

**Norfolk Older People's Strategic Partnership Board**  
**Edwards Room, County Hall, Martineau Lane, Norwich**  
**Thursday 15 March 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:**

David Button	Vice Chair
Erica Betts	Vice Chair, Breckland Older People's Forum
James Bullion	Executive Director Adult Social Care
Mary Ledgard	Healthwatch Norfolk
Derek Land	Norfolk Council on Ageing
Niki Park	Norfolk County Council (Transport)
Carole Williams	Norfolk Council on Ageing
Ann Baker	South Norfolk Older People's Forum
Joyce Hopwood	President NOPSP
Janice Dane	Adult Social Care
Karen Robson	Borough Council King's Lynn West Norfolk
Craig Miller	Norfolk Constabulary
Alan Hopley	Voluntary Norfolk
Verity Gibson	Norwich Older People's Forum
Sheila Young	West Norfolk Older Peoples Forum
Karen Robson	LILY Borough Council King's Lynn West Norfolk
Lynne Armitage	Support to the Board
Tasha Higgins	Support to the Board Community Action Norfolk

**Apologies:** Graham Creelman (Chair), Kate Kingdon (Age UK Norfolk), Lesley Bonshor (Carers Council), Val Pettit (GT Yarmouth OP Network), Emma Boore (Borough Council King's Lynn West Norfolk)

**Speakers:**

Gita Prasad, Norwich CCG, Integrated Commissioning NCC  
Karen Knight, Managing Director, Norse Care  
James Bullion, Executive Director, Adult Social Care, NCC  
Antek Lejk, Chief Officer North and South CCG & STP Executive Lead  
Rebecca Driver, CCG Communication Lead STP

**1. Welcome**

David Button (Vice Chair) welcomed everyone and thanked them for coming.

**2. Minutes and Matters Arising**

Joyce Hopwood highlighted that her apologies were sent before the Dec 2017 meeting. James Bullion highlighted that on page 6 'Local Delivery Boards' should be 'Local Delivery Groups'.

The minutes of the meeting held on 6<sup>th</sup> December 2017 were agreed as a fair record with the above amendments.

Verity Gibson asked whether the Local Delivery Groups in each CCG are set up and running. James Bullion clarified that a group is established for each of the CCG areas and 3 out of 5 have met in some form. Great Yarmouth & Waveney have met twice, North Norfolk have met once and Norwich meets regularly. South Norfolk and West Norfolk had meeting scheduled but got cancelled.

Advice is to have a presence at these groups, which are essentially coming together under a new model of GP delivery to get GPs working in an integrated way with their communities and social services. The groups are very diverse and overseen within the Primary and Community Care workstream of the STP.

Carole Williams asked how NOPSP gets a representative on group/s. James Bullion suggested emailing Melanie Craig, STP Primary Care Lead, and he would be happy to add his voice to representation.

### **3. Updates**

#### **Housing with Care Strategy**

David Button introduced Gita Prasad who provided an update on the Housing with Care Strategy.

Gita thanked NOPSP for its very insightful feedback and confirmed that the Housing with Care Strategy is currently in its final stages. Feedback and observations have also been received from DCs and other stakeholders. The Strategy is a visionary document setting out what Norfolk partners and NCC want to do in regards to Housing with Care. It looks at a needs analysis which is based on national age indicators, such as how many people in the county are currently over 75, looking up to 2036. To enhance this and provide a local picture of what needs look like used two additional evidence bases.

One from housing support colleagues, looking at how sheltered housing is used now and therefore what potential is in the future for people who might need housing with care from sheltered care and how they could be supported better with their needs.

Other evidence base looks at how many people are currently accessing over 60 hours of home care over a 4 week period, roughly 15 hours a week. Providing a proxy indicator for 10 or 20 year's time when we have to support these people in housing with care.

All this data is being used to better inform needs in Norfolk, DCs and towns and to evaluate how housing with care is the right product or service to support people. Looked at who wants housing with care and what that actually means, as well as

feasibility because what we want to do is enable people to access the right service for them and to remain independent as long as possible in whatever type of housing care. Research shows that housing with care does have a preventative element and we need to bring that out in the strategy and make the preventative case a lot stronger at a local level, supporting the alleviation of social isolation.

For example, someone who is happy and able to live at home independently may end up not going out when dark, creating a pattern that continues into summer as confidence falls, leading to issues with sleeping and health. In this situation they don't need personal care but some form of support and social connections.

Next steps are to finalise and publish strategy in the next few weeks and feedback on NOPSP's feedback will be provided. Then comes a lot of work with partners and enabling access to services. Also need to work on clearer definition of housing with care to open it up to wider community, giving vibrancy and providing intergenerational opportunities.

David Button thanked Gita Prasad for her presentation. The following points were raised during the subsequent discussion:

- a) Consistency of staff training given number and variety of housing with care providers across the county.
- b) Role of housing associations and care they offer.
- c) Elderly couples providing care for each other who want to remain as a unit struggle in terms of residential care and need support around them as a unit.
- d) The need for a variety of information sources given range of internet accessibility particularly amongst older people. Take home information leaflets in various locations such as GP surgeries.

### **NorseCare Housing Strategy**

David Button introduced Karen Knight who provided an overview of NorseCare's Housing Strategy. The following key points were raised in the presentation:

- a) Operating 15 Housing with Care Teams across the county and employing 500 carers within these teams, making NorseCare East Anglia's largest care provider for residential and housing with care. Emphasis since established in 2011 has been sustainability and quality of our services. With Care Quality Commission (CQC) recently rating all but 2 of our homes good putting us in the Top 5 in country for CQC ratings.
- b) Engagement at all levels e.g. resident's forums, residents on interview panels, enabling residents and tenants to shape services.
- c) Residential homes were built in 60's/70's and hadn't had a lot of investment so we have tried to refurbish and modernise these homes. Developing partnerships with NCC, City Councils and grant providers to make housing with care a reality.
- d) Want to help residents and tenants to stay active and independent, facilitating lots of visits from outside groups, trips and lots of opportunities for engagement with the local community, encouraging people in communities to engage and join in.

- e) Want to share our facilities and be a community support across the county therefore happy to facilitate dementia cafes etc. Care home managers are encouraged to link with schools and communities. Also have annual events and open days. These are people to talk to in terms of developing relationships and opportunities.
- f) Encourage residents and tenants to grow in confidence and independence as residential care is not necessarily the end of the road.

David Button thanked Karen Knight for her presentation.

#### **4. Communication and Engagement Introduction**

David Button highlighted an overarching question - How might we make NOPSP more effective?

NOPSP is a non – executive body set up to try to bring together representation from a range of organisations working to meet the needs of Norfolk’s older population. Mainly been concerned with health & social care but also transport, housing, information & advice, volunteering, through the lens of older people and their communities. Membership is now approx. one third representation from older people and two thirds statutory and non-statutory bodies which impact on the lives of older people. Using our close involvement with Older Peoples Forums across the county, we are in contact with older people themselves keeping us focused on current and important issues.

Importantly we are a strategic partnership rather than delivery body ensuring that the needs of all older people are considered actively in the planning processes which precede decision making. The Board meets three times a year in public and has an end of year meeting to review progress and look ahead to the following year. Our strategy ‘Living Longer, Living Well’ is renewed every three years and beginning to create the next strategy for 2019 to 2022.

As pressure has increased for services to be delivered in people’s own homes we have become less involved in specific detailed pieces of work and concentrated more on trying to ensure that we are engaged across the board. Our small resources mean we cannot take on major pieces of work, but do we pick the right topics for meetings and is there something we can change in our format to better engage and reach the widest audience and participation?

#### **5. James Bullion, Executive Director, NCC**

David Button introduced James Bullion who highlighted that the Government will present a Green Paper containing proposals to reform care and support for older people before the summer recess. To inform this paper, the Health and Local Government Committees Inquiry invited submissions from interested parties to which we responded with these key ‘asks’:

- complexity of the health and social care system from a user’s perspective
- need to fund prevention and reablement as well as more formal care
- need to provide effective support for carers

- very challenging market issues – tension between local authority rates and self-funders
- the cost and growing demand for dementia and nursing care

In an approach which balances an equitable way to generate funds for delivery of social care with an element of personal contributions toward care. Amongst wider context of:

- Building stronger communities – housing, community support, role of the third sector, supporting carers
- Sustainable care market – workforce issues, role of the not for profit sector, cost of nursing care

There is still an opportunity to gather the views of Norfolk's older people on health and social care around key questions such as how much should the state pay and what are people's rights. Providing a collective voice in preparation for wider stakeholder engagement and consultation on the green paper.

It is important to consider the democratic process and who NOPSP links with and to, for example there is a councilor for older people. Groups tend to be forming around particular issues such as the Learning Disability Partnership Board, Mental Health Network, Sector Leadership Group and need to think about how to link in with and influence groups such as these. As well as who listens to NOPSP messages and who to develop relationships with.

David Button thanked James Bullion for his presentation. The following points were raised during the subsequent discussion:

- a) Challenge is knowing what's going on early enough to respond and being able to identify the right person or organisation to contact or engage with on complex and moving issues.
- b) Is attendance making a difference or having an impact?
- c) Constant changes to services and information can be particularly difficult for older people.
- d) NOPSP provides a strong strategic voice that delivery and provider organisations can engage with and enables a joined up approach.

## **6. Antek Lejk, Chief Officer North and South Norfolk CCGs & STP Executive Lead**

The Board received a presentation from Antek Lejk. The following key points were raised in the presentation:

- a) Direction of travel is towards Integrated Care Systems wrapped around populations and their needs, with organisations working in partnership and making most efficient use of resources. Ongoing discussion around boundaries of what the state does and what others do.
- b) Not about a solution or endpoint but continued ongoing dialogue in face of shifting dynamics.
- c) So far not invested in health prevention which is self-defeating.

- d) Challenge is county strategy versus local implementation and associated variation.
- e) No simple description of or point of access to STP but do need to develop a simple narrative that provides a basic understanding. Struggle to have meaning to own staff and need to improve this because they are greatest ambassadors.
- f) Technology allows some voices to be very loud and not necessarily leading to wide representation, challenge is to offset this.
- g) Challenge is how to make engagement interesting and relevant.

Antek Lejk suggested that the NOPSP needs to be clear on what it is trying to influence, and it may be worth sometimes drilling down into the detail of an area.

David Button thanked Antek Lejk for his presentation and highlighted that in the next NOPSP strategy will try and reduce the number of targets allowing us to look more intensively, creating better opportunity to achieve our goals.

## **7. Rebecca Driver, CCG Communication Lead STP**

The Board received a presentation from Rebecca Driver. The following key points were raised in the presentation and by Board members:

- a) Using a portfolio of methods in terms of communications.
- b) Face to face public events and discussions have been the best way of getting feedback and increase understanding of STP, 5 of these have taken place and these have been changed over time taking learning from previous events.
- c) Difference between consulting and engaging, with much of the work so far being engagement that listens to and gathers people's views and input into different workstreams. Not yet ready to consult but working hard to get service users and co-production on specific workstreams.
- d) Starting to work on a longer term mental strategy for Norfolk and Waveney with event in May 2018.
- e) NOPSP enables clear point of engagement with lots of different organisations but could consider whether there are any groups of older people that could be better at representing.
- f) Could nominate or develop subject experts, e.g. for diabetes or mental health to facilitate more in depth discussions.
- g) Sharing of forward work programme so that know what's coming up and what interested in.
- h) Engagement and information sharing needs to be across Norfolk, considering county's rurality and diversity against need for quick decision making.
- i) Partnership with voluntary and community sector requires investment, resources and co-production. Sector cannot be abused instead emphasis needs to be on an equal partnership across statutory and non-statutory organisations while recognising that sector itself needs to work better together.

David Button thanked Rebecca Driver for her presentation.

## **8. Any Other Business**

Carole Williams highlighted further Blue Badge restrictions.

The meeting ended at 13:00.