



Adult Social Care and Health Overview and Scrutiny Committee

A meeting of the Adult Social Care and Health Overview and Scrutiny Committee will be held at the Council Chamber, The Forum, Moat Lane, Towcester, NN12 6AD on Wednesday 17 January 2024 at 6.00 pm

Agenda

1.	Apologies for Absence and Notification of Substitute Members
2.	Declarations of Interest Members are asked to declare any interest and the nature of that interest which they may have in any of the items under consideration at this meeting.
3.	Minutes (Pages 5 - 12) To confirm the Minutes of the meeting of the Committee held on 14 September 2023.
4.	Chair's Announcements To receive communications from the Chair.
5.	Adult social care performance against key performance indicators (Pages 13 - 46) The Committee to consider the perspective of the Cabinet Member for Adult Care, Wellbeing and Health Integration on West Northamptonshire Council's current performance against KPIs, challenges faced and responses.
6.	Public Health Grant (Pages 47 - 52) The Committee to consider an overview of the use of the Public Health Grant in West Northamptonshire.

7.	<p>Individual debt and health and wellbeing (Pages 53 - 64)</p> <p>The Committee to consider an overview of Council Tax and West Northamptonshire Council's approaches to collection and recovery, in the context of the Anti-Poverty Strategy.</p>
8.	<p>Review of Committee Work Programme (Pages 65 - 70)</p> <p>a) To review and note the Committee Work Programme for 2023/24. b) To respond to a scrutiny review proposal concerning a matter within the remit of the Committee.</p>
9.	<p>Urgent Business</p> <p>The Chair to advise whether they have agreed to any items of urgent business being admitted to the agenda.</p>
10.	<p>Exclusion of Press and Public</p> <p>Exempt Items In respect of the following items the Chair may move the resolution set out below, on the grounds that if the public were present it would be likely that exempt information (information regarded as private for the purposes of the Local Government Act 1972) would be disclosed to them: The Committee is requested to resolve: "That under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following item(s) of business on the grounds that if the public were present it would be likely that exempt information under Part 1 of Schedule 12A to the Act of the descriptions against each item would be disclosed to them"</p>

Catherine Whitehead
Proper Officer
9 January 2024

Adult Social Care and Health Overview and Scrutiny Committee Members:

Councillor Rosie Herring (Chair)	Councillor Nick Sturges-Alex (Vice-Chair)
Councillor Rufia Ashraf	Councillor Phil Bignell
Councillor Raymond Connolly	Councillor Julie Davenport
Councillor Greg Lunn	Councillor Wendy Randall
Councillor Emma Roberts	Councillor Anna King
Councillor Brian Sargeant	

Information about this Agenda

Apologies for Absence

Apologies for absence and the appointment of substitute Members should be notified to democraticservices@westnorthants.gov.uk prior to the start of the meeting.

Declarations of Interest

Members are asked to declare interests at item 2 on the agenda or if arriving after the start of the meeting, at the start of the relevant agenda item

Local Government and Finance Act 1992 – Budget Setting, Contracts & Supplementary Estimates

Members are reminded that any member who is two months in arrears with Council Tax must declare that fact and may speak but not vote on any decision which involves budget setting, extending or agreeing contracts or incurring expenditure not provided for in the agreed budget for a given year and could affect calculations on the level of Council Tax.

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Queries Regarding this Agenda

If you have any queries about this agenda please contact James Edmunds / Maisie McInnes, Democratic Services via the following:

Tel: 07500 605276 / 07391411365

Email: democraticservices@westnorthants.gov.uk

Or by writing to:

West Northamptonshire Council
One Angel Square
Angel Street
Northampton
NN1 1ED

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Adult Social Care and Health Overview and Scrutiny Committee

Minutes of a meeting of the Adult Social Care and Health Overview and Scrutiny Committee held at The Guildhall, St Giles Street, Northampton, NN1 1DE on Thursday 14 September 2023 at 6.00 pm.

Present:

Councillor Rosie Herring (Chair)
 Councillor Nick Sturges-Alex (Vice-Chair)
 Councillor Phil Bignell
 Councillor Greg Lunn
 Councillor Wendy Randall
 Councillor Emma Roberts

Also Present:

Councillor Matt Golby, Cabinet Member for Adult Care, Wellbeing and Health Integration
 Councillor Jonathan Harris
 Councillor Rosie Humphreys
 Toby Sanders, Chief Executive ICB
 David Maher, Managing Director NHFT
 Anne Rackham, Interim Chief Operating Officer NHFT
 Giles West, Associate Director for Urgent and Emergency Care ICB

Apologies for Absence:

Councillor Rufia Ashraf
 Councillor Raymond Connolly
 Councillor Julie Davenport
 Councillor Anna King
 Councillor Brian Sargeant

Officers:

Anna Earnshaw, Chief Executive
 Stuart Lackenby, Executive Director - People Services & Deputy Chief Executive
 Ashley Leduc, Assistant Director - Commissioning and Performance
 James Edmunds, Democratic Services Assistant Manager
 Maisie McInnes, Democratic Services Officer

9. Declarations of Interest

Councillor Roberts declared an ongoing interest as:

- Chair of Food Aid Far Cotton
- A board member of Food Aid Alliance West
- A board member for the Community Training Partnership contract to be delivered by the Community Law Service.

10. **Minutes**

RESOLVED: That the Adult Social Care and Health Overview and Scrutiny Committee agreed the final minutes of the former People Overview and Scrutiny Committee of the meeting on 27 June 2023 as an accurate record.

11. **Step-up and step-down community transformation**

The Chair welcomed the Chief Executive and colleagues from Northamptonshire Healthcare NHS Foundation Trust (NHFT) and Northamptonshire Integrated Care Board (ICB) to the meeting. The Chief Executive ICB, Toby Sanders introduced himself and colleagues David Maher Managing Director NHFT, Anne Rackham Interim Chief Operating Officer NHFT, and Giles West Associate Director for Urgent and Emergency Care ICB.

The Chief Executive ICB expressed a commitment to collaborative working with scrutiny and shared that the presentation on Step-up and Step-down Community Transformation which signalled the start of community work taking place across the county in different care settings and various programmes such as the Age Well and iCAN Programme. Colleagues from NHFT and ICB delivered the presentation which detailed the progress and planned development of Pathway 2 provision in Northamptonshire.

Members listened and observed the presentation and following a discussion made the following points:

Members questioned the distribution of beds in West Northamptonshire compared to North Northamptonshire and made the observation that there were more beds in North Northamptonshire and asked if there would be an equal distribution following the transformation work. The Interim Chief Operating Officer NHFT explained that through urgent care planning NHFT have looked at geographical areas and beds required. In the future with changing the estate and changing the number of beds available there would be a much more even distribution.

Members raised the issue of cross-border areas, such as residents bordering Oxfordshire and the role of palliative care and hospices in this area. They felt that if residents currently able to go to the hospice at Adderbury were prevented access in the future then this would cause problems for the rural area. Members stressed that another hospice was needed in the rural South Northants area. The Managing Director reassured councillors that a review of palliative care was currently being done and feedback following the review could be presented back to the committee.

Members asked if Daventry could be added to the map in the presentation. They also expressed concern regarding the average figure of 100 people being admitted to hospital each day and asked if there was any data showing the reasoning for their admittance. The Associate Director for Urgent and Emergency Care ICB responded that this figure was a success for Northamptonshire as this was historically higher, but due to the success of the transformation programmes, numbers have been kept down and early intervention and other preventative methods in the future could help reduce numbers even further. He continued that upskilling reablement staff and

purchasing raiser chairs were other ways that they were improving care quality. In terms of the question regarding data collection, they were continuing to collect intelligence but there wasn't enough information relating to sudden spikes in illness (e.g., respiratory related illness during the heatwave) but they were continuing to collect data over time.

Members asked if the two local authorities in West Northamptonshire had affected the delivery of ICB with varying approaches to adult social care and health. The Interim Chief Operating Officer shared that NNC and WNC were both exciting areas with varying needs for each area, so the overall aims were the same for each area, but the design was different which was positive. It was also useful to be able to share practice and knowledge across Northamptonshire. The Chief Executive ICB added that in the future there would be difficult decisions relating to how we tackle challenges relating to adult social care and health and procuring financial investment for the future. This was part of the reason for seeking early engagement with Overview and Scrutiny which could help to inform future choices.

Members asked if modelling could be used to show what exactly is needed and following this, we could look at what WNC could provide. The Interim Chief Operating Officer explained that they were in the early stages with data collection, as they needed to understand what a year looks like day by day in order to understand the analytics to inform modelling.

The Chief Executive ICB encouraged everyone at the meeting to get their vaccinations for the winter season and to share the message with their communities to help the NHS this winter.

The Chair thanked the Chief Executive and colleagues from NHFT and ICB for attending the meeting and providing useful information on the transformation programme and expressed scrutiny's openness to assisting in the future with the ongoing work in this area. The Chair felt positive about the work of the Local Area Partnerships (LAPs) and giving back to local people.

The Chief Executive and colleagues from NHFT and ICB left the meeting at this juncture.

The committee considered conclusions resulting from the presentation. It was highlighted that the committee could request an update on the outcomes of the review of all-age palliative care. In response to further comments, the Executive Director People Services suggested that the committee could ask for more information about the timeline for work on Pathway 2 provision and on the plan for winter pressures. This would increase scrutiny's understanding of the nature of the challenges faced rather than the way the situation might be portrayed in the media.

RESOLVED: That the committee:

- a) Noted the presentation on Step-up and Step-down community transformation**
- b) Agreed that the outcomes of the review of all-age palliative care in West Northamptonshire be brought back to the committee at a future date.**

c) Requested more information on the timeline for Step-up and Step-down community transformation and on seasonal challenges and impact of delivering services in the Winter period.

12. Performance against adult care, public health, and wellbeing key performance indicators

The Executive Director People Services introduced the presentation and explained that following the previous meeting, members had requested an item on performance and key performance indicators and going forward this would be a standard item on the agenda for scrutiny to review at their agenda planning meeting and consider opportunities for further scrutiny work to be brought to the committee. This would give scrutiny an opportunity for greater pre-decision scrutiny. The Executive Director People Services added that scrutiny could also engage with the corporate scorecard that was regularly presented to Cabinet on performance.

The Executive Director People Services delivered the presentation on Performance Measures 2023-24 and explained that changes implemented by government had reflected the changes in data collection frameworks and inspection criteria going forward. The presentation indicated the metrics that had been removed and added as a result of the changing national context.

Members thanked the Executive Director People Services for providing the information that scrutiny requested and expressed that it was important for scrutiny to be able to use this information to inform their approach. They expressed concern relating to the rate of elderly falls receiving emergency care and requested more information on this and how it corresponded to residents looking for exterior adaptations to their home such as outdoor steps and railings.

The Cabinet Member for Adult Care, Wellbeing and Health Integration supported the Executive Director of People Services in the direction of travel for monitoring performance and welcomed the challenge from scrutiny and open discussion leading up to the CQC inspection and in the future.

RESOLVED: That the committee received an informative presentation relating to the Performance Measures from the Executive Director People Services and agreed to add this as a standing item to the future agenda planning meetings to inform opportunities for future scrutiny work.

13. CQC Outcomes and update from Quality & Contacts team on care homes

The Executive Director People Services delivered the presentation on Carers which detailed the current carer support provider model, and the council were currently looking at how we commission work going forward. The current model is commissioned by NNC and ICB on behalf of WNC on a two year contract from October 2022-2024. He explained the council would be going out to tender procurement next year for a solution going forward and would offer out to other organisations through the procurement process.

Members thanked the Executive Director People Services for the comprehensive presentation asked if the work would correlate with the estates exercise being undertaken by NHFT and ICB and look at the respite offer. The Assistant Director for Commissioning & Partnerships explained the offer was around going into people's homes rather than offering building and traditional respite services.

Members discussed the issue of communication with carers and making sure the council is reaching people and how we can improve our working relationship with ICB. The Executive Director People Services explained the starting point for communication was the council's website, and he had flagged a number of documents out of date to be removed and the need for the website to reflect what is available. He was currently working to redevelop the website to become more user friendly. He encouraged councillors to promote what was on offer within their wards too, as navigators within WNC to signpost residents to what help and support is available for them.

Members discussed the role of the LAPs and the need to get the right structure and people involved to deliver benefits for people in the area. The Executive Director of People Services explained this would be the responsibility of the project leads to promote attendance and hold people to account for non-attendance. He felt that with the new contract, there would be an opportunity for better data reporting as historically data was too generic in local area profiles and did not reflect the diversity in community they supported.

Members asked what the position was for young people caring for parents. The Executive Director People Services explained that Northamptonshire Carers was commissioned to support young carers. Adult social care was responsible for supporting a young person who was a carer in this capacity; children's social was responsible for supporting them as young person.

The Chair invited the Assistant Director for Commissioning & Partnerships to deliver a supplementary presentation on the Quality in Care Homes which profiled the care homes in West Northamptonshire and their rating on a scale of inadequate, requires improvement, good and outstanding.

Members thanked the Assistant Director for Commissioning & Partnerships for the informative presentation and the representation of data. Members discussed the issue of staffing and the impact of Covid-19. The Assistant Director for Commissioning & Partnerships shared that it remained a big concern on the clinical side and explained that a workforce strategy was underway to look at how retainment of staff could be improved.

Members asked for assurance relating to complaints from care homes and how these were responded to. The Assistant Director for Commissioning & Partnerships explained that it was rare that routine monitoring visits would find major problems, and that issues were raised through whistleblowing, CQC inspection and safeguarding concern. The council quickly responded with an unannounced visit in these cases and intervention methods, and actively encouraged safeguarding referrals to be investigated.

Members stressed the need for more care home inspections, in particular those who had been rated good and had not been inspected in the last 12 months as a preventative measure to ensure their ratings remained good.

RESOLVED: That the committee

- a) **Noted the presentations on care and quality in care homes.**
- b) **Recommended that the Council offer the opportunity to take part in the Well Led Programme to care home providers currently rated good to mitigate the risk of a lower rating in a subsequent inspection.**

14. **Update on recruitment of Coordinators to the Local Area Partnerships (LAPs)**

The Executive Director People Services delivered a verbal update on the recruitment of coordinators to the LAPs and explained that the council had sourced funding from the public health reserve with the condition to support and recruit 5 LAP project leads. He advised scrutiny that they had successfully recruited to 4 positions in Northampton and the Executive Director People Services would circulate their information to scrutiny outside of the meeting. He felt positively that this would allow for more information to be received on the progress of the LAPs and contribute to their success.

Members commented that low attendance from some partners at LAP meetings could still hamper their effectiveness. The Cabinet Member for Adult Care, Wellbeing and Health Integration emphasised that all partners had committed to participate and should be held to account if not doing so.

RESOLVED: That the committee received the verbal update on the recruitment of coordinators to the LAPs and would receive information relating to the coordinators and positions in Northampton outside of the meeting.

15. **Report from the former People Overview and Scrutiny Committee Review of Integrated Care across Northamptonshire (iCAN)**

The Chair expressed that she was impressed with the final report and thoroughly agreed with recommendations contained in the report. The Chair suggested that the recommendation relating to LAPs and GP response can be picked up as part of the standing item on the LAPs in the work programme.

The Chair of the iCAN task and finish panel thanked members of the panel and the Assistant Manager Democratic Services for their hard work and putting together the report. She expressed concern regarding the last recommendation relating to finance and the panel strongly felt information was not provided as the programme was designed with the aim to provide financial savings.

The Chair thanked the Chair of the iCAN scrutiny panel and welcomed the outcomes from the report and suggested that the last recommendation be passed onto Corporate Overview and Scrutiny committee for consideration as their remit sits

within financial scrutiny or the Overview and Scrutiny Triangulation Group for consideration.

RESOLVED: That the committee agreed the report from the former People Overview and Scrutiny Committee Review of Integrated Care across Northamptonshire (iCAN) subject to the amendment of recommendation K to read:

K) The Overview and Scrutiny Triangulation Group to recommend that the appropriate Overview and Scrutiny committee(s) receive a report to a future meeting confirming:

- **The total financial cost to West Northamptonshire Council of the iCAN programme to the end of 2022/23, including the cost of the system transformation partner**
- **The positive outcomes directly resulting from the iCAN programme delivered to the end of 2022/23.**

16. **Proposal for a task and finish group on Unpaid Carers and how WNC supports carers and assist with development of Carers Strategy**

The Chair welcomed Councillors Jonathan Harris and Rosie Humphreys for attending the committee to comment on the proposal for a task and finish group. Councillor Harris and Humphreys thanked the Chair for allowing the motion to come to the committee at the earliest opportunity.

Councillor Harris addressed the committee and shared that unpaid carers was an emergent theme coming through from the LAPs and an area of focus that hasn't always had the attention it needs. The Carer's Leave Act 2023 is one of the motivating factors for putting the proposal forward to scrutiny as statistics showed that nationally 2 million people will be impacted by the Act. Another statistic showed that 600 people a day leave their career to become a carer and the University of Sheffield found that unpaid carers save the government billions of pounds. He urged scrutiny to form a task and finish group with the outline set out in the proposal and encourage carers to come forward to inform the task and finish group and the need to use their own experience to inform how best they could be supported.

The committee discussed involvement in a scrutiny review and a draft scrutiny review proposal form produced for consideration. The Assistant Manager Democratic Services explained that scrutiny could gather interest from the committee first and extend to non-executive members to form the task and finish group. The draft proposal included a focus on ensuring the council's preparedness for the new legislation and the development of a new council Carers Strategy, as discussed at the agenda planning meeting. The committee should consider arrangements for finalising the plan for the scrutiny review if it was not in a position to do this at the current meeting.

Members discussed the membership of the task and finish panel and agreed that 7 members should form the group in total with one of the proposers of the motion to

join the group along with 6 other members, who would come from committee members first and then other non-executive councillors.

RESOLVED: That the committee:

- a) **Agreed to form a task and finish panel on unpaid carers and how WNC supports carers and to assist with the development of the carers strategy.**
- b) **Agreed that the Chair and Vice-Chair would agree the final plan for the scrutiny review of support for unpaid carers to enable this to be done ahead of the next committee meeting.**

17. **Review of Committee Work Programme**

The Chair asked members to review the committee work programme and consider the topics for scrutiny and agree any items arising from the meeting to the work programme.

Members agreed to add the proposal for a task and finish group on unpaid carers and how WNC supports carers and assist with the development of the carers strategy to the work programme. In addition, members wished to add the review on palliative care that arose from the presentation on step-up and step-down community transformation.

RESOLVED: That the committee reviewed the work programme for 2023/24 and agreed to add the following items:

- **A proposal for a task and finish panel on unpaid carers and how WNC supports carers and to assist with the development of the carers strategy**
- **A review of palliative care from the NHFT and ICB to be brought to a future meeting of the Adult Social Care and Health Overview and Scrutiny Committee.**

18. **Urgent Business**

There were no items of urgent business.

The meeting closed at 8.30 pm

Chair: _____

Date: _____



**West
Northamptonshire
Council**

Adult Social Care Performance Scrutiny Board January 2024



Current Month vs Target RAG (Areas to Celebrate)

Indicator Name	Target (2023-24)	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-232	Feb-232	Mar-232
1C Part (2a) Proportion of people using social care who receive direct payments (adults)	27.9	32.1	32.3	32.2	31.9	31.7	32.5	32	32.8				
2A Part (1) Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults)	10.40	0.77	0.77	2.3	2.3	3.83	6.13	8.04	10.34				
2A Part (2) Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people)	389.33	34.4	71.5	108.7	145.85	203.64	243.54	291.7	329.17				
Total New Requests for Support (all ages) where Route of Access was Discharge from Hospital	2400	211	317	532	723	958	1119	1413	1616				
Number of pending/in-progress unscheduled review request (Total)	135	237	199	180	163	150	154	103	113				
Number waiting: Total Initial Contacts not Started + Open Unscheduled Review Requests	226.8	347	298	281	267	252	229	151	113				
Number of new concerns received	339	545	645	639	617	682	667	671	611				
New DoLS Cases received	125	133	127	143	165	177	145	207	151				
95% of referrals brokered with Framework providers – SLT	95								95.5				
50% of referrals brokered within 10 working days – SLT	50.00								89.6				
Direct Payments returns processed within timescales (28 days)	80.00	0	48	62	48	44	64	25	82.1				

Current Month vs Target RAG (Areas of Concern)

Indicator Name	Target (2023-24)	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-23	Feb-23	Mar-232
2B Part (1) Proportion of older people (65+) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	79.20	88.9	88.9	76.5	91.2	43.8	88.5	84.3	94.5	75.4				
2D Delaying and reducing the need for care and support	79.50	33.6	31.8	39.4	42	46.3	46.6	49	50	49.8				
Total New Requests for Support (all ages) where Route of Access was Diversion from Hospital Services	300.00	35	8	10	15	24	29	33	37	44				
People allocated to a Team at End of Month (Total)	5854.00	6471	6253	6500	6707	7376	7389	7723	7953	6883				
New AMHP enquiries received (Based on enquiry date question)	63.00	71	48	77	69	55	56	54	43	52				
Assessments completed in 28 days (in place already) – SLT	85.00	40	41	26	31	22	22	32	29	40				
Number of NEW complaints received by ASC team	6.00	14	14	11	10	11	13	15	19	14				
The Percentage of ASC responses Met agreed timescale	85.00	75	40	33.3	44.4	57.1	60	66.7	54.2	29.4				
Number of ASC complaints escalated to LGSCO	1.00	1	0	0	1	0	2	0	1	2				
Number of Member and MP ASC enquiries	2.00	11	10	7	13	9	8	5	10	8				

Single Assessment Framework

CQC framework will assess providers, local authorities and integrated care systems with a consistent set of key themes. There will be four themes for local authority assessment.

Pilot

Running alongside thematic work, we will run full end to end piloting of our assessment approach for up to 5 LAs between April and September 2023:

- All 9 quality statements
- Following a quality assurance and moderation process, publish the first pilot assessment reports by the Autumn – whole batch together
- Ratings will be clearly badged as ‘shadow’/‘indicative’ (wording to be agreed with LGA and ADASS) We will ask for volunteers – a number have already expressed interest.

We will check the pool of volunteers against some criteria to ensure a good mix

4 Themes

1. Theme 1 Working with people
2. Theme 2 Providing support
3. Theme 3 Ensuring safety
4. Theme 4 Leadership

9 Quality Statements

1. Theme 1 Working with people – Assessing needs
2. Theme 1 Working with people – Supporting people to live healthier lives
3. Theme 1 Working with people – Equity in experience and outcomes
4. Theme 2 Providing support – Care provision, integration and continuity
5. Theme 2 Providing support – Partnerships and communities
6. Theme 3 Ensuring safety – Safe systems, pathways and transitions
7. Theme 3 Ensuring Safety – Safeguarding
8. Theme 4 Leadership – Governance, management and sustainability
9. Theme 4 Leadership – Learning, improvement and innovation

4 Key Lines of Enquiry

CQC framework will assess providers, local authorities and integrated care systems with a consistent set of key themes. There will be four themes for local authority assessment.

1. Safe
 2. Effective
 3. Responsive
 4. Well-led
-

Scoring

For each quality statement in the assessment framework, CQC will assess the 'required evidence' in the evidence categories and assign a score to the quality statement.

The scoring framework to support decisions is:

- 1 = Evidence shows **significant shortfalls** in the standard of care
- 2 = Evidence shows **some shortfalls** in the standard of care
- 3 = Evidence shows a **good standard** of care
- 4 = Evidence shows an **exceptional standard** of care

When we assess evidence, we will assign a score to the relevant quality statement. The scores for the quality statements aggregate to ultimately produce the ratings, and an overall score.

Safe (you are protected from abuse and avoidable harm)

Quality Statements

1. Theme 3 Ensuring safety – Safe systems, pathways and transitions
 2. Theme 3 Ensuring Safety – Safeguarding
-

Effective (your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.)

Quality Statements

1. Theme 1 Working with people – Assessing needs
 2. Theme 1 Working with people – Supporting people to live healthier lives
-

Responsive (services are organised so that they meet your needs)

Quality Statements

1. Theme 1 Working with people – Equity in experience and outcomes
 2. Theme 2 Providing support – Care provision, integration and continuity
-

Well-led (the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture)

Quality Statements

1. Theme 2 Providing support – Partnerships and communities
2. Theme 4 Leadership – Governance, management and sustainability
3. Theme 4 Leadership – Learning, improvement and innovation

Theme 1 Working with people

This theme covers: assessing needs, care planning and review, arrangements for direct payments and charging, supporting people to live healthier lives, prevention, wellbeing, information and advice, understanding and removing inequalities in care and support, people's experiences and outcomes.

Theme 2 Providing support

This theme covers: market shaping, commissioning, workforce capacity and capability, integration and partnership working.

Theme 3 Ensuring safety

This theme covers: safeguarding enquiries, reviews, Safeguarding Adult Board, safe systems and continuity of care.

Theme 4 Leadership

This theme covers: culture, strategic planning, learning, improvement, innovation, governance, management and sustainability.

Statement 1 Assessing need

- We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.
 - I have care and support that is coordinated, and everyone works well together and with me.
 - I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
-

Statement 3 Equity in experiences and outcomes

- We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.
 - I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals
-

Statement 2 Supporting people to live healthier lives

- We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.
 - I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
 - I am supported to plan ahead for important changes in my life that I can anticipate.
-

Statement 4 Care provision, integration & continuity

- We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.
 - I have care and support that is coordinated, and everyone works well together and with me.
-

Statement 5 Partnerships & communities

- We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
-

Statement 7 Safeguarding

- We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this.
 - We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect, we make sure we share concerns quickly and appropriately.
 - I feel safe and am supported to understand and manage any risks.
-

Statement 6 Safe systems, pathways & transitions

- We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
 - When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.
 - I feel safe and am supported to understand and manage any risks.
-

Statement 8 Governance, management & sustainability

- We have clear responsibilities, roles, systems of accountability and good governance/ We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
-

Statement 9 Learning, improving & innovation

- We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome, and quality of life for people. We actively contribute to safe, effective practice and research.

Data Pack –

LGA have produced a national data pack to guide LA's in relation to the 4 Themes and 9 Quality Statements

Statement 7 Safeguarding Example

- We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this.
- We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm, and neglect, we make sure we share concerns quickly and appropriately.
- I feel safe and am supported to understand and manage any risks.

7.1 Individuals aged 18-64 involved in safeguarding enquiries per 100,000

7.2 Individuals aged 65-74 involved in safeguarding enquiries per 100,000

7.3 Individuals aged 75-84 involved in safeguarding enquiries per 100,000

7.4 Individuals aged 85+ involved in safeguarding enquiries per 100,000

7.5 Age standardised rate Section 42 safeguarding

7.6 % Of section 42 safeguarding enquiries where desired outcomes were asked for

7.7 % Of section 42 safeguarding enquiries where desired outcomes were asked for and expressed

7.8 % Of section 42 safeguarding enquiries where desired outcomes were asked for and expressed, where outcomes were fully achieved

7.9 % Of section 42 safeguarding enquiries where desired outcomes were asked for and expressed, where outcomes were achieved

7.10 % Of concluded section 42 enquiries ceased at individual's request and no action taken

7.11 % Of section 42 safeguarding enquiries where desired outcomes were not asked for

7.12 % Of section 42 safeguarding enquiries where it is not known whether desired outcomes were asked for

7.13 % Of section 42 safeguarding enquiries where it is not recorded whether desired outcomes were asked for

7.14 % Of section 42 safeguarding enquiries where desired outcomes were asked for but not expressed

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West
Northamptonshire
Council

Adult Social Care Self-Assessment

March 2023

Draft v.3



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Our Self-Assessment

The focus of the People Directorate at West Northamptonshire Council to support Children, Young People and Adults to “live their best lives”. We are committed to working together with local people and partners through our shared vision: We want to work better together in West Northamptonshire to create a place where people and their loved ones are active, confident, and take personal responsibility to enjoy good health and wellbeing, reaching out to quality integrated support and services if, and when they need help.

We are collectively committed to delivering this vision through our shared ten ambitions and outcomes shown below.

The purpose of this self-assessment is to provide an overview of how this vision is delivered in the context of West Northamptonshire Councils Adult Social Care Services. The self-assessment provides an insight into the effectiveness of our services, areas of strengths and areas for

development. The effectiveness of our services is considered in relation to key performance information and the outcomes and impact we have on people's lives and their communities. The self-assessment has been constructed around the following themes;

- Theme 1: Working with People
- Theme 2: Providing Support
- Theme 3: Ensuring Safety
- Theme 4: Leadership

Each of the themes provides an honest and transparent depiction of local services and is the starting point for our 3-year Directorate strategy. The self-assessment is a live document which will evolve and change through the delivery of this strategy. We need to get to a point where the self-assessment is owned and recognised by our workforce, partners and local people as an accurate depiction of our services today so to support a commonality of expectation around we support people to live their best lives.

Ambition	Outcome
The best start in life	<p>Women are healthy and well during and after pregnancy.</p> <p>All children grow and develop well so they are ready and equipped to start school.</p>
Access to the best available education and learning	<p>Education settings are good and inclusive and children and young people, including those with special needs, perform well.</p> <p>Adults have access to learning opportunities which support them with work and life skills.</p>
Opportunity to be fit, well and independent	<p>Children and adults are healthy and active and enjoy good mental health.</p> <p>People experience less ill-health and disability due to lung and heart diseases.</p>
Employment that keeps them and their families out of poverty	<p>More adults are employed and receive a ‘living wage’.</p> <p>Adults and families take up benefits they are entitled to.</p>
Good housing in places which are clean and green	<p>Good access to affordable, safe, quality accommodation and security of tenure.</p> <p>The local environment is clean and green with lower carbon emissions.</p>
To feel safe in their homes and when out and about	<p>People are safe in their homes, on public transport and in public places.</p> <p>Children and young people are safe and protected from harm.</p>
Connected to their families and friends	<p>People feel well connected to family, friends and their community.</p> <p>Connections are helped by public transport and technology.</p>
The chance for a fresh start, when things go wrong	<p>Ex-offenders and homeless people are helped back into society.</p> <p>People have good access to support for addictive behaviour and take it up.</p>
Access to health and social care when they need it	<p>People can access NHS services and personal and social care when they need to.</p> <p>People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs.</p> <p>Services to prevent illness (e.g. health checks, screening and vaccines) are good, easy to access and well used.</p>
To be accepted and valued simply for who they are	<p>People are treated with dignity and respect, especially at times of greatest need like at the end of their lives.</p> <p>Diversity is celebrated.</p> <p>People feel they are a valued part of their community and are not isolated or lonely.</p>

Executive summary and context

West Northamptonshire Council was created on the 1st April 2021. The creation of the Council followed government intervention around the financial position of Northamptonshire County Council. There is a long legacy of issues which continue to have an impact on local people and local services, however we are committed to changing the experience of local people through the delivery of our vision.

All our Executive leadership team are permanent appointments and a culture of stability alongside organisational knowledge is developing.

As a unitary Council we provide a wide range of services to residents and businesses across Northampton, South Northamptonshire and Daventry, including the provision of care to vulnerable adults and children, education, leisure and community wellbeing, housing support and waste services.

The council's employs 2,725 staff whose key characteristics can be summarised as follows:

- 30% are employed on a part time basis
- The average age of employees is 45.4years
- 72% of employees live in the local authority
- 72% are female
- 57% are white British
- 6% have declared a disability

Corporate Plan

Our corporate plan outlines 6 key areas we want to focus on to make West Northants a place to thrive, they are...

- Green and Clean
- Improved Life Chances
- Connected Communities
- Thriving Villages and Towns
- Economic Development
- Robust Resource Management

We recognise that we can only achieve our vision through strong relationships with our local partners and in collaboration within local communities and with this in mind we take an active and leading role within our local integrated care system, Integrated Care Northamptonshire, and are excited about our role in supporting and delivering the 10 year strategy for the system 'Live your Best Life'

¹ Census21

Demographics

The population of West Northamptonshire is currently 425,725¹, which has increased by 13.5% since 2011; this makes us one of the fastest growing areas in the country. More specifically within our overall population growth we have seen a growth in our over 65's which is at a higher rate than the national average.

Employment

The employment rate in West Northamptonshire was 78.3% for the year ending June 2022, and over the last year the area has performed well in this regard moving up to 10th (from 14th) in the economic comparator rankings. 5% of the working age population are unemployed and claiming out of work benefits, in the Northampton local area this rises to 6%, which is above the national average of 4.7%.

Housing

In West Northamptonshire the previous Northampton Borough area has the lowest homeownership levels and consequently the highest private rented and social housing levels across our area. 10% of households are economically inactive, meaning nobody within the household is in employment; there can be a number of reasons for this including being of working age but unable to work due to study, retirement, sickness or disability, or because of caring responsibilities.

Health Inequalities

Developed in partnership with Integrated Care System partners The Northamptonshire Health Inequalities Plan describes how we plan to work with communities so that everyone in the county has the chance to thrive and to access quality services providing excellent experiences and the best outcomes for all.

The long-term ambition set out in the Northamptonshire Health Inequalities Plan is to see:

- An increase in people's healthy life expectancies
- A reduction in health inequalities
- A reduction in early death
- Improved community cohesion

To achieve these ambitions, the plan outlines a set of guiding principles for how we need to work together as an integrated care system to understand and address health inequalities. These principles will be embedded across all health and care organisations working across Integrated Care Northamptonshire.

Our Strategy for Adult Social Care

Since being established in April 2021 our council's immediate focus for our Adult Social Care services has had to be on ensuring citizens have access to support and services which are safe and compliant with our statutory duties, including ensuring we are safeguarding people effectively.

Our Adult Social Care budget for 2022/23 was £113.8 million, within which we have had to respond to significant pressures due to rising demand, inflationary pressures and dealing with the legacy of the previous financial challenges which resulted in the creation of the two new unitary authorities.

In responding to these pressures we have placed a strong emphasis on supporting residents and communities to live well, age well and stay independent. In doing so, to remove unnecessary bureaucracy and spend longer with people face to face, we have embedded the '3 conversations model' to utilise the strengths and assets of both the individuals and communities we deal with before considering ongoing support.

We have also had to invest significant time in working with our provider market to ensure that the people we support, and self-funders, continue to receive care and support which is high quality and sustainable.

As we become more mature as an organisation, and as an Adult Social Care service, we recognise that we need to bring our focus to reviewing and updating the previous strategies we worked to as a county council, so that we can provide a clear vision and focus for the future delivery of Adult Social Care services in West Northants, to achieve positive outcomes for our residents through effective joint working with our local partners and communities.

Our Key Strengths

Whilst being a new unitary authority brings with it some clear challenges, we also recognize that it



has presented us with opportunities to create strengths in the way that we work, which includes the appetite to be more innovative and creative as we are not weighed down by the legacy of historical practices.

The creation of the new council and its contribution to the geography of the ICS means the council and the system is uniquely placed to have both economies of scale associated with a countywide footprint alongside a strong place based model. This geography enables the local partnership to be better equipped to understand and deliver against local need.

Through the relationships that Integrated Care Northamptonshire (ICN) embodies, where partners work together to tackle the wider determinants of health inequalities, we are utilising the collective local assets available to support us in the delivery of our statutory prevention duties, and making the most of the strengths of our residents and communities, enabling them to live their best life.

As an ICS our single ICN strategy has been adopted and embedded as the delivery model for how we deliver best outcomes for children, young people and adults. This means from a practical sense that the council is supported through the ICS partnership to deliver its statutory duties to adult care and support needs. This includes system led quality interventions, workforce development and outside of traditional ASC a significant relationship with interventions that focus on the wider determinants of health, such as our community safety partnership, combatting drugs partnership and development of our Local Area Partnerships.

From the inception of the council we have formed the People Directorate structure, bringing Adult Social Care, Children's Services and Public

Health into one overall management structure. This has enabled us to align the approaches of these specialist areas more effectively which has underpinned our ability to quickly develop relationships across the Integrated Care Partnership and Integrated Care System.

An example of this partnership is our 3 year locality based prevention strategy that brings together our 3 conversations model in ASC, with social prescribing and GP based wellbeing interventions that are commissioned by Public Health. This approach will provide significantly increased reach to enable proactive preventative interventions that reduce crisis and reliance on services.

Risks and Challenges

However, we can't ignore the challenges that being a new council presents, most notably the residual consequences of our previous financial history and the challenges the former county council faced. Previous financial challenges resulted in a disinvestment in prevention services to ensure statutory duties and responsibilities could be maintained, which has resulted in our new unitary authority inheriting the position of having some of the highest unit costs for care in the country for the provision of care and having the lowest spend of unitary authorities nationally on adult social care services per 100,000 of the population.

These financial challenges also reduced the ability to invest in back office functions such as upgrading systems and infrastructure, which has consequently resulted in the new council being unable to exploit the efficiencies that new technology can deliver. The quality of the data we hold and not having the tools to use this data effectively when making decisions about the shape and design of future services is therefore a key challenge for us moving forward.

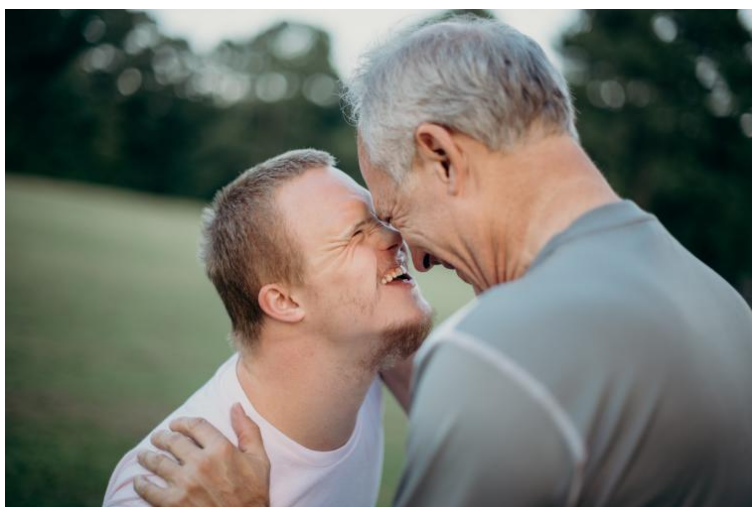
Like many other areas we also have workforce challenges both in recruiting suitably qualified and experienced staff and retaining staff in key frontline positions as we are unable to provide a level of remuneration that reflects either the level of demand people in these roles face or the commitment required to undertake such roles.

Our track record of improvement

Even though we don't have a long history we can highlight examples already of where we have been able to improve the delivery of our services. The creation of the council took place during the pandemic, this however, did not stop the delivery of safe and legal services to people with care and support needs. During this period of change we implemented the 3 conversations model, a new social care record system, established a new workforce and senior leadership team, whilst dealing with significant financial challenges. Through this period we have supported over 700 more people than the council resources were designed to support, without impacting on the quality of care we have commissioned or delivered.

Through this we have a number of examples of improvement which we continue to drive on a day-to-day basis:

- Through the 2022 Christmas period and into January 2023 we were one of the few local authorities nationally to reduce the length of stay in hospital for our residents, which was in large part due to the introduction of our RIBU (Recovering Independence Bedded Unit)
- LD & Autism trajectories for inpatients - Integrated TCP team is in place that is working collaboratively to support discharge planning for all inpatients
- Improving Ratings in our care homes due to our monitoring approach which has seen the number of inadequate providers reduce to just a single organisation due to our investment in our quality improvement programme and robust governance arrangements.
- We have developed a buoyant home care market that has meant a reduction in delayed transfers of care alongside a reduction in the number of 18–65-year-olds needing to go into residential care.



Theme 1: Working with People

Associated Quality Statements		
Supporting people to live healthier lives	Assessing needs	Equity in experiences and outcomes
<i>I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.</i>	<i>I have care and support that is coordinated, and everyone works well together and with me.</i> <i>I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.</i>	<i>I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.</i>
We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.	We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

In West Northamptonshire our vision and aspirations for Adult Social Care are aligned to the 'Live Your Best Life Strategy' which was developed in partnership with our Integrated Care System partners and launched in early 2023.

Many of the process and procedures we have in place have been inherited from our previous incarnation as Northamptonshire County Council; they have enabled us to operate in a safe and legal manner so that we are able to provide support and care for residents and their families however, we recognise the need to review and update them so that they reflect and respond to the needs of our local population. We have therefore commenced a programme of work to address this.

Assessing needs

We assess needs using the three conversations model across which enables us to utilise a strengths based approach through working with people to connect them to their communities and control their own support. Our community teams are based in local areas and are a central feature of our developing Local Area Partnerships. The teams are supported to make links to services and facilities to enable them to provide advice and signpost people to support services effectively. In addition to this the 'My Care

Directory' enables staff and members of the public to access information about local services offering support.

All the activity delivered by our community teams is recorded with our electronic social care record system, Eclipse, and whilst the system provides a single point of case recording the system is inefficient in enabling workers to make best use of people's data, to address this we are currently in the process of procuring a new core system, with planned implementation for March 2025.

All contacts go straight to the community teams where urgent requests are responded to immediately, whether this is in relation to short term formal support, immediate advice and support or the need for a protection plan. However, our move to 3 conversations removed the role of the Council's contact centre in triaging initial enquiries to our teams and this has created significant demand that does not enable the optimal use of ASC workforce, a review of this first point of contact is currently underway.

The ability to respond to urgent enquiries is enhanced by Community Teams being based within the community they serve. Similarly our LD and DART Discharge and Review Team teams operate a daily duty function to enable them to respond to any urgent requests. However, we recognise that being unable to report on the

timeliness of the assessment and support planning process limits our ability to manage the performance and effectiveness of our processes which sit behind our 'front door' as efficiently as we would like.

Where we have a level of demand that exceeds our capacity to respond in a timely manner we prioritise urgent and safeguarding requests. Excess demand is monitored, risk assessed and reviewed on a daily basis. Waiting lists performance is included in a scorecard of measures which is discussed in monthly performance meetings where it is a key focus for improvement, over the course of the financial year our waiting list was on average 125 cases, which represents on average 5% of our rolling case load.

The assessment paperwork we use supports staff to undertake strengths-based assessments that have a person's wellbeing at their heart and enable support planning to take place in a person centred way. In addition to this the assessment tools we use ensure that the views of carers are taken into consideration and prompts staff to consider the support needs of carers during the assessment process.

As part of the implementation of our 3 conversations model we introduced assurance mechanisms that support quality interventions for local people.

- On track chats, recorded through supervision, allow us to demonstrate management oversight.
- Ideal Outcome meetings bring staff together to collaborate and make best use of reflective practice.
- Market Oversight meetings provide opportunities to bring together community staff with a wider a multi-disciplinary teams, including commissioners to ensure we make best use of local resources and have positive relationships with our external provider market.

In 2022 we created two additional Assurance Social Workers (also known as Practice Educators) to support our PSW to take forward the development and implementation of our Quality Assurance Framework. The implementation of this framework will be overseen by our Performance and Assurance Board and will improve the maturity of our approach to both support our journey of continuous improvement and embed quality into our day to day work. This

The 3 conversations model

- Conversation 1 is utilised to understand what is important to people and their families so that we are able to work with them to make connections and build relationships which support them to retain their independence. During 2022/23 we completed 4343 conversation 1's.
- Conversation 2 takes place when we meet people who need something to happen urgently to help them regain stability and control in their life, we use this conversation to understand what's causing the crisis, put together an 'emergency plan' and we make sure that the changes required happen quickly, and that the plan works for them. During 2022/23 we carried out 1955 conversation 2's.
- Conversation 3 is about understanding the longer term care and support that someone needs to help them lead their best life and in doing so we aim to understand what someone's best life looks like to them and their family and help them to get the support organised that enables this during 2022/23 we completed 1366 assessments and reassessments using conversation 3.

work is overseen through our monthly Performance and Assurance Board.

The creation of the new council alongside the Children's Trust has meant that partnership

approaches to the transition of young people with care and support needs/parent carers/young carers to ASC continues to develop to be proactive and informed by the needs of our young people. Whilst we have a stronger relationship with the children's disability team we need to use our SEND accountability board to improve how we work with the Children's Trust around Looked After Children.

The council commissions Northamptonshire Carers to provide independent carers assessment and support. Whilst feedback from carers evidences how this service is valued work is required to ensure there is better oversight and understanding of the assessments being completed and appropriate mechanisms are in place to ensure this informs the strategic direction of Adult Social Care.

Working with partners we have adopted the 'Discharge to Assess' model to support people who no longer have a right to reside in hospital. The effective management of hospital discharges is supported through an integrated discharge

dashboard and a digital social care record system within our Reablement West service which provides real time data on demand, capacity, effectiveness of service and outcomes. Our partnership work has recently enabled us to remodel our reablement service to increase its capacity and support higher acuity patients.

Financial assessments are undertaken for all people who have an eligible care and support need. The assessments are undertaken via a recorded telephone conversation however, WNC will be introducing an online self-assessment tool from 1st April 2023.

Supporting People to Live Healthier Lives

The Council, and its ICS partners have a large range of interventions which focus on prevention and wellbeing. These interventions have a significant impact on reducing the number of non-elective presentations to hospital and in supporting local people to remain independent within their own communities. This prevention offer has evolved over time, through the creation of the unitary Councils and the iCAN programme, and we recognise that these interventions now need to be orientated into an overarching prevention strategy that enables us to better articulate the support available to local people and monitor the impact and outcomes, which needs to be developed in co-production with our key stakeholders.

Our Therapy team supports approximately 3000 people a year to access equipment and adaptations that will support them to retain their independence and remain in their own home. 54% of the people the team supported were given access to community equipment, with 20% accessing minor adaptations and 26% being supported with major adaptations. Further work needs to be put in place to understand the outcomes this support has helped people to achieve in more detail.

Through our single-handed care programme we undertake person centred assessments of an individual's moving and handling needs to ensure they are able to receive the right amount of care and treatment in the correct environment, whilst at the same time creating capacity across our care system. We have specialist workers designated to work with our hospital and reablement teams to support with the utilization of single handed care, as well as supporting our community teams to review long standing care packages to identify opportunities for more

efficient and effective support. During 2022/23 our Specialist Moving and Handling Team completed 822 assessments to support people to access single handed care solutions, moving in 2023/24 this is an area we continue to prioritise.

Working in partnership with our ICS colleagues we deliver the Ageing Well programme which is aimed at giving more proactive support to people at high risk of health deterioration / hospital admission. This multi-disciplinary approach emphasises to both patients and professionals that health is more than treating health concerns and also looks at social issues, including housing, social isolation, equipment and access. Meetings take place at the patient's home, facilitated by a support worker, placing the patient and their carers at the centre of the consultation. The programme has supported an increase in referrals to new community initiatives, a decrease in unplanned hospital admissions and a reduction in the number of people needing to access support from Community Nurses.

Our approach to harnessing the potential and benefits that Assistive Technology provides to support our residents to live healthier lives is an area of real strength for us. The Assistive Technology Team was created in 2012 and has built an extensive range of solutions throughout the years. The team also benefits from a problem-solving approach meaning that if a solution to a problem cannot be found, their members have the ability and are encouraged to consider any other products in the market that would meet the person's needs.

This approach has led to many new innovations and new ways of working including:

- Canary – a monitoring device which provides information about resident activity, in house temperature, as well as light and door activity and now provides evidence to social workers and health practitioners about resident needs.
- Remote monitoring – a new project delivered in partnership with NHFT building on preventative models such as the “Barcelona Model” and “Airedale” with the main aim of using technology, including virtual health devices, to monitor people in their place of residence and provide clinical support through a virtual clinical hub.

Both of these interventions, along with other support provided through our Therapy service are evidence of the work we undertake to help reduce avoidable hospital and care home admissions.

Our 'Commissioning for a good life' strategy reinforces a strength-based approach for people with a learning disability, with a strong emphasis on outcome focused support planning and progression.

Equity in Experience and Outcomes

The formation of West Northamptonshire Council is seen as an exciting opportunity for a fresh start and the opportunity to really ensure that we are providing excellent services, supporting communities and celebrating everything that is wonderful about West Northamptonshire.

We are firmly committed to the principles of equality and inclusion in both employment and the delivery of services. Our communities and our workforce are made up of a diverse range of individuals and groups with differing needs.

West Northamptonshire Council is committed to advancing equality of opportunity, fostering good relations, and eliminating discrimination, harassment and victimisation through its roles as an employer, service provider, commissioner of services, educator, partner and community leader.

Our Equality, Diversity and Inclusion policy demonstrates the Council's commitment to continued action in tackling inequality and promoting inclusive communities in West Northamptonshire. The policy and associated Equality, Diversity and Inclusion Strategy operates in accordance with statutory requirements.

In addition to this our joint strategic needs assessment is in place and has supported us to identify at a Council wide level the health inequalities encountered within our communities. The use of data has been taken further through the development of our nine Local Area Partnerships (LAP's). Each LAP has a detailed profile that allows us to understand the make-up of each local community and enable us to ensure that service delivery reflects that make up. Our strengths and assets-based prevention programme will see our Adult Social Care services allocated on a proportionate basis to each one of our LAP's.

Plans to maintain and improve performance

We recognise that ensuring our residents have access to the appropriate information and advice is key to making sure that they can access help and support that is available to them locally. Further work is required to update the information available via our website and to ensure it is accessible to all. We will also be working alongside our digital colleagues to understand the opportunities available to use technological solutions more effectively to enable our residents to 'self-serve'.

We need to review how we engage with our residents, people who use services and their families/carers and are committed to embedding co-production into our everyday practice. As a new council we understand that we still have much to do in both documenting and formalising key strategic documents which provide a clear direction of travel for our services over the coming years. We will do this in co-production with our residents, partners and key stakeholders and ensure that the strategies, policies and approaches we produce are robustly tested and scrutinised to ensure that our support and services are accessible to all and that we have a clear understanding the impact of our decisions will have on people with protected characteristics.

In addition to reviewing performance information Service Managers complete on track chats, supervisions, monitor waiting lists and utilise learning from complaints to understand and improve the quality of service being delivered. However, we have identified the need to implement a robust quality assurance framework to enable all of this information to be triangulated and provide a richer understanding of our performance and support our ongoing improvement.



Theme 2: Providing Support

Associated Quality Statements

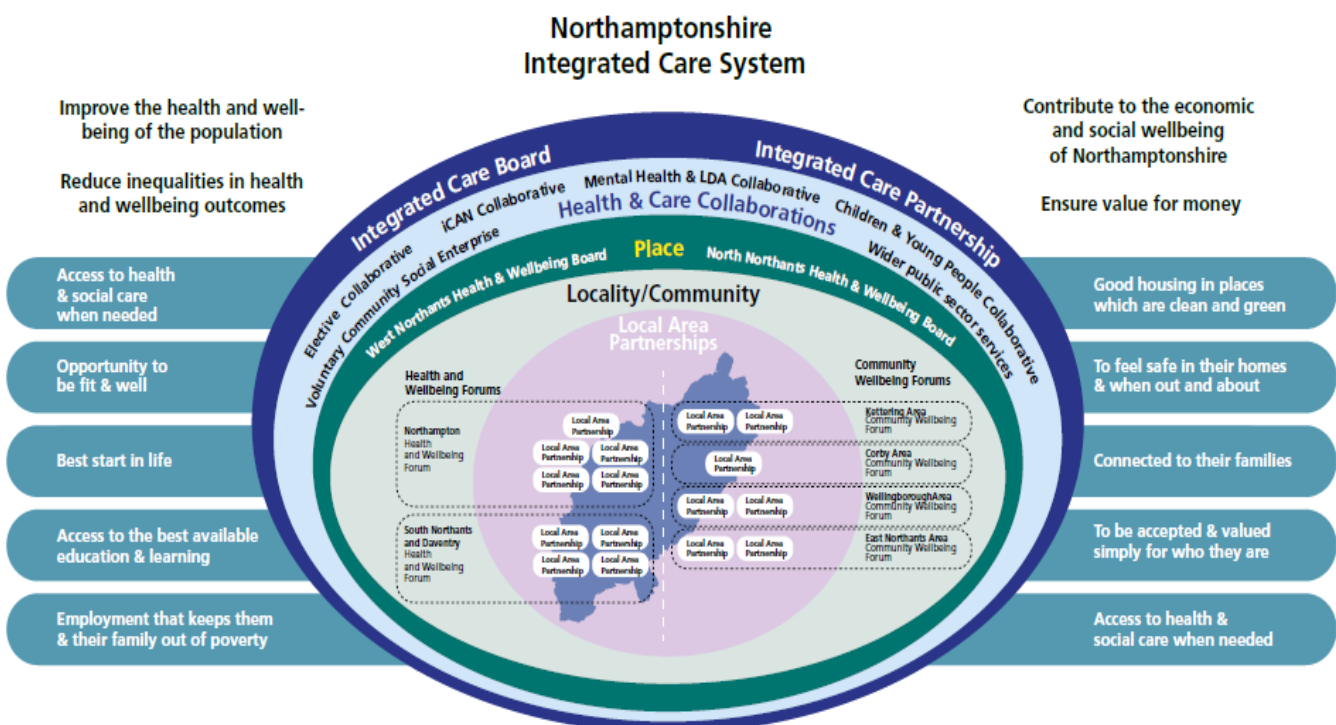
Care provision, integration and continuity	Partnerships and communities
<i>I have care and support that is coordinated, and everyone works well together and with me.</i>	<i>Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred and sustainable care and to reduce inequalities.</i>
We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Working Effectively in Partnership

A key focus of our initial year as West Northamptonshire Council was on developing strong and productive relationships with local partners; on the 1st July 2022 our new integrated care system, Integrated Care Northamptonshire (ICN) was created and brought together health, care and wellbeing organisations from across the county to deliver and commission services in partnership, whilst ensuring our communities are involved and at the heart of all we do. The image below shows the structure of our local system;

Our ICP strategy describes how our shared vision and aims will be delivered through our 10 ambitions which are underpinned by an outcome and community engagement framework. This has been informed by our Northamptonshire Health Inequalities Strategy and is supporting the development of the ICB 5-year plan.

West Northamptonshire Health and Wellbeing Board is well established and supported by two health and wellbeing forums. The health and wellbeing strategy for West Northamptonshire is currently being coproduced with system partners but requires greater involvement from local people. The board has been successful in the development of our anti-poverty strategy which



has enabled considerable support around the cost-of-living crisis.

At a neighbourhood level we have created nine local area partnerships that have populations of between 30,000 to 55,000 people. The partnerships each have local area profiles and are in the process of developing their key priorities. Early success has been the focus on COPD in one of our LAPS where there are twice the national average number of non-elective admissions as a result of COPD.

The Council's cabinet has approved the alignment of its corporate plan to the ICP strategy which will mean that the Council will adopt our nine local area partnerships as its target operating model. This will mean integrated teams are created across not just health and social care but wider delivery of public services. For example, the Police have adopted the LAP geography for their policing wards meaning Police officers will be allocated to each of our local integrated teams.

Four collaboratives are established within our ICS to support the integration of Health and Social Care services.

- Children and Young People
- Mental Health Learning Disability and Autism
- Elective Care
- Integrated Care across Northamptonshire

We have an established Better Care fund, supported by a section 75 agreement; however, we need to move our BCF from a financial arrangement to a partnership which better supports the integration of services. Early success on this has been the development and mobilisation of our integrated Recovering Independence Beds (RIBU). These intermediate care type beds are delivered under dual CQC registration between the Council and NHFT and support pathway 2 discharges. Locally there is also active progress towards integrated commissioning, brokerage and quality monitoring.

Market Sustainability Plans

In March 2023 we published our Market Sustainability Plan for Older Peoples Care homes and Homecare. The purpose of the plan is to provide our understanding of sustainability issues in the Independent Care Sector and to set out the Council's intentions to address sustainability issues.

Older People Care Homes - The Council funds 857 people in a Care Home setting. This is split by 632 in a residential care home and 225 in a nursing care home. In addition, our analysis indicates that there are approximately 1,495 self-funders who are accessing care homes across West Northamptonshire through individually and directly arranged support packages. Increasing our understanding of the self under market is a priority of us through 2023/2024.

Occupancy in West Northamptonshire has been affected by both the Covid 19 pandemic and the national policy to support more people in their own homes. The latest analysis shows that this has now recovered to around 80% however, this is much lower than the longer-term average occupancy levels. This presents a significant risk to provider sustainability and the local market is likely to shrink based on levels of demand.

Care quality for care homes in West Northamptonshire is an outlier in comparison to national averages. Please see summary below.

OP Residential Care Homes	OUTSTANDING	3
39 services	GOOD	21
	REQUIRES IMPROVEMENT	11
	INADEQUATE	2
	NOT YET INSPECTED	2

OP Nursing Homes	OUTSTANDING	1
23 services	GOOD	6
	REQUIRES IMPROVEMENT	16
	INADEQUATE	0
	NOT YET INSPECTED	0

29 care homes have been rated as inadequate or requires improvement, which is a sizable proportion of the West Northamptonshire Care Home market. While we believe that the Covid 19 pandemic has impacted on care quality, many of the concerns are in relation to the workforce and difficulties in recruiting staff alongside vacancy levels. In addition, Care Homes have reported to us that following the pandemic, staff burnout has increased, which we believe has led to poor practices in care homes, requiring increased

support from the Council to mitigate the impact on residents. Quality concerns combined with suspensions and termination of contracts are making it more difficult to make placements in West Northamptonshire.

The care home Workforce in West Northamptonshire has been significantly impacted because of the pandemic and due to national low rates of pay, particularly for front line care workers. Providers have informed us that although their occupancy status shows vacancy, low levels of staffing numbers have meant that they are unable to accept further placements without compromising the ability to deliver safe levels of care. Skills for Care data indicates that the current front line workforce levels are declining by 0.25% - 0.6% every month and that there are currently 13,000 frontline job vacancies across Northamptonshire. This difficulty to recruit front line staff is also a feature in the Councils own care home provision even though rates of pay are higher than those within the independent sector.

Older Peoples Home care - Is commissioned through a tiered framework arrangement made up of lead providers expected to meet 70-80% of the demand and secondary providers that should deliver the remaining 20-30% of demand. The actual position in September 2022 is that lead providers are delivering around 20% of hours, secondary providers are delivering 67% of hours and off framework/spot providers are delivering 13% of total commissioned hours. It is clear we have too many providers and activity planned for June 2023 will significantly reduce this number to increase efficiency and economy of scale. This activity is paramount in achieving both affordable and sustainable home care.

The recruitment and retention of care workers is overwhelmingly stated by both lead and secondary providers as the primary reason for reduced or insufficient capacity to deliver the full requirements of the Council. The recent increase in fuel prices has further perpetuated the cost of travel time particularly in our rural communities, further reduced provider capacity in these areas.

West Northamptonshire Council is funding home care for approximately 940 people through 16,000 commissioned home care hours per week. The total spend on home care is £294k per week.

Supply in rural areas, particularly Daventry and South Northampton, is increasingly difficult to broker.

Our 'Commissioning for a Good Life' strategy, supporting service users with a learning disability and/or autism, was developed in partnership with health colleagues and people with a Learning Disability in Northamptonshire.

In support of the work of the Learning Disability and Autism pillar which forms part of our local Mental Health, Learning Disabilities and Autism (MHLDA) collaborative workshops have taken place with people who have a lived experience of Autism to review the Autism strategy and develop an updated action plan to underpin strategic delivery. The MHLDA collaborative is also leading on the delivery of a 3 year Learning Disabilities and Autism plan, in partnership with people who have a lived experience, engagement with people is a key part of the plan.

Partnerships and communities

We have a strong relationship with our Integrated Care System partners with whom we have developed a countywide place-based health inequalities plan and strategy. Our Health and Wellbeing strategy is currently being developed and will be aligned to support and enhance the delivery of recently developed approaches.

We have agreed roles and responsibilities in place with partner agencies for delivering shared priorities; a Continuing Health Care (CHC) dispute policy is in place with our ICB partners, but it is acknowledged that there needs to be a wider local CHC policy to ensure everyone is clear of their roles and responsibilities within this process. Transforming Care sits within the LDA pillar of the MHLDA collaborative, which oversees an integrated team who support discharges and minimise admissions. Further to this we have protocols in place with Northamptonshire Healthcare NHS Foundation Trust (NHFT) which outline a joint approach to funding of Mental Health support packages.

iCAN

Integrated Care Across Northamptonshire (iCAN) is about improving the quality of care on offer for older people in our county. It aims to achieve the best possible health and wellbeing outcomes for older people and support them to stay independent for as long as possible.

To meet the needs of adults over the age of 65, the elderly and those who are frail, the three core aims of the iCAN programme are to:

- ensure we choose well: no one is in hospital without a need to be there
- ensure people can stay well
- ensure people can live well: by staying at home if that is right for them.

The three key areas that make up the iCAN programme are:

- Community resilience: be fully supported to live independently within my community as an older person
- Frailty escalation and front door: be assessed swiftly and treated effectively when I need to be so I can remain independent
- Flow and grip: be fully aware of when I will leave hospital and what support will be given to me once I'm back home.

Local Area Partnerships (LAP's)

LAP's will represent local areas and give a voice to residents, translating strategy into local action.

The aim is that they empower residents to co-produce new services and solutions for their local area and that they contribute to the formation of system-wide priorities by utilising strong evidence-based information and deep local insight from frontline services and communities.

Local leaders will be empowered to take accountability for local action and LAP's will be the mechanism for consolidating the views of residents and local providers.



In addition to this:

- they will unblock challenges and identify at scale opportunities for their areas.
- robust oversight will ensure their priorities are represented throughout the system.
- Local leaders will be able to influence policy to access the right resource and capabilities to deliver their functions.
- They will support our collaboratives by identifying and coordinating community assets across health, care and wider determinant of health partners to co-produce services and pathway (re-) design.

MHLDA Collaborative

Our Mental Health, Learning Disabilities and Autism (MHLDA) collaborative have re-structured their governance, leadership, commissioning and coproduction processes in order to scope and plan improved pathways for individuals that feel:

- meaningful
- person-centred
- agile/ responsive
- integrated
- intelligent

In doing so, the MHLDA collaborative seeks to ensure improved outcomes for patients, service users, carers, and residents of Northamptonshire.

The collaborative also seeks to ensure the delivery of both known and emerging requirements (including the NHS Long-Term Plan, our Outcomes Framework, responsibilities under the Care Act, as well as the 35 Service User generated 'I' Statements).

The structures in place are utilised to make the best use of limited resources, by addressing duplications and gaps within pathways and reinvesting savings into preventative initiatives.

As a group of partners we seek to enable longer term transformation, via cross-system partnerships and integrated commissioning principles that resolve long-standing barriers to good health and care.

Working in this way allows us to reframe relationships in support of Integrated Care System aspirations, as well as place-based

aspirations, to drive service user satisfaction, sustainability, transparency, and accountability.

VCS

We also recognise the key role our Community and Voluntary Sector partners play in supporting our resident's health and wellbeing and our Adult Services teams are based in local communities so that they can develop strong links with local community groups and voluntary sector organisations. This approach will be further strengthened through introduction of our Local Area Partnership model.

Plans to maintain and improve performance

We need to review and develop our Market Position Statement and commissioning strategies to identify any current gaps in them and consequently put plans in place to address these.

Our Autism Strategy and Learning Disabilities Strategy both need to go through the process of review to ensure that they are up to date and reflect the needs of our population and that they align to and support the delivery of the of Integrated Care System's three year Learning Disabilities and Autism plan.

To reduce the waiting times people experience, and increase the availability of support we need to improve the alignment between our brokerage

function and operational teams, as well as embedding new commissioning frameworks which enable us to respond quickly to the needs of our residents.

The successful roll out of Local Area Partnership working will be a key feature of how we improve our performance in this regard over coming years.

The formalisation of key policies, including a local Continuing Health Care Policy and joint section 117 policy, is integral to strengthening our joint governance arrangements with local partners



Theme 3: Ensuring Safety

Associated Quality Statements	
Safe systems, pathways and transitions	Safeguarding
<p><i>When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.</i></p> <p><i>I feel safe and am supported to understand and manage any risks.</i></p>	<p><i>I feel safe and am supported to understand and manage any risks.</i></p>
<p>We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.</p>	<p>We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.</p>

Safe Systems, pathways and transitions

We promote a culture which recognises that safety is everyone's priority and in doing so we ensure we take the opportunity to learn from adverse events along with our partners, this includes our involvement in LeDeR Reviews, Safeguarding Adult Reviews, Domestic Homicide Reviews, and Northamptonshire Safeguarding Adults Board learning events. Actions from these events are collated into an action plan to address any areas for improvement and the delivery of this is monitored by our directorate management team within our existing governance structure.

Within our geographical footprint we know that we have areas with greater risks for people's safety, such as the mental health hospitals at St. Andrews and St. Mathews. To manage the increased risks presented in these settings we have specific officers who take a proactive approach to providing support and guidance. We have invested time in ensuring we have a close working relationship with the providers concerned to improve practice and accountability, work collaboratively on problem solving and gain assurance in relation to risk management. However, we recognize that to strengthen our approach in future we need to extend this proactive approach to how we work with partners in our communities where data and intelligence identifies there is the greatest risk to people's safety and well being

We operate an Adult Risk Management (ARM) process with partners and communities to ensure that the care and support people receive is safe and where required improvements to safety are addressed.

We have seen improvements from partners in their engagement with this process through the increase in referrals that have been received, which saw 71 adults referred during 2022/23. But we know that we need to strengthen this approach moving forward, particularly in relation to the practice and the application of the risk management process. Whilst we have a safeguarding team that supports organisational safeguarding across agencies, we recognise that there are still gaps to address in ensuring there is seamless support between agencies.

Strong and collaborative arrangements are in place to address risks to the continuity of support people receive with a particular focus on ensuring people's safety is maintained. This is particularly evident in the work we do supporting people moving between Children's Services and Adult Social Care and supporting people being discharged from hospital.

To support young people transitioning into adulthood we have specialist Moving into Adulthood workers who support with the development of Education Health and Care plans and ensuring the right pathways are in place to support children moving through this process. All children going through this route are identified at

the earliest opportunity and our Moving into Adulthood Manager ensures the appropriate links with Adult Social Care teams are in place, during the 2021/22 and 2022/23 financial years we supported 14 children through the transition from Children's Social Care and Adult Social Care.

Supporting people being discharged from hospital, where we have staff working within the hospital discharge hub to inform the discharge planning process and ensure there is a continuity of support provided to the person being discharged.

We have specific policies and protocols in place which enable us to respond to unplanned events and emergencies when required which ensure that any potential risks to people's safety and wellbeing are minimised. This is evidenced through our recent work to support people following the closure of a number of residential care homes in our area.

Our quality assurance process within our commissioning approach ensures that our providers recognise the accountability they hold for providing a safe environment and the appropriate level of support that people in their care require. Locally, with partners, we have formed a joint quality board which is attended by ourselves and representatives from both the ICB and CQC to oversee the quality of care delivered across the local health and care system along with identifying any areas for concern.

Safeguarding

The Northamptonshire Safeguarding Adults Board (NSAB) has a clear understanding of the key safeguarding risks and issues within the area and has used this information to inform the development its strategy. The board has a clear plan in place for delivering this strategy and strategic delivery is supported through the work of various sub committees which all have a clear set of key priorities they are working towards. However, the board recognises that further work needs to undertake in relation to partner accountability and the quality of the performance data that the board receives to support its future delivery.

The NSAB multi-agency framework provides clarity on roles and responsibilities and the processes that should be followed when a safeguarding concern is raised, this framework has been developed by all partners and reviews of the framework and the policies and

procedures within it are undertaken by the multi-agency quality and performance sub group. In addition to the multi-agency framework we have aligned our own internal policies and procedures, which are clearly documented, and provide an additional level of guidance for our staff on their roles and responsibilities in relation to safeguarding.

All concerns are allocated and given a priority within 24 hours of being received; this process is undertaken by our Safeguarding Team and audits are carried out to quality check the timeliness and priority being attached to concerns based on risk identification at the point of referral. In addition to this our Assurance Team undertake audits to identify themes and trends within the concerns being submitted. During 2022/23 we dealt with 6360 safeguarding concerns, and saw a 57% increase on the rate of referrals between the beginning and the end of the year. Of these referrals 2,264 (35%) progressed to a section 42 enquiry, with risk either being removed or reduced in 91% of completed enquiries.

To ensure that concerns are raised quickly and investigated without delay a multi-agency information sharing agreement is in place across the NSAB's member agencies.

Key performance indicators which provide an overview of how safeguarding concerns are being managed and responded to are scrutinised by the directorate senior leadership team and through our directorate governance structure, this has previously identified variations between teams in terms of the completion of investigations into





concerns, for which remedial action was implemented.

During 2022/23 we received 1416 DOL's applications whilst simultaneously reducing the number of outstanding applications.

Our decision-making thresholds are set at a level that is in line with best practice guidance and are outlined within the decision-making framework which is captured within the policies of NSAB. This framework has recently been reviewed and is being monitored for consistency of application. Modern slavery and human trafficking are captured within the framework however, there are gaps in relation to links with Community Safety Partnerships and the Police which we recognise need to be addressed to enable a more joined up working.

Across our teams there is clarity on what constitutes a safeguarding concern and concerns arising from the quality of services, this understanding is supported by our 'notification of a concern process' which supports officers to differentiate between a safeguarding concern and a quality concern. Regular meetings take place between the safeguarding team and quality team to identify themes and trends from the concerns that both teams are looking into and where appropriate patterns of concerns are escalated to our internal Quality Board.

The council's Safeguarding Policy, Procedure and Practice Guidance outlines how we embed the principles of Making Safeguarding Personal into our approach to carrying out our enquiries ensuring that the wishes and best interests of the person concerned are central to our work. We enable people at the centre of concerns to determine the extent to which they wish to be

involved in the process and this is captured within the relevant case file notes. At the conclusion of a safeguarding enquiry we work with people to understand if their outcomes have been achieved successfully. We do acknowledge though that more work needs to be done to make the information we provide people in respect of safeguarding more accessible and to ensure that the principles of Making Safeguarding Personal are being applied consistently and that everyone who wishes to express the outcomes they would like to achieve is given the opportunity to do so.

Based on 2022/23 data, when Section 42 enquiries asked for desired outcomes, these were achieved in 91% cases, which is reflective of how colleagues work with people to understand risks and manage these.

Through our enquiry outcome letters relevant agencies are informed of the outcomes of safeguarding enquiries to ensure the ongoing safety of the person concerned and any risks related to their ongoing care and support are managed effectively. We use Safeguarding Plans to identify actions which can be implemented to reduce future risks for individuals and monitor the delivery of these plans against agreed timelines.

Our participation in Safeguarding Adult Reviews (SAR's) where adults with care and support needs have experienced serious abuse and neglect is used to identify opportunities to learn and improve the systems and practices we have in place. The delivery of actions that are identified for us through the course of reviews that take place is monitored through our safeguarding action plan. We recognise the importance of having a learning culture in place but also recognise that we need to develop this even further so that all opportunities to learn and improve are exploited and that the understanding of safeguarding across all of our staff group is as robust as possible.

Plans to maintain and improve performance

Whilst we have good partnership relationships in place across NSAB we need to broaden these relationships even further so that we are able to take a pro-active approach to ensuring the safety of people living within the area who are at the greatest risk. This includes creating stronger links with our Community Safety Partnerships, Housing Partners and community support for people experiencing a mental health crisis.

Our ARM process needs to be reviewed to ensure it continues to be fit for purpose and the process and its role needs to be promoted to ensure it is utilised effectively. Aligned to this we need to ensure that our new quality assurance framework and audit processes ensure that we have a consistent approach to applying processes right across ASC.

We need to build on the delivery of our composite action plan to make sure that any learning opportunities that arise through the delivery of actions are both identified and embedded into our processes and programme of learning and development.

We would like our process for the dissemination of learning and updates from SARs to be more consistent and robust, as we recognise the importance of utilising the learning that is generated from these reviews, and we also want to ensure there is greater consistency in the information sharing that takes place between the NSAB and our operational teams.

Improvements need to be made to our case recording system to enable us to create a better infrastructure of reports and dashboards so that our key performance metrics can be managed more effectively and where appropriate in real time. A more robust approach to use of data will also support a longer term objective of being able to implement an intelligence led model towards identifying and reducing potential risk. Changes to the case recording system are also required to enable workers to move through the safeguarding process more efficiently and escalate concerns where appropriate.

Work is taking place to ensure this is identified within individual forms but work is needed to enable this to be reported on and more engagement is required with people we support (website and information)

A review of our front door triaging process will take place shortly to ensure that this is being managed appropriately and strategic conversations are required to address the volume of PPN's we are receiving given that at present a very low percentage of these are resulting in safeguarding enquiries being undertaken.

Theme 4: Leadership

Associated Quality Statements

Governance, management and sustainability

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

In August 2022 we created our People Directorate which brings together Public Health, Children's Services (Including responsibility for the Children's Trust) and Adult Social Care, led by a single Executive Director as both DASS (Director of Adult Social Services) and DCS (Director of Children's Services). We are also fortunate to have an ex-DASS as our Chief Executive which ensures that the directorate has a strong voice at the corporate table. Our services are led by an experienced group of assistant directors, all permanent appointments, who come together to make up the directorate's senior leadership team.

Governance, management and sustainability

To provide visibility and assurance that we are delivering our Care Act duties, understand the risks to operational delivery and ensure that the quality of care and support our residents receive meets required expectations we have a clear governance structure in place. Within this structure performance management arrangements are embedded and this is articulated within our operating framework.

The key performance indicators we focus on, include measures from ASCOF and SALT, and are overseen and monitored by our directorate Senior Leadership Team. A more detailed review of operational performance takes place at monthly Divisional Management Team meetings where each of the Assistant Directors focus on their respective areas.

In addition to this we operate a Quality Board to address issues and concerns in relation to the provision of care and support people receive and

we are strengthening our oversight of assurance work which will include incorporating feedback we receive from people via our complaints and compliments process.

At a Team level staff are offered fortnightly 'On Track Chats' about 'casework and are able to use our 'Ideal Outcome' meetings that are available as a quality and equity check.

On a daily basis we use information about risks, performance and outcomes to allocate and prioritise resources to ensure that our front line teams are able to deliver the actions needed to improve care and support outcomes for local people and communities. The allocation of

resources is also reviewed on a monthly basis within Team Manager Meetings and DMT's to ensure that we are able to deliver the actions required of us.

We have a good level of stability across the Adult Social Care leadership team and all roles and responsibilities are clearly understood and documented.

A risk register for the directorate is maintained and links directly to the corporate risk register so that any risks in the local authority operating environment are identified as early as possible, assessed, and appropriate mitigating actions are put in place to manage them effectively. Through the corporate governance arrangements that are in place the local authority's political and executive leaders are informed about potential risks and challenges facing adult social care both nationally and locally and are therefore able to

take account of these in their decision making processes.

Given the financial challenges of the previous county council and the position inherited by the new unitary authority we have in place a robust approach to budget oversight, accountability and governance. The directorates Senior Leadership Team meet weekly with finance colleagues to discuss all elements of the directorate budget, this includes discussions around the need to mitigate any overspends and consideration of regional and national benchmarking data to understand local trends and inform actions that may need to be taken.

Discussions via this forum also facilitate a collective understanding of the impact of any proposed budget reductions and whether the level of savings required will affect our ability to meet statutory duties. At an operational level we also have a Market Oversight Meeting which scrutinises the amount of money we spend across the independent care sector.

There is a clear alignment of governance arrangements flowing from the political and executive leadership levels of the council through our directorate management structures which is supported by clear processes which outline how and where decisions are made.

Learning, Improvement and Innovation

The local authority designs the system and services around people who need care and support and unpaid carers and the outcomes that are important to them. Services are developed by working with people and their communities. Individuals and communities are involved in decisions at all levels of the system.

Further work needs to be done to develop our approach to support improvement, innovation and research, our Principle Social Worker delivers 'Listen and Learn' sessions but we recognise that this needs to be supported by a more co-ordinated and formalised approach to improvement across the directorate.

Having only recently disaggregated our Learning and Development budget we still have a significant amount of work to do strengthen our focus on how we support the continuous learning and improvement of our workforce, in support of this we recognise the need to develop a workforce

strategy for the directorate which clearly articulates our learning and development offer and is aligned to the ASYE and Social Work Apprenticeship programmes that we already operate.

In addition to this we know that we need to develop plans to ensure that co-production is a key feature of how we design future models for the delivery of care and support, so that we both actively seek and utilise the feedback people, staff and partners have about the care and support we provide.

Innovation and new ways of working, including technology, are encouraged and supported to improve people's health and well-being outcomes.

We have structures and processes in place that oversee performance, but we would like to strengthen our approach internally to be more challenging our own performance and are in the process of reviewing this.

We do however invite external challenge of our performance from via regional ADASS colleagues via the sector led improvement activity they co-ordinate, which has included participation in the Annual Conversation process they operate and hosting a peer review in early March 2023, as well as making our staff available to participate in peer review activities for other councils within the region.



Plans to maintain and improve performance

- Completion and sharing of the operating framework document
- Need to develop a clear strategy and approach to embedding co-production into our work
- Finalise and embed the quality assurance framework
- Continue to strengthen our approach to performance management with a particular focus on the internal challenge we provide





Our Self-Assessment Library



Overarching Documents










Plan name	Link (internal or external)
Corporate Plan and MTFS	Corporate Plan West Northamptonshire Council (westnorthants.gov.uk)
ASC Strategy/s	NASS Strategy 2019-22 (PDF 1.06MB).pdf (northamptonshire.gov.uk)
Market Position Statement(s)	Strategies and plans - Adult social services - West Northamptonshire
Market Sustainability Plan	Add link
JSNA	Adults with Disabilities (northamptonshire.gov.uk) Joint Strategic Needs Assessment (JSNA) West Northamptonshire Council (west-northants.gov.uk)
Improvement Plans for ASC	 Service plans 2023
The workforce development strategy for ASC (this could be joint doc with health)	People Strategy (sharepoint.com)
The ICS and ICP plans for the council - including hospital discharge	Integrated Care Partnership Integrated Care Northamptonshire (icnorthamptonshire.org.uk)
Workforce development plan for ASC	Attached
Risk register for ASC	 Risk Register

ASC Reports

ASC Reports	Link (internal or external)
Routine ASC performance reports as presented to departmental leadership and the corporate leadership team	 5. b) People Scorecard SLT Dec 2022.xlsm WNC Corporate Plan Report (moderngov.co.uk)
ASC Annual Reports – e.g., complaints and compliments annual report and SAB annual report	Review of Local Government Complaints 2021-22 (moderngov.co.uk)
Routine ASC financial reports – including savings	Attached
Surveys – with people with lived experience, staff etc – with any accompanying action plans	Attached
Minutes of routine meetings (e.g., the SAB; the ICP)	Both attached
Papers and minutes of a typical departmental leadership team meeting	 3. March
Executive summaries from any SAR(s) – together with action plans and progress reports	Safeguarding Adult Reviews (northamptonshiresab.org.uk)

ASC Policies

Policy name	Link (internal or external)
Care Act Assessment and Review procedures	 13 - Adult Social Care Pathways & 3 Conversations Practitioners Guidance https://www.northamptonshire.gov.uk/councilservices/adult-social-care/policies/Documents/Assessment%20and%20Eligibility%20Policy%20v1%20Final%2011%2003%2015.pdf
Case allocation, recording and management sign off procedures	 09 - Recording with Care Policy

Policy name	Link (internal or external)
Financial charging procedures	 04 - Fees and Charges Policy
DPA procedures	 03 - Deferred Payment Policy
Audit policy and procedures	 08 - Quality Assurance and Audit
Complaints procedure	 16 - Complaints Policy
	 17 - Appeals Policy
Panel procedures	 20 - Funding Process and Budget Oversight Guidance
HR procedures – e.g., Whistleblowing, Grievance, recruitment; learning and development (mandatory and array of other available), working from home, wellbeing, supervision and appraisal	 11 - Supervision Policy https://wnugov.sharepoint.com/sites/WNC-HR https://wnugov.sharepoint.com/sites/WNC-Wellbeing  FWW strategyfinal (004).pdf
MCA procedures	 Guidance 01 Mental Capacity Act 2005 (MCA).pdf



WEST NORTHAMPTONSHIRE COUNCIL

ADULT SOCIAL CARE AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

17TH JANUARY 2024

CLLR MATT GOLBY – CABINET MEMBER FOR ADULT CARE, WELLBEING AND HEALTH INTEGRATION

Report Title	Public Health Grant
Report Author	Sally Burns, Director of Public Health Hannah Ellingham, Business Manager Rory Seymour, Senior Finance Business Partner

Contributors/Checkers/Approvers

West MO	Catherine Whitehead	09/01/2024
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1. Purpose of Report

- 1.1 West Northants Council has a duty to improve the health and wellbeing of the population. To support these responsibilities a level of 'public health grant' is allocated annually by the Treasury and is ringfenced for specific uses. This report provides the committee with an overview of the use of the Public Health Grant in West Northamptonshire.

2. Executive Summary

- 2.1 In 2023/24, West Northamptonshire Council was allocated **£19,730,445** for public health services. The ring-fenced grant is provided on the condition that the '**main and primary purpose of all the spending from the grant is to secure public health improvement**'. A review of the use of the grant is ongoing in line with the health and wellbeing needs and requirements of our

residents and a framework to support the allocation of funding and process was agreed by Cabinet in January 2023.

2.2 Within the core grant there are significant contractual commitments which are currently undergoing review and recommissioning through to 2026. In total 74.7% of the core grant is currently spent within contractual arrangements.

2.3 A three-year plan is underway to reduce the level of reserve and reinvestment to an acceptable level. Key areas of investment are:-

- Anti-poverty Strategy projects - £1.9m
- Wellbeing West Northants (Adults Prevention) – £1.4m in 2023/24
- Funding of WNC (West Northants Council) Business Intelligence - £1.18m
- Local Area Partnership coordination - £1.04m
- Social Prescribing - £1.53m

3. Recommendations

3.1 It is recommended that Committee notes the contents of the report for information.

4. Report Background

4.1 The Local Authority has a duty to improve the health and wellbeing of its residents and to carry out any additional responsibilities including:-

- Any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities.
- Exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health.
- Their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders.
- Such other public health functions as the Secretary of State specify in regulations and under dental public health powers.

4.2 To support these responsibilities the level of the Public Health Grant is set by the Treasury and is ring-fenced for specific uses. In 2023/24, West Northamptonshire Council was allocated **£19,730,445** for public health services.

4.3 The ring-fenced grant is provided on the condition that the **'main and primary purpose of all spend from the grant is to secure public health improvement'**. The Director of Public Health and Chief Executive/s151 officer must confirm that expenditure of the grant is in line with the grant determination criteria as set out by the Department of Health & Social Care. An annual assurance statement is required to confirm correct use of the grant.

4.4 **Review and Public Health Framework** - Following the disaggregation of the Countywide Public Health Team in October 2022, a review of the budget was commenced and a Public Health Framework document brought to Cabinet in January 2023. The framework sets out the priorities for expenditure and draws attention to the circular, governance processes and review of outcomes achieved.

4.5 **Core Grant** - In taking the approach for the use of the main grant, the Council must pay regard to the evidence of need and identify services, approaches or interventions to improve health outcomes and address inequalities. The circular also clearly sets out descriptors in lists of prescribed and non-prescribed services. The main overview for the core West Northamptonshire Public Health Budget allocations is set out below.

Budget Area	23/24 Budget
Health Protection and Healthcare Public Health	2,809,202
Wider Determinants	3,480,384
Health Improvement & Communities	1,072,866
People & Wellbeing	9,383,688
Management & Admin	2,984,303
Total Public Health Budget	19,730,445

Within each budget area there are significant contractual commitments which are currently undergoing review and recommissioning through to 2026. Examples are as follows: -

- Health Protection and Health Care Public Health – Sexual Health and Health Checks approximately £2.75m
- Wider Determinants of Health – Substance Misuse approximately £3.48m. It should also be noted that in order to receive the supplementary substance misuse and treatment grants mentioned in section 4.7 below, expenditure must be maintained at this level.
- Health Improvement and Communities – Wellbeing and Community Services £773k
- People and Wellbeing - 0-19 Contracts approximately £7.74m

In total £14.73m of the Public Health Core Budget is fastened into contracts so this is 74.7% of the core grant.

4.6 **Investment in Wellbeing in Communities and Place** - The West Northamptonshire Joint Health and Wellbeing Strategy, approved in September 2023, sets out five key approaches to shape our health and wellbeing ambitions. As part of our review and realignment of the grant we are embedding this further. The approaches are as follows:-

- Prevention as a priority
- Tackling health inequalities

- The importance of developing place and local assets
- Evidence based and community insight
- Co production

4.7 **Public Health Reserve and Reinvestment** - Public Health in Northamptonshire has, over time, built up a substantial reserve and on disaggregation in 2022, this was £11.23m for West Northamptonshire. This reserve had built up for several reasons: -

- Firstly, after Northamptonshire County Council was found to have spent Public Health funding outside of the terms of the grant, they had to pay money from the general fund back into a Public Health reserve for use on services that met Public Health outcomes;
- Additionally, the covid-19 pandemic saw an increase in temporary central government funding for Public Health. This, combined with a reduction in activity in business-as-usual Public Health services during the lockdowns, meant significant underspends against the Core Grant in 2020/21 and 2021/22. As per the terms of the grant, these underspends were put into a ringfenced reserve.

There are risks identified by holding this level of reserve therefore key themes of investment were identified and endorsed in the framework document and so supporting further investment in the following: -

- Adults and Early Years - Wellbeing and Prevention
- Wider Determinants - Housing/Homelessness/Anti-Poverty/Environment
- Communities and Health Improvement

A three-year plan has been agreed which will bring about the focus on priorities at a place level and reduce the reserve to a more acceptable operating level. The current most significant levels of investment in the reserve are as follows: -

- Anti-poverty Strategy projects - £1.9m
- Wellbeing West Northants (Adults Prevention) – £1.4m in 2023/24
- Funding of WNC Business Intelligence - £1.18m
- Local Area Partnership coordination - £1.04m
- Social Prescribing - £1.53m

4.8 **Additional Grant Funding** - The Public Health Team also manage additional grants as highlighted below.

Ringfenced central government grants:-

- Household Support Fund 4 - £5.2m in 2023/24
- Supplementary Substance Misuse and Treatment Grants - £1.88m 23-24 rising to at least 2.24m in 2024-25
- New Stop smoking additional grant £0.5m from 24-25

Funding from outside bodies for use in specific areas:-

- Health Inequalities Funding from the ICB - £800k in 2023/24
- Dental Health Grants from NHS England
- Suicide Prevention Funding from the ICB – allocation TBC

5. Issues and Choices

This report is for scrutiny to be informed about the Public Health Grant and therefore there are no specific choices to highlight.

6. Implications (including financial implications)

6.1 Resources and Financial

Public Health Services are funded by the ringfenced Public Health Grant, and the key financial implications are outlined in the report.

6.2 Legal

The Council receives the Public Health Grant on the condition that the 'main and primary purpose of all spend from the grant is to secure public health improvement'. The Director of Public Health and Chief Executive/s151 officer must confirm that expenditure of the grant is in line with the grant determination criteria as set out by the Department of Health & Social Care. An annual assurance statement is required to confirm correct use of the grant.

6.3 Risk

Failure to adhere to the grant conditions, could lead to Government scrutiny and result in West Northants Council having to pay back any spend that was deemed inappropriate.

6.4 Consultation

There is no direct consultation in relation to this paper but in assessing the health and wellbeing needs of the population of West Northamptonshire, wider consultation takes place.

6.5 Consideration by Overview and Scrutiny

a. Climate Impact

Not applicable.

b. Community Impact

Many of the areas of spend impact certain communities or cohorts affected by health inequalities.

c. Communications

Not applicable.

7. Background Papers

- West Northamptonshire Public Health Framework 2022-2024
- Public Health Circular



**West
Northamptonshire
Council**

**Council Tax Overview
Adult Social Care and Health
Overview and Scrutiny
Committee
17 January 2024**



What we will cover

- Overview of Council Tax
- What services does Council Tax fund?
- How much Council Tax do we aim to collect.
- Liability for Council Tax
- Billing and Recovery
- Enforcement Agents
- Vulnerable Residents and support

- Council Tax was introduced by the Local Government Finance Act 1992 and came into effect from 1st April 1993.
- It is levied on domestic properties in England, Scotland and Wales.
- Each financial year, West Northamptonshire Council sets the Council Tax to take into account the budget requirement and is responsible for the levy, collection and recovery of Council Tax.
- West Northamptonshire Council collects Council Tax on behalf of ourselves and other precepting authorities:
 - The Police, Fire and Crime Commissioner for Northamptonshire.
 - Town and Parish Councils within West Northamptonshire Councils boundaries.
- The income that the Council collects from Council Tax helps to provide essential services to our residents such as social care for vulnerable people; and support for children, young adults and elderly people. It also helps fund waste, recycling, schools, libraries, leisure centres, street cleaning and much more.

How much we collect



West Northamptonshire Council collects Council Tax for in excess of **181,000** residential dwellings.



For **2023/24** The amount of Council Tax Charged for collection is in excess of **£309m** of which £240m is retained by WNC. The collection rate target is 98%.



Every 1% of the Council Tax charged equates to **£3m of which £2.4m is kept by WNC**



Liability and Reductions available

- **Who is liable for Council Tax?** Usually the person/s in occupation/owner of a dwelling in the valuation list, will be liable for Council tax if aged 18 or over. If the dwelling is unoccupied the Council will determine who should be liable in line with legislation.
- **Discounts/Disregards/Exemptions** There are reductions available of up to 100% for certain circumstances as long as the appropriate qualifying criteria is met. The most common reductions are sole occupier discount (25% discount), Student Disregards (25% discount), All Student Occupier Exemption (Class N Exempt), Unoccupied dwelling due to person now living in a residential care home (Class E Exempt).

Billing and Recovery

- A **demand notice** for the dwelling is issued to the liable party at the start of the their liability and then each future financial year.
- Council Tax payers have the right to pay in either ten or twelve instalments. However, they can lose this right and be required to pay the entire bill at once under the following two circumstances:
 - Where a **reminder notice** has been issued for an instalment, but the tax-payer has failed to pay the instalment within seven days of the issue of the reminder notice.
 - Where the tax-payer has been issued **two reminder notices** in the current financial year and they miss the deadline for the instalment for a third time.
- Once the tax-payer has lost the right to pay by instalments a Court Summons will be issued for a Liability Order hearing at the Magistrates Court, this will incur costs of £100.00 and be added to the amount of Council Tax outstanding.
- At this stage an arrangement can be made with the tax-payer to pay the balance including costs by instalments, no further recovery action will take place as long as the arrangement is maintained.

Once a **Liability Order** has been granted by the Magistrates Court, the following recovery options are available to West Northamptonshire Council to recover the outstanding Council Tax and costs.

- **Attachment of Earnings** – An order is sent to the tax-payers employer requesting they make deductions from their earnings and pay us directly until the balance of the Liability Order is clear. Deductions from the tax-payers earnings will be a percentage of their net pay in line with Schedule 4 of The Council Tax (Administration and Enforcement) Regulations 1992.
- **Attachment of Benefits** - We can order the DWP to deduct a regular amount directly from any of the qualifying benefits listed until the Liability Order is clear:

Jobseekers Allowance

Income Support

Income-related Employment and Support Allowance

Pension Credit

Universal Credit

Enforcement Agents can be appointed to collect outstanding Council Tax once a Liability Order has been obtained. Additional costs will be incurred and are payable to the Enforcement Agents as detailed below:

- A compliance fee of £75.00 for each liability order obtained. This fee is incurred at the point we pass the debt to the Enforcement Agent for collection.
- If the tax-payer does not make payment or contact the enforcement agent immediately, the enforcement agent may visit the tax-payers property. This will incur further enforcement fees of £235.00.
- If the debt is over £1,500 the fee will be higher, as they charge an extra 7.5% on any balance over £1,500.

Sometimes it is necessary for the enforcement agents to sell tax-payers goods. If so, they will have to pay a further £110.00 fee, plus an extra fee of 7.5% on any balance over £1,500.

Once a Liability Order has been obtained and other recovery options have been exhausted the Council can consider the following higher level recovery options:

Bankruptcy and Insolvency – If the outstanding debt on the Liability Order is over £5000 this allows us to enforce either bankruptcy proceedings against an individual or, insolvency proceedings in the case of a company.

Charging Order - A liability order will allow us to make an application for a charging order on a property where the amount outstanding is at least £1000, and the tax-payer has a legal interest in the property. A charging order secures the amount of council tax owed against the property. If the tax-payer sells or transfers a property, the council tax debt is paid in full before the tax-payer receives any proceeds of the sale. The tax-payer is not under any obligations to sell their property once the charging order is in place. But, in some circumstances, we may apply to the court to force the sale of the property.

Vulnerable Residents

West Northamptonshire Council has a vulnerable person's policy. Although there is not a universally agreed definition of vulnerability, within the policy is a list that identifies characteristics of people who we consider to be vulnerable. We will consider a customer's individual circumstances where a potential vulnerability is identified to consider holding recovery action until the full details are known. Appropriate course of action and obtaining further support will then be decided/arranged.

- Disabled people
- People with mental impairment or learning difficulties
- People experiencing serious illness, including mental illness
- Unemployed people
- A person who has clear difficulty understanding English
- People aged under eighteen
- People of state retirement age or over
- A Person recently bereaved
- Lone Parents
- Pregnancy
- A person that has difficulty reading or writing
- People on low incomes

Help and support available

- **Council Tax Reduction** is a means tested support to help those on low income pay their Council Tax. It can be claimed if the tax-payer is already claiming other benefits such as Job Seekers Allowance, Income Support or Universal Credit. The tax-payer may also be able to claim if they are working but on a low income. Claim forms can be found on our website <https://www.westnorthants.gov.uk/council-tax-reductions-discounts-and-exemptions/apply-council-tax-reduction>. Paper forms are also available
- **Council Tax Hardship Payments** are available to those who are experiencing exceptional financial hardship and offers discretionary help with Council Tax by means of a credit to Council Tax account). The budget for this is limited and are funded by the Council from our own funds. The decision to make a hardship payment is at our discretion and help available is for a set period and amount. Claim forms can be found on our website <https://www.westnorthants.gov.uk/council-tax-reductions-discounts-and-exemptions/apply-council-tax-reduction> or paper claim forms are available.
- **Internal WNC Debt and Money Advice team.** The team offer a confidential and free service to our residents on debt and money matters.
- **Voluntary sector**

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West Northamptonshire Council

Adult Social Care and Health Overview and Scrutiny Committee – Work Programme 2023/24

	Topic identified and scheduled
	Topic identified but not yet scheduled
	Topic completed

Topic	Proposed purpose	Date	Approach	Cabinet Member / Executive Director / other senior leader	Comments
Performance against adult care, public health and wellbeing key performance indicators	The Committee to scrutinise and provide constructive challenge regarding West Northamptonshire Council’s performance against KPIs for services within its remit.	24 July 2023 pre-meeting 14 September 2023 17 January 2024 17 April 2024	Regular Committee meeting item	Executive Director People Services Cabinet Member for Adult Care, Wellbeing and Health Integration	
Development and operation of Local Area Partnerships in West Northamptonshire	The Committee to scrutinise continuing progress with the development of LAPs, involvement in their work and the outcomes produced.	14 September 2023 17 January 2024 17 April 2024	Regular Committee meeting item	Executive Director People Services Cabinet Member for Adult Care, Wellbeing and Health Integration	
Task and finish scrutiny review: support for unpaid carers	The task and finish panel to scrutinise how unpaid carers are supported and contribute to the development of a new West Northamptonshire carers strategy.	To be confirmed	Task and finish panel	NA	The Committee agreed at its meeting on 14 September 2023 to carry out a scrutiny review of this topic, which was referred from Full Council. The plan for the scrutiny review will be approved by the Chair and Vice Chair before the next Committee meeting.

Topic	Proposed purpose	Date	Approach	Cabinet Member / Executive Director / other senior leader	Comments
Individual debt and West Northamptonshire Council's approach to debt recovery	The Committee to consider an overview of issues relating to individual debt in West Northamptonshire and the Council's approach to debt recovery.	17 January 2024	Committee meeting item	Assistant Director Revenues and Benefits	The People Overview and Scrutiny Committee agreed at its meeting on 21 February 2023 to add this topic to its work programme.
Use of Public Health funding	The Committee to consider an overview of services and activities supported using Public Health funding in West Northamptonshire.	17 January 2024	Committee meeting item	Director of Public Health	This prospective topic was identified by the Chair in October 2023.
Debt and Money Advice Transformation Programme	The Committee to provide scrutiny input into the development and delivery of the transformation programme.	To be confirmed	Committee meeting item	Assistant Director Revenues and Benefits	The People Overview and Scrutiny Committee agreed at its meeting on 21 February 2023 to request that more detailed plans for the future Debt and Money Advice service to be developed be presented to the Committee at an appropriate future meeting.
Care Quality Commission inspection of adult social care – outcomes	The Committee to provide scrutiny input and constructive challenge regarding West Northamptonshire Council's action plan to address the outcomes of the CQC inspection.	To be confirmed	Committee meeting item	Executive Director People Services and Adult Social Care Assistant Directors Cabinet Member for Adult Care, Wellbeing and Health Integration	
Supporting independent living for older people	The Committee to scrutinise the support provided for independent living by older people following on from the original iCAN programme.	To be confirmed	Committee meeting item	Executive Director People Services Cabinet Member for Adult Care, Wellbeing and Health Integration	

Topic	Proposed purpose	Date	Approach	Cabinet Member / Executive Director / other senior leader	Comments
Palliative care in West Northamptonshire	The Committee to consider the outcomes of a review of all-age palliative care in West Northamptonshire.	To be confirmed	Committee meeting item	Service leads – NHS Northamptonshire Integrated Care Board (ICB) and Northamptonshire Healthcare NHS Foundation Trust (NHFT)	
Adult care, public health and wellbeing operating environment	Committee members to receive an overview of West Northamptonshire Council’s duties, strategic priorities and challenges relating to the provision of adult care, public health and wellbeing services.	To be confirmed	Briefing session	Executive Director People Services	This session is intended to assist all members of the new Committee to carry out informed scrutiny of issues within its remit.
Forthcoming service contracts	The Committee to be advised of any opportunities to provide scrutiny input in developing the requirements for significant service contracts relating to its remit.	Pre-meetings 24 July 2023 6 December 2023 6 March 2024	Standing item at pre-meetings	Executive Director People Services	
Integrated care across Northamptonshire (iCAN) – supporting independent living for frail older people	The Committee to consider: a) An update from the Task and Finish Panel formed to scrutinise progress with the iCAN programme b) Future direction of iCAN	27 June 2023	Committee meeting item	Assistant Director Commissioning and Performance Cabinet Member for Adult Care, Wellbeing and Health Integration	The scrutiny work was carried out in 2022 under the former People Overview and Scrutiny Committee.
Care Quality Commission inspection of adult social care – preparation	The Committee to provide scrutiny input and constructive challenge regarding West Northamptonshire Council’s self-assessment for the CQC inspection.	27 June 2023	Committee meeting item	Assistant Director Safeguarding and Wellbeing Services Cabinet Member for Adult Care, Wellbeing and Health Integration	

Topic	Proposed purpose	Date	Approach	Cabinet Member / Executive Director / other senior leader	Comments
Healthwatch West Northamptonshire Annual Report 2022/23	The Committee to consider the Annual Report to identify any topics for scrutiny that it may suggest.	24 July 2023 pre-meeting	Preliminary discussion at a pre-meeting to inform potential Committee meeting item	NA	
Step-up and step-down community transformation	The Committee to provide scrutiny input and constructive challenge regarding the development of recovery, rehabilitation, assessment, care planning or short-term intensive support services.	14 September 2023	Committee meeting item	Chief Executive, NHS Northamptonshire ICB Managing Director, NHFT Chief Operating Officer, NHFT Assoc. Director for Urgent and Emergency Care, NHS Northamptonshire ICB	
Care quality in care homes	The Committee to provide constructive challenge regarding action by West Northamptonshire Council to support and improve care quality in local residential care and nursing homes for older people.	14 September 2023	Preliminary discussion at a pre-meeting to inform potential Committee meeting item	Executive Director People Services Cabinet Member for Adult Care, Wellbeing and Health Integration	
Integrated care across Northamptonshire (iCAN) scrutiny review final draft report.	The Committee to consider and approve the draft report from the iCAN task and finish panel.	14 September 2023	Committee meeting item	NA	The scrutiny work was carried out in 2022 under the former People Overview and Scrutiny Committee.

Adult Social Care and Health Overview and Scrutiny Committee meeting dates in 2023/24

Agenda planning meeting	Committee meeting
23 May 2023	27 June 2023
24 July 2023	14 September 2023
6 December 2023	17 January 2024
6 March 2024	17 April 2024

Scrutiny Review Proposal – Form A

This form should be completed by sponsoring member(s) or officers when proposing an item for consideration with the work programme of an Overview and Scrutiny Committee. The relevant overview and scrutiny committee reserves the right to reject suggestions or suggest alternative means for resolving the issues raised.

Proposer's name and title	Cllr Bob Purser	Date	22 nd November 2023
Proposed topic title	<i>Relationship between Northampton Hospitals and West Northants Council in the light of recent NHS management arrangement changes.</i>		
Background and reason for including the item in the Committee's work programme	<p><i>A new joint Chief Executive has been appointed across both UHN (University Hospitals Northampton – Northampton and Kettering general) and UHL (university hospitals Leicestershire).</i></p> <p><i>While collaboration within health and between areas is always welcome the close working relationships and leadership links between our own hospitals and social care is vital to our resident's wellbeing and especially during winter when we face the most significant demand challenges.</i></p> <p><i>Would Scrutiny consider seeking clarification from the new CEO as to how the arrangements will work, the aims of the new arrangements and how we can be sure that our residents will be best served by the changes despite the wider remit of the CEO and the risk that decisions could now be made further away from the people that they effect.</i></p>		
Link to the Council's Corporate Priorities	<p><i>Priority 3: Improved Life Chances – reduced hospital stays and delays</i></p> <p><i>Please explain how the proposal will help contribute to the delivery of the Council's corporate priorities: Corporate Plan West Northamptonshire Council (westnorthants.gov.uk)</i></p>		
Key objectives	<p><i>To ensure that we retain ongoing effective coordination, collaboration, and communication between West Northants Council and Northampton General Hospital in a way that achieved the best outcomes for our residents and clarity on how governance and leadership will support local decisions despite the wider alliance.</i></p>		

	<i>Please keep to SMART objectives (Specific, Measurable, Achievable, Relevant and Timely).</i>
Measure of effectiveness	<p><i>Ensuring timely information about named individuals, their roles and responsibilities.</i></p> <p><i>Shared understanding of the objectives of the new arrangements and how the governance will work to ensure that we improve local patient outcomes and have clear line of sight on accountability</i></p>
Spotlight or Full Review	<i>I would suggest once pre-meeting and a single hearing. This could be undertaken swiftly by a task and finish group.</i>

Please return this form to: democraticservices@westnorthants.gov.uk

Note: This form should be reviewed by the Monitoring Officer prior to being presented to the relevant overview and scrutiny committee for consideration.