



People Overview and Scrutiny Committee

A meeting of the People Overview and Scrutiny Committee will be held at the Council Chamber, The Guildhall, Northampton, NN1 1DE on Tuesday 21 September 2021 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.	Notification of requests from Members of the Public to address the Meeting To receive notification of requests from members of the public to address the meeting on an item on the public part of the agenda.
4.	Minutes (Pages 5 - 14) To confirm the Minutes of the meeting of the Committee held on 20 July 2021.
5.	Chair's Announcements To receive communications from the Chair.
6.	Integrated Care Across Northamptonshire (ICAN) (Pages 15 - 44) To scrutinise progress made with the development of ICAN and the position on key risk factors.

7.	<p>West Northamptonshire Anti Poverty Strategy (Pages 45 - 50)</p> <p>To consider an update on progress with development of the West Northamptonshire Anti Poverty Strategy.</p>
8.	<p>Children's Services Performance (Pages 51 - 60)</p> <p>To consider an update on the outcomes of the Ofsted monitoring visit in July 2021.</p>
9.	<p>Scope for Task and Finish Scrutiny Review - Child and adolescent mental health and the risk of self harm (To Follow)</p> <p>To approve the scope for the task and finish scrutiny review of child and adolescent mental health and the risk of self-harm.</p>
10.	<p>Work Programming Event</p> <p>To confirm the date for the Committee's Work Programming event.</p>
11.	<p>Review of Committee Work Programme 2021/2022 (Pages 61 - 64)</p> <p>To review and note the Committee's Work Programme 2021/2022.</p>
12.	<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>
13.	<p>Exclusion of Press and Public</p> <p>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 Panel 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
13 September 2021

People Overview and Scrutiny Committee Members:

Councillor Rosie Herring (Chair)

Councillor Karen Cooper (Vice-Chair)

Councillor Mohammed Azizur Rahman (Aziz) Councillor Harry Barrett

Councillor Imran Ahmed Chowdhury BEM

Councillor Raymond Connolly

Councillor Cheryl Hawes

Councillor Nigel Hinch

Councillor Greg Lunn

Councillor Bob Purser

Councillor Wendy Randall

Councillor Emma Roberts

Councillor Sue Sharps

Councillor Nick Sturges-Alex

Councillor Mike Warren

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.

Evacuation Procedure

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Mobile Phones

Please ensure that any device is switched to silent operation or switched off.

Queries Regarding this Agenda

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

Email: democraticservices@westnorthants.gov.uk

Or by writing to:

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



People Overview and Scrutiny Committee

Minutes of a meeting of the People Overview and Scrutiny Committee held at The Council Chamber, Lodge Road, Daventry NN11 4FP on Tuesday 20 July 2021 at 6.00 pm.

Present Councillor Rosie Herring (Chair)
 Councillor Karen Cooper (Vice-Chair)
 Councillor Mohammed Azizur Rahman (Aziz)
 Councillor Harry Barrett
 Councillor Imran Ahmed Chowdhury BEM
 Councillor Fiona Cole
 Councillor Nigel Hinch
 Councillor Greg Lunn
 Councillor Bob Purser
 Councillor Wendy Randall
 Councillor Emma Roberts
 Councillor Sue Sharps
 Councillor Nick Sturges-Alex
 Councillor Mike Warren

Also Present: Councillor Matt Golby, Cabinet Member for Adult Care, Wellbeing and Health Integration.

Officers James Edmunds, Democratic Services Assistant Manager
 Tracy Tiff, Deputy Democratic Services Manager
 Kathryn Holton, Committee Officer
 Stuart Lackenby, Executive Director - Adults Communities and Wellbeing
 Ashley Leduc, Assistant Director - Commissioning and Performance
 Katie Brown, Assistant Director - Safeguarding and Wellbeing

1. **Apologies for Absence and Notification of Substitute Members**

There were no apologies for absence.

2. **Declarations of Interest**

Councillor Herring: Governor of Oxford University Hospitals NHS Foundation Trust.
 Councillor Hinch: Director of Ability Northants; West Northamptonshire Council nominated member for Northampton Partnership Homes (NPH).

3. **Notification of requests from Members of the Public to address the Meeting**

There were no requests from Members of the Public to address the meeting.

4. **Chair's Announcements**

The Chair welcomed all those present to the first meeting of the Committee, which she hoped would do some very productive work.

The Chair advised that in preparation for the meeting she had held individual meetings with the Executive Director – Adults, Communities and Wellbeing, the Chief Executive of the Northamptonshire Children's Trust and the Assistant Director for Education. A meeting had also been scheduled with the Director of Public Health which was yet to take place. The Chair also advised that she had spoken with the Chair of the Scrutiny Commission for North Northamptonshire Council and agreed that they would share information and work together where appropriate.

It had been decided to consider future residential and nursing care for older people and the Integrated Care System and Integrated Care across Northamptonshire at this meeting because those items had been put before Cabinet in June and July 2021.

5. **Remit of the People Overview and Scrutiny Committee**

The Chair introduced the report and explained that West Northamptonshire Council (WNC) had divided Overview and Scrutiny into three separate committees – Corporate, People and Place. The report set out the remit for the People Overview and Scrutiny Committee as approved by the Co-ordinating Overview and Scrutiny Group. It was recognised that there was scope for cross-cutting issues and it would be for the Co-ordinating Overview and Scrutiny Group to decide which committee or committees would be best placed to deal with these. A Work Programme planning event for the Committee was proposed to set the long term Work Programme. The Chair had obtained a provisional feel for topics from informal meetings with members of the Committee.

The Committee considered the report. In response to points raised by members the Chair confirmed that the Co-ordinating Overview and Scrutiny Group would not be setting the work programme, but overseeing it and sorting out cross-cutting issues.

Committee members also made the following points during the course of discussion:

- It was requested that members be advised of the dates of the Co-ordinating Overview and Scrutiny Group meetings.
- It would be helpful for the Committee to see a work programme for the authority for the year to enable the Committee to consider issues before a decision was made.

RESOLVED: That the People Overview and Scrutiny Committee:

- a) Approved the remit for the People Overview and Scrutiny Committee as set out at paragraph 5.1 of the report.
- b) Noted that the Co-ordinating Overview and Scrutiny Group may consider and recommend which Overview and Scrutiny Committee, or Overview and Scrutiny Committees, are best-placed to deal with any cross-cutting matters that may arise.

6. Future residential and nursing care for older people

The Executive Director – Adults, Communities and Wellbeing and Assistant Directors presented the report, which provided an overview of current internal and external care provision in West Northamptonshire, key issues and priorities, assurance and risk and the potential direction of future development. They highlighted particular points as follows:

- Both internal and external care homes had faced an unprecedented amount of attention during the pandemic and had experienced challenges resulting from rapid changes in government guidance and expectations.
- Occupancy levels had reduced as a result of the pandemic and now needed to be built up again.
- The care homes in West Northamptonshire included a significant cluster in Northampton. There was quite a high number of individual homes overall.
- The 117 external care homes in West Northamptonshire included 26 rated as requiring improvement by the Care Quality Commission (CQC) and 2 rated as inadequate. WNC operated an internal team that provided support for improvement work, although this had been more challenging during the pandemic. The total number of external care homes included 71 rated good and 11 rated outstanding.

Members discussed the points raised and asked the following questions:

- Around one-third of care homes rated as requiring improvement seemed a high proportion. How did this compare with other areas?
- The current situation was a particularly challenging one for care homes and involved potential tension between the need to address low occupancy and to maintain service quality. It was acknowledged that all care home staff had been under huge pressure during the pandemic.
- What would be done for the 26 homes requiring improvement? Would they be mentored? How would improvements be measured? What action could WNC take if a home required improvement but the provider did not act to achieve this?
- Would an underperforming provider be paid at the same rate as an effective one?
- Was it known that all 71 homes currently rated good were in fact performing at this level and were not falling back?
- How many contracts with care home providers had been terminated in recent years due to concerns about performance?
- When would changes be made to the 26 homes rated as requiring improvement? The results were not good enough and did not provide value for money. Improvement was needed.
- Were homes losing money because of reduced occupancy?

The Executive Director – Adults, Communities and Wellbeing and Assistant Directors provided additional information in response to questions from members as follows:

- Most other local authorities were in a similar or worse position to WNC in terms of the percentage of residential care homes rated by the CQC as requiring improvement. The CQC ratings were helpful but did not give the whole picture. In future WNC would seek to define some key performance indicators as part of the service planning process that would give a clearer picture of providers'

performance within the overall CQC ratings. Benchmarking data about CQC ratings could be shared with the Committee.

- The current situation for care homes was difficult due to factors such as increased mortality and reduced demand for residential care resulting from the pandemic. Under-occupied providers would face challenges. WNC's approach to managing the market needed to reflect the importance of retaining those providers rated good or outstanding.
- WNC had a set process for providing assurance on service quality, risk and contractual compliance in relation to residential care. This was intelligence-based and involved working with providers on plans for improvement where necessary. Lead officers in the Safeguarding and Commissioning teams provided a specific point of contact for individual homes.
- A care home would need to complete specific steps to improve its CQC rating. It was not possible for a home to go directly from being rated as requiring improvement to an outstanding rating. A sustained improvement over time needed to be shown.
- Reducing the fees paid to under-performing care homes would lead to a reduction in quality, so a supportive but firm approach was taken to addressing questions of performance.
- The support provided to self-funders was another key question relating to future models of care. At present the care market nationally was effectively being subsidised by self-funders. Further consideration could be given to the issue of how WNC could best work with self-funders.
- Care homes that were rated as good were subject to the same WNC monitoring process as those performing less well. The number of care homes rated as good where performance issues were being considered could be confirmed.
- Details of residential care contracts terminated due to performance concerns in recent years could be provided.
- Care homes needed to be safe, caring, responsive to needs, effective and well-led. The CQC carried out a process to determine whether these requirements were met. WNC worked with each home that needed to improve its performance. However, progress up through the ratings depended on when the CQC carried out an inspection, which was not within WNC's control. It was also very challenging for a home to achieve an outstanding rating.
- The interim commissioning intentions agreed by the Cabinet in June 2021 required providers to be rated good or outstanding for WNC to commission them. Previous providers that were not at this level would not be successful if they reapplied.
- Care home beds were not block purchased, but acquired on an individual basis. Needs had become more complex during the pandemic and costs had therefore increased.
- WNC was developing a strategy regarding the use of assistive health technology. This was a massive growth area. The strengths-based approach to care provision taken by WNC reflected the same principles of offering alternative options and tailoring care to individuals' needs in order to support independence.

Members made additional points during discussion as follows:

- WNC should think in terms of how it could provide hybrid support to self-funders in partnership with the family.

- It was important for care homes to have the right environment for residents. The needs of current residents were different from those of the previous generation.
- It was requested that the topic of future residential and nursing care be revisited at the People Overview and Scrutiny committee in November 2021, with an update on particular matters raised at the current meeting.
- It was emphasised that the local councillors should be advised beforehand if a care home in their ward was due to be closed.
- Members requested the opportunity to observe the process used by WNC to review a care home's performance.

RESOLVED: That the People Overview and Scrutiny Committee:

- a) Noted the report.
- b) Requested to receive a further report on residential and nursing care for older people in West Northamptonshire to the Committee meeting on 16th November 2021 providing information on the following matters:
 - How the breakdown of Care Quality Commission ratings for care homes in the area compares with the position in other similar local authorities.
 - The latest position concerning occupancy in care homes in the area.
 - The number of care homes in the area currently rated good where the Council may still have concerns about performance.
 - The number of contracts with care home providers in the area that have been cancelled in the past three years.
 - The latest position and direction of travel regarding staffing in care homes in the area.
 - The potential future direction of the care home market.
- c) Requested that an opportunity be arranged for Committee members to observe the operation of the Council's processes for monitoring the performance of care homes.
- d) Recommended that West Northamptonshire Councillors be informed in advance in the event that a care home located in their ward is due to be closed.

7. **Integrated Care System and Integrated Care across Northamptonshire (iCAN)**

The Executive Director – Adults, Communities and Wellbeing presented the report, which outlined the aims of the Integrated Care System (ICS) model and key issues involved in bringing it into operation in Northamptonshire from 1st April 2022. He highlighted the following points:

- The ICS model was based on the three key principles of taking decisions closer to communities; working at place level to produce effective care and support; and collaboration between the NHS, local authorities and other providers and partners.
- The ICS model was central to the new Health and Wellbeing Bill. This proposed to establish ICS statutory bodies that would be accountable for performance and the use of resources and to enhance the oversight role of Health and Wellbeing Boards.
- The Bill did not specifically define the concept of place and this would be shaped locally. It was proposed that the Northamptonshire ICS would involve services operating at four different levels: regional, county, place and neighbourhood.

- The Bill also proposed to reintroduce a national inspection regime for adult social care. It was hoped that the government would take a pragmatic approach to future inspection requirements.

Members discussed the development of the Northamptonshire ICS and raised the following points:

- It was important that there was collaboration between health services and the police in the future arrangements.
- Where did social housing providers fit into the future arrangements?
- Who would sit on the ICS statutory body for Northamptonshire when it was established? Integration was the right way to proceed but could be affected by the balance between different organisations involved.
- The model for Clinical Commissioning Groups (CCGs) had not allowed much local involvement in their governance. It was important that the same situation was not repeated with the ICS.
- Experience of working in a neighbouring health system had shown that the aim of achieving greater collaboration could still be prevented by barriers between different organisations. This situation needed to be addressed. The ICS approach also needed to address the fact that the NHS was focussed on treatment rather than prevention and needed to be integrated better with Public Health.
- How and when would the chair of the Northamptonshire ICS be recruited? The chair of the Oxfordshire ICS had already been in place for two years.
- The ICS model represented a bottom-up approach to health provision, contrasting with the direction of travel of the NHS over recent decades. This created a potential need for the concept of place to be defined differently in different areas, to represent local characteristics.
- Which body was responsible for holding the ICS to account if it was not set up effectively?
- The Committee should return to the question of how the Health and Wellbeing Board was ensuring that health and social care services were making integration a practical reality, including how staff were being involved in the development of future approaches. The scope for Committee members to keep in touch with business coming to the Health and Wellbeing Board meetings was also highlighted.

The Executive Director – Adults, Communities and Wellbeing and the Assistant Director, Safeguarding and Wellbeing provided additional information in response to questions from members as follows:

- The ICS approach aimed to produce more effective engagement and collaboration in service delivery with partners such as the police. It was hoped that social housing providers could also be involved in its development.
- The ICS statutory body would be made up of the Leader of the Council and chief executives from other relevant organisations. This would be the first time that a local authority representative would be directly involved in decision-making relating to health services.
- The Leader of the Council's involvement in the ICS statutory body would help to address any previous lack of local involvement in health service governance. There was also an opportunity to establish the Health and Wellbeing Board as a

visible body with which the public could engage. The new approach should represent more than just a reorganisation of existing health structures.

- Robust conversations would be needed to make the ICS concept a reality. Councillors could help to ensure that local plans were sufficiently bold; the Health and Wellbeing Board would have a key role in preventing obstacles from affecting progress. A more rounded overall approach to Public Health was required, to connect up relevant functions and understand the levers that could cause people to change their lifestyles.
- The appointment of an ICS chair and chief executive were subject to national guidance. This specified that when the chair of the Health and Care Partnership and the chief executive of the CCG for an area had been appointed through a national recruitment process within the past two years they would move into the equivalent roles in the ICS. The Chair of the Northamptonshire Health and Care Partnership was in this position; the Chief Executive of the CCG was not.
- Each ICS would need to decide how it defined place, recognising factors such as the non-alignment of GP practices and local authority ward boundaries. The approach should be about identifying the best solution for the ICS area.
- There was not a single agency that was solely responsible for holding the ICS to account. WNC would have a role in influencing how the ICS was established; the Health and Wellbeing Board would scrutinise the ICS; and the People Overview and Scrutiny Committee would also be able to scrutinise health and social care issues and how the Board was acting to produce outcomes in the county.

The Assistant Director, Safeguarding and Wellbeing subsequently gave an overview of the development of Integrated Care Across Northamptonshire (iCAN), which was a joint transformation programme intended to improve the provision of care in the county and the outcomes achieved for people. This approach recognised pressures on the local care system that needed to be addressed and had been informed by a study across five health and care communities that identified missed opportunities to improve care and make better use of resources. The iCAN programme would support the aim of provision that focussed on supporting independence and that wrapped around people at point when they first came into contact with the care system.

Members discussed the overview and made the following points:

- Responsiveness by service providers should be a key part of the future approach.
- Suggested key scrutiny questions relating to iCAN included in the report were endorsed with the exception that the Committee should ask that an update be brought to its meeting in September on how iCAN was already supporting WNC to manage winter pressures, given that it needed to be having an effect by that point.
- It would be beneficial for representatives of Newton Europe to be asked to attend the meeting when the Committee revisited progress with the iCAN programme.
- It was questioned how WNC would proceed if resources required to support the iCAN programme could not be secured.

The Executive Director – Adults, Communities and Wellbeing advised that £8m was required to deliver the iCAN programme in full, with £5.4m coming from health partners. WNC would not commit its contribution until it could clearly show that iCAN would produce quantifiable benefits. It was aimed to get a resolution on this matter by August 2021, given the need to mitigate winter pressures.

RESOLVED: That the People Overview and Scrutiny Committee:

- a) Noted the report.
- b) Requested to receive a further report on progress with the iCAN programme to the Committee meeting on 21st September 2021 covering the following matters:
 - How the Council is ensuring that iCAN is consistent with the way it works in Adult Social Care.
 - How risk around iCAN is being managed.
 - How iCAN is supporting the Council to manage winter pressures.
 - The rationale for the Council investing in iCAN and the latest position concerning the resources secured for it.
- c) Requested that representatives from Newton Europe be invited to attend the Committee meeting on 21st September for the update on the iCAN programme.
- d) Agreed to seek to engage with the iCAN People Advisory Group as part of further work on this matter.

8. **Development of the People Overview and Scrutiny Committee Work Programme 2021/2022**

The Democratic Services Assistant Manager introduced the report setting out the Scrutiny Work Programming process and timetable for 2021/22 as approved by the Co-ordinating Overview and Scrutiny Group. The Committee was invited to identify and prioritise items for inclusion in both its interim and longer term Work Programmes.

The Committee considered and identified items for inclusion in its interim Work Programme. However, members proposed that further discussion of the longer term Work Programme would take place after the Work Programming event.

The Chair proposed that the list of potential longer term Work Programme topics should include items relating to pupil performance at Key Stage 2 and engagement with the Regional Schools Commissioner about supporting improved attainment in schools that are converted to academies, both of which had been raised in the Chair's discussion with the Assistant Director for Education. A member also requested that the Committee should consider the provision of youth services and support, potentially in the context of proposed scrutiny of child and adolescent mental health and the risk of self-harm.

RESOLVED: That the People Overview and Scrutiny Committee:

- a) Identified items for inclusion in its short-term Work Programme for 2021/2022 as follows:
 - Integrated Care across Northamptonshire (iCAN) – item for the Committee meeting on 21st September 2021
 - Residential and nursing care – item for the Committee meeting on 16th November 2021
 - Update on the West Northamptonshire Anti-Poverty Strategy – item for the Committee meeting on 21st September 2021
 - Update on the Ofsted monitoring visit in July 2021 – item for the Committee meeting on 21st September 2021
 - Task and finish scrutiny review of child and adolescent mental health and the risk of self-harm

- b) Identified the following items as potential areas for inclusion in its longer term Work Programme for 2021/22:
- Adult social care provision – needs and future plans
 - Children’s social care outcomes achieved
 - Foster care provision
 - Homelessness
 - Joblessness
 - Food poverty
 - Development of the Northamptonshire Integrated Care System
 - Current and future provision of sports and leisure facilities in West Northamptonshire
 - Pupil performance at Key Stage 2
 - Engagement with the Regional Schools Commissioner about supporting improved attainment in schools that are converted to academies
 - Disabled Facilities Grant utilisation
 - Response to / recovery from the COVID-19 pandemic
 - Performance monitoring of relevant service areas against outcomes in business plans and key performance indicators
- c) Agreed that a Work Programming event be held in autumn 2021 to further develop its Work Programme.

The meeting closed at 9.15 pm

Chair: _____

Date: _____

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Northamptonshire

Health and Care Partnership



West Northamptonshire Council

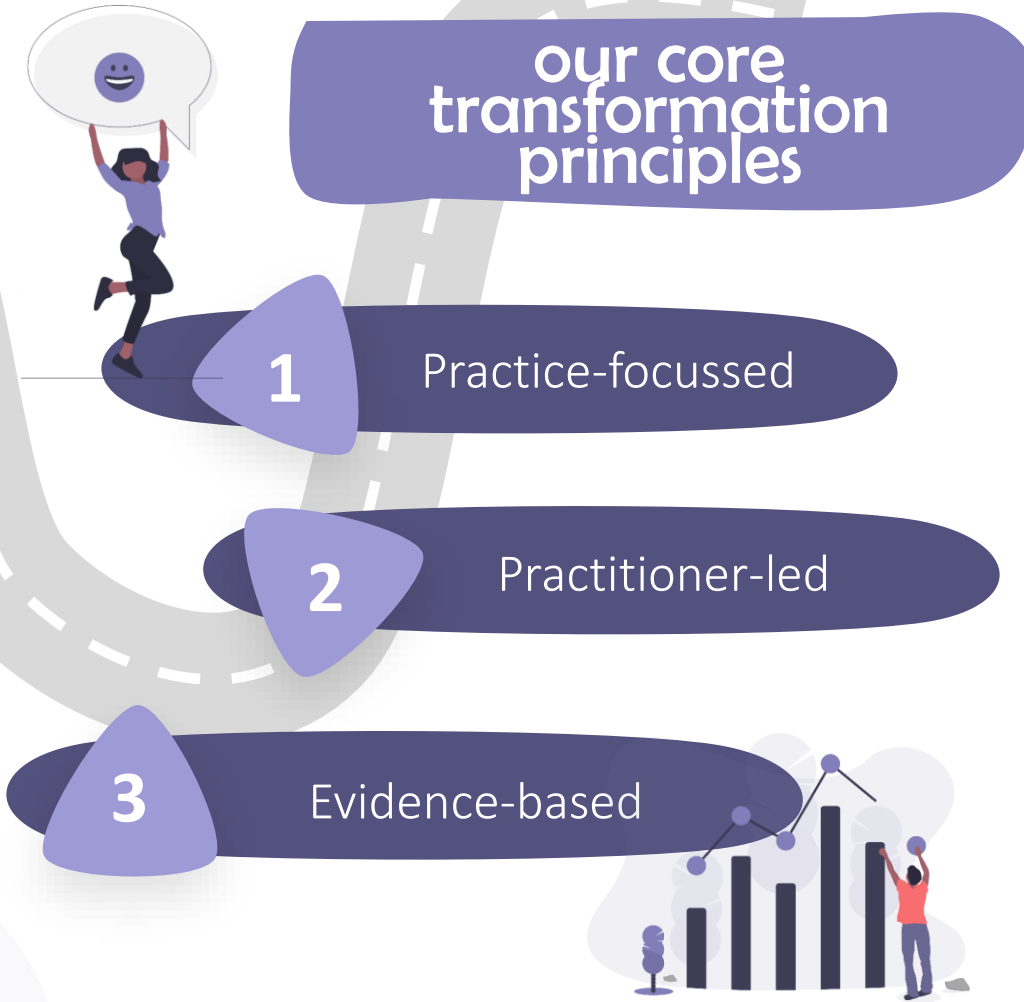
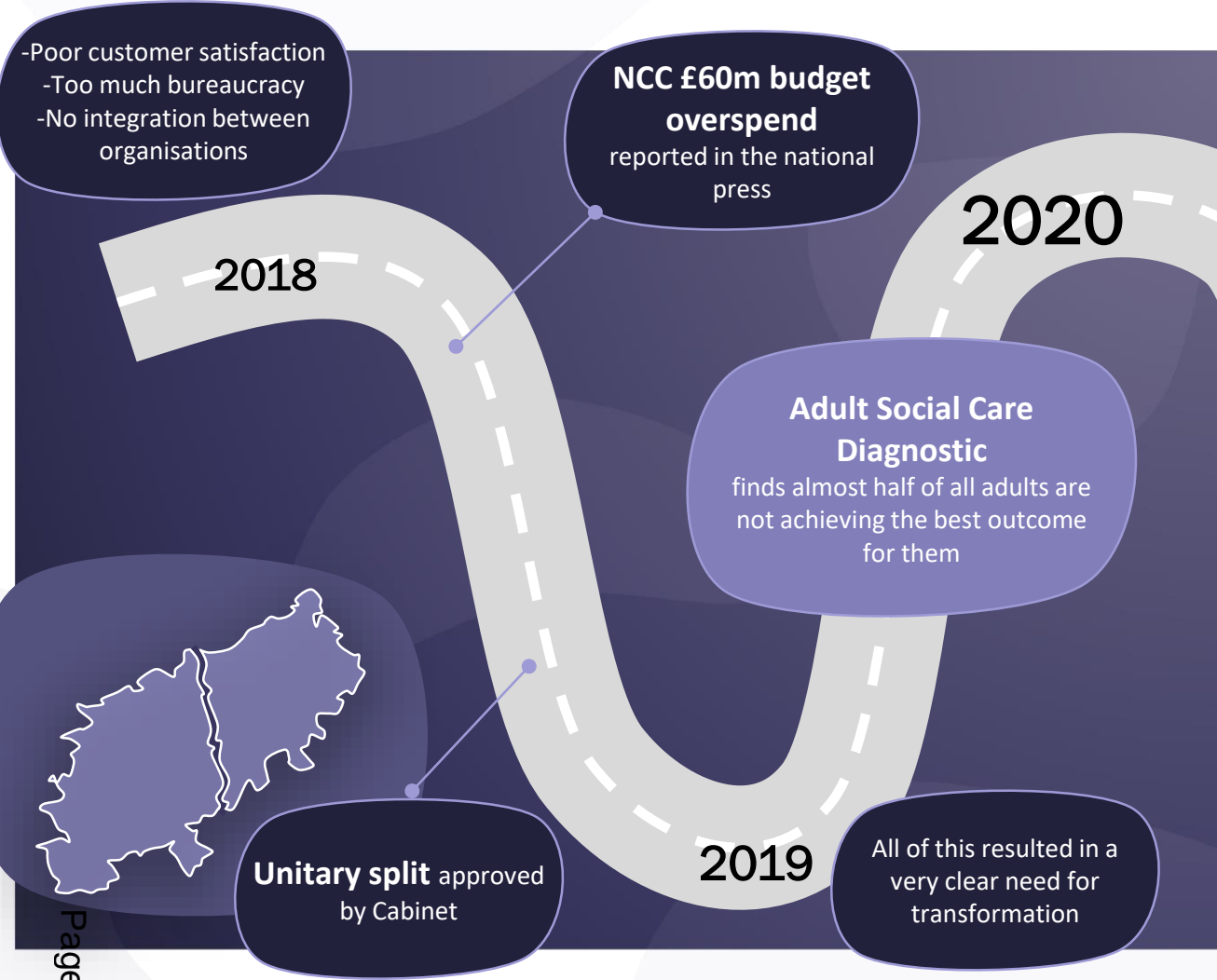
Scrutiny

September 2021

Making system working a reality

- The Northamptonshire Health and Care Partnership (NHCP) underpins the system's desire to move to a more integrated way of working
- iCAN is one of the four major transformation programmes for developing Northamptonshire's ICS
- The journey to get to iCAN started with the TOM programme as part of Northamptonshire Adult Social Services transformation, before the unitary split
- This deck is an introduction to the TOM and iCAN programmes, aligned to the iCAN delivery starting in September 2021.

BACKGROUND TO THE TOM



DESIGN APPROACH

FRONT LINE LED DESIGN

- New ways of working developed by practitioners
- Tested and evidenced to deliver the outcomes that we desired

designing the change



1 We started out by appointing **design leads** - talented, inspiring people from our front-line teams who we trusted would, with the right support, design changes that worked.



2 We ran **workshops** with front line staff to shape our initial design, then **tried the changes** in small teams running regularly feedback sessions with staff.



3 To ensure the changes had made difference, we captured data to help us measure **staff engagement and team performance**.

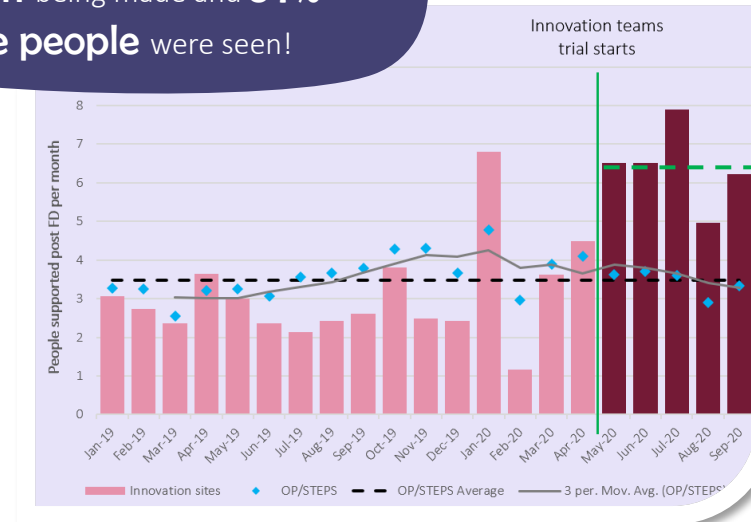
"It feels like we're finally being listened to." Care Manager

"This is refreshing and a change to the way changes have been introduced before" Social Worker

"Absolutely know we are going to transform the system" Service Manager

"We've had the social worker beaten out of us for too long and I think this is going to be a real opportunity to get back to that again" Social Worker

Through the community trial teams we saw **30% more independent decision** being made and **84% more people** were seen!



"It's thanks to the facts and figures that we're able to have these conversations" Team Manager

"Wow we have never had access to data like this, it's going to be so valuable" Team Manager

Some design results...

ADOPT, EMBED AND SUSTAIN

➤ New ways of working completely embedded as BAU by everyone in the business

Training & documentation

100%

believe that the new way of working would support more timely outcomes

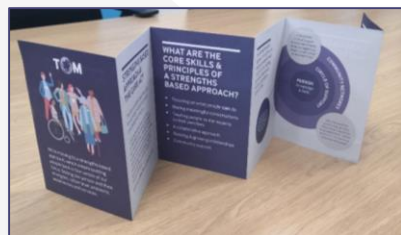
The changes proposed will help us achieve better outcomes for people of Northamptonshire?



95%

of people enjoyed the training sessions

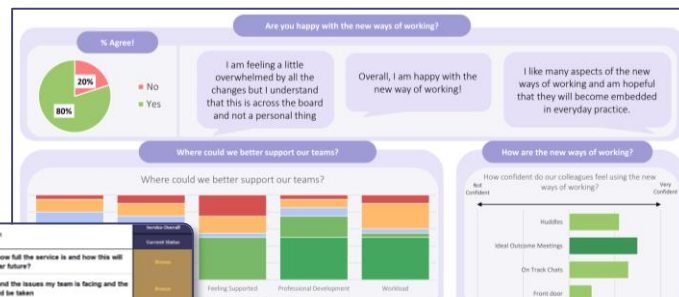
... despite most of it being online



I am excited to start!

My Team is AMAZING. I feel listened to as a worker, there is organisation amongst the team and our team manager and now new service manager are very supportive and most importantly approachable.

I think the new way of working is going well in my team and everyone is very positive. We have a good team of staff who are positive and who are happy to learn together.



Engagement & support

NEW OPERATING MODEL

The next steps after TOM: moving to system working

- As the ICS developed, four major transformation programmes were established by the NHCP, including iCAN. It builds on the work within the TOM programme, expanding across the system to work with health and care partners
- iCAN is a priority because we recognise that frail and elderly care is the single biggest area of demand, activity, acute care, cost and performance improvement areas.
- The iCAN programme's aim is to make radical improvements to the delivery of services to frail, mainly older people.
- We will do this by shifting care to community settings and providing better preventative care, avoiding unnecessary admissions and helping people return to their normal place of residence and stay well at home.
- Without iCAN by 2025 the system of health and care risks being overwhelmed by increased demand. iCAN is critical to enabling the system to cope.

We want to meet the priorities of our Frail and Elderly Population – who said - ‘We Want.....

Time to be listened to by health professionals who consider all of my needs not just a single medical presenting issue

Services to be available locally to me, timely access to my GP and less time spent travelling to hospital for appointments.

To have a support person to help me through my Ageing journey who I can go to and can help me to navigate where needed

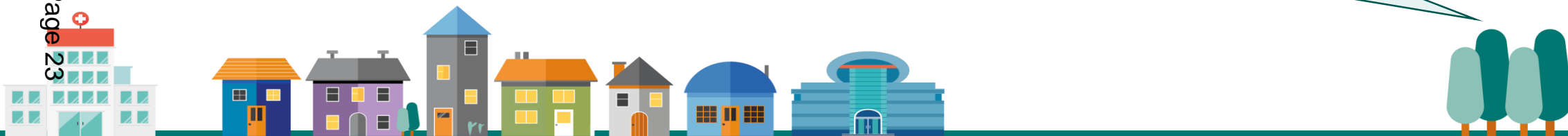
To tell my story once and it be heard by all those who are supporting me

To have the same choice and opportunities whether I am living alone, whether I have a carer or whether I am in 24 hour supported accommodation

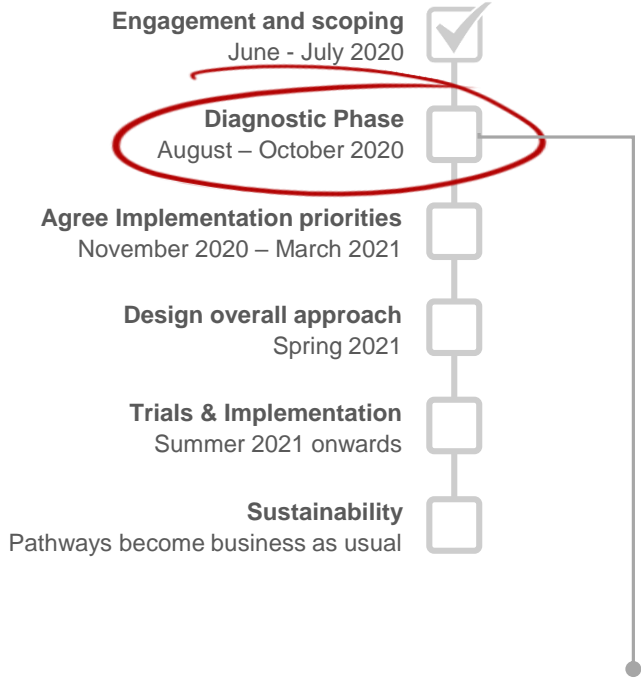
For me to gain skills and confidence to help me manage my long term conditions rather than my long term conditions managing me

When I am in a crisis I want to receive timely and coordinated care in the best place for me at the time

For me and those supporting me to make use of technology but not to the exclusion of actual personal contact – the choice is important for me



In 2020, we carried out a diagnostic to quantify the opportunity



The diagnostic will establish an evidence base to show where the opportunities are to improve outcomes for older people. This will allow us to work out exactly what to change, and how best to change to improve things for the people we care for, and our staff.



Discussions with
>300
leadership and
frontline staff



>1 million
Data points for
analysis



720
beds reviewed for
delays and next steps



104
Survey
responses



130 cases
reviewed with **65**
practitioners



>55 hours
Shadowing
frontline staff



NHS
East Midlands Ambulance Service
NHS Trust



**Northampton
General Hospital**
NHS Trust



Northamptonshire Healthcare
NHS Foundation Trust



Kettering General Hospital
NHS Foundation Trust



**Northamptonshire
Clinical Commissioning Group**



What opportunity did the diagnostic find?



Home or Community?

Are we preventing escalations from occurring in the community?

35%

of escalations were non-ideal and may have been preventable



First Response

Are we ensuring people go to the right place upon escalation?

29%

of escalations reviewed could have gone to a lower acuity setting



Front Door Services

Are we ensuring the right people are admitted?

25%

of admissions reviewed could have been avoided

In Hospital



Are people discharged as soon as possible?

37%

of patients reviewed had no reason to reside



Home or Community

Are people discharged to the optimum setting?

40%

of patients could have received a more independent outcome

What could be different for people in Northamptonshire?



131,000 people over 65 live in Northamptonshire



Every day, 27 over-65s access urgent community intermediate care



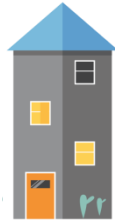
Every day, 165* over-65s come to ED, 92* are admitted into hospital as an emergency admission, with 640 in a hospital bed at any time

By supporting people differently in our community, some of those people could remain healthy and well at home, their **needs not escalating**



Some people will still have a need that must be addressed, but we could support more people with a mix of urgent and routine **community based** services

By supporting people differently in our community, some of those people could remain healthy and well at home, their **needs not escalating**



Some people will still have a need that must be addressed at the Emergency Department but we could help more of them, potentially with short term support, to **go home, rather than be admitted**



We could support more people who have had a need that must be addressed by admission to hospital to be **discharged home** on Pathways 0 or 1 rather than Pathways 2 or 3



Page 26



75-79 people a day will still have a need that requires them to be admitted to hospital, but we could help them **return home quicker**

By 2025

HOME

At any one time, **170 more people every day would be at home, not in hospital**

Outcomes - Mavis Ageing Well in 2025... I will have



Assistive
Technology to
maintain my
independence



Proactive remote monitoring
and reassurance that support is
quickly available if I need it



Befriending if I
want this

Personalised
Equipment to help
me self manage my
health



Mavis

Take some time to evaluate your loved one's level of ability in each of the areas listed. The more towards the right side of the chart the responses are, the more likely an individual is to need help.

Fast track to give us a call if you'd like help interpreting your responses.

ACTIVITY	NEED HELP	NEED HELP	DON'T NEED HELP	COULDN'T GO
Bathing				
Going to the bathroom				
Getting dressed				
Personal hygiene				
Showering (e.g. from bath to bathroom)				
Preparing food				
Eating				
Shopping				
Walking				
Going up stairs				
Taking medication properly				
Housework				
Laundry				
Using the phone				
Playing/Interacting with others				
Driving				

CHECKLIST

A Study Living Activities Assessment



Free Wifi
& digital
platforms

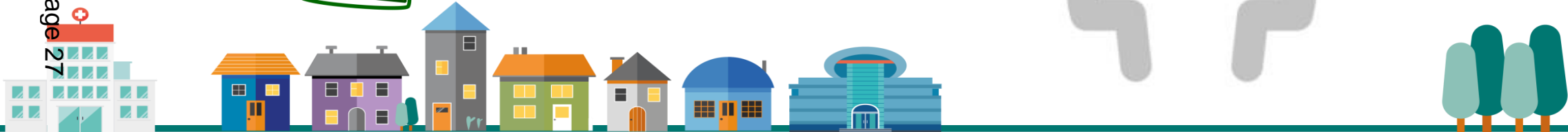
My personal
holistic plan
shared with
who I choose
and reviewed
regularly with
me.

Backed up with timely
access to specialists
as my needs change

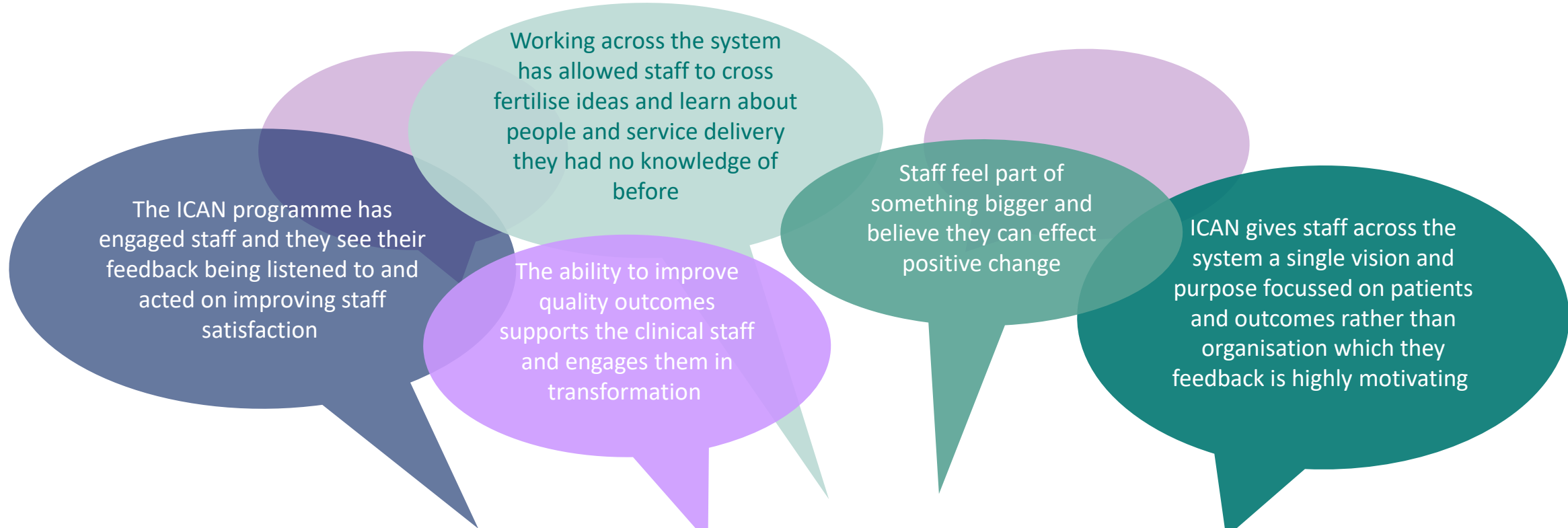


Access to range of local
community activities
and support groups (in
person or virtual)

My go to named
person from my local
integrated team



Outcomes: Why is ICAN good for staff



ICAN Outcomes - Benefits for Professional Care Staff & Clinicians

iCAN care will be personalised for the frail person who needs support, with coordination of health and care professionals who will have access to a menu of responsive and available services to preserve independence and autonomy.

Co-production and coordination of care with people and their carers, connecting with the community in the place where they live.

Range of services available to choose from and support for people to make choices about their care

Co-ordinated care supported by a frailty **MDT** including the voluntary sector working with health and care staff enables people to look after their own health and facilitate professional communication

Proactive care and plans to reduce the reliance on reactive care currently provided in the hospitals in our system

Shared digital information to support efficient working and adherence to individual choices and to avoid people having to tell their story multiple times

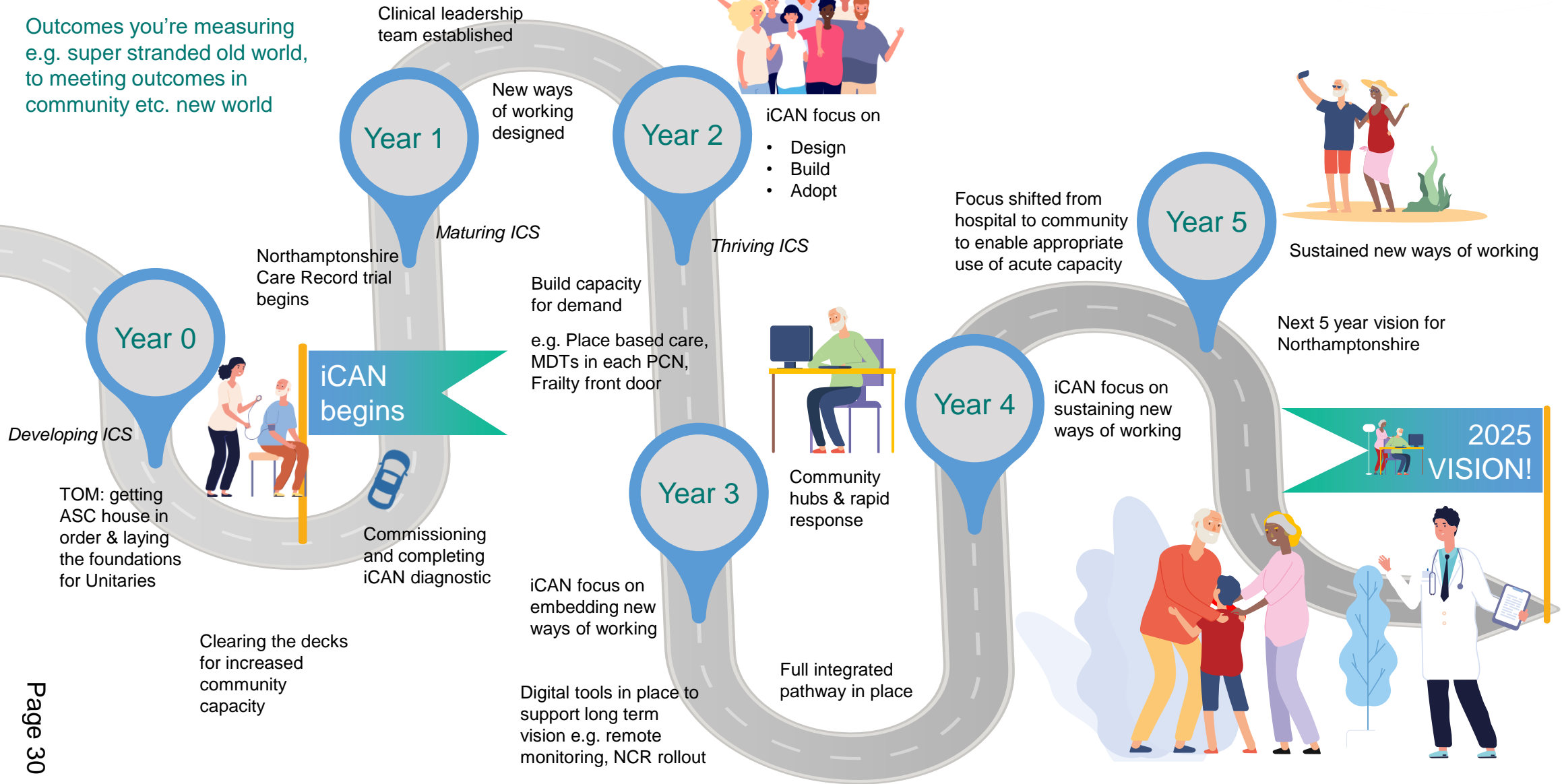
Efficient and easy routes to diagnosis, therapies and other treatments to reduce patient, carer and staff frustrations

Support for independence in the person's own home and community as much as possible, with focussed and brief contact with inpatient services when necessary

Patients leaving hospital as soon as they have no reason to reside via a timely and efficient discharge and returning **home as soon as possible**, avoids long term deconditioning and loss of function

Our Roadmap to the ICAN vision

Outcomes you're measuring
e.g. super stranded old world,
to meeting outcomes in
community etc. new world



The work has been organised into 3 pillars

COMMUNITY RESILIENCE

Ensure that frail people in the community receive the right care and support at the right time so that they can live as independently as possible

Maintaining people's wellness and independence to reduce crisis escalations

FRAILTY ESCALATION & FRONT DOOR

Ensuring that frail patients are only admitted to hospital if they need an intervention that can only be delivered in hospital

Ensuring we have the right capacity and structure in the community so only those that need it go to hospital

FLOW AND GRIP

Ensuring that patients receive the right care at the right time with access to the right services, so that they can live as independently as possible

Reducing the number of patients without a 'Reason to Reside'



Our Community Resilience mission is to...



Maximise independence and long term happiness by helping more people remain at home in the community



Provide holistic planned care in the community which reduces avoidable escalations



Reduce unplanned primary care demand

through...

Taking a strengths based approach to independence

Providing linked community services of the right size and quality to meet demand

Making appropriate interventions to reduce escalation

To achieve this we will...

Forge a strong network of community links, volunteer, health and social care services

Put the person at the centre of their care, leveraging remote monitoring and anticipatory care as appropriate

Provide urgent community response

Use data and technology to inform people's needs and give us live visibility of what actions we need to take

Proactively support the hospital discharge and recovery programme



Our frailty, escalation & front door mission is to



Enable people with frailty to access the services they need



Prevent avoidable admissions into the acute setting



Give people input into the care they receive

through...

- Providing easy access to the information required for decision making
- Listening to what our population wants and needs
- Co-production between acute, community, and voluntary sector services

To achieve this we will...

- Use data to guide improvement processes and ensure positive change
- Connect ED staff to community and specialist services
- Support EMAS to utilise the appropriate pathways
- Increase knowledge of frailty system-wide through training
- Keep people informed & involved in care decisions
- Promote connections between primary care (GPs) and ICT



Our flow & grip mission is to



Reduce unnecessary time in hospital beds



Maximise independence by helping more people return home



Improve the experience of people in our care

through...

Improving ward flow & control

Embedding true discharge to assess

Putting the person at the centre of their care

To achieve this we will...

Use data to give us live visibility of what actions we need to take

Connect hospital teams to community services

Keep people informed & involved in care decisions

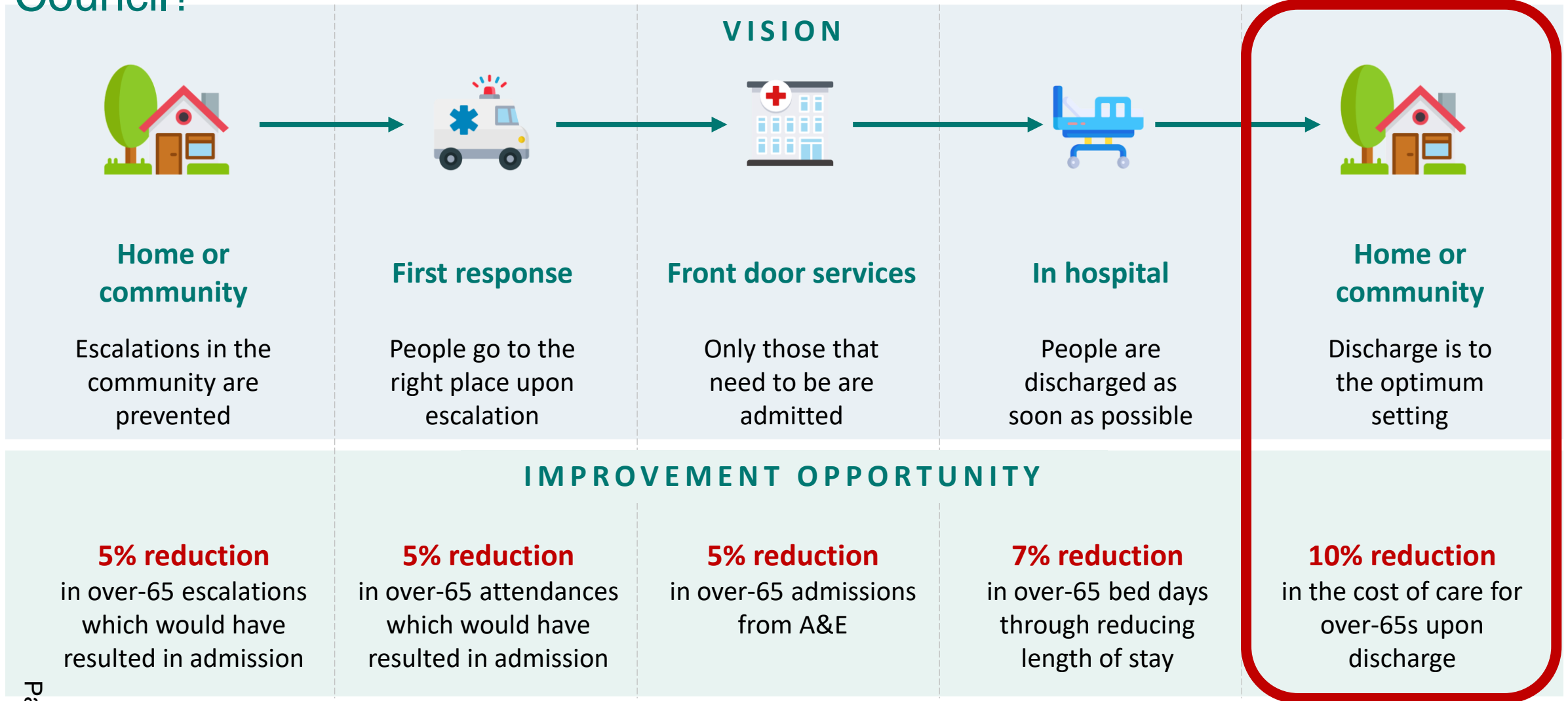
Optimise tests & procedures both in hospital & in the community

Stop long-term care assessments in hospital

Commissioning the right services to meet peoples needs



How will the iCAN benefits impact West Northants Council?



Potential benefits for West Northamptonshire Council: Reduction in Care Costs through Reduced Admissions

During the assessment ~£1m of savings for WNC (up to £2m at stretch target) was identified through reducing admissions, and avoiding the associated increase in care costs. These savings are already assumed in the MTFP

Care Type	WNC ASC
Residential/ Nursing	① £ 166,483
Homecare	① £ 876,046
Short Term	② £ 974,059

WNC: £2.02M

Long Term Care

① *13.8% X 2019 Discharges X Increase in Care Cost Upon Discharge Review (£160 per week) X 52 Weeks*

➔ *Combined Reduction in Admissions*

↘ *From ASC Financial Review*

Short Term Care

② *13.8% X 2019 Discharges X Increase in Care Cost Upon Discharge Review (£160 per week) X 15 Weeks*

↘ *From ASC Financial Review*



Financial Benefits

- By 2024, the programme will be delivering a recurrent gross saving of £13.3m per year (stretch target of £18m),
- At this stage we have assumed additional costs as follows
 - £2.74m for additional community health resource (being qualified)
 - Internal programme costs to run the programme and support the enablers at £1.85m for year 1 & 2 and reducing over 5 years
 - a maximum contingency envelope for any other potential costs that emerge
 - West Northants Council business rate pilot money for admission avoidance. £345k for 2021/22 will be put as the contribution to iCAN programme to support the savings delivery that are already built into the MTFP.

WNC involvement in iCAN

The whole iCAN programme relies on the system working together to improve flow and outcomes.

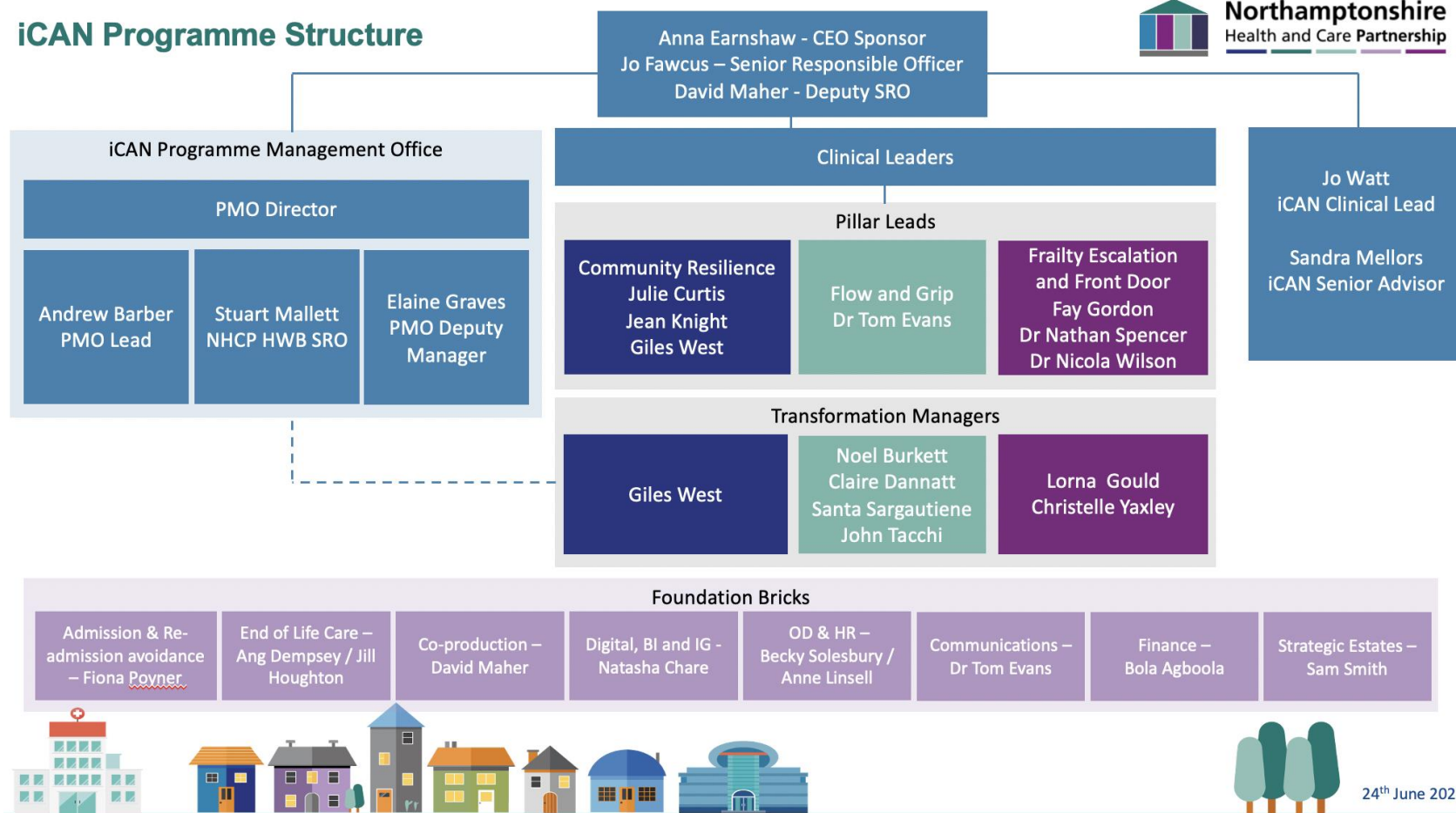
WNC involvement is key to the successful delivery of the programme.

Anna Earnshaw is the SRO for iCAN

Stuart Lackenby leads the contract review and sits on the steering group

Members of the WNC team are involved in the design process and lead some of the bricks in order to ensure a system approach

iCAN Programme Structure



CURRENT PERFORMANCE IN WEST NORTHANTS

OLDER PERSONS



New Ways of Working

3 conversations model and a strengths based approach. Restructuring into locality teams to connect to communities

Current Results

28% reduction in long-term Residential placements. 26% reduction in size of homecare packages

Further development

Developing our 3 conversations approach further and building link with our communities. Strengthening practice in our hospital flow

Risks and Challenges

Capacity in the homecare market and an increased reliance on interim beds

WORKING AGED ADULTS



New Ways of Working

3 conversations and strengths based working in locality teams. Development of progression and "Moving on" teams

Current Results

42% reduction in package increases across LD and PD

Further development

Increasing our use of progression as we continue to move out of lockdown

Risks and Challenges

Specific performance management risks in certain teams

REABLEMENT



New Ways of Working

Regular multidisciplinary meetings to challenge next steps, flow and effectiveness

Current Results

44% increase in the number of successful reablement episodes

Further development

Further increase the capacity of the service and improve manager visibility of performance to drive higher effectiveness

Risks and Challenges

Capacity in the homecare market risking onward flow

WORKFORCE PRODUCTIVITY



New Ways of Working

On track chats and visible productivity measures

Current Results

21% increase in the number of relationships closed, mainly driven through our community tams

Further development

Support LD and Inclusion to reach similar productivity levels as our community teams

Risks and Challenges

Increased backlogs in brokerage causing challenges for onward flow

The iCAN programme presents us with a fantastic opportunity to address some of these challenges and support the effective running of the entire system

Quality Assurance: KPIs & KEIs

- KPIs & KEIs and leading indicators will be established to support improvement cycles, allowing us to identify if the actions we're taking are driving the right outcomes.
- Each pillar is developing a suite of KPIs & KEIs that will sit underneath the high level programme KPIs & KEIs that will be used to track progress, ensuring that the programme is on track to deliver the overall outcomes.
- When we move to being an ICS collaborative, this suite of KPIs and KEIs will be essential

Process for developing Pillar & Brick level KPIs & KEIs

Status tracking for all KPIs & KEIs to ensure measurement in place

Detail for each KPI & KEI and leading indicator to track progress

Developing Flow & Grip KPIs

WE ARE HERE

1. What is the system trying to achieve and how does this fit together? (Defined pillar outcomes)
2. What are the goals of each brick? How are they being measured? (Drafted brick KPIs)
3. Do we have the information and systems to provide the necessary KPIs? (Mapped data availability)
4. Do the proposed KPIs drive the right behaviour? (Trial KPIs to ensure they: Link together and support top level goals; Enable decision making)

KPI status summary

PILLAR MEASURES

- Number of over-65s attending ED
- Admission rate for the over-65s into the acute setting

FEFD4 MEASURES

- Number of patients who go through the FAU
- Number of referrals to the frailty team

FEFD1 MEASURES

- Number of referrals to the My Health Care Direct frailty team

FEFD5 MEASURES

- Number of referrals to the frailty team

Pillar measure: over-65s attending ED

METRIC

- Number of over-65s attending ED

TECHNICAL COMMENTARY

- 30-day rolling average
- Dates: 1/1/19 to 30/6/21
- NGH only – still waiting on KGH ED data

METRICS COMMENTARY

- Approximately a 40% reduction in ED attendances in March 2020 corresponds with first COVID-19 lockdown
- Attendances at NGH not back to pre-COVID numbers yet, with about 90 per day (June 2021) in comparison with close to 100 per day (June 2019)
- From the 2019 data, the winter surge while visible is not huge with about 5 more attendances per day in December than October

NEXT STEPS

- Agreement required on the baseline and target for this metric
- Baseline options:
 - Use 2019 data for a pre-COVID baseline
 - Take a shorter baseline from the last few months (April-June 2021)
- Understand the impact which the work of Community Resilience is likely to have on this metric

Legend:

- Green: Complete draft of metric
- Yellow: Incomplete draft of metric
- Red: Data available – metric incomplete
- White: Data not available

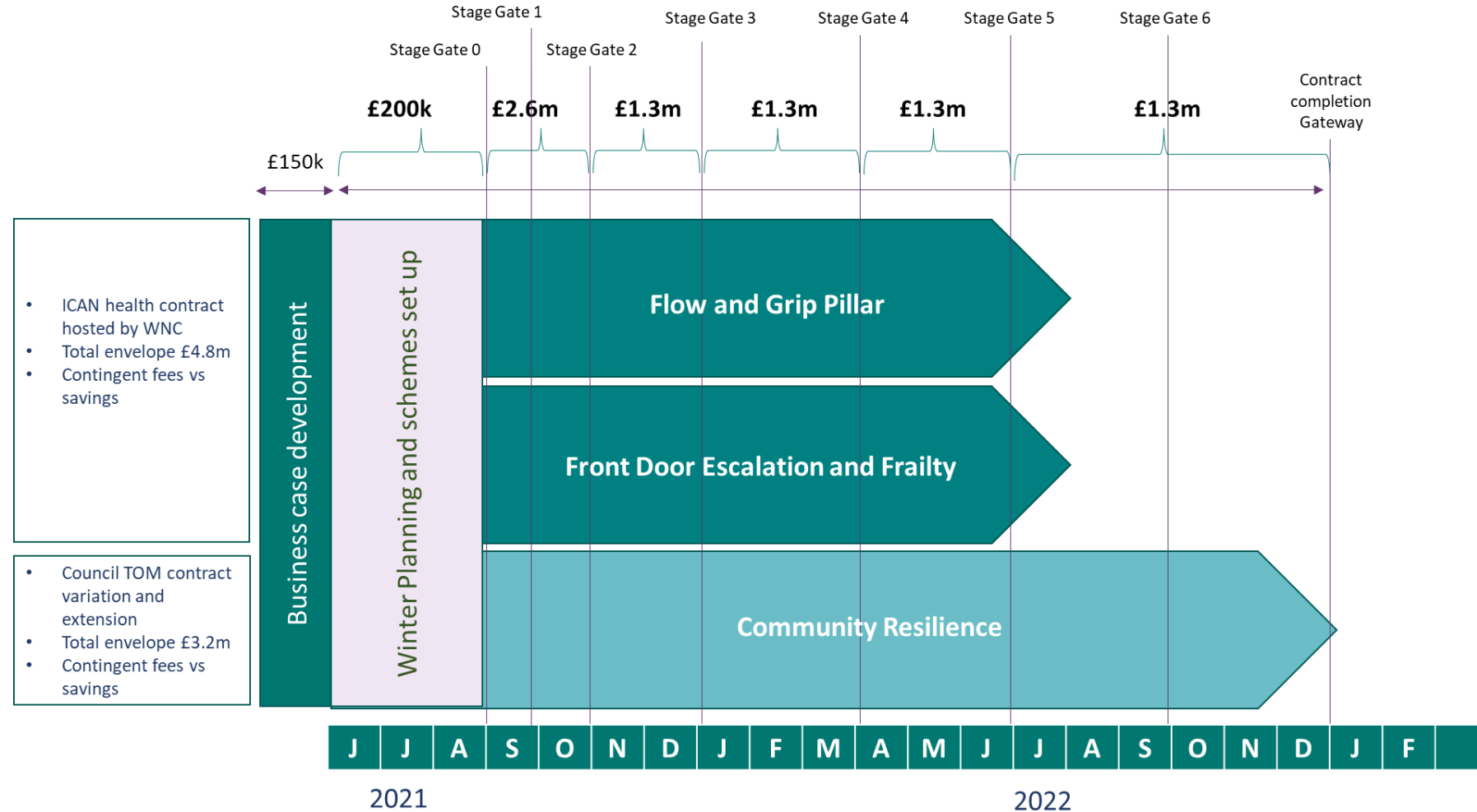
NGH ED attendances of the over-65s since Jan 2019

Pre-COVID attendances

~7 fewer attendances per day

Quality Assurance Approach – Contract Review

- The contract review group monitors progress against KPIs, deliverables and milestones
- Contract has built in gateways to allow check points of deliverables and benefits.
- Reviews will be attended by finance leads and key stakeholders including NHSE/I
 - An operational and finance rep from WNC will sit on the contract review panel.
- We will not progress unless evidence clear that achieving benefits



Initial focus within iCAN is on supporting winter

Helping set up the programme to deliver **measurable impact** in a **prioritised manner**

To enable the two focused deliverables (2 & 3) it was necessary to get really clear on programme goals (1)

1

What is the system trying to achieve and how does this fit together?



Gain clarity on pillar **outcomes** to achieve the overall vision



2

What are the goals of each pillar and brick? How can they be measured?



Define **measures** of success to understand our programme impact



3

What are the project plans and what impact can they have in the short term?



Identify **key short-term activities** to maximise impact on winter & define longer term changes



Delivery challenges

- Pre COVID hospital occupancy ran at 100%
- Occupancy was kept at 87% or below in COVID but now rising fast
- Lengths of stays are high and outside the nationally set targets.
- Care homes are fragile and we are seeing closures.
- We face significant challenge in maintaining, recruiting and retaining workforces
- Winter pressures typically add £3m - £5m a year in costs for additional beds with poor outcomes for people

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West
Northamptonshire
Council

Anti Poverty Strategy

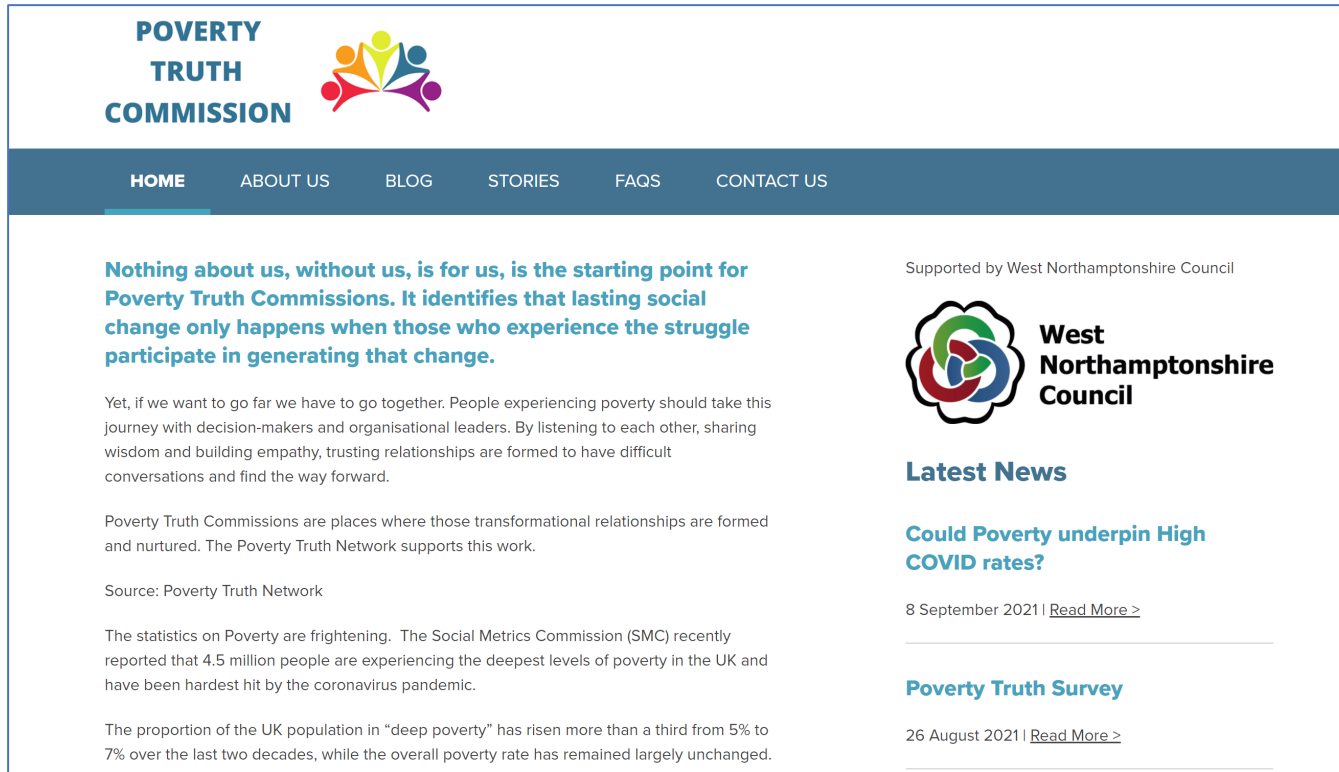
poverty
truth
network

What is a Poverty Truth Commission?

<https://vimeo.com/587890975/b17d582ccb>



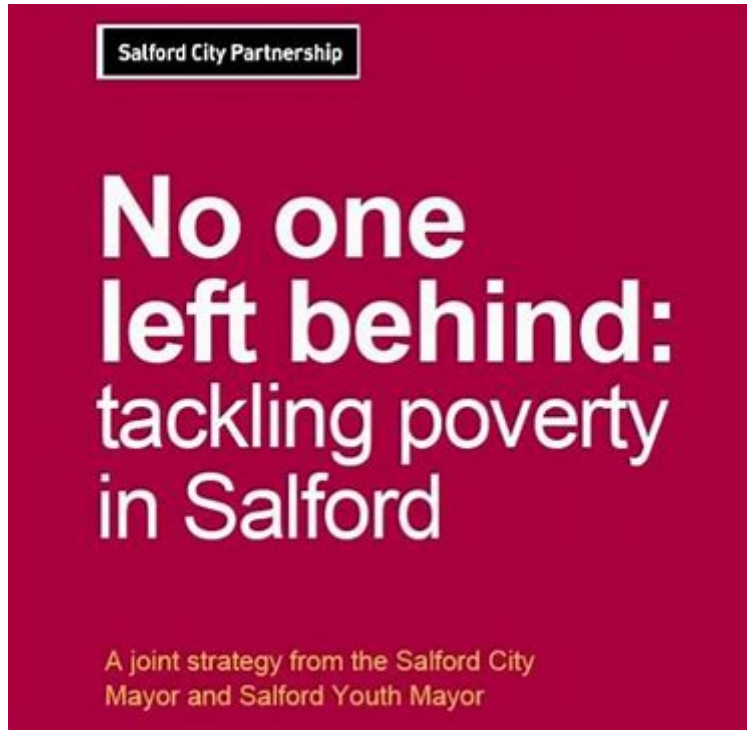
- The proportion of the UK population in “deep poverty” has risen more than a third from 5% to 7% over the last two decades, while the overall poverty rate has remained largely unchanged.
- This means there are 1.7 million more people in deep poverty (living on less than half of what they need to stay above the poverty line) compared to 20 years ago.
- In West Northamptonshire, 78,000 individuals are suffering with income deprivation. Approximately 13,000 households are in fuel poverty and 12,000 children live in poverty.



The screenshot shows the website for the Poverty Truth Commission. At the top left is the logo for the Poverty Truth Commission, which consists of stylized human figures in various colors (red, yellow, green, blue, purple) holding hands. To the right of the logo is the text "POVERTY TRUTH COMMISSION". Below this is a navigation menu with links for "HOME", "ABOUT US", "BLOG", "STORIES", "FAQS", and "CONTACT US". The main content area features a quote: "Nothing about us, without us, is for us, is the starting point for Poverty Truth Commissions. It identifies that lasting social change only happens when those who experience the struggle participate in generating that change." Below the quote is a paragraph of text: "Yet, if we want to go far we have to go together. People experiencing poverty should take this journey with decision-makers and organisational leaders. By listening to each other, sharing wisdom and building empathy, trusting relationships are formed to have difficult conversations and find the way forward." This is followed by another paragraph: "Poverty Truth Commissions are places where those transformational relationships are formed and nurtured. The Poverty Truth Network supports this work." and a source attribution: "Source: Poverty Truth Network". There are two more paragraphs: "The statistics on Poverty are frightening. The Social Metrics Commission (SMC) recently reported that 4.5 million people are experiencing the deepest levels of poverty in the UK and have been hardest hit by the coronavirus pandemic." and "The proportion of the UK population in 'deep poverty' has risen more than a third from 5% to 7% over the last two decades, while the overall poverty rate has remained largely unchanged." On the right side of the page, there is a section titled "Supported by West Northamptonshire Council" with the council's logo and name. Below this is a "Latest News" section with two entries: "Could Poverty underpin High COVID rates?" dated 8 September 2021 with a "Read More >" link, and "Poverty Truth Survey" dated 26 August 2021 with a "Read More >" link.

<https://poverty-truth.org.uk/>

- Poverty Truth Survey
- Steering Group
- Engaging local people
- Rural and Urban distinction
- Establishing the Commission
- Starting point for our strategy



1. Supporting people who are struggling in poverty now
2. Preventing people from falling into poverty in the first place
3. Influencing Government and other national organisations to get a better deal for West Northamptonshire
4. Performance measures and annual Report

Example interventions

ONE : Supporting people who are struggling in poverty now

- Improving access to welfare and debt advice
- Increasing access to affordable credit
- Reducing cost of essential living - energy, household items, internet, food, transport, funerals
- Strengthening support for vulnerable groups
- Protecting the safety net
- Poverty proofing our work

TWO : Preventing people from falling into poverty in the first place

- Creating decent jobs with decent pay
- Supporting more people into work
- Supporting families to give children the best start in life
- Improving mental health and wellbeing
- Supporting people to stay in their homes
- Ensure enough good quality decent homes are provided at a price people can afford
- Enhancing green infrastructure
- Harnessing the strength of local communities

THREE : Influencing Government and other national organisations to get a better deal for Northamptonshire

- Campaigning for the reversal of unfair welfare changes and funding cuts
- Highlighting the unfairness of current planning rules
- Tackling the scourge of high cost and illegal money lending
- Ensuring poverty reduction sits at the heart of decision making
- Creating the evidence base for action

Next steps

- Establishing our Poverty Truth Commission
- 30th September – Strategy Workshop
- Anti Poverty Task Force
- Health and Wellbeing Board
- Member engagement sessions
- Strategy approved by Council – January 2022

West Northamptonshire

Ofsted Monitoring Visit July 2021

Focus on children who are the subject of child protection and child in need plans

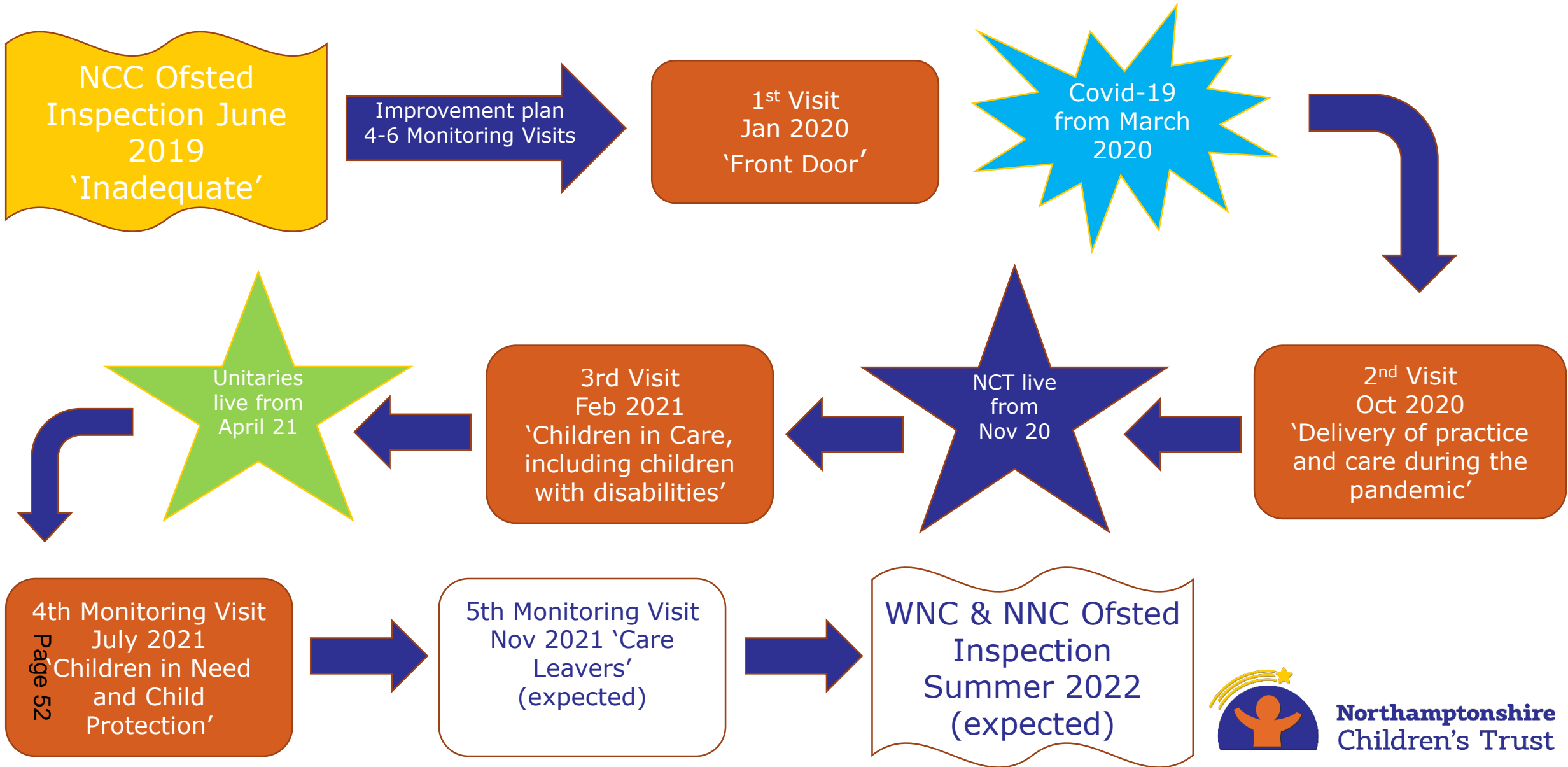


**Northamptonshire
Children's Trust**



**West
Northamptonshire
Council**

Where are we on the journey?



Focus of the visit

For children who are the subject of child in need and child protection plans:

- Quality of assessments, planning and reviews
- Quality of visits and work with children to inform assessments and plans
- Responding to children at risk of sustained neglect
- Quality of management oversight and supervision to progress plans
- Stability and sustainability of the safeguarding service workforce, including impact of current caseloads on practice
- The impact of leaders on practice with children and families

There were 2 inspection teams on site together (North & West Northants) – Ofsted will take learning from this approach for their next visit



What did the inspectors do?

- Spoke to political leaders, senior leaders, partners
- Reviewed North, West and County data relating to children's social care
- Reviewed NCT documents and evidence, including our self evaluation
- Met with social workers and spoke to Child Protection Chairs, Parents and Young People
- Met with managers to review selected cases where court proceedings for children to come into care were likely to be initiated
- Reviewed 12 cases NCT managers had previously audited
- Sampled cases including:
 - Children with disabilities with child in need (CIN) and child protection (CP) Plans
 - Children who were on a CIN plan for a short time
 - Children who were on a CP Plan for a short time
 - Children who have had a CP Plan for 18months+



“Throughout the challenges of the COVID-19 pandemic, senior leaders have continued to focus relentlessly on improving practice. This has resulted in tangible progress, which continues to gain traction in improving the experiences, progress and outcomes for children”.

The areas inspectors identified for improvement are those that we are aware of and have plans in place to address



Impact of Leaders

- The senior leadership team has an impressive energy and relentless commitment to improving the lives of children in West Northants.
- Sound understanding of current strengths and weaknesses and the key priority areas.
- A determined focus on addressing challenges around workforce capacity, recruitment and retention is having some traction, with more still to do
- Comprehensive and thorough oversight of the quality of practice.
- Staff value two-way communication with managers and senior leaders, appreciate visibility of senior leaders and feel well supported.



Findings and evaluation of progress

- Overall caseloads have reduced, however some remain too high. Managers monitor caseloads every day
- Plans are in place to improve practice in relation to understanding and supporting children's identity, cultural and heritage needs.
- Decisions are now more timely in child protection cases helping to prevent drift
- Social workers receive regular supervision, however, this varies in quality. Some recent records, using a new template, are of a higher standard.



Findings and evaluation of progress

- The quality of social work practice is improving, although it still varies
- The practice model is already enabling positive experiences and progress for some children, however, is not yet used consistently
- Social workers meet with children regularly. Frequency and quality of direct work with children is variable
- Some children have had too many changes of social workers



Findings and evaluation of progress

- Assessments are timely, quality is improving although remains variable
- Quality of plans is improving, although remains variable
- Reviews are held regularly with good multi agency attendance
- Child protection chairs review children's plans and escalate concerns, however, on occasion this does not have impact
- Pre-proceedings are implemented appropriately



Next Steps

- The NCT Improvement Plan priorities already cover the areas for improvement identified by Ofsted and it is positive that inspectors recognised progress made in these areas
- The actions and success measures are being refreshed to ensure the next phase of our improvement is as effective as possible. Specifically:
 - Additional measures to further improve recruitment and retention of social workers
 - Effective consideration and support for children's identity, culture and heritage
 - Achieving consistently good quality practice for all children– supported by full implementation of our practice model
 - Enabling and supporting managers and practitioners to have consistently good quality supervision
 - Continual learning and improvement through our quality assurance framework

West Northamptonshire Council

People Overview and Scrutiny Work Programme 2021-2022

This work programme comprises a number of key issues and topics to inform the short term work programme for 2021-2022. Potential longer term reviews and topics are also listed, which will be considered at the Work Programming event that the People Overview and Scrutiny Committee will hold in autumn 2021.

Short Term Work Programme 2021/2022

Topic	Proposed purpose	Date of Committee meeting	Cabinet Member / Executive Director / other senior leader	Proposed Task and Finish Group	Comments
Residential and nursing care for older people	The Committee to receive an overview of current provision and planning towards meeting future needs.	20 July 2021	Executive Director Adults, Communities and Wellbeing	No	
Integrated Care System / Integrated Care across Northamptonshire (iCAN)	The Committee to receive an overview of the aims of the Northamptonshire ICS and iCAN, and plans for implementation.	20 July 2021	Executive Director Adults, Communities and Wellbeing	No	The formal creation of the ICS on 1 April 2022 will be a step-change in health and social care provision and could inform other aspects of the Work Programme.
Integrated Care across Northamptonshire (iCAN)	The Committee to scrutinise progress made with the development of iCAN and the position on key risk factors.	21 September 2021	Executive Director Adults, Communities and Wellbeing Cabinet Member for Adult Care, Wellbeing and Health Integration	Not proposed at this point.	The scheduling of scrutiny reflects the role of iCAN in contributing to managing potential winter pressures.
West Northamptonshire Anti-Poverty Strategy	The Committee to receive an update on progress with the development of the Strategy.	21 September 2021	Executive Director Adults, Communities and Wellbeing Cabinet Member for Adult Care, Wellbeing and Health Integration	No	

Topic	Proposed purpose	Date of Committee meeting	Cabinet Member / Executive Director / other senior leader	Proposed Task and Finish Group	Comments
Northamptonshire children's services performance	The Committee to receive an update on the Ofsted monitoring visit in July 2021 that will focus on children with child protection plans and with children in need plans.	21 September 2021	Director of Children's Services Cabinet Member for Children, Families and Education Children's Trust representative(s)	Not proposed at this point.	
Task and finish scrutiny review: child and adolescent mental health and the risk of self-harm	The Committee to agree the scope for a review of this topic and establish a scrutiny panel for this purpose.	21 September 2021	Relevant input can be sought on the proposed scope for the review before it is finalised.	Yes	
Work Programming Event	The Committee to confirm the date for its Work Programming event.	21 September 2021	Relevant directors and Cabinet Members will be invited to the event.	NA	
Residential and nursing care for older people	The Committee to scrutinise trends relating to performance and capacity of current care homes.	16 November 2021	Executive Director Adults, Communities and Wellbeing Cabinet Member for Adult Care, Wellbeing and Health Integration	Not proposed at this point.	

Other items for inclusion in the Work Programme 2021/2022

Topic	Proposed purpose	Date of Committee meeting	Cabinet Member / Executive Director / other senior leader	Proposed Task and Finish Group	Comments
Overview and Scrutiny Annual Report 2021/2022	The Committee to consider the Annual Report on its activity in 2021/2022, for submission to Full Council.	1 March 2022	NA	No	

Potential Longer-Term Work Programme topics 2021/2022

The Committee has identified other topics in addition to those set out above as potential areas for future scrutiny within its longer term Work Programme. These will be fed into the Work Programming Event in autumn 2021 for further consideration. The potential topics identified are as follows:

- Children's social care outcomes achieved
- Foster care provision
- Homelessness
- Joblessness
- Food poverty
- Current and future provision of sports and leisure facilities in West Northamptonshire
- Pupil performance at Key Stage 2
- Engagement with the Regional Schools Commissioner about supporting improved attainment in schools that are converted to academies
- Disabled Facilities Grant utilisation
- Response to / recovery from the COVID-19 pandemic
- Performance monitoring of relevant service areas against outcomes in business plans and key performance indicators

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