain a responsibility for prevention they would be working closely with the new GP consortia in commissioning services.
- Some concerns were raised about the training of community groups. Harold explained that in future it would be necessary to develop and support community groups in a different way.
- Following references to the savings that would be made in the acute sector by preventing the re-admission of older people and the changes in the mental health budget, James explained that it would be necessary to build up evidence of changing services because, in theory, resources should move around the system. Catherine confirmed the NHS recognised that, by strengthening community services, other costs could be saved; and that Commissioners would be charged with thinking across the piece, in accordance with the local QUIPP (Quality, Improvement, Productivity and Prevention) Plan.
- James accepted that there might be issues around the suitability/calibre of volunteers which was a shared problem with the community/voluntary sector. It was also noted that the increasing use of volunteers could introduce significant additional risks into the system and it was important, therefore, to develop a strategy to meet the respective needs of volunteers/neighbours/trained staff.
- (Action) - **James** said that he **would try and clarify with the DWP** the position of those people in receipt of benefits who undertake voluntary work. It was noted however that the Government was likely to change the system in the future.
- He felt that the partnership between the County, District and Parish/Town Councils was a key factor in the success of the new arrangements which was where the local health and well-being boards would play an important role.

## 9 Work programme 2011

A draft work programme for 2011 prepared by Joyce, Ann and Annie was circulated for discussion. There appeared to be general acceptance of these proposals.

- Harold explained that the Norfolk Health and Wellbeing Board would provide strategic direction for commissioners and have responsibility for the oversight of public health work when it was transferred to the County Council. He also pointed out that should any of the GP consortia decide not to abide by the commissioning strategy, they could be referred to the National

Commissioning Body.

- (Action) - **David** pointed out that the monitoring of proposals and actions would present the Partnership with a real challenge, particularly in trying to identify areas which needed to be addressed. He **undertook to speak to Harold** about the best way of reporting what is happening on the ground, emphasising that coordination between agencies was critical to give the Board an opportunity to influence their decisions. **Catherine** noted that certain decisions have to be taken within a prescribed time scale, particularly where contractual arrangements are involved which could cause an issue for the Board from time to time. She said she **would try to inform the Board of health changes** that were being planned.
- (Action) - Mary suggested that ensuring the work of the Partnership is communicated more widely should be part of the work programme.
- The Chair confirmed that membership of the working groups would not necessarily be limited to Board members, and that the working group coordinators could consider including people with particular and relevant expertise. She also confirmed that the working groups would be expected to report back on progress to the Board at each meeting.
- Phil suggested that an early piece of work was to clarify/document the relationship between the Partnership and the workstreams; and to develop a protocol around decision making, given the potential for disagreement. Annie said that previously the Working Groups had been given delegated powers when decisions needed to be taken between Board meetings, subject to checking with the Chair. It **was agreed** that such decisions should be checked by the Chair, and soundings taken from the wider board membership by email if appropriate.
- (Action) - **Catherine** undertook **to coordinate** through Annie any **information about decisions being taken by the emerging GP consortia**. Alan suggested setting up an additional working group on health reorganisation, but the Chair felt that the changes were so extensive and happening so quickly that there would be very little opportunity for the Partnership to exercise any influence. However, if necessary, a group could be set up at a later stage.
- It was suggested that it might be useful to obtain a patient's viewpoint on the NHS changes
- Also it was further suggested that the emerging GP consortia should be encouraged to engage with their local Older Peoples' Forums.

After further discussion it **was agreed** :

1. to request that the Partnership has a representative on the new Health and Wellbeing Board (Chair of the Norfolk Older Peoples' Strategic Partnership)
2. it was requested, and Harold agreed, that the Partnership has a representative on the NCC Universal Services Board (Chair of the Norfolk Older Peoples' Strategic Partnership)
3. that three working groups be set up:
  - (i) **Working Group 1 – Prevention**: it was requested, and Harold agreed, that the Partnership has an observer (Jon Clemo) on the

prevention/early intervention workstream. Jon to be supported by a working group which would comment on proposals and research gaps in preventative services

- (ii) **Working Group 2 – Information, Advice & Advocacy:** it was requested, and Harold agreed, that the Partnership has a representative (Ann Baker) on the Information, Advice and Advocacy Workstream. Anne to be supported by a reference working group
- (iii) **Working Group 3 – Celebrating national older people’s day:** to coordinate and plan events to celebrate Older Peoples’ day 1 October 201; to be led by Jan Holden.

So far as membership of the Working Groups was concerned, the Chair asked for names to be sent to her for Group 1; to Ann for Group 2; and Jan for Group 3.

Phil said that it would be helpful if Age UK could be represented on all three groups.

## 10 Any other Business

- (i) ‘Living Longer, Living Well’

It was **agreed** that Cambridgeshire be provided with the template for the ‘Living Longer Living Well’ older people’s strategy, although it was suggested that they should be asked to acknowledge the work of the Norfolk Older Peoples Partnership in preparing the strategy.

- (ii) Awayday in November

It was noted that an away-day was being planned for November at Breckland District Council Offices in Dereham, and Annie was asked if possible to arrange this on a Friday.

**[note: the Awayday has now been arranged for Friday November 18th ]**

- (iii) Norfolk Community Health and Care

Catherine said that information was available at the back of the room about the application by Norfolk Community Health and Care to become a Community Foundation Trust.

**Next meeting:** Wednesday 8<sup>th</sup> June at Breckland District Council offices, Dereham



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