

30 January 2017

Engagement, Participation and Involvement Team, Northamptonshire County Council, Room 129, County Hall, PO Box 177, Northampton, NN1 1AY

Dear Sir or Madam,

Re: Consultation on Utilising Block Residential Care Contracts

Healthwatch Northamptonshire acknowledges the reason for the proposed change of use of the three Shaw Trust Care Homes, to provide more long term support for older people and those with specialist needs, such as dementia, including respite care and short stay. Given the current under bed occupancy, it is clear there is also the need to ensure best use, as well as value for money, from the current long term contracts.

It is noted that these homes will be offered as a first choice to service users who are assessed as eligible for social care. We are aware of the following concerns about the proposals:

- It is not clear whether those who fully or partly fund their placements will continue to be able to access these specialist facilities.
- There is a fear the new arrangements will result in a system which does not give people who are publicly funded the choice about where they go.
- Carers are particularly concerned about this, as it could make visiting their loved one much more difficult particularly if they have to use public transport and the rural nature of the county.

We would like an assurance that the reduced number of short term beds will not be detrimental to those people who need short-term specialist rehabilitation and reablement following an episode in hospital, or those who are still living at home with a long term condition and require such short-term support to enable them to regain confidence, strength and mobility after a period of illness. It is important the mix of long and short term beds matches needs.

There are also concerns that the reduction in short-term beds will result in the growing number of carers across the county, many of whom are also elderly and have their own health problems, not having access to respite breaks as often as

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they need. This could lead to the permanent breakdown of caring situations and more demand on formal support services.

What consultation has there been with carers and carers' organisations to ascertain both current and future level of need for respite care? Will the new proposals for the Shaw Trust Homes include respite provision?

Finally, we would urge an integrated approach to the issue of both long term and short term residential places, in line with the principles of the Sustainable Transformation Plan. By working collaboratively with health partners, the community and voluntary sector and, of course, involving users and carers, needs will be more appropriately met and better value achieved.

Yours sincerely,

William Pope Chair Healthwatch Northamptonshire Teresa Dobson (Interim Chair from 1st April 2017)