NICE National Institute for Health and Care Excellence

Tailored resource: The named care coordinator role from the perspective of older people

Audit and service improvement

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'Just one person': the named care coordinator role from the perspective of older people

Introduction

This resource will help you implement the recommendations about the named care coordinator role in NICE's guideline on older people with social care needs and multiple long-term conditions. Drawing on the discussions from 3 focus groups facilitated by Age UK Sutton, which comprised older people living in their own homes and in a care home, it presents the views and expectations that older people have of this role. It also includes some case studies that they consider to be good examples. It is particularly relevant to managers and commissioners in local authorities and the NHS. It can be used to help develop a new named care coordinator role or review an existing one. Where appropriate, links have been made to specific recommendations from the guideline.

Key messages

- The guideline recommends that older people with social care needs and multiple long-term conditions have a 'single, named care coordinator who acts as their first point of contact'.
- Several different coordinator roles exist in health and social care, including advisors, navigators and pathway coordinators. Many of these do not deliver the type of support described in this guideline.
- The older people consulted believe that having 1 person who is the main contact and knows about all your needs will help older people with multiple long-term conditions find their way through the health and social care system.
- They emphasised the importance of the person sharing information and advice, and working in partnership.

- They hope that a relationship with a named care coordinator will change the experience of older people with social care needs and multiple long-term conditions, who too often feel "*There is no-one there*" (focus group participant).

Guideline recommendations for the named care coordinator role

The guideline explains that despite the recent policy emphasis on integrated health and social care, some older people with social care needs and multiple long-term conditions still find they are treated as a 'collection of conditions or symptoms, rather than as a whole person'. And it emphasises that people want 'joined-up, coordinated services'. The recommendations around the named care coordinator role are one way of responding to that and cover the following areas:

Recommendation	Purpose
1.2.1	Outlines the broad scope of the named care coordinator role
1.5.12	Provides detail of specific activities to be undertaken by the named care coordinator
1.5.2	Emphasises the importance of reviewing what information people need
1.4.3 1.4.4	Describes the role of the named care coordinator in response to needs that health and social care cannot meet
1.5.8	Highlights the need for the named care coordinator to be informed of any issues relating to medication

Many other recommendations are relevant to named care coordinators, but are not exclusive to their role and may be undertaken by others.

This resource reflects the perspective of older people, who used these recommendations to guide their conversations about the named care coordinator role.

Named care coordinator: the person

A person who is able to form good relationships and can easily create a rapport

Having the right person as your named care coordinator was identified by the focus group participants as the single most important factor. In their discussions they emphasised the difference that a good relationship between the person and their named care coordinator could make – people using health and social care services would feel understood, supported and empowered. They talked about the importance of having 'a heart for the job' and being both a team player and a leader. They suggested a number of personal characteristics that they believe to be fundamental to this role:

- Patience
- Empathy
- Sense of humour
- Sound judgement
- An open mind
- Flexibility
- Tact

The discussions also provided a clear picture of what the participants would value in a named care coordinator:

- A good listener and an effective advocate
- The ability to establish trust and build confidence
- An understanding of the importance of face to face contact and keeping in touch
- Respect for the full history of each individual

- The ability to work well with others
- Status and authority, and the ability to make changes
- Recognition of the importance of equality and diversity.

People living in a care home felt the role would be particularly valuable to them in terms of providing a voice, influencing and advising other staff, and maintaining their dignity. They emphasised the importance of the person having high standards, compassion and kindness.

"The role would be of great benefit to those of us who do not have a next of kin".

Named care coordinator: the role

An experienced and knowledgeable person, who can communicate and navigate within a complex system of care and support

The older people who took part in the focus groups welcomed the recommendations around the named care coordinator role but felt that is a very challenging one, with many different functions. They thought about what the role should cover, if it is to make a real difference to their lives, and suggested 3 main areas.

Preventative care and support

People felt that the named care coordinator had a crucial role to play in helping individuals stay as well as possible. They emphasised the importance of looking beyond the list of conditions to see the whole person, and of identifying and making use of the person's own network of support. This includes valuing the expertise of the next of kin, carer or friend. The participants also identified several things the named care coordinator could do to help keep the person well and avoid unnecessary hospital admissions:

- Support the carer, and recognise their own needs and health conditions (see recommendation 1.1.4; section 1.3).
- Understand health conditions and when symptoms need investigating (see recommendation 1.7.2).
- Notice changes and act upon them to help avoid crises (see recommendation 1.7.2).
- Share knowledge of health conditions and medication to enable self-management of long-term conditions and control over your own life (see recommendations 1.2.5–7, 1.2.11, 1.5.10–12).
- Understand the impact of loneliness and isolation (see recommendations 1.6.1–4).
- Enable change, balancing different opinions in the best interests of the person, and presenting the options available.

- Understand the Mental Capacity Act, judgements about capacity and best interests decisions.

Planning and recording

The focus group participants highlighted care planning as a key aspect of the named care coordinator role, but emphasised that the care plan must be owned by the person. They suggested the following steps would help with this:

- Develop all care plans in partnership with the person and their carer (see recommendations 1.2.2; 1.2.4–5, 1.2.9).
- Ensure the person knows the plan for their care and support, signs their agreement and receives a copy (see recommendations 1.2.3).
- Make sure other team members are aware of and understand the care plan (see recommendations 1.2.1, 1.2.8).

They also wanted to see the idea of forward planning taken further, and felt that the named care coordinator would be well placed to talk through some of the changes and crises that might occur and help the person to plan what they would want to happen in each situation. This would include advance planning for end of life care.

Working in partnership

Participants said that the ability of the named care coordinator to form effective working relationships with others in the health and social care system is absolutely crucial. They suggested that a helpful starting point for this is to take the time to communicate the role to other professionals, and to understand the role of others. This will help build influence and enable them to provide more effective support. Relationships with GPs, practice nurses, practice managers and pharmacists were felt to be particularly important. Participants also emphasised that a named care coordinator needs:

- Good knowledge of other services and professionals and how to contact them, including specialist care that may be out of the area (see recommendations 1.1.2, 1.2.1, 1.5.12).
- Thorough knowledge of the local system and support services available from health, social care and the voluntary sector (see recommendations 1.1.3, 1.5.4–5, 1.5.11, 1.6.4).

- Good relationships with carers and providers, and a willingness to offer advice and guidance (see recommendations 1.1.4, 1.3.4).

Named care coordinator: the service

Part of a service that is clear about who will get this support, and which helps deliver stability and continuity

The people we talked to felt that for the named care coordinator role to be successful, it needs to be part of a service that understands its contribution and the difference it can make to older people with social care needs and multiple long-term conditions. They identified the following actions as important for the service:

- Start with a holistic assessment and use it to select the right named care coordinator from the right service (see recommendations 1.1.3, 1.2.1).
- Provide information about the named care coordinator role and responsibilities to the people who are using the service.
- Share information about the long-term conditions and situations that are likely to make people eligible for the service.
- Make sure there is 1 point of contact for the named care coordinator, with a dedicated telephone number that will always reach someone who can help (see recommendation 1.5.12).
- Make sure support is available out of hours, and that there is a back-up plan for when the named care coordinator is not available (see recommendation 1.5.12).
- Have clear protocols for recording information, care planning and respecting confidentiality that take account of the different systems within health and social care.
- Ensure there are good links between the named care coordinator and a multidisciplinary team for advice and support, training and practice development.

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