Norfolk Older People's Strategic Partnership Board

Breckland District Council Offices, Dereham
20 June 2012

Present:	
Joyce Hopwood	Chair of Norfolk Older People's Strategic Partnership, and Chair of Norwich Older People's Forum (in the Chair)
James Bullion	Community Services
Jan Holden	Community Services (Cultural Services)
Anna Morgan	Norfolk Community Health & Care NHS Trust and Norfolk Safeguarding Adults Board
Nigel Andrews	Norwich City Council (housing)
Tony Cooke	South Norfolk District Council (housing)
Carol Congreve	Norfolk Constabulary
Sally Cornwell	Department for Work and Pensions (DWP)
Phil Wells	Age UK Norwich
Claire Collen	Voluntary Norfolk
Lesley Bonshor	Carers Council
Chris Mowle	Norfolk Council on Ageing
Alan MacKim	Norfolk Council on Ageing
Carole Williams	Norfolk Council on Ageing
Mary Granville-White	North Norfolk Older People's Forum
Pat Wilson	Broadland Older People's Partnership
Shirley Matthews	Breckland Older People's Forum
Kate Money	Norwich Older People's Forum
Ann Baker	South Norfolk Older People's Forum
Hazel Fredericks	West Norfolk Older Person's Forum
Peter McGuinness	Great Yarmouth Older People's Network
Emily Millington-Smith	Norfolk Older People's Forum

In Attendance:

Shaun Wilson-Gotobed	Development and Operations Manager, Age UK Norfolk
Sarah Stock (item 8)	Head of Service, Support and Reablement, Community Services, Norfolk County Council

In Support:

Sonya Blythe	Committee Officer, Democratic Services Norfolk County Council
Annie Moseley	Supporting the Norfolk Older People's Strategic Partnership, Age UK Norfolk

Apologies: Harold Bodmer, Nick Coveney, Graeme Duncan, Niki Park, Linda Rogers, David Harwood, Catherine Underwood, Sam Sirdar.

1	**Welcome by the Chair** The Chair welcomed all attendees to the meeting. She advised the Board that at future meetings Sally Cornwell's place as Department for Work and Pensions would be taken by Phil Yull, Partner Development Manager, Norfolk and Suffolk, and thanked Sally for her helpfulness.

2 **Minutes and Matters Arising**

The minutes of the meeting held on 28 March were agreed.

Matters Arising

a) The Chair advised that work continued on clarifying the relationship between the Partnership and the Health and Wellbeing Board – no solution had been found as yet.

b) Celebrating Older People's Day – Board members were asked to contact Jan Holden if they would like to join her Working Group on co-ordinating events to celebrate national older people's day on and around October 1st.

c) Social isolation – Phil advised it may not be possible to approach this as part of the Ageing Well process due to lack of funds.

d) An update was given on the establishment of clinical commissioning groups (CCGs). Five are established in Norfolk.
ACTION: Annie to circulate a list of the GP practices in each CCG, a map showing their boundaries, and the contact details for the business manager and public engagement officer for each of the CCGs.

e) Living Well in the Community Fund – A list of the grants that had been awarded in the first of the four rounds of awards was available from Helen Read who administered the fund. There would be three further allocation rounds.
http://www.norfolk.gov.uk/Adult_social_care/Benefits_and_Grants/NCC099623
ACTION: Annie to circulate grant allocation list to group.

3 **Co-Option of Additional Board Member**

This item was postponed.

4 **Delivering on the Partnership Board's Prevention Strategy: 'Living Longer, Living Well – Promoting Independence and Wellbeing 2011 to 2014'**
- Section 3.1 - Establish Integrated Care across Norfolk.

4.1 James Bullion gave an update on progress with section 3.1 of the Norfolk Older People's Strategy – 'establishing integrated care across Norfolk', drawing on a powerpoint presentation by Harold Bodmer and Sue Crossman, Interim Chief Officer of West Norfolk CCG. James made the following points:

4.2 a) The pilot scheme had begun several years previously, with Norfolk being used as a national pilot to integrating health and social care.
b) The scheme had been driven by a need for efficiency and by service

users requesting a seamless experience through health and social care rather than the current disjointed approach.

c) Successful integration would lead to a sustainable service in the long-term.

d) A white paper on health and social care was due to be published during July 2012; this was expected to promote integration, including the third sector, voluntary services, housing, education and cultural services.

e) Norfolk County Council (NCC) and Norfolk Community Health and Care NHS Trust (NCH&C) had achieved a Section 75 agreement, which delegated the authority to carry out assessments and spending on behalf of each other. Joint commissioning posts had been created in the West and East, and posts had been aligned in other areas.
ACTION: It was agreed that Annie circulate a letter from Harold and Michael Scott, Chief Executive of Norfolk Community Health and Care on the integration of community health and social care dated 06.06.12.

f) Agreement had been reached on the principles behind integrating the assessment and post-assessment work of staff such as nursing, social work, discharge support and the enabling service. Co-location and shared management was key.

g) In terms of section 3.1 of the older people's strategy, this had been achieved, and feedback had been positive so far with case studies showing service users were receiving a quicker response time.
ACTION: Annie to circulate this powerpoint presentation.

4.3 Following the presentation a number of points were raised:

a) Anna said she has had 1,000+ staff and it will take time to co-locate teams where possible and train staff, including joint training of her staff with social care staff.
ACTION: Anna to forward the full report of the evaluation of the national integrated care pilots and the executive summary (March 2012) for Annie to circulate.

b) Kate commented that joint commissioning had become complicated and asked how this would be taken forward. Anna advised that she was holding monthly meetings with clinical commissioning groups to review progress. She was very keen to see full integration, and had encouraged clinical commissioning groups to work closely with partners in each locality.

c) Phil reported difficulties in engaging GPs with the process and said it would be helpful if GPs could be shown the benefits of integration – very few had attended the integration meetings when the pilots had been running. He advised of an anomaly when dealing with day care service users with dementia – if the service user was referred through Social Services they would pay for the service, if referred via the NHS they would received the service free of charge. This anomaly was being addressed during the pilots.
Anna commented that 'tracker' nurses would be working with every GP to identify a list of people who frequently used services. Progress would be fed back to her staff's monthly meetings with each CCG. Nursing staff would have specific training on older people's needs from September.

d) The Chair asked whether training would be available to ensure all of those involved were skilled in the same way. She was advised that joint training would begin in September 2012.
e) Carol commented that many users had received a telephone assessment and didn't always know this was an assessment of their needs. People funding their own care weren't always getting an assessment, and many didn't realise that continuing health care was free.
James commented that work had been carried out around this which should improve understanding of the assessment process.

5 The Ageing Well Report and Next Steps

5.1 James led a discussion around the Ageing Well in Norfolk report produced by Ayesha Janjua and Clive Miller of the independent research group, the Office for Public Management. This had been circulated to Board members in advance. The focus was on how to use existing assets, strengths and capacities in communities to develop projects that would promote older people's independence and wellbeing. James made the following points in addition to the presentation:

a) Three Norfolk districts had identified Ageing Well projects – Breckland, Norwich and Great Yarmouth.
b) Ageing Well was being taken forward as a priority and would be discussed by the Health and Well-Being Board on July 18th 2012.
c) The Health and Wellbeing Board would be asked to provide resources. Norfolk County Council Community Services had appointed Gita Prasad as Head of Prevention Solutions to lead this work. Some projects might be funded through the 'Living Well in the Community' fund, but the County Council would also identify specific resources for the project as it was committed to take forward the Ageing Well programme across the whole of the county.

5.2 Following the presentation the following points were made:
a) Phil said that Age UK Norwich's application for a 'Living Well in the Community' grant to fund their Ageing Well project for a community agent-type project hadn't been successful. James advised him to contact Gita Prasad who would be able to assist.
b) The Chair made the point that Ageing Well should complement other initiatives, not replace them – the aim was for projects to work with people in localities, including the older people's forums, and join up with other partner agencies.
c) Peter said that the Great Yarmouth Older People's Network had put in a joint bid with Great Yarmouth Borough Council to the Living Well in the Community' fund for a project linked to Ageing Well.
d) Hazel noted that a volunteer mentor service was being developed in West Norfolk by Age UK Norfolk.
[Note: this project was being funded by a grant from the 'Living Well in the Community' fund, and the Rural Community Council had also received one of these grants to develop a village agent scheme in North Norfolk and Broadland.]

6 Norfolk's Health and Wellbeing Board: Update

6.1 Jenny Harries, Joint Director of Public Health, attended to give an update on the Health and Wellbeing Board (H&WBB) and made the following points.

a) She noted that there were no new structural changes to advise on. The H&WBB was in its formal shadow year, following twelve months of wide engagement, and had now reduced down to a manageable size.
b) As the H&WBB moved forward, more two-way engagement with stakeholders would take place.
c) Jenny confirmed that the clinical commissioning groups had provided early profiles so that needs assessments could be built up. These would form part of her public health annual report.
d) By the end of 2012 all clinical commissioning groups (CCGs) were expected to be authorised (Health East in October, and the remaining four by December).
e) A decision had not yet been made regarding who would chair the H&WBB, or whether it would be a Board member or an outside "lay" person. It was likely to be a board member initially and then the decision would be reviewed at a later date.
f) The CCG's strategies will be published. They will have to demonstrate how they will engage with patients, informal carers and the public.
g) There will be a shift to prevention in Norfolk but how they will do this has not yet been agreed. The needs of older people would be one of their priorities. Demographics and spend would be considered, and the board would be challenging, and would check benchmarks.
h) Consideration would be given as to where in Norfolk H&WBB meetings would be held.
ACTION: Jenny to send Annie a list of members of the shadow H&WBB for circulation and the report of their July meeting for circulation.

7 Age UK Norfolk and Age UK Norwich: Role and Challenges

Shaun Wilson-Gotobed, Development and Operations Manager at Age UK, and Phil had circulated a joint paper in advance describing their roles and the challenges they were facing.

7.1 Shaun made the following points regarding Age UK Norfolk:

a) Age UK Norfolk had several areas through which they provided services to older people - information, advice and advocacy services, household helpers, pabulum, day services and respite services.
b) The main issue facing older people in Norfolk were access to timely information and advice, and isolation.
c) Age UK Norfolk was facing many challenges due to funding cuts, and had been looking at the best ways to support older people through them. Key steps that had been taken included the strengthening of governance, management and quality systems, the development of an internal staff bank, in-house training and development for staff and

volunteers, the development of social enterprise and a co-production framework.

d) Service users would be given more choice and control with regards to service delivery. Services would be tailored more towards individual needs.

7.2 Phil made the following points regarding Age UK Norwich.

a) Age UK Norwich had five key strands to their work: Information, advice and advocacy; supporting social activities; volunteer support; day centre support; and lobbying and campaigning.
b) It employs 17 full-time equivalent staff and over 200 volunteers.
c) Feedback had recently shown that dealing with isolation was an un-met need for older people. Having social contact was not only essential for older people but also provided an avenue of early intervention when problems occurred. They were promoting engagement and social interaction to address this, and to signpost to other forms of support.
d) A major challenge had been caused by the cut in public funds which were available for charities to apply for, and the increase in competition for the remaining funds. They were working hard on increasing fund raising activities including with corporate donors, on increasing referral activities and on targeting services geographically.
e) It was noted that tendering for funding was an expensive and complicated process which was hard for smaller agencies with less bid-writing capacity to undertake.
f) Concerns were noted regarding older people applying for and using personal budgets.

8 Delivering on the Partnership Board's Prevention Strategy: "Living Longer, Living Well – Promoting Independence and Wellbeing 2011 to 2014:
- Getting Help with Unexpected Urgent Needs - section 2

James Bullion and Sarah Stock, Head of Service, Support and Reablement, for Norfolk County Council's Community Services, updated the board on recommendation 2.1 – 2.3 from the Living Longer, Living Well Strategy.

8.1 **The Swift Response Service - section 2.1:**

a) James advised that this service had been running for three years, and had received £1.3m of funding over that period. It had 35 members of staff who provided a 24 hour a day urgent and unplanned response service.
b) The majority of referrals were brought about by personal alarms being triggered. This was an anticipated need as these were people who had already been identified as requiring alarms. The triggers had been caused by a wide variety of causes such as falls, unexpected social needs and dealing with unexpected domestic emergencies.
c) A review had taken place to look at how and why the Swift Response service had been used in order to establish how it could be provided in the most efficient way.
d) James acknowledged the need for the service. He noted that

	Community Services were looking to fit the Swift Response service within the NCC Reablement service along with the NCC Out of Hours Service, Norfolk Interim Care Services, and the Rapid Response sevice. All services would be staffed by the same workforce to make them as efficient as possible. e) It was noted that three year funding for the Swift Response service had not been obtained, but funds were available as part of the wider reablement budget. f) James stated he was confident that the service would continue as it had proven its worth for short term, urgent responses, though it may be configured differently. g) It was confirmed that the Swift Service was available to people funding their own care, and that Norfolk residents could self-refer. h) In discussion, it was pointed out that the Swift Response service received very little publicity. Carol reminded the board that at the previous meeting Nigel Andrews had agreed to discuss publicising Swift with district council colleagues. Nigel agreed to do this before the next meeting, and clarified that Swift Response leaflets were displayed in City Hall, in sheltered housing schemes, and information was passed out with alarms. It was agreed that this would be added as an item to a future agenda. **ACTION**: Nigel to discuss publicising Swift Response with colleagues. **ACTION**: Annie to add to future agenda.
8.2	**Carer's Emergency Service, 'In My Place' - section 2.2:** a) The number of carers signed up for emergency plans within the Carers' Emergency Service stood at 1,089. b) In discussion it was noted that there continued to be a big backlog in inputting carer's emergency plans onto Norfolk Care Connect, the NCC confidential computer database. James noted that he recognised the Carers' Emergency Service needed dedicated administration staff.
8.3	**Homeshield Service - section 2.3:** a) The Homeshield service had been moved into the much larger Norfolk Care Connect service so that it could be managed more efficiently and had more support around it. b) James confirmed that the Homeshield service had recently been revamped to include a dedicated staff member who would manage the office full-time five days a week. **ACTION**: James agreed to forward Homeshield statistics to Annie for circulation. The meeting concluded at 1.00pm.

The next meeting of the Norfolk Older People's Strategic Partnership Board is on Wednesday September 12th, 10.0 am to 2.0 pm at County Hall, Norwich.

The meeting is open to the public.