

## Norfolk Older People's Strategic Partnership Board

**Breckland District Council Offices, Elizabeth House, Walpole Loke, off  
Kingston Road, Dereham**

**Wednesday 2<sup>nd</sup> December 2015**

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

<b>Present:</b>	
Graham Creelman	Co-opted Member (incoming Chair)
Joyce Hopwood	Retiring Chair
Janice Dane	Assistant Director, Early Help & Prevention, Adult Social Services, NCC
Elizabeth Morgan	Vice Chair, Adult Social Care Committee, NCC
Laura McCartney-Gray	Engagement Manager, Norwich CCG
Liz Yaxley	Dementia Services Manager, Norfolk & Norwich University Hospital
Hilary MacDonald	Chief Executive, Age UK, Norfolk
Gary Hazelden	North Norfolk Locality Manager, Norfolk & Suffolk Foundation Trust
Mary Ledgard	Board Member, Healthwatch Norfolk & Member, Norfolk Older People's Forum
Nikki Park	Commissioning and Client Services Manager, NCC Transport
David Button	Member, Norfolk Council on Ageing (Vice Chair)
Carole Williams	Member, Norfolk Council on Ageing
David Russell	Chair, North Norfolk Older People's Forum
Shirley Matthews	Chair, Breckland Older People's Forum
Vaughan Thomas	Norwich Older People's Forum
Mary Russell	North Norfolk Older People's Forum
Kate Platt	Great Yarmouth Older People's Network
Val Pettit	Chair, Great Yarmouth Older People's Network
Verity Gibson	Chair, Norwich Older People's Forum
Ann Baker	Chair, South Norfolk Older People's Forum
Emily Millington-Smith	Norfolk Older People's Forum
Hilary Sutton	Broadland Older People's Partnership
Jan Holden	Assistant Head of Service, Norfolk Library and Information Service, NCC
Joseph Greiner	Manager, Burgh House Care Home & Norfolk Independent Care Representative
Christine Goddard	Breckland Older People's Forum
Nigel Andrews	Norwich City Council
Liam Pickering	South Norfolk District Council
Julian Rudd	Chair, Broadland Older People's Partnership
Sheila Young	West Norfolk Older Person's Forum
Lynn Armitage	West Norfolk Older Person's Forum
Joy Stanley	Carer's Council
Tracy Fleming	Norfolk & Norwich University Hospital
Caroline Howarth	West Norfolk CCG
Oliver Cruickshank	South Norfolk CCG
Rebecca Champion	North Norfolk CCG
Lesley Bonshor	Member, Norfolk Carers Council
Emma Boore	Careline Community Services Manager, KL & WN Borough Council

<b>In Support:</b>	
Anne Pickering	Committee Service Officer, NCC
Annie Moseley	Support Officer, Norfolk Older People's Strategic Partnership
Ann Taylor	Support Officer, Norfolk Older People's Strategic Partnership

**Speakers:**

Dennis Bacon, Chair, Norfolk Independent Care;  
Steve Holland, Head of Quality Assurance and Market Development, NCC

**Observers**

Sarah Stock, Managing Director, Independence Matters  
Fiona Routledge, Development Lead, Independence Matters  
Alison Holmes, Business Development Director, Independence Matters  
Tracy Wharvell, Business Development, Norfolk Independent Care

**Apologies:** Harold Bodmer, Catherine Underwood, Lyn Fabre, Pat Wilson, Simon O'Leary, Jo Ardrey, Sue Whitaker, Derek Land, Pat Wilson

**1 Welcome and Introductions.**

The Chair welcomed the board to the meeting and away day.  
The Chair welcomed new attendees to the Board and expressed appreciation for the support of members who had now left. The Board thanked Mrs Ann Baker who was leaving and recognised her contribution to the Board.

**2 Minutes of the Meeting on 24<sup>th</sup> September and Matters Arising**

Matters arising:

- It was asked that an additional point be added to point 3 in the minutes to note the hard work done by Paul Jackson and the Board's appreciation.
- In reference to point 5.2 (a) the Board were advised that the consultation had not yet begun.
- In response to the action under point 6; the identification carers were required to show was evidence such as a letter that proved the carer was receiving an allowance.

**3 Election of Chair and Vice Chair**

3.1 The outgoing Chair paid tribute to the work of the Partnership and gave thanks to everyone that had provided help and support over the years. The Chair thanked Annie Moseley for her hard work and dedication as Support Officer over the past seven years as she was retiring from the role.

3.2 Mr G Creelman was elected Chair for the ensuing year.

3.3 Mr D Button was elected Vice Chair for the ensuing year.

3.4 The newly elected Chair gave thanks to Mrs J Hopwood for being an inspirational Chair and for all her hard work done over the years for the Board.

The Chair paid tribute to the hard work done by Annie Moseley and stated that the Board would miss her dedication and knowledge.

The Chair welcomed Ann Taylor as the new Support Officer for the Board.

#### **4 Updating the Terms of Reference, and Co-option of Board Members**

4.1 The Chair introduced the Terms of Reference for approval and discussion by the Board.

4.2 In reference to membership and the Board's ability to appoint a president for two years, the Chair asked that the following wording be included 'that this member to automatically become a member of the partnership.'

Mr G Creelman proposed, seconded by Mr D Button that Mrs J Hopwood be appointed to the position of President. The Board Agreed.

4.3 Mr D Russell proposed that a member from the East of England Ambulance should be invited to sit on the Board.  
The Board decided that Mr D Russell as champion for the East of England Ambulance should feedback to the Board when necessary. Mr Russell agreed he would remain as ambassador for the service.

The Terms of Reference were agreed

#### **5 Moving the Strategy Forward – Introduction**

5.1 The Chair informed the Board members that the Partnership's strategy had been well received and had good feedback from the media. The aim of the afternoon discussions would be to review and to set a timetable of priorities for 2016.

The Chair invited member's views on what they thought the key priorities for 2016 should be considering the impact of the difficult financial climate on the ability of the strategy to move forward.

5.2 During the ensuing discussion the following points were made:

- a) Access to information and advice should be a key priority because this drives people's ability to make informed decisions. It was important to make sure that information was accessible in all forms including paper, face to face and by phone contact because many people did not have access or knowledge when it came to computers. Many people were not aware of services that were available, such as the Swift Service, or of help and benefits they were entitled to.
- b) There were already people out in the community who were engaged and had a good amount of knowledge, it was felt that these people needed to be encouraged to be champions.
- c) Annie Moseley said a handbook was to be produced by Norfolk County Council which would provide detailed information for older people and carers. This would be co produced with older people. There would be money for one edition but sponsorship would then be needed.
- d) Janice Dane said the local authority were piloting community clinics starting in 2016. The plan was to work with district councils, GP's and to contact the

local forums to involve older people.

- e) It was mentioned that the scheme may find it difficult to reach into the smaller villages surrounding the market towns in Norfolk, due to transport links and that this should be considered.
- f) Loneliness was highlighted as a key problem. It can have a huge impact on health but was also one of the hardest to tackle. There had been an increase in the number of people taking part in the befriending service which meant the message was getting through that the service existed and was clearly needed. However, it was strongly felt that there remained a stigma to admitting you were lonely. In a survey of 250 recipients by Great Yarmouth Older People's Network very few said that they were lonely.

5.3 The Chair thanked the Board for their ideas and advised that this topic would be discussed in more detail during the afternoon's workshop.

## **6. Achieving Quality and Sustainability in Residential and Home Care**

Steve Holland, Head of Quality Assurance and Market Development, Adult Social Care, Norfolk County Council (refer to attached presentation.)

6.1 The Board received a presentation from Steve which outlined the areas of concern when considering how best to deal with quality and sustainability of care in residential and home care from the view of the local authority. The following comments were noted:

- a) The population in Norfolk was currently around 865,000 but this would go over 900,000 by 2020. The proportion of people who will be over the age of 85 will be 25%. Many of these will be people who want to and can look after themselves with minimal input from third parties but areas that would be of increased concern would be loneliness and dementia.
- b) Norfolk County Council have had to look at how they provide services within Adult Social Care due to the funding cuts; the amount that Norfolk County Council will be able to invest in care packages will reduce over the coming years.
- c) There will need to be a move towards an increase in the number of people who remain in their own homes and receive home care.
- d) The number of care workers it was predicted would be needed to deal with the demand by 2030 would be an increase of 35% in residential care, 35% in nursing care and 28% in domiciliary care. There would need to be an increase of 29% more social workers. Pay for care workers would be of key importance; the current average pay for a care worker was £7.40 per hour, which put the salary on par with supermarket workers and this was creating competition for the care industry.  
The staff turnover for home care workers was very high, with a turnover rate of 52.5%, 32.5% in care homes and 43% in nursing homes. In the local authority the turnover rate is 2.3% which highlights there is an issue with pay and career opportunities and is an area that needs to be dealt with.
- e) Concerns over the quality of care usually came down to the quality of leadership within organisations and the culture that the leadership dictates within the organisation.
- f) The council is part of the solution. Leading, being smart with investment,

managing demand, and working in partnership with the whole system because this is a joint challenge for all providers.

6.2 The following points were raised during the discussion and in response to questions asked by Board members:

- a) Working with colleagues in Job Centre Plus would be important to ensure workforce improvements, however, Job Centre Plus colleagues were under a lot of pressure to meet targets and as a result there were many inappropriate people put forward for job roles in care. It was important that the right people were matched with the right care role and that the remuneration for this role reflected the level of skill required.
- b) Registering carers in a similar system to that of doctors and nurses could make a huge difference. It would create more control and would be easier to monitor and would bring more status to the vocation.
- c) Care in the community and a fluid movement of care being made available would be key, integrated care would be a necessity in the future.
- d) Norfolk County Council had a duty of leadership and of innovation, it was acknowledged that due to its size that the council could be difficult to work with but this was being looked into.
- e) Join up organisations to create a care system based on place, use assessment strengths in the community, work together, and share costs.
- f) Health and social care training needs to be joined.
- g) Private companies could help NCC much more if there were more integration.

6.3 The Board thanked Steve Holland for his presentation and for answering the questions put to him.

## **7 Achieving Quality and Sustainability in Residential and Home Care**

- Dennis Bacon, Chair Norfolk Independent care

7.1 The Board received a presentation from Dennis which outlined the areas of concern when considering how best to deal with care in residential and home care from the view of an independent organisation (refer to attached presentation.) The following comments were noted:

- a) Norfolk Independent Care had provided support for over 600 businesses and prided themselves with the ability to work well with different organisations including Norfolk County Council and the NHS. A large number of the suppliers they supported were small local businesses that were family teams.
- b) Dennis outlined why he believed that the key to creating a sustainable and quality care service was reliant on a change in the culture of care. There were significant issues with leadership and the culture that was dictated by this. There needed to be more resilience within the care system; what resilience there was came from those close to retirement age and it was the younger generation of workers that needed to be the focus.
- c) The quality of care in home care is an issue due to a lack of an appropriate workforce.
- d) Norfolk has good communities that have knowledge and the drive but this needs to be utilised and small local providers need to be promoted rather than losing out in favour of the large service providers. As the demand

increases on our suppliers, their ability to meet this demand is put under pressure which pushes the price of the cost of care up; to reduce this cost larger suppliers are brought in as they can supply the care at a cheaper cost. However, the larger suppliers' goals are profit aimed rather than quality of care.

- e) Funding needs to come from somewhere; council tax increases would not provide a solution in time and the Better Care Fund although offering £19m to Norfolk, the figure would be less than the amount being cut from the budget.
- f) The solution is integration, pooled budgets, and the devolving of power. Co-production must start at the beginning with service users participating from the start. There needs to be a focus away from hospital and community services to social care with social care understood and valued. A parity of esteem between social care and health with funding for social care ring fenced.

7.2 The following points were raised during the discussion and in response to questions asked by Board members:

- a) There was capacity within the Partnership to lobby MP's and it was felt that the MP's would step up if they were made aware.
- b) The work done towards integrated care had so far not produced any measurable results but there had been a shift in the ways of working within the industry with less silo working, however while different services were competing for budgets there would always be a separation.
- c) While training was recognised as important it was felt that too many organisations focused purely on basic mandatory training rather than an investment in staff skills.
- d) It was important to get the message out to middle aged people that they needed to start thinking about their future and make them aware that there would be minimal support available as the state could not support to the extent it had in the past.

7.3 The Board thanked Mr Dennis Bacon for his presentation and for answering the questions put to him.

The morning part of the meeting closed for lunch at 12.30

8 During the afternoon two workshops were held. The first workshop was to discuss and decide on four key issues to prioritise for work during 2016 taken from issues heard during the morning's discussion and the strategy. The second workshop was for a discussion on the best way for the Partnership to take forward the four priority areas in light of the proposed budget cuts and other pressures being experienced by statutory and voluntary agencies. The outputs from the two workshops are in a separate document and will be circulated with the minutes.

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

**Wednesday 9th March 2016 in the Cranworth Room at County Hall, 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.