



NORTHAMPTON
BOROUGH COUNCIL

OVERVIEW AND SCRUTINY

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.