

**NORTHAMPTON BOROUGH COUNCIL**  
**Scrutiny Panel 4 – Adult Social Care Facilities**

Your attendance is requested at a meeting to be held at The Jeffrey Room,  
The Guildhall, St. Giles Square, Northampton, NN1 1DE on  
6 November 2018 at 6pm

**George Candler**  
**Chief Executive**

If you need any advice or information regarding this agenda please phone Tracy Tiff, ext 7408 who will be able to assist with your enquiry. For further information regarding **Scrutiny Panel 4 - Adult Social Care Facilities** please visit the website [www.northampton.gov.uk/scrutiny](http://www.northampton.gov.uk/scrutiny)

### **Members of the Panel**

Chair	Councillor Zoe Smith
Panel Members	Councillor Sally Beardsworth Councillor Julie Davenport Councillor Janice Duffy Councillor Anamul Haque (Enam) Councillor Jamie Lane Councillor Arthur McCutcheon Councillor Brian Oldham Councillor Cathrine Russell
Co Optees	To be confirmed

### **Calendar of meetings**

<b>Date</b>	<b>Room</b>
6 December 2018 6:00 pm 17 January 2019 11 February 1 April	All meetings to be held in the Jeffery Room at the Guildhall unless otherwise stated

# Northampton Borough Scrutiny Panel 4 - Adult Social Care Facilities

## Agenda

Item No and Time	Title	Pages	Action required
1. 6:00pm	<b>Apologies</b>		The Chair to note any apologies for absence.
2.	<b>Declarations of Interest (including Whipping)</b>		Members to state any interests.
3.	<b>Deputations and Public Addresses</b>		The Chair to note public address requests.  The public can speak on any agenda item for a maximum of three minutes per speaker per item. You are not required to register your intention to speak in advance but should arrive at the meeting a few minutes early, complete a <a href="#">Public Address Protocol</a> and notify the Scrutiny Officer of your intention to speak.
4.	<b>Minutes</b>	<b>1 - 4</b>	The Scrutiny Panel to approve the minutes of the meeting held on 8 October 2018.
5.	<b>Co Optee to the Scrutiny Panel</b>		The Scrutiny Panel to confirm co-option.
6.	<b>Witness Evidence</b>	<b>5-6</b>	The Scrutiny Panel to receive responses to its core questions from key expert advisors.
6 (a) 6:05pm	<b>Cabinet Lead: Adult Social Care, Northamptonshire County Council</b>		
6 (b) 6:05pm	<b>Executive Director Adults, Communities &amp; Wellbeing, Northamptonshire County Council</b>		
6 (c) 7:05pm	<b>Cabinet Member for Housing and Wellbeing, NBC</b>		
6 (d) 7:05pm	<b>Head of Housing and Wellbeing, NBC</b>		
7. 8:05pm	<b>CfPS Conference: National Health Scrutiny and Assurance Conference</b>	<b>7</b>	Councillor Cathrine Russell to report back from the CfPS Conference: National health scrutiny and assurance conference that took place in September 2018.
8. 8:15pm	<b>Background Information</b>	<b>8 - 14</b>	The Scrutiny Panel to receive a briefing note detailing relevant Legislation and Guidance.

## NORTHAMPTON BOROUGH COUNCIL

### MINUTES OF SCRUTINY PANEL 4 - ADULT SOCIAL CARE FACILITIES

Monday, 8 October 2018

**COUNCILLORS PRESENT:** Councillor Zoe Smith (Chair), Councillors Julie Davenport, Jamie Lane, Brian Oldham and Cathrine Russell

**Officer** Tracy Tiff, Scrutiny Officer

**Member of the Public** Morcea Walker

#### 1. CONFIRMATION OF CHAIR OF THE SCRUTINY PANEL

The Chair of Scrutiny Panel 4 – Adult Social Care Facilities was confirmed as Councillor Zoe Smith.

The Scrutiny Panel was reminded the Councillor Sally Beardsworth has been appointed Deputy Chair.

#### 2. APOLOGIES

Apologies for absence were received from Councillor Sally Beardsworth.

At this point, the Scrutiny Panel conveyed its disappointment that no Councillors from NCC had come forward to be co opted to the Review for its life.

#### 3. DECLARATIONS OF INTEREST (INCLUDING WHIPPING)

There were none.

#### 4. DEPUTATIONS AND PUBLIC ADDRESSES

There were none.

#### 5. MINUTES

The minutes of the meeting held on 9 August 2018 were signed by the Chair as a true and accurate record.

#### 6. CORE QUESTIONS

The Scrutiny Panel considered the draft core questions, making additions and alterations.

**AGREED:** That the core questions, as appended to the minutes, are issued to the expert advisors for response.

## **7. SITE VISITS**

The Scrutiny Panel discussed potential site visits.

It suggested site visits to the following:

Northampton General Hospital – discharge procedures  
St Andrews Hospital – discharge procedures  
Kettering General Hospital, Kettering – discharge procedures

Further potential site visits were suggested:

Care homes in Northampton  
Work Bridge  
St Matthews

The Scrutiny Officer undertook to arrange the site visits in consultation with the Chair.

**AGREED:** That site visits to the list above scheduled into the Scrutiny Panel's evidence gathering timetable.

## **8. COMMUNITY IMPACT ASSESSMENT**

The Community Impact Assessment for this Review was approved and would be published on the Overview and Scrutiny WebPage.

The meeting concluded at 6:20 pm



**NORTHAMPTON**  
BOROUGH COUNCIL

## **OVERVIEW AND SCRUTINY**

### **SCRUTINY PANEL – ADULT SOCIAL CARE FACILITIES**

**DRAFT v 3**

The Scrutiny Panel is currently undertaking a review: Adult Social Care Facilities

The purpose of the Review is to investigate Adult Social Care Facilities in the area to identify future demand patterns, in order that any new Unitary Council is able to better plan for the needs of older people.

#### **CORE QUESTIONS:**

A series of key questions have been put together to inform the evidence base of the Scrutiny Panel:

- 1 It is important to appreciate the totality of the need problem and its cost. How will this be apportioned between two Unitary Authorities?
- 2 How will better working/partnership be fostered with NHS and outside providers, i.e., Charities and private sector care homes?
- 3 How will funding be apportioned?
- 4 How will you sort the Shaw PFI contract?
- 5 How will Safeguarding principles be better applied?
- 6 Please provide details of the relationship with private sector providers, i.e., care/nursing homes?
- 7 Please provide details of opportunities to combine care and housing provision in innovative ways?
- 8 Do you think there are any specific groups that are not accessing Adult Social Care Facilities, please provide details
- 9 In your opinion, how can better management support be applied for both social workers and carers?

- 10 Please provide details of the statutory responsibilities in respect of the duty of care obligations and their financial consequences
- 11 Are there any examples of new, innovative ways of working that we can learn from?
- 12 What models centred on the prevention agenda are being delivered? Are there plans to further expand this way of working?
- 13 How is the wider place making system (planning, highways, public transport) being engaged to create communities of the future that ensure older people stay healthy for longer
- 14 Do you have any other information, concerns or suggestions you wish to raise in relation to adult social care facilities?



**NORTHAMPTON**  
BOROUGH COUNCIL

## **OVERVIEW AND SCRUTINY**

### **SCRUTINY PANEL – ADULT SOCIAL CARE FACILITIES**

The Scrutiny Panel is currently undertaking a review: Adult Social Care Facilities

The purpose of the Review is to investigate Adult Social Care Facilities in the area to identify future demand patterns, in order that any new Unitary Council is able to better plan for the needs of older people.

#### **CORE QUESTIONS:**

A series of key questions have been put together to inform the evidence base of the Scrutiny Panel:

- 1 It is important to appreciate the totality of the need problem and its cost. How will this be apportioned between two Unitary Authorities?
- 2 How will better working/partnership be fostered with NHS and outside providers, i.e., Charities and private sector care homes?
- 3 How will funding be apportioned?
- 4 How will you sort the Shaw PFI contract?
- 5 How will Safeguarding principles be better applied?
- 6 Please provide details of the relationship with private sector providers, i.e., care/nursing homes?
- 7 Please provide details of opportunities to combine care and housing provision in innovative ways?
- 8 Do you think there are any specific groups that are not accessing Adult Social Care Facilities, please provide details
- 9 In your opinion, how can better management support be applied for both social workers and carers?

- 10 Please provide details of the statutory responsibilities in respect of the duty of care obligations and their financial consequences
- 11 Are there any examples of new, innovative ways of working that we can learn from?
- 12 What models centred on the prevention agenda are being delivered? Are there plans to further expand this way of working?
- 13 How is the wider place making system (planning, highways, public transport) being engaged to create communities of the future that ensure older people stay healthy for longer
- 14 Do you have any other information, concerns or suggestions you wish to raise in relation to adult social care facilities?



# Adults Social Care Briefing – 6<sup>th</sup> November 2018

**Anna Earnshaw - Exec Director Adults, Communities & Wellbeing**

Agenda Item 6b

# Content

- Legal Context
- Financial Overview
- Service Overview
- ∞ ■ Service Development
- Risks and Challenges
- Discussion

## Adult Social Services - Our legal Framework

- Care Act 2014 Replaced & revoked
  - 15 areas of Primary legislation
  - 24 areas of Statutory legislation
- Mental Health Act 1983
- Mental Capacity Act 2005
- Human Rights Act 1998
- Community Care Regulations 2003
- Serious Crime Act 2016



## Adult social care – Care Act Duties

10

**Making sure people  
know about  
services &  
Signposting**

**Protecting the  
vulnerable**

**Meeting eligible  
needs**

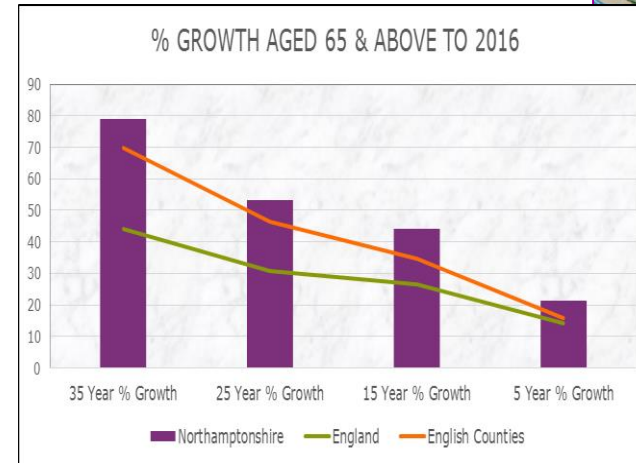
**Developing care  
markets and choice**

**Providing  
assessments**

**Helping people to  
support themselves**

# Northamptonshire Overview

- The Northamptonshire adult population 567,900.
- Over 65s - 117,400 (2015 JSNA) rising to 135,697 by 2020.
- Rise in this age group is 21.3% over the last 5 years.
- The County currently has 8,000 registered dementia sufferers
- ➔ Over 65 growth driven by South Northamptonshire, East Northamptonshire and Daventry (all in top 5 for 5 year % growth in the 326 BDU authorities) and our most rural areas.
- The Over 75s present a significant pressure in our hospitals
- 50% of over 75s Live alone creating care challenges when their health or frailty declines



Growth between 2012-2016		
Age Band	Northants Change	Avg. County Council Change
0-17	5%	2%
18-64	2%	1%
65-74	18%	13%
75+	9%	7%
<b>Total</b>	<b>5%</b>	<b>3%</b>

## Our Customers by Care Type

Primary Support Reason	17/18
Physical Disability - Personal Care Support	3959
Support with Memory & Cognition	2320
Support for Social Isolation or Other Support	216
Learning Disability Support	1927
Mental Health Support	240
Physical Disability - Access & Mobility Only	110
Substance Misuse Support	2
Support for Dual Impairment	15
Support for Hearing Impairment	4
Support for Visual Impairment	33
Support to Carer	4
No Relevant Long Term Support Reason	198
Transitions	480
<b>Grand Total</b>	<b>9508</b>

- Majority of Customer receiving personal care over 65
- Memory and Cognition – dementia
- 500 Childrens transitions
- Physical disability clients low but some of most complex

## Our Current Customers Volumetrics

- 16,000 contacts annually via Customer Contact Centre (CSC)
- On average 7,000 people receiving support
- 10,000 receive care at some point in year
- On average 1500 RIP
- 49% (4,000) referred on to service for assessment via Community or CSC
- 51% (4,200) referrals direct from hospitals.
- Age split 60% over 65 and 40% YA
- But 48% total spend over 65s and 52% YA

65 +		
Care Package Type	YTD clients	Active clients
Residential care	1,371	1,305
Nursing care	543	506
Community Care Packages	2,695	2,466
<b>Total</b>	<b>4,609</b>	<b>4,277</b>

Under 65s		
Care Package Type	YTD clients	Active clients
Residential care	356	353
Nursing care	52	52
Community Care Packages	2,467	2,431
<b>Total</b>	<b>2,875</b>	<b>2,836</b>

# Priority Areas of Current Focus

14

People are living longer with more complex needs that require vital care, support and protection from adult social care – this creates significant pressure in the over 75s frail and elderly and learning disability clients (where life expectancy has doubled since 1950) and the need for market development.



Improved planning, processes and pathways of integrated care will achieve better outcomes at a lower cost for our population. Accommodation strategy & planning will be a priority for sustainability.

**Demand from our hospitals is leading to long delays in discharge (DTOCs), long stays and poor outcomes for our elderly**

Reduced unnecessary over 75 admissions and delays and help maintain or return people to their own homes.



**Joint system locality based Intermediate care offer to be finalised and implemented in phased locations – based on meeting local need.**

Reductions in admissions and Home First Principle will reduce delays and improve outcomes.



**Capacity and Skills we need to invest in the capacity for proactive intervention, prevention and community based care too much reactive work in a crisis**

clear evidence that crisis reviews and unplanned reviews leads to higher cost

**Need for more strategic commissioning - joint long term planning for the population needs and jointly commissioned pathways of care and provision supporting integrated delivery now and in future.**



This will achieve greater economy of scale, better outcomes and citizen experience and more choice for people



# Budget 2018-19

15

	Gross Exp Budget £m	Total Income Budget £m	Net Budget £m
<b>Meeting Personal Care Needs</b>			
Older People	92,315	-28,834	63,482
People with Learning Disabilities	79,783	-6,028	73,756
People with Physical Disabilities	24,545	-3,636	20,910
People with Mental Health Problems	11,885	-1,916	9,969
Other services to meet personal care needs	1,516	-5	1,511
Equipment	4,523	-4,044	479
<i>Capitalisation</i>	-900	0	-900
<b>Total Meeting Personal Care Needs</b>	<b>213,668</b>	<b>-44,462</b>	<b>169,206</b>
<b>Intervention and Preventative Services</b>	<b>9,190</b>	<b>-5,344</b>	<b>3,846</b>
<b>Carers</b>	<b>764</b>	<b>-750</b>	<b>14</b>
<b>Staffing and other Costs</b>			
Operational Teams	15,663	-2,090	13,573
Other costs	6,237	-4,586	1,651
<b>Total Staffing and other costs</b>	<b>21,900</b>	<b>-6,676</b>	<b>15,224</b>
Non Adult Social Care Budgets	350		350
<b>Total Budget</b>	<b>245,872</b>	<b>-57,233</b>	<b>188,640</b>

## Care package Costs

65 +							
Care Package Type	YTD clients	Active clients	Spend to current month*	Projected annualised Spend	Average cost per week		
					Top 5%	Mid	Bottom 5%
Residential care	1,371	1,305	£6,044,867	£39,744,312	£1,069	£583	£404
Nursing care	543	506	£2,482,721	£15,947,081	£1,429	£597	£457
Community Care Packages	2,695	2,466	£6,714,704	£31,020,944	£1,201	£216	£5
<b>Total</b>	<b>4,609</b>	<b>4,277</b>	<b>£15,242,291</b>	<b>£86,712,337</b>	<b>£1,250</b>	<b>£338</b>	<b>£6</b>

16

Under 65s							
Care Package Type	YTD clients	Active clients	Spend to current month*	Projected annualised Spend	Average cost per week		
					Top 5%	Mid	Bottom 5%
Residential care	356	353	£3,387,986	£23,155,245	£3,057	£1,177	£210
Nursing care	52	52	£476,368	£3,332,211	£2,844	£1,192	£262
Community Care Packages	2,467	2,431	£12,493,538	£67,099,975	£2,835	£339	£15
<b>Total</b>	<b>2,875</b>	<b>2,836</b>	<b>£16,357,893</b>	<b>£93,587,430</b>	<b>£2,942</b>	<b>£418</b>	<b>£16</b>

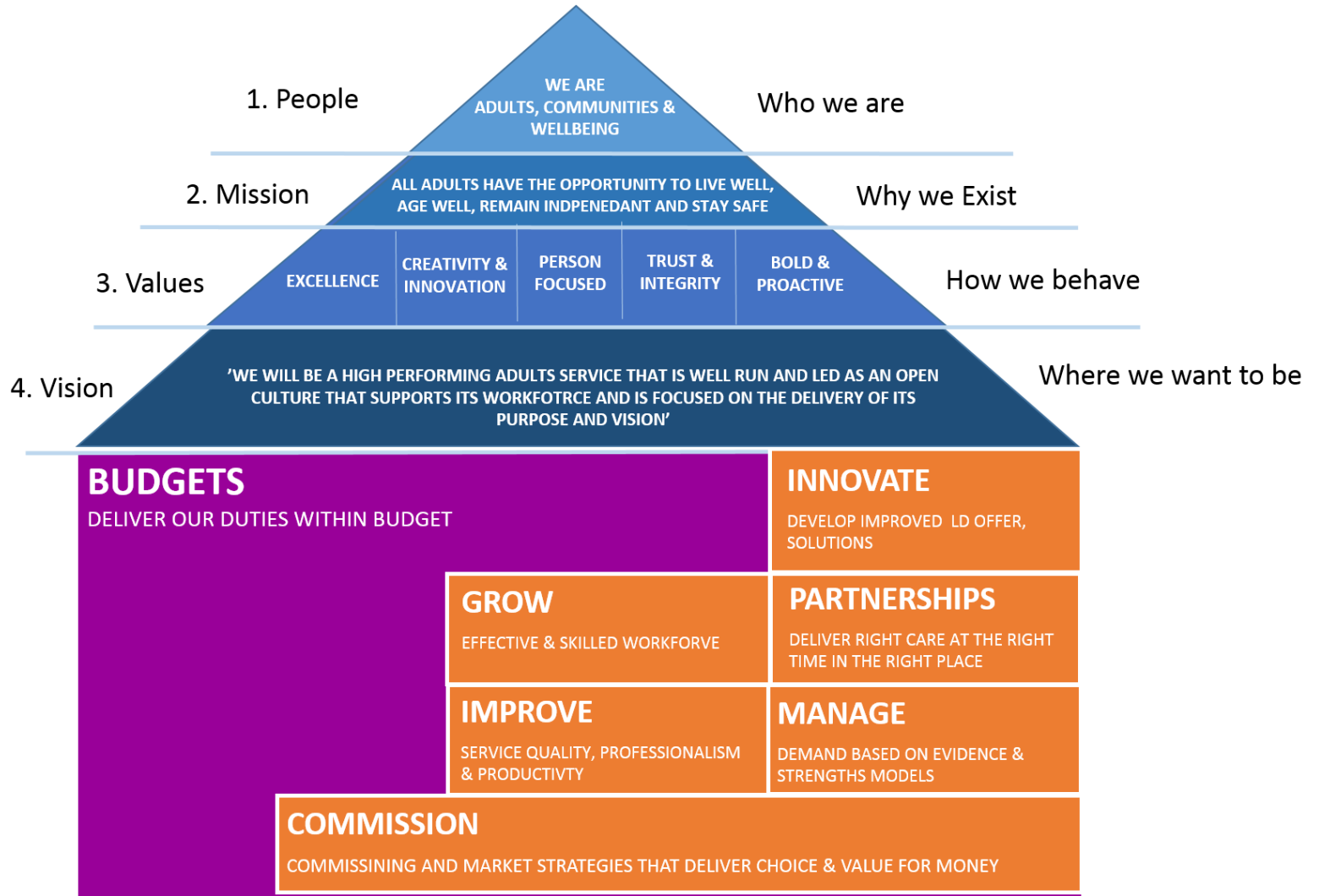
\*Data taken from commitment report - 23/05/2018

An additional £8 million is spent by the Health Pooled budget which is not reflected in the figures above.

--	--	--	--	--	--	--	--

## The Big build

- Working with LGA national advisors and consultants to target financial, service and process improvement.
- Set of targeted improvement plans for each area.
- Use of best practice and ADASS national and regional advice & Models.
- CQC nationally directed system review with feedback end June 18.
- Newton Europe national improvement offer review and feedback.



# Additional Slides

## Services descriptions (1)

### Making sure people know about services & Signposting

#### **Customer Service Centre (CSC)**

Signposting, advice and information and initial eligibility assessments.

All safeguarding screening, referrals & review

50,000 contacts annually and 10,000 onward referrals

### Protecting the vulnerable

#### **Safeguarding**

We have a duty to safeguard and ensure that providers deliver good quality services and we maintain professional practice. This team monitors and investigates any reported concern.

6000 alerts annually and 900 provider investigations

## Services descriptions (2)

### Providing assessments

20

#### Assessment & Care Management

Assessment and support planning. Initial assessment of need and eligibility. Ongoing planned and unplanned reviews. Relocations on provider failure.  
 Clients: Older People, Mental Health, Learning disabilities, Physical Disability.

9,400 people formally assessed in 2017-18

#### Health Partnership Team (HAT)

Hospital based Social Care Assessment teams supporting formal assessments, multi-disciplinary discharge & case management, support planning and long term care placements

4,000 referrals and 1200 formal assessments 17-18

#### Transitions

Supporting the care pathway for children turning 18 and coming to adult social care for ongoing support. The team works with the child, family and CFE to assess need, identify outcomes and plan future Support.

#### Mental Health Service

Assessment, care management and Crisis liaison service via Approved Mental Health Professionals (AMHP) and joint arrangements with health.

240 clients + Crisis interventions

#### CHC (Continuing Health Care Team)

The CHC team review cases where there are primary health care needs as well as social care – teams apply national guidance to assess and negotiate who should pay for services

#### Deprivation of Liberty (DOLs)

We have a legal duty to ensure that any restraint and restrictions that amount to a deprivation of liberty (typically hospitals and care homes) are in the person's best interests.

3,600 outstanding reviews.

## Services descriptions (3)

**Meeting eligible needs**

### Care & Nursing Homes

Residential based care for Older People and learning disability with longer term care needs

3150 clients in care

### Home (Domiciliary) Care

County wide community based home care helping people to stay in their home with assistance

### Day Services

Community day centres – external providers and in house specialist dementia and Learning Disability services

### Rehabilitation and Respite Care

Support for carers and families through short term care placements providing respite from caring. Avoids the escalation of need into long term placements outside the family.

3607 clients over 2017-18

### Carers

Support and advice for Adults and Young carers and assessment of any eligible needs that need to be met through social care to allow the carer to meet their own outcomes.

70,000 carers in Count including 10,000 young carers

### Extra Care & Assisted Living

Supported living for Older People and LD providing community based care with support in their own home – providing the ability to remain independent but scale support as needed.

### Short Term residential services

Step down or step up reablement & accommodation for younger adults with learning disabilities following a crisis or hospital stay

### Learning, training and employment

In house and external day services, training and life skills for Learning Disability clients to equip them with independent living skills and reduce long term care costs

### Equipment

Community equipment, Assistive technology and sensory devices for visually or hearing impaired clients

21

**Helping people to support themselves**

**Services descriptions (4)**

22

**Crisis Response Team (CRT)**

Hospital admissions avoidance & Discharge to Assess (at home) services to support recovery and avoid long term hospital stays, deterioration and long term care.

**Rehabilitation, step down & Respite centres**

Shaw PFI Specialist Care Centres and OCS Step down beds for post hospital recovery & rehabilitation

**Voluntary Sector Support**

Crisis support contracts, community support services and community connectors to facilitate support in peoples own homes.

**Community Occupational Therapy (COT)**

Help post hospital recovery, rehabilitation, adaptations assessment. Post falls support and adaptation assessment

**Mental Health Crisis**

Psychiatric liaison support to avoid hospital admission or escalation of a crisis working with community health partners

**Equipment**

Community equipment, Assistive technology and sensory devices for visually or hearing impaired clients supporting independent living.

**Short Term Assessment & Reablement Team (START)**

Reablement and recovery support following a crisis (e.g. after a fall) or hospital stay. Community requests from GP, family or service users

**Community Opportunities**

Training, employment and life skills for younger adults to help them live independent lives and gain employment opportunities. Reduces longer term & formal care cost.

**Holistic Intermediate Care Team (HICT)**

Dementia specialist home Care to avoid admissions and help recovery after a hospital stay



## Developing care markets and choice

## Services descriptions (5)

23

### Commissioning

Market strategy development, planning and oversight to ensure a wide choice of good quality viable providers across the County to meet current and projected needs of social care clients

### Contract Management

Contract management and compliance monitoring, performance management and provider payment validation and monitoring. Reporting and MI on providers.

### Quality and Improvement

Provider investigations, quality monitoring and visits. Support for providers where improvements are required or where market or CQC failure requires action. Relocations of clients in the event of closure.

### Brokerage

Identification of providers and solutions to deliver packages of care and fulfil support plans. Negotiations with providers on fees and placements.

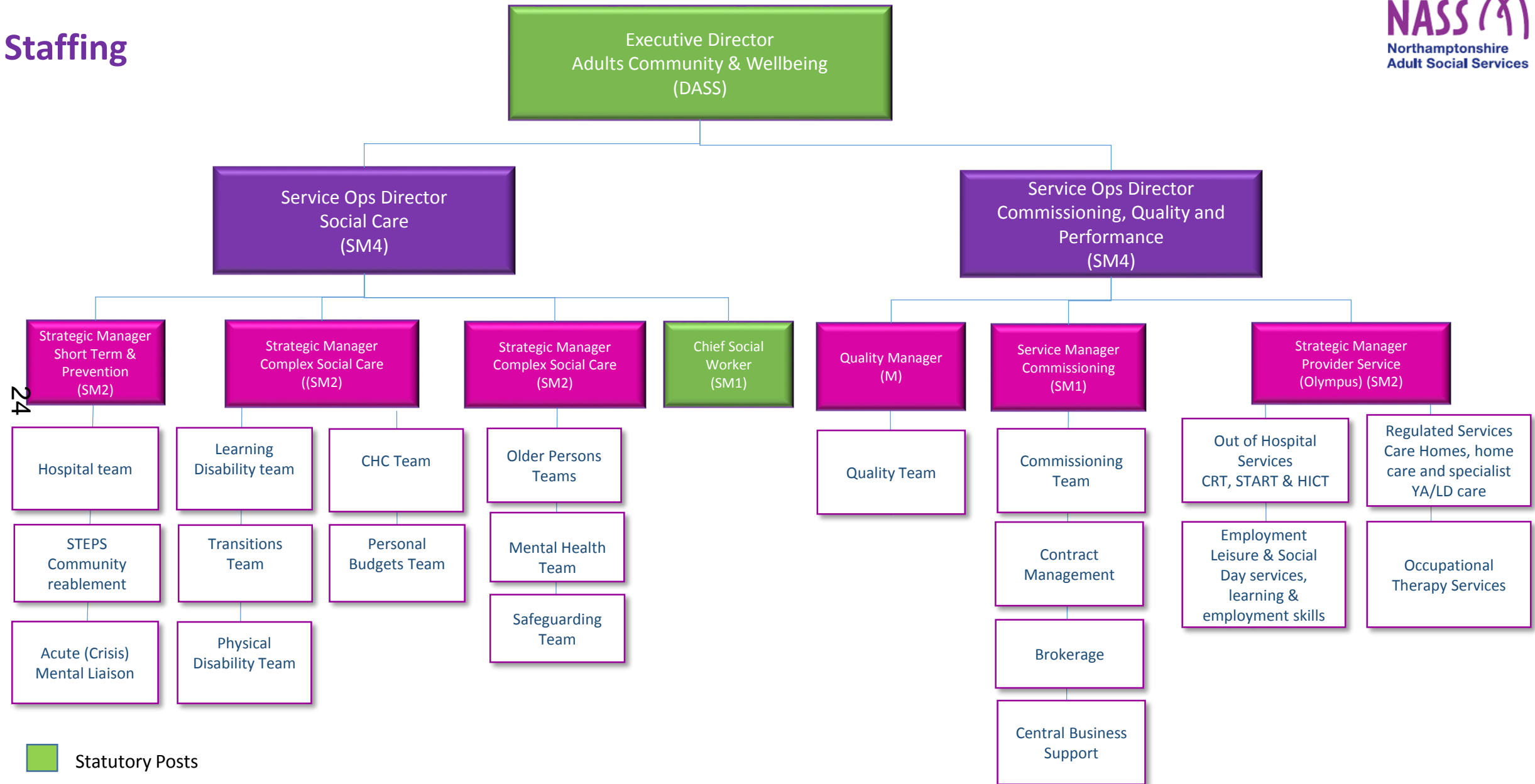
### Business Support

Contract management administration, payment processing and financial transactions. Care management and assessment team support – initial call screening, casework processing, Administrative support.

### Performance and Systems

Service team providing performance information and MI, managing systems for in house service rotas. Complaints and Local Ombudsman cases

# Staffing



24

Statutory Posts

# Understanding the Need for Specialist Housing in Northamptonshire

A move towards Extra Care  
19<sup>th</sup> September 2018

# Northamptonshire's Growing Population

- Northamptonshire has a growing and ageing population totalling **723,000 in 2015**
- People aged 64+ with a limiting long term illness where day-to-day activities are limited
  - **a little**, are predicted to rise from 33,207 to over 47,379 people by 2030
  - **a lot**, are forecast to increase from 27,929 to 41,805 by 2030
- Predicted to **rise by 100,000 by 2020**
- Ethnic mix is changing: **89% of under 16s are white compared with 97% of the retired population**
- 14% of Northamptonshire's population are in the 20% most deprived areas nationally
- Obesity is a growing problem and is higher than the national average
- <http://www.ncf.uk.com/about-us/hiddenneeds>

# Context

- Current demand for residential care outstrips supply, but res doesn't offer the best outcomes
- Growing population is driving an increasing demand
- Residential care costs are unsustainable
- Older Peoples residential packages cost; £500+ pw to ASC, c.£1000+ pw for self-funders and considerably more for nursing/dementia care
- Younger Adult residential packages can be up to £5000+ pw per person (yes five thousand, not a typo!), so £260,000 pppa
- Northamptonshire's average life expectancy is 80, so an 18 year old high cost package could total £20.8 million over an individual's lifetime
- This is just Adult Social Care Costs. There are health costs too
- A mental health patient in a hospital bed could cost £600 per day. We need pathways to move people out of hospital and progress to independent living
- Government policy to develop appropriate housing to avoid institutions or hospitals e.g. transforming care programme and the care and support in specialist housing fund.

# Why we should plan for the future?

## Elderly Cohort

- The 65+ age group is the fastest growing in England
- Projected growth: 20.4% in 10 years and nearly 60% in 25 years
- Living longer > Increasing frailty
- Families are dispersed, and traditional carers (e.g. females) now work
- British society is yet to adapt to support 'ageing well'
- The 65+ age group owns £611bn+ of property! 2/3 of the total equity in UK housing
- 80% of the UK population is urbanised, but >75% of 65+ live in rural areas. New innovation is needed
- Good quality, well-designed homes that people want to buy or rent will release family homes and could revolutionise the housing market



## Transforming Care Cohort

- Customers need to move out of in-patient beds including NHS England specialist commissioning beds
- Individuals need to move out of nursing and residential care beds, where it is in their best interests to move
- Need to prevent young people transitioning to adult services from being placed in in-patient care or in a care home
- Need to prevent individuals living with elderly parents from being placed in a care home
- Need to provide safe crisis/emergency accommodation for individuals as an alternative to being placed in in-patient care or in a care home



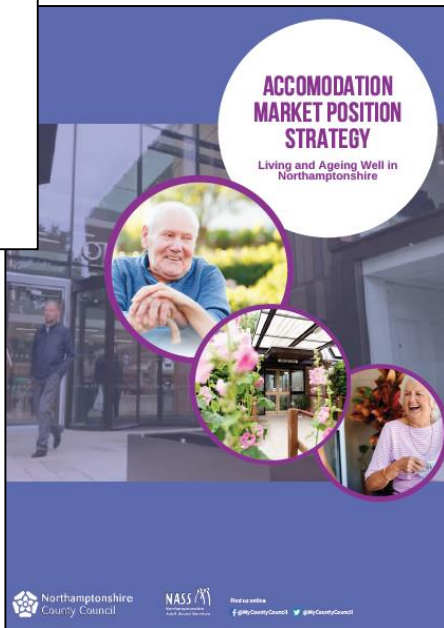
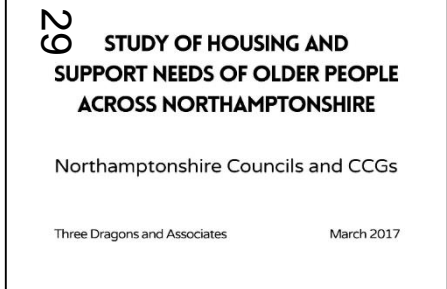
**BI&PM**

**NASS**  
Northamptonshire  
Adult Social Services



**Northamptonshire  
County Council**

# Study of Housing and Older People Support Needs Across Northamptonshire - The Three Dragons Report

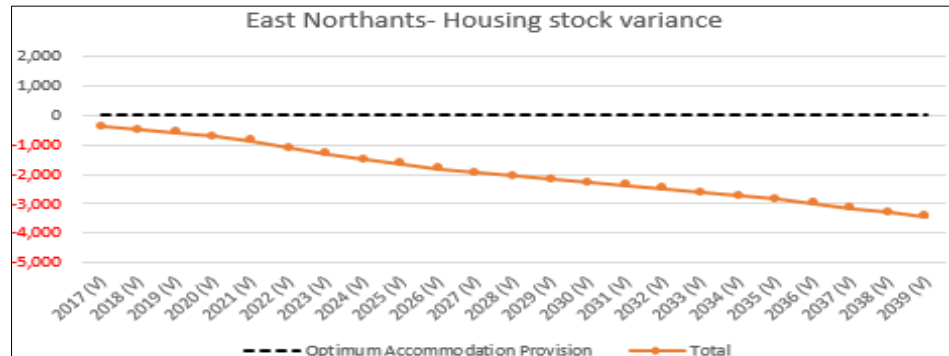
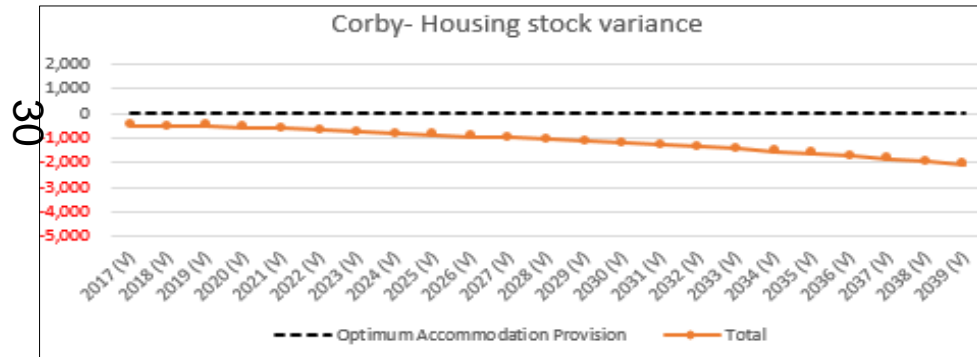
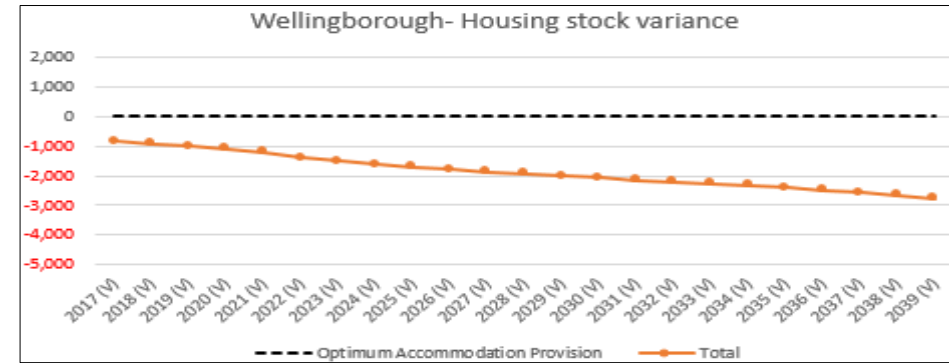
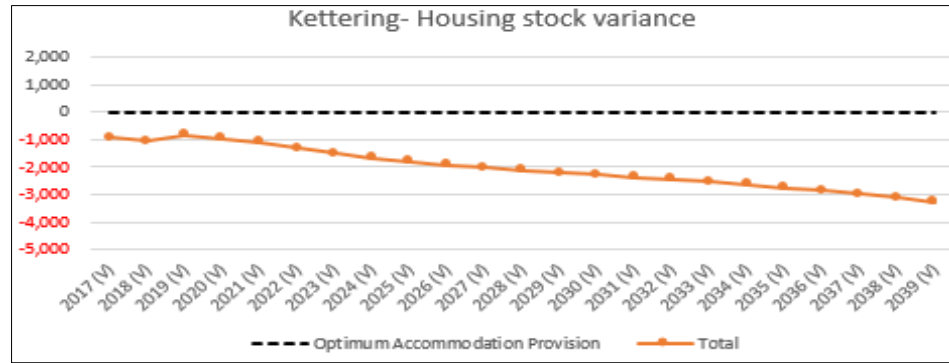


Report [here](#)

- Current shortfall of 1,800 extra care apartments
- One new extra care scheme is needed in each D&B
- Annual retirement housing need for sale and shared ownership:
  - **North Northamptonshire: 319 units**
  - **West Northamptonshire: 306 units**
- Priority: extra care development in each of the future unitaries
- Need **more specialist care provision for OP with dementia**
- At least one specialist extra care housing scheme needed in each district over the next 3-5 years
- NCC responded with a Market Position Statement & a commitment to do further analysis...



# OP Housing Need in the North



## North Unitary

	2018	2039	2018	2039
Projected housing	Count		% Increase	
Age Exclusive Units (T)	1996	3917	96.24%	
Sheltered (T)	4113	8038	95.43%	
Enhanced Sheltered (T)	112	219	95.54%	
Extra Care (T)	387	755	95.09%	
Care Beds	2805	5475	95.19%	
<b>TOTAL</b>	<b>9413</b>	<b>18404</b>	<b>95.52%</b>	

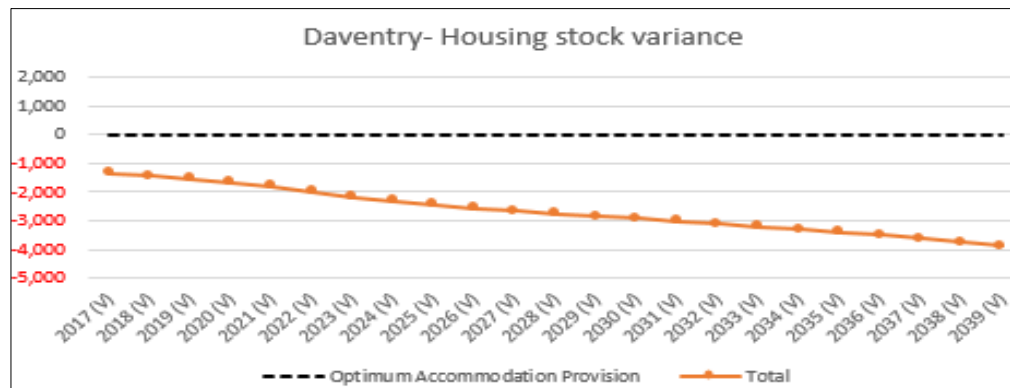
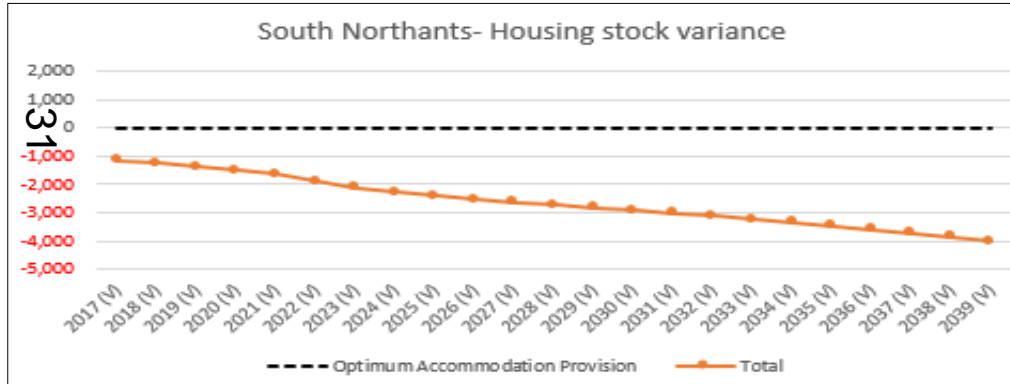
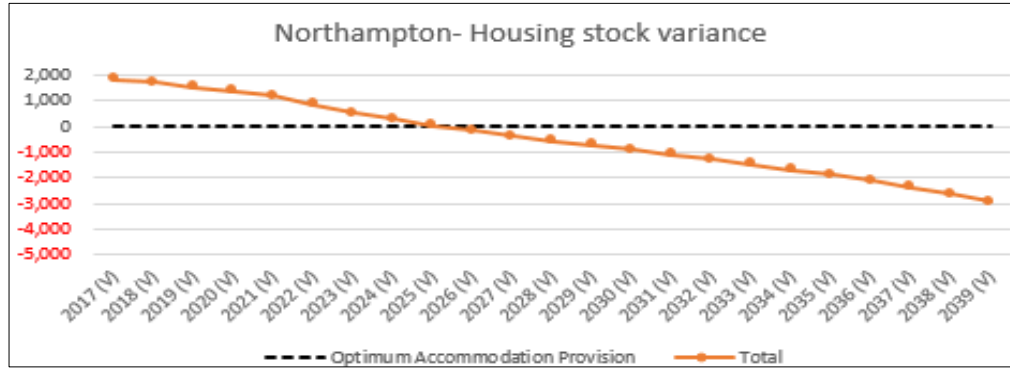
**95% increase in provision needed in 20 years**

= 6,321 Extra Care units needed by 2039

= 316 Extra Care units per year



# OP Housing Need in the West



West Unitary				
	2018	2039	2018	2039
Projected housing	Count		% Increase	
Age Exclusive Units (T)	2141	4200	96.17%	
Sheltered (T)	4544	8903	95.93%	
Enhanced Sheltered (T)	125	246	96.80%	
Extra Care (T)	423	830	96.22%	
Care Beds	3122	6116	95.90%	
<b>TOTAL</b>	<b>10355</b>	<b>20295</b>	<b>95.99%</b>	

**95% increase in provision needed in 20 years**  
 = 6,946 Extra Care units needed by 2039  
 = 347 Extra Care units per year

# Published data used in the model

- Sheffield Hallam University HOPSR (Housing for Older People Supply Recommendations) Model- <https://www4.shu.ac.uk/research/cresr/news/housing-older-people-supply-recommendations-hopsr> for models and final report
- Tenure/Dementia data- POPPI/PANSI (Oxford Brookes University/Institute of Public Care)- <http://www.poppi.org.uk/> & <http://www.pansi.org.uk/> (Projecting Older People Population Information- Projecting Adult Needs and Service Information)
- Sub National Population projections by year of age <https://www.nomisweb.co.uk/articles/1105.aspx> (Published every 2 years retrospective by 2 years)
- CQC monthly published dataset (Res & Nursing homes and bed numbers) <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>
- EAC (Housing Care) specialist housing data <http://www.housingcare.org/index.aspx>
- ONS Quarterly published post code directory <http://geoportal.statistics.gov.uk/>
- Health of Population <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0>

# Transforming Care for People with Learning Disabilities

33

- Programme to move people with learning disabilities out of institutional care, including NHS in-patient care and care homes, and to prevent admissions into institutional care.
- An Accommodation Plan has been developed for the Northamptonshire Transforming Care programme.
- A total of 302 people aged 18-64 are currently placed in care homes, with most located in Kettering, Wellingborough and Northampton and 72 placed out of County. About 80% could potentially move to accommodation in the community.
- There are 82 people aged 45 and over, and 61 people aged 55 and over, living with elderly parent/s in Northamptonshire who may be at risk of being placed in a care home. About 15% need to move each year.

Borough/District – Demand 2018-2023	Care home placements – in county	In patients /out of county	Elderly parents	Transition s	Total Gross Demand
Corby	9	7	10	9	35
East Northamptonshire	10	8	12	11	41
Kettering	41	9	14	12	76
Wellingborough	27	7	10	10	54
Daventry	3	7	11	10	31
Northampton	29	22	33	30	114
South Northamptonshire	3	8	12	11	34

- About 70 young people each year transition to adult services in Northamptonshire, with about 30% requiring accommodation with support. They may end up being placed in a care home if there is no community provision.
- Projection of demand from 18/19 to 22/23, based on demand from individuals aged 18-64 living in care homes as well as apportioning other demand on the basis of PANSI prevalence data for each Borough/District.

The existing supply of accommodation with support (about 360 units) needs to be taken into account, which is mainly located in Corby, Kettering, Wellingborough and Northampton.

After taking account of relets to accommodation with support in the Borough/Districts, a net demand has been calculated for each Borough/District together with the number of units of accommodation required.

Future provision 18/19 to 22/23	Purpose built for complex needs	Supported Living	Extra care housing units for LD	Total Net Demand
Corby	5	4	4	13
East Northamptonshire	5	21	7	33
Kettering	6	20	21	47
Wellingborough	5	4	18	27
Daventry	5	24	2	31
Northampton	15	37	14	66
South Northamptonshire	6	24	3	33
<b>Total Units Required</b>	<b>47</b>	<b>134</b>	<b>69</b>	<b>250</b>

Next steps involve the Transforming Care Project Board signing off the strategy and the County working with the Borough/Districts to identify development opportunities. The County will also review care packages to identify those who could move to a more independent setting.

# PD and Mental Health

35

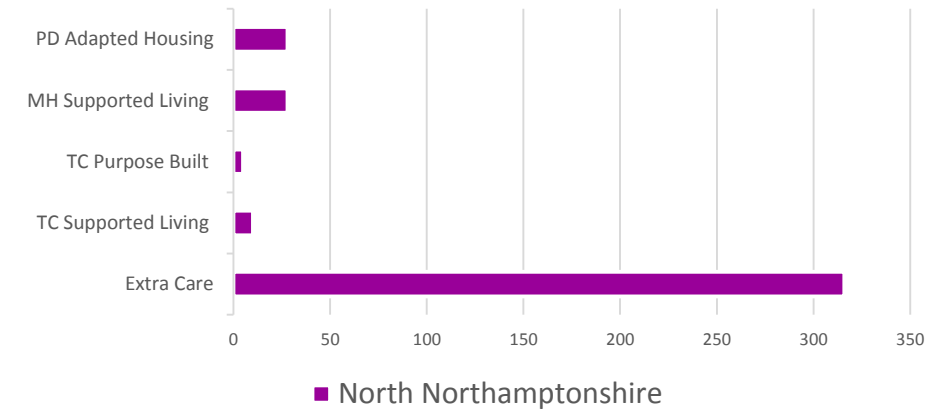
- Adults with a Physical Disability aged 18-64 – 3% growth by 2025, around 40 NCC funded customers need Supported accommodation each year where their primary care reason ins PD – pick this up at Planning Policy/ Lifetime homes
- Currently 350 individuals are funded in mental health supported accommodation locally. This is set to grow as the population increases.
- The MH Commissioner predicts that Northamptonshire needs a further 115 supported housing units by 2021 as the trend shows a shift from residential placements to supported living.
- There will be a need for more nursing care for individuals who have complex care needs and who are stepping down from hospital care as an alternative to hospital treatment.
- [MPS for Working Age Adults with Mental Health Condition](#)

# Specialist Housing total demand

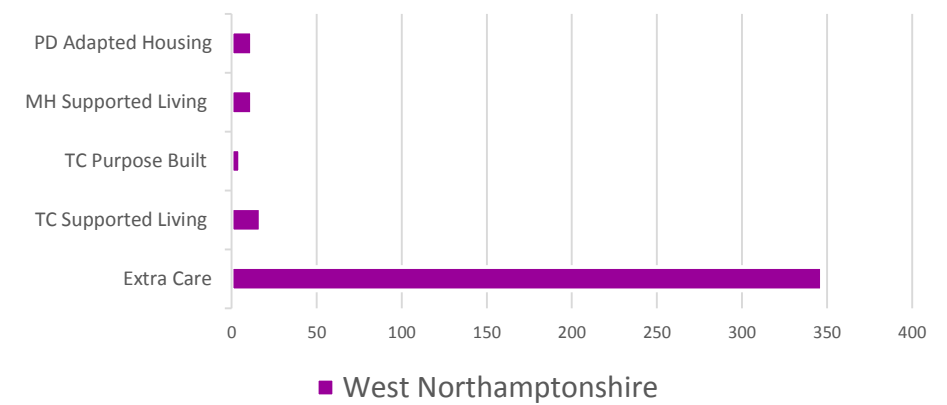
36

- Extra Care**
  - Approx. 700 all-age Extra Care units (316 North, 347 West) per year up to 2039
  - Scheme should reflect local tenure
  - 30% Nomination Rights to NCC customers (Predominantly AR)
  - 14 LD customer EC Placements per year needed
  - A need for 1 Extra Care scheme per year in each District and Boroughs.
  - Please note the Extra Care figures don't include the deficit figures for every area bar Northampton.
- Transforming Care (LD) Supported Living**
  - 27 supported housing units needed per year up to 2022/23
  - 17 units in the West and 10 in North
  - The tenures should all be affordable rent
- Transforming Care (LD) Purpose Built for Complex**
  - 10 supported housing units needed per year
  - 5 units in the West and 5 in North
  - The tenures should all be affordable rent
- Mental Health Supported Living**
  - 40 supported housing units needed per year
  - Urban areas preferred – near transport links and job opportunities (70/30 split for North and West)
  - The tenures should all be affordable rent
  - Currently no provision in Daventry, East Northants
  - Busiest locality is Northampton
- Physical Disability – Adapted Housing**
  - 40 Wheelchair friendly adapted units need per year for NCC funded customers
  - These customers will have their housing needs met through Extra Care or Supporting living targets above
  - In addition, planning policy – 1 in 4 homes should be built to Lifetime Homes standard.
  - Urban areas preferred – near transport links and job opportunities (70/30 split for North and West)

North Northamptonshire Specialist Housing Targets

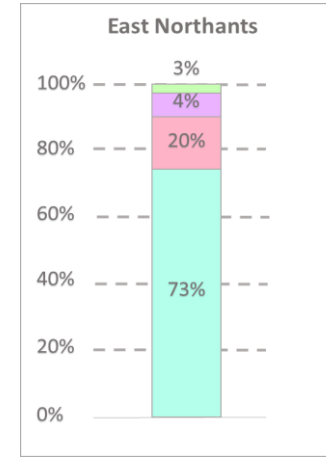
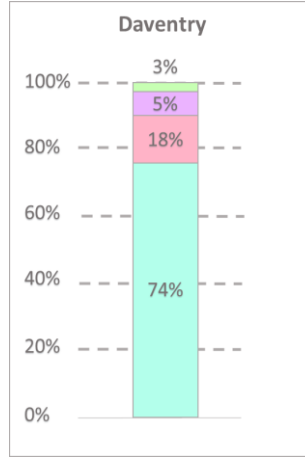
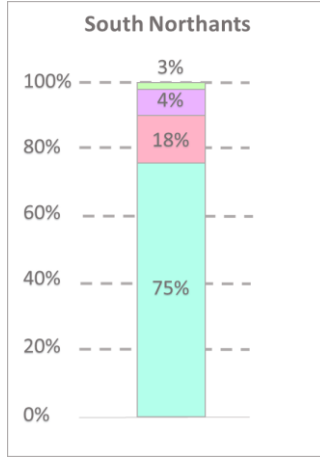
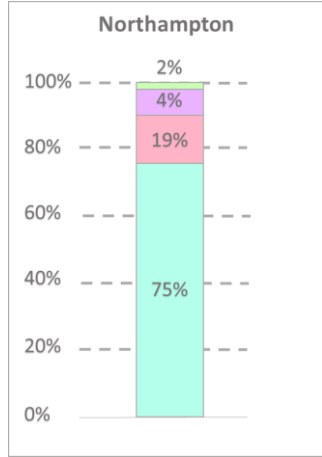


West Northamptonshire Specialist Housing Targets

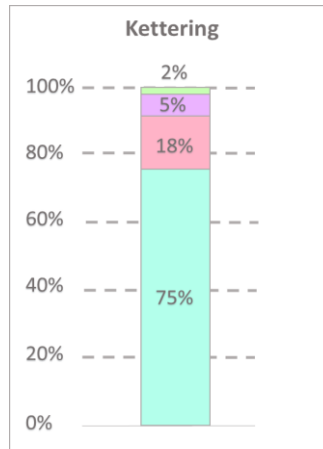
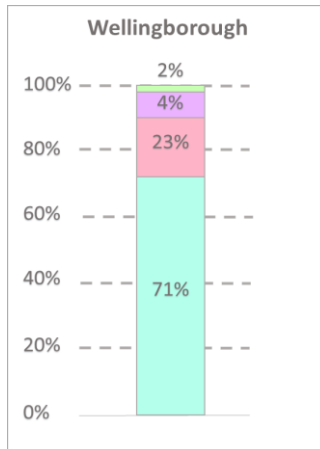
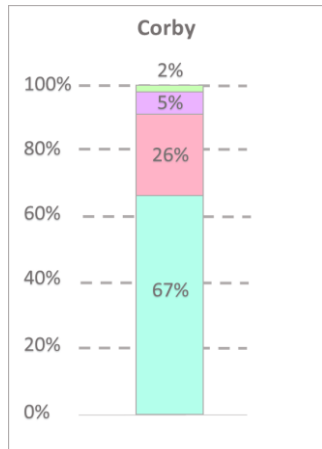


# Tenure Split

37



■ Owned or Shared ownership  
 ■ Social rented  
 ■ Other private rented or living rent free  
 ■ Private landlord or letting agency



CENSUS 2011  
Over 75 Tenure  
Split by locality



# Extract of under 55 Housing needs assessment

- 22.7% response rate
- 97 need VSH (e.g. multiply results x 4.4 = 426.8)

Preferred District/ Borough	No. of respondents
Corby	7 (30.8)
Daventry	1 (4.4)
East Northants	8 (35.2)
Kettering	13 (57.2)
Northampton	30 (132)
South Northants	3 (13.2)
Wellingborough	6 (26.4)
Out of County	2 (8.8)

Preferred Living Situation	No. of respondents
Alone	33 (145.2)
Large group	5 (22)
With less than 5 people	21 (92.4)
With one other	11 (48.4)

Adaptation Required	No. of respondents
Secure garden to relax	4 (17.6)
Walking distance of a bus route	8 (35.2)
Walking distance of shops	7 (30.8)
Track and hoisting equipment	6 (26.4)
Wheelchair accessible	21 (92.4)
In a town	7 (30.8)
Rural	2 (8.8)

Primary Support Need	No. of respondents
Access & mobility	1 (4.4)
Learning disability	34 (149.6)
Mental health	23 (101.2)
Personal care	33 (145.2)
Social isolation	1 (4.4)
Visual impairment	1 (4.4)
Memory & cognition	2 (8.8)

\*returns data for FACE V7 Overview Assessment and the FACE Review Record, in the last 12 months extracted 25/06/2018.



# Strategic Response

Extra Care can:

- Support people to live independently in their own homes
- Reduce high cost placements
- Increase housing supply and free up family homes

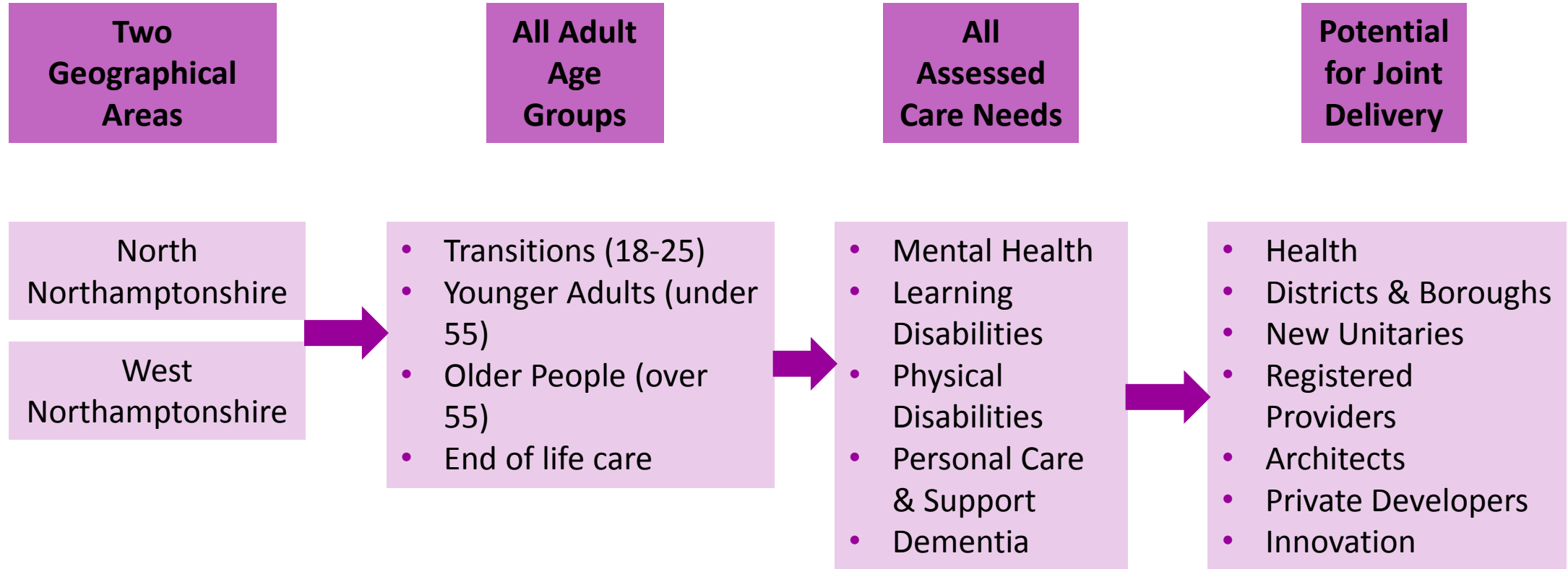
Moving to two unitary authorities provides:

- The opportunity for closer working between social care, health and housing
- A chance to remove barriers between D's & B's and the county council
- Maintenance of momentum during the transition – the high care costs, and the shortage of housing will still exist!
- Opportunity to maximise the potential of public assets

Bring Housing & Care together in one building, but under separate contracts

# Proposed Scope

40



# What is Extra Care?

- Housing with on-site personal care (typically 24/7) and support through a preferred supplier
- Residents have own front door and maintaining/increasing independence is encouraged
- Residents benefit from having staff available to provide:
  - ✓ 24 hour care and support on-site if required (In MH would be Staff available not necessarily on site(e.g. telephone support overnight).
  - ✓ Residents are supported to be active participants in the Community
  - ✓ Balance of care and support needs
- Separation of housing from support/care – Two different frameworks. Separate Contracts
- Provider required to be registered with the CQC
- Level of support based on assessed need, dependant on and adaptable to needs of resident, more flexibility than domiciliary care

41

# Extra Care Standards

**Principles:** Good quality of life; safe, secure tenancies, maintain living standards; a modern living environment, accessible and good quality care.

## Valued design characteristics:

- **Space:** living space to sit, eat, do hobbies and host. Couples preference for accommodation with 2+ bedrooms.
- **Location:** safe attractive area, transport links, access to services/facilities, integration with wider community.
- **Design:** accessible, adaptable, attractive, comfortable, energy efficient, manageable, accessible well-maintained outside space and welcoming communal areas. It is important it does not look or feel institutional.
- **Services:** tailored, personalised, flexible, varied, and a pay when used model.
- Other important factors:
  - Maintaining independence – well-designed homes with easy access to care and support.
  - Peer supported and staff supported activities to promote community cohesion and reduce isolation.
  - Permission for pets.
  - Upfront and ongoing costs.
  - Protect family inheritance.
  - Ability to release equity at the time of purchase or in future.
  - Impact of moving on relationships with family, friends and community.
  - Meet people and participate in hobbies, exercise etc.
  - Help with the move

# Delivering the Care & Support

- Market Engagement event held in July 2018
- 60+ attendees from across the care provision market
- Some care providers are also Registered Providers of Housing
- Very positive feedback
- Collated responses
- Informed tender specification for new 'Care & Support in Specialist Housing Framework'
- Out to tender later this month. In place April 2019
- Can be used to deliver the personal care & support in any new specialist housing scheme

# Summary

44

- Unitary status will make working on this agenda stronger
- Huge opportunity for collaboration with Health e.g. step down and co-locate primary care hubs
- Keen to use all public assets where appropriate and to maximum effect
- But can also be delivered on private land
- Council is committing significant resources as we cannot continue with high cost placements
- Must be a whole market approach – our land and private investment
- Develop Design, Build & Housing Management Framework, and futureproof for move to unitary

# Contacts

## Contact Us

[Bernadette.lally@nass.uk.net](mailto:Bernadette.lally@nass.uk.net)

[LHumber@northamptonshire.gov.uk](mailto:LHumber@northamptonshire.gov.uk)

[RLeMasurier@northamptonshire.gov.uk](mailto:RLeMasurier@northamptonshire.gov.uk)

## Further Supporting Information

- [Market Positioning Statements, strategies, plans and housing needs study](#)
- [Procurement Portal](#)
- [Accommodation Strategy](#)
- Transforming Care Accommodation plan to follow
- [Care and Support in Specialist Housing Funding](#)
- [Modelling the Growing need for Social Care in Older People](#)
- [Transforming Care Capital Funding](#)

45



## **NORTHAMPTON BOROUGH COUNCIL**

### **SCRUTINY PANEL 4 – ADULT SOCIAL CARE FACILITIES**

**6 NOVEMBER 2018**

#### **BRIEFING NOTE: CfPS HEALTH SCRUTINY AND ASSURANCE CONFERENCE**

### **1 INTRODUCTION**

- 1.1 Councillor Cathrine Russell attended the CfPS Health Scrutiny and Assurance Conference on 14 September 2018.

### **2 INFORMATION**

- 2.1 The programme of conference was wide ranging and a number of high profile speakers addressed the floor.

- 2.2 The programme included:

- Accountability for health and care
- Successful Strategies for health and care accountability
- Quality in health and care
- There were a number of workshops that delegates took part in:
  - STPs and ICSs - approaches to joint health scrutiny
  - Why NICE guidance matters
  - Hot topics in health and social care
  - A participatory workshop focusing on transforming relationships with communities

- 2.3 Councillor Russell will provide further details at the meeting.

### **3 RECOMMENDATION**

- 3.1 That the information provided informs the evidence base of this Review.

Author: Tracy Tiff, Overview and Scrutiny Officer, on behalf of Councillor Cathrine Russell,  
Member of Scrutiny Panel 4

11 October 2018





**NORTHAMPTON**  
BOROUGH COUNCIL

## **NORTHAMPTON BOROUGH COUNCIL**

### **SCRUTINY PANEL 4 – ADULT SOCIAL CARE FACILITIES**

**6 NOVEMBER 2018**

#### **BRIEFING NOTE: RELEVANT LEGISLATION AND GUIDANCE**

#### **1 INTRODUCTION**

- 1.1 At its inaugural scoping meeting, the Scrutiny Panel agreed that it would receive details of relevant legislation and guidance to inform its evidence base.

#### **2 RELEVANT LEGISLATION AND GUIDANCE**

- 2.1 The Scrutiny Panel agreed that it would receive details on the following:

- ADASS Guidance 2009
- The Health and Social Care Act 2012
- CARE Act 2014
- Human Rights Act 1998
- Mental Health Act 1983

#### **2.2 ADASS Guidance 2009**

- 2.2.1 ADASS reports that the national framework comprises 11 sets of good practice standards and it believes that the implementation of each standard will lead to the development of high quality adult protection work across the country that is consistent.

- 2.2.2 The Guidance gives further details on each of the 11 standards and highlights that it puts together both best practice and aspirations to form the 11 good practice standards. The intended purpose of the Guidance is for it to be used as an audit tool and guide by all those whose role is to implement adult protection work.

## 2.2.3 The 11 Standards:

HEADLINE STANDARD	
Standard 1	Each local authority has established a multi-agency partnership to lead 'Safeguarding Adults' work.
Standard 2	Accountability for and ownership of 'Safeguarding Adults' work is recognised by each partner organisation's executive body.
Standard 3	The 'Safeguarding Adults' policy includes a clear statement of every person's right to live a life free from abuse and neglect, and this message is actively promoted to the public by the Local Strategic Partnership, the 'Safeguarding Adults' partnership, and its member organisations.
Standard 4	Each partner agency has a clear, well-publicised policy of Zero-Tolerance of abuse within the organisation.
Standard 5	The 'Safeguarding Adults' partnership oversees a multi-agency workforce development/training sub-group. The partnership has a workforce development/training strategy and ensures that it is appropriately resourced.
Standard 6	All citizens can access information about how to gain safety from abuse and violence, including information about the local 'Safeguarding Adults' procedures.
Standard 7	There is a local multi-agency 'Safeguarding Adults' policy and procedure describing the framework for responding to all adults 'who is or may be eligible for community care services' and who may be at risk of abuse or neglect.
Standard 8	Each partner agency has a set of internal guidelines, consistent with the local multi-agency 'Safeguarding Adults' policy and procedures, which set out the responsibilities of all workers to operate within it.
Standard 9	The multi-agency 'Safeguarding Adults' procedures detail the following stages: Alert, Referral, Decision, Safeguarding assessment strategy, Safeguarding assessment, Safeguarding plan, Review, Recording and Monitoring.
Standard 10	The safeguarding procedures are accessible to all adults covered by the policy.
Standard 11	The partnership explicitly includes service users as key partners in all aspects of the work. This includes building service-user participation into its: membership; monitoring, development and implementation of its work; training strategy; and planning and implementation of their individual safeguarding assessment and plans.

2.2.4 The Guide gives examples of good practice around the country, detailed below are examples of those provided:

### Example 1:

GOOD PRACTICE 'Safeguarding' Adults' – Partnership Membership and links (as appropriate for the local area)		
Statutory organisations	Other potential members	Links to other partnerships
Local Authority ■ Adult Social Services ■ Housing ■ Welfare Rights/Benefits ■ Education/Community Education ■ Legal Services ■ Licensing Police Crown Prosecution Service Probation Primary Care Trusts Other NHS Care Trusts Hospital Trusts Commission for Social Care Inspection Health Care Commission Strategic Health Authority Housing Trusts Supporting People Board Department of Work and Pensions Definitive links to Coroner Public Guardianship Office Courts Witness Service Fire Service Ambulance Service	Service users/patients' organisations Carers' organisations Advocacy providers Direct Payments 'Umbrella' organisation Care Home and Domiciliary Care providers/associations Supporting People providers Victim support services e.g. Victim Support, Rape Crisis, Women's Aid Voluntary sector service providers e.g. Age Concern, Help the Aged, MIND, People First, MENCAP, SCOPE Voluntary sector groups working against abuse of adults e.g. ACT, Action on Elder Abuse, PAVA, POPAN.	Local Strategic Partnership ■ Regeneration ■ Health ■ Crime and Disorder Reduction Board ■ Domestic Violence ■ Drug and Alcohol ■ Neighbourhood forums/Communities of interest MAPPA (Multi-Agency Public Protection Arrangements) Strategic Safeguarding Boards (Children) Joint planning and commissioning for people with: Learning Disabilities Mental Health issues Long term and chronic illnesses and Disabled people Older people Carers

## Example 2

**GOOD PRACTICE**  
Role of 'Safeguarding Adults' Co-ordinator

Many Local Authorities have appointed an 'Adult Protection ('Safeguarding Adults') Co-ordinator' to support the work of the partnership. This role should be clearly defined, and including responsibility to:

- 1) Advise and support the partnership
- 2) Advise and support partnership members in the implementation of 'Safeguarding Adults' work within their organisation
- 3) Maintain an overview of the development of local 'Safeguarding Adults' work
- 4) Provide information about relevant national and regional developments
- 5) Collate monitoring and quality assurance information
- 6) Provide information and advice on the implementation of the 'Safeguarding Adults' procedures to all
- 7) Provide information and advice to the **Safeguarding Managers** (see *Standard 9*)

It may also include responsibility to:

- 8) Plan and commission work to be undertaken by the partnership
- 9) Manage work undertaken by the partnership. This often includes the partnerships joint training and information strategies. In some areas it includes the management of a 'Safeguarding Adults' Unit which includes dedicated **Safeguarding Managers**.

## Example 3



## Example 4

GOOD PRACTICE EXAMPLE (SHEFFIELD) Audit of partner organisations' capacity for 'Safeguarding Adults'		
Does your organisation have:	Yes	No
1 A lead person at Board level with responsibility for 'Safeguarding Adults'		
2 Does the Board receive an annual report on this work		
3 A lead officer/manager		
4 A reference group		
5 An appropriate representative on the local area 'Safeguarding Adults' Partnership who has a clear line of responsibility back into the organisation		
6 A financial commitment to multi-agency 'Safeguarding Adults' work		
7 A clear reporting structure by which staff can raise concerns of abuse or neglect		
8 Ability to supply 24-hour access to 'Safeguarding Adults' information		
9 Ability to supply 24-hour access to all previous case records		
10 24-hour access to other agencies' information		
11 24-hour access to a person with 'Safeguarding Adults' expertise		
12 A person with the lead for ensuring CRB, POVA and other relevant checks of staff are made		
13 A person with the lead for ensuring professional staff are registered with their professional body		
14 Clear service specifications and standards for 'Safeguarding Adults' work		
15 A training strategy for all staff and volunteers		
16 A monitoring system for this work		

2.2.5 The full document can be [accessed](#). Further examples of best practice are provided.

## 2.3 The Health and Social Care Act 2012

2.3.1 The legislation was enacted in April 2013.

2.3.2 The reported key areas of the Act:

- establishes an independent NHS Board to allocate resources and provide commissioning guidance
- increases GPs' powers to commission services on behalf of their patients
- strengthens the role of the Care Quality Commission
- develops Monitor, the body that currently regulates NHS foundation trusts, into an economic regulator to oversee aspects of access and competition in the NHS
- reduces the number of health bodies to help meet the Government's commitment to cut NHS administration costs by a third, including abolishing Primary Care Trusts and Strategic Health Authorities
- establishes Health and Wellbeing boards to each upper tier local authority.

2.3.3 The full Act can be [accessed](#).

## **2.4 CARE Act 2014**

2.4.1 The CARE Act 2014 received royal assent on 14 May 2014. The statutory guidance sets out how local authorities should meet the legal obligations laid on them by the Care Act and regulations. They must follow the Act and Guidance unless they can demonstrate legally sound reasons for not doing so.

2.4.2 The reported key provisions contained within the Act include:

### **The principle of wellbeing - section 1**

The definition of wellbeing includes suitability of living accommodation. The principle must reinforce the functions of the local authority in addressing a person's care and support needs.

### **Preventing, reducing and delaying care and support needs - section 2**

Local Authorities are required to understand and identify existing, unmet and future needs for care and support, and link this into Joint Strategic Needs Assessments and strategies to shape services. Local Authorities should have an understanding of the services in their local area, including services targeted at whole populations such as accessing good quality information or measures to promote healthy and active lifestyles. Local Authorities should consider how to align or integrate with other local services to develop approaches to prevention.

### **Information and advice – section 3**

Section 3 refers to the duty placed on Local Authorities to establish and maintain a service that provides information and advice relating to care and support. The Local Authority is not required to directly provide all elements of the service but to understand, coordinate and make effective use of other service provision of information and advice, for example, One Stop Shop care and housing advice and its local partners or other housing options information.

### **Safeguarding adults – section 14**

Section 14 ensures that safeguarding adult boards (SABs) are now placed on a statutory basis. Housing authorities and providers are not included as statutory partners, although locally they may and often are included.

### **Integration, co-operation and partnerships – section 15**

Local Authorities are required to carry out care and support responsibilities with the aim of promoting greater integration with health

and health-related services. Housing is clearly documented as a health related function. This is in relation to preventing needs; provision of information and advice; reducing/ delaying needs; improving the quality of services and outcomes achieved. It can be promoted through planning for services, commissioning, providing information and advice; and connecting up services in the assessment and support planning process.

2.4.3 The full Act can be [accessed](#).

## **2.5 Human Rights Act 1998**

2.5.1 The Human Rights Act can be used by every resident in the UK, regardless of whether they are a British citizen or a foreign national, a child or an adult, a prisoner or a member of the public. Public authorities must follow the Human Rights Act.

2.5.2 The rights that the Human Rights Act protect are as follows.

- The right to life
- The prohibition of torture and inhuman treatment
- Protection against slavery and forced labour
- The right to liberty and freedom
- The right to a fair trial and no punishment without law
- Respect for privacy and family life and the right to marry
- Freedom of thought, religion and belief
- Free speech and peaceful protest
- No discrimination: everyone's rights are equal.
- Protection of property: protects against state interference with your possessions.
- The right to an education
- The right to free elections

2.5.3 The full Act can be [accessed](#).

## **2.6 Mental Health Act 1983**

2.6.1 The Mental Health Act 1983 details the rights of people who have mental health disorder:

- assessment and treatment in hospital
- treatment in the community
- pathways into hospital - civil or criminal

2.6.2 The Key sections of the Act are around:

- Rights when a person is detained in hospital against their wishes
- The family's rights when a person is detained

- Rights when a person is detained in hospital and also part of the criminal justice system
- Rights around consent to treatment when a person is detained
- Rights when a person leaves hospital, including how to have their section lifted and care planning
- Rights when a person being treated in the community, for example receiving section 117 aftercare

2.6.3 The Mental Health Act 1983 was amended in 2007. The changes that were brought about by the amendment:

- how mental disorder is defined
- the professionals who have specific roles within the Act
- additional rights for patients to displace their Nearest Relative how treatment is defined, and when it can be given
- the introduction of Supervised Community Treatment (SCT) and Community Treatment Orders (CTOs)
- a new right for patients to have an advocate
- some changes about how Mental Health Review Tribunals operate

2.6.4 The full Act can be [accessed](#)

### **3 RECOMMENDATION**

3.1 That the information provided informs the evidence base of this Review.

Author: Tracy Tiff, Overview and Scrutiny Officer, on behalf of Councillor Zoe Smith, Chair of Scrutiny Panel 4

15 October 2018