

Key learning

- Coproduction enabled a holistic understanding of people's challenges.
- Voluntary organisations, community groups and the ICB working closely through a system-wide approach created a joining-up of what is possible and positive for people in their local communities.

Who was involved

Through a series of Coproduction events, older people, their Carers and numerous voluntary organisations and community groups came together, including Northamptonshire Black Communities Together, Northamptonshire Carers, Age UK Northamptonshire, The Alzheimer's Society, and SERVE working alongside Northamptonshire ICB, Northamptonshire Healthcare Foundation Trust, West Northants Council, North Northants Council and the county's Primary Care Networks (PCNs). A PAG (People Advisory Group) was established and included experts by experience, Carers, patients, and people with experience of local services.

Project Summary

The programme is countywide with multiple work streams and stakeholders of statutory and voluntary sector staff at PCN Levels and community asset groups that holistically offer better community-based support for older people and their Carers. Coproduction enabled effective partnership working which better integrated services, partnerships and technology to support the launch of a sustainable Ageing Well Programme.

The challenges and solutions

From discussions, key themes emerged:

1. People kept having to tell their stories as they were referred to multiple professionals and/or services.
2. People felt there was little time to be listened to by professionals.
3. Transport or support was needed to make the journey for activities and appointments; cost could also be a barrier for some people.
4. Those working in health and social care services wanted to make more meaningful, person-centred solutions.

Seeing these themes clearly, streamlined a new way of working to be developed, underpinned by an alliance to shared aims across the Northamptonshire health and social care partners:

- Asking 'what matters most to people' and 'what does good look like'
- Maintaining Independence
- Improving Well-being

This established a more joined-up way of working across the county's PCNs and created a more person-led approach to ageing well, achieved through extended regular online or in person GP-led reviews and a dedicated Project Lead in each of the PCNs. Assessments were completed without feeling formal, and a meaningful care plan was put in place, accessible for all partners, and made the best use of urgent community response teams and services when needed. Services also include Long Term Health Condition Community Asset Groups and Dementia Hubs, Virtual wards, and Remote monitoring MDT access at PCN level, equipment access and a Countywide befriending service.

The Outcome

A holistic, flexible system-wide approach to living and ageing well was created:

- Staff were able to sort issues concerning travel and mobility quickly.
- Staff were trained in facilitating conversations about end-of-life wishes; this provided reassurance and enabled people to focus on living well.
- Peer support groups were matched with people's needs and interests - improving a sense of connection in their community. Through these groups, people could also spend more time with friends and loved ones.
- Unpaid Carers could connect and support each other via groups and networks.
- Remote health monitoring meant people could manage their long-term health conditions better and maintain their independence in their homes and continue engaging in their communities and attending events.

Currently, the PAG is completing coproduction work on two key Transformation areas/programmes:

1. Ageing Well
2. Urgent Elective Care Transformation

And supporting the development of:

- The local Dementia Strategy
- The local Carers Strategy
- Community Diagnostic Centre specs and Delivery

Learn more from the film below about the countywide Ageing Well Programme helping older people live well in their communities.

