

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
- Ethnic 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 prescribing. 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
8.1.2019