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 17 January 2019 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

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

Calendar of meetings

Date	Room
11 February 2019 6:00 pm 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	**Apologies**		The Chair to note any apologies for absence.
2.	**Declarations of Interest (including Whipping)**		Members to state any interests.
3.	**Deputations and Public Addresses**		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 Public Address Protocol and notify the Scrutiny Officer of your intention to speak.
4.	**Minutes**	**1**	The Scrutiny Panel to approve the minutes of the meeting held on 6 December 2018.
5.	**Witness Evidence**		The Scrutiny Panel to receive responses to its core questions from key expert advisors.
5 (a) 6:05pm	**Deputy Chief Executive, Northants Carers**	**6**	
5 (b) 6:30pm	**Chief Executive, Northants - Age UK**		
5 (c) 6:55pm	**Manager, Independent Living organisation, Northampton**		
6. 7:15pm	**Case Studies from Ward Councillors**		

NORTHAMPTON BOROUGH COUNCIL

MINUTES OF SCRUTINY PANEL 4 - ADULT SOCIAL CARE FACILITIES

Thursday, 6 December 2018

COUNCILLORS PRESENT: Councillor Smith (Chair), Councillor Beardsworth (Deputy Chair), Councillors Davenport, Haque, Lane, McCutcheon and Oldham

Witnesses Detective Chief Inspector Rich Tompkins, Northants Police
Lucy Weightman, Director of Public Health
Dr David Jones, Chair, Morcea Walker, Vice Chair, Healthwatch Northamptonshire
Angela Hillery, Chief Executive, Northampton Health Trust

Officer Tracy Tiff, Scrutiny Officer

1. APOLOGIES

Apologies for absence were received from Councillors Duffy and Russell.

2. DECLARATIONS OF INTEREST (INCLUDING WHIPPING)

There were none.

3. DEPUTATIONS AND PUBLIC ADDRESSES

There were none.

4. MINUTES

The minutes of the meeting held on 8 November 2018 were signed by the Chair as a true and accurate record.

5. WITNESS EVIDENCE

(A) DETECTIVE CHIEF INSPECTOR, WITHIN PUBLIC PROTECTION, NORTHANTS POLICE

Detective Chief Inspector Rich Tompkins, within Public Protection, Northants Police, addressed the Scrutiny Panel. He gave background details to his role and the service.

The Scrutiny Panel made comment, asked questions and heard:

- Rough sleepers with suspected mental health problems are not always accessing the required services

- Prevention is key. The Police often come across individuals when they are at crisis point and they may then present differently to professionals when they are free from the effects of drugs or alcohol.
- Around half the calls Northants Police respond to do not involve a crime but are concerns for public welfare and safety. There are around 120 documented calls a week regarding mental health issues, although the impact of mental health is suspected to be far higher than this. It is not unusual for calls to be received from individuals in crisis themselves, carers or organisations such as the Samaritans. The Local Authority provides an approved Mental Health practitioner (AHMP) Worker, 24/7. However this individual has other responsibilities and out of hours calls can take several hours before being responded to. It is common for Police to stay and monitor persons they detain under the mental health act for many hours where there is no Social Worker or nurse to take ownership for the case. This has been recognised in a new national HMICFRS report on the impact of Police responding to Mental Health
- There are a number of effective multi-agency groups coordinating mental health and suicide Prevention – the latter being a new county wide group that is viewed as positive
- Early intervention at all levels prevents crisis – and is seen as positive by Police. It can negate persons becoming criminalised and reduces the harm (physical and emotional) associated with crisis intervention
- Partnership working is generally strong in the county. Northants Police have appointed a Superintendent to lead on work associated with the future provision of services and the proposed 2 new local authorities model, replacing the current district and borough approach.
- MARAC provides effective support for Domestic abuse victims, and has around 1,200 cases a year. Adult Social Services joined MARAC around 12 months ago which was welcome.
- The pressures that Adult Social Services are under are acknowledged by the Police.
- Police budgets have faced considerable pressure over the last 8 years. Nationally there are 20,000 less officers now than in 2010. Recorded violent crime is increasing for the first time in 10 years; Northants Police budgets and staffing reflect the national picture.
- Concerns remain over the future provision of funding to support services. An example is the Sunflower Centre (who support High risk victims of domestic abuse) who work closely with the Police. A third of their budget emanates from the County council. When NCC didn't pay the contribution for 2018/19 they lost 3 highly trained staff. Funding has been restored by NCC but uncertainty remains and the service provided by the sunflower has had to reduce over the last 6 months – this negatively impacts on vulnerable, high risk victims and provides a further challenge for the police.

Detective Chief Inspector Rich Tompkins was thanked for his address.

AGREED: That the information provided informs the evidence base of this Scrutiny Review.

(B) DIRECTOR OF PUBLIC HEALTH, NORTHAMPTONSHIRE COUNTY COUNCIL

Lucy Weightman Director of Public Health, Northamptonshire County Council presented her written response to the core questions of the Scrutiny Panel, highlighting key points.

The Scrutiny Panel made comment, asked questions and heard:

- Positive actions are currently be taken in respect of the opportunities that the proposed Unitary Councils will provide.
- Capacity and resilience is increasing.
- During the 12 week period, an Advisor will look for signs of social isolation; not everyone wants to integrate back or have their own "social hub." Funding of £3.5 million from the Social Impact Fund will help to develop the additional workforce required.
- Partnership working is increasing; everyone is committed to taking on shared responsibility. Services will be aligned to make best use of expertise.

Lucy Weightman was thanked for her address.

AGREED: That the information provided informs the evidence base of this Scrutiny Review.

(C) DIRECTOR, HEALTHWATCH NORTHAMPTONSHIRE

David Jones, Chair, and Morcea Walker, Deputy Chair, Healthwatch Northamptonshire, presented the written response to the core questions of the Scrutiny Panel; highlighting the salient points. Background to Healthwatch was provided.

The Scrutiny Panel made comment, asked questions and heard:

- Data published by the CQC states that Norhamptonshire County Council (NCC) is close to national and regional figures regarding adult social care. The main outlier is delayed transfers of care (DToC) but the most recent data provided orally to HWN suggests that there has been a very significant improvement in DToC. There are some challenges too such as high spend per capita on children's services.

- Dementia is a key issue for health services and social care.

- It was confirmed that Healthwatch is consulted by NCC when it undertakes consultations. Healthwatch has a good relationship with Public Health and health service partners. Healthwatch is a statutory member of the Health and Wellbeing Board in each area.

- The Scrutiny Panel heard that a joint appointment of a Housing Officer to improve awareness of health and wellbeing within housing services has been created by Kettering Borough Council, Northants Healthcare Foundation Trust and Kettering General Hospital which is a good, creative initiative.

- There is a need for trust to be built amongst all the partners and for there to be an honest understanding of the situations.

- The public needs to have a more informed understanding of the real costs of health and social care and why it is necessary to see an increase in taxation to pay for these services in order to sustain the current level of service let alone to improve the quality.

David Jones, Chair, and Morcea Walker, Deputy Chair, Healthwatch Northamptonshire, were thanked for their address.

AGREED: That the information provided informs the evidence base of this Scrutiny Review.

(D) DIRECTOR, NORTHAMPTON HEALTH TRUST

Angela Hillery, Chief Executive Officer, Northampton Health Trust, presented the written response to the core questions of the Scrutiny Panel highlighting the key points. Background to Northampton Health Trust was given.

The Scrutiny Panel made comment, asked questions and heard:

- The Trust has been rated outstanding by the CQC. It has also won Trust of the year which is an NHS award. It is all about staff and culture and partnership working.
- Lots of steps are being taken to improve crisis services.
- Crisis cafes are a great example of partnership working to support people.
- A lot has been achieved through partnership working in recent times.
- £1.8 million of support has been achieved through partnership working
- Hard work is underway collectively to ensure capacity is directed to the right places
- It was acknowledged that Adult Social Care Services is under resourced
- Primary and social care workstreams are very important and need to work together
- The pilot being run in Kettering whereby a Housing Officer is dedicated resource to Kettering General Hospital is working very well
- It is important that there is an holistic approach regarding integration and integrated services; integrated care is vital. It is important that there is one service working together to deliver the same outcomes
- Discharge from hospital has to be safe; support at home is a social care responsibility. Previously, teams have worked separately.
- Ways to increase community support are being investigated
- Future options need to include: preventative initiatives, community response, support at home, including appointments etc. A whole range of ideas will be explored
- Valuing and retaining the workforce is vital. CQC acknowledged that staff are valued and recognised for what they are doing

Angela Hillery, Chief Executive Officer, Northampton Health Trust, was thanked for her address.

AGREED: That the information provided informs the evidence base of this Scrutiny Review.

(E) LOCAL GP

A local GP was not present.

6. SITE VISITS

The Chair referred the Scrutiny Panel to the key findings from the site visits to Northampton General Hospital and St Andrews Hospital.

It was felt that it would be useful for there to be a facility where individuals could go when they no longer needed hospital care but needed care at home, but such care was not available.

The Scrutiny Panel suggested potential recommendation of its final report - that a housing officer is linked to Northampton General Hospital, a similar arrangement to the Kettering Pilot.

AGREED: That the information provided informs the evidence base of this Scrutiny Review.

The meeting concluded at 8:00 pm

NORTHAMPTON
BOROUGH COUNCIL

OVERVIEW AND SCRUTINY

SCRUTINY PANEL – ADULT SOCIAL CARE FACILITIES
(Response from Gwyn Roberts, Deputy CEO, Northamptonshire Carers)

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?

It would seem sensible at least in transitional periods to look at some joint commissioning functions between the two unitary councils and possibly to include NHS commissioning in this to maximise resources and promote integration. This would also risk manage in terms of ensuring statutory duties and responsibilities were met and ensure there is proper consideration given to services that may need to be Countywide albeit with a local focus.

2 How will better working/partnership be fostered with NHS and outside providers, i.e., Charities and private sector care homes?

It would be sensible to build on partnerships that are already there such as the Health Care partnership or liaison. with any thematic partnerships such as Carers Partnership or Mental Health collaborative and to also utilise voluntary sector infrastructure work by Voluntary Impact Northampton

3 How will funding be apportioned?

Please see answer 1 re meeting of statutory duties and some provision that may be county wide but drop into unitary provision, also demographic data is key such as the number of Carers or disabled people, the elderly and frail or people with long term health conditions.

4 How will you sort the Shaw PFI contract?

There would be much better provision if these contracts could be changed especially if more resource could be directed at community based services or supporting people in their own homes

5 How will Safeguarding principles be better applied?

It would seem sensible whilst having overarching systems to have some locality focus in any new models

6 Please provide details of the relationship with private sector providers, i.e., care/nursing homes?

Although this does not directly affect us, anecdotally they are struggling with funding no meeting costs of service delivery.

7 Please provide details of opportunities to combine care and housing provision in innovative ways?

We are currently working with GPs, housing, social care and voluntary sector as part of the 'Aging Well' locality project in Wellingborough. Please see attached summary.

8 Do you think there are any specific groups that are not accessing Adult Social Care Facilities, please provide details

Due to demand and capacity issues within social care, it could be argued that it has been difficult to proactively approach hidden or hard to reach groups such as those with dementia from BAME backgrounds

9 In your opinion, how can better management support be applied for both social workers and carers?

Utilising what the Voluntary sector can offer and looking at partnership place based approaches such as aforementioned Aging Well project in Wellingborough or our award-winning Breathing Space COPD project which brings together medical professionals in a voluntary sector group setting.

10 Please provide details of the statutory responsibilities in respect of the duty of care obligations and their financial consequences

We deliver NCC's Carers statutory duty (including carers assessments) under the 2014 Care Act. NCC oversight for the better care fund matrix and responsibilities around Carers

11 Are there any examples of new, innovative ways of working that we can learn from?

Our aforementioned Aging Well and Breathing Space projects. We also have very popular Carer Gym Memberships and Sitting Service. These could be rolled out into other areas as part of the social prescribing model.

12 What models centred on the prevention agenda are being delivered? Are there plans to further expand this way of working?

This is a NCC responsibility but Commsortia have a contract with Public Health which focuses on prevention. The vast majority of our services, including those within CCG & NCC Carers and Young Carers contracts all have preventative approaches. Please see the attached Twenty-Twenty overview of our wide range of services.

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

No comment

14 Do you have any other information, concerns or suggestions you wish to raise in relation to adult social care facilities?

Investment in Carers services is at a good level but there is significant demand pressures that will get worse. Carers strategy and implementation plan and partnership and set of services delivered against it are a strong model that shows how resources across health, social care and the voluntary sector can be best applied. Please see our attached Carers Support Model document.

AGE WELL WELLINGBOROUGH

AN EXAMPLE OF PLACE BASED COLLABORATION

High Quality Care Looks Like - Collaboration

"We cannot solve this problem by continuing to work in the same way….we must make collaboration across health and social care the default option"

"If systems can remove boundaries between services by developing one point of entry that is based around the person rather than services this can improve people's experiences and outcomes

"We have found that the voluntary, community and social enterprise sector is under-used in the planning and delivery of services and often not seen as partners"

"Where time is invested in relationships there is a greater chance of success"

"Trust and collaboration between organisations have never been more important"

CQC Beyond Boundaries

High Quality Care Looks Like - Staff

"As we move towards more integrated models of care, staff will increasingly need to work across boundaries and take on new responsibilities beyond people's specialisms, for example by undertaking care co-ordination and assessment"

"Knowledge and understanding of other health and care services that can meet people's needs in the community will be crucial in reducing pressure on hospitals"

"Having staff with the appropriate skill mix that are able to undertake duties outside of traditional roles with appropriate training will help to reduce the pressure on services while meeting people's needs at home"

CQC Beyond Boundaries

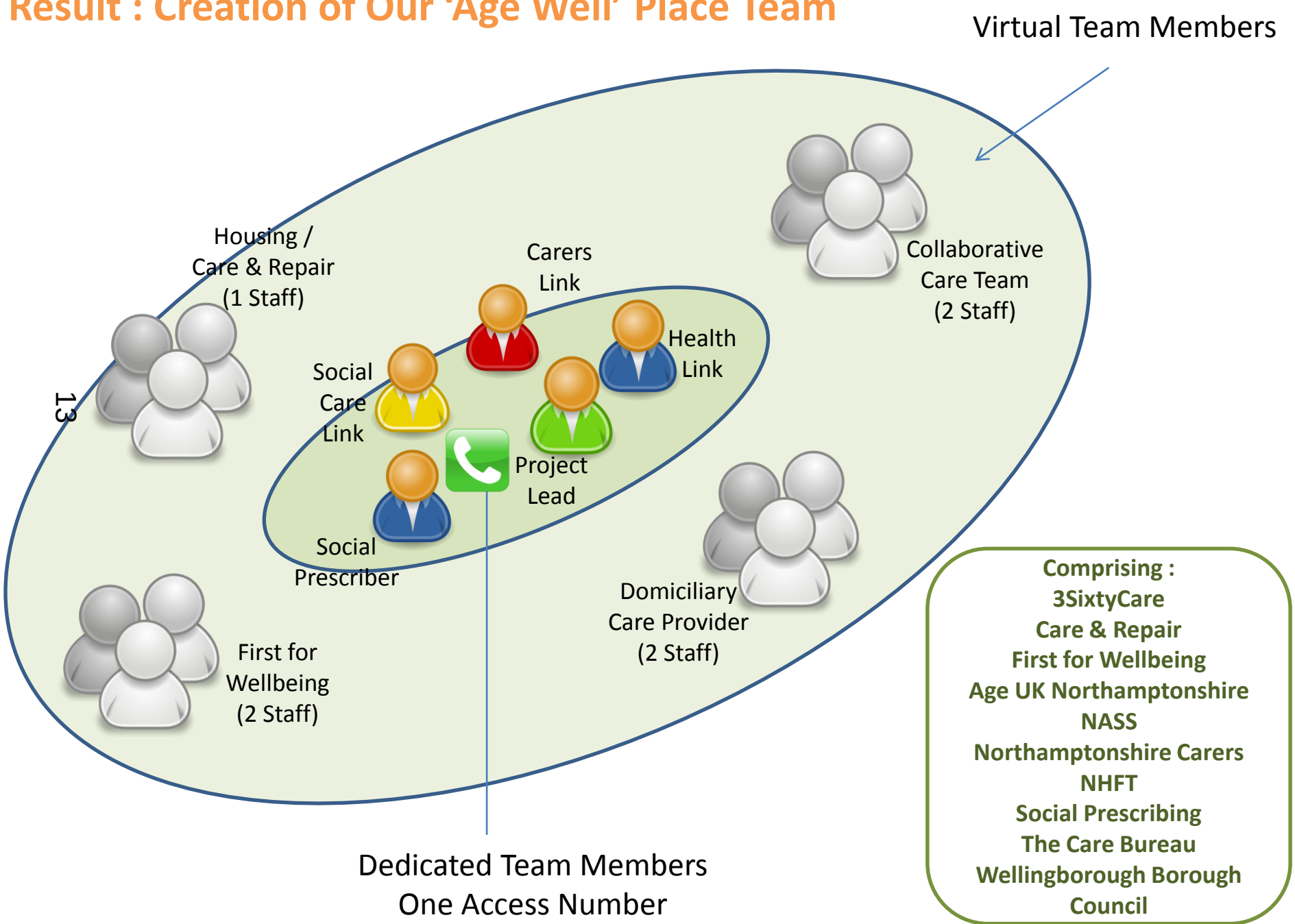
High Quality Care Looks Like – Place Offer

"We expect people to experience personalised care that is tailored to their individual circumstances and joined-up to meet their needs. And we understand that people should be active partners in decisions about their care"

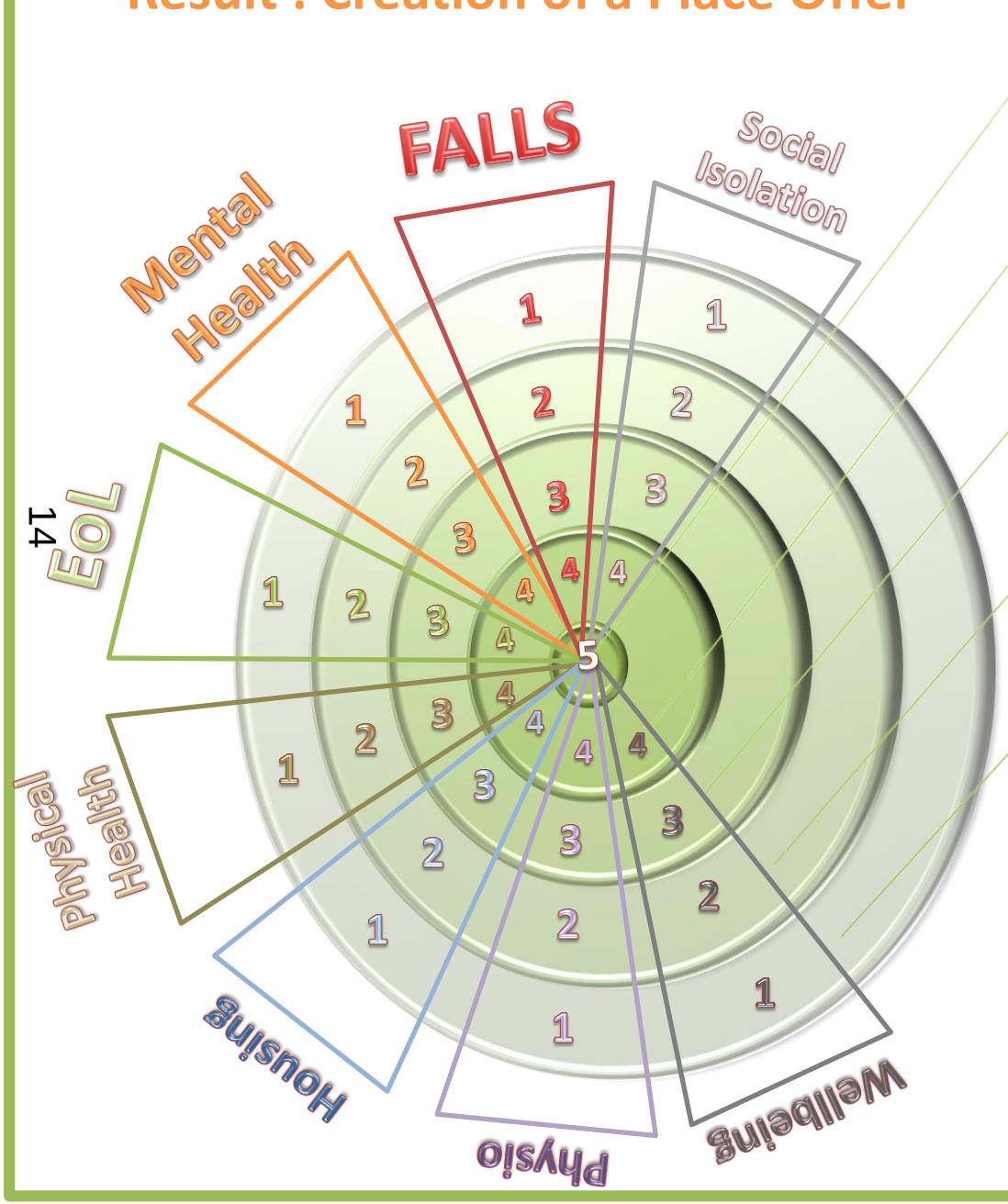
"Information is not always available in the right place at the right time, this leads to delays, people having to tell their story multiple times and a risk-averse approach to decision-making"

"…moving towards an assets based approach to supporting people….conversations about people's care and support needs that are led by their personal ambitions and build on the personal and community resources available to them"

Result : Creation of Our 'Age Well' Place Team



Result : Creation of a Place Offer



Elective / Unplanned Admission (5)

Intermediate Care (4)

Long Term / Complex Care Need (3)

Moderate Frailty (2)

Mild Frailty (1)

Our Place Offer can be viewed by Population Cohort or by Need

Place Offer by Population Cohort / by Need

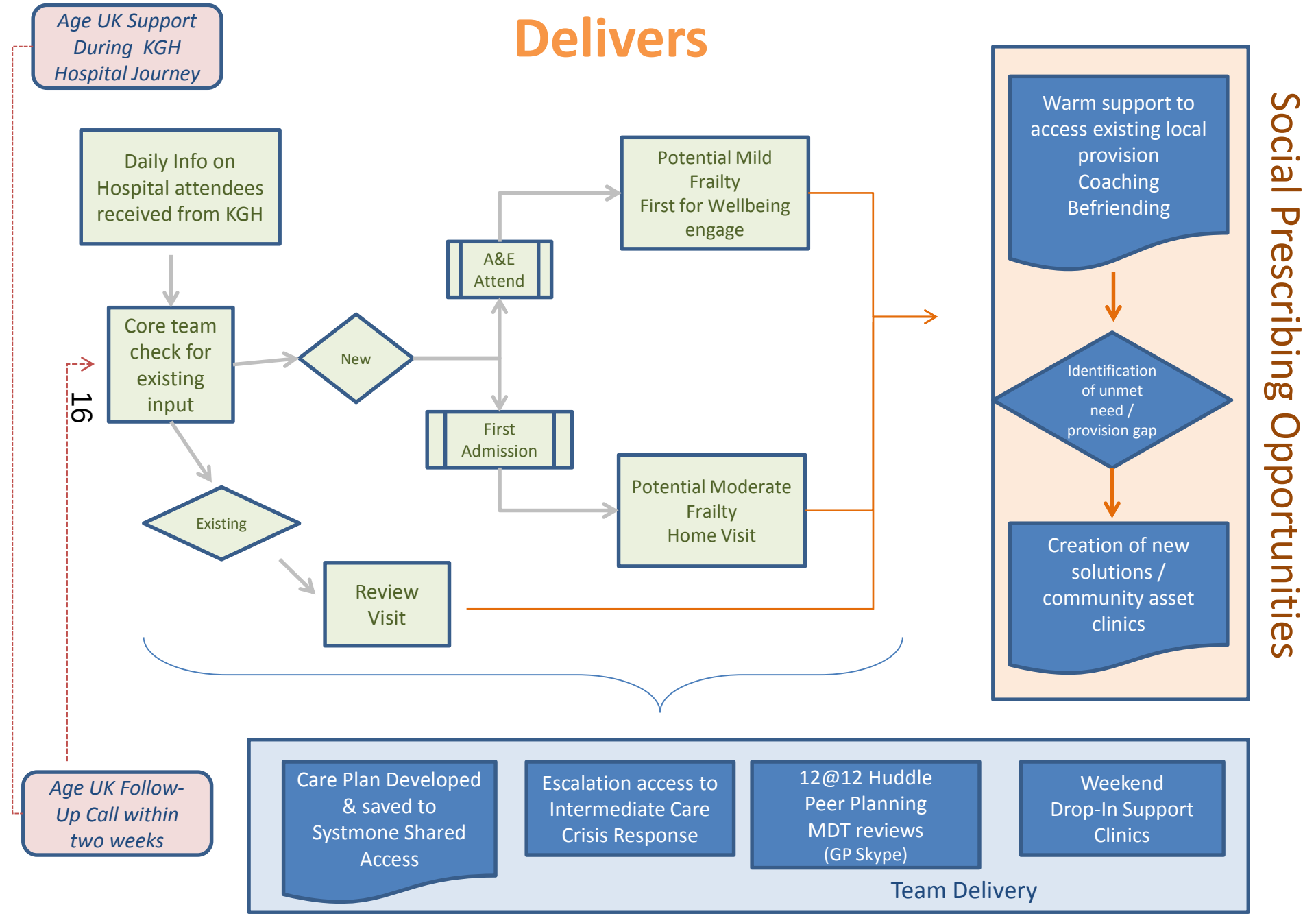
AGE WELL WELLINGBOROUGH - Place Based Offer

	Mild Frailty	Moderate Frailty (likely to have one or more LTC and emerging needs)	Severe Frailty (likely to have multiple Long Term Complex Care Needs)	Intermediate Care	Specialist Hospital Care (Not at Place Delivery Level)
	1	2	3	4	5
	Social Prescribing				
FALLS	Edmonton Assessment Access to Falls Advice Care Plan written Access to equipment to reduce risk	Edmonton Assessment Home assessment Provision of equipment / home adaptations to reduce risk of falls Provision of physio advice / exercises through community asset model	Home adaptations to reduce risk of falls Home based technology to support remote monitoring / early alert of incidents occuring	Intensive rehabilitation / reablement to support recovery post fall. Home based where possible but through community hospital / Specialist care facility if needed Access to overnight carers service to support initial transition from hospital or to avoid admission	Treatment and surgery where necessary Fracture clinics A&E Department Ambulatory care pathways Non-weight bearing step-down beds
Social Isolation	Goal setting with Coaching Support to access existing community provision Patient Activation Measurement Care plan created and held by person	Transport provision to access groups / community asset clinics Provision of Community Asset Clinics Home based technology to facilitate peer support Goal based coaching Care Plan created and held by person	Transport provision to access groups / community asset clinics Provision of Community Asset Clinics Home based technology to facilitate peer support Use of care homes as places of local meeting venues to enable residents to engage		
Mental Health	Local MIND Cafes and groups Development of an IAPT light option	Memory Assessment Service Targetted Dementia Asset Clinics MH support available at all community asset clinics / groups	Specialist MH Team support for both those with organic and functional needs	Crisis Response Services Respite care including Overnight Carers Provison MH Nurses within Intermediate Care Team	Mental Health Specialist Beds Mental Health Liaison staff within Acute Hospitals
EoL	Encouraged to develop living will Defining goals / ambitions wish to achieve before EoL	Outpatient management by specialist acute providers Advanced care plan written and recorded on primary care system Access to Age UK EoL programme	Home based technology to support remote monitoring and support and early alert of deterioration Access to Age UK EoL programme Access to Hospice at Home service Primecare Services Bereavement support for carers / family	Access to community beds for symptom management / respite Supppprt from Rapid Response Service to manage crisis / escalations at home Primecare services	Hospice provision where this is chosen by patient / family Access to acute admissions only where care cannot be provided at home
Physical Health	Universal primary care offer	Care Plans developed with person and carer Fast track access to extended access appointments 'Walk-in' weekend clinics	MDT reviews led by GP Fast track access to extended access appointments 'Walk-in' weekend clinics	Rapid response service to manage crisis / escalations at home Access to overnight carers service Access to step-up community hospital beds 'Walk in' weekend clinics	A&E Attendance Ambulatory Care Hospital admission (planned / unplanned)
Housing	Goal planning and care plan development	Early access to home adaptations as preventative measure Care Planning to discuss potential change of home accommodation - access to retirement village etc	Identification of available housing to support move to more appropriate environments	Ots in Intermediate care teams who can undertake home adapation assessment Home adaptations needed to support hospital discharge	Temporary Accommodation Solutions to support hospital discharge
Physio		Delivery of physio advice and group exercise through community asset clinic - trained support workers Access to local GP - specialist interest for care planning and screening	GP referred services	Physios and OT within intermediate care teams	Planned care
Wellbeing	Goal setting with Coaching Access to universal self help offer via OCTIGO platform Patient Activation Measurement Follow-up for all A&E attendances	MH support available at all community asset clinics / groups Follow-up for all A&E attendances			
	Social Prescribing				

Social Prescribing

Social Prescribing

How the Place Team Delivers



What is a Community Asset Clinic ?

- Super enhanced Support Group Model for the patient and the Carer (co-produced) – in common with Age Well.
- Social Inclusion/Peer Support/Clinical Input – G.P.'s and Nurses/expert patient approach/LTC management/self-help
- System benefits and outcome benefits
- Won a National Award
- Positive for Regulators/NHS England interest

Social Prescribing Opportunities

- Key chances to align and make positive differences through placed based or cohort models
- The issue of Community Resilience and how we build it strategically as a key system under pinner
- Preventative interventions

What Outcomes Are We Seeking

- All team members will have same core and refresher training
- Person outcomes — Health/Wellbeing/ Social Inclusion (W.H.O.)
- Systems outcomes
  - Proactive not reactive
  - Enhanced Acute Discharges
  - Preventing Higher level interventions
  - Cost benefits/savings
  - System handshakes/Inter Agency Working
  - Better shared knowledge within the system

Our Journey Experience (thus far !)

- Coalition of the willing
- Create the shared vision – keep revisiting and testing
- Mind your language
- Understand demands on each partner and recognise that these change
- Co-production is essential
- No existing answer – try, review, amend
- Dedicated resource to drive implementation

How Could The Project Benefit from Additional Support

- Headroom for staff to experiment with new approaches in supported test and learn environment
- Mental Health team member to help develop a robust place based dementia offer.
- OD support to help people embrace new ways of working rather than retreating to traditional roles and areas of responsibility
- Dedicated IMT lead to work with us on Information Governance management and developing the care record platform
- Provision of technology to provide remote support to our place population, create peer groups and reduce social isolation
- Resource to capture baseline metrics and develop the key success measures both quantitative and qualitative
- Alignment of Commissioning Strategies
- Look at how we scale up as more Surgeries go live with it.

Resilient Communities

Effective Community Resilience Strategy

System under pinners

Preventative and protective underpinning strategy around empowering individuals via collective action to identify and support vulnerable people.

Why is it worth doing ?

- Add patient example from Derry, Betsy et al – the London Carer

Learning Points

- Person and outcomes based
- Coalition of the willing maximises what's there already
- Some things that are seen as barriers are removed at local levels and by a can-do attitude
- Helps because it's not left shift but a leftish shift. Smaller steps to inform bigger steps.

Learning points

- Community Asset/Community Resilience Model
- Permission to work in new ways
- Is a Community Resilience Strategy needed for HCP?

CARERS SUPPORT MODEL NORTHAMPTONSHIRE

Northamptonshire Carers

Northamptonshire County Council

NHS Corby Clinical Commissioning Group

NHS Nene Clinical Commissioning Group

Respite for Parent Carers of Disabled Children

Sitting Service

Interfaces with Health across Primary and Secondary Acute Care DTOC/Acute Hospitals
- Dementia Care Advisory Service
- Overnight Care Service
- GP Work – Pathways
- Investors in Carers GP Awards

Social Marketing
***'Who Looks After You'* & Carers' Award**

Carers Breaks
Take a Break
Holiday Homes
Emergency Respite
Needs & Aspirations

Carers Support Line

Website & Social Media

Locality Pop-Up Hubs Community Based Support

Specialist Carer & Family Support In Partnership with Other Organisations

Information Advice & Support

Supporting Working Carers Project

Health & Wellbeing Services for Carers
Gym & Leisure Clubs
Holistic Therapies
COPD 'Breathing Space'

Triage
Assessment / Reviews
Support Planning
Direct Payments

Young Carers 5-18 years Support
Information, Advice & Guidance
Young Adult Carers
Transitional Work
17 – 25 years

Health & Wellbeing Work

Support Groups
Carers Choir
Carers Cafes
Dementia Cafes
Advice Sessions

Peer Support

Northamptonshire Carers Hub

Integrated Model

Working in Partnership to Provide

KEY CONCEPTS

Carer-Led

Meaningful Partnerships

Funding from Social Care & Health

Added Value & VCSE

Sustainable Approaches

Involvement & Engagement

Partnerships with Businesses

Quality Assurance

Innovation

DELIVERED BY:

Paid Staff
Peer Supporters
Volunteers

Care Act 2015 **Children's & Families Act** **Local Plans & Better Care** **STP Delivery**	**Carers Strategy** **NHS Commitment to Carers** **NHS Framework** **National Carers Strategy**	**Carers Trust Involvement & National Knowledge** **Effective Involvement & Engagement of Carers utilising Existing Forums**	**Regional Development Forum** **Local expertise via Carers Trust Network partners**

Northamptonshire Carers

Twenty / Twenty Service Offer

UNIQUE CARERS SERVICE MENU

Scrutiny Panel – Adult Social Care Facilities

Evidence provided by: Christopher Duff, Chief Executive, Age UK Northamptonshire

Core Questions

1 It is important to appreciate the totality of the need problem and its cost. How will this be apportioned between two Unitary Authorities?

Response:
The need reflects the numbers of older people, their age and how they are concentrated, in particular, the levels of ill health, such as long term conditions, the levels of loneliness and mental health issues and the levels of deprivation and poverty (income and wealth). All older people need advice and support so a 'per head allocation' needs to be the basis of any budgeting system. This could be weighted to those who are over 85 years of age. Additional monies could be allocated in relation to addressing mental health, poverty and ill health (LT conditions). It is recommended that there is a representative sample survey of existing clients to ascertain the location and confirm the depth of these issues across the County.

2 How will better working/partnership be fostered with NHS and outside providers, i.e., Charities and private sector care homes?

Response:
A key requirement for any charity is to be able to plan its services over the medium to longer term. An essential requirement for any intervention to be successful is that it is well co-ordinated with other interventions and support. Consultation, structured and over a period of time, with the charitable or voluntary sector is, therefore, essential. Once decided, then interventions need to be jointly planned and jointly implemented with robust systems for review, reflection and revision. Trialling is essential for success. This needs to be coupled with certainty of potential funding over the longer term and early decision making on change or continuation.

Frontline staff need to be encouraged to build a relationship over the longer term to establish consistency of practise and improve decision making and information provision.

Clarity of role for each of the key providers in the system needs to be established. Older people do not want to be passed from one organisation to another to find the answer to their query. It is, therefore, essential that their questions are answered first time and that any specific interventions are met as the first and immediate follow up to that first enquiry. This will require a capable and sophisticated system for 'navigating' the system; a 'one stop' approach is recommended which all partners, statutory and non- statutory will support.

Specifically in relation to private sector care homes there is a need for statutory and voluntary bodies to 'join up' their offer and to reduce any perceived overlap otherwise their residents will be disadvantaged from accessing the support services available.

3 How will funding be apportioned?

Response:
See also response to Question 1.
Funding needs to provide for the strategic co-ordination of key partners, including consultation, commissioning and testing/trialling. Funding needs to provide for a capable 'navigation' service. Older people need to have access to expert support that will take ownership of their 'problem' and support them to a satisfactory conclusion. This could be provided by the voluntary sector (See the London Borough of Islington). Funding also needs to provide for specific and expert interventions by a range of partners, including the voluntary sector, in order to address specific local needs.

4 How will you sort the Shaw PFI contract?

Response:
This is outside the remit of Age UK Northamptonshire. It will be important that the capacity of the existing centres is maximised and that there is a flexible but reasonable proportion of places to be able to respond to the growing needs of, for example, dementia sufferers and those needing rehabilitation.

5 How will Safeguarding principles be better applied?

Response:
The current system does not have sufficient capacity to handle the existing level of safeguarding issues highlighted through the electronic safeguarding form. Therefore, as time goes on, many cases will be unreported. It would also be difficult to prioritise the more acute cases in the current system, especially because there is only very limited dialogue with an advisor or consultant.

A well functioning safeguarding system would be able to respond to the acute or urgent cases and to broker or signpost support to the non-acute cases. This would also directly support the prevention agenda. Other partner resources, in particular from the voluntary sector, could be harnessed proactively to support all cases, especially those that are non-acute.

There is the potential to be more proactive in terms of training and worker responsibility and understanding of safeguarding issues. Knowledge is broad but not deep. All workers involved (across partners) could be more involved in the follow up to issues (rather than simply the raising of the issue) so that learning and skills could be improved.

6 Please provide details of the relationship with private sector providers, i.e., care/nursing homes?

Response:
This question is outside the direct remit of Age UK Northamptonshire. There is substantial dialogue with private providers in relation to each Age UK Northamptonshire client's needs and we would underline the point about the need to make each intervention person centred rather than service centred. There is scope to work with private care and nursing homes on the prevention agenda (see

answer to Question 7). There is also the potential to train and raise the awareness of the staff in these providers of the range of provision, the support of other partners and the financial benefits available (see answer to question 2).

7 Please provide details of opportunities to combine care and housing provision in innovative ways?

Response:
Age UK Northamptonshire have a range of support activities in relation to the prevention agenda. We provide a very wide range of activities that are focused on preventing people from becoming isolated and vulnerable. A range of classes include Keep Fit, chair based exercise and Aquafit, Nordic Walking, Tai Chi, Get Set Go, Art, Photography, Bridge and Whist, and Family History at various levels. Of particular note is the success of the exercise classes set up in rural areas where isolation can be a problem. Examples of current popular activities are Boccia & Kurling, Curry & Kurling, OTAGO, falls prevention classes and Short Mat Bowls. Over the previous financial year, a total of just over 900 people regularly attended these activities.

The team also work with Care Homes taking Boccia, Kurling, Bowls and OTAGO to residents who are unable to leave the residence. There is much more that could be done to utilise the facilities of residential homes and nursing homes most of which are underused currently.

Age UK Northamptonshire would like to encourage more 'pop up' day centres within the communal areas of extra care, care homes and retirement properties. This encourages residents to interact but can also be extended to bring other people who live locally.

8 Do you think there are any specific groups that are not accessing Adult Social Care Facilities, please provide details

Response:
Older people are reluctant to ask for help: because they don't think there is any help or they don't know who to ask or where to get the information. They lack confidence and they are nervous about starting down a 'slippery slope' into the care setting. Age UK Northamptonshire provides a very well used information and advice service. We are seeing more and more clients that are confused by the advice they have been received from other sources, in particular, in relation to financial benefits.

Other groups in particular that are often overlooked in relation to financial support or for health and social care are:

- Tenants in sheltered accommodation
- Tenants in private rented accommodation
- Carers who are just about managing
- Anyone unable to use online resources or not physically able to get to a Library / One Stop Shop
- Ethic groups, for example, the Chinese community are very private and isolated.

Those with sensory impairments have very little dedicated support, for example, formats of letters not legible for those with a Visual Impairment, contact/referral routes lacking specialist support for those who use BSL/Deafblind or English without speech.

9 In your opinion, how can better management support be applied for both social workers and carers?

Response:
This question is outside the direct remit of Age UK Northamptonshire. It is important to maintain a good understanding of other services that social workers can refer to or that can be integrated into a care plan will ensure the package of care is more holistic and varied. A high turnover of staff or a high usage of Agency staff does not help build expertise and capability.

There is a general lack of understanding of essential qualifying criteria for various benefits that older people can claim, both means and non-means tested. We know this from the information provided on referrals we receive.

10 Please provide details of the statutory responsibilities in respect of the duty of care obligations and their financial consequences

Response:
There is a growing older population which places a disproportionate pressure on health and social care services more generally. The population of those in the County of Northamptonshire over the age of 65 was 117,400 in 2014, 16.6% of a total estimated population of 706,600. Northamptonshire has the fastest growing population of over 65 year olds of any County area in the country rising 12.5% between 2013 and 2016 and many times higher than the overall growth in the population of the county of Northamptonshire (3.2%). The proportion of 65 year olds is projected to increase in the next 10 to 20 years driven by the post war spike increase in birth rates. The numbers of over 65 year olds are expected to grow to 155,800 by 2024 or 28.2% higher than in 2014.

Life expectancy is also growing well and in the county in 2015 was 83.1 years for females and 79.4 years for males. This increase in life expectancy increases the need amongst an older population who will be becoming more frail, susceptible to diseases and incapacity. There are Increasing numbers of older people will need help in relation to frailty, poverty and loneliness

The Care Act 2014 sets out a Duty to assess all clients and to support them with decision making (including self funders around care in the home/nursing home placement). This is not something currently, or historically, that has been fully implemented. It is felt that there has been a very strong focus on financial eligibility for care to the detriment of the duty to provide an assessment to each client and their carer. Being able to access the correct information from the start could prevent many cases from getting into greater difficulties at a later stage.

A key challenge is to build a system of prevention, support and response that is person centred rather than service centred. To do this effectively will require a proactive ‘navigation’ system. This needs to be based on a face to face conversation, often in the person’s own home.

11 Are there any examples of new, innovative ways of working that we can learn from?

Response:
There are a number of examples of good practice that should be highlighted, in particular, in relation to non-clinical support for clients. The Age UK Northamptonshire in house teams of: Personalised Integrated Care (Northampton): Collaborative Care team (Kettering, Wellingborough, East Northants) and Later Life (throughout the County) all provide examples of good practice in relation to 'hands on' one to one client support, often seeing clients in their own homes. They illustrate the effectiveness of a model that supports excellent navigation, and substantially more effective than taking phone calls and signposting.

Externally, the London Borough of Islington is an excellent model of good practice in relation to proactive navigation and support, including social proscribing. They support clients over 16 needing some support with a health or wellbeing challenge, including clients over the long term, with a person centred prevention service.

Age UK Northamptonshire is working alongside Kettering General Hospital on the active support of patients to prevent unnecessary admission to Hospital and to facilitate early discharge. We would also highlight the Home from Hospital Service run by Age UK Milton Keynes.

Locally, we are working with both Northampton Borough Council and Kettering Borough Council on their housing support options and would highlight the Kettering Housing Options pilot as a project outside the Borough but close at hand.

12 What models centred on the prevention agenda are being delivered? Are there plans to further expand this way of working?

Response:
See also response to question 7. Age UK Northamptonshire have a range of support activities to support the prevention agenda. We provide a very wide range of activities that are focused on preventing people from becoming isolated and vulnerable. A range of classes include Keep Fit, chair based exercise and Aquafit, Nordic Walking, Tai Chi, Get Set Go, Art, Photography, Bridge and Whist, Picturedrome Tea Dance and Family History at various levels.

There is also befriending type support to encourage participation for those that need longer to build confidence. There is a real need for more of this support. This requires funding to ensure effective co-ordination and quality control.

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

Response:
This question is outside the direct core remit of Age UK Northamptonshire. Maintaining the independence of older people will keep them healthier for longer. A key aspect for older people is accessing services and a main determinant of that is access to transport. We are working with other

transport providers to help improved access to our own Day Care provision. Supporting more transport provision, especially volunteer will help ensure that access to services is achievable and not cost prohibitive.

14 Do you have any other information, concerns or suggestions you wish to raise in relation to adult social care facilities?

Response:
There is a need to encourage strongly GPs and their practice managers to think outside the normal preoccupations and to take forward actively social prescribing and other onward referrals.

Social prescribing can have a very positive impact on local community groups and provide essential 'demand' in order to keep them going and viable. If all partners, including GPs were active in social prescribing then the network of provision would increase and improve.

There is often a feeling that people who contact existing social services provision do not get the right support, support that will prevent them from deterioration so needing greater support later on. We feel that addressing difficulties earlier – such as investment in prevention and proactive social proscribing would be a more cost effective way of supporting those in need, especially when working for the longer term needs of the older people in Northampton and Northamptonshire.

Christopher Duff
Chief Executive
Age UK Northamptonshire
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