

 **NCoA 03/17**

###### **NORFOLK COUNCIL ON AGEING**

## **Minutes of the Norfolk Council on Ageing Meeting held**

## **at 2.00pm on Thursday 12 January 2017 in the Training Room,**

## **Great House Training Centre, Age UK Norfolk,**

## **300 St Faith’s Road, Old Catton, Norwich, Norfolk NR6 7BJ**

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| **Members Present:** | Roy Dickinson (Vice-Chair in the Chair), Bett Barrett (Vice-President of Age UK Norfolk), David Button (Age UK Norwich), Chris Carter (NIC [Norfolk Independent Care]), Margaret Drury (Age Concern North Norfolk), Susan Fraser (Co-opted Member/Trustee of Age UK Norfolk), Joyce Hopwood (Norwich Older People’s Forum), Anne Loveday (The Great Hospital), Jacqueline Middleton (Age UK Norwich), Jonathan Moore (Equal Lives), Sam Morton (Vice-President of Age UK Norfolk), Kate Platt (Great Yarmouth Older People’s Network), James Porter (Norfolk County Council Unison Branch [Retired Members Section]), Graham Robinson (Co-opted Member/Trustee of Age UK Norfolk), Fiona Routledge (Independence Matters), Jack Sadler (Norfolk Association of Local Councils), Dr Charlotte Salter (Norwich Medical School, UEA), Peter Threadkell (SSAFA), Lynda Turner (Breckland Older People’s Forum), Cllr Sue Whitaker (Norfolk County Council Adult Social Care Committee) and Carole Williams (Co-opted member)  |
| **In Attendance:** | Anne Bunting (The Norfolk and Norwich Association for the Blind), Graham Creelman (Norfolk Older People’s Strategic Partnership Board), Janice Dane (Norfolk County Council), Hazel Fredericks (Norfolk Council on Ageing), Lyn Gardenchild, Nicki Gibson (Age UK Norfolk), Mary Ledgard (Norfolk Council on Ageing), Hilary MacDonald (Chief Executive of Age UK Norfolk), Cllr Shirley Matthews (Norfolk Council on Ageing), Eamon McGrath (Age UK Norfolk), Susan Ringwood (Age UK Norwich), Kate Rudkin (Age UK Norfolk), Paula Skelton (Age UK Norfolk) – minute taker, Samantha Taylor (Age UK Norfolk), Dr Wendy Thomson (Norfolk County Council) – item 5. onwards and Sue Vaughan |
| **Apologies:****\*Denotes voting member** | Cassandra Andrews (Age UK Norfolk), Dr Ann Anka\* (School of Social Work, UEA), Stewart Branch (Age UK Norfolk), Stephen Burke\* (Co-opted Member/Trustee of Age UK Norfolk), Helen Chapman (Age UK Norfolk), Jennie Cummings-Knight (Age Concern North Norfolk), Stephen Drake\* (Co-opted Member/Trustee of Age UK Norfolk), Laura Edgar (Age UK Norfolk), Dr Peter Forster\* (Vice-President of Age UK Norfolk), Margaret Hardingham\* (Vice-President of Age UK Norfolk), Helen Jones\* (Chair of Age UK Norfolk), Karen Knights (Age UK Norfolk), Dr Derek Land\* (Civil Service Pensioners Alliance (Norfolk) / Norfolk Carers Support), Chris Mowle\* (Co-opted Member/Trustee of Age UK Norfolk), John Perry Warnes (Norfolk Council on Ageing), Jeffrey Prosser\* (Co-opted Member/Trustee of Age UK Norfolk), Mary Russell\* (North Norfolk Older People’s Forum / Age Concern North Norfolk), Paul Slyfield\* (Treasurer of Age UK Norfolk), Linda Smith (Age UK Norfolk), Ann Taylor (Age UK Norfolk), Peter Walker (Norfolk Council on Ageing) and Pat Wilson\* (Norfolk and Norwich Pensioners Association / Norfolk Older People’s Forum / Broadland Older People’s Forum) |

The Vice-Chair welcomed everyone to the meeting and read out a number of items relating to housekeeping. The Vice-Chair explained that the Chair had tendered her apologies for today’s meeting as she was on holiday.

The Vice-Chair referred to the weather forecast for today which predicted snow and adverse driving conditions. He said he aimed to conclude the meeting promptly at 3.30pm to allow people to leave in daylight.

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|  |  | **Action** |
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| **1.** | **Minutes of the Norfolk Council on Ageing Meeting held on Tuesday 25 October 2016 (NCoA 15/16)** |  |
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|  | The minutes of the Norfolk Council on Ageing (NCoA) meeting held on 25 October 2016 had been circulated prior to the meeting.With a correction to the spelling of Cllr Whitaker’s name, the minutes were agreed as a correct record and signed by the Vice-Chair.  |  |
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| **2.** | **Matters Arising** |  |
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|  | **2.1 Attendance Allowance** |  |
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|  | The Chief Executive reported that a report had been received from Age UK on Attendance Allowance. She asked members to let Ms Skelton know if they would like to receive a copy.In response to a query, the Chief Executive confirmed that the NCoA meeting originally scheduled for 31 January 2017 had been cancelled.  |  |
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| **3.** | **Board of Trustees Report to the NCoA (NCoA 02/17)** |  |
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|  | A report from the Board of Trustees prepared by the Chief Executive had been circulated prior to the meeting. 1. **Trustee Recruitment**

The Chief Executive reported that the charity was currently running a recruitment drive to recruit new Trustees with the following skills:* Accountancy and finance.
* Charitable fundraising.
* Campaigning.
* Health and social care.

The Chief Executive invited members to consider if they had the skills being sought and to apply if appropriate. She said they may also have contacts who they might want to promote the opportunity to.1. **70th Anniversary Celebrations**

The Chief Executive reported on the Charity Ball taking place on the evening of Saturday 25 February 2017. She said there were tickets available to purchase and everyone was welcome to attend.1. **Gordon’s Story**

The Chief Executive apologised that due to technological problems, it was not possible to show the video, “Gordon’s Story” today, although it was available on the charity’s website. The Vice-Chair said he had watched the video and found it very moving, giving a clear explanation as to what loneliness felt like. |  |
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| **4.** | **Norfolk Older People’s Strategic Partnership Board: Verbal Report from NCoA Representatives (The NCoA Representatives are: David Button, Dr Derek Land and Carole Williams)** |  |
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|  | Mr Button reported on the NOPSP Board’s away day held on 07 December 2016, which had not been open to members of the public. He said that much of the business had related to the Sustainability and Transformation Plan (STP) and Dr Thomson had spoken at the meeting. Another key item had been the cuts to services currently being considered by Norfolk County Councillors and the impact on older people if they were agreed. Other items discussed at the away day included:* How older people engage with statutory bodies that deliver services.
* Housing related support and the impact of cuts on sheltered housing.
* Integrated care.
* Plans for 2017-2018 which were based on the strategy and objectives contained in the current Living Well, Living Longer document.

Mr Button said one of the actions agreed for the Board for 2017 was for it be invited to engage with the formulation of planned changes to services, rather than just invited to comment on proposals.Mr Creelman commented on the proposed cuts to services and said there was a need for voluntary and public sectors to work together on plans more closely. Mrs Williams reported that a workshop had taken place in the afternoon on providing and accessing information and advice. She said that the four groups who had participated had come to the same conclusion that prevention was key, particularly in preventing crisis situations arising. Mrs Williams said there was a lack of integration by the health and social care sectors with the voluntary and community sector (VCS). She said that where the VCS was asked to be involved, funding must be provided. Mr Moore said that Equal Lives was frustrated with so little detail being included in the STP and said this was unhelpful.Concerns were raised about the STP consultation documents which had been made available on the Norfolk Healthwatch website, but were not easy to find. There was general agreement that the STP documents contained language that was used routinely by clinicians and medical teams, but not by members of the public, making it difficult to understand for most people. Cllr Whitaker noted that there were 44 STPs in England, with only four being led by non NHS-related bodies. She agreed that the STP was very NHS-orientated. Cllr Whitaker commented on NHS consultations and said that “consultation” covered a variety of different methods including holding a meeting, a drop in session or via a website. She encouraged everyone to submit comments on the STP. Cllr Whitaker said that with the current financial situation, there had to be changes as the current position was not viable. Mrs Hopwood commented that NHS consultations did not enjoy a good reputation, with people feeling suspicious about whether their views were taken into account or influenced the outcome.In response to a query, Mr Button said that the funding streams for health and social care were at the core of what the NOPSP Board discussed. Mrs Williams referred to the item in the STP about consultation. She noted that it referred to a consultation to take place in January 2017 with people and organisations, but did not explain how they would be involved.A comment that consultations were often carried out in name only and not in spirit brought general agreement from members. |  |
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| **5.** | **Presentation followed by Discussion: Dr Wendy Thomson, Managing Director, Norfolk County Council: STP (Norfolk and Waveney’s Sustainability and Transformation Plan)** |  |
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|  | The Vice-Chair introduced Dr Thomson.Dr Thomson explained her role and said that she did not have any responsibility for running NHS services, although she was keen to hear the experiences of others. Dr Thomson started by explaining that the STP was an attempt by the NHS to integrate health and social care and to ensure long-term sustainability. She said this was an enormous challenge. Dr Thomson set out the background to the STPs which were being prepared across the country:* A national policy initiative that was part of the delivery of the NHS Five Year Forward View (5YFV) - the shared vision for the future of the NHS, including the new models of care.
* 44 place-based, system-wide plans for health and social care.
* An aim to improve the health of the population, the quality of care for patients and the efficiency and productivity of the NHS by 2020-2021.

The list of organisations involved in the local STP was:* NHS Great Yarmouth and Waveney CCG
* NHS North Norfolk CCG
* NHS Norwich CCG
* NHS South Norfolk CCG
* NHS West Norfolk CCG
* East of England Ambulance Service NHS Trust
* Norfolk County Council
* Norfolk and Norwich University Hospitals NHS Foundation Trust
* James Paget University Hospitals NHS Foundation Trust
* Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
* Norfolk and Suffolk NHS Foundation Trust
* East Coast Community Healthcare CIC
* Norfolk Community Health and Care NHS Trust
* Norfolk Independent Care
* Norfolk and Waveney Local Medical Committee
* Healthwatch Norfolk
* IC24
* District, borough and city councils

Dr Thomson set out a number of local policy drivers:* The population was growing – 38% increase in over 75s by 2025.
* Increase in obesity leading to 9,000 more cases of diabetes and heart disease by 2025.
* The type of care that people needed was changing - 45% of patients currently treated in hospital could be treated outside of hospital closer to home.
* A need to make services more efficient.
* Doing nothing was not an option. If no action was taken now, in five years' time there would be an overspend of £415.6M.
* An expectation of reductions in National Funding Allocations by £58M.

Dr Thomson said that with an increasingly older population and if current trends in healthcare continued, it was predicted that by 2025:* 800,000 more appointments will be needed with GPs and nurses.
* 109,000 more people will have appointments at hospitals for day treatment.
* 92,000 more people will go to A&E departments.
* 48,000 more people will arrive at A&E by ambulance.
* 56,000 more people will be admitted to hospital in an emergency.

Dr Thomson also referred to the predicted increase in the number of people in Norfolk with Dementia.Dr Thomson said that without changes within the health and social care sectors, it was likely that by 2021 the financial impact would be a £442M deficit. Dr Thomson set out the priorities for the STP:* Removing organisational boundaries to create integrated teams.
* Sustainable Out of Hospital and prevention services.
* Reducing hospital activity, specifically emergency admissions and the length of stay in hospital.
* Improved management of planned care (ie operations).
* Adaptive and sustainable workforce.

Dr Thomson referred to the STP document and said that the format was as required by the Department of Health, although she acknowledged that it was not an easy document to understand. Dr Thomson commented that there was already a lot of work taking place in health and social care, with plans in place for different areas of work. She said that whilst she was not aware of any plans to close any of the three acute hospitals in Norfolk, there were plans to use them differently. Dr Thomson ended her presentation at this point and a discussion took place, with contributions from NCoA members and non-members including the following:* The existence of a blame culture around ageing and getting older.
* Plans for reducing hospital admissions were unrealistic and not achievable.
* Not establishing every hospital as a “Centre of Excellence”
* Expectations around patients having to travel long distances to attend hospital appointments. Care was not patient-based.
* Patients having to travel to hospitals out of the county to receive treatment.
* Concern about the continuing viability of the county’s acute hospitals.
* Consider re-designing A&E departments.
* The funding of the NHS.
* The pressure that the NHS workforce was experiencing.
* Long-term sustainability of the NHS, particularly with the predicted rise in the number of people with Dementia.
* The closure of the Henderson Unit at the Julian Hospital in Norwich.
* Concerns about the reluctance to diagnose Dementia because normal sheltered housing units would not accept people with a diagnosis.
* Lack of reference to mental health services in the STP.
* Focussing more on good health rather than ill health.
* Recognising the pressures already on the VCS and understanding that requests for increased VCS involvement meant that appropriate levels of funding and resources must be provided.
* Acute health services having to provide care in cases that were not intended for some patients.
* Funding for acute services should be ring-fenced for primary care. Acute services were very reluctant to relinquish any of their funding.
* The benefits of community based care and beds to help people get back home.
* Continuing lack of integration between health and social care sectors. One member commented that they worked in “silos”.
* Lack of engagement by GPs and GP surgeries.

Dr Thomson responded to a number of the points raised:* A&E departments in hospitals tended to include a large number of people who were unable to be seen elsewhere. Their condition/illness could not be classified as an accident or emergency. Older people tended to have multiple conditions and medical staff tried to stabilise their condition in order to prevent hospital admissions.
* Increasing NHS funding through increased levels of tax was one option.
* The role of pharmacies in health provision and how this can be developed, recognising that pharmacists are highly trained experts.
* Using home care assessments differently to maximise the time spent with the person being assessed.
* The important role of residential care homes.
* The funding of the NHS was a political issue.
* It was possible to provide more health care at home rather than in hospital. Dr Thomson said that she did not have detailed knowledge of the plans for each individual hospital in the county. Dr Thomson said she was sure that each hospital would consider carefully their plans and that the national models of care that were used were well researched.
* Plans would focus on providing care at home as it was known that this was what most people preferred.
* Although at an early stage, there were plans to establish a Board and part of its remit would be to involve the VCS.
* Dr Thomson reassured that decisions had not already been made and encouraged everyone to input into the consultation process.
* There was scope for the three acute hospitals in Norfolk to work more closely together.
* Understanding needed to be given to decisions taken, such as closing the Henderson Unit in terms of the ratio of spend and numbers of patients treated.
* The CCGs were working together on commissioning services.

Dr Thomson concluded by again encouraging everyone to participate in the consultation. The Chief Executive said she felt there was a willingness from NCoA members to make the STP work, but members were struggling to see how they could input because of the lack of detail contained in the Plan. She noted that Age UK Norfolk was experiencing an unprecedented increase in demand for its services. The Vice-Chair thanked Dr Thomson for attending today’s meeting and for her presentation and participation in the discussion.  |  |
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| **6.** | **Any Other Business** |  |
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|  | **6.1 NHS Walk In Centre, Norwich** |  |
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|  | Because of time constraints, it was agreed that Mr Sadler would report on this issue at the next NCoA meeting.  | JS |
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| **7.** | **Date of the Next Norfolk Council on Ageing Meeting:** At 10.30am on Tuesday 25 April 2017 in the Great House Training Centre, Age UK Norfolk, 300 St Faith’s Road, Old Catton, Norwich, Norfolk NR6 7BJ. |  |
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| There being no further business, the Chair closed the meeting at 3.35pm.Signed ……………………………………………………Position …………………….…………………………….Date ………………………………….………………….. |  |
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| **Circulation:** |  |
| NCoA MembersNCoA Non-MembersAge UK Norfolk WebsiteMinutes Book |  |