

Ms Tracy Tiff
Scrutiny Officer
Northampton Borough Council
Guildhall
St. Giles Square
NORTHAMPTON
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5 December 2018

Re. Scrutiny Panel 4 - Adult Social Care Facilities

Dear Cllr Smith,

Thank you for inviting us to contribute to your review of adult social care facilities and demand to inform Unitary Council plans. Apologies for the late response, the invitation to respond was not sent to us until after the initial deadline had passed.

Healthwatch Northamptonshire (HWN) is the county's independent, statutory, consumer champion for health and social care. Our central role is to be a voice for local people to influence better health and wellbeing and improve the quality of services to meet people's needs. To do this we engage with the public to gather feedback on services and issues and signpost them as necessary. This involves us visiting local services and talking to people about their views and experiences. We share our reports and findings with the local NHS and social care providers and commissions, and the Care Quality Commission (CQC), with recommendations for improvement, where required. We also sit on the Health and Wellbeing Board and are part for the Collaborative Stakeholder Forum that feeds into the Northamptonshire Health and Care Partnership (NHCP) Board.

We have the following rights and responsibilities:

- We have the power to monitor (known as “Enter and View”) health and social care services (with one or two exceptions). Our primary purpose is to find out what patients, service users, carers and the wider public think of health and social care services.
- We report our findings of local views and experiences to health and social care decision makers and make the case for improved services where we find there is a need for improvement.
- We strive to be a strong and powerful voice for local people, to influence how services are planned, organised and delivered.
- We aim to be an effective voice rooted in the community. To be that voice, we find out what local people think about health and social care. We research patient, user and carer opinions using lots of different ways of

- finding out views and experiences. We do this to give local people a voice. We provide information and advice about health and social care services.
- Where we do not feel the views and voices of Healthwatch Northamptonshire and the people who we strive to speak on behalf of, are being heard, we have the option to escalate our concerns and report our evidence to national organisations including Healthwatch England, NHS England and the Care Quality Commission.

Most of the core questions for this review do not apply to us but we have responded where possible below:

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

This is not applicable to HWN but we believe it is important that adult social care needs and arrangements and children's services are considered at a county-wide level given that strategic planning of health, police and some other services provided by wellbeing partners (such as the Police, Fire and Rescue, and Ambulance services) is done at county level.

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

We believe it is important that partnership working takes place between 'Health' (NHS providers and commissioners) and 'Care' (social care providers and commissioners) across the whole county and extends to partnership working with wider health and wellbeing partners (such as the Police, Fire and Rescue, and Ambulance services) and the voluntary sector. This should include joint commissioning between health and care and support for the voluntary sector. The Northamptonshire Health and Care Partnership (NHCP) has shown vision and a desire to work in this way and we will continue to support and encourage integrated working through the NHCP Collaborative Stakeholder Forum. The voluntary sector provides valuable and innovative services and support to individuals, not always supported by statutory health and care services. The voluntary sector in Northamptonshire has been subject to funding cuts in recent years; it is important that the sector is properly resourced to provide support as part of an integrated health and wellbeing sector.

The CQC Local System Review highlighted the need for better partnership and integrated working across the county, particularly when it comes to ensuring timely and appropriate discharge of patients from hospital. We support the action plan devised as a result of this review, particularly engagement with people about what they want from health and social care partners when they are admitted to hospital and how they want to be involved in their care and discharge planning.

3. How will funding be apportioned?

This is not applicable to HWN.

4. How will you sort the Shaw PFI contract?

This is not applicable to HWN but we are aware that NCC have been working to make best use of the beds provided as part of the Shaw contract.

5. How will Safeguarding principles be better applied?

All HWN staff and volunteers receive safeguarding training so we can refer issues to the council's safeguarding team as issues arise.

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

We carry out Enter and View visits to care/nursing homes as part of our statutory role. All these homes are in receipt of public funding as well as private funding, visiting purely privately-funded homes is beyond our remit. We share our findings with the care homes, commissioners and CQC and publish our reports at:

<http://www.healthwatchnorthamptonshire.co.uk/enter-and-view>

We attend care home information sharing meetings with NCC, CCG and CQC quality monitors and inspectors to ensure information is shared and that we are aware of the monitoring of care/nursing homes taking place.

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

We are aware of the joint housing officer between Kettering Borough Council and Kettering General Hospital and believe this is beneficial to ensuring people are discharged with the right support to prevent future re-admissions.

There is a clear need for more effective partnership working between health and care services and local housing authorities and providers to meet the needs of the ageing population and the increasing number of younger adults with disabilities.

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

Whilst we do not have specific evidence of groups not accessing Adult Social Care Facilities, we are aware of incidences where hospital patients or their relatives have felt pressurised to find a care home bed quickly so as not to delay discharge further. They do not always feel well supported in this and sometimes there are delays due to funding disagreements between 'care' (NCC) 'health' (CCG) or the family. In some cases the families do not feel they have sufficient choice of care homes and can themselves delay discharge by having expectations (such as a home near to where they live) that cannot be met. More support and integrated teams so that the family only has to deal with one person/organisation could help. We also heard earlier in 2018 of a large backlog of outstanding social care assessments (especially community assessments, but also hospital assessments). We were told by NCC that system work was in place to improve this.

We are similarly aware that there can be a fluctuating amount of domiciliary care available across the county and that providers can struggle to meet their contracts, resulting in carers not turning up or shortened visits. Obviously this could have a worse impact on those living on their own or isolated without the support of family, etc.

HWN is also concerned about the impact of support services and support workers being cut, particularly on vulnerable people and carers (non-professional), such as those with physical or learning disabilities. For examples, the proposed cuts to support services for Deaf/hearing impaired and Blind/visually impaired people would lessen the support they can give to help these people access health and care services.

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

Integrated working, particularly between social services, health, GP practices and Police/Fire and Rescue, and co-ordinated, person-centred care. Joined up teams could share training and resources so they are more aware of what each other does and which referral routes are open to them.

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

This is not applicable to HWN

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

There are many examples of partnership working that are a step in the right direction. For example, the Adult Risk Management protocol can be referred to by a number of county agencies to join up support and interventions for adults at risk to themselves but deemed to have decision-making capacity. This was highlighted at the recent Northamptonshire Adult Safeguarding Board Conference and I suggest you ask them to contribute to this review.

The plans for countywide social prescribing as part for the NHCP have the potential to improve the support for a wide range of patients and make good use of the voluntary sector, if it is well implemented.

The joined up Intermediate Care teams between NHFT and NCC is a positive partnership focusing on frail elderly people and seeking to avoid admissions to hospital by investing more in services delivered in the community.

Age UK's Personalised Integrated Care service in Northampton is an innovative way of supporting over 65s with long term conditions and/or are isolated to achieve their desired outcomes, link in with other services, and reduce hospital attendance. GPs can refer patients to this scheme.

You may want to ask Voluntary Impact Northamptonshire to contribute to this review about innovative ways of working from the voluntary sector.

The comments above have been limited to developments with Northamptonshire. It is equally important for managers and planners to look beyond the county borders to learn from good practice elsewhere. We hope to contribute to this through an event in late spring of 2019 which is being jointly planned with key partners.

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

All the examples highlighted above are focussed on prevention, particularly preventing hospital admissions and re-admissions. We feel it is important that such cross-county collaborations continue.

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

This is not applicable to HWN but we support the integrated working this will involve.

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

The following HWN reports and responses to NCC consultations may be of interest to you:

Discharge from hospital and follow up support, December 2017

Summary:

Discharge delays can create problems for hospitals, such as a lack of beds for incoming patients, and cause issues for older patients in particular. Conversely, discharging people too early or without the correct support in place can lead to them being readmitted to hospital. Healthwatch Northamptonshire sought to find out the experiences of patients being discharged from the two general hospitals in Northamptonshire - Kettering General Hospital (KGH) and Northampton General Hospital (NGH). We heard directly from patients about their experiences and views of the discharge process.

Over a three week period in November/December 2016 we spoke with 89 people in hospital on the day they were being discharged. Some were waiting to be discharged from the discharge lounge and others directly from one of the hospital wards. Nearly half of the patients we spoke to were aged 75 or older. We were able to speak to nine of these patients again to find out more about their post-hospital experiences. All the people who talked to us about their post-discharge period were generally happy with the support and advice they had received, however, some did not know what to expect, lacked information or felt under-supported.

In general, the patients we spoke with were very aware of how busy the local hospitals were and appreciative of the care and support received. However, the experiences of patients did highlight some areas for improvement or review. Read the report to find out our suggestions and recommendations and read responses from the hospitals:

http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/discharge_report_final_dec_2017.pdf

Domiciliary Care Lay Monitoring Project Phase 2: November 2014 - March 2015
Summary:

Healthwatch Northamptonshire (HWN) found out what people who use domiciliary care and their families thought about the quality of this essential service.

Domiciliary care (home care) is received by approximately 4,500 people across Northamptonshire from paid care workers who provide assistance with washing and dressing, meals and help with taking medicines. Of this total number, 2,614 people accessed their support via Northamptonshire County Council Adult Social Care and an estimated 1,886 people purchased a service independently.

Summary report -

http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/dom_care_summary_phase_2_2015rn_19_june_2015.pdf

Full report -

http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/dom_care_report_phase_2_aug_2015.pdf

Domiciliary Care Lay Monitoring Pilot Project (Phase 1), September 2014
Summary:

A growing number of older people, people with disabilities and long term conditions are supported to live at home and receive help with personal care and day to day living tasks. This kind of support is usually called domiciliary care or home care. Numbers are set to continue increasing as the numbers of older people rise and national and local policy has set out a clear vision that people should be supported to live as independently as possible in their own homes for as long as possible, with a reduction in admissions to hospital and to care homes.

Healthwatch Northamptonshire has been working in partnership with Northamptonshire County Council on a pilot project to monitor the quality of home (domiciliary) care services. Phase 1 of the pilot involved Healthwatch Volunteers hearing from users and informal carers/family members, who use two local care agencies to find out their views of the services they received. We have called for major improvements to the way services are planned and delivered to ensure that home care services genuinely meet the needs of people who use services.

Summary report -

http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/dom_care_summary_.pdf

Full report -

http://www.healthwatchnorthamptonshire.co.uk/sites/default/files/dom_care_mon_pilot_report_final_24_09_14.pdf

Response to NCC Utilising Block Residential Care Contracts consultation, January 2017 - see attached.



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Care Contracts res to

Response to NCC Paying for Care and Support in Your Own Home consultation, January 2017 - see attached.



Paying for Care
Support in Your Own

Response to NCC New Delivery Vehicle for Services to Vulnerable and Eligible Adults and their Carers consultation, February 2017 - see attached.



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Yours sincerely,

Dr David N Jones
Chair
Healthwatch Northamptonshire