Northamptonshire County Council

Ms Tracy Tiff
Scrutiny Officer
Northampton Borough Council
Guildhall
St. Giles Square
Northampton
NN1 1DE

5th December 2018

Dear Tracy

Re: Scrutiny Panel – Adult Social Care Facilities

Thank you for the opportunity to contribute to your review of adult social care facilities and planning for the future needs of older people. Anna Earnshaw, my Director of Adult Social Care colleague has, I understand, previously provided information as have our colleagues in NHFT. I will therefore focus on the core questions posed as relevant to a public health response.

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

Public health will be supporting our partners in Northamptonshire Adult Social Services (NASS) and across NCC, the Northamptonshire Health and Care Partnership (NHCP) and wider organisations with data to inform service planning, provision and commissioning regarding need and demand. This is an intelligence role we currently deliver.

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

As NHCP stakeholders, public health are working with our provider organisation partners to support an integrated approach to health and social care. We know integration is essential to meet the needs of older people who often have co-morbidities that require joint health and social care management. There is considerable evidence that this joined up approach is not only the best model of care for the service user, but is cost effective and improves outcomes.

Public health is supporting this work, for example, through the development of a new frailty service, on-going falls prevention investment, the commissioning of services to support people with complex substance misuse needs and leading the implementation of social prescription across the county.

Northamptonshire County Council
Public Health
One Angel Square
Angel Street
Northampton NN1 1ED

t: 01604 361500 (PH Main Office)
e: lwightman@northamptonshire.gov.uk

Northamptonshire County Council

I understand that Angela Hillary from NHFT and Anna Earnshaw have both responded with other examples.

3 How will funding be apportioned?

I refer to the answer to question 1 and reiterate the fact that funding needs to be apportioned according to need. I understand Anna Earnshaw has provided other information on this to you already.

4 How will you sort the Shaw PFI contract?

Public health, as a directorate of NCC, is supporting the work that is being undertaken to address the Shaw Healthcare contract position. Anna Earnshaw will have advised you of the actions that are being taken.

5 How will Safeguarding principles be better applied?

Through our partnership with NHCP organisations, public health are committed to ensuring that we all strive for continuous improvement through shared information and integration as a place-based system that works effectively together to safeguard our vulnerable adults and young people.
Through our role as commissioners, public health includes the requirement that safeguarding referral and staff to be appropriately trained are standard in contracts and monitoring arrangements.

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

Public health has contractual relationships as commissioners for services that support vulnerable people, for example those people in drug and alcohol recovery, homelessness support and is a commissioner of services provided at Oasis House. In addition we have commissioned training for carers of people in long term care; for example mobility, falls prevention and dental health.

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

There are a number of examples across the country that focus on specific groups of people dependent on their level of care need and any associated risk/ health needs.

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

There are vulnerable marginalised groups that are not accessing adult social care in the broadest remit – for example people with mental health needs, especially younger adults, including ex-armed force personnel, sex workers, and those with substance misuse social care needs. The reasons for this are not fully understood.

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

Integrated roles of health and social care workers that reduce duplication and ensure professionals are trained to look at the wider need of service users, rather than focus on a silo of health or social care will help. Caseload size and access to training and supervision are enablers of higher quality care, and assured responsiveness to escalation of concerns. Workplace health is also a priority for

public health and we are currently part of a county-wide group that looks at workplace health issues and provides strategic direction relating to intervention and improvement.

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 Public Health.

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

Examples already in place are Age Well Wellingborough, identifying what is being achieved through that project and delivering it at scale across the county would improve wellbeing.
Greater access to technology to support safe independent living, such as telemedicine, wearable devices that allow people to remain in their own home. Improved transition planning for those service users with life-long complex needs that focuses on independent living through an asset based assessment. The new social prescribing programme is also reviewing the evidence to identify programme of work we may wish to adopt in Northamptonshire to improve population health outcomes.

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

Prevention starts from childhood and evidence shows that the risk of poor health and need for long term health and social care is linked to birth and childhood conditions and experiences, such as the income of your parents and level of deprivation, education opportunities and attainment, access to healthy food and physical activity and stability in your immediate environment and exposure to adverse events.

Evidence states that health and wellbeing is impacted more greatly by the wider determinants of health compared to access to health services, and if we get meaningful understanding and action on prevention, this is a considerable spend to save investment for the quality of an individual's life and finite statutory service resources.

Therefore greater focus on these wider determinants needs to be in place; family income, stable housing, good quality schooling, a safe and stable environment al allow an individual to maximise life opportunities, increase social mobility chances and subsequently have a greater quality of independent life.

Prevention and early intervention is key and needs to be the means underlying the long term sustainability of services. This approach is known to reduce the risk of avoidable poor health and wellbeing, and even for those people who require health and social care, recognition that early identification of a deterioration in health is key. Furthermore, access to effective primary and community care, home safety, good diet, access to exercise, community engagement and inclusion, and medical interventions such as health screening and immunisation all contribute to a healthier life.

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

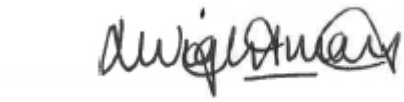
Healthy communities require good transport links across the geographical patch, whether that is access to concessionary travel, easy access routes to shopping, health care settings, or to parks and outdoor walks, (and organised walks to encourage socialising) and cycle paths that lead to places people want to access. This allows healthy behaviour to be established early, so that independent travel, especially walking and cycling are the norm, rather than reliance on cars and provided transport. For those who do require cars though due to disability, accessible parking that encourages people to leave their homes is important. This is an area where there needs to be more awareness of the impact on positive public health and more effective town and community planning that appreciates health and wellbeing outcomes. Public health are currently developing a programme of work with the Place directorate within NCC to join up thinking on these issues.

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

Our view is that promoting independence from an early age, supported by a societal infrastructure which is safe and life enhancing, is the best approach. Healthy area planning is central to reducing avoidable poor health and wellbeing – prevention is better and has greater value, than cure across the lifecourse. This is the only sustainable model of care from a financial perspective too. When care is required, we need to recognise those people who do not access traditional health and social care and understand the reason why they don't and make help more accessible.

I hope this information is useful. If you require any additional information please contact me directly.

Yours sincerely



Lucy Wightman
Director of Public Health