Norfolk Older People's Strategic Partnership Board

Anglia Room, Breckland District Council, Dereham

Thursday 14 June 2018

(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:

Graham Creelman	Chairperson
David Button	Vice Chair
Erica Betts	Vice Chair/Breckland Older Peoples Forum
Sheila Young	West Norfolk Older Peoples Forum
Carole Williams	Norfolk Council on Ageing
Ann Baker	South Norfolk Older Peoples Forum
Hilary McDonald	Age UK Norfolk
Penny Carpenter	Great Yarmouth Borough Council
Derek Land	Norfolk Council on Ageing
Mary Ledgard	Healthwatch Norfolk
Verity Gibson	Norwich Older Peoples Forum
Hilary Sutton	Broadland Older Peoples Partnership
Emma Boore	King's Lynn and West Norfolk Borough Council
Lynne Armitage	West Norfolk Older Peoples Forum
Janice Dane	Adult Social Care Norfolk County Council
Connie Hughes	Norfolk Community NHS Trust
In Support:	
Tasha Higgins	Community Action Norfolk

Apologies: Niki Park (NCC Community and Environmental Services-Transport), Bill Borrett (Chairperson NCC Adult Social Care Committee), Joyce Hopwood (President NOPSP)

Speakers:
Sarah Johnson, Diabetes Quality Improvement Lead (STP Norfolk and Waveney)
Helen Stokes, County Manager Norfolk First Response (SWIFT)
Cathy Byford, Director of Commissioning Great Yarmouth and Waveney

1. Welcome

Graham Creelman welcomed everyone and thanked them for coming.
A tribute to the late Cliff Jordan, leader of NCC, for his contribution to the life of Norfolk and the NOPSP was given by Graham Creelman.

2. Minutes and Matters Arising

The minutes of the meeting held on 15th March 2018 were agreed as a fair record.

Graham Creelman reflected on falling attendance at the NOPSP Board meetings and across similar structures throughout Norfolk, with those working in local authorities and the NHS finding pressures on their time increasingly difficult to tolerate. Therefore, we need to look at the way we structure these meetings, as subject matter is not the issue. One of the things we could do better is to engage more with local authorities or NHS structures on things that really feel are important and want to change.

Carole Williams highlighted that at a recent meeting, chaired by Gita Prasad, it was stated that an up to date draft of the Housing with Care Strategy would be shared by August 2018.

Ann Baker added that following the last NOPSPB meeting Gita Prasad attended South Norfolk Older People's Forum which helped her realise the lack of understanding around housing with care and she went away with a number of queries.

Carole Williams commented that often people only ask about housing at a crisis point which is not really the time to make important decisions. Out in the community there is a great myth and lack of understanding about 'sheltered housing' and wardens, which don't exist anymore. Somehow, we have to get more information out about what housing is actually available.

3. General Updates

Graham Creelman highlighted apologies from Joyce Hopwood, who was going to provide an update on the move towards implementation of a dementia strategy for Norfolk, and echoed her concerns that the STP has been unable, as of yet, to appoint a lead for the dementia element of the STP strategy.

Apologies were shared from Bill Borrett who was going to speak on the work of the Adult Social Care Committee and particularly how the NOPSP can help this committee and NCC in making effective representation to the consultation on the awaited green paper and the funding of adult social care bill.

Graham Creelman commented on Social Prescribing, a fantastic idea that should not have reached its current stage without a serious conversation with the third sector, local authorities etc. because nobody really knows whether the capacity in the third sector is there to deliver what might be advised.

Hilary McDonald added that all of the voluntary sector is under pressure, demand is becoming ever increasing and funding just isn't there as all going for the same funding pots. In really difficult times but there is a lot of collaboration going on in the voluntary sector, organisations coming together and looking at how we can work together and link up across beneficiary groups and that has got to be good. Graham Creelman noted that a commercial arm is increasingly important to fund non-paid for work which can create rivalry between organisations.

Graham Creelman provided an update on the STP, which is gathering some pace. Of particular interest to older people are plans for primary and acute care. We have

had quite significant engagement with primary care, in NOPSP meetings and outside of these, making the case successfully that access to services and transport are particularly important for older people and need to be built into planning when shifting how care is delivered.

Norfolk is not in the front running for an Integrated Care System (ICS) across health and social care, most likely because of the financial situation of NHS bodies in Norfolk. When Norfolk does have an ICS we will continue to press for the voice of older people on the governance of any locality based ICS. Significant work is going on to try to pull together the finances of all the organisations involved in the STP to establish how much can be afforded.

Plans for hospital treatment are developing along a hub and spoke model with the most complex procedures and treatments in the hands of a county-wide team rather than teams based in specific hospitals. Follow-up and ongoing treatments will be carried out at a range of locations across the county. The specialties involved are cardiology, radiology and urology, all of key importance to older people.

If this means better outcomes for older people this is fantastic, but the implications of possibly more travelling, impact on carers etc all have to be examined. Plans are still at an early stage and we will respond fully when there are more details.

Later this morning we will be hearing about some proposals of real significance to older people, plans for a review of how we tackle diabetes which are still at an early stage. In my view the STP is approaching this entirely correctly, they are going out saying this is what we need to be doing, it's about prevention and how can we engage significant bodies of people who are affected by the rising instance of diabetes at an early stage. We look forward to engaging with this around planning of the prevention programme, delivery, training and education.

A strategic review of mental health services across Norfolk and Waveney has been announced, including a 10 year mental health strategy. This is at a very early stage and is something we will engage with, particularly as dementia is included.

The STP reference group met two weeks ago and there was some concern that the social care elements of the STP do not seem to have as much prominence compared to health care. Melanie Craig says this is not true, they are just not very vocal, but I think as social care is so fundamentally important to the older population it really needs to have more visibility. I have written to James Bullion to express that concern as well as the group's concern on the continuing and what looks like non-resolved delays in social care assessments. I will write again about the lack of a dementia lead.

I have also written on behalf of NOPSP to Melanie Craig congratulating her on her appointment as STP Executive. Melanie has presented to this board on the primary care plans, and she is very pro-active in understanding what engagement is. If you look at the primary care strategy some of the things we have said are in there. At a recent one to one meeting she acknowledged that communication had been poor inside the STP but those attending workstreams do not appear to be sharing information out.

Hilary MacDonald reflected that not all third sector colleagues have wide networks to share information with.

Verity Gibson commented that there seems to be a lot of focus on primary and hospital care and social care to a lesser extent but are all the other peripheral things that affect these like prevention, housing, transport really being included. Graham Creelman responded that diabetes is a good example of where prevention and other areas are being considered, which will be discussed later in the meeting.

Council on Ageing

David Button reported on the last Council on Ageing meeting, which had a new chair, highlighting that Norfolk Age UK retail outlets are now being used for community events. A Health & Wellbeing Board update reported that social workers and community health services will be based around GP surgeries to help avoid hospital admissions and there is some evidence that admissions to hospitals from care homes have reduced. An enhanced home care service for people coming out of hospital has proven to be effective. There was some dispute about the Carers Handbook and whether it should be realised prior to its completion. A presentation by the Norfolk Deaf Association expressed concern that audiology services can be provided by 'any qualified provider'.

Carole Williams emphasised that understanding of consultation and engagement within the STP is not the same as ours. David Button added that both consultation and engagement are defined and the way in which offices of statutory bodies are required to fulfil these obligations are different from what the public expects and that is the divide we are trying to breach.

Derek Land reflected that those usually consulted are the most easily accessible people to consult and need to do more to seek out those more difficult to reach.

Ann Baker commented that a current issue for her forum is accessing rural areas and changing location has been suggested. However, this would incur costs, needs active older people to facilitate and from past experiences has not increased numbers, therefore dubious but don't want to appear negative. Erica Betts added that Breckland Older People's Forum only this week held a meeting in a different location (Swaffham) which was very poorly attended. Changing location takes a lot of effort and publicity, costing money and time, and you therefore need a captive audience already in place.

Loneliness & Isolation

Erica Betts provided an update on loneliness & isolation activity in Norfolk. The In Good Company Kitemark was launched in 2017 working alongside other organisations to combat loneliness and isolation with the aim that no one should spend a lonely day in Norfolk unless they wish to. In Feb 2018 their Loneliness & Isolation Summit was held in Norwich. It is estimated around 43,000 people in Norfolk are lonely and it is felt that there is a need to invest more and increase the numbers of people in communities who become involved. The summits keynote

speaker was from the national Campaign to End Loneliness which focuses on older people because risk factors increase and converge as you age. Carers Matter Norfolk said when applied to Norfolk statistics suggested there could be 80,000 carers in the county who felt lonely and unable to participate in social activities. Action for Children Norfolk highlighted loneliness suffered by young mums and children. MIND highlighted those with mental health issues and personality disorders. There were workshops with lots of discussion about what could be done and who could help e.g. housing associations contacting their residents. At the summit it was announced that 30 organisations had received a Kitemark since launching, but clearly there are many more - why haven't they registered? Perhaps organisations could be nominated, attracting far more organisations.

In April 2018 NCC announced that £2.4 million of new funding would be put towards ensuring that no one spends a lonely day if they don't want to. Three organisations have been chosen to work with local authorities, health, voluntary services and community organisations to:

- Identify community groups and assets, including the untapped skills and talents of isolated people.
- Develop community activities, groups and projects at a local level.
- Create and support existing volunteering opportunities for friendship.
- Run outreach projects which will include people living in rural areas.
- Provide one-to-one and peer support for people who need a bit of help to enable them to overcome life challenges and to build personal confidence and resilience.

Community Action Norfolk have been awarded a contract to provide a comprehensive range of support in North Norfolk. They believe building the strength of communities is key to ensuring people have the necessary support around them and that no-none is left isolated. They have a consortium arrangement so are working with a range of other voluntary, community and social enterprise providers. Their model will have 1.5FTE life connector posts which will be managed by Future Projects and Aylsham Care Trust to do intensive face to face work with individuals who have significant issues connected to loneliness and isolation over a longer period, developing packages for individuals providing coaching support, advice, connecting to and accessing support and activities etc., supported by Citizens Advice who are providing training. Alongside this they will have volunteer mentors to provide lower level reassurance in support of the lower risk cases and there will be a programme of work in communities supported by a new Community Development Officer, managed by CAN, delivering:

- Recruitment of champions on the ground - training people in communities to be aware of risk factors around isolation and loneliness.
- Proactive community development programme highlighting local support, opportunities and activities, reaching out to people who don't currently engage with local services and helping to create friendly communities.
- Responsive community development programme responding to identified gaps.

CAN will hold an operational budget which will be available to provide a flexible resource when needed.

At present they are preparing to recruit their life connectors and are currently recruiting their development officer. Also exploring how they can align with other social isolation providers as much as possible e.g. looking at the possibility of joint single access and shared branding.

The Borough Council of King's Lynn and West Norfolk (BCKLWN) is working with many local voluntary and community organisations through the LILY initiative to provide a comprehensive range of support in West Norfolk. Their current initiative is to help older people continue to live safely and independently at home, this contract means that LILY will be expanded to meet the needs of lonely and isolated adults of all ages (18+).

They are hoping to start this project at the beginning of July and are in the process of redeveloping their website and branding to cater for all adults. They have now written a draft operating model which is going through the process of being approved and 1 to 1 support will be delivered by their current LILY providers, however this may expand to additional organisations in the future. They are exploring work with schools and colleges in an intergenerational approach, putting in place a small grant scheme and establishing a local support network.

Voluntary Norfolk has been awarded contracts to provide a comprehensive range of support in Great Yarmouth, Norwich and South Norfolk. They will build on their existing work with communities to find new and innovative ways to combat and tackle loneliness and social isolation placing the voices of local people and communities at the heart of their work. Unfortunately, we have no further information because Alan Hopley was supposed to be here but isn't.

Importantly for NOPSP how do you reach lonely older people in rural areas who see virtually no one.

This was followed by some discussion on the Kitemark process and the role of multi-agency approaches particularly alongside fire service, police etc. who can 'knock on people's doors', identifying a range of issues quite quickly.

Healthwatch Norfolk

Mary Ledgard highlighted that Healthwatch's national remit hasn't changed and they are still the consumer champion for health and care in Norfolk, however funding has been cut. They used to have two main strands of work, research and engagement, now their focus is mainly on engagement e.g. doing survey focus groups, interviews and going out to people. They have an Intelligence Centre gathering information from their website, engagement, complaints procedure/s to health trusts, CQC etc. This was used to identify research projects but now used to identify gaps in information, things that have not been looked at much and areas where there are problems which need further explanation. Information from engagement is fed back particularly to trusts and commissioners nationally. Research programme did include

going into where services are provided to look at how things were working. This will now be done separately, and this year started a programme of going around care homes. Still have partnerships with a lot of health and care providers for example attending various meetings to keep a strategic and policy focus and build relationships. Graham Creelman added that the work Healthwatch does for the STP is under threat due to the budget cuts mentioned.

Age UK

Hilary McDonald provided an update from Age UK. Continuously seeing an increase in the number of people that are coming to us for help. We are also particularly in information and advice seeing more and more people at the point of separation to the extent of people caring for a loved one then coming to us with safeguarding issues saying they are not able to cope and going to walk out. In our information, advice and advocacy casework we are seeing more and more complexity. At the beginning of the financial year hit 300+ volunteers. This is helping us, but volunteers have to be trained, supported and in Age UK Norfolk we take this very seriously. Our three strategic priorities continue to be dementia, loneliness and poverty.

4. Diabetes

Graham Creelman introduced Sarah Johnson who provided an update on the STP Diabetes Quality Improvement Programme. The following key points were raised in the presentation:

a) Trying to improve diabetes services across Norfolk and Waveney, for all types, and ensure consistency. Norfolk and Waveney is an outlier for diabetes meaning there is a very high number of diabetics and people predicted to become diabetic, mainly Type 2, as well as gestational diabetes.
b) How can we find out the following information and contact those not engaged - What do people understand about the care they should receive e.g. should have an annual health check containing 15 care essentials? What services work and don't work? What do people want services to look like?
c) Across the East of England the Clinical Network is working with Diabetes UK on a pilot to distribute within pharmacies leaflets that list the 15 Care Essentials, hopefully to be rolled out later in the year.
d) We know that every day volunteers are going into people's homes providing various support and there may be something we can do around funded training to help volunteers recognise and signpost to support for diabetics – what would this training look like, who to train and how?
e) A strategy for diabetes is being drafted over the coming months but keen to get input to know what should be in the strategy.
f) Great Yarmouth & Waveney just done a successful pilot where some Type 2 diabetic patients who weren't coming in very often for annual health check, retinal screening etc. were asked to attend one appointment where all of these checks were carried out. Previously all of these happened different days, times and locations. This is something that could be rolled out.
g) Some diabetes mentors have been trained to phone newly diagnosed diabetics or those told by GP that at risk of diabetes to ask how they are doing, anything they need support with etc. Looks like this will be expanded

but want to know how to get the message out, is this useful, how will people engage etc.

Graham Creelman thanked Sarah Johnson for her presentation and suggested that the topic could be discussed in more detail at a separate NOPSPB session and in its individual forums. The following points were raised during the subsequent discussion:

a) The need to use a wide range of communication pathways to engage with various target groups.
b) Use of relevant networks and their communication channels to share information and opportunities to engage with strategy development.
c) Volunteers are happy to share information (leaflets, cards etc.), signpost to support and receive training but STP needs to consider limitations of this approach and manage expectations such as amount of time available in visits to discuss diabetes and how comfortable volunteers are with this medical topic.
d) Link with other prevention agendas such as social prescribing to be more effective and to empower people.

5. Falls

Graham Creelman introduced the topic of falls. The apparently increasing number of falls among older people is a key issue. Recent reports have said that the number of people dying after suffering a fall is rising very sharply, especially among the very old (85+). Research shows that while the trend is linked to the ageing population, the increase in deaths through falls is outstripping the growth in the number of people over 65.

Figures from the Office for National Statistics shows that between 2008 and 2016 the number of deaths attributed to falls nationally for men over 85 has risen by a startling 177%. The rise among women is smaller, but still up by 72%.

Now we can attribute this to cuts in social care funding, understaffing in hospitals and care homes etc. But most falls are likely to be in people's own homes. So whole we continue to push for better funding and resources for health and social care, there are significant and innovative things that can be done to prevent falls and to rehabilitate people once they have fallen.

Graham Creelman introduced Cathy Byford who, with colleagues, provided an update on a pilot by Great Yarmouth and Waveney. The following key points were raised in the presentation:

a) Perception is that hospital is the place to go and be when you have a fall and actually it's one of the worst places to go if you don't need to be there. Older people especially stop moving and being independent, a self-fulfilling prophecy of deterioration. Every 10 days of bed rest in hospital is equivalent of 10 years of mental ageing for people aged 80+ and 1 week of bed rest equates to 10% loss in strength. For older people this may make a big

difference to their future independence. Therefore, need to work together to avoid hospital admissions where appropriate.

b) Last year the Ambulance Trust developed a simple but innovative approach that used a different responsive for people who have fallen. This resulted in an Early Intervention Vehicle pilot, funded through the STP, which has onboard a member of the Ambulance Trust (experienced clinician) and a therapist to assess the patient. Have they been injured that requires them to go to hospital, the reason for the fall, are there any support needs etc. which can then start to be addressed by the therapist/s present.
c) Through this pilot not only responding to patients immediate needs from a fall but also enabling access to equipment and many different services that may normally take weeks to install or visit. By having this extended time with patients able to asses that person individually in terms of their independence, wellbeing and many other aspects. Electronic system means that we have communication with other teams and able to share baseline data.
d) Seen 287 patients of which 64 people have been admitted, an 88% non conveyance rate, and for those taken into hospital the admittance and discharge process is quicker as patient and their home already been assessed. Importantly this also enables ambulance crews to be released for other emergency work as team can take over and has brought together different expertise and skills early on.
e) Real enthusiasm amongst staff for this pilot and having a real knock on affect. However, this is in addition to their normal hours therefore there is a certain amount of goodwill and in long term need to consider this service as part of staff day jobs.
f) Currently the pilot service is provided 4 days a week (Fri to Mon), 9 to 5pm, with the plan for this to continue until the end of the year and from the 1st Sep expanding to a 7 day service, as evidence of increasing numbers of people going to hospital on the other days. Ambition is that this is a service that needs to be in place continuously, removing uncertainty for staff and public.
g) There is a plan to have this service across Norfolk & Waveney. A pilot was run in central Norfolk and in the West. The benefit of each doing things a bit differently is that we have learnt what works and what doesn't.

Graham Creelman thanked Cathy Byford and colleagues for their presentation. The following points were raised during the subsequent discussion:

a) Enthusiasm for this pilot, particularly its partnership and preventative approach and support for this to be incorporated into long term 'everyday' service.
b) Delayed Transfers of Care (DETOC) is only a small measure. Also measure those medically fit to discharge which can be more relevant. In February 2017 there were approx.1,200 excess bed days compared to approx. 250 days in February 2018.
c) If advertise this as a service would get more people phoning 999 for non-emergencies and therefore need to address 999 being the general default instead.
d) Important to consider individual circumstances when looking at the cause of falls and solutions.
e) Championing of non-hospital admission where appropriate.

6. Norfolk SWIFT Response

Graham Creelman introduced Helen Stokes who provided an update on Norfolk SWIFT Response, a 24-hour service providing help, support and reassurance if a person (18+) has an urgent, unplanned need at home but doesn't need the emergency services. The presentation highlighted falls as a significant part of their work.

Graham Creelman thanked Helen Stokes for her presentation.

7. Any Other Business

No other business.

The meeting ended at 13:00.