Living Longer, Living Well

The 4th Norfolk Older People's Strategy

Promoting Independence and Wellbeing 2016 - 2018

Produced by Norfolk Older People's Strategic Partnership Board

Introduction

We are entering uncharted waters in the provision of health and social care. For many years we could expect spending to increase, more or less, to match demand. Not so now. Budget cuts, an ageing population, and unprecedented demand for services mean that individuals and organisations need to find new and better ways to work together. We need to be realistic about what's possible, while always advocating the rights and needs of older people clearly.

We know that health services, social services, housing and the voluntary and private sectors all working together is key to this. Not token integration, but a root and branch re-appraisal of how wasteful overlaps and silo mentality can be overcome. This will lead to some tough choices.

Even current voluntary services, and certainly the developing models of social care, may well cease to function unless there are increasing numbers of people with the time and skills to give support. Older people, with their diverse backgrounds and range of skills, can play a big part in this. To do so, and to take greater charge of their own lives, they need to be able to live independently, live fully and live well for as long as possible.

This strategy gathers together the issues of key importance for older people in Norfolk, as identified by a working group involving older people, representatives of the NHS; Adult Social Services; housing; the voluntary sector, the private sector and politicians. We are very grateful to all those who took the time and trouble to respond to the drafts.

The strategy recognizes the critical importance of how we face up to the challenges of dementia, and dementia therefore runs as a common theme through all the issues.

This strategy is a working document. It has been produced to influence those who direct and fund the commissioning and development of services. It does not assume that all agencies and organizations have committed to it. The outcomes in the plan are within our grasp and, given the will and the support, we can achieve them.

Joyce Hopwood
Chair

Graham Creelman
Vice Chair

Norfolk Older People's Strategic Partnership

30th September 2015

Who We Are

Norfolk Older People's Strategic Partnership Board is an independent body. It was set up to help make sure that the county's significant population of older people get the services they need to live independently and well for as long as possible. The Partnership Board also scrutinises the quality and availability of services for older people when they can no longer live independently.

The Partnership Board is made up of representatives from the seven district Older People's Forums and other older people's organizations; Norfolk County Council's Adult Social Services and the NHS; local councils, voluntary organizations and the private care sector. The creation and monitoring of a rolling strategy for older people - Living Longer, Living Well - is one of the key functions of the Board, and this issue is our fourth.

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1. Information and Advice

Good and timely information and advice are essential to enable people in later life to make informed decisions; to plan ahead and to access services. “Information and advice are the keys that unlock all other services”.

Six years ago, older people in Norfolk said their biggest issue was getting the information they needed, when they needed it and in the form they needed it. And they said it was important that this information was available both digitally (online), on paper, by telephone and face-to-face.

Yet in 2015, despite the huge expansion of the range and sources of information about support and care, the experience of finding out about help doesn’t seem to have improved. And we know that last year 28% of those aged 65 and over reported never having used the internet.

Finding the right information and advice is still older people’s biggest problem. A key issue is that councils are often not the first port of call for those needing information and advice about social care. Many people may be reluctant to ask about care, or may find the term stigmatising.

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
1.1 Make sure the Norfolk County Council website provides user-friendly, relevant, up-to date, easy to understand web pages with the key information and support that older people and their carers want and need to help them remain living independently. This should be printable on A4 pages.	Norfolk County Council – Adult Social Services. Healthwatch Norfolk.	**Outputs:** 1) Number of hits from baseline on specific health/social care/housing topics per quarter. 2) Number of clicks used to get to these topics. 3) Links to health, social care and housing websites. **Outcome:** 1) Older people find that the information to enable independent living that is provided is easy to find, relevant, appropriate and reflects their needs.	Norfolk County Council to measure quantitative outputs listed. Healthwatch Norfolk to measure satisfaction of older people and carers using NCC website in finding the information and services they are looking for; autumn 2015 to scope the work including consulting with older people and carers to identify key health/social care/housing topics they search for; January 2016 onwards to undertake the work with regular reviews.	November 2016 November 2017
1.2 Work with older people to co-produce an annual printed ‘Living Longer, Living Well’ A5 handbook of information about the support available. Consult statutory and voluntary agencies on contributing some funding where their information has been included.	Norfolk County Council – Adult Social Services (Integrated Commissioning) and Resources (Public Health).	**Outputs:** 1) Agreed number of booklets co-produced, printed and distributed each year. **Outcomes:** 1) Feedback from older people on whether the handbook provides the information they need. 2) Feedback from professionals on whether they find the handbook useful in their work to support older people to maintain their independence.	Commissioning for the older people and dementia specialist information and advice services includes funding for running and developing the handbook. Winter 2015-16: discuss with older people and funding agencies the handbook’s section headings and content. Spring 2016: draft co-produced with older people.	November 2016

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
1.3 Evaluate the quality of telephone assessments and care planning by Norfolk County Council of the needs of older people and carers.	Norfolk County Council - Adult Social Services. Healthwatch Norfolk.	**Outputs:** 1) Number of older people whose needs were assessed by phone by Norfolk County Council and who were provided with information and advice. 2) Number of carers whose needs were assessed by phone by Norfolk County Council and who were provided with information and advice. 3) Number of older people whose eligible needs were assessed by phone by Norfolk County Council and who were given a Support Plan. 4) Number of carers whose eligible needs were assessed by phone by Norfolk County Council and who were given a Support Plan. **Outcomes:** 1) Older people receive the information, advice and support they need, have a face-to-face assessment if needed, and are satisfied with the process. 2) Carers receive the information, advice and support they need, have a face-to-face assessment if needed, and are satisfied with the process.	Norfolk County Council to measure quantitative outputs listed. Healthwatch Norfolk to measure satisfaction of older people and carers who have had a telephone assessment of their needs and, for some people, a telephone-based Support Plan.	November 2016 November 2017
1.4 If evaluation is positive, Norfolk Older People's Strategic Partnership urges commissioners in their plans to adhere to best practice in the following schemes: Older People's Outreach Schemes, Community Connectors and Good Neighbour Schemes.	Norfolk County Council – Adult Social Services (Integrated Commissioning) and Resources (Public Health). South Norfolk District Council.	**Outputs:** 1) Number of older people helped. **Outcomes:** 1) Older people said they had a quality service which helped them remain living as independently as possible. 2) The service is cost effective and sustainable.	Exchange of information and statistics between current commissioners. Common agreement among commissioners on desired outcomes of any scheme.	June 2017

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
1.5 Norfolk Older People's Strategic Partnership strongly urges that the best practice from the 'Guided Information, Advice and Support for Older People in GP Surgeries' pilots is rolled out across all Clinical Commissioning Groups in the most appropriate way for each locality.	West, South and Norwich Clinical Commissioning Groups. Norfolk County Council – Adult Social Services (Integrated Commissioning).	**Outputs:** 1) Number of older people receiving the service. 2) Number of older people linked into local activities. **Outcomes:** 1) Number of older people who say they have been helped to remain independent. 2) GP savings (time). 3) Reduction in hospital admissions.	9th March 2016 Older People's Strategic Partnership Board Meeting - ask agencies about their service and progress, good practices and challenges and evaluation methods and early results. Run a Workshop for the pilots to share good practice and challenges.	March 2017
1.6 Promote the commissioning of sufficient dementia information, advice and support workers in each Clinical Commissioning Group area to provide direct access to quality information, advice and emotional support for people with dementia and their carers from onset and until end of life.	5 Clinical Commissioning Groups. Norfolk County Council – Adult Social Services (Integrated Commissioning). [This is a Norfolk Dementia Joint Strategic Needs Assessment recommendation]	**Outputs:** 1) Appropriate number of dementia information, advice and support workers employed to support the estimated population of people with dementia and their carers in each Clinical Commissioning Group area. 2) Number of people with dementia supported. 3) Number of carers of people with dementia supported. **Outcomes:** 1) People with dementia and their carers are confident that they have direct access to quality information and advice throughout their journey.	Admiral Nurses research dementia pathway. Clinical Commissioning Groups and Adult Social Care Integrated Commissioners discuss and agree core provision (principles, outcomes, numbers per estimated dementia population and specifications including opportunity for face-to-face contact). Older people with dementia and their carers are consulted on the best name for this role.	October 2016

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
1.7 Promote the commissioning of sufficient clinicians (Admiral Nurses or similar) across the county: a) to advise on recruitment, training and management of the dementia information, advice and support workers and b) to provide specialist advice and support in complex situations to older people with dementia, their carers and health and social care staff.	5 Clinical Commissioning Groups, Norfolk County Council – Adult Social Services (Integrated Commissioning). [This is Norfolk Dementia Joint Strategic Needs Assessment recommendation]	**Outputs:** 1) Appropriate number of specialist clinicians employed to support the estimated population of people with dementia with complex needs and their carers, and health and social care staff in each Clinical Commissioning Group area. **Outcomes:** 1) Older people with dementia and their carers with more complex needs are confident that they have access to specialist support. 2) Dementia advice, information and support workers have access to specialist clinical support.	Admiral Nurses research dementia pathway. Clinical Commissioning Group and Integrated Care commissioners discuss and agree core provision (principles, outcomes, numbers per estimated dementia population and specifications).	November 2017
1.8 If the review of the North Norfolk pilot is favourable, provide information packs for people newly diagnosed with dementia and their carers across Norfolk. Follow up within four weeks with a phone call from a professional to offer information, advice and support.	5 Clinical Commissioning Groups. Norfolk County Council – Adult Social Services (Integrated Commissioning).	**Outputs:** 1) Number of GP surgeries providing packs in each Clinical Commissioning Group. 2) Number of people in each GP practice who were newly diagnosed with dementia. 3) Number of people newly diagnosed with dementia in each GP practice who received a dementia information pack. 3) Number of people in each GP practice who were contacted by a dementia information, advice and support worker within four weeks of being diagnosed with dementia. **Outcomes:** 1) People with dementia and their carers find the packs relevant and helpful. 2) People with dementia and their carers know that, post-diagnosis, there is someone they can contact for support if/when they need to.	The core information in the packs agreed by people with dementia and their carers. Clinical Commissioning Groups andIntegrated Care Commissioners discuss and make sure dementia information, advice and support workers have the capacity to provide this service.	June 2016

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
1.9 Include in all council and other relevant newsletters information about the support available to help older people and their carers live as independently as possible including how to apply for Attendance Allowance.	Norfolk County Council – Resources (Communications).	**Outputs:** 1) Council newsletters contain information that will help older people and their carers live as independently as possible. **Outcomes:** 1) Older people and their carers have the information to hand when they need it.	Older people's copy provided to Norfolk County Council's Communications Team on a regular basis by their Adult Social Services Department and carers' copy by the Carers Agency Partnership's Communications Team. Copy forwarded on a regular basis to council and other relevant communications teams for inclusion in their newsletters.	January 2016
1.10 Provide more IT training in libraries for older people to increase their confidence and help maintain their independence.	Norfolk County Council – Community and Environmental Services (Libraries).	**Outputs:** 1) Number of older people attending a course from baseline of 0 per year. **Outcomes:** 1) Older people feel more confident to use the internet, have access to information, feel less lonely and are able to use the internet to save money.	Work with Adult Education to deliver tablet-based courses. Deliver the library service's 'Get Digital' learning programme. Provide transport to libraries when needed. Recruit 'Switch On' volunteers to assist people.	March 2016

Linked Objectives:	
2.2	Produce a Norfolk Public and Community Transport leaflet (including Transport Plus and the two Non-Emergency Patient Transport services), with information about all the services, and the help available to enable people to have a safe and confident journey.
2.9	Produce a leaflet on the help available to older drivers to drive safely for longer.
2.10	Produce a leaflet for people using mobility scooters and electric wheelchairs on the help available to buy and use them safely.
3.3	In the contract to provide specialist information, advice and advocacy for older people and for people with dementia, include provision of information and advice on the housing options open to people and housing–related support including to de-clutter and move, equipment, aids and adaptations, Handyperson services and falls prevention.
5.1	Publicise information about volunteering – what it might involve and how to find out about opportunities available.
6.2	Publicise the Wellbeing Service which provides psychological therapies, including those for older people and their carers.
7.2	Provide integrated health, social care, housing information in acute and community hospitals.

2. Transport and Access to Services

Norfolk is one of England's largest and most rural counties; this presents particular challenges. But transport isn't just a rural problem. If, for whatever reason, older people lose access to a car or bus, then getting to the services they need to remain living independently becomes very difficult. It is the people with the worst health and the lowest incomes who struggle most to travel.

The County Council can't fund all the gaps this creates. But existing services can be publicised better, and current funding can be used more efficiently. In addition, innovative alternatives and additions to existing services need to be explored, and integrated with what we already have. Most importantly, all services, of whatever type, need to be designed and promoted according to researched need.

Getting transport 'right' for older people brings with it many positives to society: increased numbers of people can travel to volunteer, shop and spend.

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
2.1 Norfolk County Council should work with Norfolk transport providers to reduce duplication and also to cover areas where currently no commercial or community transport is available so that older people can access the services they need to remain living independently.	Norfolk County Council – Community and Environmental Services (Transport). All Norfolk transport providers.	**Outputs:** 1) Fewer gaps in transport provision across Norfolk. **Outcomes:** 1) More older people have access to services and social opportunities.	Research specific needs of older people in accessing services and why current services don't meet those needs. Work with local transport providers to develop a plan where resources are pooled to fill the gaps. Work with all transport providers to carry out the plan to meet those needs.	November 2016
2.2 Produce a printed leaflet of the phone numbers and web addresses for Traveline, Norfolk County Council's transport information, Transport Plus, Norfolk Community Transport, Liftshare and the two Norfolk Non-Emergency Patient Transport Services. This should include eligibility criteria.	Norfolk County Council – Community and Environmental Services (Transport).	**Outputs:** 1) Printed information provided for older people and distributed. **Outcomes:** 1) Older people who don't have access to the internet can find out about the transport options in their area.	Work with transport and other partners to co-produce a leaflet including Community Transport, Transport Plus, Lift Share and Patient Transport. Include in the 'Living Longer, Living Well' handbook.	November 2016

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
2.3 Provide real time audio and visual information on all new commercial buses and promote the use of relevant mobile phone and tablet apps.	Commercial bus companies with Norfolk County Council - Community and Environmental Services (Transport).	**Outputs:** 1) Commercial bus companies make sure new buses provide audio and visual equipment. 2) Publicise apps people can use to find out about transport services. **Outcomes:** 1) Older people feel more confident about travelling by bus.	Publicise the smart phone apps people can use to find out about real-time services.	November 2016
2.4 Work with all the commercial bus companies and larger community transport services to provide 'Safer Journey' cards that customers can show the driver, e.g. 'Please wait for me to sit down in case I fall'; 'I have a hidden disability, please be patient.'	Norfolk County Council - Community and Environmental Services (Transport). Commercial bus companies. Norfolk Community Transport Association.	**Outputs:** 1) All Norfolk transport agencies provide 'Safer Journey' cards. 2) They are advertised in large print on their transport with a contact web address and phone number. **Outcomes:** 1) Older people's needs are understood and they feel safer and more confident on their journey.	Work with bus operators and larger community transport organisations to replicate First Buses' 'Safer Journey' cards. Promote and advertise.	November 2016
2.5 Work with GP practices to make sure patients can get to their GP practice appointment when they need to.	Healthwatch Norfolk.	**Outputs:** 1) Encourage GP surgeries to raise this with patient engagement groups and discuss possible solutions e.g. producing a leaflet for patients about available transport options; co-ordinating clinics with market days when transport is available; providing information on appointment letters. **Outcomes:** 1) Practices provide information for patients on how they can get to their surgery including when they need an urgent appointment so can't give the three days advance notice required by Community Transport.	Raise with local GP practices and their patient participation groups. Work with local Community Transport. Link into Heathwatch's wider work on access to GP practices.	November 2016 November 2017

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
2.6 Community transport organisations across Norfolk use comparable data.	Norfolk Community Transport Association.	**Outputs:** 1) Community Transport organisations collect more standardised information about passengers and from passengers and about the quality of their service. **Outcomes:** 1) Community Transport organisations can make a stronger case to commissioners for funding.	Discuss with members and agree the types of information to be collated. Agree a way of collating and analysing this information and sharing it with interested parties.	March 2017
2.7 Provide an appropriate level of training and information about the needs of older passengers, including passengers with dementia, for drivers of all commercial, community, health and social care transport.	Norfolk County Council – Community and Environmental Services (Transport).	**Outputs:** 1) All drivers have an appropriate level of information/ training about customer care for older passengers including those with dementia. **Outcomes:** 1) Older people including those with dementia and their carers feel more confident when using transport services.	Norfolk Dementia Strategy Implementation Board to agree the level of dementia training and information needed for commercial transport (including taxis), volunteer, health and social care drivers; identify training providers and work with transport organisations to develop a realistic plan for delivery. Build this training into the commercial bus drivers' certificate of professional competence (CPC) and ongoing CPC training, and into the training for community/ volunteer, health and social care drivers.	November 2016
2.8 Encourage older people to retain or regain the fitness they need to access services through driving, walking or cycling.	Norfolk County Council – Resources (Public Health). Active Norfolk.	**Outputs:** 1) More older people participate in activities through Active Norfolk. 2) More older people receive support through Public Health's Health Trainers. **Outcomes:** 1) More older people retain or regain fitness the fitness they need to drive, cycle or walk to the services they need to retain their independence.	Work with older people to agree the best ways to raise awareness of the need to keep active. Publicise the range of physical activities available for older people wanting to continue driving, cycling or walking to access services. This should link with the Norfolk Road Casualty Reduction Partnership's Older Person's Road User Group so this can be incorporated in their leaflet for older drivers.	March 2016. March 2017

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
2.9 Produce a leaflet for older drivers to enable them to drive safely for longer or to find alternatives to driving.	Norfolk Road Casualty Reduction Partnership – Older Person's Road User Group.	**Outputs:** 1) Leaflet produced by the Older Person's Road User Group and circulated widely. **Outcomes:** 1) More older people who are driving are aware of the risks and the support and training available, and feel more confident about driving safely.	Work with older drivers to co-produce a leaflet about driving safely, adapting cars, Motability, blue badges, legal issues and declaring health conditions and the help available to older drivers. Publicise and distribute the leaflet.	June 2016
2.10 Produce a leaflet for those using mobility scooters and electric wheelchairs on the help available to buy and use them safely.	Norfolk Road Casualty Reduction Partnership – Older Person's Road User Group.	**Outputs:** 1) Leaflet produced with older users of electric wheelchairs and mobility scooters and circulated widely. **Outcomes:** 1) More people using mobility scooters and electric wheelchairs are aware of relevant legislation and of appropriate training opportunities, and feel more confident about using them safely.	Work with people using mobility scooters and electric wheelchairs to co-produce a leaflet about what to look for when purchasing, when they can be used on pavements, roads and on commercial and community transport, and the training and support available. Publicise and distribute the leaflet.	June 2016

3. Housing

Your home is more than just a place to eat and sleep. It's where most of the really important things in your life happen; where you interact with friends and family and from where you organise and control your life. It is vital that our houses are designed and built to be adaptable as we grow older, so that we don't have to move if we don't need to.

Social care and NHS commissioners and providers should pay greater heed to the effect that poor or inappropriate housing has on health and wellbeing.

It is important that health and social care are aware of the latest aids and adaptations that will enable this to happen. It is also important for agencies and others to recognise that there are now more low-income home-owners than there are low-income tenants. They must be reached and helped as well.

And if anyone has to move, then we need to know what our options are. Politicians who control the planning process, and planners, need to be aware of what makes a new house a home fit for life, in a community that's planned to take account of older people's needs.

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
3.1 Promote greater integration of housing appropriate for older people within mixed communities and provide more bungalows, flats and accessible / lifelong homes.	District Councils. Registered Social Landlords.	**Outputs:** 1) Recognition in district housing needs assessments. 2) Recognition in Norfolk's Strategic Housing Needs Plan, in consultation with district colleagues. 3) Recognition in Norfolk County Council's Housing Strategy. **Outcomes:** 1) Evidence of greater age mix in communities. 2) More new 'Lifetime' housing planned as part of new developments.	Review of current Norfolk housing plans. Presentation and discussion by county planners and house builders to Norfolk Older People's Strategic Partnership Board. Review of models and initiatives elsewhere. Work with planners to provide land and funding to design and build specific housing for older people and ensure planning obligations, such as Lifetime homes, are observed wherever possible.	Review of existing Norfolk initiatives by December 2015.

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
3.2 Recognise older people's growing preference for housing with care over residential care or sheltered housing. We need new housing with care provision in all districts, with flats or bungalows to buy privately, as well as to rent.	District Councils. Registered Social Landlords. Norfolk County Council – Adult Social Care (Integrated Commissioning).	**Outputs:** 1) Progress towards Norfolk County Council transforming older people's expectations by 2020. 2) Assessment of communal facilities in existing Housing with Care schemes. 3) County Councillors and planners, and district council planners and planning committees understand the need to release appropriate land for housing with care schemes. 4) A county coordinating committee could be formed to manage holistic planning of housing with care projects. **Outcomes:** 1) Planned new schemes meet need by housing type and area.	Learn from older people's experiences of housing with care, including those who are living in housing with care flats or bungalows they have purchased, in planning new ones. District councils and Norfolk County Council explain what housing with care is, research demand and consult older people on where they would like housing with care complexes, and what they would like. This should include ownership as well as tenancy. They should include ways of involving the community e.g. through a community room. District councils to include housing with care in their area housing plans. County and district councils to draw in investment by gifting land. Norfolk County Council to work with district councils, social landlords and private developers to bring forward plans and opportunities for the development of Housing with Care.	Existing provision review by early 2016. Norfolk County Council presentation to the Older People's Strategic Partnership Board in autumn 2016. Review of housing plans by mid 2016. Current tenant/owner consultation by mid 2016.
3.3 The contracts to provide specialist information, advice and advocacy for older people and for people with dementia should include provision of information and advice on the available housing options; on support to de-clutter and move, and on advice on equipment, aids and adaptations, Handyperson services and falls prevention.	Norfolk County Council – Adult Social Care (Integrated Commissioning). 5 Clinical Commissioning Groups.	**Outputs:** 1) Compliance with Care Act obligations. 2) Number of enquiries about housing issues from a base line. **Outcomes:** 1) More older people can access information and advice on their housing options and services and the support available to de-clutter and move.	Information and advice providers commissioned by social care / health have an appropriate level of training in housing information and dementia awareness.	November 2017

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
3.4 Work with partners to ensure the provision of sustainable Handyperson schemes across all districts which work to similar outcomes. Make sure there is equitable access to schemes.	District councils. 5 Clinical Commissioning Groups. Norfolk County Council - Adult Social Services (Integrated Commissioning).	**Outputs:** 1) Number of adaptations / works completed. 2) Number of referrals made to other services. 3) Referrals received by source. **Outcomes:** 1) Vulnerable tenants and householders have access to a Handyperson scheme or similar across all of Norfolk. 2) Older people who receive this service are satisfied with the quality of the service.	Identify ways the service can be sustained including charging for those who can afford to pay and including people under 65. This is to be achieved by using volunteers, linking into apprenticeship and other employment schemes, and widening the remit to include de-cluttering, help to move and gardening services. Develop a consistent charging policy across Norfolk.	March 2016
3.5 Where sheltered housing continues to be a preference, examine the need for re-provisioning to make it age appropriate and fit for purpose, in consultation with residents.	Registered Social Landlords. District Councils. Norfolk County Council – Adult Social Services (Integrated Commissioning).	**Outputs:** 1) Registered social landlords and district councils continually re-assess housing stock to make sure it fits changing need. **Outcomes:** 1) Tenants and householders are in properties which match their needs.	Review existing housing need for older people across Norfolk. The shift in emphasis to housing with care to be reflected in the county market position statement. Co-ordination among districts on planning housing provision for older people.	November 2017
3.6 Make sure that housing provider staff who phone and /or meet the public properly support older people including people with dementia.	Registered Social Landlords. Norwich City Council. Great Yarmouth Borough Council.	**Outputs:** 1) All housing provider staff have training appropriate to their job e.g. for working with people with dementia or hearing loss. **Outcomes:** 1) Older people with special needs feel welcomed, understood and supported by housing providers.	Norfolk Dementia Strategy Implementation Board agrees levels of dementia training for different jobs and agencies, identifies training providers and works with housing organisations to build this into professional development and produce a realistic plan for delivery.	March 2016

4. Loneliness and Isolation

One in 10 older people visit their GP because they are lonely, and 8 in 10 carers have felt lonely or socially isolated as a result of their caring responsibility.

Around 53,000 people in Norfolk aged 65+ live alone. But there is a difference between living alone and being lonely. People become lonely when the relationships they have are not enough. You can have a very busy life as a 24/7 carer, but be cut off from a 'normal' social life. And you can have a full social life but still feel desperately lonely after the death of a lifetime partner.

Levels of loneliness in the UK have remained relatively consistent over recent decades – with around 10% of those over 65 experiencing persistent loneliness. However as the population of older people has grown, the absolute number of individuals experiencing loneliness often, or all the time, has increased.

We now have more understanding of the impact loneliness can have on mental and physical health. Studies have shown that loneliness can be as harmful to health as smoking 15 cigarettes a day; that it is more damaging than obesity; that lonely individuals are at higher risk of the onset of conditions such as high blood pressure; and that loneliness puts individuals at greater risk of cognitive decline. As we understand more about these health risks, we can offer more effective interventions to meet individual needs.

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
4.1 Encourage and promote a deeper understanding of the nature of loneliness in older people, how to reach them and then developing a personalised response to support them to access appropriate services. This should also include recognition and support for people with dementia and their carers, and for those whose caring role changes or ends.	Norfolk County Council – Resources (Public Health) and Adult Social Services. Norfolk Police.	**Outputs:** 1) Specific events and training sessions for statutory, independent and voluntary agencies which interact with older people and their carers including recognition of loneliness and signposting. 2) Agencies take account of carers' changing circumstances. 3) A percentage reduction from a base line of the number of people 65 and over who say their quality of life is damaged by loneliness. **Outcomes:** 1) Older people identified as lonely are identified and are supported into interests and activities of their own choice. 2) Carers whose role has changed or ended are identified and offered appropriate support if this is needed.	Provide training for representatives from agencies working with older people so they can cascade this within their agency. Talk to the Norfolk and Suffolk Dementia Alliance about appropriate training in how to communicate best with people with dementia and their carers to identify whether they are lonely. Talk to carers' support workers about carers' needs when their caring role ends and how to refer them for appropriate support. Include in the contract for the three older people's outreach services a requirement to support lonely older people into activities of their choice. Focus the Norfolk Celebrates Age event in October 2016 on a campaign to highlight the problem of loneliness with a media campaign – radio, TV, newspapers, web and a Norwich Forum event.	October 2016

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
4.2 Encourage commissioners to support the development of the Norfolk and Suffolk Guideposts service to provide a service for older people and people with dementia, which would also give their carer a break.	Norfolk County Council – Adult Social Services (Integrated Commissioning).	**Outputs:** 1) Number of older people including those with dementia linked to a Guideposts placement. **Outcomes:** 1) Older people have a positive experience with carers they trust. 2) Carers of older people have a break, in the knowledge that the person they care for is with a trusted carer / carers and is having a positive experience.	Norfolk and Suffolk Guideposts identify how many of their paid carers are interested in providing respite care for an older person, e.g. someone with dementia. Provide appropriate training; and research the needs of informal carers needing a break. Evaluate the first placements.	November 2016

5. Volunteering – increasing the number of volunteers

Much volunteering is informal, such as supporting a neighbour in need. But many volunteers are involved more formally with specific projects and groups. All volunteers are crucial. They shouldn't be used to replace existing statutory services. But they can help voluntary agencies make the best use of resources at a time when the County Council has had to cut its services because of reductions in their Government grant. Health and district council funding is also under increasing pressure. And all this is happening at a time when the number of older people in Norfolk needing support is increasing. Volunteers, if properly recruited, trained and supported, can help fill the gap, and bring real value to the person they support; to the agency they work with and also to themselves.

But there aren't enough volunteers to meet the increasing need and agencies are saying they are competing to find volunteers. The challenge is to make sure there are sufficient trained, well-managed volunteers to support older people in Norfolk to live life as fully and independently as possible. If they do want to volunteer, then that needs to be as easy as possible. We need to tell people about the benefits of volunteering to their own health, wellbeing and employability, and to provide the support they might need to give it a try.

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
5.1 Recruit more volunteers.	Voluntary Norfolk with agencies using volunteers. Norfolk County Council – Resources (Public Health).	**Outputs:** 1) Older people find the website easy to use and understand. 2) Older people who don't have access to IT can go to a volunteering office or find a leaflet. 3) Older people have a wide choice of volunteering. opportunities in their locality. 4) Agencies have action plans on encouraging diverse and minority groups to volunteer. 5) More people volunteer from a baseline. 6) Number of new volunteers who who continue for 6 months. 7) Number of new volunteers who have themselves been previously supported by volunteers. 8) Number of new volunteers from diverse and socially excluded backgrounds. **Outcomes:** 1) Agencies are easily able to find the volunteers they need including from diverse backgrounds.	Provide a 'one-stop shop' website for people interested in volunteering, and include a simple rating scale so volunteers can give feedback on their experience of the volunteering opportunities listed. Provide volunteering centres/offices in main localities by identifying partners' resources including 'in kind' resources. Offer taster sessions for people who could 'bring a friend and have a go' without commitment e.g. in Volunteers Week. Identify Volunteering Ambassadors who will promote the value of volunteering in localities and agencies. Plan a media campaign, e.g. in Volunteers Week, using case examples including from diverse and excluded groups. Coordinate 'Volunteer Fairs' in localities e.g. libraries, supermarkets, malls, sixth forms, colleges / youth groups. Publicise with general and target groups e.g. pre-retirement and pensioners' groups, young people and unemployed people. Produce with volunteers a 'Volunteering in Norfolk' leaflet explaining how to find opportunities, the support they should expect, and the benefits for the volunteer and those supported. Research ways of engaging people who haven't volunteered before e.g. using vouchers. Develop a locality action plan to increase volunteers including from diverse and excluded groups, e.g. those who are lonely or who have sensory loss, or are from an ethnic minority.	September 2016

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
5.2 Support volunteers.	Agencies using volunteers.	**Outputs:** 1) Volunteers have regular supervision and a training / development record. **Outcomes:** 1) Volunteers are retained. 2) Volunteers say they feel valued for what they do.	Access training in managing volunteers. Supervise and support the volunteers. Promote the development of the volunteers through training, e.g. for those who support people with particular needs such as dementia or sensory loss or who are socially isolated, or from diverse and excluded groups. Thank and celebrate the volunteers each year.	Sept 2016
5.3 Agree shared recruitment and recording of volunteers' data across Norfolk, share good practice and challenges, and develop action plans.	Voluntary Norfolk with agencies using volunteers.	**Outputs:** 1) Agencies agree what output and outcome information to collect and a common format. **Outcomes:** 1) Agencies can make a strong evidence-based case to commissioners for funding.	Host a workshop for agency volunteer managers / coordinators to agree shared recruitment processes and recording of outputs, outcomes and volunteers' development. Hold quarterly meetings of agency volunteer managers / coordinators to share challenges and good practice and develop action plans. Develop an agreed way for agencies in Norfolk to collate evidence of value to the person / people supported (users' feedback on quality) and the value to the volunteer. Talk to commissioners about the sort of evidence they will be looking for.	Sept 2016
5.4 Work in localities to develop better ways of using volunteers most effectively.	Voluntary Norfolk with other agencies using volunteers.	**Outputs:** 1) Agencies in localities work together to develop an action plan. **Outcomes:** 1) Where appropriate, volunteers in localities are used most effectively to support the needs of people who live nearby. This may mean that they volunteer with more than one organisation.	Link with agencies in localities e.g. through workshops to explore volunteering shortfalls and ways forward. Work in partnership to develop an action plan.	Sept 2016

6. Depression and Anxiety

Depression and anxiety can be a serious health issue for older people, and it's often unrecognised.

Depression is best described as a continuum of symptoms ranging from a mild to a more persistent condition to a major life-threatening illness. It affects 1 in 5 older people living in the community. Two thirds of older people with depression have never discussed it with their GP, yet older people can respond very well to psychological and medical treatments.

Anxiety in older adults is often masked by other physical conditions of ageing, and is therefore under-diagnosed and under treated. Between 10% and 24% of people aged 65 and over living in the community have symptoms. Anxiety is more common in women than men. Anxiety and depression often go together.

We need to raise awareness so that these conditions can be identified and older people given the help they need.

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
6.1 Support the provision of Link mental health workers in each GP practice for advice, support, training and as a link into specialist mental health services.	South Norfolk, West Norfolk and Great Yarmouth and Waveney Clinical Commissioning Groups. Norfolk and Suffolk Foundation Trust. Norfolk County Council – Adult Social Services (Integrated Commissioning).	**Outputs:** 1) GP practice survey to establish baseline. 2) Measurable increase in GP practice-generated referrals of older people aged 65+ to secondary mental health services. **Outcomes:** 1) GP satisfaction with support they receive from specialist mental health services. 2) Satisfaction of older people 65+ with support from their GP relating to their mental health concerns.	Agree monitoring and performance measures.	May 2016
6.2 Make sure older people and their carers are aware of the Wellbeing Service which provides psychological therapies, and include in this service cognitive stimulation therapy for people with memory loss.	Norfolk and Suffolk Foundation Trust. South Norfolk, West Norfolk and Great Yarmouth and Waveney Clinical Commissioning Groups. Norfolk County Council – Resources (Public Health).	**Outputs:** 1) Number of people aged 65+ and carers who have self-referred to the service from a baseline. 2) Length of waiting time. 3) Number of people aged 65+ and carers who have received counselling services from a baseline. **Outcomes:** 1) More older people are aware of the service and the support it offers. 2) More carers are aware of the service and the support it offers.	Talk to older people with anxiety / depression and their carers and ask how it should best be publicised. Work with local agencies e.g. Age UK, MIND, Cruse, to de-stigmatise and publicise the service. Publicise the service in Norfolk County Council's 'Living Longer, Living Well' handbook'. Publicise national Age UK's webpage and short videos on the value of talking therapies for older people.	May 2016

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
6.3 Work with health, social care and housing staff to recognise depression and anxiety in older people and their carers including people with dementia and people in residential homes, and signpost them to the Wellbeing Service.	Norfolk and Suffolk Foundation Trust. South Norfolk, West Norfolk and Great Yarmouth and Waveney Clinical Commissioning Groups. Norfolk County Council – Adult Social Services and Resources (Public Health).	**Outputs:** 1) Number of staff including from the independent and voluntary sector, trained from a baseline. 2) Patient-reported source of referral. **Outcomes:** 1) Increase in number of older people and carers self-referring to the Wellbeing service.	Co-produce the training with older people and their carers. Train staff in other agencies to cascade the training internally. Engage with partners including independent and voluntary sector agencies. Collect feedback from partner agencies.	March 2016.

7. Improving the Experience of Older People Leaving Hospital

One of the most challenging issues facing older people, their carers and the statutory, voluntary and private agencies which work with them, is making sure that discharge from hospital is regarded as just as important an element of health care as the treatment itself. The government has promoted this by removing some of the funding that goes to health and social care in order to refocus it specifically on areas such as this.

However, despite massive efforts by hospital staff to make sure older people are discharged at the right time with the right transport and the right support at home, too often this doesn't happen. Hospital patients and out-patients, who don't necessarily have very complex needs, often don't know who to ring or how to arrange the support they need at home.

In a context of cuts, statutory and voluntary agencies are working hard to find the best ways to make sure discharges work better for older people and their carers. But we need better ways to work together with the resources available.

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
7.1 Relevant statutory and voluntary agencies work with older people and carers to find ways to improve the acute hospital discharge process.	5 Clinical Commissioning Groups. Norfolk County Council – Adult Social Services and Resources (Public Health).	**Outputs:** 1) Discharge planning begins on admission. 2) Older people in hospital with care and support needs and their carers have access to the information, advice and signposting they need and a written 'care and support assessment' of their needs if they would like one where they are not eligible for help from Adult Social Services. 3) Older people in hospital who meet the national eligibility threshold of their need for care and support have a 'care and support plan' provided by health or social care staff to meet those needs, and a financial assessment if they may be eligible for financial help with these care and support services. 4) Statutory, voluntary and private services involved in the discharge process say they are working better together. **Outcomes:** 1) Older people have a timely and coordinated return home from hospital with appropriate support in place on their return home. 2) Reduction of delayed discharges.	Acute and community hospital discharge leads share good practices and challenges. Identify an independent agency to run in a non-hospital venue a workshop of older people (including those who have been hospital patients), their carers and staff from health, social care, housing and voluntary and private agencies on how to make the best use of existing resources to improve the discharge process.	June 2016

Objective 2016-18	Lead Agency/ies	Measurable Outputs and Outcomes	Actions Needed to Achieve Outcomes	Review Date
7.2 Health, social care and housing information on the support available in the community should be provided on the web, in print and face-to-face. for in-patients and out-patients in acute and community hospitals.	Norfolk and Norwich University Hospital. James Paget University Hospital. Queen Elizabeth Hospital. Norfolk Community Health and Care and East Coast Community Healthcare (Community Hospitals). Norfolk County Council – Adult Social Services.	**Outputs:** 1) Printed information about health, social care and housing support in the community is clearly visible in reception / entrance areas, e.g. on separate notice boards, and on the wards. 2) People know what number they can ring to get advice. 3) Face-to-face information about support in the community is available. 4) The public and staff can print out web-based A4 information. **Outcomes:** 1) Hospital patients and their carers can get information about the support they need to remain independent at home when they need it and in the form they need it.	Hospitals audit their provision of printed, face-to-face and web-based health, social care and housing information in in-patient and out-patient entrances and reception areas and on wards. Senior hospital management make sure that key information about Norfolk-wide and locality-based support is displayed and is up-to-date.	June 2016

If you need this strategy in large print, audio, Braille, alternative format or in a different language please contact Sonya Blythe on 01603 228899 or 0344 8008011 (textphone) and she will do our best to help.

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communication for all

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For more copies of the strategy:

Ring Age UK Norfolk tel: 01603 787111
or click on www.norfolkolderpeoplespartnership.co.uk/strategy2016-18.pdf

For information about support for people age 60+ and their carers ring:

- Norfolk County Council Adult Social Services tel: 0344 800 8020; email: information@norfolk.gov.uk
- Age UK Norfolk 0300 500 1217 (Mon – Fri, 10am – 4pm)
- Age UK Norwich 01603 496333 (Mon, Tues, Thurs, Fri, 10am – 4pm; Wed, 10am – 2pm)
- Carers Agency Partnership Helpline tel: 0808 808 9876 (freephone), (Mon – Fri, 9am – 5pm; Saturday 10am – 2pm)

Produced by:

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