

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
11 February 2019 at 6pm

George Candler
Chief Executive

If you need any advice or information regarding this agenda please phone Tracy Tiff 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
1 April 2019 6:00 pm	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		<p>The Chair to note public address requests.</p> <p>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.</p>
4.	Minutes	1 - 4	The Scrutiny Panel to approve the minutes of the meeting held on 17 January 2019.
5.	Witness Evidence		
5 (a) 6:05pm	Chief Executive, Northants - Age UK		
5 (b) 6:30pm	Deputy Chief Executive, Northants Carers	5 - 26	

Agenda Item 4

NORTHAMPTON BOROUGH COUNCIL

MINUTES OF SCRUTINY PANEL 4 - ADULT SOCIAL CARE FACILITIES

Thursday, 17 January 2019

COUNCILLORS PRESENT: Councillor Zoe Smith (Chair), Councillor Sally Beardsworth (Deputy Chair); Councillors Julie Davenport, Anamul Haque, Arthur McCutcheon and Brian Oldham

Councillor Danielle Stone, - observing

Witnesses Chris Duff, Chief Executive, Age UK Northamptonshire

Officer Tracy Tiff, Scrutiny Officer

1. APOLOGIES

Apologies for absence were received from Councillors Janice Duffy, Jamie Lane and Cathrine 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 6 December 2018 were signed by the Chair as a true and accurate record.

5. WITNESS EVIDENCE

(A) CHIEF EXECUTIVE, NORTHANTS - AGE UK

Chris Duff, Chief Executive, Age UK Northamptonshire, presented his written response to the Scrutiny Panel highlighting the salient points. Background to Age UK Northamptonshire was provided.

The Scrutiny Panel made comment, asked questions and heard:

- Partnership working is essential. A meeting between Adult Social Care, NCC and Northants Age UK is scheduled. The Scrutiny Panel asked Mr Duff to provide and update to the Panel at the following meeting.

- It is easier to recruit volunteers in urban areas largely due to transport and because volunteers want to serve their immediate community
- In answer to a query, the Scrutiny Panel was advised that if clients can pay for certain services, such as gardening or toe nail cutting, it can be provided for by Age UK Northamptonshire, an overall profit is not made on these services; the organisation breaks even.
- Information and advice, including Attendance Allowance and benefits checks, are provided to all that ask for this.
- Currently, a number of GP practices proactively refer to organisations such as Age UK Northamptonshire so as to positively support their clients needs.
- Clients being supported through NHS funded services are referred from a mix of sources. Some are referred via word of mouth and many from other Age UK Northamptonshire services. Around two thirds of the referrals for Age UK Northamptonshire NHS funded services are from GPs.
- The Chair suggested that a potential recommendation of the final report could be that the Scrutiny Panel recommends that support is given for social prescribing in relation to day care.
- Loneliness is, arguably, the most significant issue that needs to be dealt with.
- Literature from Age UK Northamptonshire is widely available in GP surgeries across the County, and in Northampton and the North in particular given the services supported by NHS funds.
- In answer to a query regarding patient confidentiality, Chris Duff confirmed that one practical proposal was for the first organisation liaising with the client to obtain their permission to share the data with the other relevant signposted Agencies and organisations, as listed or named. All those organisations could then share information and responses and provide an integrated response more easily, especially if they shared access to a common IT database.
- Chris Duff confirmed that the London Borough of Islington has an excellent joined up approach.
- The complexity of the application form for Attendance Allowance was highlighted.
- In response to a query regarding Disability Living Allowance, the Scrutiny Panel heard that people aged 16-64 (up to State Pension Age) can no longer make a new claim for DLA, and should instead be able to claim an existing benefit called Personal Independence Payment (PIP). If an individual is State Pension age (currently 65 years) or over, they should instead claim Attendance Allowance.
- It was commented that some individuals don't claim for the benefits that they are entitled to.
- In response to a query, Chris Duff commented that it would be good if best practice could be shared between the two Unitary Authorities.

Mr Duff was thanked for his informative address.

AGREED: That when the weather is warmer, a site visit is organised to the London Borough of Islington to speak with relevant Officers about their Adult Social Care service. The Chair and Deputy Chair would attend the site visit and report back to a future meeting of the Panel.

That Mr Duff is invited to attend the next meeting of the Panel scheduled for 11 February 2019, 6pm, to provide an update on his recent meeting with Adult Social Care Services.

(B) DEPUTY CHIEF EXECUTIVE, NORTHANTS CARERS

The Scrutiny Panel welcomed and noted the comprehensive response from the Deputy Chief Executive, Northants Carers. It was suggested that Mr Roberts is invited to attend the next meeting of the Panel scheduled for 11 February 2019, 6pm, to present his report to the Panel.

AGREED: That Mr Roberts is invited to attend the next meeting of the Panel scheduled for 11 February 2019, 6pm, to present his report to the Panel.

(C) MANAGER, INDEPENDENT LIVING ORGANISATION, NORTHAMPTON

A response to the core questions was not received from Manager, Independent Living organisation, Northampton.

6. CASE STUDIES FROM WARD COUNCILLORS

The Scrutiny Panel provided some case studies:

Individual A

Miss A was a hoarder and had no downstairs cloakroom. She had been advised the only option was a commode. This was not suitable for her needs and Miss A was not coping well with the situation. The Ward Councillor obtained the trust of Miss A and helped to clear and tidy her house; she also made contact with the relevant Officers and a downstairs toilet was put in for Miss A.

Individual B

Miss B was a vulnerable adult that also had housing issues. There was no liaison between Adult Social Care and Housing Services. The ward Councillor made contact between the two Agencies and felt there is a need for more joined up thinking.

Individual C

Miss C was also a vulnerable adult that had mental health needs. The ward Councillor had contact details from a clearing company that she had used for Miss A and made contact. The ward Councillor gained the trust of Miss C. When she had first visited Miss C, her front door had been open. Miss C would buy a book every afternoon, read two chapters and then buy another book the next day. The ward Councillor suggested that the books were donated to Northants Age UK and Miss C agreed. Miss C had not been sleeping on a proper bed and a suitable bed was organised by the ward Councillor. A Sex Worker had been using Miss C's property; the ward Councillor arranged for an intercom system to be installed on the property to prevent this continuing.

In discussing the case studies the Scrutiny Panel acknowledged data protection constraints and suggested that a potential recommendation of its final report would be around the exploration of an integrated system to be used by all relevant Agencies.

The meeting concluded at 7:05 pm



NORTHAMPTON BOROUGH COUNCIL

SCRUTINY PANEL 4 – ADULT SOCIAL CARE FACILITIES

7 February 2019

BRIEFING NOTE: AGE UK, NORTHANTS

1 INTRODUCTION

- 1.1 Following on from the last meeting, Mr Duff, Chief Executive, Age UK Northamptonshire, has provided details of the meeting that he had recently with the Director of Adult Social Care, Director of Public Health, Age UK Northants, Northamptonshire Carers and Voluntary Impact Northampton.

2 MEETING

- 2.1 The meeting took place on Tuesday 29 January 2019.
- 2.2 The meeting was positive with the clear intention, expressed by the Director of Adult Social Care that they intended to consult and work closely with the Voluntary Sector in Northamptonshire. She confirmed that there was the potential for organisations like Age UK Northamptonshire to support the Council agenda and delivery directly.
- 2.3 A number of suggestions were made by Age UK Northamptonshire representing the Voluntary Sector about where support could be provided, including: frailty, care assessments and the safeguarding list. The Council promised to communicate a timescale for consultation with us on how we could work together. The expectation was this would be done shortly.



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”

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”

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”

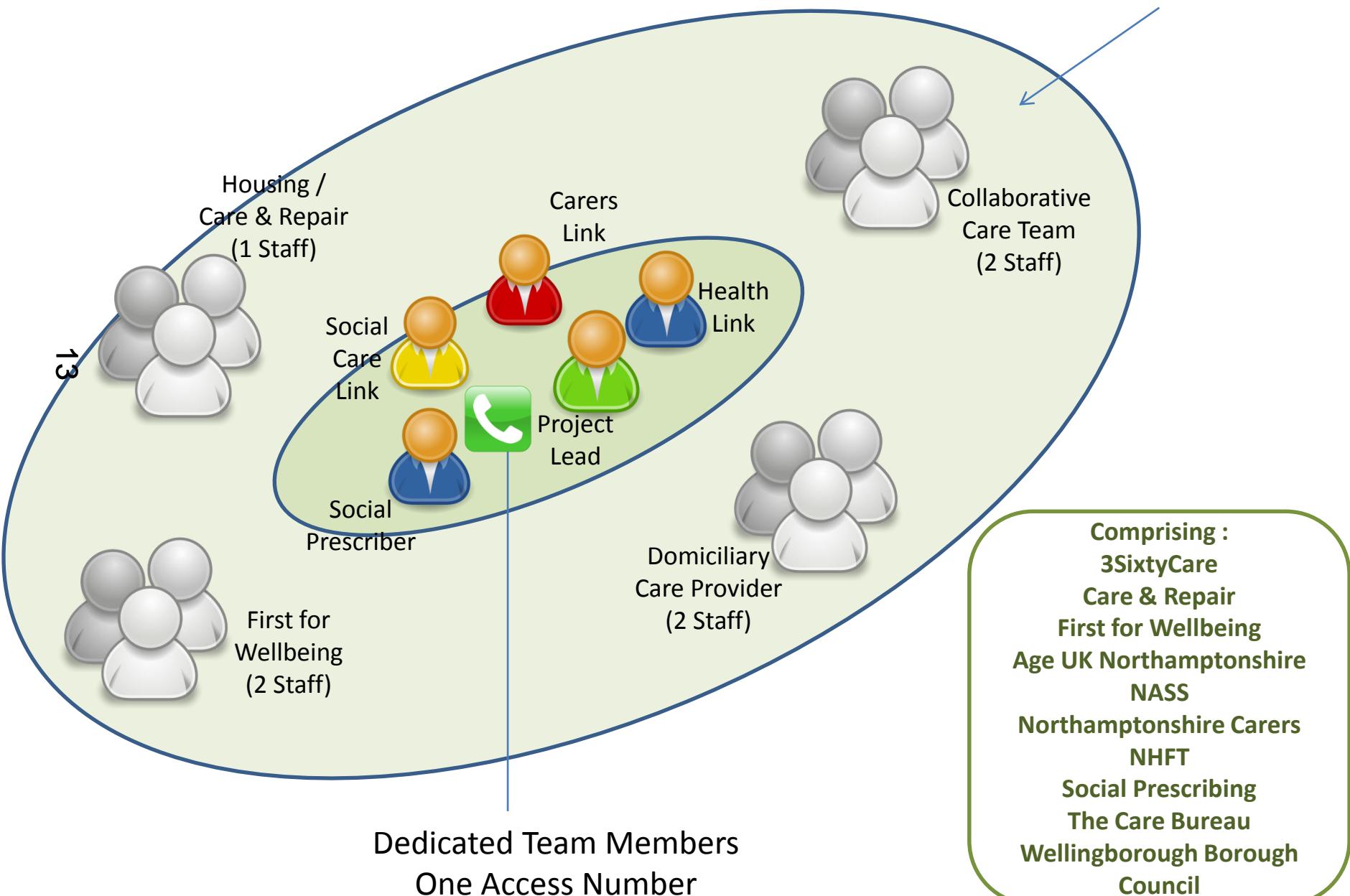
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“...moving towards an assets based approach to supporting people....conversations about people’s care and support needs that are led by their personal ambitions and build on the personal and community resources available to them”

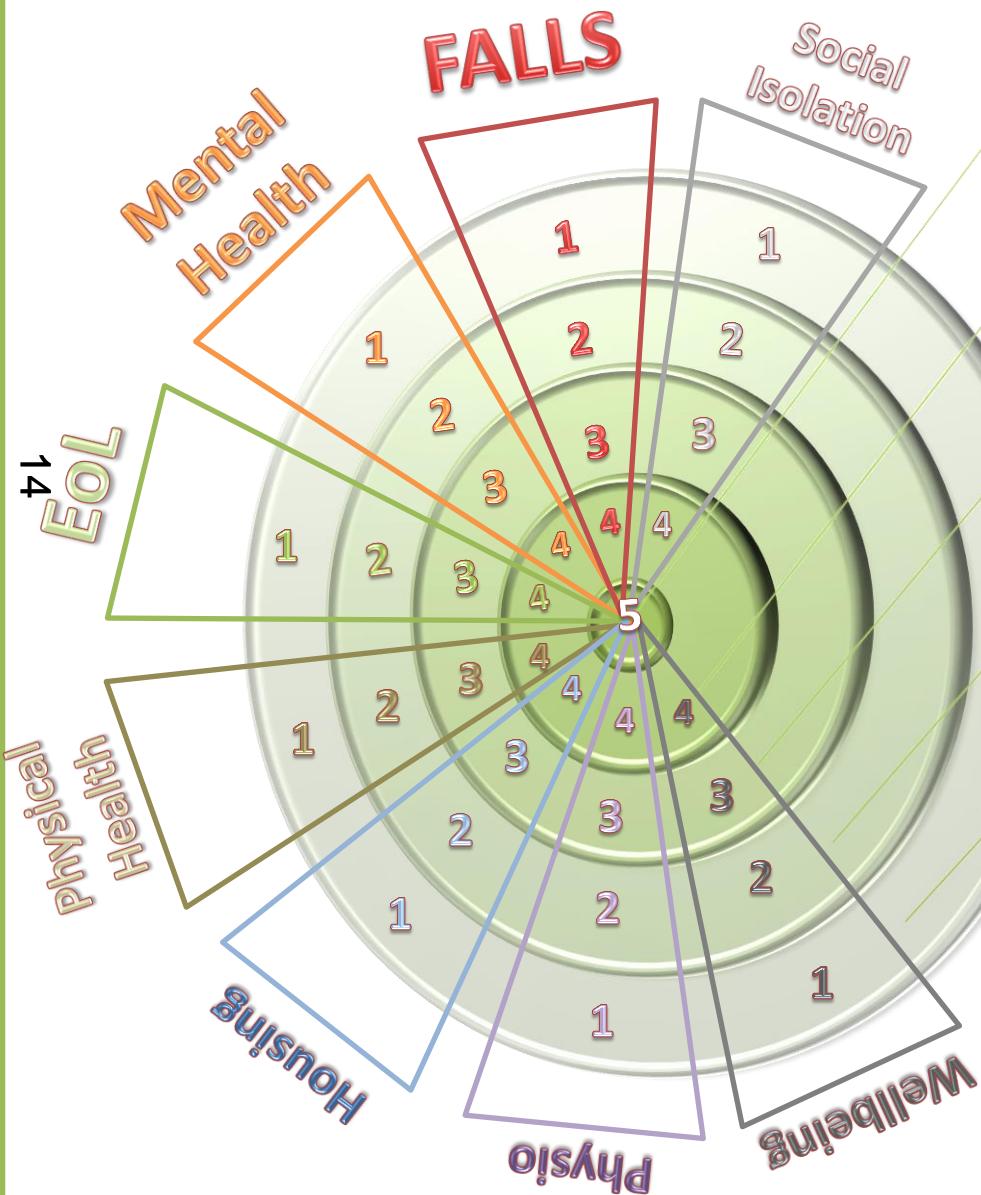
“Information is not always available in the right place at the right time, this leads to delays, people having to tell their story multiple times and a risk-averse approach to decision-making”

Result : Creation of Our 'Age Well' Place Team

Virtual Team Members



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 occurring	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 Provision 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 Primicare Services Bereavement support for carers / family	Access to community beds for symptom management / respite Support from Rapid Response Service to manage crisis / escalations at home Primicare 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 adaption 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			

How the Place Team Delivers

Social Prescribing Opportunities

Age UK Support
During KGH
Hospital Journey

Daily Info on
Hospital attendees
received from KGH

16

Core team
check for
existing
input

New

A&E
Attend

Potential Mild
Frailty
First for Wellbeing
engage

Existing

Review
Visit

First
Admission

Potential Moderate
Frailty
Home Visit

Warm support to
access existing local
provision
Coaching
Befriending

Identification
of unmet
need /
provision gap

Creation of new
solutions /
community asset
clinics

Age UK Follow-
Up Call within
two weeks

Care Plan Developed
& saved to
Systmone Shared
Access

Escalation access to
Intermediate Care
Crisis Response

12@12 Huddle
Peer Planning
MDT reviews
(GP Skype)

Weekend
Drop-In Support
Clinics

Team Delivery

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

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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 ?

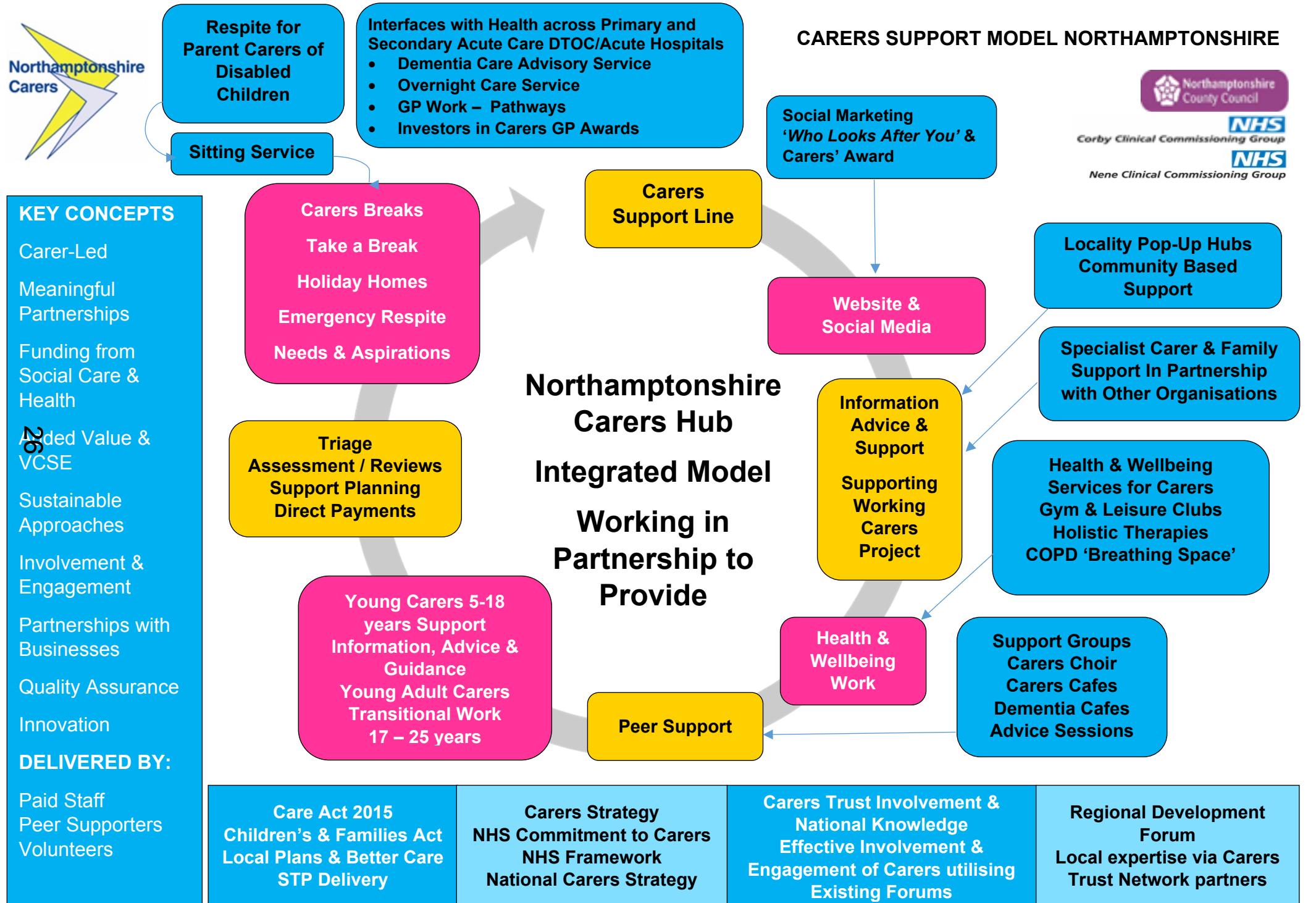
- Add patient example from Derry, Betsy et al – the London Carer

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?



Northamptonshire Carers Twenty / Twenty Service Offer

