



Cabinet

A meeting of the Cabinet will be held at the The Forum, Towcester, NN12 6AF on Tuesday 7 March 2023 at 6.00 pm

Agenda

Public Session	
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 - 16) To confirm the minutes of the meeting of Cabinet held on 13 February 2023.
4.	Chair's Announcements To receive communications from the Chair.
5.	People Overview and Scrutiny Committee - Child and Adolescent Mental Health and the Risk of Self-Harm Scrutiny Review (Pages 17 - 94)
6.	Corporate Plan - Quarterly Performance Report (Pages 95 - 130)
7.	Urgent Business The Chairman to advise whether they have agreed to any items of urgent business being admitted to the agenda.
8.	Exclusion of the Press and Public In respect of the following items the Chairman 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"

Catherine Whitehead
Proper Officer
27 February 2023

Cabinet Members:

Councillor Jonathan Nunn (Chair)

Councillor Adam Brown (Vice-Chair)

Councillor Fiona Baker

Councillor Rebecca Breese

Councillor Matt Golby

Councillor Mike Hallam

Councillor Phil Larratt

Councillor Daniel Lister

Councillor Malcolm Longley

Councillor David Smith

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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fire exit. Members and visitors should proceed to the assembly area as directed by Democratic Services staff and await further instructions.

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Queries Regarding this Agenda

If you have any queries about this agenda please contact Sofia Neal-Gonzalez, Democratic Services via the following:

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Email: democraticservices@westnorthants.gov.uk

Or by writing to:

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One Angel Square
Angel Street
Northampton
NN1 1ED

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Cabinet

Minutes of a meeting of the Cabinet held at The Forum, Towcester, NN12 6AF on Monday 13 February 2023 at 6.00 pm.

Present:

Councillor Jonathan Nunn (Chair)
Councillor Adam Brown (Vice-Chair)
Councillor Fiona Baker
Councillor Rebecca Breese
Councillor Matt Golby
Councillor Mike Hallam
Councillor Phil Larratt
Councillor Daniel Lister
Councillor Malcolm Longley

Also Present:

Councillor Sally Beardsworth
Councillor Jonathan Harris
Councillor James Hill
Councillor Nigel Hinch
Councillor Keith Holland-Delamere
Councillor Andrew Kilbride
Councillor Ian McCord
Councillor Kevin Parker
Councillor Suresh Patel
Councillor Ken Pritchard
Councillor Bob Purser
Councillor Wendy Randall

Apologies for Absence:

Councillor David Smith

Officers:

Anna Earnshaw, Chief Executive
Rebecca Peck, Assistant Chief Executive
Martin Henry, Executive Director - Finance (Section 151 Officer)
Catherine Whitehead, Director of Legal and Democratic (Monitoring Officer)
Jane Carr, Director of Communities & Opportunities
Stuart Lackenby, Executive Director - Adults Communities and Wellbeing
Sarah Reed, Executive Director - Corporate Services
Stuart Timmiss, Executive Director - Place and Economy
Gillian Baldock, Political Assistant to the Conservative Group
Becky Hutson, Head of Communications
Paul Hanson, Head of Democratic and Elections
Kathryn Holton, Committee Officer

150. **Apologies**

Councillor David Smith

151. **Declarations of Interest**

There were none.

152. **Minutes**

The minutes of the meeting of 17 January 2023 were agreed subject to the following amendment to Section 141:

Councillor Adam Brown advised that having a governance framework was *necessary to enable the Council to meet statutory requirements and other obligations*.

153. **Chair's Announcements**

None

154. **Urgent Business**

None

155. **Report from the Overview and Scrutiny Committee (if any)**

The budget scrutiny report was presented under Item 10 (2023-24 Final Budget and Medium Term Financial Plan).

156. **Revenue Monitoring, Quarter 3 - Financial Year 2022-23**

At the Chair's invitation Councillor Longley presented the report and summarised the salient points.

Councillors made the following comments:

- What was being done about homelessness?
- Care workers should be paid more to avoid the issues arising from lack of staff.
- £150k was spent on legal costs at SEND tribunals - 90% of which were won by parents. Educational Psychologists were spending time in tribunals instead of assessing children.
- There had been an underspend in children's care due to family breakdown. Early preventative work was needed, such as children's hubs.
- Could street lights be dimmed at night to save energy?
- Alternative budgets had been drawn up which Cabinet should consider.
- The Housing Revenue Budget was balanced but did not recognise the pressures involved such as inflated material costs and staff leaving due to below inflation pay increases.

- Roads had taken a battering over the winter – were we keeping pace with the repair work needed?
- Was there any impact on services or funding from general reserves in respect of the £3.9m overspend?
- What measures were being taken to mitigate the forecast overspend of Northamptonshire Children's Trust (NCT)?

Cllr Longley made the following comments:

- There were currently sufficient contingencies to cover the forecast overspend of £3.9m.
- NCT were in charge of their own accounts so WNC would not be able to control overspending.
- HRA had a balanced budget but this had not been easy. NPH set their own pay levels.
- A temporary accommodation scheme was being planned.
- Alternative budget ideas would always be welcomed and considered.

Councillor Hallam advised that the lowest paid WNC staff had seen an 18% increase since vesting day. WNC would like to do more but it had to be affordable.

Councillor Brown stated that more temporary accommodation was being provided – and stressed that it needed to be of good quality.

Councillor Larratt pointed out that street lights were already dimmed late at night. There would also be additional savings provided by LED lighting.

Councillor Baker stated that although WNC had not been eligible for government funding for family hubs for early help, a programme was being developed to put these in place without the funding. The needs of children had to be put first and with the increase of children coming into care, NCT had to fund what was needed.

RESOLVED: That Cabinet:

- a) Noted the forecast outturn position for 2022-23 and associated risks
- b) Noted the deliverability assessment of West Northamptonshire Council savings requirement for 2022-23 summarised in section 7 and detailed in Appendix B
- c) Delegated authority to the Executive Director – Finance in consultation with the portfolio holder for finance to apply any budget virements required to effectively manage the overall budget.

157. **Quarter 3 General Fund and Housing Revenue Account (HRA) Capital Monitoring Report 2022-23**

At the Chair's invitation Councillor Longley presented the report and summarised the salient points.

Councillors made the following comments:

- It was important to find ways to deliver against housing targets and to increase them in line with demand.
- Innovative ways of providing housing needed to be considered.
- No figures had been provided for the Disabled Facility Grant (DFG) for South Northants and Northampton (page 61 of report).
- The pothole fund was noted, but pavements were not being repaired quickly or well enough.

Councillor Brown advised that a governance regime with NPH had been agreed at the last cabinet meeting. NPH had been innovative in converting garage sites for housing.

Councillor Longley stated that DFG figures would be reported when received.

RESOLVED: That Cabinet;

- a) Noted the latest capital monitoring position for the General Fund and HRA.
- b) Noted the new capital schemes and changes to the Capital Programme since the report that was considered by Cabinet in December 2022.

158. Treasury Management Update Quarter 3, 2022-23

At the Chair's invitation Councillor Longley presented the report and summarised the salient points.

Councillors made the following comments:

- In relation to social and corporate governance some countries should be favoured more than others regardless of ratings.
- A training exercise on treasury management had been circulated to all members and was recommended. Could the link be sent again in the weekly newsletter?

RESOLVED: Cabinet noted the report and treasury activity for the third quarter of the 22-23 financial year.

159. 2023-24 Final Budget and Medium Term Financial Plan

At the Chair's invitation Councillor McCord made the following comments on behalf of the Corporate Overview and Scrutiny Committee:

- Thanks were expressed to all those involved in the scrutiny process and preparation of the report.
- The process of budget scrutiny needed to be started earlier in the year.
- Where figures were quoted it would be helpful if narrative could be provided around assumptions.
- A better communications plan was needed for fees and charges.
- The removal of parking charges for the Racecourse was welcomed.
- Concern was expressed about the net zero target of the Council.

- Care services were the most challenging part of the Council's budget and operation as they were demand-led services with statutory rights and needs. Central government should be asked to sort out the problem.

At the Chair's invitation Councillor Longley presented the report and summarised the salient points. The budget summary appeared on page 135 of the report.

Councillor Larratt advised that there had been changes to the proposed car parking charges as outlined in the two documents circulated at the meeting and published online. Charges had been withdrawn for the Racecourse to allow further consultation. Charges had been amended for Country Parks with free parking for blue badge holders and a Park Run season ticket had been introduced. This was valid between 08.30 am and 10.30 am (not 08.00 am and 10.00 am as in the report). An hourly charge was proposed for Country Parks with all day parking reduced to £8.00. Two hours free parking would be introduced at weekends in Northampton town centre. The financial impact of these changes would be £282k and the contingency had been reduced by this amount.

Mr Mark Mullen (Northampton Town Centre BID) was invited to address the Cabinet and made the following comments:

- Northampton Town Centre BID represented over 600 businesses and there was strong opposition to the proposals. The consultation process needed to be more transparent – the proposals were amongst 144 pages of other proposals.
- There were towns within the county with no parking charges. Given that there was an overhead charge for car parking, other towns should be making a contribution.
- Council employees were able to benefit from reduced cost parking – why could this not be provided for other businesses too?
- A graph was available on request from democraticservices@westnorthants.gov.uk showing that parking charge increases resulted in fewer people visiting Northampton town centre.

Councillors made the following comments:

- Council tax harmonisation resulted in some residents receiving a reduced service but a higher increase.
- Country Park charges increasing from a flat rate of £2.20 per day would result in parking on local roads around Daventry Country Park.
- WNC needed to look at policy and budget consultation and development. The process should start earlier and work through conflicting issues to obtain buy-in from residents and businesses.
- Parking needed to be considered holistically. It was good to have the opportunity to stay and pay for a shorter time in Country Parks. The proposed introduction of ANPR was positive. However, charges were inequitable, costing more in Country Parks than Northampton town centre. The concession for Park Run parking was welcomed. Could this be extended for open water swimming groups?
- A statement was read out from Paul Reedman (Naseby Parish Council) expressing concern at the proposal to reduce the 59/60 bus service. If implemented this would adversely affect the quality of life of those in rural

communities. A petition would be presented to Council requesting reconsideration of the proposal.

- Budget amendments had been proposed which needed to be taken seriously.
- How was the upkeep of car parks in Daventry and Towcester funded?
- Frequency of bin collections in Northampton should be reconsidered.
- The ongoing sustainability of future WNC budgets was a concern. Funding for all areas was being reduced to pay for statutory services. This was not fair or sustainable and the government needed to be lobbied for fairer funding.

Mr Mark Higgs was invited to address the Cabinet and made the following comment:

- Parking charges were too high which would drive people away from the town and parks.

Councillor Longley made the following comments:

- The proposed decision to increase parking charges had not been taken lightly. There were significant pressures in adult care and children's services which were unlikely to improve. Difficult decisions had to be taken and any good ideas would be gratefully received.
- Harmonisation was a three year plan agreed at the outset of WNC which had to be carried out.

Councillor Larratt made the following comments:

- WNC had met with Northampton Town Centre BID to discuss the issues raised. In terms of staff parking benefits, parking spaces could be bought by local businesses to sell for season ticket holders.
- In respect of the proposed three-weekly bin collection, no action would be taken until it had been decided through the waste strategy.
- The one hourly charge at Country Parks would help, for example, the lunchtime trade. The issue of parking on local roads to avoid charges needed to be monitored. Discussion regarding open swimming parking permits would be welcomed.
- A consultant was looking at how WNC could best support bus routes. A bus working group would meet once the report had been received.
- A change was proposed to the recommendations for highways, adding £1m to the highways maintenance budget to prioritise high quality repair of potholes. This was in addition to funds already included.

RESOLVED: That Cabinet;

- a) Approved the 2023-24 Budget for West Northamptonshire set out in this report, and recommended the Budget to the Full Council meeting on 22 February 2023, including:
 - i. an estimated net revenue budget of £826.069m (£382.391m excluding Dedicated Schools Grant) as set out in Appendix A.
 - ii. an average Band D Council tax of £1,693.73 for West Northamptonshire Council, which represents an average increase of 4.99%. (2.99% increase in 'core' Council Tax and 2% Adult Social Care precept).
 - iii. fees and charges schedule as detailed in Appendix D.
 - iv. dedicated schools grant budget of £443.7m as detailed in Appendix EP.

- v. the Capital Strategy as set out in section 7 and Appendix F1, and Capital Programme as set out in Appendix F2.
 - vi. the Flexible Use of Capital Receipts Strategy set out in Appendix G.
 - vii. the Treasury Management Strategy set out in Appendix J.
 - viii. setting the authorised limits for borrowing as set out in Appendix F1 section 8.13 and 8.14.
- b) Recommended the following to Full Council on 22 February 2023, to ensure that the revenue and capital budget and all associated financial policies can be delivered in a safe and legal manner from 1 April 2023 and also to ensure there is flexibility to manage the overall budget in the year:
- i. To delegate authority to the Executive Director - Finance to manage any variation in budget prior to the start of 2023-24 as a result of final confirmation of the local government finance settlement, or as a result of unforeseen commitments; in consultation with the Finance Portfolio Holder.
 - ii. To delegate authority to the Executive Director - Finance in consultation with the portfolio holder for Finance to amend the capital programme for 2023-24 going forward so that it accurately reflects issues such as slippage on current year projects that will need to be added to the programme, any amendments made to existing capital programmes, adjustments to accommodate any future use of capital receipts policy and for any other reason where the capital programme needs to be adjusted.
 - iii. To note the use of reserves as summarised in the table contained at paragraph 5.102.
 - iv. To delegate authority to the Executive Director - Finance to employ earmarked reserves for the purposes they were set up for including the release of the risk reserve if required.
 - v. To delegate authority to the Executive Director – Finance in consultation with the portfolio holder for finance to release the general contingency fund of £11.1m if required in the year.
 - vi. To note the Executive Director – Finance has delegated authority to amend fees and charges.
- c) For the Dedicated Schools Grant (DSG):
- i. Noted the allocations and planned usage of the DSG for 2023-24.
 - ii. Following consultation with the Schools Forum, delegates authority to the Executive Director - People to determine the DSG 2023-24 schools funding formula, high needs funding arrangements and the Early Years Funding Formula in line with Department for Education guidance.
- d) Considered the Section 25 statement of the Chief Finance Officer detailed in section 8 of the report.
- e) Noted that car parking charges are still in the process of being considered following budget consultation and discussions with local business leaders and other interested parties. Final charges will be confirmed at the Cabinet meeting.
- f) Noted the consultation feedback on the budget in Appendix H.
- g) Noted the feedback from the Overview and Scrutiny Committee in Appendix I.
- h) Following consideration of the budget consultation exercise and ongoing dialogue with local business leaders and other interested stakeholders Cabinet

agree to amend the final budget proposals recommended to Council so that the car parking fees and charges tabled at the meeting are adopted in place of the car parking charges contained in the previously published fees and charges schedule.

- i) Cabinet recommend as part of the final budget proposals to full council that free parking be provided for blue badge holders at the Council's Country Parks.
- j) Following consideration of the budget consultation exercise Cabinet agree to amend the final budget proposals recommended to Council to include the creation of a highways fund of £1m to be funded through re-purposing one off reserves.

160. **Housing Revenue Account Budget 2023-24 and Medium-Term Financial Plan**

At the Chair's invitation Councillor Longley presented the report and Councillor Brown highlighted the salient points. The rent increase of 7% had been essential to allow NPH to maintain properties and pay staff. 80% of NPH tenants have rent covered by universal credit. The other 20% would have to find an extra £30 per month. A hardship fund to mitigate the rent increase had been budgeted for.

Councillors made the following comments:

- How much would the hardship fund provide for each tenant and how would they get it? Help needed to be provided for all those in Housing Association properties, not just NPH.
- It was suggested that the hardship fund form was difficult to complete.
- Could the Council's pension fund be used to borrow money for providing new housing?
- The proposals for Ecton Brook were welcomed.

Councillor Brown advised that the tenant support details were being worked out. This would only be for NPH tenants but WNC were offering cost of living help to residents.

Councillor Longley noted that hardship funds were often not taken up. Pension fund borrowing would be looked into.

The Executive Director Finance advised that the hardship fund had been better used this year.

RESOLVED: That Cabinet recommended Council to approve: -

- a) The HRA revenue budget for 2023-24 of £61.19m.
- b) An average maximum rent increase of 7% per dwelling, in line with the legislation and the government's amended national rent standard, to take effect from 3 April 2023.
- c) An average maximum increase of 10% in garage rents and commuter surcharges to take effect from 3 April 2023.
- d) An average increase of 10% in tenants and leaseholders service charges with effect from 3 April 2023.
- e) The HRA capital programme for 2023-24, noting the future year estimated commitments, and proposed sources of finance.

- f) The total management fee of £32.8m for NPH to deliver the services in scope for 2023-24.
- g) The setting of the minimum working balance at £5m, informed by the outcome of the latest financial risk assessment.
- h) That authority be delegated to the Executive Director of Finance in consultation with the Portfolio Holder for Finance to transfer monies to/from earmarked reserves and the working balance, should that become necessary during the financial year.
- i) That authority be given to the Executive Director of Finance to update the prudential indicators in the Treasury Management Strategy reported to Council.
- j) That authority be delegated to the Executive Director of Finance in consultation with the portfolio holder for Finance to amend the capital programme for 2023-24 going forward so that it accurately reflects issues such as slippage on current year projects that will need to be added to the programme, any amendments made to existing capital programmes, adjustments to accommodate any future use of capital receipts policy, and for any other reason where the capital programme needs to be adjusted.
- k) That authority be delegated to the Executive Director of Finance to make any technical changes necessary to the papers for the Council meeting of 22 February 2023.

161. West Northamptonshire Council Emissions Report

The Chair presented the report and summarised the salient points.

Councillors made the following comments:

- The work undertaken was to be commended. There was much to do in changing culture and if targets were to be met budget decisions needed to be looked at and aligned with.
- Emissions needed to be reduced massively.
- There was no budget of sufficient size to deliver net zero and the case for it should be ended.

RESOLVED: That Cabinet;

- a) Noted the progress towards the commitment to publish WNC emission levels
- b) Noted the commitment to Net Zero Emission Levels

162. Rural leisure centres heat decarbonisation schemes

At the Chair's invitation Councillor Brown presented the report and summarised the salient points.

Councillors made the following points:

- The opportunity to access funding to implement heat decarbonisation schemes was welcomed.
- If cost savings were being made was there scope for providing help, such as some free swimming sessions?

Councillor Brown advised that this was a difficult time for leisure centres. They needed to save money and therefore would be unable to provide free sessions.

RESOLVED: That Cabinet;

1. Noted the inclusion of the scheme in Capital Programme contained within the final budget proposals being considered by Council on 22 February 2023.
2. Authorised the procurement of services and works and, subject to Council approval of the budget, delegate the award of contracts for the services and works to the Executive Director of Place, Economy and Environment in consultation with the Section 151 Officer and the Portfolio Holder.

163. Contract for Dry Mixed Recycling

At the Chair's invitation Councillor Larratt presented the report and summarised the salient points. At present there were several contracts for collection and sorting of mixed recycling across WNC. The Daventry contract was due to end in June 2023 and South Northamptonshire in February 2024. The prices quoted for a temporary arrangement were prohibitive so it was proposed to tender for a WNC contract in several stages.

RESOLVED: That Cabinet;

- a) Approved the recommendation to commence procurement for a new contract for mixed recycling.
- b) Agreed to delegate authority to the Executive Director for Place, Economy and Environment in consultation with the Portfolio Holder for Environment, Transport, Highways and Waste Services, and the Executive Director for Finance to
 - i. take decisions related to the procurement process, to enable it to progress as planned; and
 - ii. award the contract, (provided the procurement reaches a satisfactory conclusion).

164. Public Health and NHSE (NHS England) Integrated Sexual Health Services

At the Chair's invitation Councillor Golby presented the report and summarised the salient points.

The Chair advised that work was being done with the Terence Higgins Trust. A pilot scheme was being undertaken and it would be good if this could be extended to WNC. The aim was to stop new HIV infections by 2030 which required undiagnosed cases to be picked up.

A Councillor stated that they would have expected to see greater improvements for the money spent.

Councillor Golby acknowledged that it was expensive but it was a mandated service. It could potentially be scrutinised.

RESOLVED: That Cabinet;
Delegated authority to the Director of Public Health, in consultation with the Cabinet member for Adults, Wellbeing and Health Integration, to extend the current NISHH contract with the existing provider for 2 years (1 + 1).

165. **West Northamptonshire Council Primary and Secondary Co-ordinated Schemes for 2024 Intakes**

At the Chair's invitation Councillor Baker presented the report and summarised the salient points. This was a valuable document which gave information on school admissions and was a useful reference.

RESOLVED: Cabinet approved the two co-ordinated schemes as detailed in Appendices A and B.

The meeting closed at 9.15 pm

Chair: _____

Date: _____

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WEST NORTHAMPTONSHIRE COUNCIL CABINET

7 MARCH 2023

**CABINET MEMBER FOR ADULT CARE, WELLBEING, AND HEALTH
INTEGRATION: COUNCILLOR MATT GOLBY
CABINET MEMBER FOR CHILDREN, FAMILIES AND EDUCATION:
COUNCILLOR FIONA BAKER**

Report Title	Report of the People Overview and Scrutiny Committee – scrutiny review of child and adolescent mental health and the risk of self-harm
Report Author	James Edmunds, Democratic Services Assistant Manager James.edmunds@westnorthants.gov.uk

List of Approvers

Monitoring Officer	Catherine Whitehead	16/02/2023
Chief Finance Officer (S.151)	Martin Henry	16/02/2023
Communications Lead/Head of Communications	Becky Hutson	16/02/2023

List of Appendices

Appendix A – Report of the People Overview and Scrutiny Committee scrutiny review of child and adolescent mental health and the risk of self-harm

1. Purpose of Report

- 1.1. The report presents to the Cabinet for consideration the report and recommendations of the People Overview and Scrutiny Committee scrutiny review of child and adolescent mental health and the risk of self-harm.

2. Executive Summary

- 2.1 The People Overview and Scrutiny Committee established a task and finish panel to examine the provision in West Northamptonshire of services and support for children and young people who may be at risk of self-harm, which help people not to reach the point where they require specialist health services and which enable people to access those services when this is required.
- 2.2 The Task and Finish Panel carried out an in-depth scrutiny review during the period January – December 2022. The panel took information from a range of expert advisors as well as carrying out desk top research. The panel used this information to identify key conclusions and resulting recommendations. Some of these recommendations are directed to the Cabinet of West Northamptonshire Council and some to the Northamptonshire Integrated Care Board, depending on whether recommendations concern local authority functions or health / partnership functions.
- 2.3 The Task and Finish Panel presented its report to the People Overview and Scrutiny Committee on 21 February 2023. The final version of the report is set out at Appendix A.

3. Recommendations

- 3.1 It is recommended that the Cabinet:
- a) Agrees to seek a discussion with West Northamptonshire schools through the Schools Forum about contributing additional resources on a system-wide basis to support children and young people's mental health using a top slice from schools budgets.
 - b) Agrees to approach the f40 group of local authorities about making a collective case to the government about the need for additional resources to support children and young people's mental health and the impact of current pressures.
 - c) Commits to the development of a new Youth Strategy for West Northamptonshire that should set out how organised youth activities will contribute to supporting children and young people's mental health.
 - d) Agrees to consider reasonable opportunities to enable non-statutory organisations that provide services and support for children and young people's mental health to make use of empty Council or commercial premises in West Northamptonshire and to work with commercial partners where necessary to facilitate this.
 - e) Supports the take up of mental health first aid training by community groups working with children and young people in West Northamptonshire.
 - f) Notes the recommendations directed to the Northamptonshire Integrated Care Board resulting from scrutiny review of child and adolescent mental health and the risk of self-harm.
 - The Northamptonshire Integrated Care Board to agree to develop and implement a long term whole-system strategy to provide effective support for children and young people's mental health in West Northamptonshire that incorporates the following principles:

- Local access to services throughout the authority
 - No disparity between the services available or initiatives being trialled in West Northamptonshire and North Northamptonshire when services are organised on a countywide basis
 - Delivery of services from locations that encourage young people to use them
 - Provision that enables service users to tell their story once rather than needing to do so repeatedly to different organisations
 - Development and delivery of services to be informed by good intelligence about who is using them and potential barriers to access that may affect children and young people from different backgrounds or communities.
 - Effective oversight and leadership of an overall offer that involves a range of different service providers.
- The Northamptonshire Integrated Care Board to agree to develop and implement a plan for effective provision of the core CAMHS function, to include the following elements:
 - Maximising capacity to meet future demand and to reduce waiting times to an acceptable level
 - Organisation of CAMHS services to link up with Local Area Partnerships and to help to build strong relationships with partners in local communities to encourage continuity of support for children and young people.
 - The Northamptonshire Integrated Care Board to agree that all Local Area Partnerships in West Northamptonshire should include children and young people's mental health in their priorities.
 - The Northamptonshire Integrated Care Board to agree to continue to pursue opportunities to provide additional capacity to support children and young people's mental health at the 'tier 2.5' level of provision, between targeted services such as youth offending teams, primary mental health workers and school and youth counselling (tier 2) and specialist community CAMHS (tier 3).
 - The Northamptonshire Integrated Care Board to agree to work with the Northamptonshire Police, Fire & Crime Commissioner and Northamptonshire Police to ensure that the police role is integrated effectively in a whole-system strategy to provide support for children and young people's mental health in West Northamptonshire.
 - The Northamptonshire Integrated Care Board to agree to investigate the feasibility of funding a school nurse and mental health first aider in all schools in West Northamptonshire.
 - The Northamptonshire Integrated Care Board to agree to review existing information about support available for mental health and wellbeing produced for children, young people, parents, and guardians in West Northamptonshire and to consider the potential for this information to be enhanced.

4. Reason for Recommendations

- 4.1 The recommendations resulting from the scrutiny review are intended to contribute to the provision of effective services and support for mental health and wellbeing amongst children and young people in West Northamptonshire. This reflects the Overview and Scrutiny function's role for the development and review of policy.

5. Report Background

- 5.1 The purpose of this scrutiny review was to examine the provision in West Northamptonshire of services and support for children and young people who may be at risk of self-harm, which help people not to reach the point where they require specialist health services and which enable people to access those services when this is required. The NHS website defines self-harm as "when somebody intentionally damages or injures their body."
- 5.2 The scope for the scrutiny review identified the following key lines of enquiry:
- What lower-level services and support are available to support the mental health and wellbeing of children and young people experiencing problems that might otherwise escalate to the point where they could lead to self-harm? Are the services and support provided by different organisations linked together effectively?
 - What specialist health services are available to support children and young people who have a higher level of need? What are the routes into these services? How accessible and how quick to respond are they in practice?
 - What is the extent of self-harm by children and young people in West Northamptonshire, given previous data showing that the number of 15-19 year olds hospitalised for self-harm in Northamptonshire was above the national average? How does the latest position compare to that in similar authorities and what are the reasons for any differences?
 - What opportunities exist to strengthen existing provision, if this is necessary, taking account of the current context in which service providers in West Northamptonshire are operating?
- 5.3 The choice of this topic for scrutiny by the People Overview and Scrutiny Committee was a reflection of increasing general awareness in society of the importance of children and young people's mental health and of councillors' interest in ensuring that services in West Northamptonshire are as effective as possible.
- 5.4 The scrutiny review links to West Northamptonshire Council's corporate priority to improve the life chances of residents.
- 5.5 The intended outcome of the scrutiny review was to make evidence-based recommendations to the West Northamptonshire Council Cabinet and/or other applicable decision-makers that are intended to contribute to the provision of effective services and support for mental health and wellbeing amongst children and young people in the area.

6. Issues and Choices

- 6.1 The Cabinet is asked to consider the recommendations of the People Overview and Scrutiny Committee and to provide a response to them to the Committee. The West Northamptonshire Council constitution states that the Cabinet shall consider a report submitted by an Overview and Scrutiny Committee at the next available Cabinet meeting. The Cabinet shall respond to the Overview and Scrutiny Committee within two months of the report being submitted.
- 6.2 The key findings, conclusions and recommendations from the scrutiny review are set out in this section of the report.

Development of overall provision for children and young people's mental health to respond to increasing demand

- 6.3 The Task and Finish Panel gained a clear impression from the information that it gathered of increasing needs amongst children and young people relating to mental health, even if this could have been anticipated. Expert advisors were all seeing increased needs from their different perspectives. They highlighted the range of factors contributing to this, including existing pressures on young people in modern society; the impact of the COVID-19 pandemic and lockdowns; and more specific issues such as the experiences of children and young people coming into the authority as refugees.
- 6.4 The Task and Finish Panel recognised that an increasing general trend does not mean that individuals' needs are necessarily at a severe level. However, the situation increases the risk that needs will escalate to this level if not identified and addressed appropriately. In addition, Northamptonshire is working from a recent position in relation to hospital admissions of young people resulting from self-harm that compares unfavourably with other areas.
- 6.5 The Task and Finish Panel noted that local services supporting children and young people's mental health are delivered by a range of different statutory and non-statutory organisations, from the NHS to voluntary and community sector groups. Some services are delivered on a countywide basis; some in particular areas only. The Panel was left with the impression of a complex overall 'system', which increased the risks of services becoming splintered in practice, of children and young people falling between different organisations, and of opportunities to intervene early being lost. The Panel felt that a complex and variable approach to service provision also does not help potential service-users to understand how and where to access services.
- 6.6 The Task and Finish Panel ultimately raised the need for a more coherent strategy for children and young people's mental health services in West Northamptonshire. The Panel was concerned at the risks inherent in there being no single agency with overall responsibility, and accountability, for meeting these needs. The Panel emphasised that failing to provide effective support to children and young people with mental health needs will go to the heart of organisations' fundamental aims, such as the vision in West Northamptonshire Council's Corporate Plan to make the area one where children are given the best start in life and vulnerable

children are supported and protected. Pressures on individual service providers will also continue to be greater if there is not a robust collective strategy for using overall resources.

- 6.7 The Task and Finish Panel considers that the Integrated Care System model provides an opportunity for a step-change to address these points. Integrated Care Northamptonshire is intended to embody a collective commitment to joined up working towards common objectives, relating to children and young people's mental health as much as other priority areas. Structurally, ICN could also offer more ownership and oversight of services that involve such a range of different providers. The Panel urges that this opportunity is maximised.
- 6.8 The Task and Finish Panel encourages that a long term strategy for the provision of children and young people's mental health services in West Northamptonshire developed by ICN should be directed towards authority-wide provision through a locally-focussed model. The Panel is keen to see effective initiatives such as the Espresso Yourself wellbeing cafes rolled out into all of the main areas in the authority. Services should be delivered from locations that encourage young people to attend and the Panel felt that local councillors might assist in providing relevant local intelligence. Services should also be informed by a good understanding of who is using them and potential barriers to access: the Panel heard from one school representative who provided information that young people from BME groups made up a high percentage of their total number of students but a low percentage of the students accessing support for mental health needs.

Recommendations:

- A) The Northamptonshire Integrated Care Board to agree to develop and implement a long term whole-system strategy to provide effective support for children and young people's mental health in West Northamptonshire that incorporates the following principles:
- Local access to services throughout the authority
 - No disparity between the services available or initiatives being trialled in West Northamptonshire and North Northamptonshire when services are organised on a countywide basis
 - Delivery of services from locations that encourage young people to use them
 - Provision that enables service users to tell their story once rather than needing to do so repeatedly to different organisations
 - Development and delivery of services to be informed by good intelligence about who is using them and potential barriers to access that may affect children and young people from different backgrounds or communities.
 - Effective oversight and leadership of an overall offer that involves a range of different service providers.

Ability of core Child and Adolescent Mental Health Service to meet demand

- 6.9 The Task and Finish Panel concluded that the core CAMHS function in West Northamptonshire is under significant pressure and needs help.
- 6.10 The Task and Finish Panel heard at the start of the scrutiny review from the senior manager at Northamptonshire Healthcare NHS Foundation Trust that the number of referrals to core CAMHS had increased by 180% in the past two years and about increases in the waiting time for appointments. At the start of 2023 the CAMHS website advises that it aims to provide an initial assessment within 13 weeks of receiving a referral but that this can take longer. Expert advisors who spoke to the Panel during 2022 referred to young people ultimately waiting up to two years for treatment. The Panel felt that a service that involved an excessive waiting time to receive support is not a working service. School staff members and GPs who spoke to the Panel had different experiences of the quality of service provided by CAMHS. There was also a perception that the threshold for access had been raised over time. Young people who spoke to the Panel commented that perceptions about long waiting times could put people off from seeking assistance for mental health issues.
- 6.11 The Task and Finish Panel recognises that this is not only an issue in West Northamptonshire and heard, for example, that there are national pressures on the workforce for children and young people's mental health. However, the Panel raises the need for a long term plan to put core CAMHS on a better footing. The Panel would like to see more locally-based provision. This would also help to strengthen working relationships with key partners such as schools or GPs and to support understanding and good communication on areas such as the thresholds for a young person to be referred to core CAMHS.
- 6.12 The Task and Finish Panel considers that this approach to future provision can link into the Local Area Partnerships (LAPs) that will form part of the structure of Integrated Care Northamptonshire. There are due to be nine LAPs in West Northamptonshire, five in Northampton and four in Daventry and South Northamptonshire. They will each be responsible for leading the design and delivery of integrated care systems in their areas, bringing together the NHS, the local authority, voluntary and community sector bodies, residents, and other community partners that contribute to supporting health and wellbeing. The Panel understands that LAPs will be given a degree of autonomy to identify their own priorities to reflect issues in their particular area. The Panel recognises the aims and potential benefits of a locally-led approach. At the same time, it considers that children and young people's mental health is an issue that should represent a priority throughout the authority. All LAPs would also need to support the implementation of the whole-system strategy for children and young people's mental health recommended at paragraph 1.6 in the report. The Panel therefore proposes that all LAPs should include this issue in their adopted priorities.
- 6.13 In commenting on the capability of the core CAMHS function in West Northamptonshire the Task and Finish Panel recognises that the services it provides are intended for children and young people with moderate to severe mental health needs; those at tier 3 in the diagram at paragraph 6.1 in the report. During its information-gathering the Panel heard about good examples of services and support being provided in Northamptonshire, for example through the REACH

collaboration, at what might be called the 'tier 2.5' level, that is between targeted services at tier 2 and specialist community CAMHS at tier 3. The Panel saw how this action could help to manage some demand on core CAMHS, by supporting children and young people with mental health needs that did not reach the threshold for CAMHS but might escalate without some intervention or by supporting others whilst they were waiting to access CAMHS. The Panel encourages the continuation of this approach. However, the Panel also emphasises that it is not proposing this as a solution to the need for an effective whole-system approach to children and young people's mental health provision or for the fundamental issues affecting core CAMHS capability. If members of the public or professionals see CAMHS as their only recourse then high demand will continue. If core CAMHS does not have the capacity to provide services in a reasonable time to those children and young people who do require support at the moderate to severe level of need, they will continue to be poorly served.

Recommendations:

- B) The Northamptonshire Integrated Care Board to agree to develop and implement a plan for effective provision of the core CAMHS function, to include the following elements:
 - Maximising capacity to meet future demand and to reduce waiting times to an acceptable level
 - Organisation of CAMHS services to link up with Local Area Partnerships and to help to build strong relationships with partners in local communities to encourage continuity of support for children and young people.
- C) The Northamptonshire Integrated Care Board to agree that all Local Area Partnerships in West Northamptonshire should include children and young people's mental health in their priorities.
- D) The Northamptonshire Integrated Care Board to agree to continue to pursue opportunities to provide additional capacity to support children and young people's mental health at the 'tier 2.5' level of provision, between targeted services such as youth offending teams, primary mental health workers and school and youth counselling (tier 2) and specialist community CAMHS (tier 3).

In-patient mental health services for children and young people

- 6.14 The scope for this scrutiny review was focussed on the lower-level services and support available to support the mental health of children and young people experiencing problems that might otherwise escalate to the point where they could lead to self-harm. The Task and Finish Panel therefore did not seek to consider in-patient services for people with severe or highly complex needs. However, during its information-gathering the Panel was able to hear from a young person with direct experience as a mental health service user in Northamptonshire and in other area parts of the country. This included experience of in-patient mental health care.
- 6.15 The young person who spoke to the Task and Finish Panel volunteered to do so and the Panel was impressed both by what they said and the way that they spoke to councillors. Although some of their information proved to be outside of the specific focus for this scrutiny review the Panel

wishes to ensure that it is relayed to the relevant service providers, to inform them and so that it can be acted upon as necessary.

Recommendations:

- E) The People Overview and Scrutiny Committee to agree that information given to the Task and Finish Panel by a young person with direct experience as a mental health service user be sent to Northamptonshire Healthcare NHS Foundation Trust.

Children and young people's mental health and the police

- 6.16 The Task and Finish Panel heard from a representative of Northamptonshire Police about practical demands on police capacity connected with children and young people's mental health. The Panel was advised that police officers were required to attend if an older teenager or young adult presented at hospital or called the emergency services saying they had or were going to harm themselves. The same people could be seen regularly. Police officers could need to conduct an individual to a place of safety, which might involve remaining with them until this could be done in order to safeguard their wellbeing. Northamptonshire Police did not have dedicated space for accommodating vulnerable young people. Taking a young person to police premises might also create a misapprehension about the reasons for this.
- 6.17 The Task and Finish Panel recognises that there are a range of factors that might contribute to a young person reaching a crisis point that brings them into contact with the police. This can include factors that are outside the scope of this scrutiny review. However, the Panel did not want this aspect of its evidence-gathering to be lost. The Panel therefore highlights that the development of effective overall provision for children and young people's mental health should involve considering how other partners and Northamptonshire Police can best work together on this matter.

Recommendations:

- F) The Northamptonshire Integrated Care Board to agree to work with the Northamptonshire Police, Fire & Crime Commissioner and Northamptonshire Police to ensure that the police role is integrated effectively in a whole-system strategy to provide support for children and young people's mental health in West Northamptonshire.

Support in schools for children and young people's mental health

- 6.18 The Task and Finish Panel took a strong impression from information-gathering of the particular impact on schools of providing support for increasing mental health needs amongst children and young people.
- 6.19 The Task and Finish Panel saw one example at Northampton Academy of a school that operated an extensive non-teaching support function. Not all schools are in the position to do as much and it was highlighted that schools do not necessarily have a budget to fund roles such as mental health first aiders, meaning that staff are asked to fill them on a voluntary basis. In all cases, the Panel was conscious of how far schools are being asked to provide support for students' mental

health on top of their core education functions and within existing resources. Practical demands do not match up to formal responsibilities, curriculum priorities and funding.

- 6.20 The Task and Finish Panel felt that representations should be made to the government about the effect of this situation. Rather than acting unilaterally, West Northamptonshire Council should approach the f40 group, representing the lowest-funded education authorities in England, to seek to make a collective case about the inadequacy of current resources to support children and young people's mental health and the impact of current demand pressures.
- 6.21 The Task and Finish Panel saw examples of existing and previous good practice in Northamptonshire concerning support in schools that should be built upon in future. The Panel heard that mental health school teams being rolled out were proving to be effective. On the other hand, it understood that since the COVID-19 pandemic there had not been school nurses in all schools. The Panel felt that there should be access to both types of provision in all schools.
- 6.22 The Task and Finish Panel saw the potential for West Northamptonshire Council to pursue a discussion with local schools about the scope to use their resources collectively to fund additional support for children and young people's mental health. This might be done using a top-slice from schools budgets. Resources contributed in this way might be used for different purposes that would reflect the overall aim: enhancing 'tier 2.5' support, local therapeutic support or the existing emotional health and wellbeing support teams operating in some schools. The Panel recognises existing financial pressures on schools but considers that a system-wide approach on this issue might help to manage a situation that is already generating practical demands on them.

Recommendations:

- G) The Northamptonshire Integrated Care Board to agree to investigate the feasibility of funding a school nurse and mental health first aider in all schools in West Northamptonshire.
- H) The Cabinet to agree to seek a discussion with West Northamptonshire schools through the Schools Forum about contributing additional resources on a system-wide basis to support children and young people's mental health using a top slice from schools budgets.
- I) The Cabinet to agree to approach the f40 group of local authorities about making a collective case to the government about the need for additional resources to support children and young people's mental health and the impact of current pressures.

Information about mental health and wellbeing for children, young people and their families

- 6.23 In carrying out this scrutiny review the Task and Finish Panel has frequently looked at bodies, such as schools or GP practices, who act as a link between children and young people needing support for mental health and the services providing this. It is clearly essential that the professionals concerned are sufficiently informed and equipped to direct children and young people and their families to sources of support. At the same time, information-gathering has brought home to the Panel how important it is also to consider what information on services and support is produced for children, young people, parents and guardians themselves.

- 6.24 Young people who spoke to the Task and Finish Panel highlighted the extent to which young people turned to their peers for support on mental health and wellbeing issues. This could occur if other routes were not, or did not seem to be, available to them. A young person might still feel a stigma about raising mental health issues with an adult. Peer support might be organised, for example through peer mentoring schemes in schools, or informal through making a connection with someone on social media who was sharing a relatable experience. Professionals who spoke to the Panel commented that more attention could be given to the role of parents in providing support for young people's mental health and wellbeing. This would reflect, for example, the dangers that could be connected with social media use.
- 6.25 The Task and Finish Panel recognises existing information about mental health produced for children and young people and families in West Northamptonshire. It encourages that this is maximised, in order to provide clear, jargon-free information about services and support to members of the public. This should take account of examples of good practice: the Panel particularly noted the NottAlone.org.uk online directory of mental health advice and support in Nottinghamshire, which received a Local Government Chronicle Award in 2022. The Panel felt that the development of information about mental health services and support would ideally go as far as service providers having a social media presence that could use artificial intelligence in a similar way to targeted advertising to identify young people who may be in need and provide them with relevant information and a discrete means of seeking support. Clearly the availability of resources is a key factor in the ability to do this.

Recommendations:

- J) The Northamptonshire Integrated Care Board to agree to review existing information about support available for mental health and wellbeing produced for children, young people, parents, and guardians in West Northamptonshire and to consider the potential for this information to be enhanced.

Support for young people's general health and wellbeing

- 6.26 During this scrutiny review the Task and Finish Panel considered the role of organised leisure time activities in supporting health and wellbeing amongst children and young people, by contributing to a positive and nurturing environment, providing opportunities to build self-confidence and for self-expression and in other ways. The Panel is not seeking to suggest that this is an answer to potentially complex needs, but that such provision can play a part in creating a nurturing environment, in preventing needs from escalating, or in directing young people or their families to additional sources of information and support.
- 6.27 The Task and Finish Panel acknowledged that West Northamptonshire Council does not have its own youth services, reflecting the general direction within local government over the last 10 years with regard to the delivery and funding of youth services. Through its information-gathering the Panel also heard about pressures on community-based organisations providing youth activities, particularly following the COVID-19 pandemic.

- 6.28 Given the role of youth activities in supporting health and wellbeing the Task and Finish Panel has sought to identify what action West Northamptonshire Council might now take to improve local provision. The Panel would ideally like to see a standard offer of youth activities available to all young people on a local basis, potentially organised according to the areas served by secondary schools.
- 6.29 The Task and Finish Panel understands that the Council has recently started work towards the development of a new Youth Strategy for West Northamptonshire. It wishes to support this as at least a move in the right direction. On a practical level, the Panel heard about the impact of property costs on organisations providing activities for young people and questioned the potential to make use of empty Council or commercial properties to alleviate this demand. The Panel hopes that West Northamptonshire Council would look constructively at opportunities to do this directly, or to encourage partners to the same end. The Council should also seek to encourage the take up of mental health first aid training by community groups working with children and young people.

Recommendations:

- K) The Cabinet to commit to the development of a new Youth Strategy for West Northamptonshire that should set out how organised youth activities will contribute to supporting children and young people's mental health.
- L) The Cabinet to agree to consider reasonable opportunities to enable non-statutory organisations that provide services and support for children and young people's mental health to make use of empty Council or commercial premises in West Northamptonshire and to work with commercial partners where necessary to facilitate this.
- M) The Cabinet to support the take up of mental health first aid training by community groups working with children and young people in West Northamptonshire.

7. Implications (including financial implications)

7.1 Resources and Financial

- 7.1.1 Specific recommendations resulting from the scrutiny review may have resources and financial implications. The Cabinet should consider these implications when producing its response to the People Overview and Scrutiny Committee as set out in paragraph 6.1 above.

7.2 Legal

- 7.2.1 The role of Overview and Scrutiny Committee is to make recommendations to the Cabinet. The Cabinet will need to reach decisions based on the usual public decision-making criteria including that members consider relevant considerations and no irrelevant considerations. The views of a relevant Overview and Scrutiny Committee supported by evidence can be decided upon but Cabinet's responsibility remains to ensure that it has sufficient information to make a decision including the financial and legal implications of the specific proposals presented.

7.3 Risk

- 7.3.1 The recommendations resulting from the scrutiny review are intended to contribute to mitigating risks associated with children and young people's mental health. The Task and Finish Panel sought to identify recommendations that are reasonable and practical in current circumstances. The Cabinet is able to give further consideration to risks that may be connected with implementing specific recommendations when producing its response to the People Overview and Scrutiny Committee.

7.4 Consultation and Communications

- 7.4.1 The Task and Finish Panel heard from a range of expert advisors when gathering information for the scrutiny review, as set out in the final report.

7.5 Consideration by Overview and Scrutiny

- 7.5.1 The recommendations presented to the Cabinet are the result of an in-depth scrutiny review by an Overview and Scrutiny task and finish panel. The final report of the task and finish panel was considered and approved by the People Overview and Scrutiny Committee on 21 February 2023.

7.6 Climate Impact

- 7.6.1 None directly relating to this report.

7.7 Community Impact

- 7.7.1 The recommendations resulting from the scrutiny review are intended to have a positive impact on children and young people and their families in all areas of West Northamptonshire.

8. Background Papers

People Overview and Scrutiny Committee agenda papers and minutes, 16 November 2021

People Overview and Scrutiny Committee work programme

Child and Adolescent Mental Health Task and Finish Panel agenda papers and notes, January 2022 – December 2023

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**West
Northamptonshire
Council**

People Overview and Scrutiny Committee

Child and Adolescent Mental Health and the Risk of Self-Harm Scrutiny Review

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Chair's Foreword

I am pleased to present the final report of the People Overview and Scrutiny Committee's scrutiny review of support for children and young people in West Northamptonshire with mental health needs who may be at risk of self-harm.

This was the first piece of in-depth scrutiny work that the Committee agreed to do when setting its original work programme for 2021/22. This was a reflection of increasing awareness of the importance of children and young people's mental health and councillors' interest in ensuring that services in West Northamptonshire are as effective as possible.

Evidence-gathering for the scrutiny review eventually ran for the majority of 2022 and included input from a range of different perspectives. I would like to thank the professionals who contributed information and views and, particularly, the impressive young people who gave the Task and Finish Panel the benefit of their own and their peers' views and experiences on the subject that were absolutely essential for the Panel to hear. I would like to commend the councillors who made up the Panel with me and whose commitment and constructive approach have enabled this scrutiny review to reach a productive outcome.

As will be seen from the report, the evidence gathered by the Task and Finish Panel indicated that demand has risen substantially, particularly during and after the COVID-19 pandemic, but resources have shrunk. In particular, the Panel heard that support from core CAMHS was nearing a two year waiting list. In combination with changes to the criteria for referral over time this made it seem that the waiting list was effectively closed. This cannot be acceptable. The Panel also heard about the range of agencies providing services and support for children and young people's mental health at different levels of need but felt that this produced a complex overall offer.

The establishment of the new Integrated Care System in Northamptonshire now gives a unique opportunity to take action on these issues, for agencies to work more closely together to support need at lower tiers and therefore help to control the demand on more specialist services.

West Northamptonshire Council's Corporate Plan includes the vision to make the area one where children and given the best start in life and vulnerable children are supported and protected. The Task and Finish Panel has had this aim in sight throughout the scrutiny review and when identifying and presenting the final recommendations resulting from it.



Councillor Rosie Herring, Chair, Task and Finish Panel – Child and Adolescent Mental Health and the Risk of Self Harm

Acknowledgements to all those who took part in the Scrutiny Review:

- Councillors Muna Cali, Rupert Frost, Wendy Randall, Sue Sharps, Zoe Smith, Nick Sturges-Alex, and Danielle Stone, who sat with me on the Panel.
- Ms Sharon Robson, Assistant Director Children and Young People, Northamptonshire Healthcare NHS Foundation Trust, and Ms Jo Fletcher, Clinical Lead, Children and Young People Transformation Programme, Northamptonshire Health and Care Partnership who provided the Panel with an initial overview of the provision of support for child and adolescent mental health in Northamptonshire.
- Ms Sharon Womersley, Chief Executive Officer, The Lowdown; Ms Cladia Slabon, Chief Executive, Service Six; and Ms Julie Luvaglio, Trustee and Counsellor, Time2Talk, who provided information and comment from the perspective of service providers.
- Members of the Northampton Youth Forum and the peers who they represent, who provided young people's views about services and support for mental health.
- A young person previously in foster care who spoke to the Panel about their own direct experience as a mental health service user.
- Representatives of schools in West Northamptonshire who provided information and comment from this perspective in person or in writing: Mrs Beverley Maughan, Deputy Head Teacher – Secondary, Danetre and Southbrook Learning Village; Miss Kelly Mitchell, Head of Year 11 (North Campus), Elizabeth Woodville School; Dr Hayley Singlehurst-Mooney, Senior Mental Health Lead, The CE Academy; Mrs Claire Walton, Mental Health lead, Champion School; Mr Phil Swallow, Director of Wellbeing, Northampton Academy; members of the Social, Emotional and Mental Health Team, Vernon Terrace Primary School; and Miss Ilona Farkas, Social Emotional and Mental Health Lead, Northampton School for Boys.
- Dr Jane Cassidy and Dr Jean Ker from Brackley Medical Centre, who provided information and comment from a General Practitioner's perspective.
- Mr Iain Anderson, Youth Development Manager, Northamptonshire Association of Youth Clubs, who provided information and comment on the role of youth activities in supporting mental health and wellbeing.
- Detective Sergeant Julie Allington, Northamptonshire Police Public Protection Team, who provided information and comment on how the force comes into contact with young people with mental health needs.
- Senior leaders at West Northamptonshire Council and Northamptonshire Children's Trust who provided information and comment from this perspective: Councillor Fiona Baker, Cabinet Member for Children, Families and Education; Mr Chris Kiernan, Interim Director of Children's Services; Mr Colin Foster, Chief Executive of Northamptonshire Children's Trust; Ms Debbie Lloyd, Assistant Director – Children, Young People, Family Support Services and Youth Offending Service, Northamptonshire Children's Trust; and Ms Victoria Ononeze, Consultant, Public Health.

1. Executive Summary

- 1.1 The purpose of the scrutiny review was to examine the provision in West Northamptonshire of services and support for children and young people who may be at risk of self-harm, which help people not to reach the point where they require specialist health services and which enable people to access those services when this is required. The NHS definition of self-harm is “when somebody intentionally damages or injures their body”.
- 1.2 The scrutiny review links to West Northamptonshire Council’s corporate priority to improve the life chances of residents.
- 1.3 The scrutiny review was carried out by a Task and Finish Panel of the People Overview and Scrutiny Committee across 10 meetings from January – December 2022. The Panel gathered information from representatives of the following organisations or perspectives:
 - Northamptonshire Healthcare NHS Foundation Trust
 - Children and Young People Transformation Programme, Northamptonshire Health and Care Partnership
 - Voluntary and Community Sector service providers
 - West Northamptonshire Council
 - Northamptonshire Children’s Trust
 - Schools
 - Northamptonshire Police
 - Young people
 - Youth clubs
- 1.4 The key findings and conclusions reached by the Task and Finish Panel, and its resulting recommendations, are set out in full in section 10 of this report below. Some of these recommendations are directed to the Northamptonshire Integrated Care Board and some to the Cabinet of West Northamptonshire Council, depending on whether recommendations concern health or local authority functions.
- 1.5 In summary, the Task and Finish Panel makes the following recommendations:

Development of overall provision for children and young people’s mental health to respond to increasing demand

- A) The Northamptonshire Integrated Care Board to agree to develop and implement a long term whole-system strategy to provide effective support for children and young people’s mental health in West Northamptonshire that incorporates the following principles:
 - Local access to services throughout the authority

- No disparity between the services available or initiatives being trialled in West Northamptonshire and North Northamptonshire when services are organised on a countywide basis
- Delivery of services from locations that encourage young people to use them
- Provision that enables service users to tell their story once rather than needing to do so repeatedly to different organisations
- Development and delivery of services to be informed by good intelligence about who is using them and potential barriers to access that may affect children and young people from different backgrounds or communities.
- Effective oversight and leadership of an overall offer that involves a range of different service providers.

Ability of core Child and Adolescent Mental Health Service (CAMHS) to meet demand

- B) The Northamptonshire Integrated Care Board to agree to develop and implement a plan for effective provision of the core CAMHS function, to include the following elements:
 - Maximising capacity to meet future demand and to reduce waiting times to an acceptable level
 - Organisation of CAMHS services to link up with Local Area Partnerships and to help to build strong relationships with partners in local communities to encourage continuity of support for children and young people.
- C) The Northamptonshire Integrated Care Board to agree that all Local Area Partnerships in West Northamptonshire should include children and young people's mental health in their priorities.
- D) The Northamptonshire Integrated Care Board to agree to continue to pursue opportunities to provide additional capacity to support children and young people's mental health at the 'tier 2.5' level of provision, between targeted services such as youth offending teams, primary mental health workers and school and youth counselling (tier 2) and specialist community CAMHS (tier 3).

In-patient mental health services for children and young people

- E) The People Overview and Scrutiny Committee to agree that information given to the Task and Finish Panel by a young person with direct experience as a mental health service user be sent to Northamptonshire Healthcare NHS Foundation Trust.

Children and young people's mental health and the police

- F) The Northamptonshire Integrated Care Board to agree to work with the Northamptonshire Police, Fire and Crime Commissioner and Northamptonshire Police to ensure that the police role is integrated effectively in a whole-system strategy to provide support for children and young people's mental health in West Northamptonshire.

Support in schools for children and young people's mental health

- G) The Northamptonshire Integrated Care Board to agree to investigate the feasibility of funding a school nurse and mental health first aider in all schools in West Northamptonshire.
- H) The Cabinet to agree to seek a discussion with West Northamptonshire schools through the Schools Forum about contributing additional resources on a system-wide basis to support children and young people's mental health using a top slice from schools budgets.
- I) The Cabinet to agree to approach the f40 group of local authorities about making a collective case to the government about the need for additional resources to support children and young people's mental health and the impact of current pressures.

Information about mental health and wellbeing for children, young people and their families

- J) The Northamptonshire Integrated Care Board to agree to review existing information about support available for mental health and wellbeing produced for children, young people, parents, and guardians in West Northamptonshire and to consider the potential for this information to be enhanced.

Support for young people's general health and wellbeing

- K) The Cabinet to commit to the development of a new Youth Strategy for West Northamptonshire that should set out how organised youth activities will contribute to supporting children and young people's mental health.
- L) The Cabinet to agree to consider reasonable opportunities to enable non-statutory organisations that provide services and support for children and young people's mental health to make use of empty Council or commercial premises in West Northamptonshire and to work with commercial partners where necessary to facilitate this.
- M) The Cabinet to support the take up of mental health first aid training by community groups working with children and young people in West Northamptonshire.

Assessing the impact of the scrutiny review

- N) The People Overview and Scrutiny Committee to agree to review the impact of the scrutiny review six months after the presentation of the final report to decision-makers.

2. Purpose and Rationale

- 2.1 The purpose of the scrutiny review was to examine the provision in West Northamptonshire of services and support for children and young people who may be at risk of self-harm, which help people not to reach the point where they require specialist health services and which enable people to access those services when this is required. The NHS definition of self-harm is “when somebody intentionally damages or injures their body”.

3. Key Lines of Enquiry

- To examine what lower-level services and support are available to support the mental health and wellbeing of children and young people experiencing problems that might otherwise escalate to the point where they could lead to self-harm. To consider whether the services and support provided by different organisations are linked together effectively.
- To examine what specialist health services are available to support children and young people who have a higher level of need, the routes into these services and how accessible and how quick to respond they are in practice.
- To consider the extent of self-harm by children and young people in West Northamptonshire, in light of Public Health information shared with councillors at the West Northamptonshire Council councillors welcome day in June 2021 showing that the number of 15-19 year olds hospitalised for self-harm in Northamptonshire was above the national average. To examine how the latest position compares to that in similar authorities and the reasons for any differences.
- To identify any opportunities that exist to strengthen existing provision, if this is necessary, taking account of the current context in which service providers in West Northamptonshire are operating.

A copy of the scope of the Scrutiny Review is attached at Appendix A.

4. Context and Background

- 4.1 Following approval of its work programme for 2021/22, the People Overview and Scrutiny Committee at its meeting on 16th November 2021 commissioned the Task and Finish Panel to undertake the scrutiny review of child and adolescent mental health and the risk of self-harm. The scrutiny review commenced in January 2022 and concluded in November 2022.
- 4.2 The Task and Finish Panel comprised Councillor Rosie Herring (Chair) and Councillors Muna Cali, Rupert Frost, Wendy Randall, Sue Sharps, Zoe Smith, Nick Sturges-Alex, and Danielle Stone.
- 4.3 Children and young people’s mental health has been an area of increasing attention in society over the past 10 years. The impact of the COVID-19 pandemic has further increased this awareness, at the same time as it has contributed to increasing numbers of young people needing help. The study

Mental Health of Children and Young People in England 2021 commissioned by NHS Digital identifies that rates of probable mental disorders have increased between 2017 and 2021: from one in nine to one in six people amongst 6 to 16 year olds; and from one in ten to one in six people amongst 17-19 year olds. Further NHS Digital statistical data identifies that 395,805 people in England were in contact with children and young people's mental health services at the end of June 2022. This would represent around 4% of people aged 5-19 years in England based on the Census 2021 population estimate.

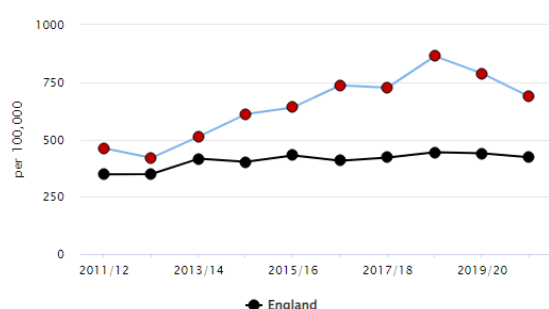
5. Corporate Priorities

- 5.1 This scrutiny review links to the Council's corporate priority to improve the life chances of residents.

6. Background data – level of need in West Northamptonshire

- 6.1 The decision to scrutinise this topic stemmed from an introductory presentation on Public Health given to councillors in June 2021 as part of West Northamptonshire Council's councillor induction programme. Focus areas for Public Health set out in this presentation included that the number of 15-19 year olds hospitalised for self-harm in Northamptonshire was 1,075 per 100,000 in 2019/20, which compared to 665 per 100,000 for England overall.
- 6.2 Data from the Fingertips public health data collection – produced by the Office for Health Improvement and Disparities in the Department for Health and Social Care – shows the following position for children and young people at different ages in Northamptonshire over recent years:

Hospital admissions as a result of self-harm (10-24 year olds)

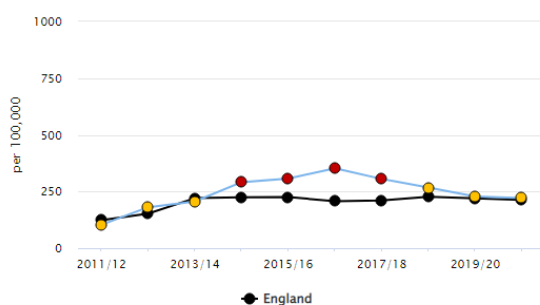


Recent trend: ➡ No significant change

Period	Northamptonshire				East Midlands	England
	Count	Value	95% Lower CI	95% Upper CI		
2011/12	573	461.5	424.3	501.0	333.4	347.4
2012/13	518	419.5	384.1	457.3	327.5	348.9
2013/14	632	512.3	473.0	553.9	446.4	415.8
2014/15	752	609.9	567.0	655.2	418.4	401.9
2015/16	792	640.0	596.0	686.2	449.2	430.5
2016/17	914	736.1	689.0	785.5	432.2*	407.1
2017/18	892	725.9	678.8	775.3	436.2	421.2
2018/19	1,045	863.5	811.6	917.8	447.4	444.0
2019/20	950	787.9	738.3	839.9	445.0	439.2
2020/21	840	686.9	640.8	735.3	411.4	421.9

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Hospital admissions as a result of self-harm (10-14 year olds)

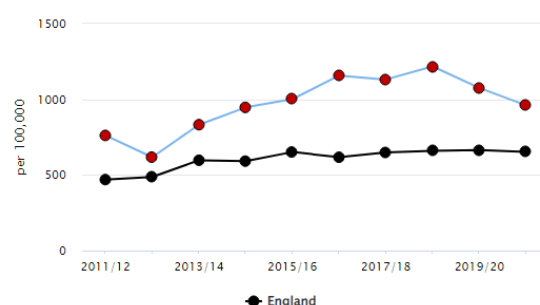


Recent trend: ↓ Decreasing & getting better

Period	Northamptonshire				East Midlands	England
	Count	Value	95% Lower CI	95% Upper CI		
2011/12	43	102.7	74.3	138.3	-	123.8
2012/13	75	180.7	142.1	226.5	161.5	152.5
2013/14	85	205.7	164.3	254.3	275.9	220.5
2014/15	121	291.2	241.6	348.0	249.8	224.2
2015/16	129	307.3	256.6	365.1	260.2	225.2
2016/17	152	352.2	298.4	412.8	221.9*	207.2
2017/18	137	305.3	256.3	360.9	213.1	210.4
2018/19	125	267.1	222.3	318.3	232.0	226.3
2019/20	110	228.3	185.8	272.9	224.9	219.8
2020/21	110	221.3	181.9	266.7	174.4	213.0

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Hospital admissions as a result of self-harm (15-19 year olds)

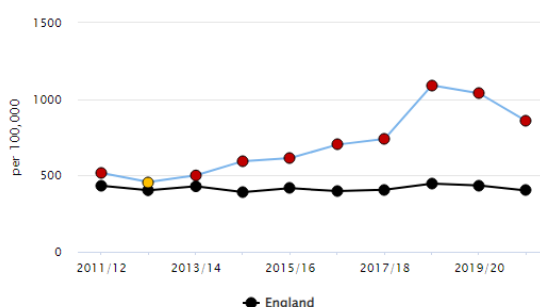


Recent trend: → No significant change

Period	Northamptonshire				East Midlands	England
	Count	Value	95% Lower CI	95% Upper CI		
2011/12	326	761.2	680.8	848.5	-	469.2
2012/13	261	617.6	545.0	697.3	453.4	486.4
2013/14	351	832.1	747.4	923.9	663.1	597.1
2014/15	397	946.5	855.6	1,044.3	626.1	591.3
2015/16	421	1,001.2	907.8	1,101.6	695.0	651.6
2016/17	485	1,157.1	1,056.4	1,264.8	658.7*	617.1
2017/18	467	1,131.1	1,030.8	1,238.4	673.2	648.6
2018/19	500	1,217.4	1,110.7	1,326.4	628.4	659.5
2019/20	445	1,075.0	982.0	1,184.7	636.8	664.7
2020/21	400	960.0	872.8	1,063.9	599.6	652.6

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Hospital admissions as a result of self-harm (20-24 year olds)



Recent trend: ↑ Increasing & getting worse

Period	Northamptonshire				East Midlands	England
	Count	Value	95% Lower CI	95% Upper CI		
2011/12	204	515.6	447.2	591.4	-	432.3
2012/13	182	456.9	392.9	528.3	364.3	403.0
2013/14	196	500.1	432.5	575.2	404.0	428.6
2014/15	234	593.6	520.0	674.8	382.5	391.3
2015/16	242	613.7	538.8	696.1	397.1	416.2
2016/17	277	702.1	621.8	789.8	417.5*	397.9
2017/18	288	739.9	656.9	830.5	423.6	406.0
2018/19	420	1,090.5	986.2	1,197.2	478.9	446.0
2019/20	395	1,037.9	935.5	1,142.7	471.6	433.7
2020/21	325	856.2	768.2	957.3	455.5	401.8

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- 6.3 This data presents a position in Northamptonshire that compares unfavourably with that for both the East Midlands and for England. The latest Northamptonshire Suicide Prevention Strategy 2022-25 published in September 2022 recognises this, stating: “The rate of hospital admissions as a result of self-harm (10–24 year-olds) in 2020/21 for Northamptonshire...is statistically worse than both the East Midlands and England rates in the same time period”.

- 6.4 An analysis of hospital admissions for self-harm in 10-24 year olds in Northamptonshire from 2012 to 2017 (August 2018) produced by Public Health Northamptonshire highlights the complexity of this issue:

Self-harm is not always linked with mental health problems and the reasons and causes behind self-harm are varied. Self-harm and suicide in adolescents is the end product of a complicated interplay between biological, psychiatric, psychological, social and cultural factors combined with exposure to negative life events including both early and recent adversity and psychiatric disorders.

- 6.5 Information on children and young people's mental health published by the Local Government Association further summarises the range of risk factors that can be involved:

Children and young people are more likely to have poor mental health if they experience some form of adversity, such as living in poverty, parental separation or financial crisis, where there is a problem with the way their family functions or whose parents already have poor mental health. Young people who identify as LGBTQT are also more likely to suffer from a mental health condition. Looked after children are four times more likely to experience mental health issues than their peers. A third of people in the youth justice system are estimated to have a mental health problem.

- 6.6 It should also be stated that the number of hospital admissions as a result of self-harm occurring in Northamptonshire does represent a fraction of the number of children and young people in the local population. The 510 admissions of 10-19 year olds in Northamptonshire in 2020/21 compares to an estimated population of 93,800 10-19 year olds (50,800 in West Northamptonshire and 43,000 in North Northamptonshire) in the Census 2021. Of course this presents the issue in statistical terms, rather than in terms of the impact of self-harm on the individuals concerned and on those connected with them.

7. Background data – national policy and priorities

- 7.1 The Task and Finish Panel was informed by the House of Commons Library Research Briefing *Support for children and young people's mental health* (June 2021). This explains the provision of Child and Adolescent Mental Health Services (CAMHS) in England as follows:

CAMHS are provided through a network of services, which include universal, targeted and specialist services, organised in four tiers;

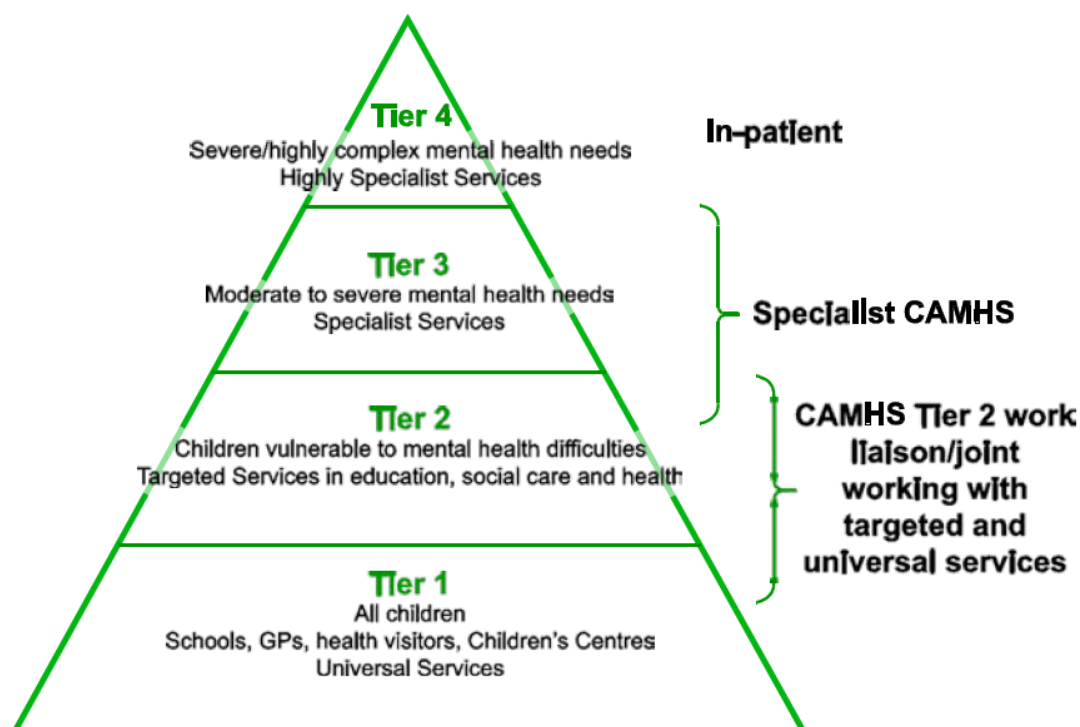
Universal services (Tier 1 CAMHS)

Targeted services (Tier 2 CAMHS)

Specialist community CAMHS (Tier 3 CAMHS)

Highly specialist services (Tier 4 CAMHS)

Tier 1 CAMHS includes universal services such as early years services and primary care; Tier 2 includes targeted services such as youth offending teams, primary mental health workers, and school and youth counselling (including social care and education); Tier 3 encompasses specialist community CAMHS; and Tier 4 includes both highly specialist inpatient and outpatient services. The Health Committee's 2014 report on Children's and adolescents' mental health and CAMHS included the following diagram:



CAMHS are provided by a range of organisations including NHS mental health and community trusts, local authorities and the private and voluntary sectors. In England services are commissioned by clinical commissioning groups and NHS England (particularly for the most specialist services). Guidance for commissioners of CAMHS notes that:

Commissioners will need to liaise with colleagues responsible for other children's health services, as well as schools and local authorities. In many areas, voluntary sector organisations provide services for children, young people and families often at the targeted service level (Tier 2 CAMHS). Such services may have complex funding arrangements and it is important this aspect of provision is not overlooked.

7.2 The Research Briefing also summarises the development of national government policy and priorities relating to children and young people's mental health over the last 10 years. Most recently, the NHS Long Term Plan published in January 2019 set out the following measures:

- A commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.

- Continued investment in expanding access to community-based mental health services to meet the needs of more children and young people. By 2023/24 at least an additional 345,000 children and young people aged 0-25 will be able to access support via NHS funded mental health services and school or college-based Mental Health Support Teams. Over the coming decade the goal is to ensure that 100% of children and young people who need specialist care can access it.
- Additional investment in children and young people's eating disorder services over the next five years.
- Action to enable children and young people who are experiencing a mental health crisis to access crisis care 24 hours a day, seven days a week, with a single point of access through NHS 111.
- Action to embed mental health support for children and young people in schools and colleges, with NHS funding over the next five years for new Mental Health Support Teams to be rolled out to between one-fifth and a quarter of the country by the end of 2023. These school and college-based services will provide specific extra capacity for early intervention and ongoing help.
- Action to extend current service mental health service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

7.3 The NHS Long Term Plan was of course produced prior to the COVID-19 pandemic, which now forms a massive part of the context for future public service planning and delivery. The last Health Secretary set out further priorities for developing health and social care in September 2022 in the policy paper *Our Plan for Patients*. The paper stated that: "[the government's] plan will sit alongside the NHS Long Term Plan, the forthcoming workforce plan, and [the government's] plans to reform adult social care." The paper goes on to identify the following aims relating to children and young people's mental health:

- *We want to strengthen resilience and the health of the nation, in particular mental health and wellbeing. We will expand mental health support for children at school, given that half of mental health conditions take root by the age of 14.*
- *We will continue to drive progress on: enhancing the availability of mental health support, through expansion and transformation of mental health services, including access to NHS talking therapies, children and young people's mental health services and enhanced community support for adults living with severe mental illnesses and expanded support in schools*
- *We will support the health and social care system to deliver by: supporting new models of care and new roles for frontline health professionals, including expanding the number of mental health practitioners in primary care and strengthening mental health support in schools.*

8. Background data – local service provision

Strategic framework

- 8.1 Services and support for children and young people's mental health in Northamptonshire are provided in the context of developing the Integrated Care System (ICS) in the county, which was formally established on 1st July 2022. Integrated Care Northamptonshire is a partnership of local health and care organisations that come together to plan and deliver joined-up services and to improve the health of people who live and work in the area. Integrated Care Northamptonshire has four priority areas:
- Children and young people
 - Elective care
 - Care for older people (iCAN programme)
 - Mental health and learning disability
- 8.2 Looking forward, Integrated Care Northamptonshire has stated the commitment to deliver better health outcomes for children and young people in the local community in the following ways:
- *Children, young people and their families will be able to thrive in Northamptonshire, getting the right information and the right help, at the right time in the right place*
 - *We will work together to ensure children, their families and carers understand the types of support services available to them and how to access them*
 - *We pledge to fulfil Northamptonshire's Children's Charter to put children, young people and their families at the heart of our services with a strong voice*
 - *Together we will work with children and their families to help them choose healthy active lifestyles and behaviours to help them thrive*
 - *Our ambition is that children with complex needs are able to live their best lives*
 - *Children and young people will be given the tools to care for their own wellbeing and get the right help they need when they need it*
 - *We will work together to equip all of our children and young people with the right tools to help them into adulthood.*
- 8.3 Future service delivery will be organised through a Children and Young People Collaborative: a partnership grouping bringing together practitioners from across Integrated Care Northamptonshire including Northamptonshire Children's Trust, Northamptonshire Healthcare NHS Foundation Trust, Northamptonshire Acute Hospitals Trust, West Northamptonshire and North Northamptonshire councils and a range of voluntary and community sector organisations.

- 8.4 Ahead of the establishment of the ICS, local health and care organisations in were already working together through the Northamptonshire Health and Care Partnership (NHCP). NHCP's main focuses included the Children and Young People Transformation Programme, which was intended to provide the basis for delivering local services that provided effective outcomes and that met the national commitments set out in the NHS Long Term Plan. The Transformation Programme consisted of four focus areas, referred to as pillars. The 'healthy minds, healthy brains' pillar had the following aims:

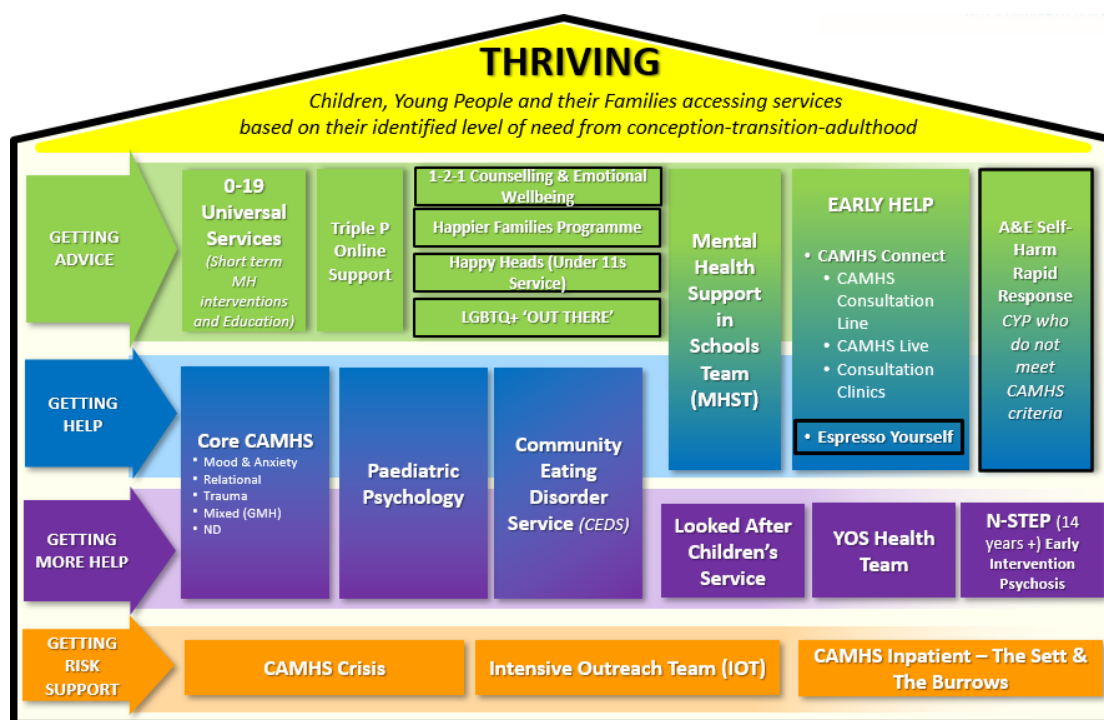
Empowering children and young people to care for their own wellbeing and access help if and when it is needed. Enabling children, young people and families living with neurodiversity to thrive with good access to family-based support. Ensuring children and families experiencing emotional, wellbeing, mental health and neuro-developmental need are involved in improving services through co-production.

Service delivery

- 8.5 The Task and Finish Panel received an introductory presentation on the provision of support for child and adolescent mental health in Northamptonshire from the Assistant Director Children and Young People, Northamptonshire Healthcare NHS Foundation Trust in January 2022. The Task and Finish Panel was advised that provision was moving away from the four-tiered model set out above to a needs-led, person-centred approach based on the THRIVE framework:

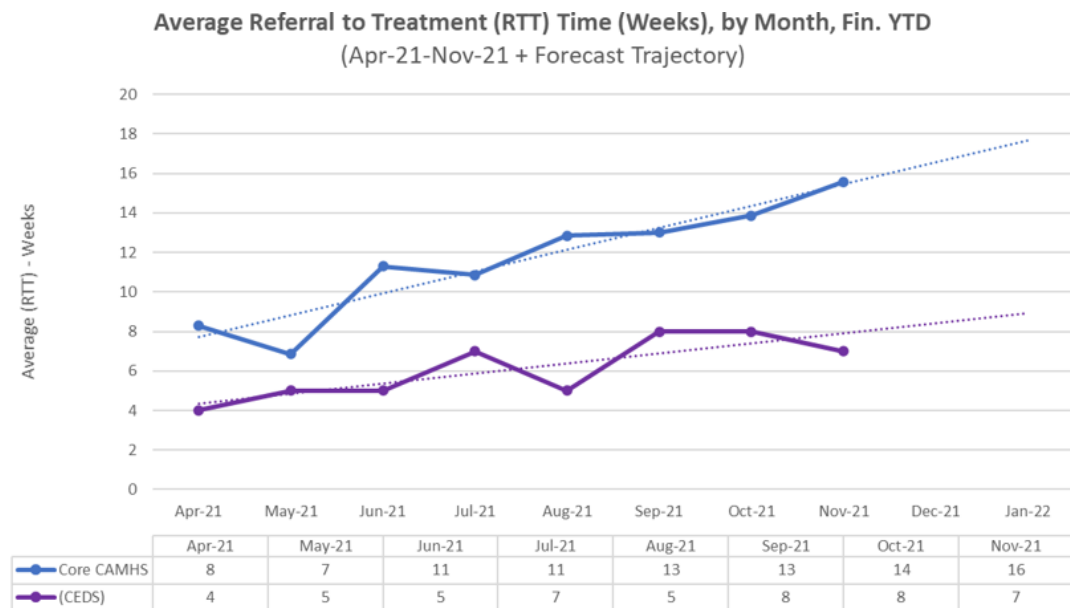


- 8.6 Support provided for individuals who are thriving equates to Tier 1 universal services under the four-tiered model. 'Getting advice' equates to Tier 2 targeted services; 'getting help' and 'getting more help' to Tier 3 specialist community CAMHS; and 'getting risk support' to Tier 4 highly specialist services, including intensive outreach and in-patient support.
- 8.7 The children and young people's mental health services profile in Northamptonshire is as follows:



- 8.8 CAMHS is delivered by Northamptonshire Healthcare NHS Foundation Trust, which is responsible for providing local community healthcare services in the county. A person referred to CAMHS must meet the following criteria for further assessment:
- *Registered with a GP in Northamptonshire*
 - *Aged between 0-18 years*
 - *Presenting with signs of or on-going concerns of mental health difficulties that are:*
 - *Impacting on their developmental functioning*
 - *Or is likely to result in significant risk to themselves or others*
 - *And less intensive intervention hasn't worked or is unlikely to suffice*
 - *Consent has been obtained from the young person and or parent / carer*
- 8.9 CAMHS Connect is part of the wider Core CAMHS function. It offers a consultation line, a telephone service and CAMHS Live: an online chat service providing advice and guidance for professionals and parents who have concerns about a young person's emotional wellbeing or mental health.

- 8.10 The Task and Finish Panel was advised in January 2022 that average referral to treatment times for Core CAMHS, and for the Community Eating Disorder Service, were on an upward trajectory. The position at that point was as follows:



9. Information Collection

- 9.1 Expert advisors provided information and comment to the Task and Finish Panel at meetings on 13th January, 10th March, 7th April, 28th April, 17th May, 16th June, 7th July, 4th August and 18th October 2022. Meetings with particular advisors involving some members deputed by the Panel for this purpose also took place on 4th May and 2nd August 2022.
- 9.2 This section of the report sets out comments made by expert advisors to the Task and Finish Panel. The Panel's own conclusions and recommendations are set out in section 10 of the report.
- 9.3 The date when expert advisors commented to the Task and Finish Panel is indicated in each case, in the interests of clarity and in light of the overall duration of the scrutiny review.

Service providers

Assistant Director Children and Young People, Northamptonshire Healthcare NHS Foundation Trust (13th January 2022)

- The new Northamptonshire Children's Charter had been developed in conjunction with young people as part of the Children and Young People Transformation Programme. This represented more effective engagement with young people than may have been the case in the past.
- Recent investment at the 'getting advice' level of the THRIVE framework aimed to avoid young people escalating to higher levels of need. Health visiting and school nursing played a crucial role. NHS Northamptonshire CCG had developed an online support programme for parents. The REACH Collaboration made up of five local organisations provided counselling services for young people, based on the principle of enabling people to get the right support at the right time.
- In Northamptonshire approximately 28% of young people needing an eating disorder service were seen within four weeks of a referral, against the national target of 95%. This performance reflected the significant increase in the number of cases over the past two years and that young people now being seen were more poorly. The pandemic reduced the opportunity to see signs of an eating disorder when a young person was at school. Young people could also be very adept at hiding an eating disorder from loved ones, for example, by wearing more concealing clothes or even putting weights in their pockets. Two new posts had just been created locally to work with schools on supporting young people with eating disorders.
- Good progress had been made in recent years on linking together services provided by different organisations in Northamptonshire but more still needed to be done. Information-sharing was the key issue in this regard, which would be improved by the development of the integrated Northamptonshire Care Record. There was good communication between NHFT and the REACH Collaboration: consideration was just being given to creating an additional post to help to avoid young people falling into gaps

between organisations. Overall, organisations were thinking as one entity across the 0-19 field much more than in the past.

- Work was currently being done to develop a self-referral form for services at the higher levels of need. This avoided a situation in which a GP made a referral based on their interpretation of a situation. CAMHS on-line support for young people worked well as it enabled the voice of the young person to be heard.
- CAMHS was subject to a target that people should be seen within 18 weeks of referral. Five weeks was a significant length of time for a family to have to wait in distress. If performance continued on the current trajectory there would be an 18 week wait for first appointments.
- Current pressures meant that support provided to young people with eating disorders was able to ensure that they were physically safe but there was not the psychological capacity to work with young people to move them through the process of understanding and addressing their condition.
- Local services had experienced massive additional pressure in recent times. The number of young people with a diagnosable eating disorder had increased by 250% in the last two years. The number of referrals to core CAMHS had increased by 180%. The COVID-19 pandemic had increased general anxiety amongst young people, had kept young people in the home and had increased their exposure to domestic violence. The protection provided by attending school had not operated, which created the need to re-think previous approaches to identifying and addressing issues.
- Health visitors in Northamptonshire had caseloads that were double those in other areas. There had been significant increases in the numbers of safeguarding cases and unaccompanied asylum-seeking children. Northamptonshire's good transport links also contributed to increased demands from gang-related activity and cuckooing.
- There was a long term plan for service provision in Northamptonshire and partners were working hard to establish the ICS. CAMHS had received an uplift in funding. The challenge was the significant increase in demand on services.
- The ideal support offer for a young person would vary according to their needs. Most young people were well most of the time: the number presenting at Accident and Emergency was under 1% of young people. Some young people receiving counselling would only need 2-3 sessions; some could need more than 6 sessions. Talking to someone else could help a young person to understand their situation and to build their resilience to go back into their usual environment.
- Some excellent work was being done in Northamptonshire:
 - Five teams had been introduced to support mental health in schools, with an initial focus on North Northamptonshire where there was greater need. Two more teams were due to be introduced, which would increase support in other areas such as south Northamptonshire.
 - Espresso Yourself wellbeing cafes for young people and their carers were based on the crisis café model operated by MIND. There were 7

Espresso Yourself cafes operating in the county, including in Northampton and Daventry in West Northamptonshire. The cafes were supported by CAMHS crisis teams. A young person could go into a café to speak to a counsellor or to do an activity such as mindful colouring that helped to support their wellbeing.

- CAMHS operated a consultation line for professionals, which was like a supervision, and provided on-line support for young people and carers.
- There were national pressures on the workforce for children's mental health. Locally, the 0-19 team and CAMHS had also been involved in supporting the Afghan refugees who came to Northamptonshire in late 2021.
- It was recognised that young people from BME community groups were under-represented amongst users of mental health services. Work was being done to address this situation.
- There were two mental health in-patient units with 20 beds in the county, although some of these beds belonged to the East Midlands region. Northamptonshire had funded an intensive care outreach project for a year, which operated a hospital-at-home model. This was operating well, although this reflected that there was high demand for it. Due to national shortages of psychiatric intensive care beds some significant cases were being treated using the hospital-at-home model.
- NHFT was continuing to develop the information about mental health on its website for young people and carers.
- Local schools engaged in work to support mental health to varying degrees. Some schools were not engaged, which contributed to exclusion rates.

Clinical Lead, Children and Young People Transformation Programme, Northamptonshire Health and Care Partnership (13th January 2022)

- It was important that young people were able to say how they wanted services to work with them, particularly on a difficult subject like self-harm. It was intended to embed the voice of the child in work being done in Northamptonshire, although co-production was quite new for some partners. The voice of the child should be incorporated in key performance indicators and performance review. The Children's Charter should support this approach. Stakeholders wanted to sign up to the Charter but further infrastructure needed to be put in place to support the delivery of its aims. Stakeholders needed to have a good understanding of the services available in the county and how to direct young people. The priority was to create one front door to services. It was intended to launch the Children's Charter towards the end of the financial year when this could be done effectively.
- The REACH Collaboration offered a menu of support to young people. The typical offer was six counselling sessions.
- The agencies involved in the REACH Collaboration had worked together very effectively over the past two years whilst retaining their own identities. Organisations were able to support each other and submitted collective funding bids.

- NHCP had done specific work with young people from households that did not speak English in conjunction with Young Healthwatch. The accessibility pillar of the Children and Young People Transformation Programme focussed on providing good access to services for all.
- Increases in the number of incidences of eating disorders in Northamptonshire reflected national and international trends.
- The joined up response to COVID-19 gave extra impetus to a collective approach in other areas. If strategic leaders supported the community hubs model that was part of the ICS it would play a significant role in building community resilience and addressing needs that could otherwise contribute to the demand for mental health services.
- Third sector organisations had a wider involvement in the provision of mental health services and support than just the REACH Collaboration. However, the third sector in children's services did not have the same infrastructure and governance support available to support it as existed for adult care. Third sector organisations were good at working with young people at an early stage but West Northamptonshire currently lacked some of the infrastructure to support organisations to do so.
- The ICS included local authority directors of children's services but had no direct involvement from schools. It would be more difficult for schools to contribute to future service delivery if they were not involved in developing what was to be delivered. The benefit to schools of reducing mental health issues amongst young people should be clear.

Chief Executive Officer, The Lowdown (10th March 2022)

- The Lowdown was a mental health charity that provided free and confidential counselling, emotional wellbeing, sexual health and LGBTQ support services for 11-25 year olds. It had operated in Northampton since 1999. It provided counselling services in the NN1 – NN7 areas and other services throughout the county. It had an established location, which was known to young people. Its services were accessed through professional referral, with the consent of the young person concerned, or by self-referral.
- The Lowdown had supported 871 young people with 1-to-1 counselling in 2020/21. This number had increased in the current year.
- The Lowdown was part of the REACH Collaboration with five other voluntary and community sector organisations in the county, including Time 2 Talk in Daventry. The Collaboration had been key to securing more funding. The Lowdown had tripled its funding during the past three years.
- The Lowdown's funding came from Public Health Northamptonshire, NHS Northamptonshire Clinical Commissioning Group (CCG), service contracts with local schools and charitable donations. Public Health Northamptonshire provided a set level of funding for REACH, which had just been confirmed for the next two years.
- There was currently a 6-8 week waiting time for young people to access counselling with The Lowdown. However, the waiting times for CAMHS was thought to be currently 6 months for assessment and 18 months for

treatment and young people going to CAMHS were those with a significant level of need.

- The Lowdown had previously provided services at the tier 2 / targeted services level. In July 2021 it had received funding to provide support to young people with a slightly higher level of need. This was intended to prevent some young people from needing services provided by CAMHS and to support other young people who were waiting to access CAMHS. In the Chief Executive Officer's view approximately 10% of the young people now being supported by The Lowdown should be with CAMHS.
- The introduction of Espresso Yourself wellbeing cafes was a positive development in Northamptonshire. These gave young people access to emotional support throughout the week, with either remote or face to face access. This was a relatively new approach in some parts of the county following pilot projects in Northampton, Kettering and Corby. It needed to be fully embedded and attendance in some areas had been low so far as they were still quite new.
- Data from 2016 indicated that 15% of young people would experience mental health difficulties at some stage in their lives: this would occur before the age of 14 years for 50% of those young people and by their mid-20s for 75% of them.
- The Lowdown had already seen an increase in referrals in January – March 2020 compared to previous years. Following the COVID-19 pandemic it had quickly set up a remote counselling service, using qualified counsellors. From July 2020 it had then resumed face-to-face counselling to reflect that a remote approach was not suitable for some young people. The Lowdown now offered young people a choice of approach.
- The pandemic had added to the pressures on The Lowdown from needing to deal with increases in demand and increases in the complexity of individual cases, whilst maintaining staff wellbeing.
- The 871 young people supported by The Lowdown in 2020/21 represented a 43% increase in counselling sessions delivered compared to the previous year. It included some young people who had been due to receive counselling when the pandemic started who had then needed to wait for face-to-face counselling to resume.
- The monthly number of referrals received by The Lowdown in 2022 was consistently at the highest level in the whole period since 2019. The waiting list was now going up despite best efforts: The Lowdown currently had 257 young people on its waiting list, which was an unprecedented number. It had received some additional resources to help to manage its waiting list.
- Self-harm was often seen only in terms of cutting but covered a wide range of actions: The Lowdown had seen more incidences of restricted eating or overeating during the pandemic.
- Self-harm was a coping mechanism: the response to it involved helping the young person to deal with the underlying issues that caused them to self-harm.

- The Lowdown would escalate cases involving serious self-harm, such as cutting regularly and deeply, to the appropriate service-provider. The number of these cases had increased significantly, from 22 in 2018/19 and 20 in 2019/20 to 70 in 2020/21 and 117 in 2021/22. The young person's permission was needed to refer a case, although this could still be done without permission if there was a significant cause for concern. This was explained to young people receiving counselling and an individual would be told beforehand if their case was going to be escalated.
- The Lowdown's services were rated highly by service-users: 88% of service-users reported improved or maintained Clinical Outcomes in Routine Evaluation (CORE) outcome measures and 90% would recommend services to others.
- The biggest issue for young people engaging with The Lowdown was anxiety, followed by low mood and family problems. These issues were the same as before the pandemic: what had changed was that they were now having a greater impact.
- The services provided by The Lowdown consisted of counselling services; school outreach, rapid response, and tier 2/3 services for under-19 year olds; and counselling services for 19-25 year olds. It would shortly be launching a new transition service for 16-25 year olds and resuming previous sexual health services. It also provided LGBTQ support and a recently established support after suicide service.
- Student placements were a key part of increasing The Lowdown's capacity and developing the workforce of qualified counsellors to meet demand.
- REACH was committed to providing services that covered the whole of Northamptonshire.
- Volunteers delivered 10% of the counselling hours provided by The Lowdown, compared to 80% three years ago. This reflected young people's needs, which had changed from emotional wellbeing support to in-depth counselling. Shift managers were available at all times to support volunteers. Shift managers also supported counselling student placements.
- The Lowdown had a very good relationship with NHFT. NHS Northamptonshire CCG sub-contracted NHFT to deliver the Espresso Yourself cafes and NHFT worked with The Lowdown to do so. In terms of the overall support that NHFT provided to young people, the Chief Executive Officer considered that NHFT faced serious challenges to its capacity to meet the level of demand.
- New mental health support teams in schools in Northamptonshire were another positive development.
- Young people who used drugs were generally referred to other services rather than to The Lowdown: a person needed to be drug-free for counselling to be effective. More generally, the Chief Executive Officer considered that society was still working through the impact of lockdown on young people and their families. Young people were also affected by other issues in the world, such as the current situation in Ukraine. The Lowdown

did see a large number of young people self-harming due to difficulties with family relationships.

- It would be ideal if young people could be offered a referral to treatment time of two weeks, with an assessment in the first week and counselling in the second.
- Before the pandemic The Lowdown went into schools to raise awareness about its services as well as participating in local community events. It was not able to do this during the first lockdown and the number of referrals it received had declined significantly when schools and GPs were not really open / easy to access as this was the normal referral route. Referrals had soon picked up after the first lockdown and had continued to increase to record levels since. The Lowdown did have a strong social media presence on sites such as Facebook, Instagram, Twitter and LinkedIn.
- The Lowdown's relationship with schools varied. It had contracts with some schools to provide counselling services. The referrals that it received were broadly what would be expected. There could be a greater level of awareness about The Lowdown in schools, which reflected that it had not been able to carry out normal promotional activities during lockdown.
- KidsAid, Service Six and mental health support teams in schools provided support to younger children with mental health needs in Northamptonshire.
- The number of monthly referrals received by The Lowdown was linked to the school year: the number of referrals was higher when schools were open, reduced during the summer holidays, and reached its peak in the autumn after schools reopened. The Lowdown could carry out a preventative role by providing services in schools but it also needed to be recognised that some young people would not want to seek mental health support in a school setting, if they thought that their friends would find out or that they would need to attend counselling between lessons. A mixed approach including the option of support in schools was best.
- Severe bullying could represent a safeguarding issue. The Lowdown would work with the school to address such cases when they were identified.
- The most beneficial action for The Lowdown would be the provision of long-term sustainable funding. In previous years it had never been able to forecast more than 12 months ahead. This situation had improved with confirmation of multi-year funding provision from Public Health Northamptonshire and potentially from NHS Northamptonshire CCG. It was hoped that this approach would be continued, as it was unlikely that current issues affecting young people's mental health would be resolved soon. Demand on services had tripled in size and it was not known when this trend would end. On a positive note, organisations like The Lowdown were able to react to new situations very quickly.

Chief Executive, Service Six (17th May 2022)

- In 2021/22 the REACH collaboration as a whole had received 3,689 referrals, had supported 3,129 young people and had delivered 12,727 counselling sessions, using total funding of £550K. The number of referrals was a 37.7% increase on the previous year. This number was likely to continue to increase.
- Young people should be asked what they wanted if there was an opportunity to expand current services. Some chose to get help outside of their own area in order to be less visible. This should be taken into account in commissioning but service providers could currently only accept referrals from young people in their own local area. The ages at which young people ceased to be eligible for some services could also cause practical issues, although the REACH collaboration did help to address these.
- 64% of the clients for services provided under the core REACH collaboration contract were aged 13-16 years. 64% identified as female, 32% as male and a percentage as non-binary or other: this breakdown reflected that young females could be more oppressed than young males but also more willing to seek help, although young males were now seeking help at an increasing rate. Approximately 68% of clients gave their ethnicity as white British or Irish; 16% of clients did not disclose their ethnicity. Approximately 9% of clients were from Black, Asian and minority ethnic groups: this was an under-representation and the reasons for this needed to be understood and addressed. Approximately 3% of clients had been looked after children.
- Abuse, anger, anxiety and family problems were the main presenting issues for young people receiving services under the core REACH collaboration contract. Self-harm was a secondary presenting issue as it was a response to primary issues.
- Young people had been significantly affected by the COVID-19 pandemic, which had required them to adopt new ways of living and learning during lockdown and then to change again afterwards.
- Incidences of self-harm and suicidal thoughts had increased in the past year. This was also the case for disordered eating, which was not a recognised clinical condition.
- Service Six, T2T and Healthy Young Daventry were involved in the self-harm awareness and prevention enterprise (SHAPE) collaboration, which worked with the two secondary schools in Daventry to support young people. SHAPE representatives went to the schools to raise awareness of and provide information about self-harm. If the schools identified young people who were self-harming or at risk of doing so they could be referred to a six-week programme of group-based support. SHAPE was now looking to hold events for parents. SHAPE was also running a pilot project in Daventry to help teachers to deal with self-harm amongst young people, including support for teachers' wellbeing. This project was funded to the end of the summer term in 2022.
- The core REACH collaboration contract was funded by Public Health Northamptonshire and this funding had just been extended for another year.

REACH received a lump sum, which was split between the five agencies involved using a formula. REACH had just received an uplift in funding of £600K over the next two years after presenting a business case for this.

- The average waiting time to access services provided under the core REACH collaboration contract was currently 7 weeks. REACH was able to get to this level as it had received extra funding from NHFT to support young people who did not quite meet the threshold for CAMHS. This had been provided for the current year and would be repeated next year.
- CAMHS struggled to recruit experienced staff and had a gap in staff resources. This situation was affected by wider factors such as an imbalance in remuneration across children's and adult social care, which was perceived as favouring the latter. Service Six experienced similar challenges. Vacancies attracted a good number of applications but only around 30% had the right qualifications to be taken to interview. It was difficult to recruit counsellors across a range of ages, genders and backgrounds. Service Six had over 30 counsellors but this included only two men, three people from black, Asian and minority ethnic (BAME) backgrounds and three people with a disability.
- Each organisation in the REACH collaboration received a funding allocation for rapid response provision. Service Six did work with young people experiencing disordered eating up to a certain point but would refer cases involving an eating disorder to CAMHS. There was a waiting list for this support. Early identification of issues that could cause eating problems was helpful.
- Service Six had a good profile in secondary schools in the county and received referrals from schools. It attended community events and had a social media presence. It would be counterproductive if the organisation built its profile and generated an increase in the number of referrals that exceeded its capacity.
- REACH had recently put some unused funding towards producing information leaflets.
- There was scope to look at how service providers raised awareness amongst young people who did not need support at that point but might do so in future.
- Mental health school teams funded by NHFT were being rolled out in Northamptonshire. NHFT was also funding an early intervention pilot project in schools in Wellingborough intended to provide support to young people at a younger age.
- The Opal Project was another local initiative that provided support to young people who are self-harming as well as raising awareness of the issue. It had been founded in 2011 in Brackley by students from Magdalene College School, before being taken on by Service Six and extended countywide. The Project had two part-time staff and mostly worked in schools. Different funding streams were used to support it. It was challenging to get funding for work on self-harm as potential sponsors might not want their name to be associated with this issue.

Trustee and Counsellor, Time2Talk (T2T) (17th May 2022)

- The waiting list for CAMHS had been increasing dramatically in recent times. Voluntary counselling agencies were taking some of this demand.
- T2T had operated in Daventry for 30 years and knew the area very well. Self-harm was a significant problem. It was a way of coping with difficulties for some young people. They needed help to change this and to build their resilience.
- T2T had received 362 referrals last year, which included self-referrals and referrals from parents, GPs and schools. These referrals included 180 from south Northamptonshire: 45 from Brackley, 40 from Towcester, 16 from Silverstone, 8 from Middleton Cheney, 7 from Deanshanger and 64 from other locations.
- T2T had offices in Daventry but had the challenge of needing to hire facilities for activity at other locations such as in south Northamptonshire. Operating costs were also higher when using other locations due to staff travel costs.
- T2T had a counsellor based in Brackley and ran drop-in sessions in Brackley on two days a week. Some young people and parents did go to Daventry from other areas in order to be seen. T2T also provided remote services although this was not as good as face to face contact.
- Funding was a key issue for T2T. It received £96K core funding for the Daventry and south Northamptonshire areas, which was a relatively small amount. This funding was linked to the number of clients it saw but did not recognise the increased costs of providing services away from T2T's base.
- T2T provided a rapid response service and was able to offer young people presenting at Accident and Emergency an appointment within 3-5 days.
- T2T was operating an emotional wellbeing café as a pilot project as part of the REACH collaboration. There were currently cafes in Daventry, Northampton, Corby, Kettering, Thrapston and Wellingborough.
- T2T maximised the benefit of its funding but any increase in the current funding level would be welcome.
- She had previously been the lead for the CAMHS pathway for gender identity. More young people experiencing gender identity issues were being seen. They could be at risk from self-harm or disordered eating.
- Schools in Daventry had a good level of awareness of T2T.

Young people

Northampton Youth Forum members (4th May 2022)

- A member from Kingsthorpe College said that they had friends who were struggling with mental health issues and had been on the waiting list for CAMHS for several years. There was scepticism amongst students about seeking help for mental health issues, due to stories about waiting times for example. The member thought that previous stigma around mental health was reducing but younger children in particular had said that they were uncomfortable speaking about mental health to an adult such as a teacher. Kingsthorpe College had designated safeguarding teams and care teams but the member thought that there was not a high level of awareness about them. The member said that she knew people on the waiting list for CAMHS who had been deterred after speaking to others in the same situation who had said how difficult it was to get an appointment. The member felt that many young people just did not seek help for mental health issues and that if they did they had to go private as an alternative to going to a GP or to CAMHS.
- A member from Wootton Park School said that mental health was discussed in their school but that this was at quite a general level and did not include things like CAMHS. Students were advised about teachers who they could speak to for help but not about help available outside of school. The member thought that school staff possibly did not have sufficient knowledge of the relevant information to pass this on to students. The member said that young people went to their peers for support if they found that formal channels were not available to them. They could also relate to things shared on social media, which enabled young people to make contact with others who might be strangers to them but with whom they felt a connection.
- A member from Northampton Academy thought that young people still felt a stigma about raising mental health issues with an adult and preferred to speak to their peers. PSHE included a lot about mental health but it felt half-hearted: there was no follow-up and teachers did not ask students how they were. There should be more casual, everyday conversations about students' mental health. Support for mental health was available but young people didn't know how to access it. Support should be more visible.
- A member from Northampton School for Boys Sixth Form said that in their experience older students got less information about mental health as they were expected to know more already. However, they shouldn't be missed out. Students needed to have more information about and to be more aware of support available outside of school. The member thought that there was still a stigma about serious mental health issues. The member said that their previous school had operated a peer mentor scheme in which older students supported younger ones. This had been helpful. Mentors could pass on issues to teachers where necessary. Students found it helpful to be able to talk to a peer at their own school.
- A second member from Northampton School for Boys Sixth Form said that they felt more confident speaking to teachers about mental health issues than to peers. There was a stigma about mental health amongst students.

This needed to be addressed by raising awareness of the subject. The member thought that their school had good provision for mental health once students knew how to access it. It would be helpful to make it more of a natural thing to talk about mental health, rather than schools taking an overly academic approach to it.

- A member from Bosworth Independent College said that their school was in a different position as an independent school. It had a school nurse, who all the students knew; an external counsellor; and was due to get an internal counsellor in future. However, when a referral was made to outside services there seemed to be many blockages and people remained on the waiting list for years. Students could also be distrustful about seeking help due to concerns about information remaining confidential. The member said that issues with alcohol abuse and some drug abuse occurred at boarding schools. Some young people could miss out on the support they needed if they were not confident enough to ask for help. This could lead to further issues such as anger manifesting.

**A young person with experience of using mental health services
(16th June 2022)**

- They had been born into a vulnerable family. Their mum had schizophrenia and was a single parent. Growing up, they had been put into inappropriate situations due to their mum's partner and had experienced exploitation.
- They had a borderline personality disorder, which caused extreme feelings and could make it difficult for them to act rationally. During an episode they would see and hear things and could not know their own name.
- They had shown signs of this condition when they were 5 years old but a GP had attributed these to an over-active imagination. They had been referred to CAMHS in 2014 but issues they were experiencing were attributed to anxiety and depression as inherited behaviours.
- They had been subject to more active intervention in 2015/16 when they were in Year 6. They had seen an occupational therapist to discuss issues affecting them and their emotional state. At the time they had felt overwhelmed and did not know why they were different from other people. They were hearing voices, which seemed real to a 10 year old who did not know any different.
- They had been admitted to a psychiatric facility for the first time in 2018, aged 13. Patients were generally 15-16 year olds. It was a very strange experience for a younger child and the facility had not seemed to know how to deal with them: the education provision had been for someone older.
- When adolescents with mental health conditions were brought together in a secure facility it could lead to a situation in which individuals encouraged each other in negative behaviours or responded negatively in that environment. For example, when a patient saw an alarm system being used to call for support for someone in crisis they could see using this as a way of getting attention. A more discrete response would be better.

- Their experience was that if a person with a mental health condition did not help themselves no one else could. The individual also had to recognise the need for help in order to ask for it.
- Issues affecting an individual should not be generically ascribed to causes such as hormones but should receive a more considered response.
- They had experienced a gap in the support available between low-level services focussed more on wellbeing and admission to a secure facility. There should be a middle level of response available.
- They had only seen an advocacy service when they had been a patient at Berrywood Hospital, Northampton. They had been able to meet with an advocate and discuss issues that the advocate could then raise with a doctor on their behalf. However, their experience was that medical professionals could give less weight to matters if they were not raised directly by the patient concerned.
- Healthcare assistants (HAs) tended to work with particular patients. Other patients could see this as favouritism. They had once damaged a secure facility after another patient wound them up by saying that they were attracted to an HA.
- HAs should have more training and understanding of the range of different mental illnesses and could how these could affect an individual.
- They had seen some individuals in secure settings who did not require this level of intervention and so were taking up a place that could have been better used for someone else. Effective professional assessment to give the right help to the right people was important.
- They had had three long term support workers. They felt that only one of these had really helped them and this was because they had gone beyond the requirements of the role. Other workers had approached the role as a 9-5 job. Support should be provided by compassionate people who dealt with patients as human beings and did not just focus on process. Services should also provide a consistent standard of support to all users.
- They had understood until the previous year that they had a borderline personality disorder and had been given information, treatment and medication for this condition. However, when a social worker had checked their records they found that this condition was not mentioned and that it would be treated as an emerging condition until they were 18 years old. There should be a more nuanced approach than this to questions of whether a young person's brain was still changing or it could be confirmed that they had a condition.
- They now dealt with their condition by recognising and accepting that they acted differently to other people. They had changed their medication as part of this, coming off medication that numbed their feelings and seeking to get used to having heightened feelings and emotions at times. They had medication that they could take when needed. They were able to recognise the physical signs of an impending episode and take medication. They were also able to talk to themselves about their behaviour and step out of their immediate situation. These approaches worked for them.

- Young people always talked to each other. When individuals with mental health needs were brought together in a secure setting this could lead to trauma bonding based on shared difficult experiences. A friend with their own mental health needs could also not be strong enough to provide support in difficult times, which could leave a young person with no friends when they most needed them.
- Young people in a secure facility could learn from each other the right things to say about their state of health in order to get discharged. Staff should be able to spot when a patient was doing this.
- The mental health support they had experienced had put significant emphasis on prevention but there should be more emphasis on people learning to cope with their conditions. The effect of advice on different people should also be considered: for example, advising someone at risk of cutting themselves to make sure that they used a clean blade could be taken the wrong way.
- There should be more use of specialist staff and less use of bank staff in supporting young people with mental health needs: a ratio of 4 bank staff to 3 permanent staff reduced service effectiveness. Bank staff were likely to have limited information about a young person in crisis.
- Their experience was that information about The Lowdown and Service Six was available in local schools and there was awareness about the services that they offered. Schools usually had a counsellor but their experience was that they were better at supporting young people with lower level issues such as stress around exams: a counsellor would not necessarily know how to deal with serious mental health needs.
- A young person had a physical assessment when they were taken into care. They could also have a mental health assessment.
- When they had been a patient at Berrywood Hospital they had been able to gain access to medicinal drugs on-site and take an overdose. It was possible to smuggle in drugs if searches just involved a pat down. Patients could learn ways around security measures from each other: for example, a woman could say that bra underwiring had set off a metal detector.
- They had been subject to a strip search when being admitted to a secure facility. This was very difficult for a young person who had experienced inappropriate relationships. The use of scrubs and metal detectors could be a helpful approach. They had been able to get a laptop into secure accommodation as searches were not carried out after visits on hospital grounds.
- There seemed to be a sense in current society that individuals all had some sort of mental health issues. The criteria for getting access to mental health support seemed to be a lot stricter once a person was over 18 years old.
- Their own experience gave them the impression that when young people were put on the waiting list for CAMHS it could be with the hope that they would 'grow out' of issues or that parents might say that they were just going through a phase. People now thought that they would only get help if they

were at a crisis point. Equally, if someone called the crisis team threatening to kill themselves the response would be to try to dissuade them.

School representatives

Deputy Head Teacher – Secondary and Designated Safeguarding Lead, Danetre and Southbrook Learning Village (DSL) (7th April 2022)

- The DSL trust had invested in mental health first aiders but provision had been delayed due to the pandemic and a postholder's maternity leave.
- There was a more fundamental issue that mental health provision was reducing and schools were being asked to fill the gap on top of their core education functions. Dealing with mental health needs was also demanding for the staff members involved. It could be helpful for this function to be carried out by a team outside of schools.
- DSLV took an approach based on supporting student resilience, which sought to help students to develop their ability to deal with difficulties that could occur at that point in their lives, whilst also recognising those with particular mental health needs.
- CAMHS was very stretched and under-funded. In one case, she had a student who was a suicide risk but was not getting guidance from CAMHS about a safety plan. When she was able to get through to a CAMHS worker they had been excellent and had risk assessed the case and used their experience to produce an action plan. Her own understanding of how to risk assess young people had also been enhanced by speaking with a CAMHS worker.
- The tiered approach to mental health provision was misunderstood in schools. CAMHS was not intended to provide support at the lowest level of need. However, some provision at this level was needed. This would reduce the risk of school staff members overreacting and judging risk excessively, which could cause the family of the young person to react in a similar way. Teachers needed to judge risk appropriately and refer a young person to the right level of support.
- DSLV had its own triage process to assess a student with mental health needs and to respond to these. This was intended to involve initial support but could include plugging gaps caused by a lack of capacity in other services.
- Ofsted did consider the pastoral care provided by a school as part of the inspection regime. There was a significant focus on students' personal development. Safeguarding reviews could also pick up any relevant issues. There was a planned long term curriculum for PSHE.
- DSLV used Adventure Ways to provide outdoor learning and development activities for its students, within the resources that the school could make available for this purpose.
- More attention could be given to the role of parents in providing support for young people's health and wellbeing. As an example, social media now gave young people far greater access to information about troubling issues

and could also be used for bullying. Parents could benefit from knowing more about using social media safely. This would be helpful to schools. Previous activity of this kind had been interrupted by the COVID-19 pandemic.

- DSLV was an all-through school and provided similar mental health support to students at primary and secondary ages.

Head of Year 11 (North Campus), Senior Mental Health Lead, Elizabeth Woodville School (EWS) (7th April 2022)

- It seemed that it was currently only possible to obtain support for students with mental health needs when those needs reached a certain level.
- EWS had two campuses. There was a mental health first aider on each campus. However, EWS had little to no budget to pay for this role. Staff members were asked to volunteer for it, which added to demands on them and meant that EWS had to train a replacement if the staff member carrying out the role left. It would be very beneficial to have a mental health first aider in all schools, rather than schools needing to use existing staff to carry out the role.
- There were not school nurses in all schools. It was understood that they had been redeployed during the COVID-19 pandemic and were not back in-place.
- There seemed to be a missing layer of support between schools and CAMHS. The threshold for CAMHS services seemed to have risen to the point where it would only take a young person if they had attempted to take their own life.
- There needed to be clarity about whether providing mental health support was part of schools' remit or not. If it was then this should be reflected in the curriculum, by allowing an appropriate amount of time for personal, social, health and economic education (PSHE) and by providing resources for school nurses.
- It should be recognised that it was normal for young people to have days when they could experience significant emotions and that this was not a situation that required mental health intervention.
- Before the pandemic EWS had a pastoral support pack that provided information on services available to help young people. This needed to be updated. The school website also directed people to relevant information.
- Teachers were seeing the need to have frank conversations with parents about responding to young people's mental health needs. Parents could raise mental health issues with the school as they thought that a referral from a professional was more likely to be productive. Teachers were now having to say that parents should make a referral themselves.
- Schools were now in a middle ground where they were subject to demands relating to providing mental health support but were not formally responsible for this. There needed to be a clear decision, potentially at national government level, about what schools were expected to do.

- Increased class sizes had not been a feature of her general experience of working in schools over the past 7 years, although it had been necessary to put together classes during the COVID-19 pandemic. There had been an increase in self-harm amongst young people before the pandemic.
- Teenage girls and boys who were questioning their sexuality could be more likely to stop participating in sporting activity that could support their health and wellbeing. There was scope to do much more work aimed at helping young people to stay involved in sports that they enjoyed.
- The other senior mental health leads on the training course that she had attended were all from primary schools, which was a positive indication regarding provision of support at that level. However, the role was not mandatory, there was not a specific budget for it and it relied on a member of staff being willing to do it. In many schools the designated safeguarding lead was also the mental health lead.

Occupational Therapist and Senior Mental Health Lead, The CE Academy (7th April 2022)

- Schools were asked to carry out a role in promotion, prevention and targeted intervention regarding mental health.
- Core CAMHS was set up for moderate to severe mental health needs only. Mental health school teams were currently being trialled in parts of Northamptonshire, as a means of providing the additional tier of support that had been mentioned. The mental health school teams used education and mental health practitioners to deliver short term early interventions. Practitioners completed a one year university course. The mental health school teams did not deal with promotion, prevention or targeted intervention or with young people experiencing mental health issues due to their social environment: there were still gaps in overall provision.
- The CE Academy had 8 sites across Northamptonshire and supported a relatively low number of young people with higher individual needs. It had identified that there was a significant gap in the mental health support available to it and she had been employed to help to address this. Her role was focussed on promotion, prevention and targeted intervention. A mental health first aider also provided support at a crisis point to prevent this from escalating further. The CE Academy had a budget for this, although it was not certain how long this would continue.
- Many young people referred to CAMHS experienced a two-year wait to be seen. Her role helped to bridge some of this gap. She had been able to build a good relationship with Core CAMHS.
- Teachers were being asked to carry out roles that went beyond teaching but this was not reflected in the national curriculum. If the education sector was required to carry out additional functions schools should be funded for the staff needed. However, this would require a significant change in outlook and budget. There were existing services that could be used but there was a long wait for them.

- The CE Academy used an approach that helped young people to identify when issues they were experiencing resulted from normal feelings and where to get support about this.
- The gap in provision that could cause particular frustrations for schools related to targeted support.
- The need to complete a greater range of training now than in the past could be another factor that affected the amount of deployable CAMHS capacity.

School Counsellor and Mental Health lead, Champion School (28th April 2022)

- Her role at Champion School focussed on counselling. The school's safeguarding lead did make referrals to mental health services and there was a significant waiting list. Champion School also worked with the Lowdown, Service Six and Time2Talk: the Lowdown had provided excellent support.
- Mental health and wellbeing issues were having a significant impact on young people in her experience. This included issues connected with anxiety, self-esteem, body image and eating. These needed to be addressed earlier with a focus on preventing issues from arising.
- Schools should engage and work with different young people in different ways. For example, a young person who did not like a particular subject could prefer to miss a lesson and be given detention than to attend.
- School staff members were not mental health professionals but they should consider how they could support the whole child not just how they supported them academically. Supporting wellbeing also helped young people to succeed academically.
- Students experienced difficulties resulting from the pressure to perform well at exams. There should be a more differentiated approach that focussed on students achieving at a level that reflected their individual capabilities, not aiming for perfection.
- Young people needed structure and boundaries but should also be offered choices in school that engaged and enthused them. For example, dance was no longer offered as an option but it was a physical activity that supported wellbeing. Schools should offer students options such as dance or even going for a walk rather than taking a prescriptive approach to PE.
- Girls tended to prefer gym activities rather than sport, whereas boys could find sport a release.
- Mental health should be woven into all subjects taught in school, for example, by looking at how the brain functions in science.
- She had one-to-one sessions with 25 students in a week. The risk that some students who needed support would not be identified remained a concern. Champion School used various in-school measures with students, including individual safety plans and time-out cards. The school had just introduced a drop-in wellbeing room where students could go for a chat and student wellbeing ambassadors, who received safeguarding training and were able

to speak to their peers about issues affecting them. The school did well with the available budget, although this was not enough.

- Champion School had used an outside expert to deliver sessions for students on anger management and dealing with bereavement.
- Champion School did not have a school nurse on-site full time. A nurse did come in to deal with cases referred to them: for example, the nurse had provided support to students on weight issues.
- Young people needed to face anxiety not to avoid it but to do so in a supported way. They should be subject to rules and consequences but ones that would move a situation forwards. She believed in restorative practice and thought that it should be used more widely.
- Champion School used the 0-10 approach, which asked young people to use this scale to say how they were feeling. This was good for people who might find it difficult to express themselves and provided a basis for discussing what could be done to improve a young person's situation.
- Communication, empathy and relationship-building were key to working with young people.
- Young people who could benefit most from after-school clubs or even detention as an opportunity to speak to someone who could provide support could be precisely the ones who were not able to participate, for example, if their parents could not or would not pick them up after school.

Director of Wellbeing, Northampton Academy (7th July 2022)

- Northampton Academy had been on a transformative journey over the last 5-6 years. Previously, behavioural problems were not managed, there were teaching quality issues. The current Head Teacher was keen to build a "school of character" and the school had since been awarded the Kitemark Plus Award for Character Education.
- The school had a challenging cohort of students as it was located in an area of deprivation. However, it had created an aspirational environment. The school was part of the "Nucleus Programme" for gifted young people from the Eastern District; last year the first group of students went to university, including medical schools, Oxbridge and London universities.
- He was a member of the leadership team as well as the safeguarding lead and oversaw the Wellbeing team. A full-time counsellor was employed who saw around 22 students per week, a full-time EHA officer (more than 60 students were currently under the EHA system under tier 2 support), and a member of staff responsible for providing wellbeing support to students. The team was looking to recruit an additional member of staff to reach out to students with poor attendance, in order to identify any issues and re-engage them with education before they were classed as "school refusals"; it became more difficult to offer support once this point was reached.
- It was very apparent that mental health needs amongst students were increasing. Over 2 years there had been a 30% increase in students accessing support for mental health for a range of reasons – self harm,

social anxiety, anger management, low self-esteem, and increasingly, gender identity. Students generally saw the school as very inclusive – a recent pride march was very well received. It was challenging to know how best to deal with a lot of issues and students were “triaged”. The Wellbeing team met weekly to discuss students referred to them and put in some form of intervention if needed. Students sometimes didn’t want to engage and some were in need of more bespoke support, for instance if they had not been in school for a long time. When all avenues had been exhausted it could be difficult to get further support.

- Northampton Academy had 1,458 students in years 7-11; 260 sixth form students; and around 220 staff members.
- His role also included working with staff members. Staff could face daunting situations when dealing with young people with mental health needs as well as wanting to do the right thing when approached for support.
- The consent of students and parents was always sought before any intervention took place. The only exception was when working with sixth formers who were over the age of 18, or Gillick competent.
- It was a challenge that when the school had tried everything it could to deal with issues affecting a young person it could be very difficult to get any further support.
- MASH referrals for serious situations beyond the school’s levels of support were sometimes bounced back, with requests to open an Early Help Assessment (EHA) before anything can progress. This was a time-consuming process that diverted capacity away from other uses. The school was currently leading on EHAs for 17 students and had another 39 students who were subject to EHAs led by other agencies, usually the primary school attended by a sibling.
- Northampton Academy had sent 12-15 students to a youth centre that the nearby Emmanuel Church had run for approximately 6 months in 2021. The students had benefitted from the structure and positive interactions with peers and adults. More youth work would be welcome and the positive impact was likely to be significant for the students. Youth activities should start as soon as possible after the end of the school day.
- The makeup of the Northampton Academy student body was 57% white British and the remainder were from other backgrounds. However, 82% of students who were seeing a counsellor were white British: it was noted that white British families were more willing to discuss problems. Some cultural backgrounds were unwilling to engage, which was a barrier that was not easily overcome. The school had reasonably diverse staff but the teaching profession overall was largely white British. Northampton Academy had a black member of staff who came from London who had recently trained as a Designated Safeguarding Officer. He was regularly approached by black students as they found him easier to identify with.
- Finances were always tight but Northampton Academy had a very viable financial model and invested heavily in Special Educational Needs, safeguarding, and wellbeing. This reflected that it had a good understanding of the local area and the needs of its students. Students’ progress was

carefully monitored, and successes were celebrated. Contact with parents happened on a regular basis.

- There school's learning support assistants included individuals who spoke a good range of different languages: they could be used for to support communication between staff members, students and families, for example by translating letters to parents.
- The school offered student drop-in sessions every day at lunch time. The school used CPOMS (Child Protection Online Management System) to record information or concerns about individual students identified by teachers, which was available to key members of staff. This enabled staff to spot patterns in terms of behaviour or any safeguarding issues.
- The school had five learning managers, who were non-teaching staff whose involvement with students was purely pastoral. They worked on a cycle and would be with students from year 7 to the end of their education at the school. They were also well-placed to identify any issues affecting a student. Staff members would always communicate with a student's family when responding to issues. Instances of bullying were taken very seriously by staff. CPOMS and the learning managers generated the majority of referrals to the Wellbeing team.
- The COVID-19 pandemic had accelerated demands that were likely to have arisen in any case, with factors such as the growth of social media and increased open discussion in society about mental health issues. Demands that might have occurred over 5-6 years had instead been condensed into two years.

Child Protection Coordinator, Deputy Designated Safeguarding Lead and Social Emotional and Mental Health Lead, Northampton School for Boys (written information considered on 17th May 2022)

Initial interventions

- Form tutors are there to support the pastoral needs of the children in their form, they meet with the form group every morning and teach a lesson of PHSE each week.
- Each year group has a weekly assembly on various topics that link in with PHSE programmes – this will include a focus on mental health and wellbeing.
- We create resources for all the awareness days and weeks - national and local as well as children's mental health week including Talk Out Loud. Two of our Sixth Form students have been involved in the Talk Out Loud working party liaising with the NHS about the support needed for young people in the district. Students from ethnic minorities have also given feedback about what resources are needed for specific communities and why ethnic minority students access help less than their peers.
- The year team leader has responsibility for both the academic and pastoral care of each year cohort of students.

- This team links in with the safeguarding and the Social, Educational and Mental Health (SEMH) team.
- The SEMH team works on targeted support throughout the school, support ranges from general wellbeing advice and guidance to all students, self-care programmes and information on effective strategies for continuing good mental health.
- When students have emerging needs, the student, any teacher, or parent can report that concern through our local learning portal. Once a need has been identified or reported this will be assessed and supported.
- The school has an additional intervention team that comprises specialists in SEND and SEMH. There is an Emotional Support Assistant (ELSA) who can work individually or in groups with students who have emerging mental health needs – this is a six-week programme and helps to start the journey of support available in the school.
- If this is not an appropriate intervention, then the student will be guided to alternatives. The school works closely with the School Nurse and 0-19 services who can direct them to support services through the NHS and complete direct work.
- In addition to that there are a range of services the school can link in with such as Young minds, the Lowdown, Service Six, Kids Aid, and Community Initiative to Reduce Violence. Links to these services are strong within the county and various levels of support can be accessed through these organisations.

Specialist support

- The school employs two counsellors for specialist mental health support within the school, these members of staff work with students with identified mental health concerns such as depressions self-injury and bereavement needs. The route into this service is through the local learning portal reporting system. This system does not preclude concerns reported directly to staff, be that verbal, email or telephone. The school encourages students' parents and staff to report concerns in a variety of ways to ensure there are no barriers to reporting concerns.
- The reporting system operates on a triage basis, needs are assessed and assigned to the correct intervention according to the need. There is usually a short period of waiting time between 1 to 6 weeks. However, if there is likely to be a prolonged waiting time students are encouraged to access their GP or the 0-19 service in addition to seeking support in school.
- For more complex cases there may be a need to seek support from the specialist mental health team from NHFT, CAMHS is the direct route, and the school will work with the team to support those with more complex or acute needs.

Opportunities to strengthen existing provision

- There is always scope for additional services within the county, we as a school have created links with the University of Northampton to offer

placements for student counsellors undertaking the Masters qualifications, this has supported both the university, and the school. This link is now promoted through West Northamptonshire Council councillors and in the West Northants magazine this month.

- This need has arisen due to the increasing demand on mental health services and needs within the current school cohort following the return to school from lockdowns and social isolation or less management of young people.

Social, Emotional and Mental Health Team and Headteacher, Vernon Terrace Primary School (written information considered on 7th April 2022)

Experiences of working with children with mental health needs:

- Too much expectation on a school
- School budgets do not allow for additional staff to support children with mental health needs
- Slow support from Education, Health and Care Plans teams to action requests to support urgent cases
- CAMHS 72-hour helpline might as well not exist as the advisors simply advise for you to complete online form – no advice given
- No emergency support for children and families who have a crisis
- MASH do not take mental health crisis as a risk
- Children should be signed off for mental health illness, which will reduce exclusions
- Children's feelings not recognised or taken seriously
- Lack of support for children's mental health in crisis
- Education for families and children on their conditions
- Families, due to lack of understanding, often play down the severity of the situation.

GPs from the Brackley Medical Centre (BMC) (2nd August 2022)

- Counselling for mental health issues was available in some schools. The secondary school in Brackley had a waiting list of about 20 students.
- CAMHS did not have a presence in Brackley. Young people needing the service went to Daventry or Northampton. There was a 6-9 months waiting time for assessment.
- CAMHS dealt with young people who were quite unwell and many young people with mental health needs did not meet the threshold to be seen: even someone who has having suicidal thoughts might not qualify. A young person in this situation could be referred back to a school nurse, who was not necessarily equipped to deal with this level of need.

- They had heard from young people who said that even when they were seen by CAMHS they did not get very far. Work with young people could be done in groups, which was more efficient but not the best way of meeting some individual needs. The feedback she heard about CAMHS was generally not very good.
- Parents sometimes asked about private mental health provision for young people. GPs were not supposed to recommend providers and the BMC generally directed parents to the British Association of Psychotherapists.
- Issues affecting young people's mental health included the effect of a dysfunctional family environment; a lack of support for bereavement; and a lack of parenting and family support. CAMHS operated an advice line for young people but it gave general advice such as eating healthily and limiting screen time.
- Service Six used to have a higher profile in Brackley than at the current time and local schools used to make more referrals to them. The situation may have changed because the organisation was not based in the area.
- Group work was a good approach with some young people but others needed 1 to 1 support, particularly when talking about sensitive issues. Local provision should include different options.
- BMC had used funding from a benefactor to provide additional support to young people. BMC funded a psychotherapist to work with young people with higher levels of need; the psychotherapist had around 5 patients at a time. BMC funded a worker to go into schools to provide advice on issues like dealing with anxiety: BMC had received feedback that this had helped some young people who had previously found it difficult to remain in lessons. BMC also funded a group intended to provide teachers with skills and support to deal with mental health issues affecting young people. Ideally this would be extended to parents but funding was not available for this. The donation received by BMC had helped to make up for a lack of other provision in Brackley, but it was finite.
- Statutory service providers should not see examples of locally-led support for children and young people's mental health operating in Brackley as a reason for reducing other provision in the area. It was a concern that this could happen.
- BMC did receive feedback on referrals made to CAMHS. In around 50% of cases when referrals were not successful it was advised that this was because the young person did not meet the necessary threshold and should be referred to a school nurse. BMC also quite often needed to re-refer young people who had been seen but were still experiencing problems.
- BMC did receive guidance about the thresholds for referrals to CAMHS but these were a moving target: school refusing and self-harm could be grounds to refer 5 years ago but the threshold had increased since then. Practitioners used their experience and professional judgement when deciding whether to make a referral and it was frustrating if a patient was directed back to a school nurse if this route had already been tried. More locally-based provision that improved communication between different parts of the health and care system would help to avoid this situation.

- BMC had definitely seen an increase in children and young people's mental health issues since the COVID-19 pandemic, possibly by as much as 50%. There were increases in issues around anxiety, self-esteem and the family environment.
- The cost of counselling was around £60 per session. Psychotherapy could be more. There were relatively few counsellors who had experience of dealing with young people and those that did had long waiting lists.
- They had seen significant increases in cases of school refusing by young people over the past 2 years, particularly amongst teenage boys. It could take a long time to assess cases with little support available after diagnosis.
- Young people were increasingly affected by feelings of not fitting in, anxiety or low self-esteem rather than depression.
- GPs could feel pressured to prescribe anti-depressants to young people. They highlighted one example involving a 13 year old who had been referred back to their GP from CAMHS.
- There was a lack of local provision in Brackley and some families were not able to travel to Northampton for it.
- There were fewer services and activities that brought young people together in society now compared to previous years.
- There seemed to be better links between schools and organisations providing support for young people's mental health and schools seemed more aware of students' needs.
- Feedback on CAMHS that they had heard from parents was that support was short-lived, involving one appointment and a follow up phone call; that therapists changed repeatedly; and that there was a long time between support sessions.
- If a young person had a bad experience with mental health support it could exacerbate issues such as anxiety.
- The ideal service would involve locally-based, face to face support provided continuously by one well-trained person.
- Extensive use of social prescribing was not worthwhile if those involved were not trained to deal with needs at the level presented by some young people.

Youth Development Manager, Northamptonshire Association of Youth Clubs (NAYC) (28th April 2022)

- NAYC supported community-based activities for young people. These activities were mostly run by volunteers who were affiliated to NAYC. NAYC was self-funding and was affiliated to the national organisation UK Youth. It now had around 90-100 affiliated groups. There had been around 200 prior to the COVID-19 pandemic, which had caused many groups to close.
- Youth work was about supporting young people through challenging times in their life.

- He had seen mental health issues affecting young people when he had worked in schools 20 years ago. At that time the waiting list for CAMHS had been around 3-4 months and schools had more pastoral capacity than they did now.
- Feedback from youth leaders – many of whom were also parents – indicated that issues with young people’s mental health were worsening, particularly after the pandemic. Young people had fewer safe spaces, fewer people to talk to about issues, and faced more family difficulties. Issues related to body image and bullying were also getting worse.
- Relevant national reports showed an increase in mental health issues affecting young people. The NHS survey on the mental health of children and young people published in October 2020 found that one in six young people aged 5-16 years had a probable mental disorder, compared to one in nine in 2017.
- Re-establishing a local authority youth service in Northamptonshire would assist in supporting young people’s mental health.
- Investment in prevention was needed. There was good evidence that youth clubs supported young people’s mental health by offering a safe space and access to information and other sources of help. A young person who was able to speak to a trusted adult could turn their situation around rather than issues getting worse.
- NAYC offered Mental Health First Aid training to its workers.
- Current gaps in youth club provision in West Northamptonshire included Towcester and Brackley, which both had dedicated youth centres that had closed since the pandemic. In Daventry the Phoenix Youth Centre had also closed. It was possible to turn a community venue into a youth space but it needed to offer a certain level of service not just an hour a week. Providing a counsellor alongside a youth club was also a good approach.
- NAYC had a subsidiary company that ran activity centres, which generated funding to support its work. The activity centres had closed during the pandemic and NAYC had not received significant external funding since then.
- NAYC had the skills needed to start up youth provision in an area and hand it over to volunteers to run at the right point.
- There was a lack of provision for young people in villages in West Northamptonshire. The availability of public transport could also make it difficult for young people to access available provision in the wider area.
- NAYC was currently seeking funding from Northampton Town Council for wellbeing youth cafes, which would offer a safe space for young people and access to a counsellor and trained youth leaders.
- The national charity YoungMinds provided good information and resources for practitioners, young people and families on mental health issues.
- County lines was a national issue. Drug use could be a way for some young people to cope with mental health issues, which then left them vulnerable to exploitation by criminals. There was no easy solution to county lines but the

earlier it could be discussed with young people the better: it was very difficult to connect with a young person once they were involved. Informal conversations with young people could be used to put across messages and to raise awareness of the risks involved. Young people needed to feel that they were not on their own and to be empowered to make positive choices.

- There were existing representative bodies for young people in the authority area: Northampton Town Council ran a youth forum and there was the annual Youth Summit event.
- The wellbeing café model had been developed 20-30 years ago. A wellbeing café provided initial, social support and acted as a hub linked to other sources of support available to young people. Young people were involved in running a wellbeing café with support from appropriate adults.
- Property and workforce costs represented the two biggest demands on service providers.
- NAYC was speaking with the Leader of Northampton Town Council about the availability of community spaces in the town.

**Detective Sergeant, Northamptonshire Police Public Protection Team
(10th March 2022)**

- The most significant issue for the police relating to children and young people's mental health concerned young people in their late teens or early 20s who presented at hospital or called the police saying that they would harm themselves or had already done so. Police officers then had to attend. The same people were seen regularly. They could include young people with mental health needs, who had been in care or who had been missing persons and had experienced trauma.
- Northamptonshire Police generally had to deal with up to 10 persistent callers at any one time. These people could call every day, might know each other and knew what to say to cause police officers to be deployed. They were people who might need therapeutic support but were in an immediate crisis.
- Under Section 136 of the Mental Health Act 1983 the police had the power to detain a person who was thought to have a mental disorder and to be at immediate risk of harm. The person would be taken to place of safety – such as Berrywood or St Mary's hospitals in Northamptonshire – where they would be assessed. This could happen 2-3 times per week with some individuals if they were assessed as not being in acute need and then able to leave. However, when police officers were called out they still had to make a judgement about whether a person needed to be detained. In some cases police officers could take a person back to their own home as a place of safety, but this was not always an appropriate option.
- Support was available from a CAMHS crisis team, but a young person needed to agree to this.
- Northamptonshire Police would benefit from more having more dedicated space where vulnerable young people could be taken. There was space at the Criminal Justice Centre but it was not specifically for young people and

was subject to other demands. In some cases it could be better if a young person was not taken to police premises but there was not an alternative available.

- There seemed to be an increasing number of cases ending with the police involving Section 20 of the Children Act 1989, when parents said that they could no longer cope with a young person's behaviour and agreed that the local authority would provide them with accommodation. This included cases involving older children, who could be worse affected.
- The police street triage car that deployed mental health professionals alongside police officers had worked well. Deploying social workers with the force could be even more positive.
- The majority of cases of missing children dealt with by the force involved young people who were in the care system. The force would benefit from action that would address issues that caused children to go missing.
- There was an imbalance in that a parent had some ability to stop a child from leaving the home for their own wellbeing but there was not the same provision for looked after children. Hospitals also did not have much power to make sure that a young person stayed in a safe location once they had been taken there. These factors added to the potential for situations in which police officers needed to remain with a young person to make sure that they stayed in a safe location in order to safeguard them.
- Additional funding for services such as CAMHS to ensure that support was available for young people with mental health needs, particularly at the times when they were most likely to be needed, would assist the police. Northamptonshire Police did seek to work with other organisations involved in mental health service provision. It was recognised that young people in a crisis would call on the police if they saw this as a recourse.
- Attending police officers made the decision about where a young person in a crisis would be taken. Police officers had access to support from mental health professionals in the control room, who might be able to advise on alternative options. However, the decision was ultimately based on the risk of harm.

West Northamptonshire Council

Interim Director of Children's Services (4th August 2022)

- Northampton Academy was an example of a school that put significant resources into wellbeing support for students and was working with young people who would otherwise have been referred to other agencies. However, schools did not have the expertise to help young people at tier 3 with moderate to severe mental health needs.
- The level of demand for children and young people's mental health services needed to be highlighted to the health sector. The NHS in general was focused far more on adults' than children's health.
- West Northamptonshire Council and schools might consider working together to provide extra resources for mental health support at tier 3, using

a top-slice. This would be a difficult conversation given that schools already contributed to central budgets. However, some schools might be interested in a system-wide approach on this issue.

- Schools were the key universal service for young people and should be the focus for efforts to engage with them. In practice, the majority of young people did not have issues with mental health, even after the COVID-19 pandemic.
- The key questions on this topic were what additional help was needed in West Northamptonshire regarding children and young people's mental health and how could resources be provided for this. Government funding for education went directly to schools. The West Northamptonshire Schools Forum could provide a means for having a constructive discussion about possible future approaches. However, this would need to fit in with the timetable for developing budgets.
- The resources for supporting children and young people's mental health were now held by schools, the NHS and Northamptonshire Children's Trust. Investment by West Northamptonshire Council would mean taking resources from another area. The Council could seek to work with partners to look at how to make best use of overall resources.
- Overview and Scrutiny was not likely to make progress if it made an individual case to the government about the need for additional resources to support children and young people's mental health. It could be more productive to contact the f40 group, representing the lowest-funded education authorities in England, to see if there was any appetite for a shared approach.
- A proposal to Schools Forum seeking extra resources for children and young people's mental health services might involve a request for match-funding from the NHS.

Cabinet Member for Children, Families and Education (4th August 2022)

- It would be helpful to invest in supporting young people in the last two years of primary school. This was a stressful period for many young people as they moved to a large secondary school.
- She agreed that it was necessary to work with schools to identify additional resources to support children and young people's mental health. Schools might be amenable to this approach if they knew it would mean that support would then be available when they needed it.
- Partners needed to consider innovative and creative ways of using resources.
- The establishment of a single Director of People position at West Northamptonshire Council, and the current Director's level of involvement in the development of the Northamptonshire ICS, should also assist in improving co-ordination between services and organisations.
- She was happy to act as a link with the f40 group.

Consultant in Public Health (18th October 2022)

- A refreshed Suicide Prevention Strategy for Northamptonshire and supporting Action Plan had been launched in September 2022. This reflected awareness of the issue. The rate of suicide in the county was relatively high, particularly as some people who self-harmed did not present at Accident and Emergency. Part of the refreshed Strategy was to ensure there was a good picture of the scale of the issue.
- The refreshed Strategy included the action to establish a sub group to focus on the support packages available for young people, including in schools. This would be a system-wide approach. It would also look at ways of making it easier for young people to talk about mental health.
- Additional focus was being given to work with boys to reflect rates of suicide amongst males later in life.
- There would be an audit of all cases of suicide recorded by the Coroner in the past 3 years in Northamptonshire to produce a better picture of the issue and inform targeted action.
- Integrated Care Northamptonshire had commissioned the REACH Collaboration to provide mental health services at a 'tier 2.5' level to mitigate pressures on CAMHS. There were also some young people on the waiting list for CAMHS who did not actually need to be there, including as a result of inappropriate referrals.
- The disaggregation of the Public Health function in Northamptonshire would take some time to implement fully and some work was still be delivered on a countywide basis.
- A range of local partners were involved in delivering actions supporting children and young people's mental health under the Suicide Prevention Strategy: NHS bodies; NHFT; CAMHS; the school nursing service, which was part of NHFT funded by Public Health; the healthy schools programme, which was part of Public Health; and youth clubs.
- Action was being taken in Northamptonshire to increase mental health awareness and to develop an associated training plan. Public Health included a workplace wellbeing team that worked with businesses and there was also an adult learning offer on mental health.
- Work on mental health with children and young people was delivered in schools and was integrated into work by school nurses and the REACH Collaboration.
- Integrated Care Northamptonshire's Children and Young People Transformation Programme included an element on mental wellbeing. Partner organisations were coming together as a Children and Young People Collaborative. There was a range of local activity on children and young people's mental health, although it was always possible to do more. A key focus was enabling children and their parents to tell their story once rather than needing to do so to different agencies.

- Funding for mental health compared unfavourably to that for physical health. Additional resources were being put into mental health in Northamptonshire, based on the Mental Health Prevention Concordat.
- Public Health had a budget of approximately £1m for mental health in West Northamptonshire. This was for health promotion and prevention activity. CAMHS was funded by the NHS through Integrated Care Northamptonshire.
- Engaging with young people from different community groups and backgrounds formed part of current work. It was recognised that particular approaches needed to be taken with children who had experienced trauma, which might include former Looked after Children as well as refugees. The Northamptonshire Health Inequalities Plan set out how partners aimed to work with community groups to address health issues.
- Public Health had a community development worker who was able to link in to local community groups in support of service provision. Consideration was also being given to peer support.
- The wellbeing cafes operating in Northamptonshire were a very good initiative.
- Support for new mothers and young parents was an example of wider provision that would contribute to supporting children and young people's mental health.
- Public Health received good information on young people from schools that helped to inform service provision. Engaging with young people who were not in school was more of a challenge, particularly as the government had made it easier for parents to choose home schooling. Information on children and young people's mental health was made available for parents but they were not obliged to consider it.
- The ICN Children and Young People Transformation Programme THRIVE model had been developed to improve mapping of organisations involved in providing services and support.

Northamptonshire Children's Trust

Chief Executive (4th August 2022)

- An effective early help partnership enabling a co-ordinated response was key to providing support at the lower tiers of need. He agreed that some Northamptonshire schools provided excellent support for students' mental health and wellbeing. The challenge was co-ordinating preventative services to avoid the number of different services causing frustration. There were also significant waiting lists for some services such as therapeutic support and speech and language services, which could lead to an escalation in individual needs. There were a combination of national and local challenges involved.
- There was still a considerable amount of work to do to improve the children's social care system as a whole in Northamptonshire. This should include

increasing the focus on young people in care and care leavers, given their particular need.

- Northamptonshire previously had a therapeutic support team that worked in children's homes until 2016. Therapeutic support that could operate in residential facilities and also wrap around foster carers would support both functions.
- Tier 2 / 3 therapeutic support might involve a peripatetic offer that could support all partners with therapeutic support through an effective early help offer; and a specific therapeutic support team for children in care placements. This could help with quicker diagnosis of conditions and providing better support for children with special educational needs and disabilities and on an Education, Health and Care Plan. It might involve a dedicated CAMHS worker in each locality accessed as part of the early help partnership.
- West Northamptonshire Council no longer held the budget to provide a therapeutic team as it had done in the past. It could work to encourage a move in this direction but did not have the power to direct it.

Assistant Director – Children, Young People, Family Support Services and Youth Offending Service (4th August 2022)

- Her service area had recently held a partnership event on the emotional health of young people. The range of partners which had spoken about their work was evidence of a positive approach.
- There was currently a team that provided emotional health and wellbeing support in some local schools. If additional resources were made available through a top slice of schools budgets this could be used to strengthen this team, building on existing skills.
- Strengthening schools-based support for early intervention and wellbeing would be a positive recommendation from the scrutiny review.
- She was aware of cases when CAMHS diagnosed a child but were not further involved with them as they were stepped down to other agencies. However, parents could need continuing support in managing a child's mental health condition after diagnosis. Community CAMHS workers could also help other professionals to identify a young person's tier of need and improve liaison between different service providers.

10. Key Findings, Conclusions and Recommendations

- 10.1 After all of the evidence was collated the Task and Finish Panel reached the conclusions set out in this section of the report.
- 10.2 It is worth highlighting that the Task and Finish Panel's conclusions and resulting recommendations are largely set at a strategic level. Children and young people's mental health is a complex service area that involves a range of organisations providing specific services, with an even broader range providing more indirect support that also contributes to the achievement of positive outcomes. The Panel has sought to look at the overall picture and has made recommendations reflecting this rather than necessarily identifying detailed proposals for future services. Similarly, the Panel recognises that some of its recommendations may highlight areas that are already known. This was always likely given the subject of this scrutiny review. In these cases the Panel hopes that its recommendations as an independent scrutineer can reinforce or add impetus to work that may already be underway.

Development of overall provision for children and young people's mental health to respond to increasing demand

- 10.3 The Task and Finish Panel gained a clear impression from the information that it gathered of increasing needs amongst children and young people relating to mental health, even if this could have been anticipated. Expert advisors were all seeing increased needs from their different perspectives. They highlighted the range of factors contributing to this, including existing pressures on young people in modern society; the impact of the COVID-19 pandemic and lockdowns; and more specific issues such as the experiences of children and young people coming into the authority as refugees.
- 10.4 The Task and Finish Panel recognised that an increasing general trend does not mean that individuals' needs are necessarily at a severe level. However, the situation increases the risk that needs will escalate to this level if not identified and addressed appropriately. In addition, Northamptonshire is working from a recent position in relation to hospital admissions of young people resulting from self-harm that compares unfavourably with other areas.
- 10.5 The Task and Finish Panel noted that local services supporting children and young people's mental health are delivered by a range of different statutory and non-statutory organisations, from the NHS to voluntary and community sector groups. Some services are delivered on a countywide basis; some in particular areas only. The Panel was left with the impression of a complex overall 'system', which increased the risks of services becoming splintered in practice, of children and young people falling between different organisations, and of opportunities to intervene early being lost. The Panel felt that a complex and variable approach to service provision also does not help potential service-users to understand how and where to access services.

- 10.6 The Task and Finish Panel ultimately raised the need for a more coherent strategy for children and young people's mental health services in West Northamptonshire. The Panel was concerned at the risks inherent in there being no single agency with overall responsibility, and accountability, for meeting these needs. The Panel emphasised that failing to provide effective support to children and young people with mental health needs will go to the heart of organisations' fundamental aims, such as the vision in West Northamptonshire Council's Corporate Plan to make the area one where children are given the best start in life and vulnerable children are supported and protected. Pressures on individual service providers will also continue to be greater if there is not a robust collective strategy for using overall resources.
- 10.7 The Task and Finish Panel considers that the Integrated Care System model provides an opportunity for a step-change to address these points. Integrated Care Northamptonshire is intended to embody a collective commitment to joined up working towards common objectives, relating to children and young people's mental health as much as other priority areas. Structurally, ICN could also offer more ownership and oversight of services that involve such a range of different providers. The Panel urges that this opportunity is maximised.
- 10.8 The Task and Finish Panel encourages that a long term strategy for the provision of children and young people's mental health services in West Northamptonshire developed by ICN should be directed towards authority-wide provision through a locally-focussed model. The Panel is keen to see effective initiatives such as the Espresso Yourself wellbeing cafes rolled out into all of the main areas in the authority. Services should be delivered from locations that encourage young people to attend and the Panel felt that local councillors might assist in providing relevant local intelligence. Services should also be informed by a good understanding of who is using them and potential barriers to access: the Panel heard from one school representative who provided information that young people from BME groups made up a high percentage of their total number of students but a low percentage of the students accessing support for mental health needs.

Recommendations:

- A) The Northamptonshire Integrated Care Board to agree to develop and implement a long term whole-system strategy to provide effective support for children and young people's mental health in West Northamptonshire that incorporates the following principles:
- Local access to services throughout the authority
 - No disparity between the services available or initiatives being trialled in West Northamptonshire and North Northamptonshire when services are organised on a countywide basis
 - Delivery of services from locations that encourage young people to use them
 - Provision that enables service users to tell their story once rather than needing to do so repeatedly to different organisations

- Development and delivery of services to be informed by good intelligence about who is using them and potential barriers to access that may affect children and young people from different backgrounds or communities.
- Effective oversight and leadership of an overall offer that involves a range of different service providers.

Ability of core Child and Adolescent Mental Health Service to meet demand

- 10.9 The Task and Finish Panel concluded that the core CAMHS function in West Northamptonshire is under significant pressure and needs help.
- 10.10 The Task and Finish Panel heard at the start of the scrutiny review from the senior manager at Northamptonshire Healthcare NHS Foundation Trust that the number of referrals to core CAMHS had increased by 180% in the past two years and about increases in the waiting time for appointments. At the start of 2023 the CAMHS website advises that it aims to provide an initial assessment within 13 weeks of receiving a referral but that this can take longer. Expert advisors who spoke to the Panel during 2022 referred to young people ultimately waiting up to two years for treatment. The Panel felt that a service that involved an excessive waiting time to receive support is not a working service. School staff members and GPs who spoke to the Panel had different experiences of the quality of service provided by CAMHS. There was also a perception that the threshold for access had been raised over time. Young people who spoke to the Panel commented that perceptions about long waiting times could put people off from seeking assistance for mental health issues.
- 10.11 The Task and Finish Panel recognises that this is not only an issue in West Northamptonshire and heard, for example, that there are national pressures on the workforce for children and young people's mental health. However, the Panel raises the need for a long term plan to put core CAMHS on a better footing. The Panel would like to see more locally-based provision. This would also help to strengthen working relationships with key partners such as schools or GPs and to support understanding and good communication on areas such as the thresholds for a young person to be referred to core CAMHS.
- 10.12 The Task and Finish Panel considers that this approach to future provision can link into the Local Area Partnerships (LAPs) that will form part of the structure of Integrated Care Northamptonshire. There are due to be nine LAPs in West Northamptonshire, five in Northampton and four in Daventry and South Northamptonshire. They will each be responsible for leading the design and delivery of integrated care systems in their areas, bringing together the NHS, the local authority, voluntary and community sector bodies, residents, and other community partners that contribute to supporting health and wellbeing. The Panel understands that LAPs will be given a degree of autonomy to identify their own priorities to reflect issues in their particular area. The Panel recognises the aims and potential benefits of a locally-led approach. At the same time, it considers that children and young people's mental health is an

issue that should represent a priority throughout the authority. All LAPs would also need to support the implementation of the whole-system strategy for children and young people's mental health recommended at paragraph 1.6 in the report. The Panel therefore proposes that all LAPs should include this issue in their adopted priorities.

- 10.13 In commenting on the capability of the core CAMHS function in West Northamptonshire the Task and Finish Panel recognises that the services it provides are intended for children and young people with moderate to severe mental health needs; those at tier 3 in the diagram at paragraph 6.1 in the report. During its information-gathering the Panel heard about good examples of services and support being provided in Northamptonshire, for example through the REACH collaboration, at what might be called the 'tier 2.5' level, that is between targeted services at tier 2 and specialist community CAMHS at tier 3. The Panel saw how this action could help to manage some demand on core CAMHS, by supporting children and young people with mental health needs that did not reach the threshold for CAMHS but might escalate without some intervention or by supporting others whilst they were waiting to access CAMHS. The Panel encourages the continuation of this approach. However, the Panel also emphasises that it is not proposing this as a solution to the need for an effective whole-system approach to children and young people's mental health provision or for the fundamental issues affecting core CAMHS capability. If members of the public or professionals see CAMHS as their only recourse then high demand will continue. If core CAMHS does not have the capacity to provide services in a reasonable time to those children and young people who do require support at the moderate to severe level of need, they will continue to be poorly served.

Recommendations:

- B) The Northamptonshire Integrated Care Board to agree to develop and implement a plan for effective provision of the core CAMHS function, to include the following elements:
- Maximising capacity to meet future demand and to reduce waiting times to an acceptable level
 - Organisation of CAMHS services to link up with Local Area Partnerships and to help to build strong relationships with partners in local communities to encourage continuity of support for children and young people.
- C) The Northamptonshire Integrated Care Board to agree that all Local Area Partnerships in West Northamptonshire should include children and young people's mental health in their priorities.
- D) The Northamptonshire Integrated Care Board to agree to continue to pursue opportunities to provide additional capacity to support children and young people's mental health at the 'tier 2.5' level of provision, between targeted services such as youth offending teams, primary mental health workers and

school and youth counselling (tier 2) and specialist community CAMHS (tier 3).

In-patient mental health services for children and young people

- 10.14 The scope for this scrutiny review was focussed on the lower-level services and support available to support the mental health of children and young people experiencing problems that might otherwise escalate to the point where they could lead to self-harm. The Task and Finish Panel therefore did not seek to consider in-patient services for people with severe or highly complex needs. However, during its information-gathering the Panel was able to hear from a young person with direct experience as a mental health service user in Northamptonshire and in other area parts of the country. This included experience of in-patient mental health care.
- 10.15 The young person who spoke to the Task and Finish Panel volunteered to do so and the Panel was impressed both by what they said and the way that they spoke to councillors. Although some of their information proved to be outside of the specific focus for this scrutiny review the Panel wishes to ensure that it is relayed to the relevant service providers, to inform them and so that it can be acted upon as necessary.

Recommendations:

- E) The People Overview and Scrutiny Committee to agree that information given to the Task and Finish Panel by a young person with direct experience as a mental health service user be sent to Northamptonshire Healthcare NHS Foundation Trust.

Children and young people's mental health and the police

- 10.16 The Task and Finish Panel heard from a representative of Northamptonshire Police about practical demands on police capacity connected with children and young people's mental health. The Panel was advised that police officers were required to attend if an older teenager or young adult presented at hospital or called the emergency services saying they had or were going to harm themselves. The same people could be seen regularly. Police officers could need to conduct an individual to a place of safety, which might involve remaining with them until this could be done in order to safeguard their wellbeing. Northamptonshire Police did not have dedicated space for accommodating vulnerable young people. Taking a young person to police premises might also create a misapprehension about the reasons for this.
- 10.17 The Task and Finish Panel recognises that there are a range of factors that might contribute to a young person reaching a crisis point that brings them into contact with the police. This can include factors that are outside the scope of this scrutiny review. However, the Panel did not want this aspect of its evidence-gathering to be lost. The Panel therefore highlights that the development of effective overall provision for children and young people's mental health should

involve considering how other partners and Northamptonshire Police can best work together on this matter.

Recommendations:

F) The Northamptonshire Integrated Care Board to agree to work with the Northamptonshire Police, Fire and Crime Commissioner and Northamptonshire Police to ensure that the police role is integrated effectively in a whole-system strategy to provide support for children and young people's mental health in West Northamptonshire.

Support in schools for children and young people's mental health

- 10.18 The Task and Finish Panel took a strong impression from information-gathering of the particular impact on schools of providing support for increasing mental health needs amongst children and young people.
- 10.19 The Task and Finish Panel saw one example at Northampton Academy of a school that operated an extensive non-teaching support function. Not all schools are in the position to do as much and it was highlighted that schools do not necessarily have a budget to fund roles such as mental health first aiders, meaning that staff are asked to fill them on a voluntary basis. In all cases, the Panel was conscious of how far schools are being asked to provide support for students' mental health on top of their core education functions and within existing resources. Practical demands do not match up to formal responsibilities, curriculum priorities and funding.
- 10.20 The Task and Finish Panel felt that representations should be made to the government about the effect of this situation. Rather than acting unilaterally, West Northamptonshire Council should approach the f40 group, representing the lowest-funded education authorities in England, to seek to make a collective case about the inadequacy of current resources to support children and young people's mental health and the impact of current demand pressures.
- 10.21 The Task and Finish Panel saw examples of existing and previous good practice in Northamptonshire concerning support in schools that should be built upon in future. The Panel heard that mental health school teams being rolled out were proving to be effective. On the other hand, it understood that since the COVID-19 pandemic there had not been school nurses in all schools. The Panel felt that there should be access to both types of provision in all schools.
- 10.22 The Task and Finish Panel saw the potential for West Northamptonshire Council to pursue a discussion with local schools about the scope to use their resources collectively to fund additional support for children and young people's mental health. This might be done using a top-slice from schools budgets. Resources contributed in this way might be used for different purposes that would reflect the overall aim: enhancing 'tier 2.5' support, local therapeutic support or the existing emotional health and wellbeing support teams operating in some schools. The Panel recognises existing financial pressures on schools

but considers that a system-wide approach on this issue might help to manage a situation that is already generating practical demands on them.

Recommendations:

- G) The Northamptonshire Integrated Care Board to agree to investigate the feasibility of funding a school nurse and mental health first aider in all schools in West Northamptonshire.
- H) The Cabinet to agree to seek a discussion with West Northamptonshire schools through the Schools Forum about contributing additional resources on a system-wide basis to support children and young people's mental health using a top slice from schools budgets.
- I) The Cabinet to agree to approach the f40 group of local authorities about making a collective case to the government about the need for additional resources to support children and young people's mental health and the impact of current pressures.

Information about mental health and wellbeing for children, young people and their families

- 10.23 In carrying out this scrutiny review the Task and Finish Panel has frequently looked at bodies, such as schools or GP practices, who act as a link between children and young people needing support for mental health and the services providing this. It is clearly essential that the professionals concerned are sufficiently informed and equipped to direct children and young people and their families to sources of support. At the same time, information-gathering has brought home to the Panel how important it is also to consider what information on services and support is produced for children, young people, parents and guardians themselves.
- 10.24 Young people who spoke to the Task and Finish Panel highlighted the extent to which young people turned to their peers for support on mental health and wellbeing issues. This could occur if other routes were not, or did not seem to be, available to them. A young person might still feel a stigma about raising mental health issues with an adult. Peer support might be organised, for example through peer mentoring schemes in schools, or informal through making a connection with someone on social media who was sharing a relatable experience. Professionals who spoke to the Panel commented that more attention could be given to the role of parents in providing support for young people's mental health and wellbeing. This would reflect, for example, the dangers that could be connected with social media use.
- 10.25 The Task and Finish Panel recognises existing information about mental health produced for children and young people and families in West Northamptonshire. It encourages that this is maximised, in order to provide clear, jargon-free information about services and support to members of the public. This should take account of examples of good practice: the Panel particularly noted the NottAlone.org.uk online directory of mental health advice and support in Nottinghamshire, which received a Local Government Chronicle

Award in 2022. The Panel felt that the development of information about mental health services and support would ideally go as far as service providers having a social media presence that could use artificial intelligence in a similar way to targeted advertising to identify young people who may be in need and provide them with relevant information and a discrete means of seeking support. Clearly the availability of resources is a key factor in the ability to do this.

Recommendations:

- J) The Northamptonshire Integrated Care Board to agree to review existing information about support available for mental health and wellbeing produced for children, young people, parents, and guardians in West Northamptonshire and to consider the potential for this information to be enhanced.

Support for young people's general health and wellbeing

- 10.26 During this scrutiny review the Task and Finish Panel considered the role of organised leisure time activities in supporting health and wellbeing amongst children and young people, by contributing to a positive and nurturing environment, providing opportunities to build self-confidence and for self-expression and in other ways. The Panel is not seeking to suggest that this is an answer to potentially complex needs, but that such provision can play a part in creating a nurturing environment, in preventing needs from escalating, or in directing young people or their families to additional sources of information and support.
- 10.27 The Task and Finish Panel acknowledged that West Northamptonshire Council does not have its own youth services, reflecting the general direction within local government over the last 10 years with regard to the delivery and funding of youth services. Through its information-gathering the Panel also heard about pressures on community-based organisations providing youth activities, particularly following the COVID-19 pandemic.
- 10.28 Given the role of youth activities in supporting health and wellbeing the Task and Finish Panel has sought to identify what action West Northamptonshire Council might now take to improve local provision. The Panel would ideally like to see a standard offer of youth activities available to all young people on a local basis, potentially organised according to the areas served by secondary schools.
- 10.29 The Task and Finish Panel understands that the Council has recently started work towards the development of a new Youth Strategy for West Northamptonshire. It wishes to support this as at least a move in the right direction. On a practical level, the Panel heard about the impact of property costs on organisations providing activities for young people and questioned the potential to make use of empty Council or commercial properties to alleviate this demand. The Panel hopes that West Northamptonshire Council would look constructively at opportunities to do this directly, or to encourage partners to the same end. The Council should also seek to encourage the take up of mental

health first aid training by community groups working with children and young people.

Recommendations:

- K) The Cabinet to commit to the development of a new Youth Strategy for West Northamptonshire that should set out how organised youth activities will contribute to supporting children and young people's mental health.
- L) The Cabinet to agree to consider reasonable opportunities to enable non-statutory organisations that provide services and support for children and young people's mental health to make use of empty Council or commercial premises in West Northamptonshire and to work with commercial partners where necessary to facilitate this.
- M) The Cabinet to support the take up of mental health first aid training by community groups working with children and young people in West Northamptonshire.

Assessing the impact of the scrutiny review

- 10.30 It is good practice for Overview and Scrutiny to revisit issues that have been the subject of in-depth work, to assess how its recommendations have been implemented and what have outcomes they have produced.

Recommendations:

- N) The People Overview and Scrutiny Committee to agree to review the impact of the scrutiny review six months after the presentation of the final report to decision-makers.

OVERVIEW AND SCRUTINY

TASK AND FINISH SCRUTINY REVIEW – SCOPE

1. Topic

Child and adolescent mental health and the risk of self-harm.

2. Responsible Overview and Scrutiny Committee

People Overview and Scrutiny Committee (OSC)

3. Purpose of the scrutiny review

To examine the provision in West Northamptonshire of services and support for children and young people who may be at risk of self-harm, which help people not to reach the point where they require specialist health services and which enable people to access those services when this is required. The NHS website defines self-harm as “when somebody intentionally damages or injures their body.”

Key lines of enquiry

- What lower-level services and support are available to support the mental health and wellbeing of children and young people experiencing problems that might otherwise escalate to the point where they could lead to self-harm? Are the services and support provided by different organisations linked together effectively?
- What specialist health services are available to support children and young people who have a higher level of need? What are the routes into these services? How accessible and how quick to respond are they in practice?
- What is the extent of self-harm by children and young people in West Northamptonshire, given previous data showing that the number of 15-19 year olds hospitalised for self-harm in Northamptonshire was above the national average? How does the latest position compare to that in similar authorities and what are the reasons for any differences?
- What opportunities exist to strengthen existing provision, if this is necessary, taking account of the current context in which service providers in West Northamptonshire are operating?

4. Outcomes

To make evidence-based recommendations to the West Northamptonshire Council Cabinet and/or other applicable decision-makers that are intended to contribute to the provision of effective services and support for mental health and wellbeing amongst children and young people in the area.

5. Approach

The scrutiny review will be carried out by a task and finish panel made up of the following councillors:

1. Councillor Rosie Herring
2. Councillor Wendy Randall
3. Councillor Sue Sharps
4. Councillor Nick Sturges-Alex
5. Councillor Muna Cali
6. Councillor Rupert Frost
7. Councillor Zoe Smith
8. Councillor Danielle Stone

The task and finish panel will make use of the standard working methods applicable to scrutiny reviews, including evidence-gathering meetings (either in-person or virtual); desktop research; targeted evidence-gathering by individual members; and site visits, as appropriate.

6. Information required

Background data

- Scene-setting presentation – overview of current services and support in West Northamptonshire; numbers of young people accessing services compared to comparator authorities and the national average; successes and challenges
- Relevant local policies and strategies
- Relevant national and local research
- Examples of good practice from West Northamptonshire and other comparable areas
- Anonymised case studies of young people's experiences of getting access to services and support in West Northamptonshire

Views from internal expert advisors

- Cabinet Member for Children, Families and Education
- Director of Children's Services and/or specific service manager
- Director of Public Health and/or specific service manager

Views from external expert advisors

- Representative of Child and Adolescent Mental Health Service, Northamptonshire Healthcare NHS Foundation Trust
- Chief Executive of the Northamptonshire Children's Trust and/or specific service manager
- Young people

- Parents / guardians
- Organisations providing services and support relating to children and young people's mental health and wellbeing
- Teachers, school nurses or other relevant school staff members
- GPs
- Representative of Northampton General Hospital NHS Trust
- Representative of Northamptonshire Police

7. Resources and support

- Democratic Services officer support for evidence-gathering and for production of the scrutiny review report.

8. Timetable and key dates

Confirmation of overall scope by People OSC	16 th November 2021
Initial task and finish panel meeting	January 2022
Evidence-gathering (specific dates for meetings and other activity to be set by the task and finish panel)	January – June 2022
Approval of draft report by task and finish panel	July / August 2022
Agreement of final report by People OSC	August / September 2022
Presentation of final report to WNC Cabinet	October 2022

The scrutiny panel will report back to the People OSC should it identify any need to request a variation to this timetable or any other amendments to the agreed scope whilst the scrutiny review is in-progress.

9. Follow-up

The People OSC will review the impact of the scrutiny review 6 months after the presentation of the final report to decision-makers.

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WEST NORTHAMPTONSHIRE COUNCIL

CABINET

7th March 2023

Councillor Jonathan Nunn, Leader

Report Title	Corporate Plan Performance Report – 2022-23 Q3
Report Author	Richard Corless Business Intelligence, Policy & Performance richard.corless@westnorthants.gov.uk

List of Approvers

Monitoring Officer	Catherine Whitehead	22 February 2023
Chief Finance Officer (S.151)	Martin Henry	22 February 2023
Other Director	Chief Executive, Assistant Chief Executive and All Directors via ELT and EPB.	22 February 2023
Communications Lead/Head of Communications	Becky Hutson	22 February 2023

List of Appendices

Appendix A – Corporate Plan Report – 2022-23 Q3

Appendix B – Attainment Summary – 2021-22 Academic Year

1. Purpose of Report

- 1.1. The attached appendix provides an update for quarter three to Cabinet on West Northamptonshire Council's performance metrics for the current year and set against the priorities set out in the Corporate Plan.

2. Executive Summary

- 1.2. This report provides an overview of performance for West Northamptonshire Council for the period of October to December 2022 (quarter 3). Full details of that performance for this quarter can be found enclosed within the appendix.
- 1.3. The performance indicators included in the report have been subject to review, challenge and approval by both the Cabinet and the Executive Leadership Team (ELT) in the previous quarter with our aim being to create a meaningful dashboard of measures that provides members and officers with good insight into the Council's performance.
- 1.4. There have been many changes to teams, services and systems as part of creating the new council and therefore some indicators will need to be developed in order to provide a complete unitary view and move away from the old district and borough boundaries. This is also exacerbated where we have different delivery vehicles or contracts for services.
- 1.5. Included in Appendix B is an annual overview of attainment results from the 2021-22 academic year, i.e. exams taken across the summer of 2022. Provided are results from the Early Years Foundation Stage Profile (EYFSP) for reception age children right through to Key Stage 4/ GCSE results. In each occasion there is a performance figure for schools in West Northamptonshire alongside a 3 year trend (if available) and a national comparison.
- 1.6. The trend information within the attainment summary doesn't include information for 2019-20 or 2020-21 academic year, this is due to how exams/ assessments were undertaken in the covid19 years. Data for this period is not available to be able to use within the comparison and therefore the previous years are the 2 periods pre-covid 19.

3. Recommendations

- 3.1 It is recommended that the Cabinet/Committee:
 - a) Note the content of the appendix covering the third quarter of 2022-23.

4. Reason for Recommendations

- This report is for information purposes and discussion only, there are no direct decisions to be made following the report.
- The Council has broad responsibilities to manage performance in relation to its services.

5. Report Background

- 5.1 It is important that the council is clear and transparent on its performance and that there are clear action plans where our performance falls below target or that of other benchmark authorities.
- 5.2 The Council monitors performance across all services areas and against hundreds of national and contract metrics to ensure that services are performing well and identified priorities are monitored and delivered against. These are monitored within services and reported in line with national cycles or as required to Overview and Scrutiny, and other committees.

- 5.3 This performance report provides an overall high-level summary of the key metrics that underpin our stated corporate priorities and sets out proposed metrics that we will be developing and monitoring for this quarterly report in addition to the wider overall performance framework we have in place.

6. Issues and Choices

- 6.1 This is a report for information and discussion and therefore there are no choices to be made

7. Implications (including financial implications)

7.1 Resources and Financial

- 7.1.1 There are no direct financial implications from the report. However, services need to consider the implications of under- or over-performance and identify what resources may need to be reallocated to address these.
- 7.1.2 Financial indicators included within the performance report can be found in greater detail within the finance reports that are presented to Cabinet.

7.2 Legal

- 7.2.1 There are no specific legal implications arising from the proposals.

7.3 Risk

- 7.3.1 There are no significant risks arising from the proposed recommendations in this report.

7.4 Consultation and Communications

- 7.4.1 The metrics included in this report have been chosen based upon the priorities identified within the Corporate Plan and in consultation with Cabinet and the Executive Leadership Team. The Corporate Plan priorities and wider service objectives are underpinned by the Council's communications and consultation activities to keep the public, staff and stakeholders informed and engaged on what the Council is doing and how it is performing.

7.5 Consideration by Overview and Scrutiny

- 7.5.1 Relevant performance data will be provided to Overview and Scrutiny Committees as required to support their agreed work plans.

7.6 Climate Impact

- 7.6.1 There are no direct implications on climate/environmental impact from this report, it does however provide an update on the delivery of the corporate plan which includes commitments

to be Net Zero by 2030. This quarterly report will provide updates on the council's progress to this aim as appropriate.

7.7 Community Impact

- 7.7.1 Managing our performance is key to ensuring we are making a positive impact on our communities, celebrating our successes and addressing our challenges.

8. Background Papers

- 8.1 The West Northamptonshire Council Corporate Plan 2021-25 provides the basis for the data and project updates that are provided within this quarterly report.



Corporate Plan 2022-23 Quarter 3 Report

October to December 2022

Last Updated: 22nd February 2023



Introduction

Welcome to the latest update on delivery of the West Northamptonshire Council Corporate Plan with data and project updates covering the third quarter of 2022-23 broken down into monthly information where that is available. The metrics included in this report have been chosen based upon the priorities identified within the corporate plan and consultation with both the Executive Leadership Team (ELT) and Cabinet members.

The data elements that are provided in this report include a monthly breakdown of the current quarter, where the information is available to that level, as well as an overall quarterly position. In addition to this there is trend information for the current year and last year. Where there is externally published information available we have begun to add in benchmark data, covering national (normally England), regional (East Midlands) and where appropriate statistical neighbour groups (for Children's Services).

The report contains two main elements - a summary 'dashboard' type information on each page alongside a short narrative and also at the end of the report all indicators are available in a detailed scorecard view. Some of these areas are long term projects and therefore there will not always be an update to that narrative each quarter, we will provide an update each quarter assuming that there has been progress or something has changed since the previous report.



The below diagrams for the indicator dashboard pages and the detailed scorecards outline the data elements within them and how to interpret what is being shown.

The current performance.

This will be the period for the current report, unless otherwise stated next to it. The current period can always be found in the bottom left corner of each page.

The previous period's performance

The last period, will be stated if that is a quarter or a specific month.

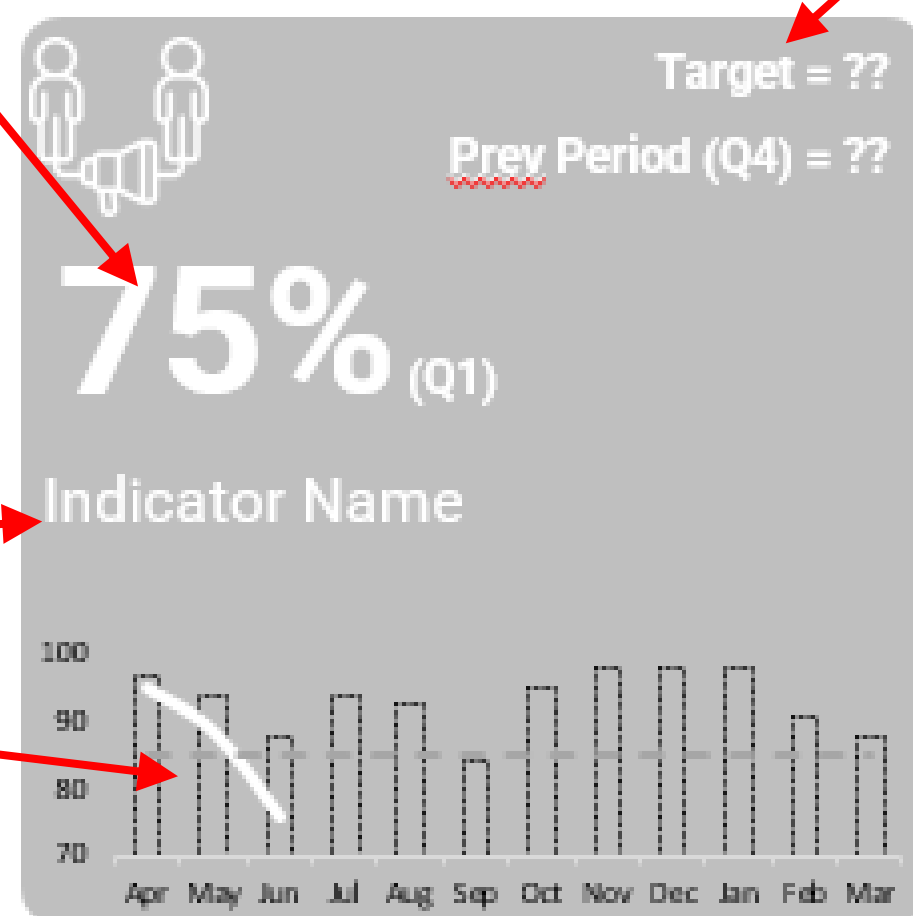
Indicator Name

Trend Chart

White Line: This will show the recent trend, either by month (if available) or by quarter

Dotted Line – this is the target

Bar chart – this is last years performance



Indicator details

This section includes the indicator name, the priority it is relevant to in the corporate plan, the lead directorate plus if it is better for the performance to be higher or lower.

Performance Data

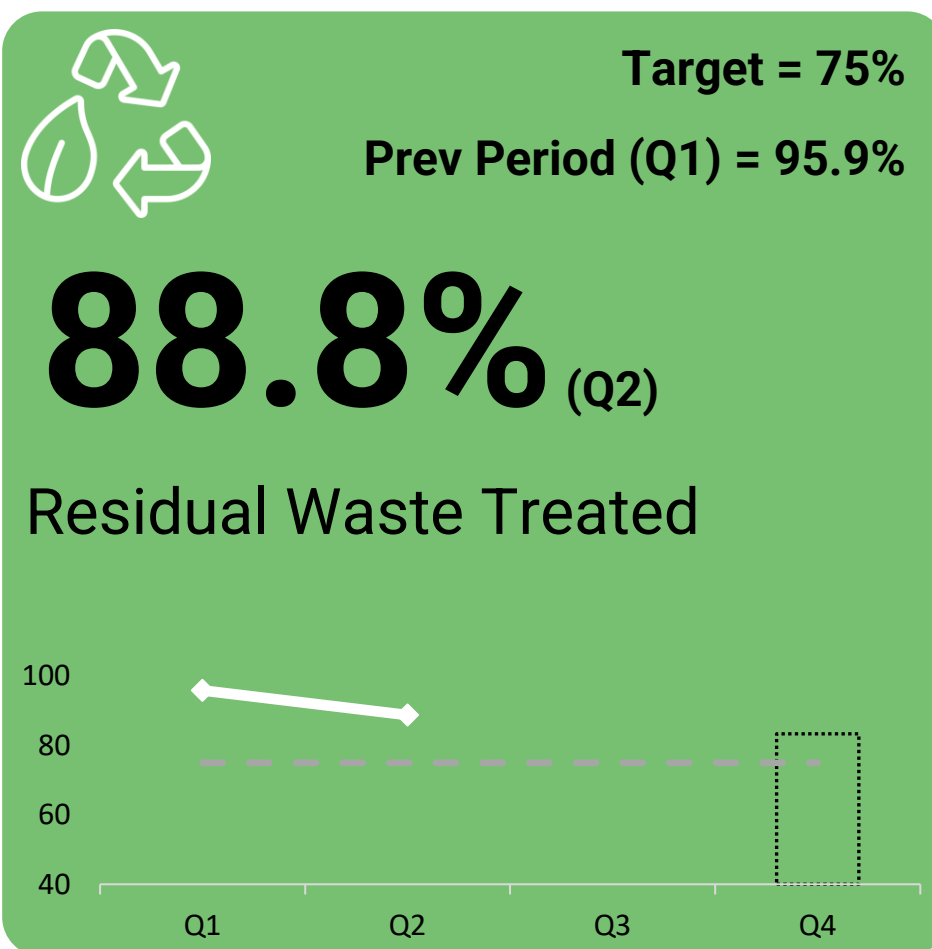
This section includes the target and current performance data broken down to month where available, quarterly and year to date (YTD).

In addition benchmarking information is included on the right hand side covering regional, national and statistical neighbour groups. There are and will continue to be a number of indicators that have no published data in order to benchmark against.

Corp Ref:	Metrics (Number / Rates / Financial)	Priority	Directorate	Better to be?	Target	Apr	May	Jun	Q1	Jul	Aug	Sep	Q2	YTD	Regional	National
1.2	Percentage of household waste sent for re-use, recycling or composting	1. Green & Clean	Place & Economy	Higher		50.85%	52.32%	56.42%	53.33%					53.33%		
1.3	Percentage of waste from HWRCs diverted from landfill								71.50%							
1.4a	Net trees planted this year												-140	-91	n/a	n/a
1.5	Council vehicles that are electric or hybrid	1. Green & Clean	Place & Economy	Higher									22			
1.6	Council owned parks and green spaces that have Green Flag accreditation	1. Green & Clean	Place & Economy	Higher	10 in 5 years				5				5	5		

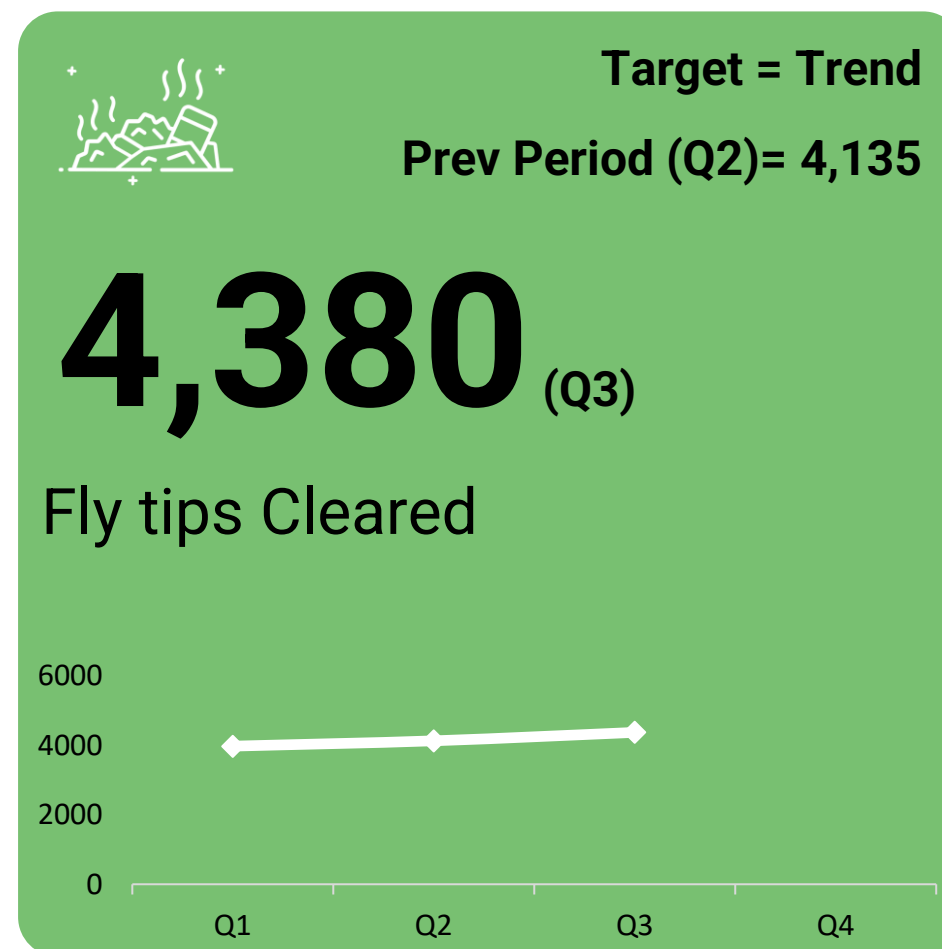
Temporary image as an example only

Priority 1 – Green and Clean Environment & Wellbeing



This indicator measures a combination of all waste types which go through some form of treatment process (i.e. do not go to landfill) and provides an overview of how waste is treated in West Northamptonshire.

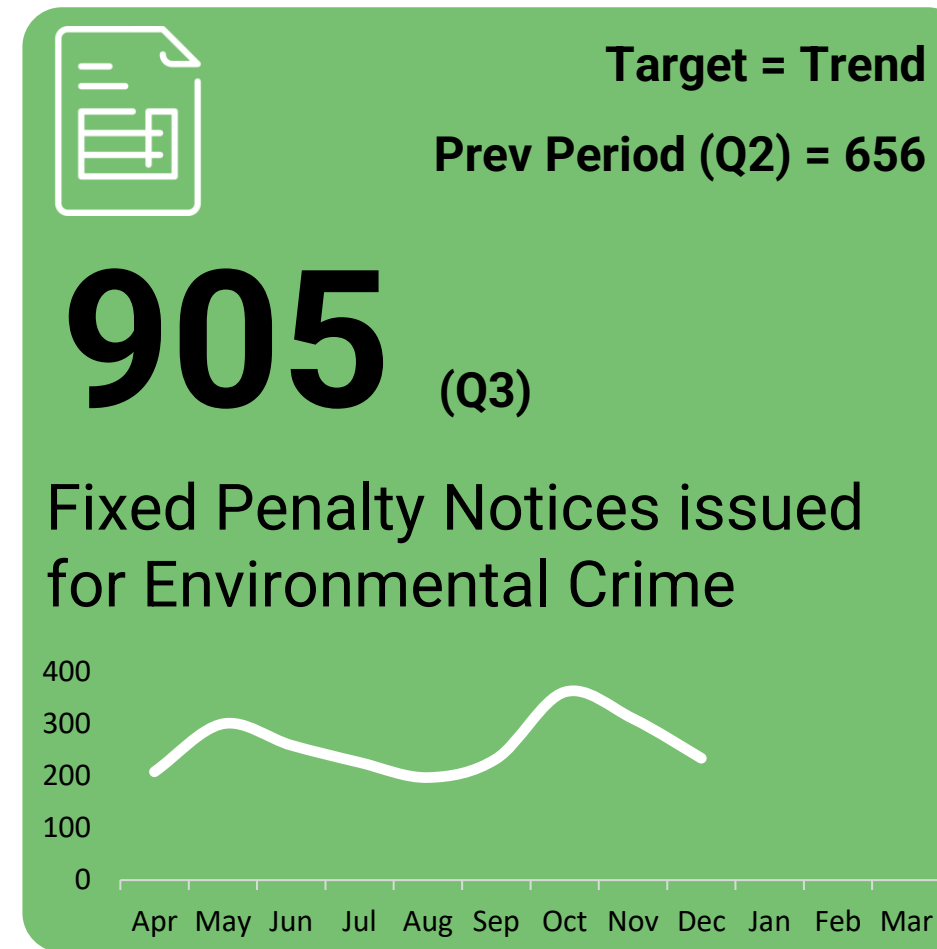
This measure is reported a quarter in arrears due to reporting processes via WasteDataFlow and therefore this report shows the performance for Q2 of 2022-23. The latest data for the summer period shows that performance has reduced by 7.1% points to 88.8% of residual waste treated. This metric is affected by seasonal fluctuations in waste habits and despite the reduction current performance remains above the target set for the year.



Fly-tipping is illegal dumping of liquid or solid waste on land or in water. The waste is usually dumped to avoid disposal costs or for convenience. Should the fly-tipping occur on public land it falls to the Local Authority to clear the rubbish away, the cost of disposal then falls on the LA.

This is a new measure in the corporate scorecard this year and is a trend based measure, whilst there is no target against this measure we have a responsibility to clear all fly-tips in relevant land.

The third quarter this year has seen a further rise in the volume, with WNC needing to clear 4,380 fly-tipping incidents, an increase from 4,135 in Q2 and 3,980 reported in Q1.

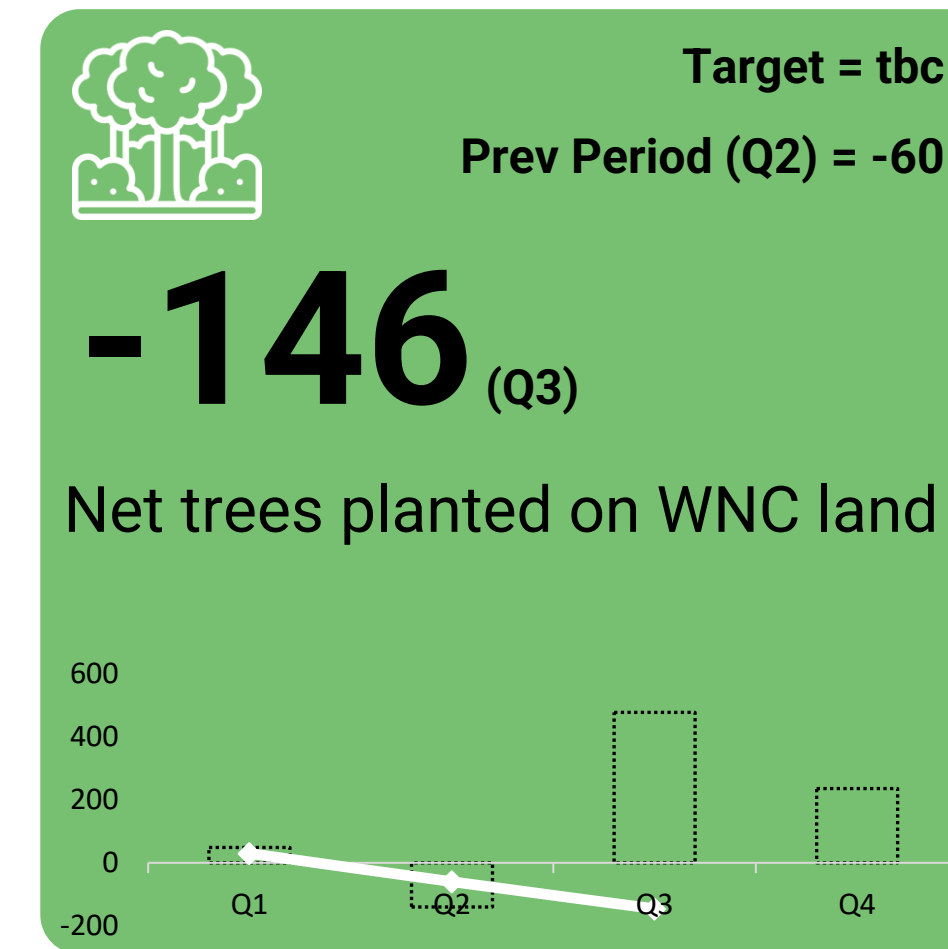


This measure reports against those fixed penalty notices (FPNs) which have been issued on behalf of WNC for environmental crime, this would include those fines issued for fly-tipping.

This measure is a new collection for the authority this year (although fines were issued last year but not formally reported against as a metric).

Across the third quarter this year 905 FPNs have been issued, an increase of 249 from the number issued in the previous quarter.

The total number of FPNs issued this reporting year to date is 2,328.



Normal planting season for trees is in the months between October and April which means that any removals of tree's outside this period due to planned works or developments are likely to result in a negative net trees planted position.

This quarter has seen a net position of 146 tree's removed.

In addition to this as part of the Queen's Green Canopy project to mark the jubilee the council is working with Parish Councils and community groups to plant tree's.

As of the 1st February 2023 The total number planted/ pledged for the Queen's Green Canopy across the West Northants area is broken down into the following areas:

- 3,551 - Town & Parish Councils
- 2,416 - Parks
- 3,481 - Private individuals/companies/organisations
- 462 - Schools



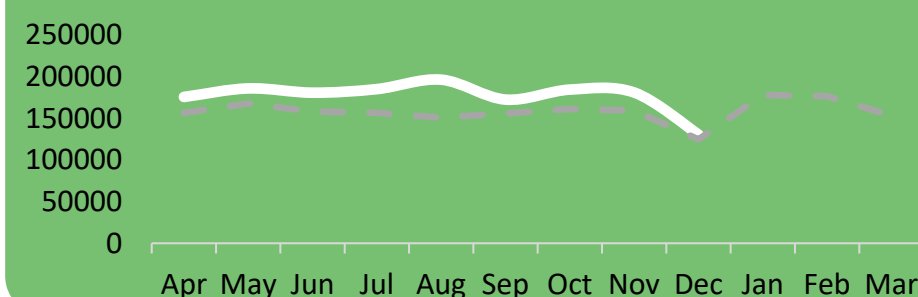
Priority 1 – Green and Clean Environment & Wellbeing



Q3 Target = 507,766

496,097 (Q3)

Visitors to Leisure Centres



This measure counts the number of visitors to leisure centres that are ran by West Northamptonshire Council.

Overall numbers each month remain consistently above the forecast target but some classes / sessions remain below pre-covid levels at the current time. The first three quarters of the current year have each seen nearly 1.6m visitors into the leisure's centres with the latest quarter reporting 496,097 visitors despite the usual annual drop around the Christmas and New Year period due to Bank Holiday closures.

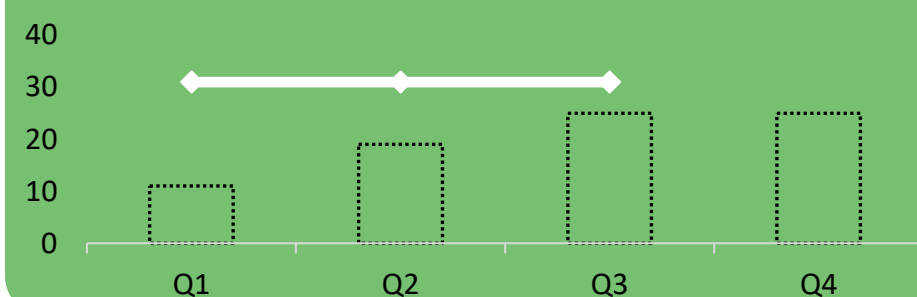
The Q3 performance is under the target set for that period, however overall we are 200,000 visitors above target for the year to date.



Target = tbc
Prev Period (Sep) = 31

31 (Dec)

Electric vehicle charging points on WNC land



WNC has 31 electric vehicle charge points in place on either the highway or within WNC car parks or property that are available for electric vehicles, this is no change in the number of these since the beginning of the year.

Additionally the total charging point access for West Northamptonshire as at January 2023 shows that there are 166 public charging devices, an increase of 9 since October 2022, of these 9 new installations 7 of them are defined as rapid charging devices bringing the total number to 57 publicly accessible rapid charging devices.

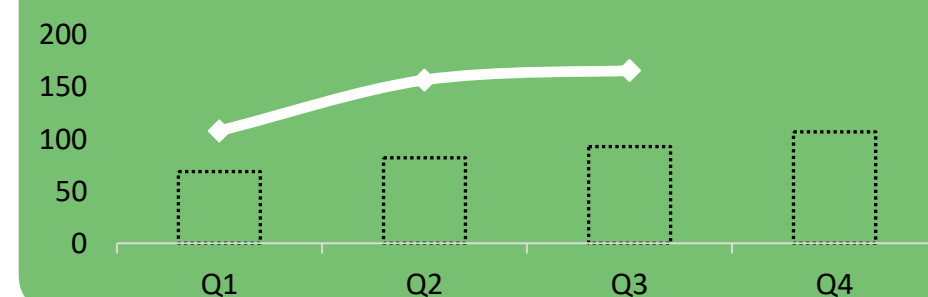
The West Northamptonshire area has 40.8 charging points per 100,000 population (up from 38.6 at Oct 2022). This is higher than the East Midlands (39.0), but lower than the England (55.7) averages.

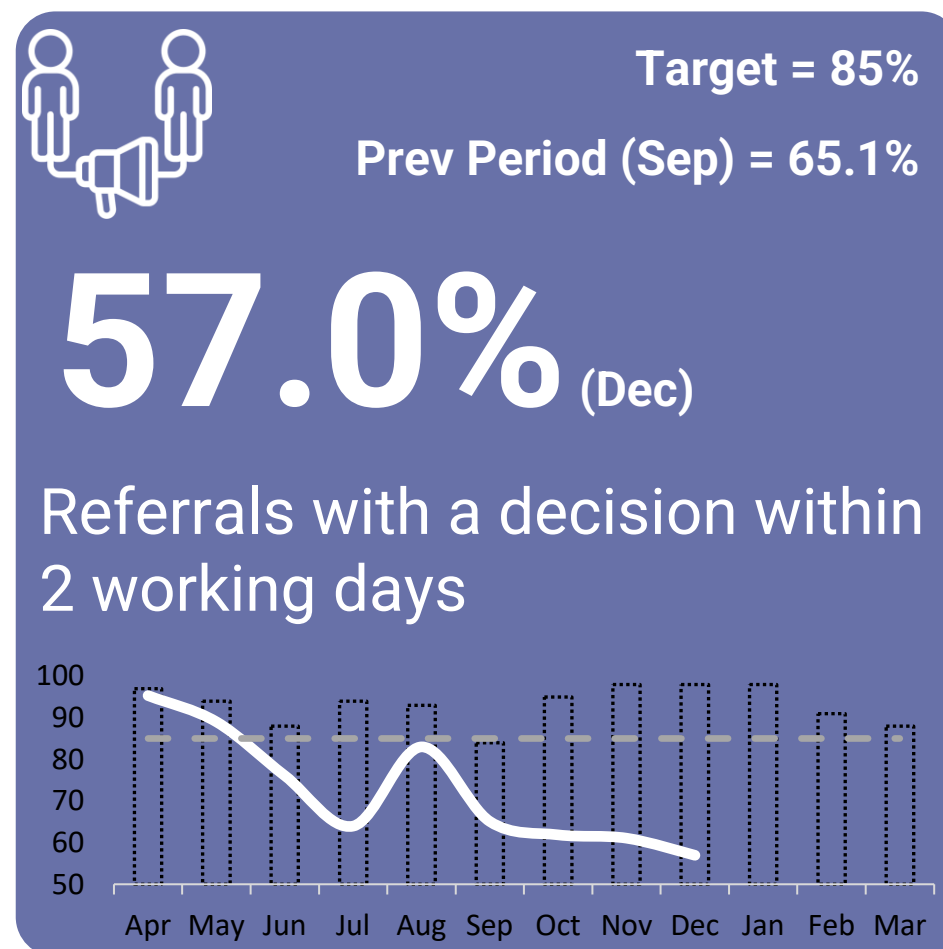


Target = Trend
Prev Period (Oct) = 157

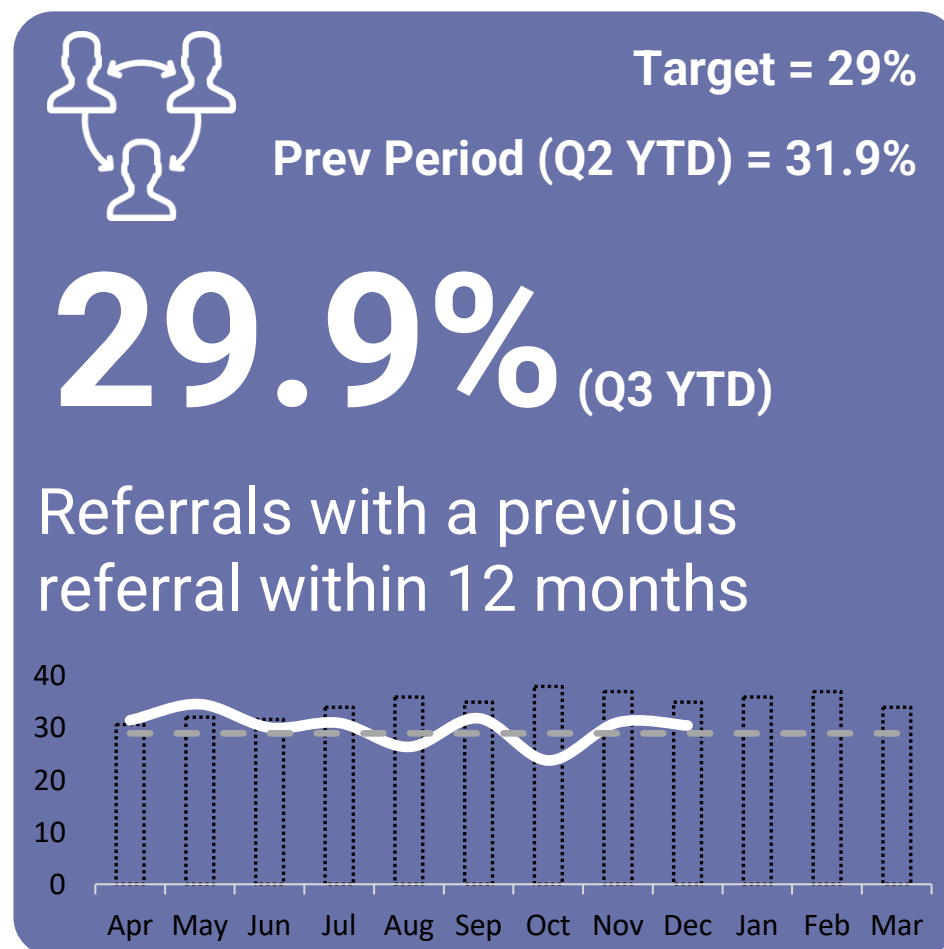
166 (Jan)

Electric vehicle charging points in West Northants



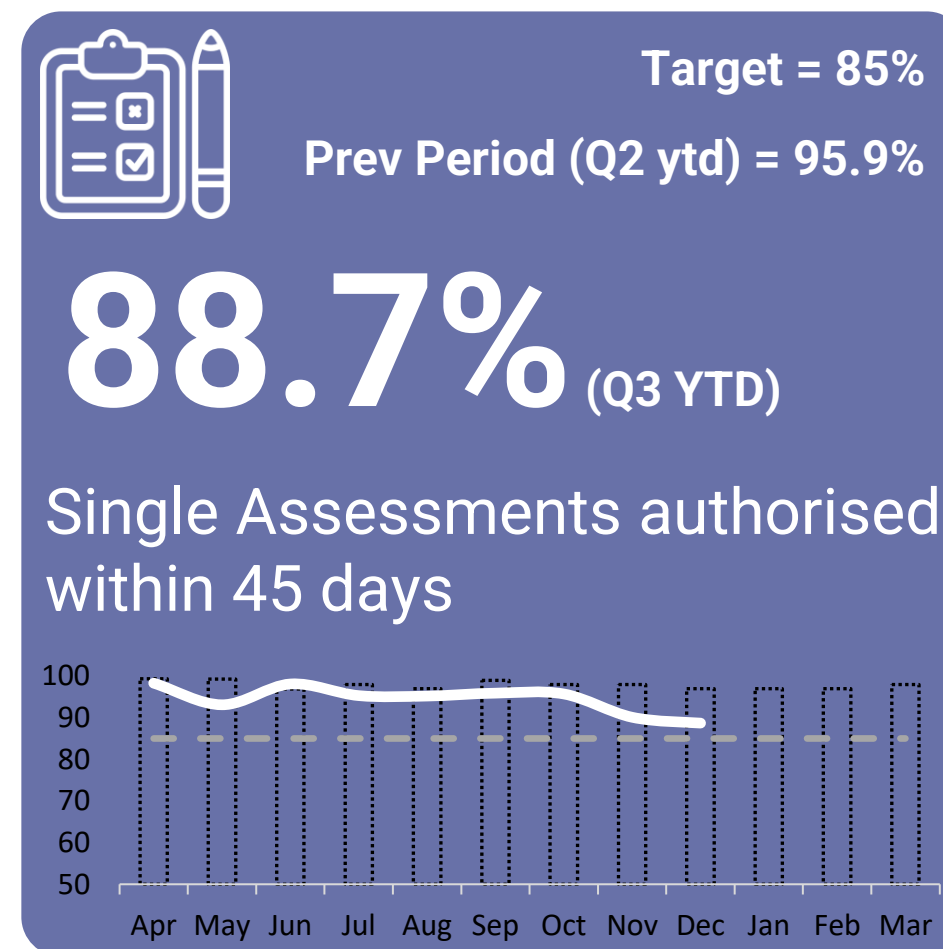


A referral is defined as a request for a social care intervention/assessment, and a contact is information given to social care about a situation which does not meet the threshold for referral, for example notifying that the child has gone missing or domestic violence notifications from police if a child was present. Performance has declined this month due to staffing challenges (vacancies and short term sick leave) and increase in business over the year. The service continues to work hard on ensuring timely decision making is maintained. Cases that are rag rated RED are prioritised and decisions made within 1 day. There is ongoing improvement work in the MASH to continually increase quality and enhance performance. Recruitment of staff is a priority focus.



Performance has remained the same this month whilst remaining an area of ongoing focus with audit and review for learning. The dedicated education roles in MASH are working positively with schools to ensure appropriate referrals. Work with all partners continues to ensure appropriate and robust application of thresholds.

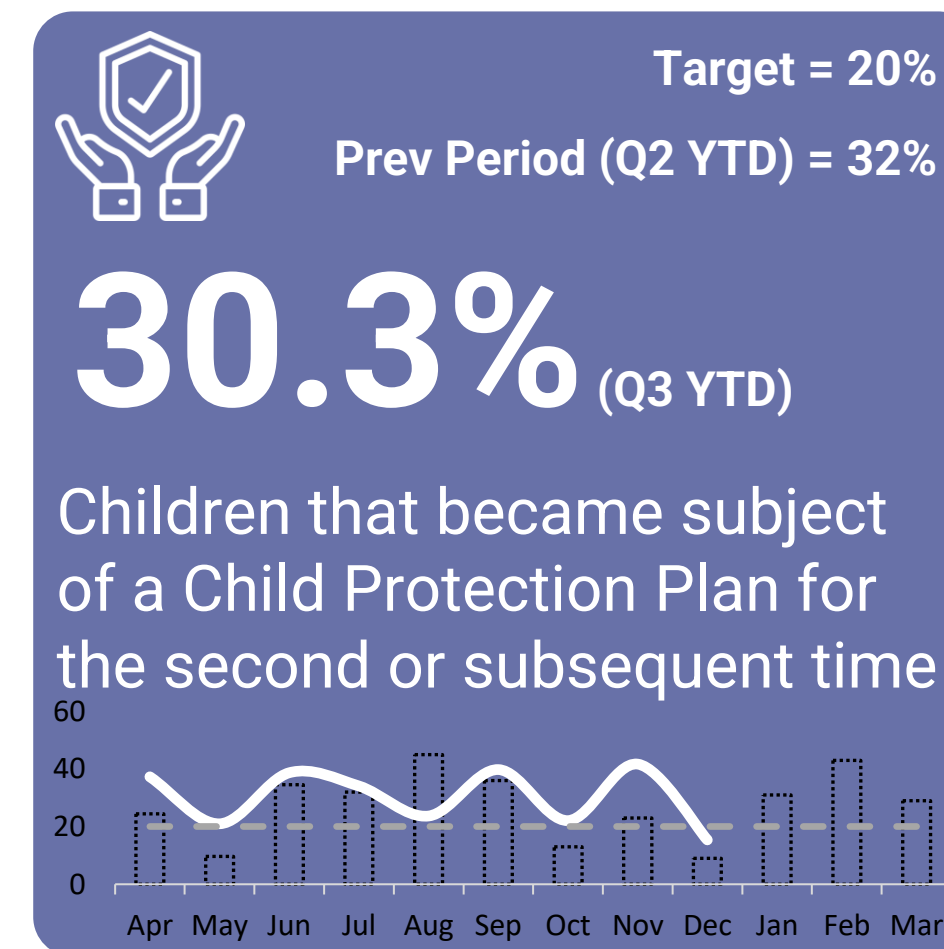
Steps have been taken to strengthen the Early Help partnerships with Partnership Support Team (Early Help MASH) being placed in the MASH pods and a leaner step down process. The high number of cases stepping down is presenting challenges in regards to capacity in Family Support/Early help partnership.



Assessment timescales remain consistently above target and national average but have declined slightly in the last 3 months.

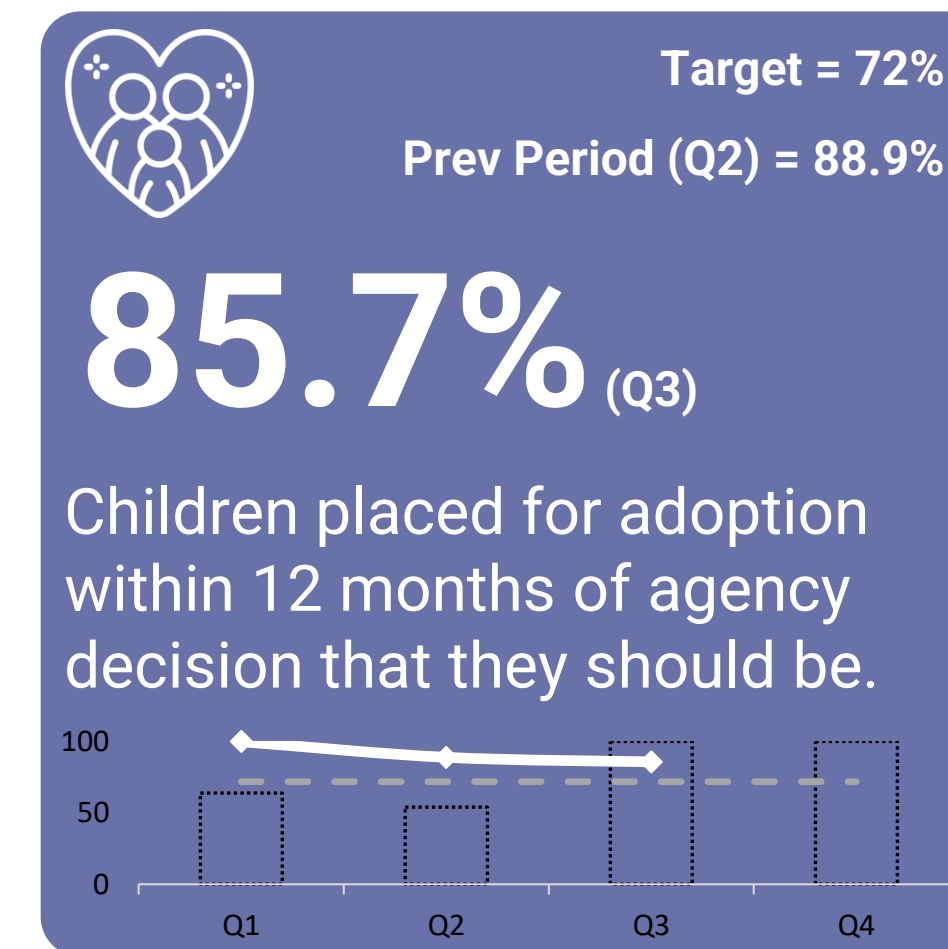
All managers monitor this very closely via daily reports. A narrative is provided for cases that go beyond 45 days and this remains a very small minority. Lower performance this month has been impacted by challenges with staffing and higher levels of staff sickness in DAAT. There are a higher than average number of new starters coming Jan 23.

In addition to timeliness, we work on increasing the quality of assessments and more effective use of SofS in our interventions.



This measure continues to be variable and, on occasion, too high. 10 of 65 plans starting in December are for children who had been on a plan before (6 families). 2 families ended plans within the last year, 3 within 2 years and 1 ended 2+ years ago. If looking at those repeating within 2 years, the figure is 14%.

Cases are regularly reviewed and findings so far indicate that the pandemic and rising cost of living may have contributed to increased stresses and pressure for families, consequently escalating their need. Presenting issues are mostly associated with neglect and varying degrees of disguised compliance.



Strengthened family finding and matching processes have been implemented which alongside improved permanency tracking arrangements have supported timely decision making process and ability to progress adoption placements.

The use of foster to adopt placements have also positively influenced this performance indicator.

This quarters performance relates to 7 children who have been placed for adoption. The year to date has resulted in 21 children placed for adoption and of those 90.5% were placed within the 12 months of decision that they should be.

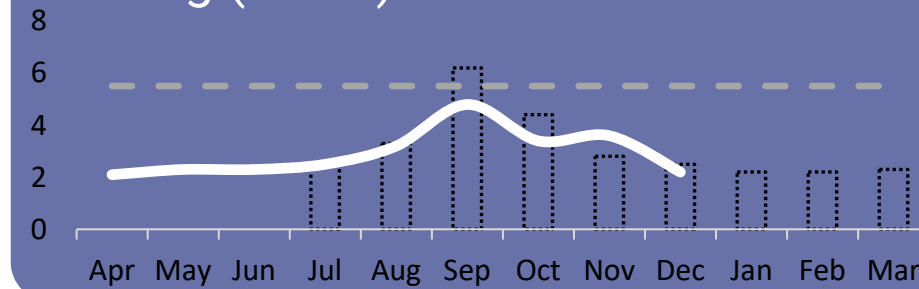


Target = 5.5%

Prev Period (Sep) = 4.8%

2.2% (Dec)

Proportion of people aged 16-18 who are not in employment, education or training (NEET) or not known.



This indicator is showing the proportion of young people (aged 16-18) who are not in employment, education or training (NEET) or their status is 'not known'.

Whilst there is data going back prior to April 2021, that data is not split to the unitary council area in a way that enables comparison's to previous years.

The latest position at the end of December shows that 2.2% of young people are either NEET or not known, this is a reduction from the 4.8% high point recorded at the end of the previous quarter. The high point recorded in Q2 is a normal seasonal high due to a brand new cohort and initial reporting having to be collected from schools in Sept.

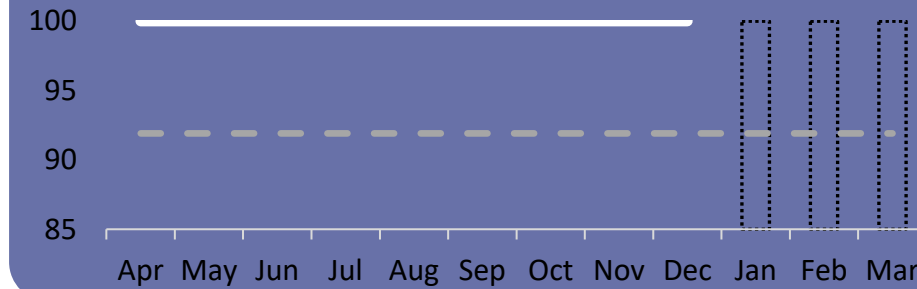


Target = 91.9%

Prev Period (Q2) = 100%

100% (Q3)

People using social care who received self-directed support



A statutory reported measures in the Adult Social Care Outcomes Framework (ASCOF), it measures of those in receipt of social care that have a direct payment or a personal budget which results in the outcome of people managing their own support as much as they wish, so that they are in control of what, how and when support is delivered to match their Needs.

Currently the performance on this metric is showing that 100% of those in receipt of social care are managing their own support as much as they wish, this has been the case throughout the year so far and inline with our approach to personal budgets.

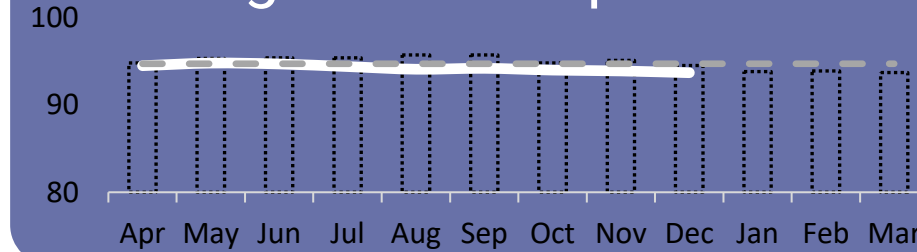


Target = 94.7%

Prev Period (Sep) = 94.1%

93.7% (Dec)

People that return to their normal place of residence after discharge from hospital



This indicator looks to measure the proportion of people that return home after a discharge from hospital.

Date for this indicator at local authority level is available from the NHS Digital Secondary Uses Service (SUS) database. The SUS database is a repository for healthcare data in England which supports the NHS in the delivery of healthcare services.

At the end of December there are 93.7% of people that return to their normal place of residence after discharge from hospital, this is a decrease of 0.4% from the previous quarter and currently 1% below the target that was set through the Better Care Fund (BCF).

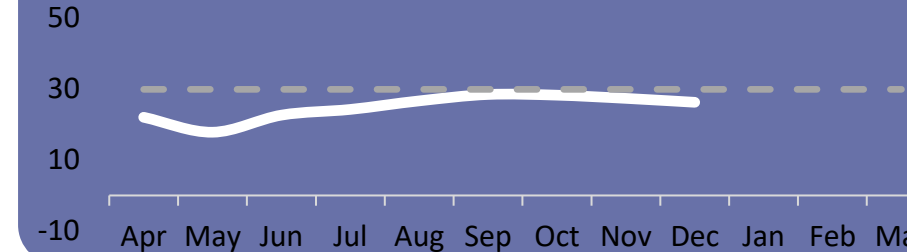


Target = 29.8%

Prev Period (Q2 YTD) = 28.4%

26.2% (Q3 YTD)

New requests for services where route of access was discharge from hospital and had reablement service



This measure is one from the SALT return and focuses on new requests for service that directly follow a period of stay and discharge from hospital that had resulted in some form of reablement services.

Looking at the individual quarters' performance we have seen a reduction this quarter 34.2% in Q2 to 22.5% of those new requests for service have had a reablement service across September to December 2022, this has then reduced the overall year to date position at end of December to 26.2%.

This keeps local performance close to the latest regional average and our target for the current year of 29.8% for this indicator.

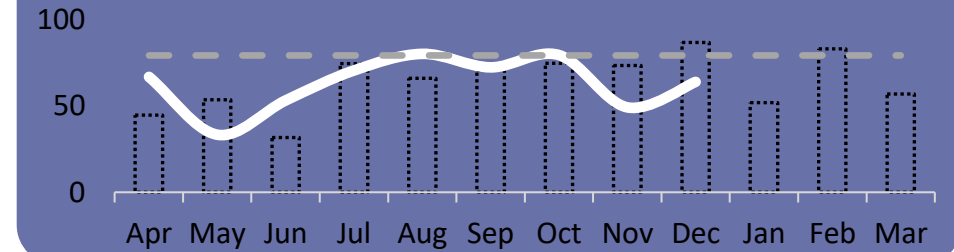


Target = 79.2%

Prev Period (Q2) = 73.1%

61.4% (Q3)

Older people (65+) who were still at home 91 days after discharge from hospital into reablement services.

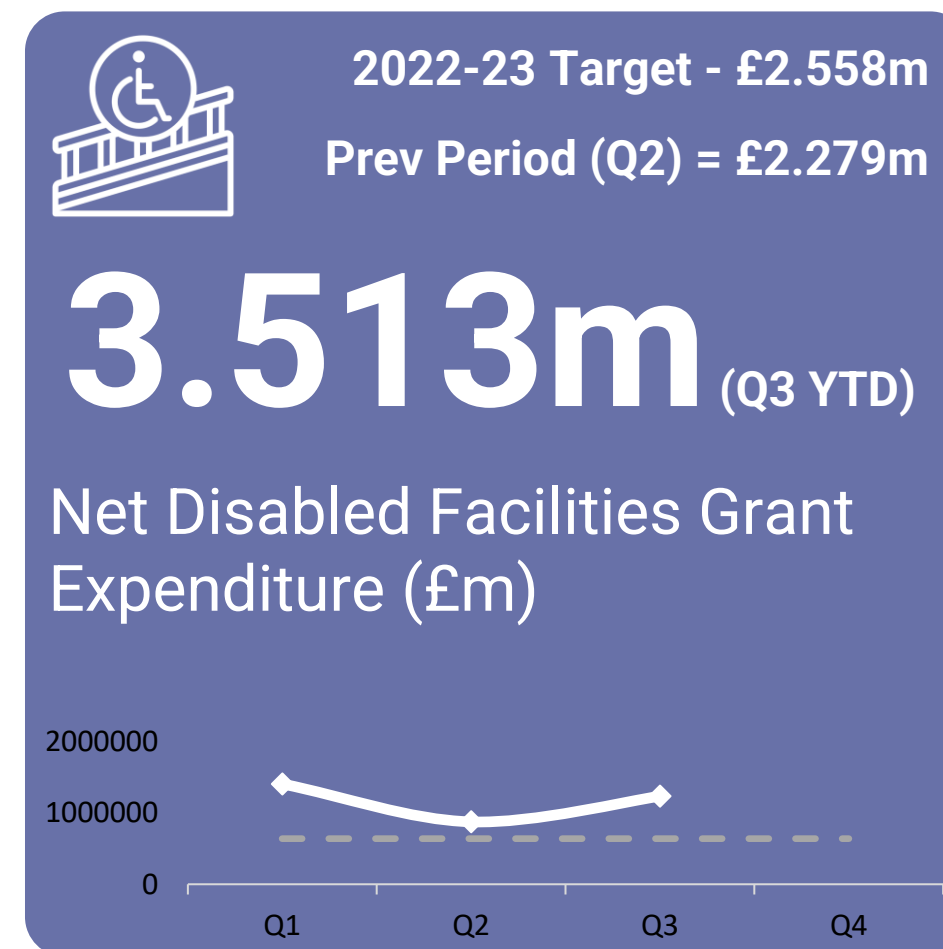
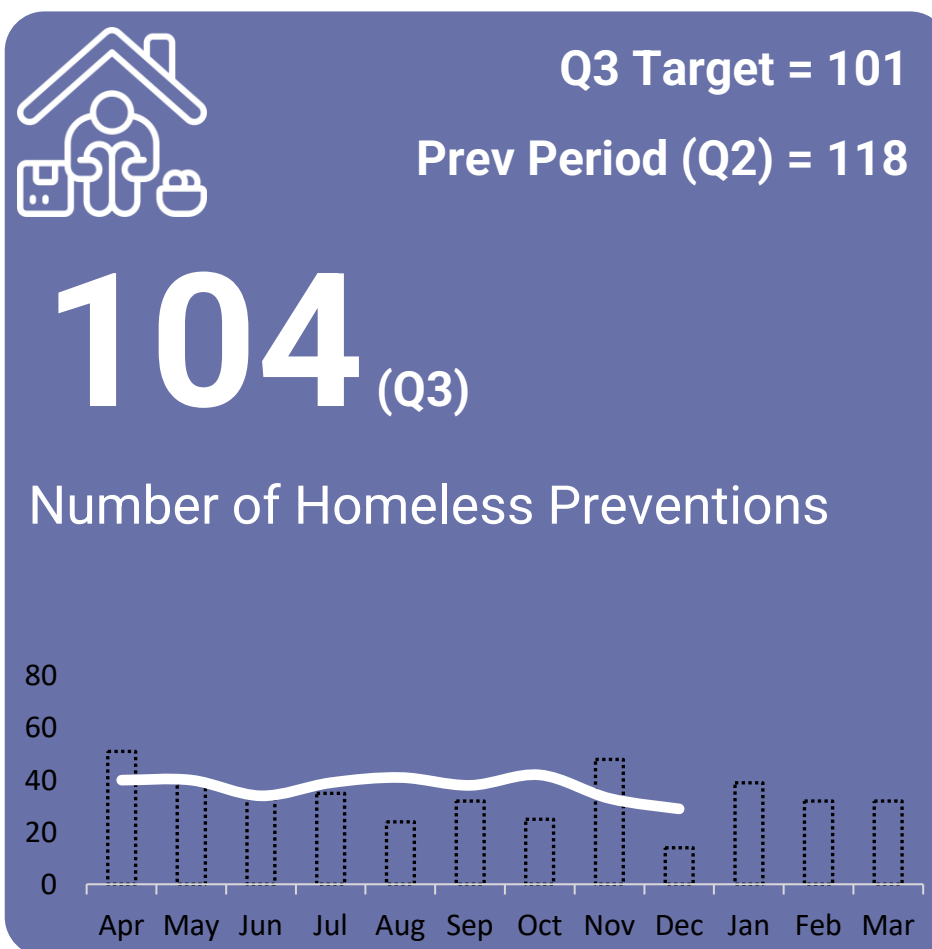


This indicator is one of the measures from the Better Care Fund (BCF) in the current year and measures those people (aged 65+) who were still at home 91 days after left hospital and had some form of reablement service.

Performance for this indicator has reduced this quarter to 61.4%, this also takes the overall year to date position to 61.5% (down by 0.2% from end of Q2) of people still at home 91 days after discharge from hospital.

The national comparison for this indicator looks at the discharges in the 3 months between October and December only, so whilst not directly comparable due to the time of year the national average last year was 79.2% and the WNC outturn for that period was 76.2%.

Priority 2 – Improved Life Chances Health, Social Care & Families



The council has a duty to support people and families from becoming homeless.

During the Prevention Duty we must take reasonable steps to prevent any eligible applicant from becoming homeless, regardless of priority need status, intentionality and whether they have a local connection. This can involve assisting you to stay in your current accommodation or helping you to find a new place to live. Under this part of our duty we have prevented 104 households from becoming homeless in Q3, taking the total number of households to 336 for the year to date.

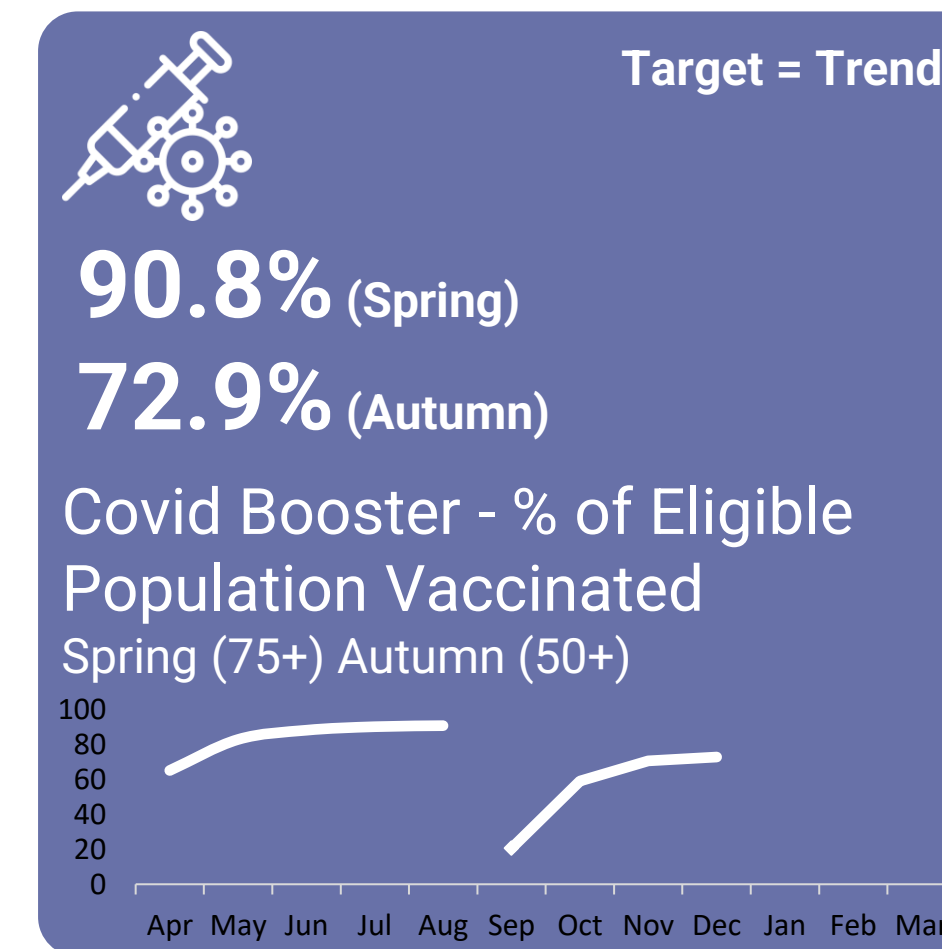
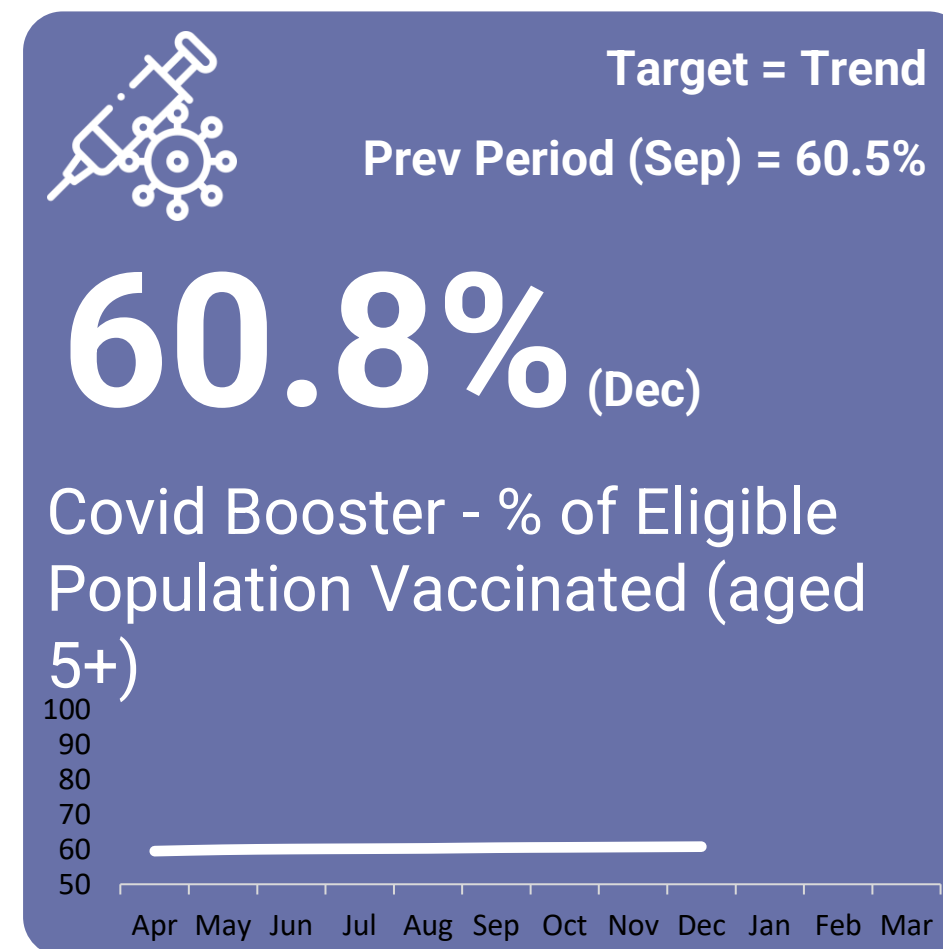
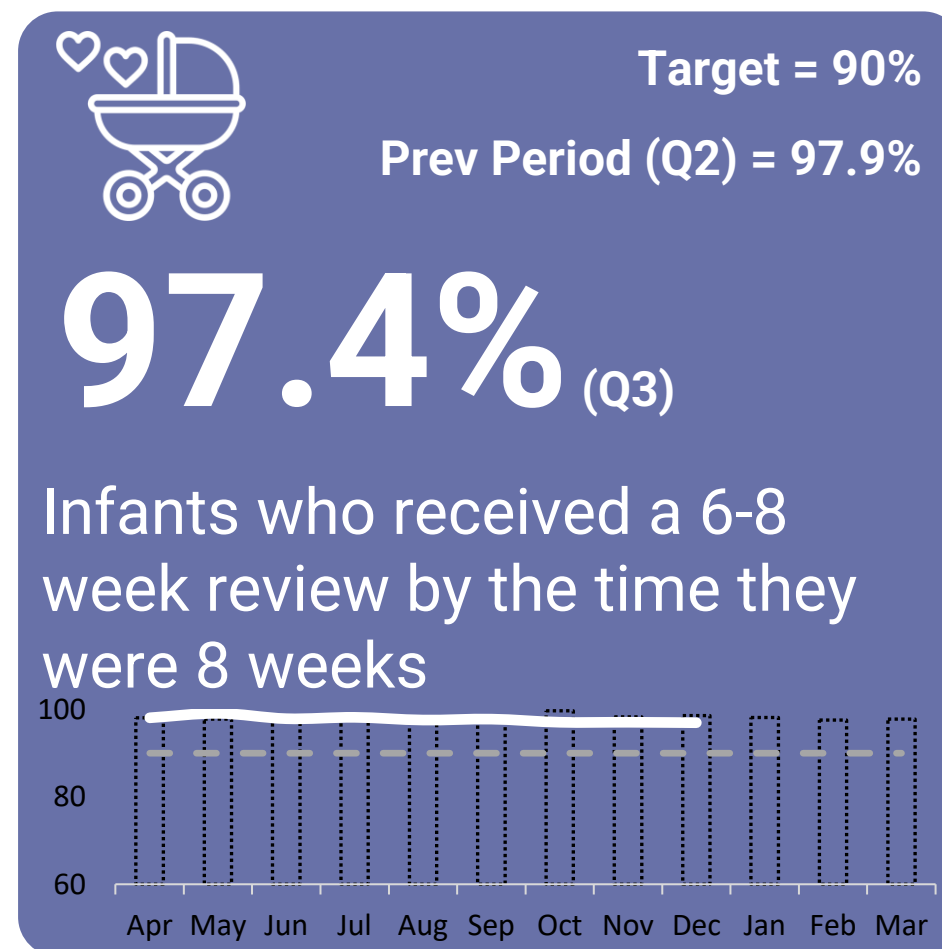
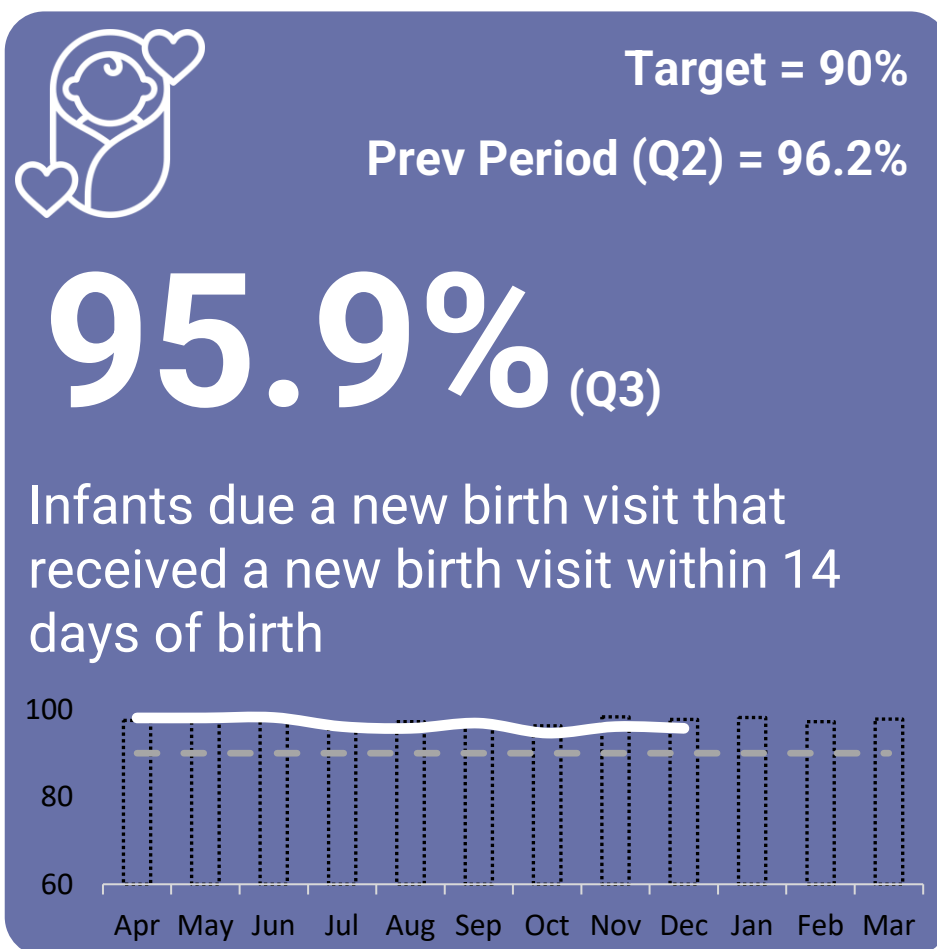
If we have not been able to prevent you from becoming homeless under the Prevention Duty, you will be owed the Relief Duty. During the Relief Duty we must take reasonable steps to help you to secure suitable accommodation. The Relief Duty lasts for up to 56 days and is available to all households who are homeless and eligible, regardless of whether they have a priority need. Under this part of our duties we have had 164 cases where homelessness was successfully relieved in Q3, as with the first indicator this is above our target for this period.

Combined under the two duties we have supported 268 households across the authority area from becoming homeless in Q3 of the current year and the total year to date of 736 households.

A Disabled Facilities Grant (DFG) is a grant administered by the local council available to fund a range of work that will help a disabled person remain in their home. It has to be supported by an occupational therapist recommendation. The maximum amount per grant is £30,000.

This measure seeks to monitor the expenditure against the DFG sum that the authority has to spend in the current year, this total is £3.513m for 2022-23.

The Q3 year to date position shows the total amount which includes £1.353m of committed spend, some of this may not be realised due to clients withdrawing from the grant approval or works being delayed into the next financial year.



The health visiting service leads on the delivery of the Healthy Child Programme (HCP), which was set up to improve the health and wellbeing of children aged 0 to 5 years. This is achieved through health and development reviews, health promotion, parenting support, and screening and immunisation programmes.

The health visiting service consists of specialist community public health nurses and teams who provide expert information, assessments and interventions for babies, children and families, including first time mothers and fathers with complex needs. The indicators included here are for both new birth assessments and the check at 6-8 weeks.

There is good performance in both of the measures reported here, despite minor decreases in the latest quarter, with the new birth visits completed within 14 days reporting at 95.9% for quarter 3, a decrease from the 96.2% reported in the first quarter. Similarly an minor decrease in the 8 week reviews completed, from 97.9% in quarter 2 to 97.4% in this quarter

Both of these indicators perform well in comparison to national averages of 82.6% for 14 day visits and 81.5% for the 8 week visits and are above our local target of 90% for each indicator.

These two metrics are in place to monitor the progress of boosters for the Covid19 vaccination programme. The Booster is eligible to those who have received their 1st and 2nd doses and are aged over 5 years.

The first of the above metrics monitors the take-up of the 1st booster, sometimes referred to as the 3rd dose, this shows that 60.8% of those aged 5+ have received at least 3 doses of the Covid19 vaccine. The second metric monitors the booster programmes for this year, the 'Spring Booster' (previously referred to as the 2nd booster) ended in August and at that time 90.8% of the eligible (those aged over 75) had received this booster. The current programme, the 'Autumn Booster' commenced in September and continues this booster programme for those aged 50+. Uptake of this booster to the end of December is showing that 72.9% of those aged 50+ have received this booster.

Contributory factors to the performance of both of these measures are the take-up of the 1st and 2nd doses (i.e. there cannot be more 1st boosters than there are 2nd dose take-ups) As at the end of December there have been;

1st Dose – 78.8% with 370 1st doses administered in Q3
2nd Dose – 75.6% with 616 2nd doses administered in Q3

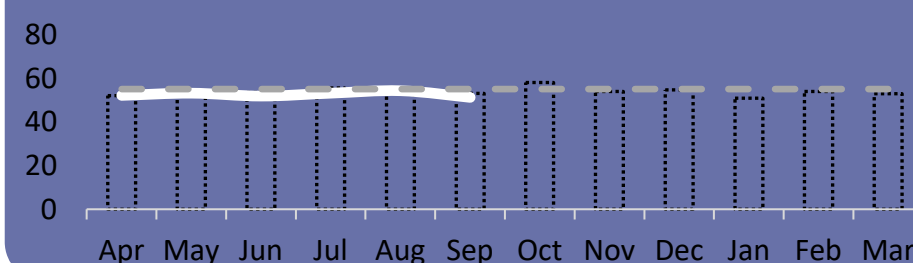


Target = 55%

Prev Period (Q2) = 52.8%

58.87% (Q3)

Breastfeeding rate at 6-8 weeks



Increases in breastfeeding are expected to reduce illness in young children, have health benefits for the infant and the mother and result in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants (Quigley et al 2007.) Breast milk provides the ideal nutrition for infants in the first stages of life.

In West Northamptonshire there were 58.9% of babies are breastfed at 6-8 weeks in the third quarter this year, an increase over the previous period (52.8%). The performance of this measure has been relatively consistent over the past year (52-59%), this compares favourable with the latest national average of 49.3%.

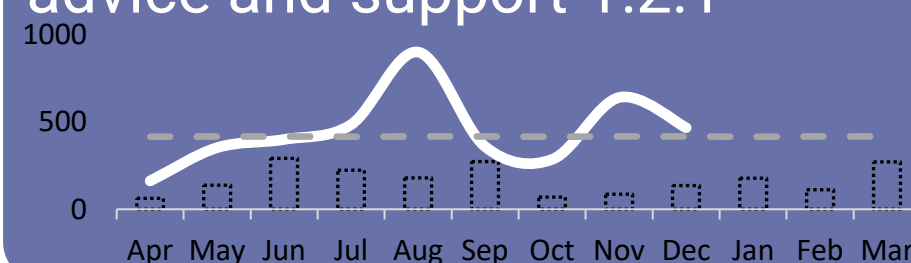


Quarterly target = 1,250

Prev Period (Q2) = 1,743

1,393 (Q3)

School aged children who received weight management advice and support 1:2:1



Though not part of the Public Health statutory services, this measure looks at the support that is provided to school age children with weight management advice and support, this is delivered through the Health Child Programme – a series of public health interventions for children and families from birth to age 19.

This quarter the service has supported 1,393 school aged children through this service offer which is an reduction from the pervious high volume Q2 of 1,743. This is an improvement on the same period last year where 293 children were supported.

The total number of children supported this year is 4,052.

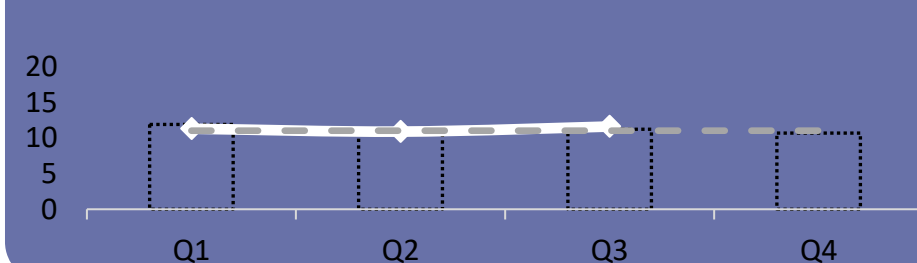


Target = 11%

Prev Period (Q2) = 10.9%

11.6% (Q3)

Mothers known to be smokers at the time of delivery



Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

Of the births this quarter 11.6% of mothers are known to be smokers at the time of birth, this is 0.7% higher than the performance in the previous quarter and compares with a latest (2021-22) regional average of 11.8% and England average of 9.1%.

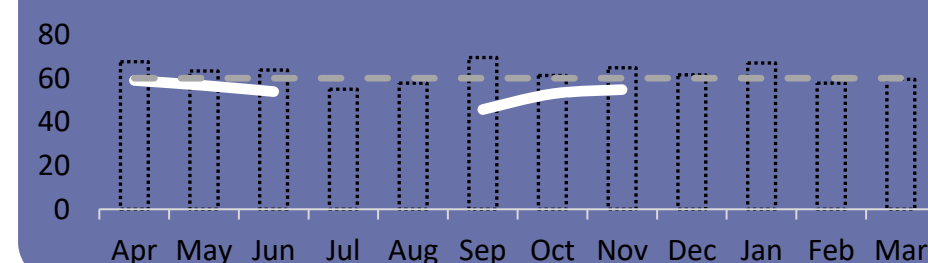


Q1 Target = 60%

Prev Period (Mar) = 59.5%

53.8% (Q3 to Nov)

Smoking quit rate at 4 weeks



The information reported in Q2 about discrepancies in the figures that occurred after the disaggregation of the system have been resolved and we are now able to report Q2 in full, of which the outturn was 48.3%.

Due to lag in data being available for this measure we are currently only able to report to end of November for quarter 3, the position therefore reported above is reflective of October & November, which at 53.84% is under the local target of 60% but better than the national quit rate for 2019-20 of 51% (latest available) West Northamptonshire is above the national average for those that quit smoking through the local service offer at that time.

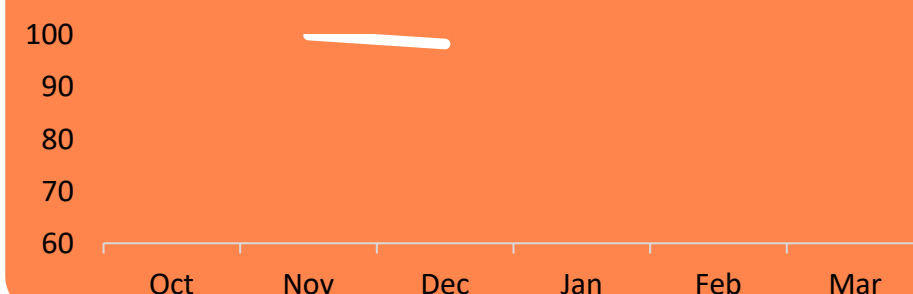
Priority 3 – Connected Communities

Transport & Connectivity

 **Target = 97.5%**
Prev Period = NEW

100% (Nov)
98.31% (Dec)

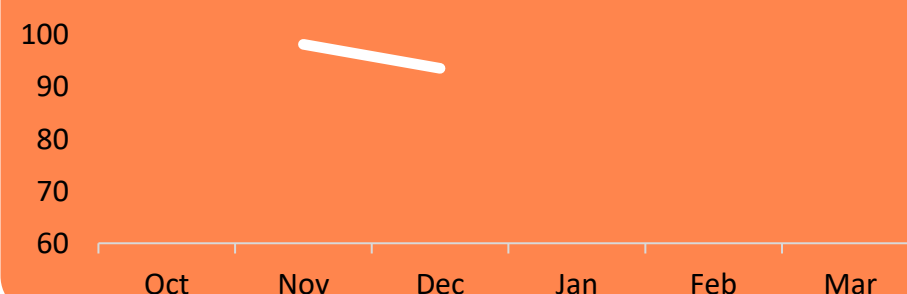
Defects responded to within the timeframes specified (Priority 1 & 2)



 **Target = 90.0%**
Prev Period = NEW

98.23% (Nov)
93.60% (Dec)

Defects responded to within the timeframes specified (Priority 3 & 4))



Highways defects are split into 4 separate categories, depending on their severity, each of these categories has a different timescale for repair from the most severe (P1) to the least severe (P4). These indicators are split into two separate measures to report against the more and less severe repairs.

Data collection for these indicators commenced as part of the new highways contract for West Northamptonshire Council in November 2022 and therefore this report for Q3 covers the final 2 months of the quarter.

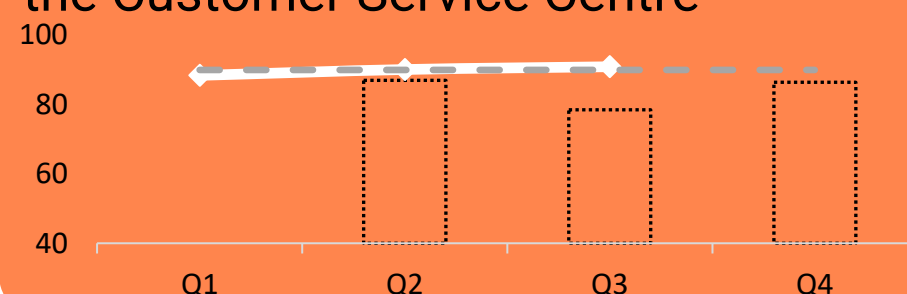
Performance data shows that for the two indicators in the period are performing well against the targets that have been set as part of the contract, broken down we can see the monthly trend against these two indicators

- P1/ P2 – Achieved 100% in November and 98.31% in December
- P3/P4 repairs achieved 98.23% in November and 93.60% in December

 **Target = 90%**
Prev Period (Q2) = 90.1%

90.9% (Q3)

Customers who are quite or extremely satisfied with service from the Customer Service Centre



This indicator reflects the levels of satisfaction from residents who interact with our Customer Services function.

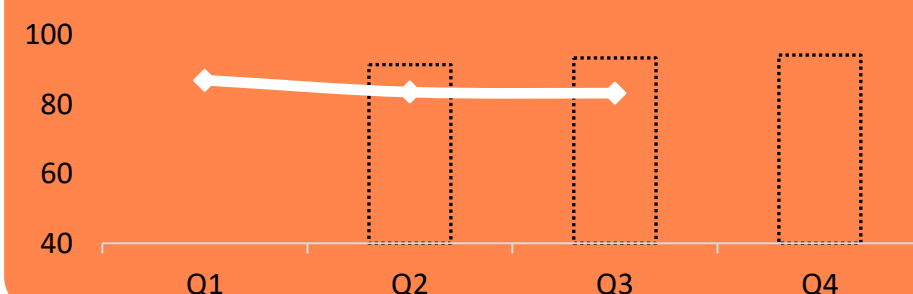
Quarter 3 of the year has resulted in a small increase in the satisfaction level in the Customer Service department – up 0.8% to 90.9% when compared to the previous quarter, and an improvement on the 78.5% reported in Q3 last year. This is on the background of increased demand and a challenging situation in our communities, showing that when customer need to speak to us, the service they receive is of a high standard.

In total, 472 customers took part in the survey and of those asked, 90.9% were either quite or extremely satisfied with the overall service.

 **Target = Trend**
Prev Period (Q2) = 83.6%

83.3% (Q3)

Unavoidable contacts received in the Customer Service Centre



This indicator shows the percentage of unavoidable contacts received. The remaining proportion are repeat contacts, for example following-up on a previous request made to the council, or requests which could have easily been resolved through self-service.

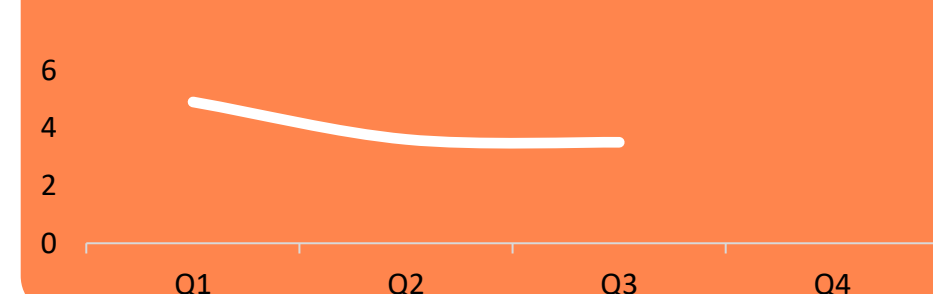
This measure is trend-based, and we would like the vast majority of contacts into the Council to be unavoidable.

We are seeing a small decrease of 0.3% compared to the previous quarter, also lower than the 93.4% reported in the same period last year. This is mainly due to significant pressures in some departments such as housing repairs or school place allocations. Work is being undertaken with services and the Web team to improve responsiveness and quality of information.

 **Target = TBC**
Prev Period (Q2 YTD) = 3.6%

3.5% (Q3 YTD)

Proportion of complaints escalated



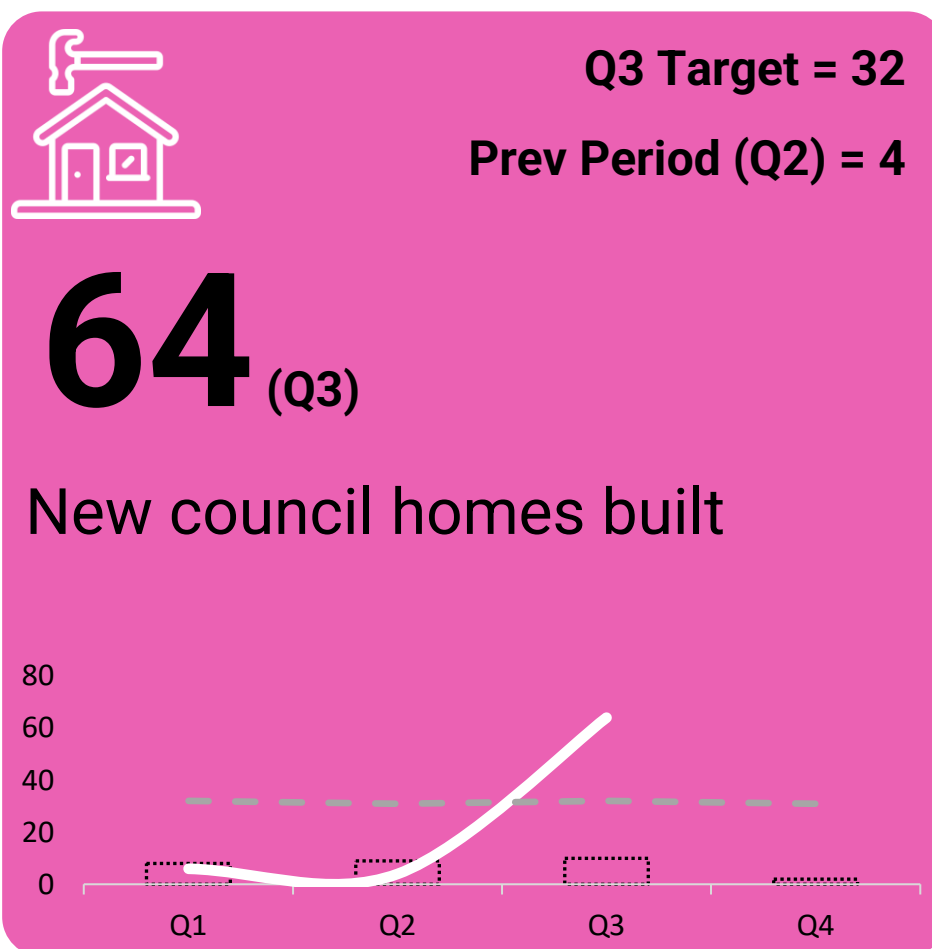
This is a new indicator included in the corporate scorecard and shows the complaints that have been escalated as a proportion of all complaints received.

The Corporate Complaints Team has been working very closely with areas of high demand (Planning and SEND in particular) to support early resolutions and the avoidance of escalations, whenever possible. This has meant more focus on early contact with customers in order to resolve requests in full at the earliest opportunity.

A total of 41 complaints have been escalated in the year to end of December, equivalent to 3.5% of all complaints received. This is a very positive measure, as it shows customers receive satisfactory resolutions early on.

Priority 4 – Thriving Villages & Towns

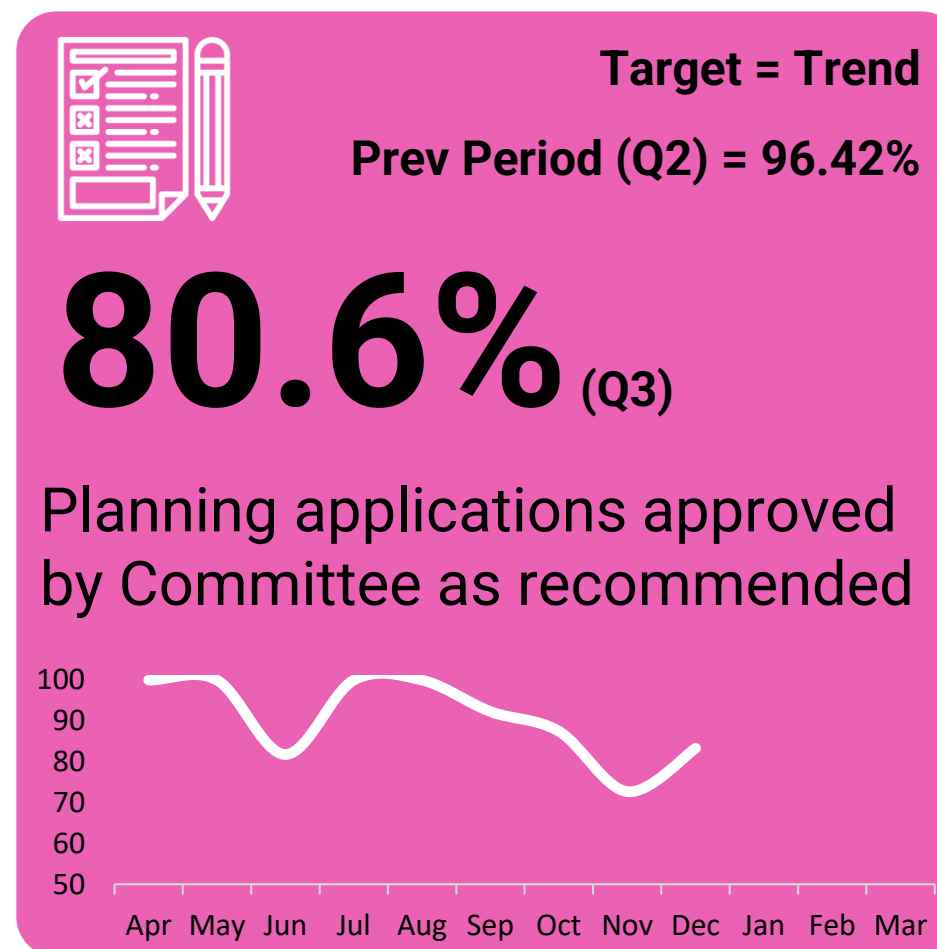
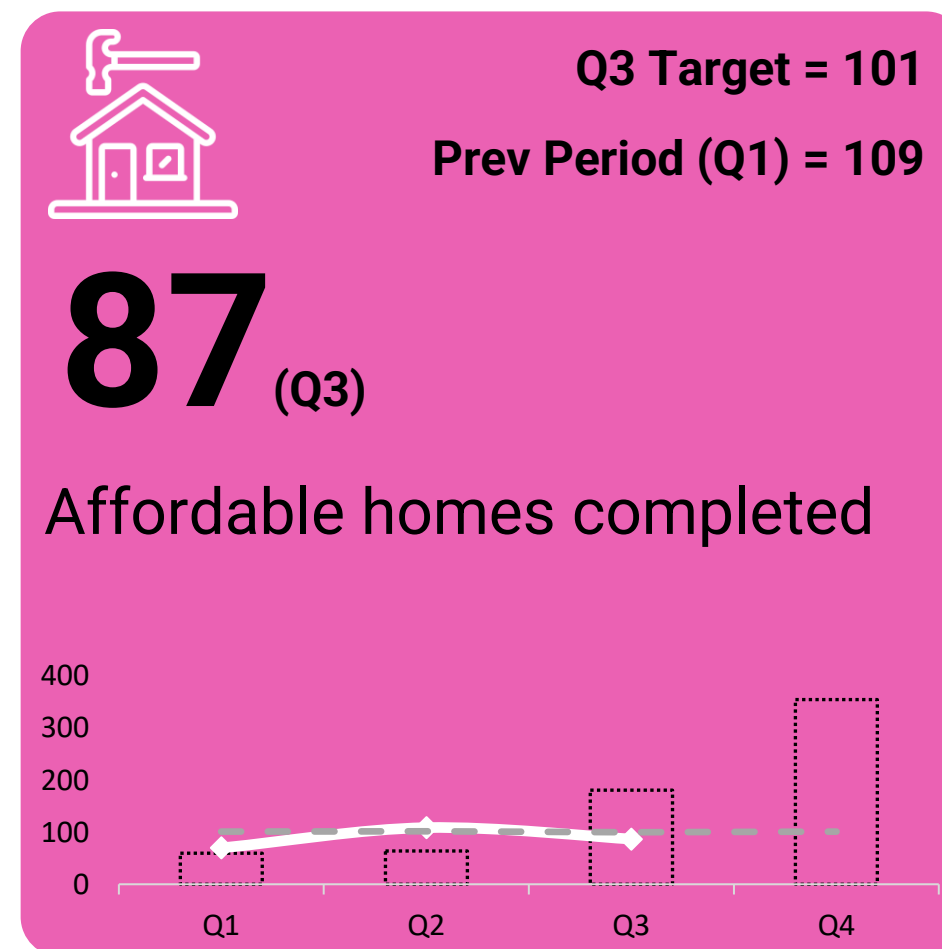
Place Shaping & Homes



The West Northamptonshire Council corporate plan commits to build 500 council homes over the lifespan of the current corporate plan. Currently in West Northamptonshire only Northamptonshire Partnership Homes (NPH) are the only builder of council homes that is contributing to this indicator.

The most recent quarter has seen 64 council homes completed, this includes the properties noted as being delayed in the previous quarter due to snagging issues. The latest quarters performance is the best performing since vesting day and brings the year to date to 74 council homes completed. In Addition to this there were a further 60 homes which had originally been due for completion in November 2022 these have been delayed until March 2023 and will be reported against in the final quarter of the year.

In addition to council homes we have also seen 87 affordable homes completed in the quarter and a year to date figure of 266 for the 2022-23 year. This now brings the total number of Council and Affordable homes completed in the year to date to 340.



This measure monitors the relationship between recommendations that officers make on planning applications versus the decisions that the committee make on those applications. This is a trend based measure and not appropriate to have a target in place.

This quarter has had 31 planning applications that have been considered by the planning committee with 25 of these applications have had the decision made by the committee as recommended by Planning Officers.

Supporting the Local Visitor Economy

Supporting the Visitor Economy is a key focus for WNC, we are currently working in partnership with North Northamptonshire Council, to drive forward the development of a Northamptonshire Visitor Economy Strategy.

Northamptonshire is a county rich in natural beauty, culture and history, with fantastic attractions, restaurants, towns, beautiful countryside, historic sites and world class destinations, that people enjoy visiting time and time again throughout the year.

The success of our visitor economy is contingent on working together, to support, grow and importantly promote what our fantastic County has to offer, residents and visitors.

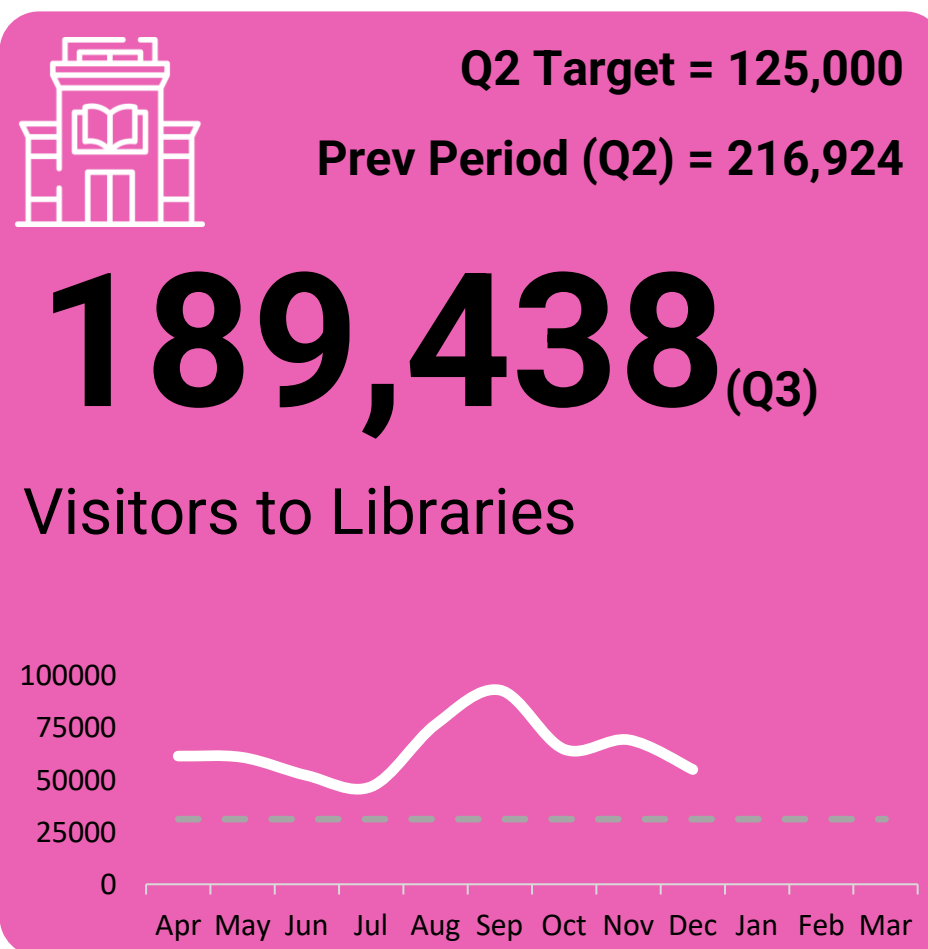
From promoting "Shop local" throughout November and December to working with the Comms Team to create videos showcasing different employers across West Northants, the Economy Team are promoting this area as a must-visit destination.

The Explore West Northants App continues to grow with more businesses and attractions utilising this free tool to promote themselves, along with offers, discounts and events. Partners such as leisure centres, libraries, town councils and more are also on the App to provide a digital community of what's to explore in the area all year round.

The benefits of supporting local businesses (which the Economy Team frequently advocate) can be found here - <https://westnorthants.gov.uk/supportlocal>

Priority 4 – Thriving Villages & Towns

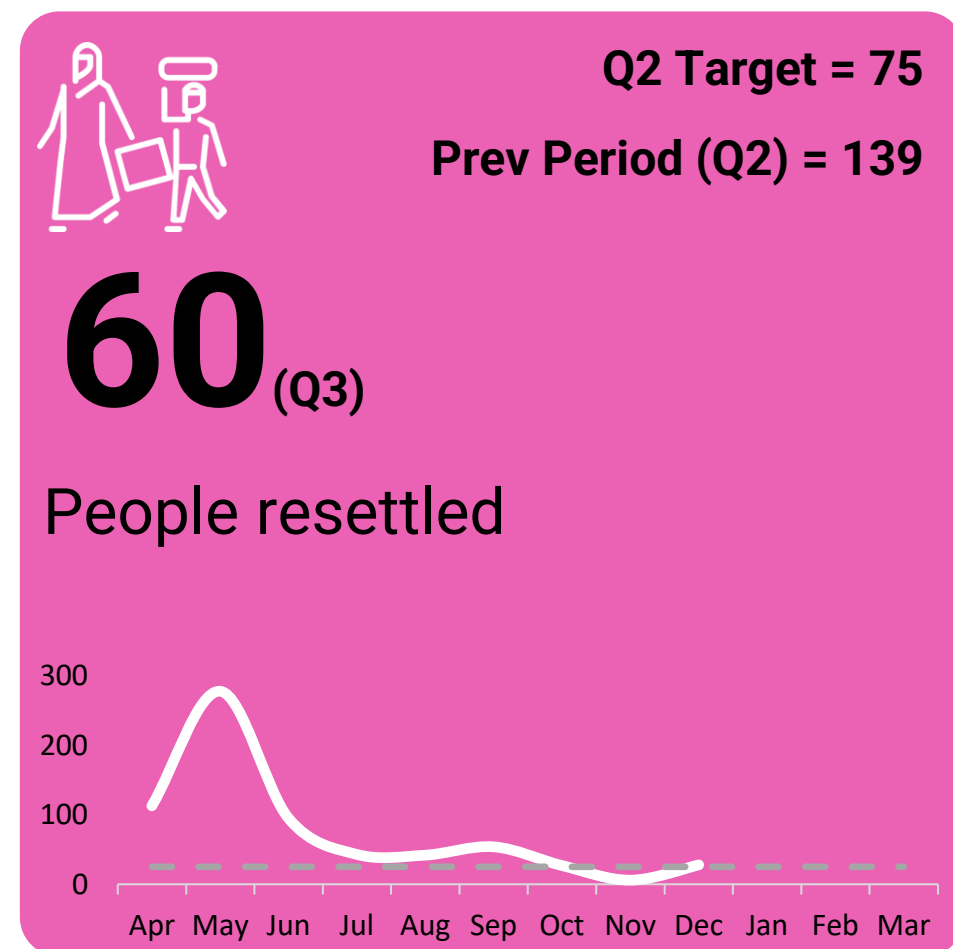
Place Shaping & Homes



This measure counts the number of visitors into our libraries across West Northamptonshire.

The third quarter of the year has seen 189,438 visitors across our libraries, a decreased from the previous quarter of 32,500 visitors. This remains above the quarterly target of 125,000 (based upon an annual aspiration for 0.5million visitors this year.

After a reduction of visits in October , visits rose again in November which is a result of the warm spaces initiative and then Christmas fayres over the December period.

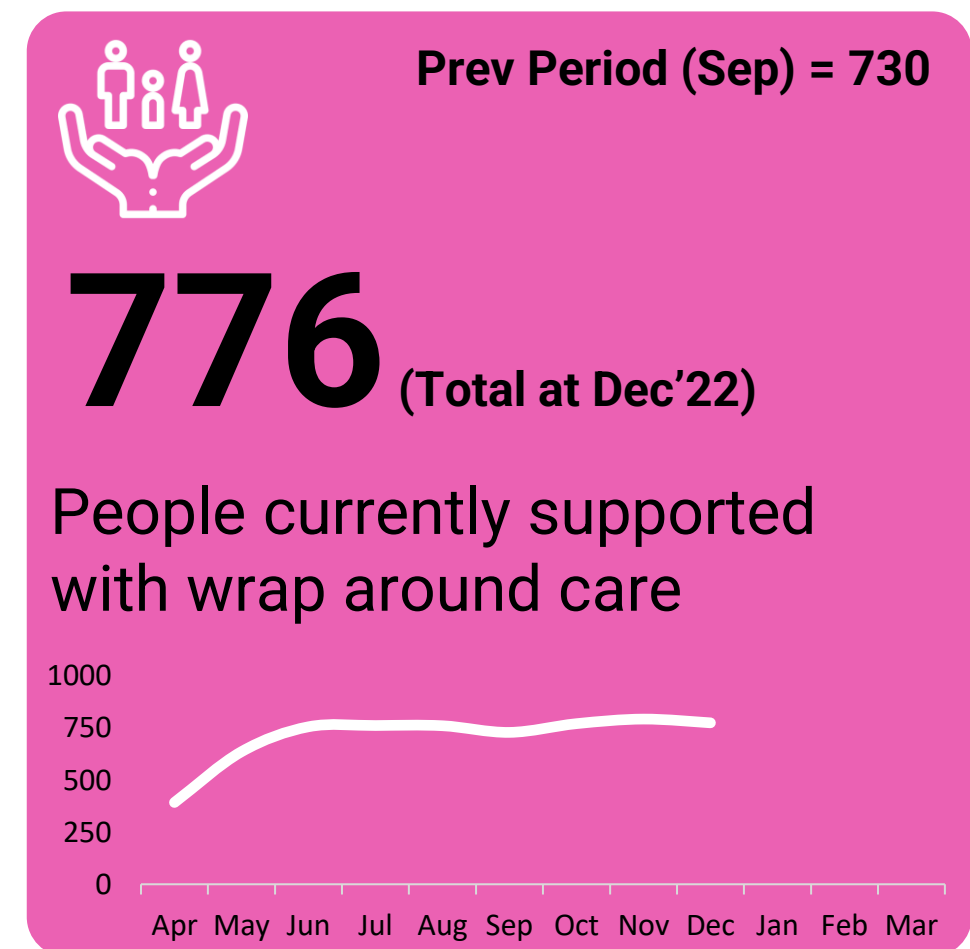


West Northamptonshire Council have been supporting people from the Ukraine and Afghan countries via hotel accommodation and also placing in households who are able to support. 60 people resettled in the third quarter of the current year (55 Ukrainians and 5 Afghans), taking the total this year to 686.

The council is carrying out, on behalf of the government a number of activities under these schemes, including

- Assessing the host properties
- Carrying out Disclosure and Barring Service (DBS) checks on hosts – enhanced checks will be required for homes which will be hosting children or vulnerable adults
- Providing immediate financial assistance, potentially until access to benefits and work entitlement is arranged
- Continuing to support the household over the first 12 months and help with access to services and integration into UK systems and processes

In addition to providing accommodation we are also providing ongoing wrap-around support 521 Ukrainians across West Northants and 255 Afghans currently placed in bridging accommodation since these two schemes commenced.



Priority 5 – Economic Development Growth & Prosperity

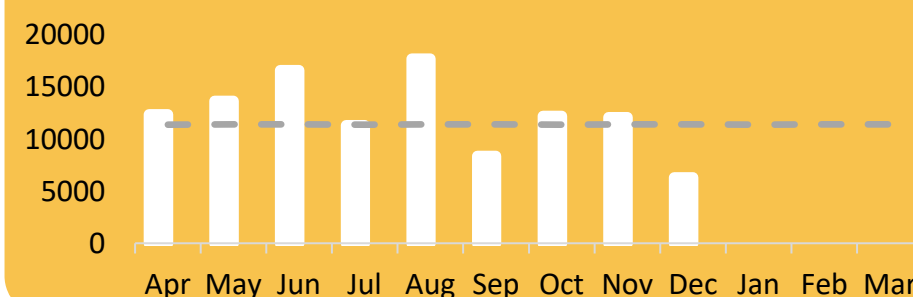


Q2 Target = 34,250

Prev Period (Q2) = 37,451

30,635 (Q3)

Visitors to Museums



This metric covers two sites, the Northampton Museum & Art Gallery and the Abington Park Museum.

Visitor figures are 1% above target for the year to date. October and November saw a fall in projected visitor figures to NMAG, which was mirrored by a decline in town centre footfall compared to the same period last year.

Northampton Museum and Art Gallery was above target for the December period and Abington Park Museum is below target due to fewer Xmas themed events this year.



Target = Trend

Prev Period (Sep) = 18,820

18,855 (Dec)

People on Council Tax
Reduction Scheme

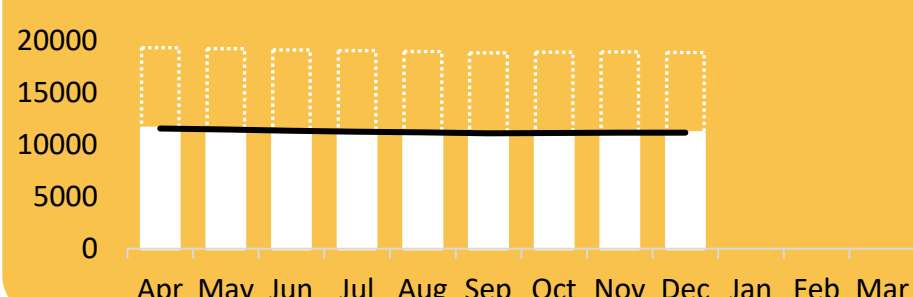


Chart Key:



Each Local Authority is required to agree a Council Tax Reduction Scheme each year. The scheme applies only to working age claimants as the government provides a prescribed scheme for those of pension age.

As the scheme is a local one there is a financial impact to the authority and moving forward, we plan to report on the number of both working age and pension claims to enable us to forecast any possible impact.

As of 30th December 2022 the number of LCTRS working age claimants was 11,132 which is a small increase from 11,080 at the end of September 2022. There are currently 7,723 pensioner claims and again this figure has reduced from the end of September (7,740).

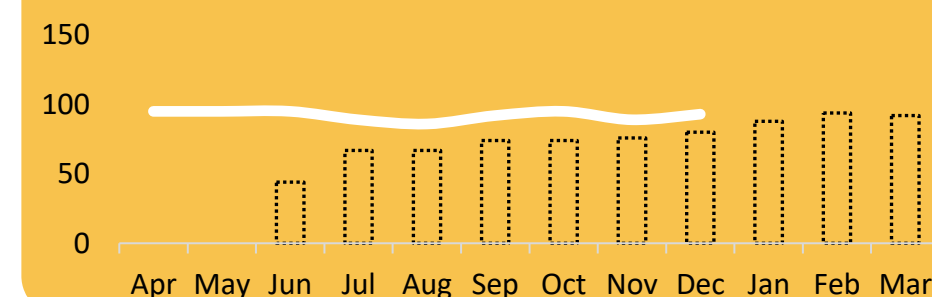


Target = tbc

Prev Period (Sep) = 92

93 (Dec)

Apprentices employed in
substantive roles in WNC



The government introduced a number of changes to encourage employers to offer more apprenticeship opportunities to both their current employees and to new staff joining their organisations. The council currently supports a variety of different apprenticeship schemes in order to offer opportunity and development to new and existing members of staff. At the end of September West Northamptonshire Council had 93 apprentices employed within the authority that are undertaking the following levels of qualifications: 5 x Level 2, 34 x Level 3, 12 x Level 4, 14 x Level 5, 22 x Level 6 and 6 x Level 7.

The apprenticeship service is currently provided to WNC by NNC under the inter authority agreement and data is reported to WNC from that organisation. There is a drop in the number of apprenticeships from the Q2 position because WNC identified that previous figures that has been reported by NNC had included all apprenticeship on the DAS account going back to 1 April 2021, however this indicator should report on the number of current active apprenticeships in WNC. WNC has requested the data be corrected going forwards

In addition to this there have been 950 new apprenticeship starts in the period August to October 2022 (latest data available) and 230 people have completed their apprenticeship in this period.

UK Shared Prosperity Fund (UKSPF)

In late-December, WNC received approval of their UKSPF Investment Plan funding 12 government-provided interventions which align with the three investment priorities Communities and Place, Supporting Local Business and People and Skills.

Internal services are reviewing the fund and potential projects which would deliver each intervention, including the necessary outcomes and outputs, to result in the most impactful and beneficial projects allocated the funding. The total £5.4m must be spent by April 2025 and it is WNC's vision to ensure this fund is used to create additionality to delivering pride in place and providing local residents with greater life chances. From community projects to business support and upskilling residents, WNC is dedicated to making the best use of this funding.

Rural England Prosperity Fund

Following the announcement of the Rural England Prosperity Fund in September, the Economy Team has pro-actively engaged with partners and stakeholders to inform an Investment Plan addendum to draw down this funding alongside the UK Shared Prosperity Fund.

To ascertain how this £1.3m capital fund would have the greatest benefit to the rural communities within West Northamptonshire, the Economy Team hosted two workshops, an online consultation and numerous one-to-one's with stakeholders. Along with a robust dataset, this informed the submission of the Addendum in November which focused the funds on addressing rural transportation challenges and grant funding for businesses. DEFRA will review the submission and approve the addendum ahead of April 2023 when the fund is planned to commence.

Supporting West Northamptonshire Businesses

This quarter the Economy Team secured a prestigious accolade in the first FSB Local Government Awards, winning the regional All-Round Small Business Friendly award. The Team submitted an entry to the awards for their ongoing business support during and following the Covid-19 pandemic which included a large-scale marketing campaign which was seen by millions, dedicated business engagement and the creation of the Explore West Northants App.

The Team attended the Northants Business Awards in October which saw many local businesses receive awards across all of the categories, including Pilkington Communications Ltd who win the new category sponsored by West Northamptonshire Council – West Northants Business of the Year. The Economy Team also supported the South East Midlands Start Up Programme networking event in December to promote our partnership with the University of Northampton and to champion business support and entrepreneurship. The Team are also liaising with another networking group, NNBN, to expand from North Northamptonshire into West Northamptonshire.

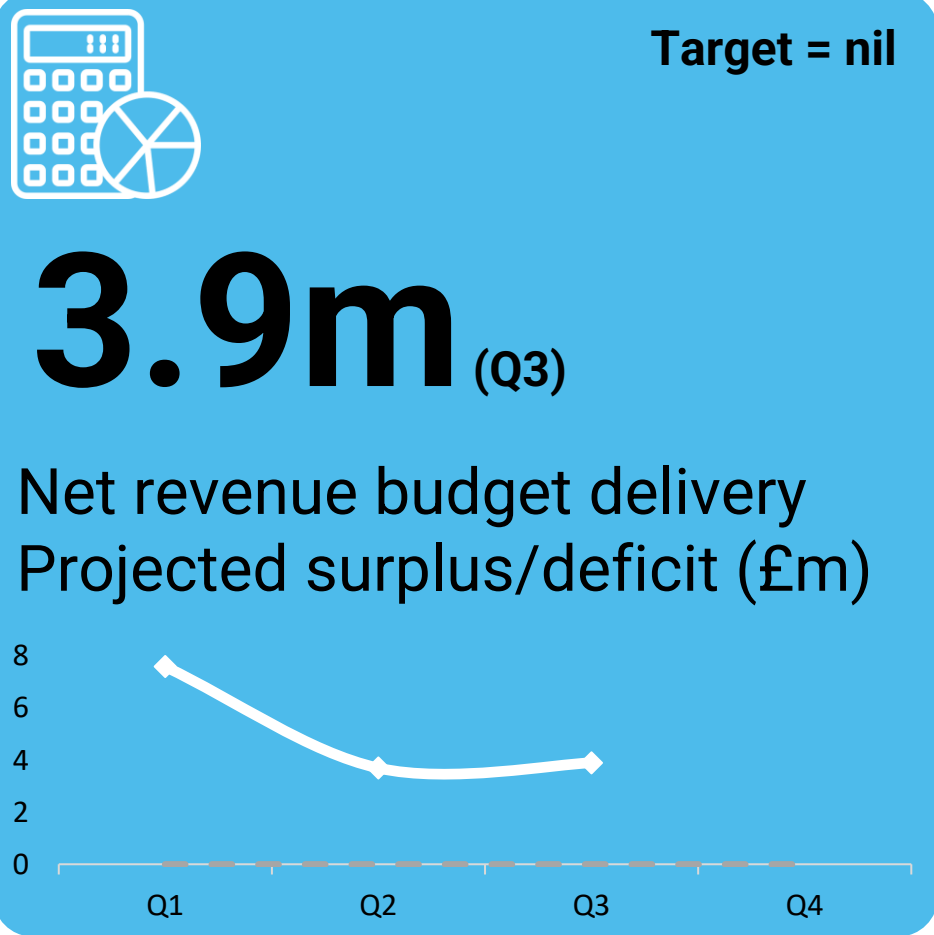
The Economy Team have continued to deliver pro-active business support and work collaboratively with partners to connect offerings and enhance resource for the community. This included an innovative Small Business Saturday campaign which utilised digital platforms to engage with employers and showcase why residents and visitors should support local businesses all year round.

This was followed by rebranding the Explore West Northants App for Christmas and a dedicated campaign to showcase local offers and promoting all businesses.

Supporting Local Employment

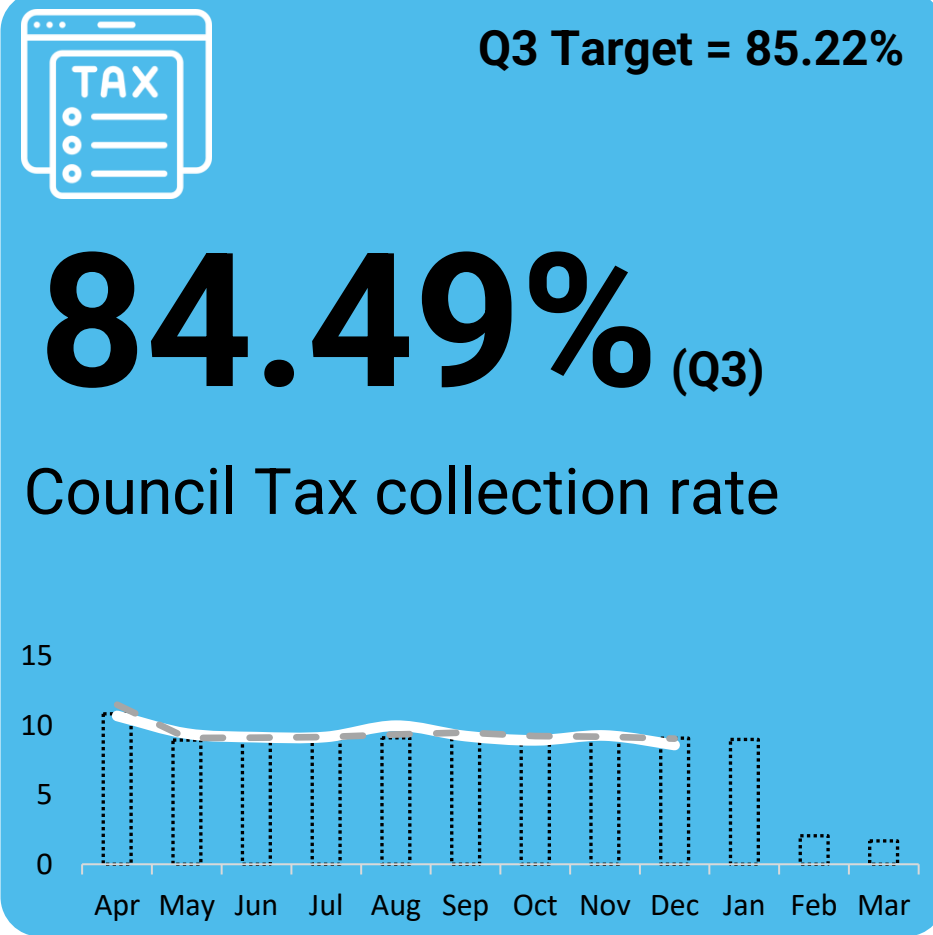
The Economy Team continue to deliver the West Northamptonshire Employment Support Service helping residents to secure local, sustainable employment and for employers to utilise the local labour market and fill vacancies.

The Team have been liaising with colleagues in the Anti-Poverty Team and will be sharing employment support information in the Warm Welcome Spaces and in Leisure Centres to raise awareness of this essential support. Information is already prominent in all West Northamptonshire libraries. On 13 October the team exhibited at the University of Northampton's Careers Expo and were inundated with students looking for employment support and placements within West Northamptonshire. The Team continue to work with the University to best support the students, resulting in local employment and more start-up businesses.



The forecast outturn position for 2022-23 is an overspend of £3.9m after use of £10.1m of budget contingencies, which were set aside in the budget for risks that have subsequently crystallised in the current financial year. This represents an adverse movement of £0.2m from the Quarter 2 position reported to Cabinet in December 2022.

Full details of the current position on the councils budget can be found in the Revenue Monitoring report, this outlines the main reasons for the pressures and how the council is going about addressing the gap. The Q3 revenue monitoring report was presented to Cabinet on the 13th February 2023.

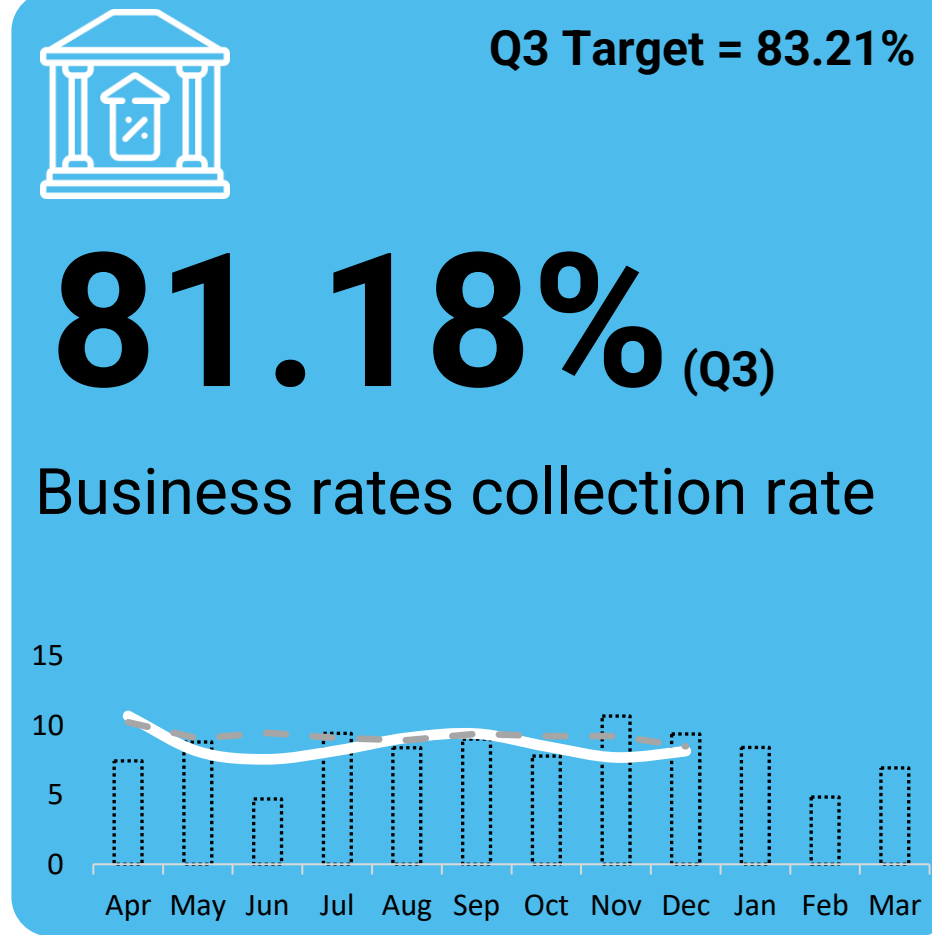


Collection rates as at 31 December 2022 are 84.49% against a target of 85.22%.

This is a variance of 0.73% equates to £2.1m and whilst slightly under target this is a strong performance taking into the current economic climate.

The collection rate, when compared to the same period last year has improved, up from 83.76% reported at the end of December 2021.

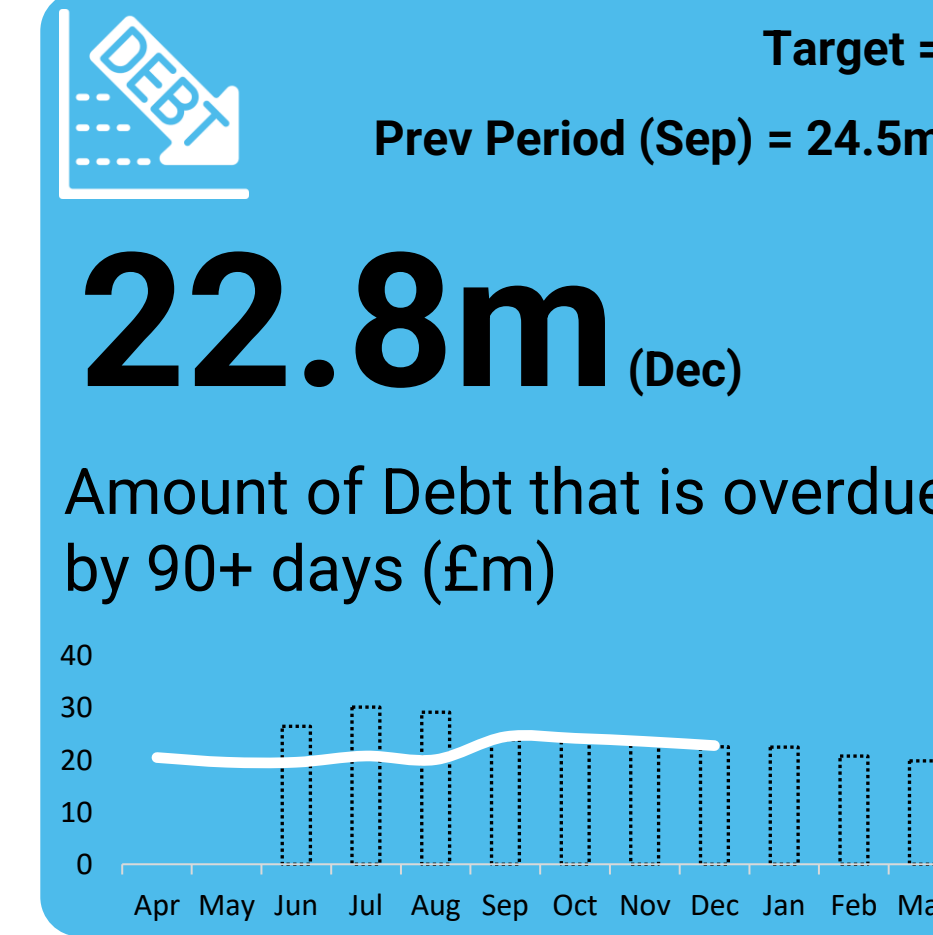
We continue to take an active approach to recovery including making outbound calls and reviewing failed arrangements. A hold is placed on recovery action for those customers who are awaiting the outcome of their claim for help with their Council Tax.



The collection rate is 81.18% against a target of 83.21% which is a variance of £2.3m. The team are continuing to take an active approach to recovery including contacting those businesses who have an outstanding balance.

At the same point last year 75.7% of business rate debt had been collected, demonstrating the improvement in the team in collecting debt.

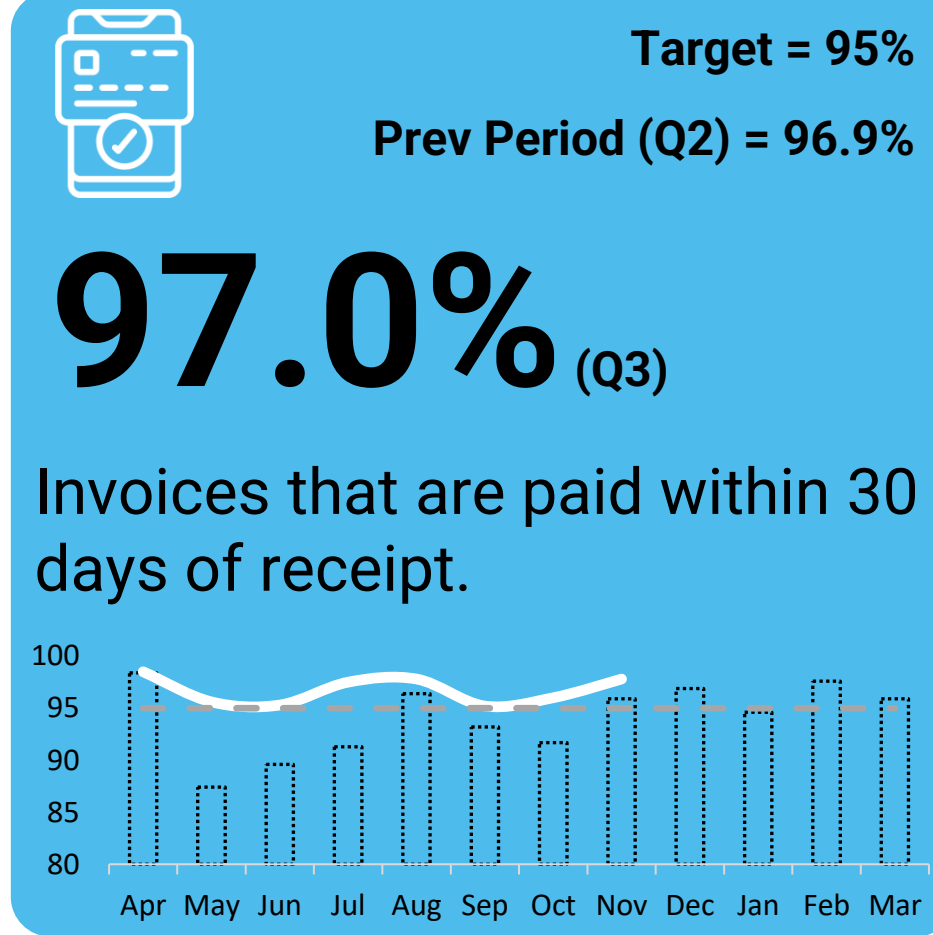
To the end of December the team have collected a total of £151.5m of business rates.



The latest performance of this metric shows that £22.8m of debt owed to the authority is currently overdue by at least 90 days.

This represents a decrease from the £24.5m reported at the end of September. To provide context against previous year the position at the end of Dec 2021 showed that aged debt outstanding stood at £22.6m, a similar position to the figure reported this year.

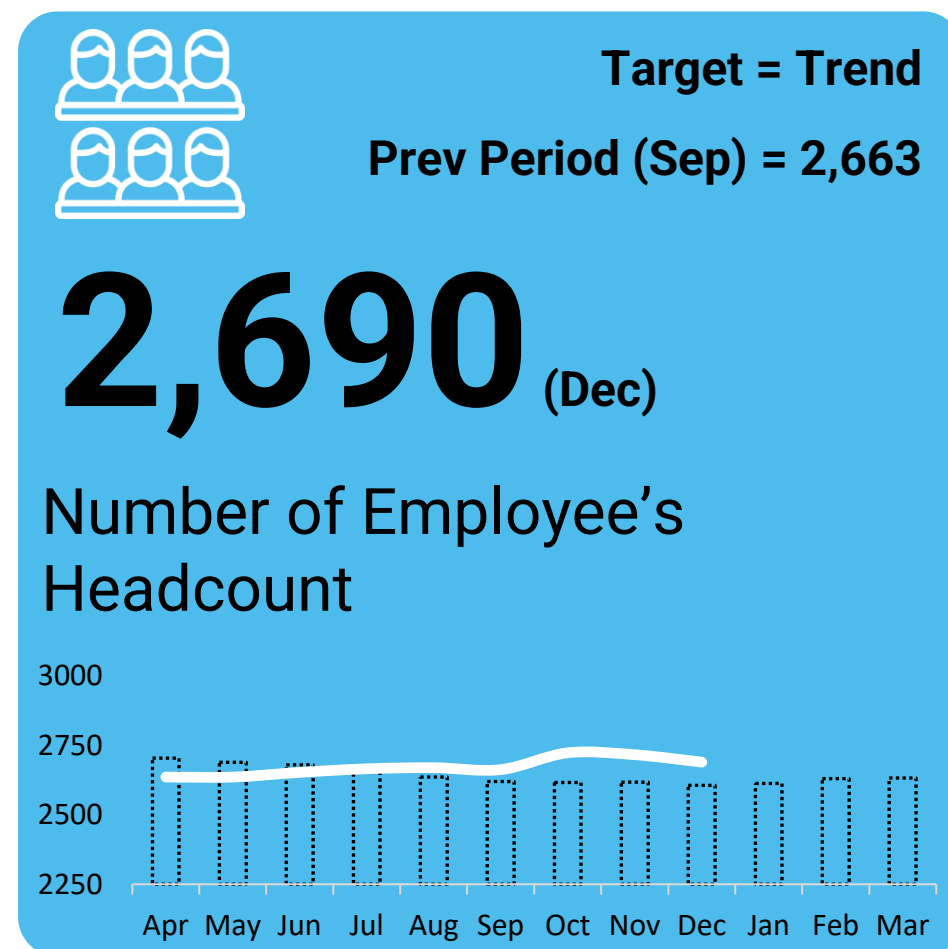
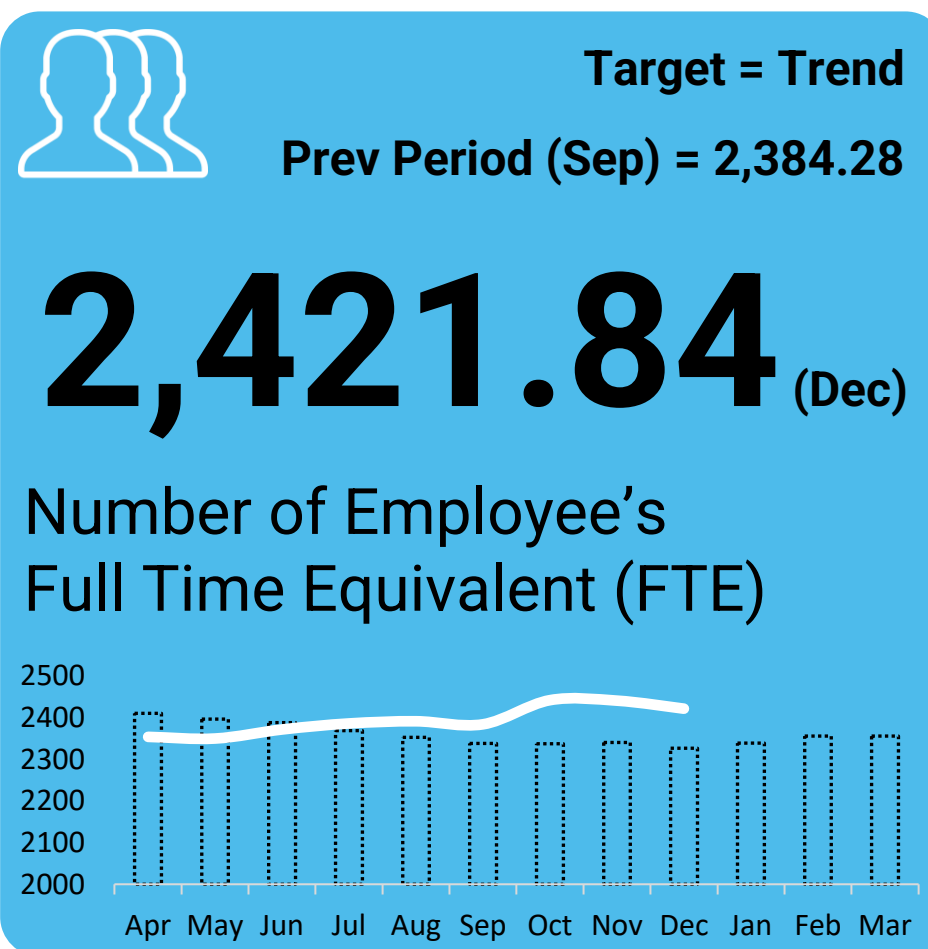
Invoices raised in April/ May (which would hit 90+ days in Q2) were significantly higher than the average across the year which has contributed to the current aged debt position showing in Q3.



5,952 of the 6,137 invoices paid during Q3 were processed within 30 days resulting in an outturn of 97.0% for the quarter, this is above the target of 95%.

The performance this quarter compares favourable to the same period last year in which 94.8% of invoices were paid within 30 days of receipt.

Performance has generally improved since the turn of the year as staff are now more used to a new system in which to raise Purchase Orders and pay invoices. This is evident with 11 of the 12 months this calendar year exceeding target.

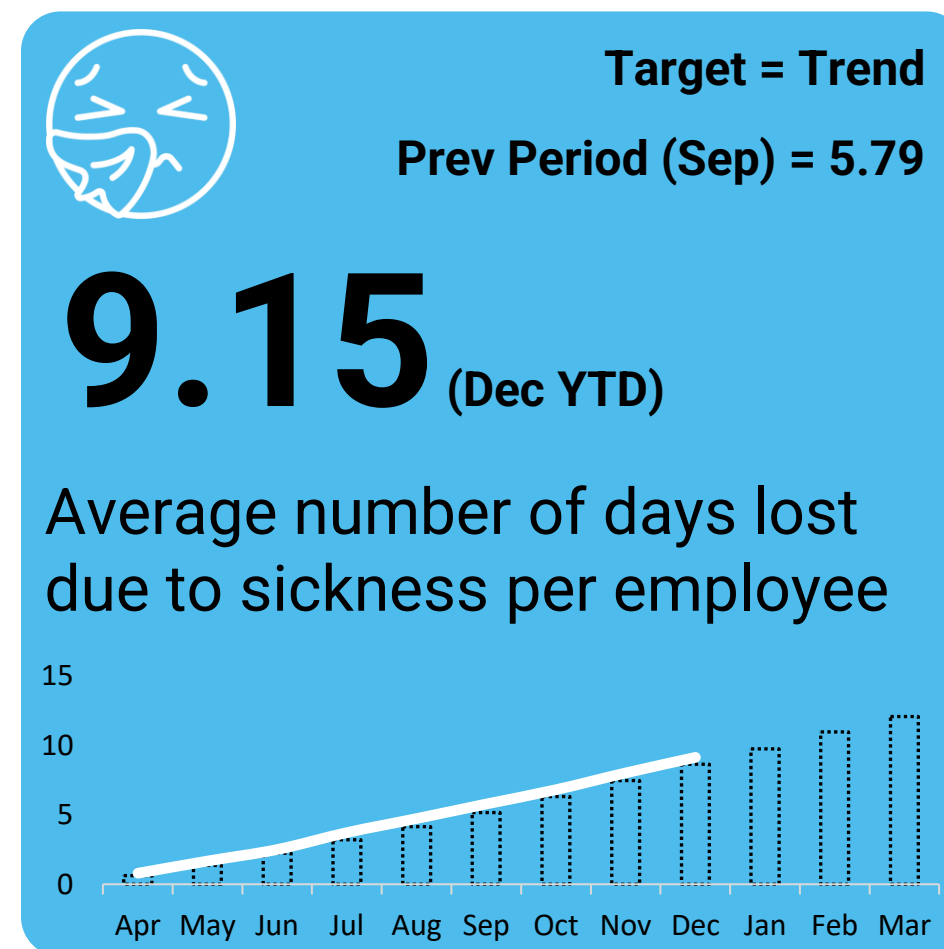


These two indicators provide detail on the number of employee's within the council, both individual people (headcount) and the full time equivalent, which for West Northamptonshire Council refers to 37 hours per week.

The current establishment shows 2,690 employee's at the end of December 2022, an increase of 27 when compared to the position reported at the end of September (2,663), there is a similar trend in the number of FTEs with an increase to 2,421.84 at the end of December 2022. There have been two service disaggregation's from NNC in this period (Public Health and Learning & Development).

When comparing trends we are only able to look back to last year (2021) as pre April 2021 there is no data for West Northamptonshire due to the unitary transition.

Comparing the position at the end of December last year we employ 84 more people now that we did at the same point last year, this also resulted in an increase in the full time equivalent of 95.2. Again over the course of a full year there have been numerous service disaggregation's from NNC resulting in a rising headcount alongside a greater success in filling some vacancies in a difficult employment market

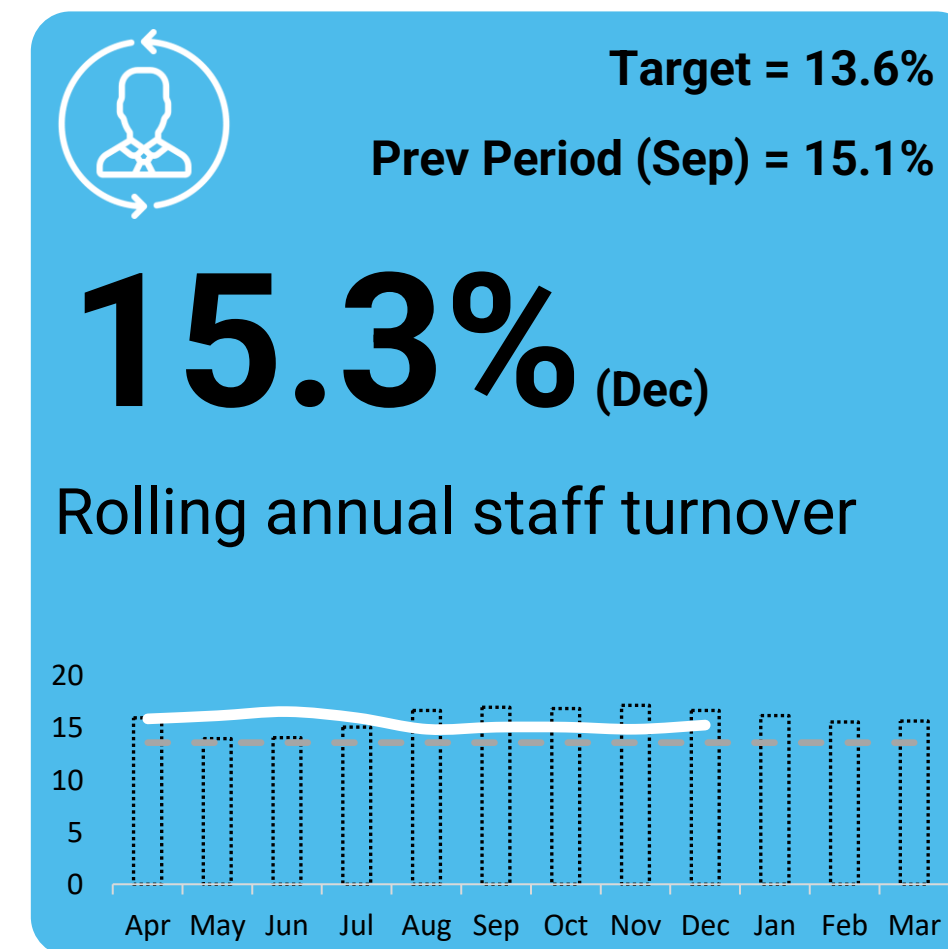
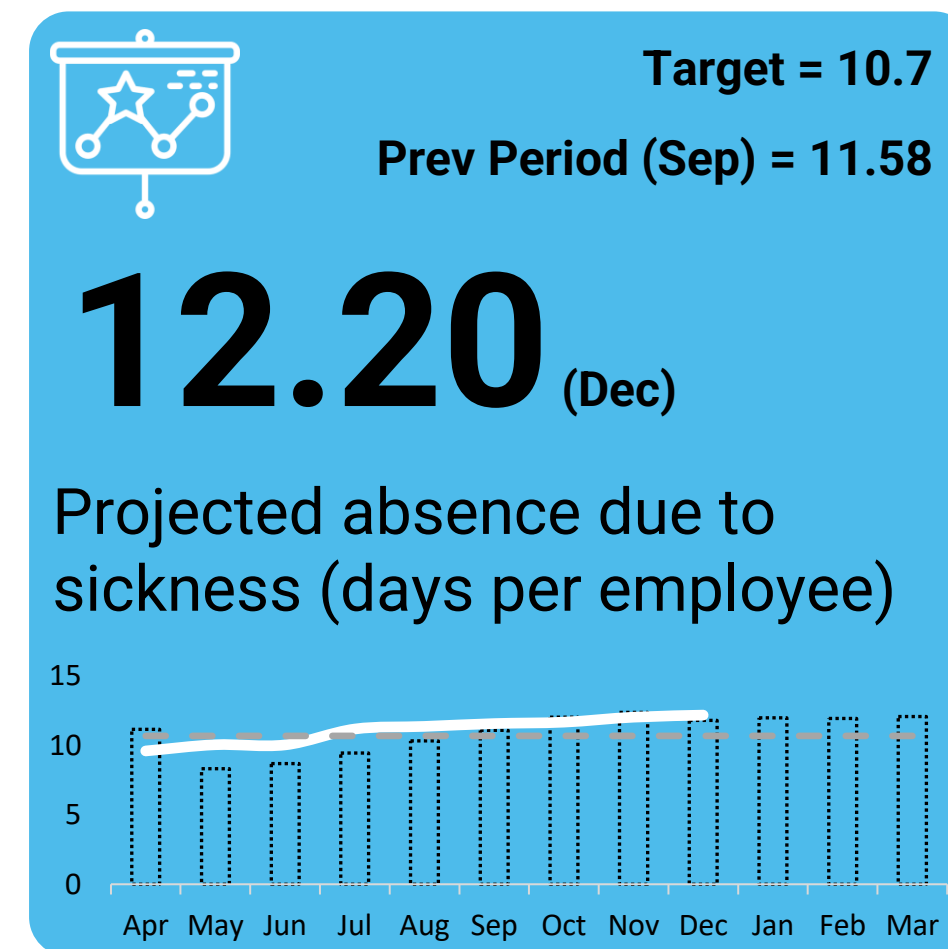


These two indicators provide both an actual absence average per month across the year and the second indicator is the projected absence due to sickness by the end of the year, each of these indicators is an average per employee.

Current sickness absence from work continue to be impacted by Covid-19 which will be directly impacting ability to attend work in parts of the organisation, typically those front line services. But also the current working arrangements with office based staff continuing to work from home for at least part of the week is likely to be resulting in less staff absence in parts of the organisation.

The average number of days lost due to sickness in the first 3 quarters of the year is 9.15 days per employee, which represents as small rise from the same period last year (8.66 days). Currently we are projecting that sickness per employee for the full year will be 12.20 days, should this occur it will be a increase of 0.12 days per employee when compared to last years outturn of 12.08 days absent per employee.

Sickness trigger reporting takes place monthly within HR and managers are then contacted and supported in managing sickness absence cases to support individuals to return to work.



It is healthy for any organisation to have a level of staff turnover through staff moving on to other organisation and the council attracting new staff into the organisation.

The annual staff turnover level typically fluctuates between 14% and 18%. The Majority of this turnover is voluntary turnover, part of a normal flow of staff in and out of the organisation.

The latest figures show that in the past 12 months there has been a turnover figure of 15.3%, an increase of 0.2% from the position at the end of September, but represents a decrease of 1.4% when compared to the same point last year.

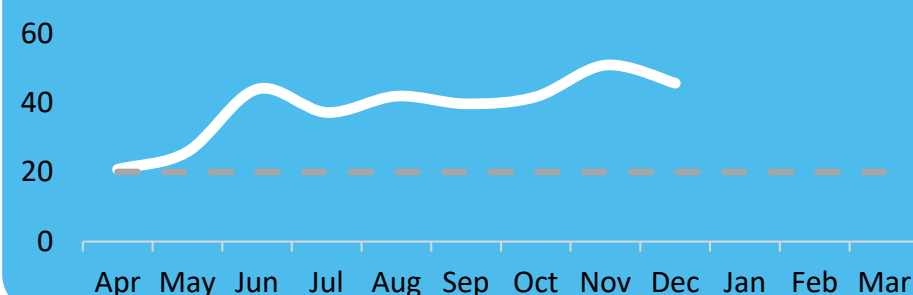


Target = 20 days
Prev Period (Q2) = 33.37

38.60

(Q3 YTD)

Housing Benefit: Average days to determine a new application



Whilst the average performance on new claims has worsened since the last report this is to be expected as we continue to address the number of claims and the backlog the service is managing. As we process the older claims this will have a detrimental impact on the indicator.

The average number of days to process a new claim immediately before bringing the service in house was 45.32 days and therefore we continue to show an improved position in comparison.

The backlog of claims has also down significantly compared to previous situations the service is managing.

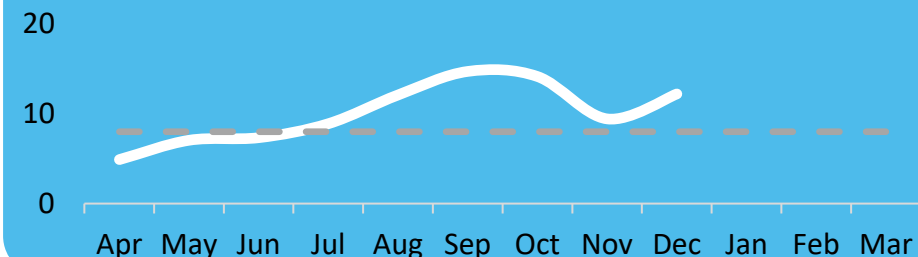


Target = 8 days
Prev Period (Q1) = 8.28

9.20

(Q3 YTD)

Housing Benefit: Average days to determine a change in circumstance



Whilst the position has worsened slightly to last month this is to be expected as we continue to address the number of claims being managed.

The average number of days to deal with changes in circumstances is close to the target and the service is working hard to keep this as low as possible.

Detailed Scorecard Appendix

Corp Ref:	Metric Title	Priority	Lead Directorate	Better to be?	2022-23 Target	Q1	Q2	Oct	Nov	Dec	Q3	YTD	Stat Neighbour	Regional	National
1.7	Residual waste treated	1. Green & Clean	Place & Economy	Higher	75.0%	95.9%	88.8%						-	-	-
1.8	Number of flytips cleared	1. Green & Clean	Place & Economy	Lower	Trend	3,980	4,135				4,380	12,495	-	-	-
1.9	FPNs Issued for Environmental Crime	1. Green & Clean	Place & Economy	Trend	Trend	767	656	361	310	234	905	2,328	-	-	-
1.4c	Net trees planted this year	1. Green & Clean	Place & Economy	Higher	no target	44	-60	-47	-59	-40	-146	-162	-	-	-
1.12	Number of visitors to leisure centres	1. Green & Clean	Communities & Opportunities	Higher	1,900,000	542,576	554,257	184,588	181,074	130,435	496,097	1,592,930	-	-	-
3.5a	Number of charging points - WNC Land	1. Green & Clean	Place & Economy	Higher	no target	31	31	31	31	31	31	31	-	-	-
3.5b	Number of charging points - WN area	1. Green & Clean	Place & Economy	Higher	-			157				166	-	1,842	29,774
3.5c	Charging Points per 100,000 population - WN area	1. Green & Clean	Place & Economy	Higher	-			38.6				40.8	-	37.9	52.7
2.1a	Percentage of all referrals with a decision within 2 working days	2. Improved Life Chances	People	Higher	85%			62%	61%	57%			-	-	-
2.1b	Percentage of referrals with a previous referral within 12 months	2. Improved Life Chances	People	Lower	29.0%			23.8%	31.1%	30.5%		29.9%	20.9%	23.3%	21.3%
2.1c	Percentage of Single Assessments authorised within 45 days	2. Improved Life Chances	People	Higher	85.0%			95.7%	90.1%	88.7%		94.1%	90.7%	92.9%	87.6%
2.1d	Percentage of children that became the subject of a Child Protection Plan for the second or subsequent	2. Improved Life Chances	People	Lower	20.0%			22.1%	41.7%	15.4%		30.3%	20.7%	24.0%	22.1%
2.1e	Percentage of children in care who were placed for adoption within 12 months of an agency decision that	2. Improved Life Chances	People	Higher	72%	100%	89%				86%	91%	73%	-	74%
2.9	Proportion of young people (aged 16-18) who are not in employment, education or training (NEET) or Not	2. Improved Life Chances	People	Lower	5.5%			3.4%	3.6%	2.2%			-	6.2%	5.5%
2.4	Proportion of people using social care who receive self-directed support	2. Improved Life Chances	People	Higher	91.9%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%		-	94.0%	92.2%
2.5	Proportion of people that return to their normal place of residence after discharge	2. Improved Life Chances	People	Higher				94.0%	93.9%	93.7%			-	-	-
2.7	Proportion of older people (65+) who were still at home 91 days after discharge from hospital into	2. Improved Life Chances	People	Higher	79.2%	51.7%	73.1%	79.3%	49.1%	63.8%	61.4%	61.5%	-	82.3%	79.1%
2.6a	New requests for services where route of access was discharge from hospital that had a reablement service	2. Improved Life Chances	People	Higher	29.8%	22.6%	34.2%	28.2%	27.3%	26.2%	22.5%	26.2%	-	29.8%	34.6%
2.8a	Number of homeless preventions	2. Improved Life Chances	Communities & Opportunities	Higher	400	114	118	42	33	29	104	336	-	-	-
2.8b	Number of cases where homelessness was successfully relieved	2. Improved Life Chances	Communities & Opportunities	Higher	400	124	112	76	50	38	164	400	-	-	-
2.17	Net Disabled Facilities Grant Expenditure	2. Improved Life Chances	Communities & Opportunities	Higher	2,558,938	1,406,555	873,420	623,697	443,986	166,063	1,233,746	3,513,721	-	-	-

Detailed Scorecard Appendix

Corp Ref:	Metric Title	Priority	Lead Directorate	Better to be?	2022-23 Target	Q1	Q2	Oct	Nov	Dec	Q3	YTD	Stat Neighbour	Regional	National
2.11	Percentage Smoking quit rate at 4 weeks	2. Improved Life Chances	People	Higher	60.0%	57.0%	48.3%	52.9%	54.8%				-	-	51.0%
2.12	Breastfeeding rate at 6-8 weeks	2. Improved Life Chances	People	Higher	55.0%	52.3%	52.8%	56.0%	60.7%	60.5%	58.9%		-	49.6%	49.3%
2.13	Number of school aged children who receive weight management advice and support 1:1	2. Improved Life Chances	People	Higher	5,000	916	1,743	286	640	467	1,393	4,052	-	-	-
2.14	Percentage of mothers known to be smokers at the time of delivery	2. Improved Life Chances	People	Lower	11.0%	11.3%	10.9%				11.6%		-	11.8%	9.1%
2.15a	Infants due a new birth visit that received a new birth visit within 14 days of birth	2. Improved Life Chances	People	Higher	90.0%	98.1%	96.2%	94.6%	96.1%	95.7%	95.9%		-	92.4%	82.6%
2.15b	Infants who received a 6-8 week review by the time they were 8 weeks	2. Improved Life Chances	People	Higher	90.0%	98.3%	97.9%	97.1%	97.1%	97.0%	97.4%		-	91.1%	81.5%
2.16a	Covid Spring Booster - % of Eligible Population Vaccinated (aged 75+)	2. Improved Life Chances	People	Higher	Trend							90.8%	-	-	62.3%
2.16b	Covid Autumn Booster - % of Eligible Population Vaccinated (aged 50+)	2. Improved Life Chances	People	Higher	Trend			59.1%	70.7%	72.9%		72.9%	-	-	76.2%
3.1	[OLD CONTRACT - Q1/Q2 only] - Number of defects repaired in the highway network	3. Connected Communities	Place & Economy	Higher	-	7,894	2,646					10,540	-	-	-
3.2	[OLD CONTRACT - Q1/Q2 only] - Percentage of defects repaired within timescale (P1-P4)	3. Connected Communities	Place & Economy	Higher		98.71%	98.47%						-	-	-
3.3	Percentage of routine maintenance budget spent to date compared to the agreed Maintenance Plan	3. Connected Communities	Place & Economy	Trend	-								-	-	-
3.4	Percentage of defects responded to within the timeframes specified (Priority 1 & 2)	3. Connected Communities	Place & Economy	Higher	97.5%				100.0%	98.3%			-	-	-
3.5	Percentage of defects responded to within the timeframes specified (Priority 3 & 4)	3. Connected Communities	Place & Economy	Higher	90.0%				98.2%	93.6%			-	-	-
3.6	Percentage of customers who are quite satisfied and extremely satisfied with the service received from the	3. Connected Communities	Corporate Services	Higher	90.0%	88.4%	90.1%				90.9%	88.4%	-	-	-
3.7	Percentage of contacts received within Customer Services for the first time (unavoidable contacts)	3. Connected Communities	Corporate Services	Higher	Trend	87.0%	83.6%				83.3%		-	-	-
3.8	Proportion of complaints escalated	3. Connected Communities	Corporate Services	Lower	TBC	4.9%	3.6%				3.5%	3.5%	-	-	-
4.1	Number of new council homes built	4. Thriving Villages & Towns	Communities & Opportunities	Higher	126	6	4				64	74	-	-	-
4.5	Number of affordable homes completed	4. Thriving Villages & Towns	Communities & Opportunities	Higher	404	70	109				87	266	-	-	-
4.6	Planning applications approved by Committee as recommended	4. Thriving Villages & Towns	Place & Economy	Higher		93.33%	96.42%	87.50%	72.73%	83.33%	80.64%		-	-	-
4.2	Number of visitors to libraries	4. Thriving Villages & Towns	Communities & Opportunities	Higher	500,000	179,017	221,917	64,871	69,416	55,151	189,438	590,372	-	-	-

Detailed Scorecard Appendix

Corp Ref:	Metric Title	Priority	Lead Directorate	Better to be?	2022-23 Target	Q1	Q2	Oct	Nov	Dec	Q3	YTD	Stat Neighbour	Regional	National
4.7a	Number of people resettled	4. Thriving Villages & Towns	Communities & Opportunities	Higher	300	486	139	26	6	28	60	685	-	-	-
4.7b	Number of people currently supported through wrap around care	4. Thriving Villages & Towns	Communities & Opportunities	Higher	300	757	730	772	794	776	776	776	-	-	-
5.3	Visitors to Museums	5. Economic Development	Communities & Opportunities	Higher	137,000	42,666	37,451	12,218	12,108	6,309	30,635	110,752	-	-	-
5.4a	Total number of people on Countil Tax Reduction Scheme	5. Economic Development	Finance	Lower	Trend	19,082	18,820	18,876	18,901	18,855	18,855	18,855	-	-	-
5.4b	Pensioners on Countil Tax Reduction Scheme	5. Economic Development	Finance	Lower	Trend	7,766	7,740	7,776	7,754	7,723	7,723	7,723	-	-	-
5.4c	Working age people on Countil Tax Reduction Scheme	5. Economic Development	Finance	Lower	Trend	11,316	11,080	11,100	11,147	11,132	11,132	11,132	-	-	-
5.5a	Number of apprentices employed in substantive roles	5. Economic Development	Corporate Services	Higher		110	129	137	139	139	139	139	-	-	-
5.5b	Number of apprenticeships starts in West Northants	5. Economic Development	Corporate Services	Higher	-	2,050	950						-	-	-
6.7a	Number of Employee's - Full Time Equivalent (FTE)	6. Robust Resource Management	Corporate Services	No Tolerance	-	2,371.85	2,384.28	2,442.28	2,441.13	2,421.84	2,421.84	2,421.84	-	-	-
6.7b	Number of Employee's - Headcount	6. Robust Resource Management	Corporate Services	No Tolerance	-	2,653	2,663	2,724	2,717	2,690	2,690	2,690	-	-	-
6.7c	Average number of days lost due to sickness	6. Robust Resource Management	Corporate Services	Lower		2.51	5.79	6.82	8.03	9.15	9.15	9.15	-	-	-
6.7d	Projected sickness	6. Robust Resource Management	Corporate Services	Lower	10.70	10.04	11.58	11.69	12.05	12.20	12.20	12.20	-	-	tbc
6.7e	Rolling Annual Staff Turnover	6. Robust Resource Management	Corporate Services	No Tolerance	1360.0%	16.6%	15.1%	15.1%	14.9%	15.3%	15.3%	15.3%	-	-	tbc
6.1	Net Revenue budget delivery - Projected surplus/ deficit (£m)	6. Robust Resource Management	Finance	Lower	0.0	7.6	3.7				3.9	7.6	-	-	-
6.2	Council Tax collection rate	6. Robust Resource Management	Finance	Higher	-	29.28%	57.69%	66.62%	75.90%	84.49%	84.49%	84.49%	-	-	-
6.3	Business Rates collection rate	6. Robust Resource Management	Finance	Higher	-	30.07%	56.37%	65.32%	73.02%	81.18%	81.18%	81.18%	-	-	-
6.4	Amount of debt owed to the council that is overdue by at least 90 days (£m)	6. Robust Resource Management	Finance	Lower		19.6	24.5	24.2	23.6	22.8	22.8	22.8	-	-	-
6.5	Percentage of invoices that are paid within 30 days of receipt	6. Robust Resource Management	Finance	Higher	95.0%	96.5%	96.9%	96.0%	97.8%	97.3%	97.0%	96.7%	-	-	-
6.6a	Housing Benefit - time to determine new applications	6. Robust Resource Management	Finance	Lower	20.00	28.23	33.37	41.72	50.87	45.63	38.60	33.37	-	-	-
6.6b	Housing Benefit - time to determine change in circumstances	6. Robust Resource Management	Finance	Lower	8.00	6.38	8.28	14.14	9.42	12.20	9.20	8.28	-	-	-

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Corporate Plan Attainment Summary

2021-22 Academic Year

Last Updated: February 2023



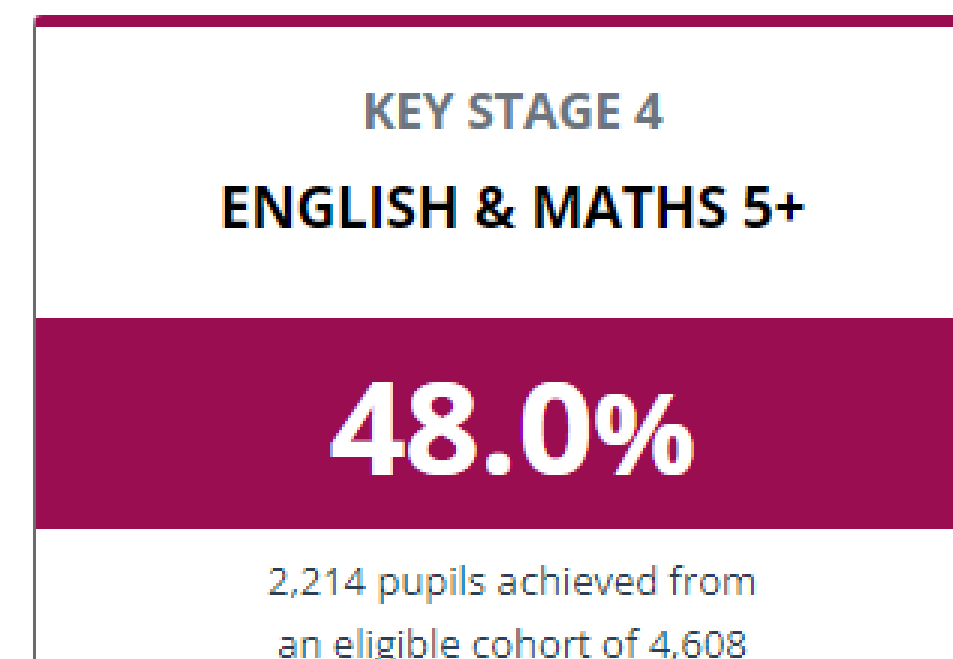
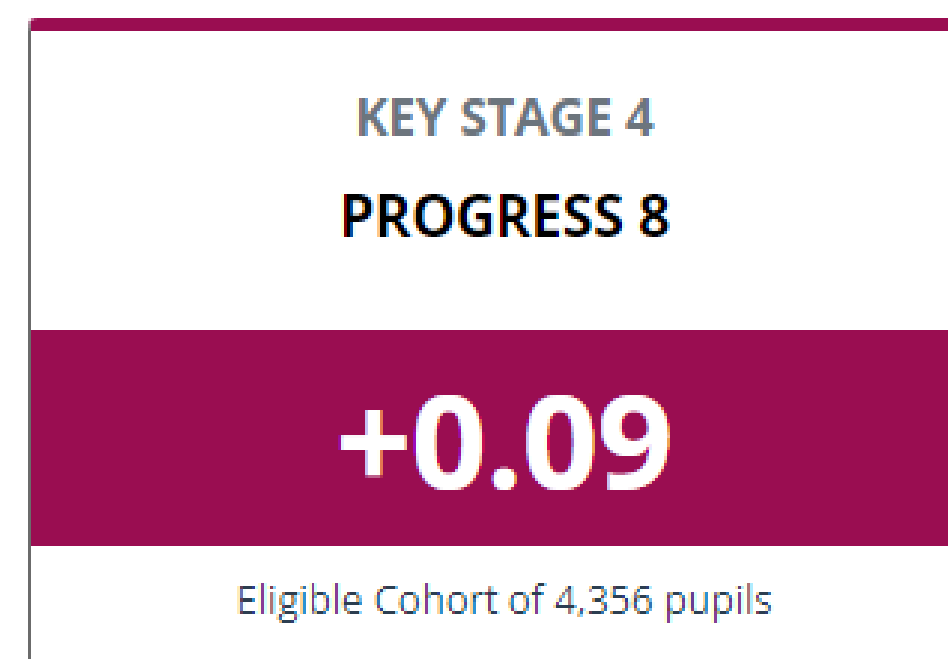
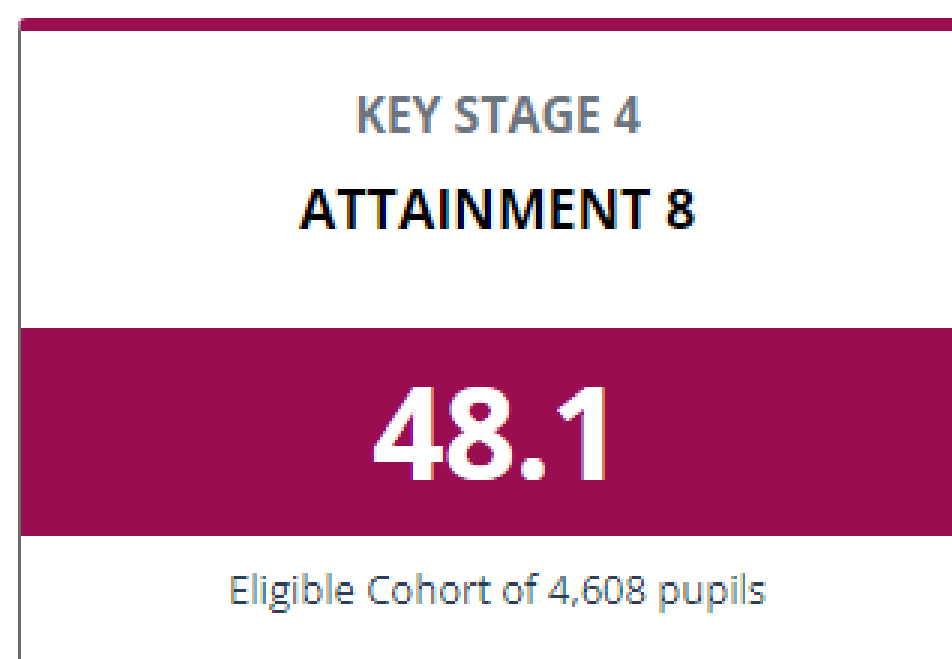
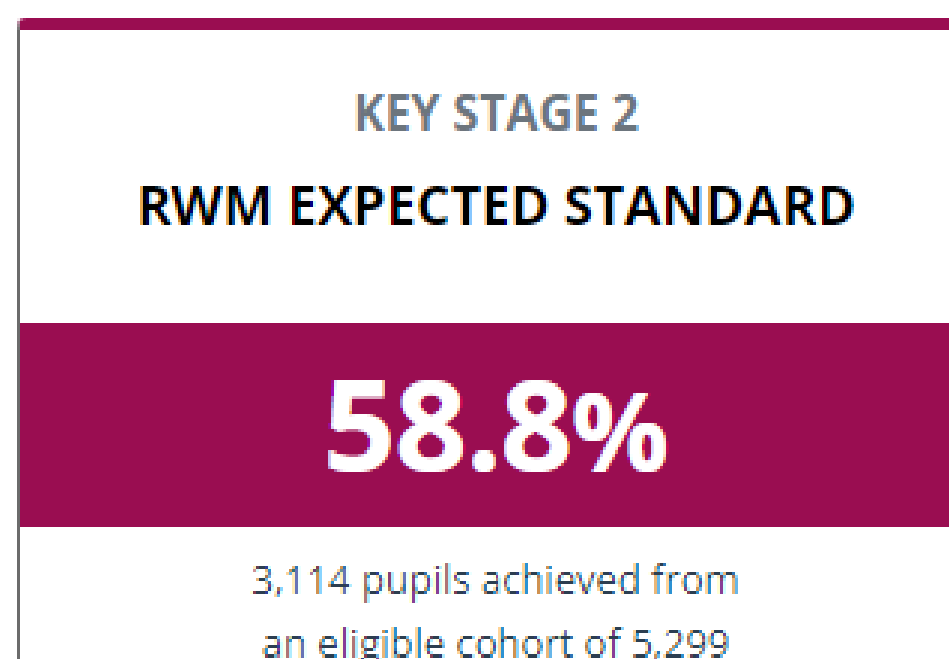
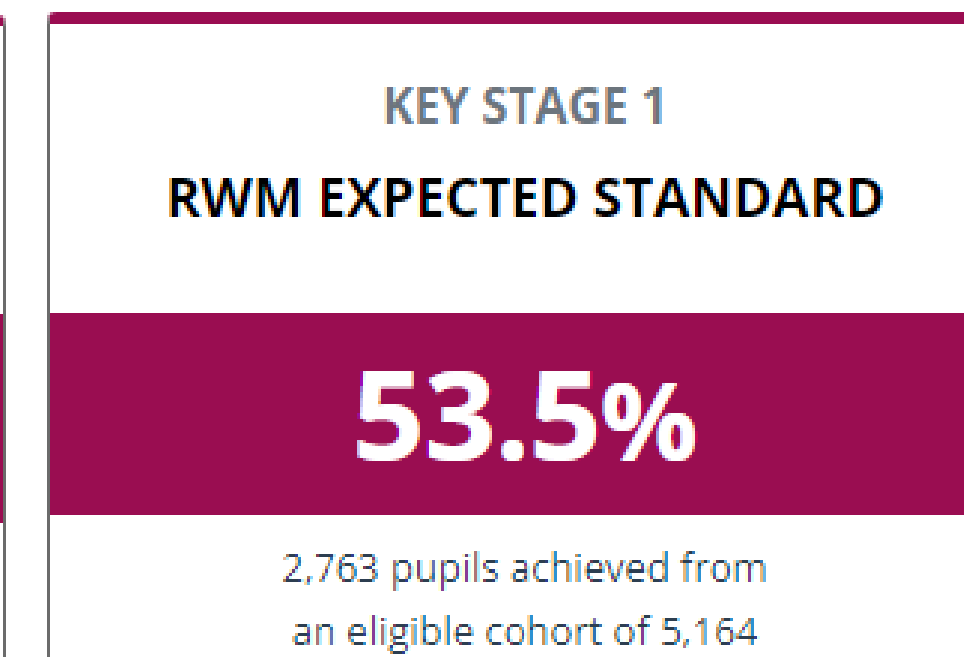
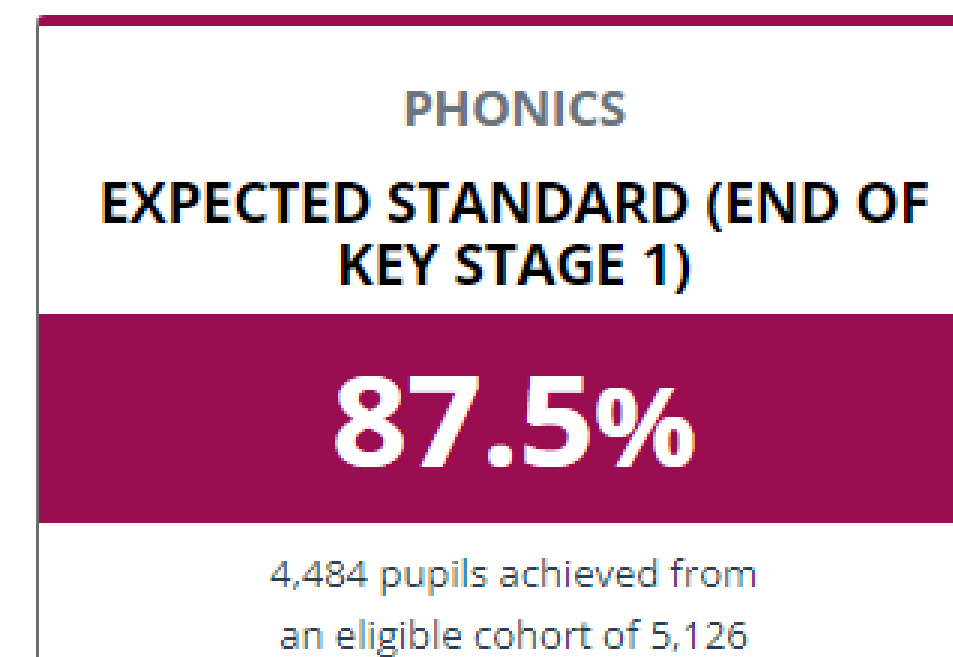
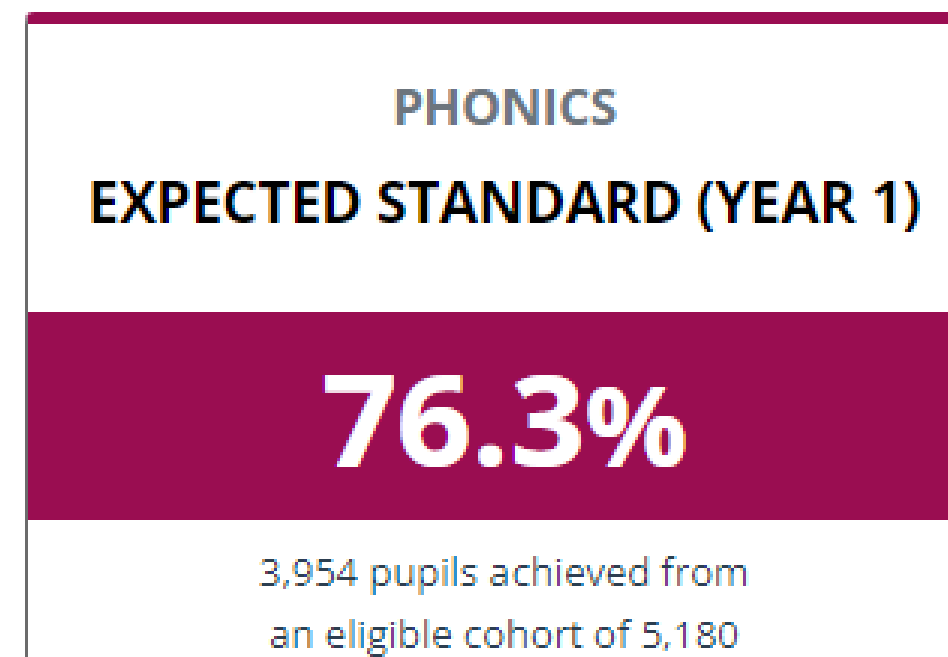
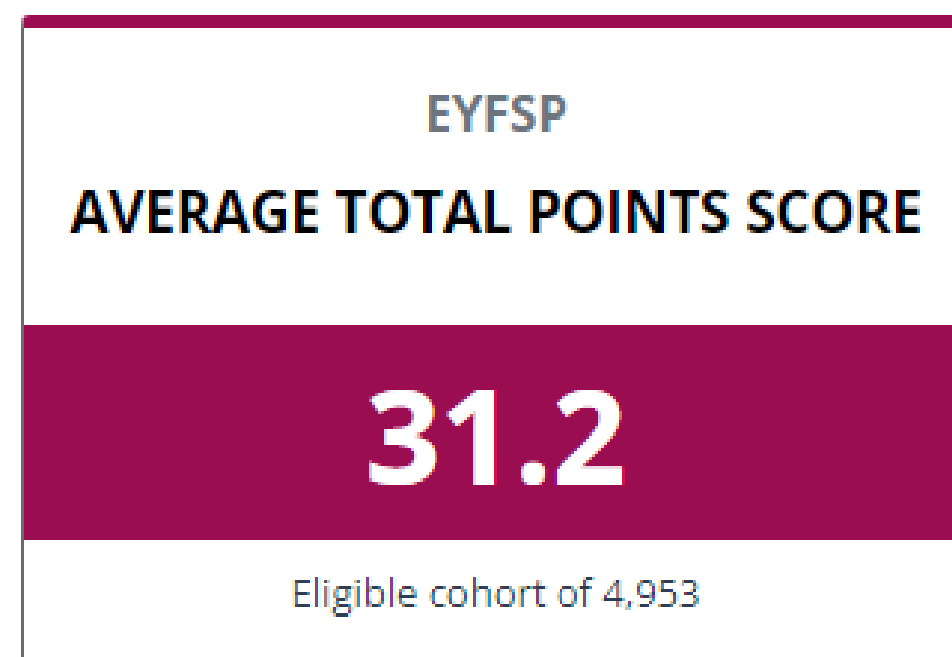
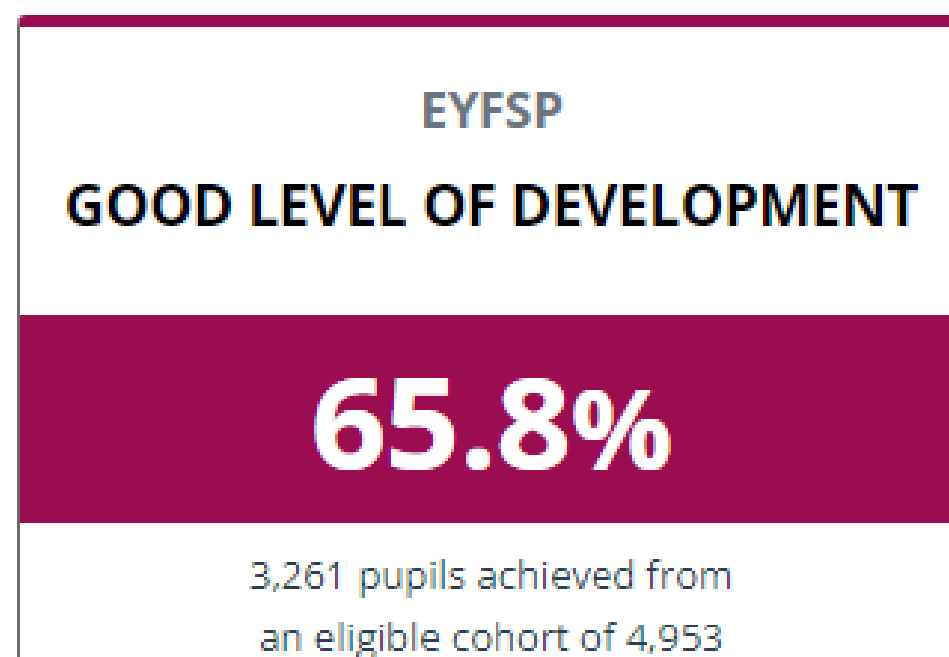
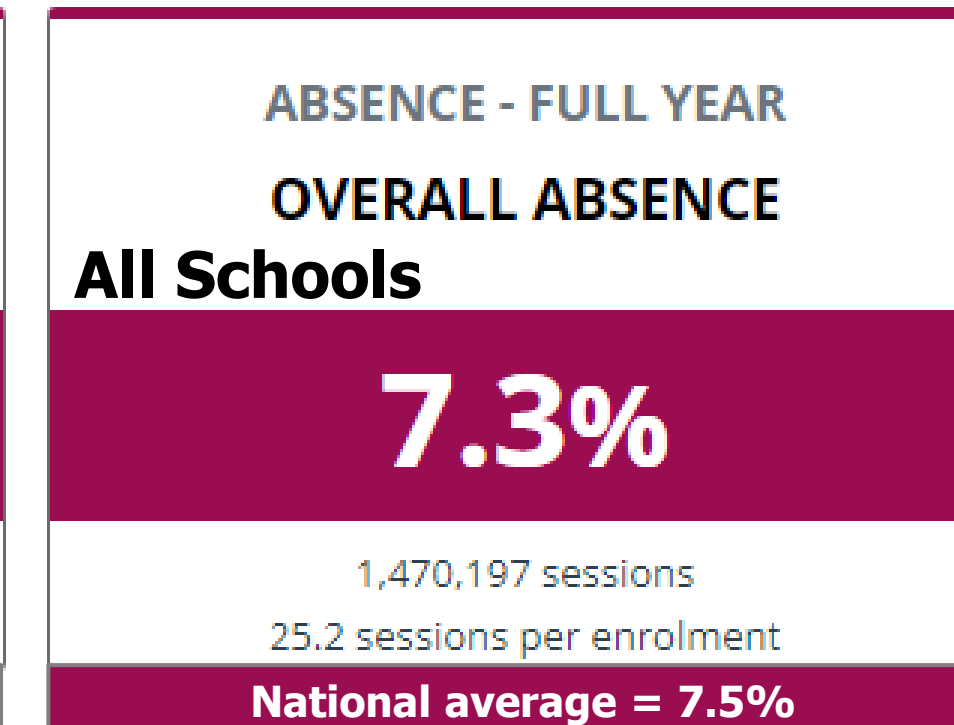
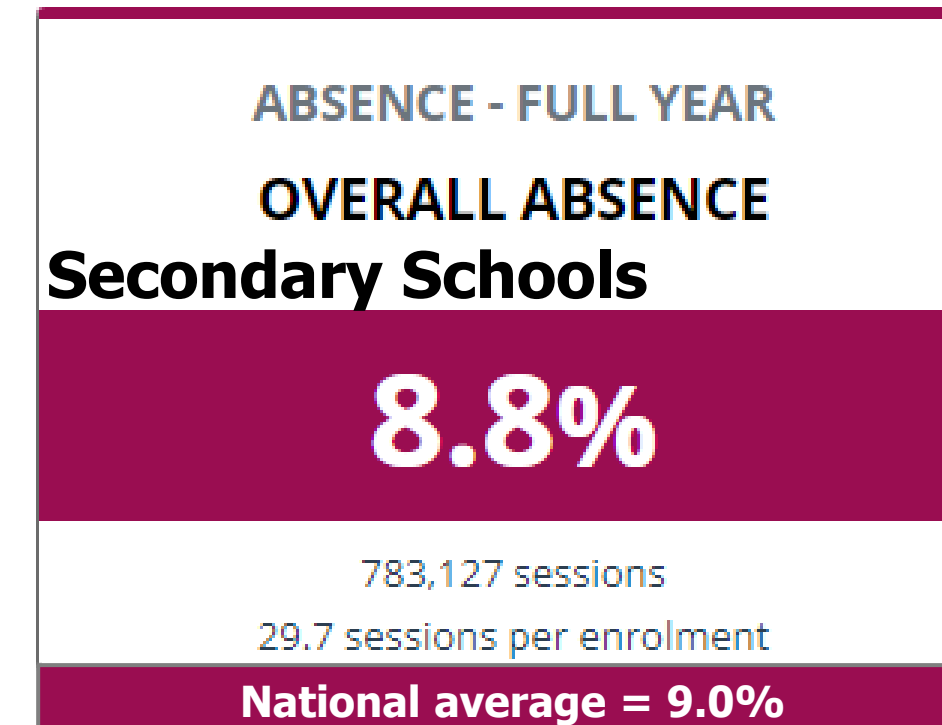
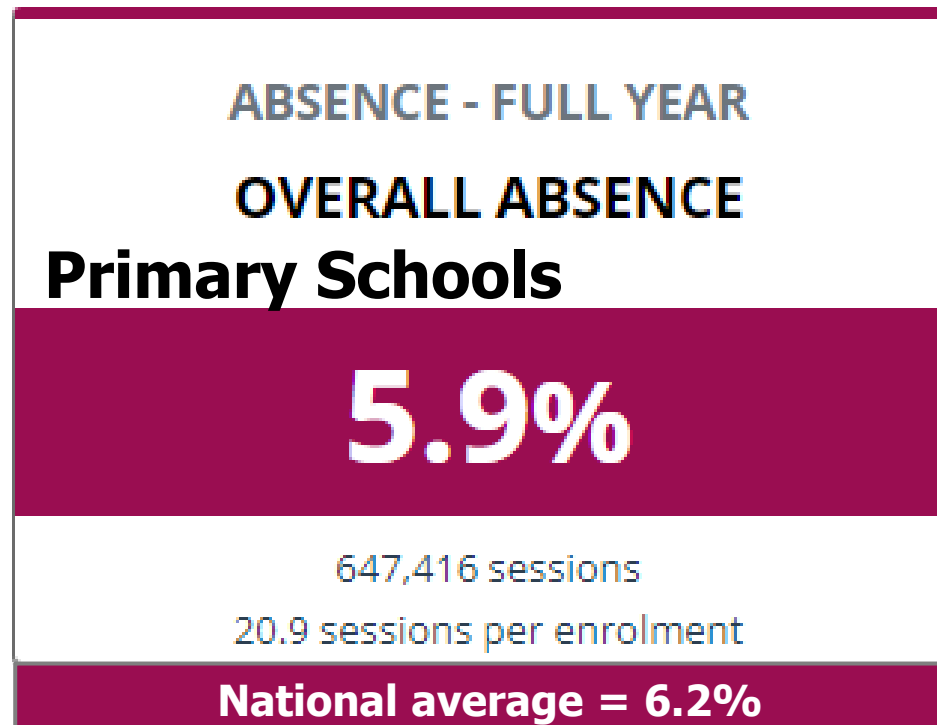
Attainment Summary

2021-22 Academic Year

This appendix to the Corporate Plan performance report provides a summary of education attainment outcomes for the 2021-22 academic year.

On the right hand side of this page are the measures for absence across primary, secondary and all schools combined along with a national average for each measure.

The measures at the below are the headline key measures showing outcomes at stages from reception through to GCSE / Key Stage 4 attainment. Further detailed in this summary are a breakdown of each of these measures showing trend (where available) and comparison to the national averages against each of these measures.



Due to changes to the EYFSP framework this year, trend data will not be available until 2023

EYFSP

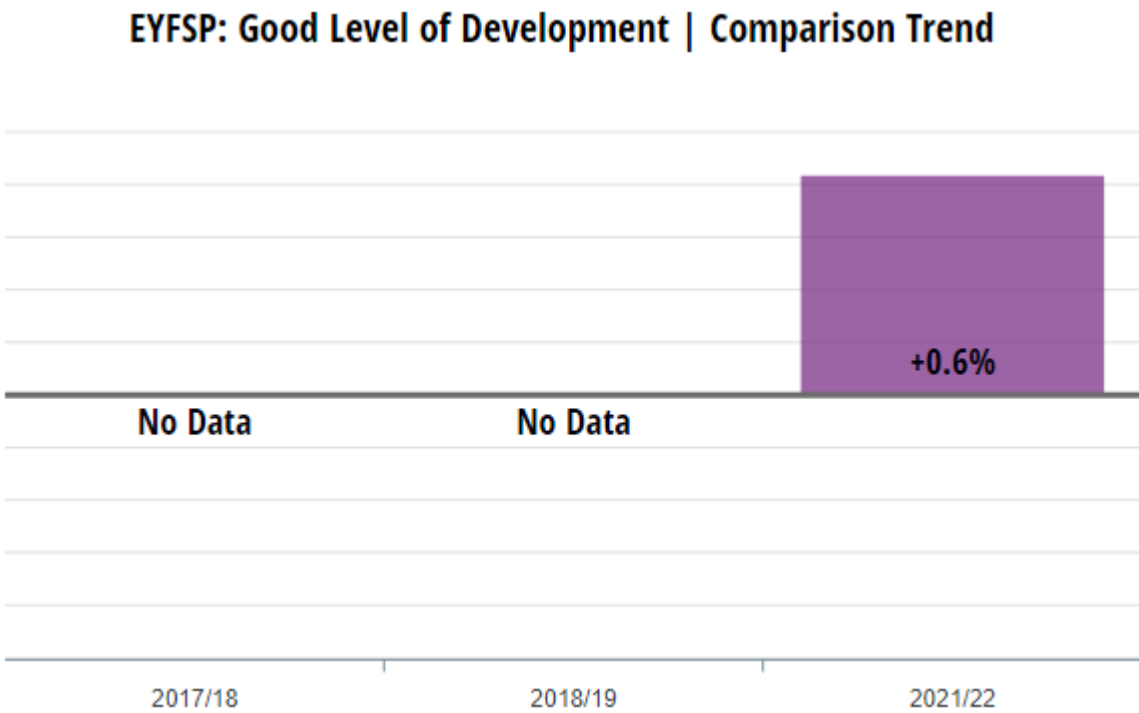
GOOD LEVEL OF DEVELOPMENT

65.8%

3,261 pupils achieved from an eligible cohort of 4,953

From a cohort of 4,953 pupils in West Northamptonshire being assessed using the early years foundation stage profile, 65.8% are achieving a good level of development (GLD), a total of 3,261 pupils.

The average total points score, for West Northamptonshire, in all GLD goals is 21.9 out of a possible 24.



65.8% achieved a good level of development in West Northamptonshire, 0.6% higher than the National average of 65.2%.

This is the equivalent of 32 more pupils in West Northamptonshire achieving a good level of development compared to the National average.

EYFSP

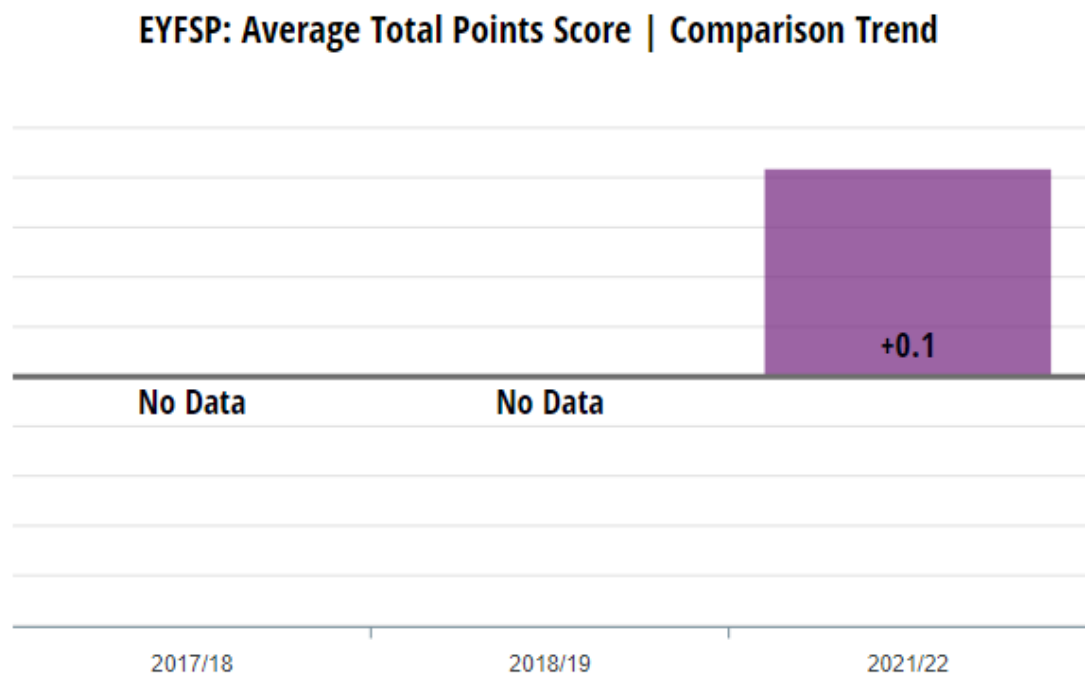
AVERAGE TOTAL POINTS SCORE

31.2

Eligible cohort of 4,953

From a cohort of 4,953 pupils in West Northamptonshire the average total points score across all early learning goals is 31.2.

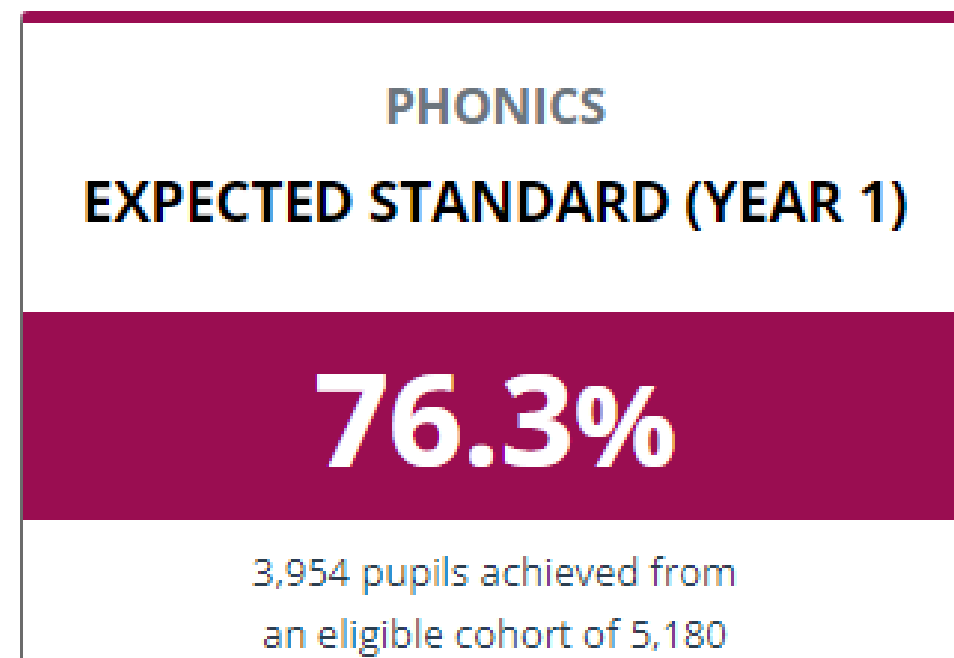
64.0% achieved an expected outcome in all early learning goals, a total of 3,168 pupils.



West Northamptonshire's average total points score is 31.2 across all early learning goals, 0.1 points higher than the National average total points score of 31.1.

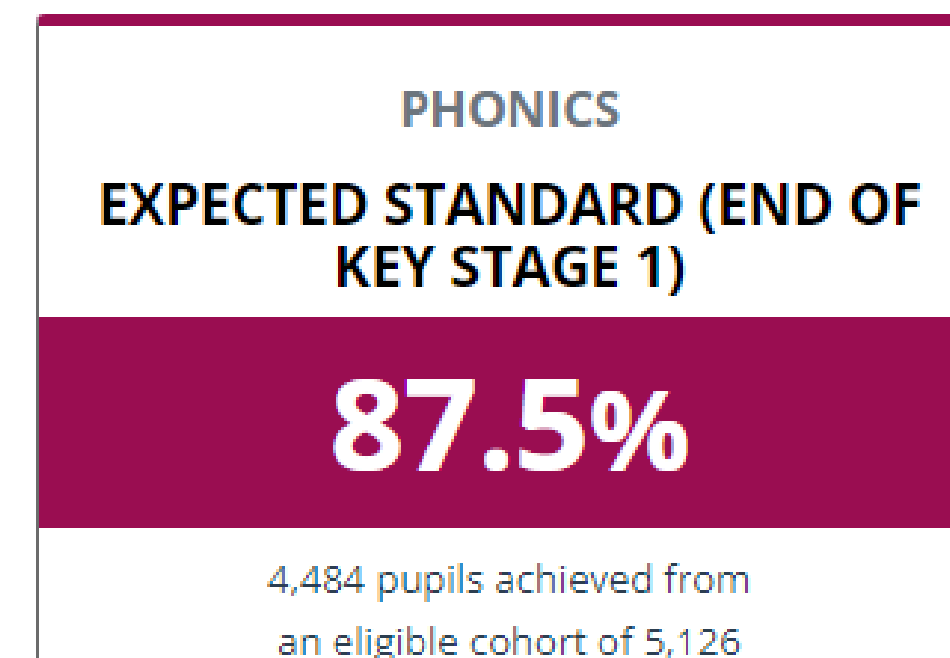
Phonics - Year 1 and end of Key Stage 1

Expected Standard



From a Year 1 phonics cohort of 5,180 pupils in West Northamptonshire, 76.3% achieved the expected standard of 32, a total of 3,954 pupils.

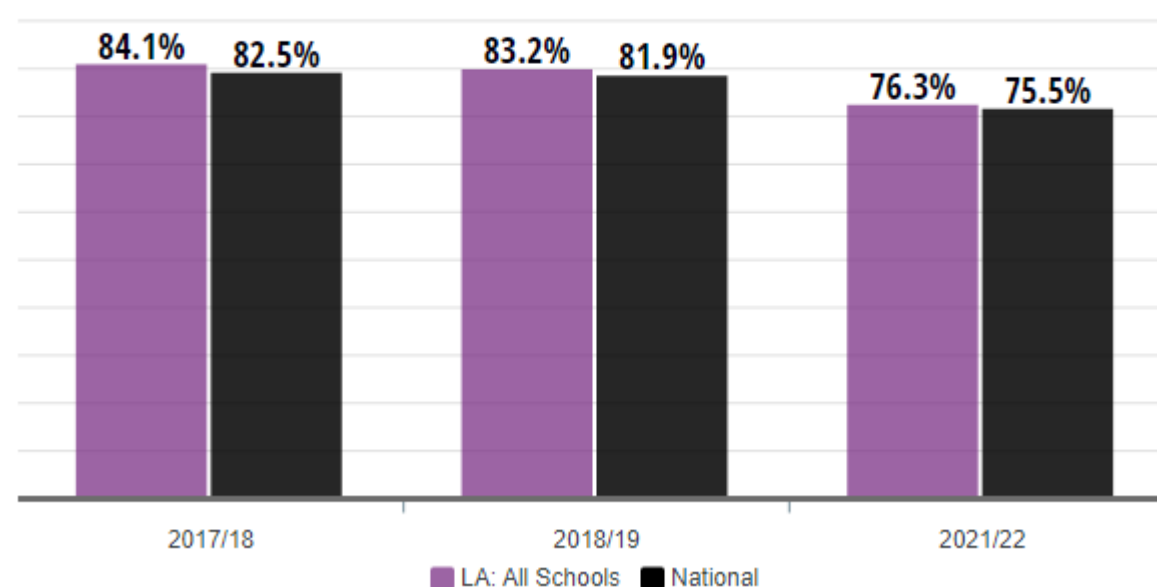
The average point score for your Year 1 phonics cohort is 32.5.



From an End of Key Stage 1 cohort of 5,126 pupils in West Northamptonshire, 87.5% achieved the expected standard of 32, a total of 4,484 pupils.

The average point score for your End of Key Stage 1 cohort is 35.1.

Phonics: Expected Standard (Year 1) | Trend

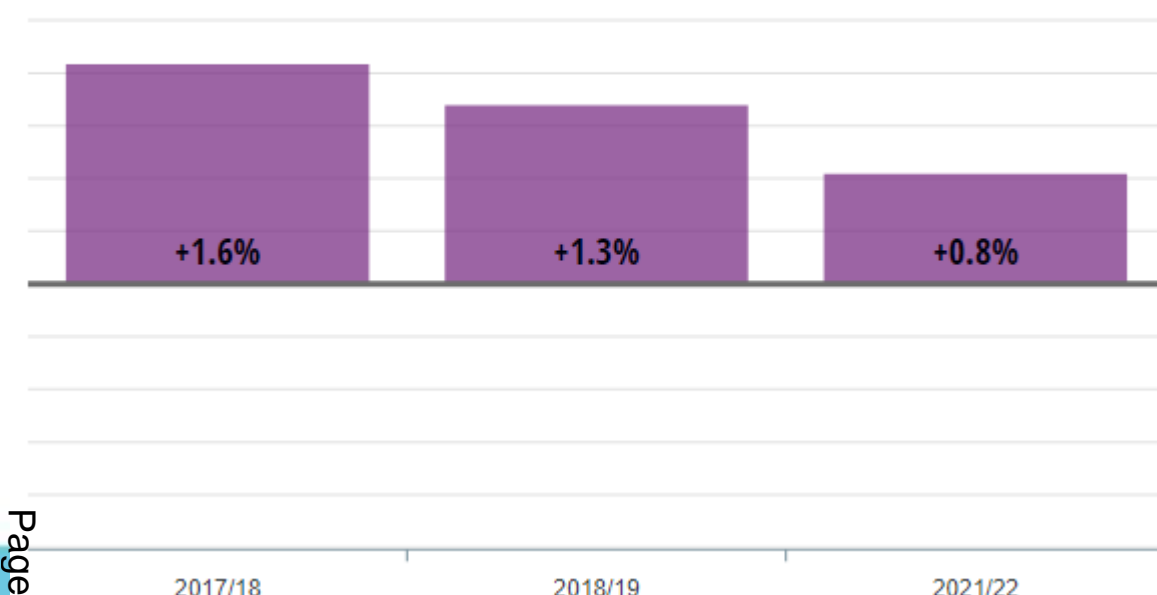


West Northamptonshire's Year 1 expected standard percentage has decreased by 6.9% from 83.2% in 2018/19 to 76.3% in 2021/22.

This is equivalent to approximately 356 fewer pupils achieving the expected standard in 2021/22 compared to 2018/19.

West Northamptonshire's average Year 1 expected standard percentage for the last 3 academic year(s) is 81.1%.

Phonics: Expected Standard (Year 1) | Comparison Trend

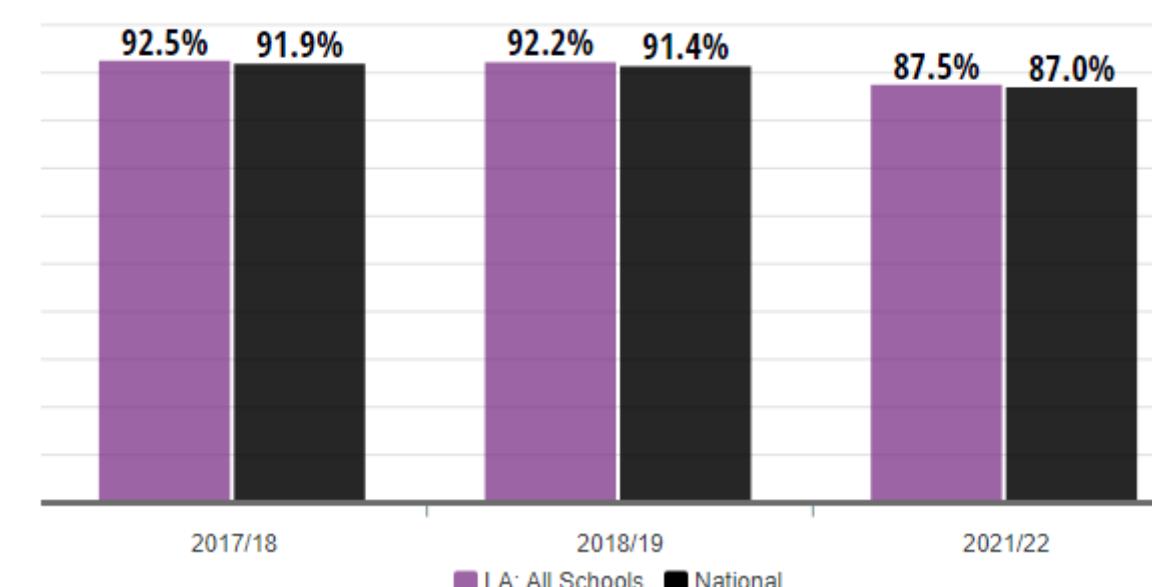


76.3% of your Year 1 cohort achieved the expected standard in West Northamptonshire, 0.8% higher than the National average of 75.5%.

This is the equivalent to 43 more pupils in West Northamptonshire achieving the expected standard compared to the National average.

West Northamptonshire has been above the National average 3 times in the last 3 academic year(s) for the Year 1 expected standard.

Phonics: Expected Standard (End of Key Stage 1) | Trend

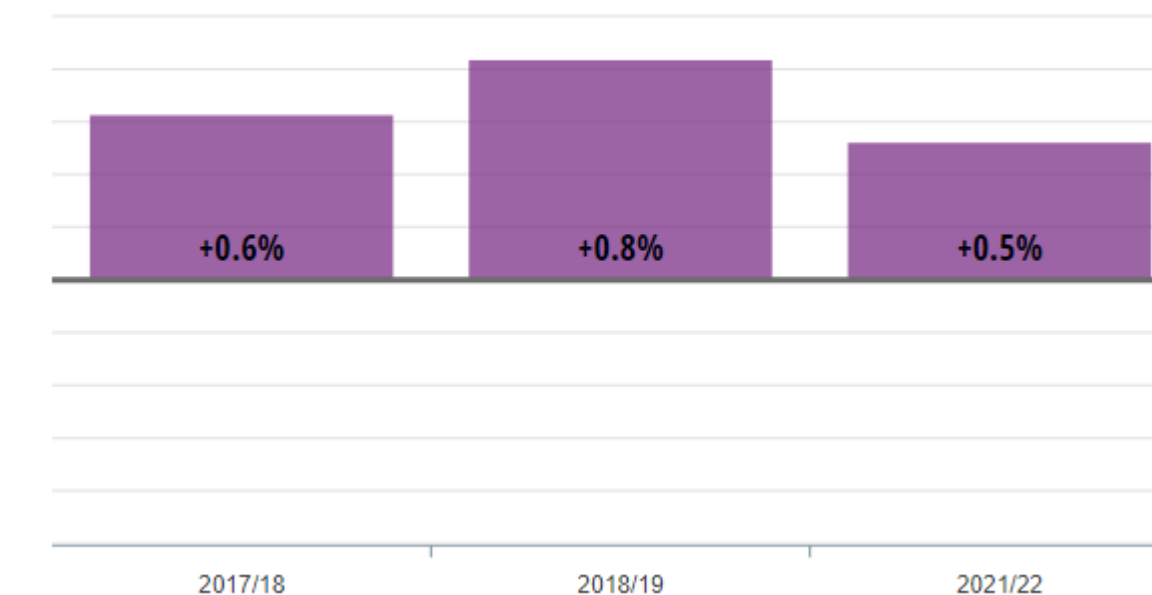


West Northamptonshire's End of Key Stage 1 expected standard percentage has decreased by 4.7% from 92.2% in 2018/19 to 87.5% in 2021/22.

This is equivalent to approximately 242 fewer pupils achieving the expected standard in 2021/22 compared to 2018/19.

West Northamptonshire's average End of Key Stage 1 expected standard percentage for the last 3 academic year(s) is 90.7%.

Phonics: Expected Standard (End of Key Stage 1) | Comparison Trend



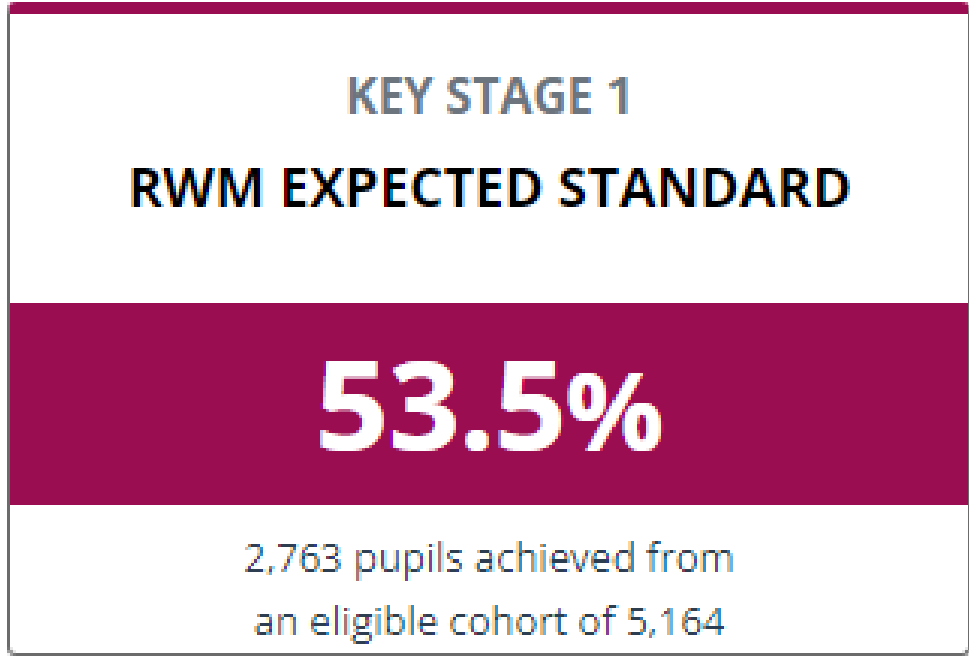
87.5% of your End of Key Stage 1 cohort achieved the expected standard in West Northamptonshire, 0.5% higher than the National average of 87.0%.

This is the equivalent to 24 more pupils in West Northamptonshire achieving the expected standard compared to the National average.

West Northamptonshire has been above the National average 3 times in the last 3 academic year(s) for the End of Key Stage 1 expected standard.

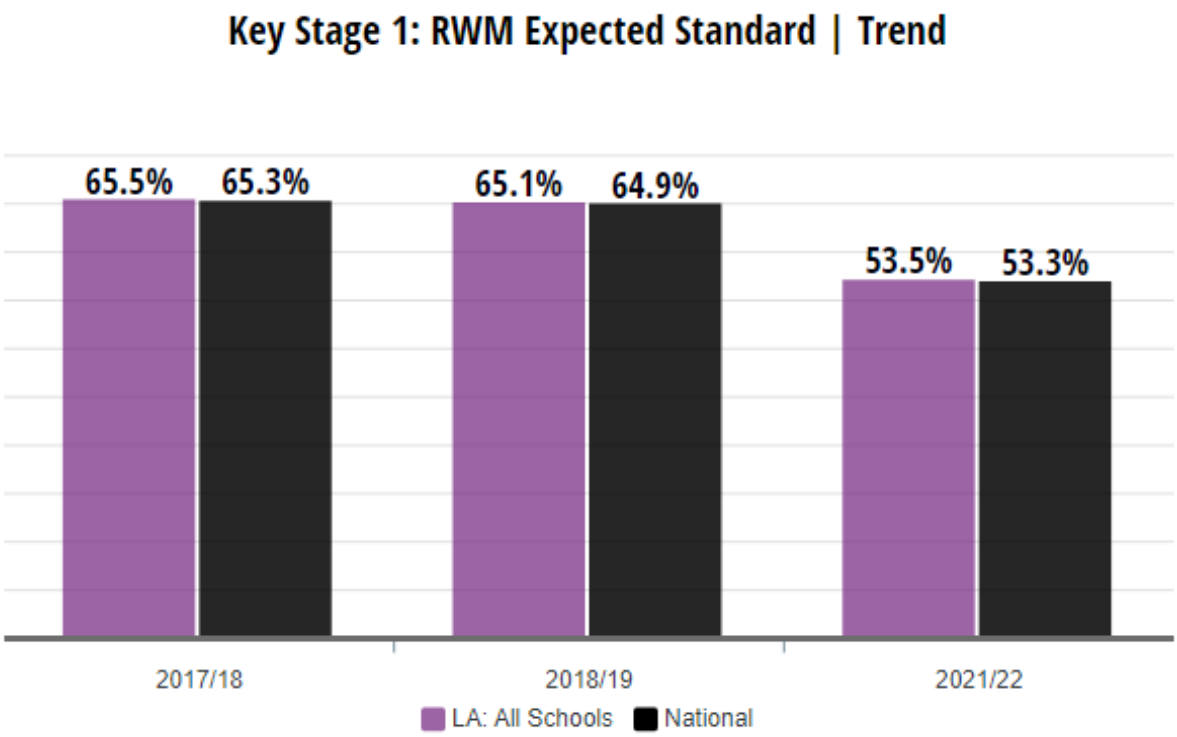
Key Stage 1 – Achieving Expected Standard

Reading, Writing and Maths



From a cohort of 5,164 pupils in West Northamptonshire at the end of Key Stage 1, 53.5% achieved the expected standard in Reading, Writing & Maths, a total of 2,763 pupils.

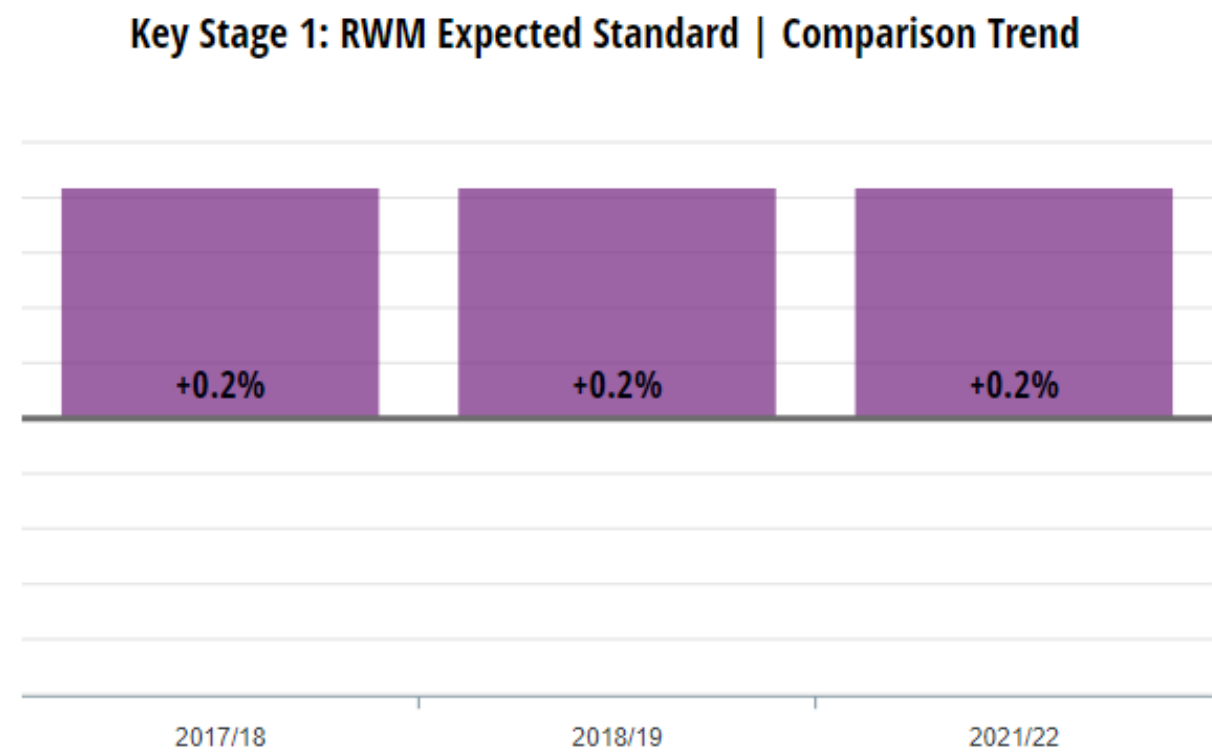
6.1% achieved a greater depth in Reading, Writing & Maths, a total of 317 pupils.



West Northamptonshire's expected standard percentage in Reading, Writing & Maths has decreased by 11.6% from 65.1% in 2018/19 to 53.5% in 2021/22.

This is equivalent to approximately 599 fewer pupils achieving the expected standard in 2021/22 compared to 2018/19.

West Northamptonshire's average for the last 3 academic year(s) is 61.3%



53.5% achieved the expected standard in Reading, Writing & Maths in West Northamptonshire, 0.2% higher than the National average of 53.3%.

This is equivalent to 11 more pupils in West Northamptonshire achieving the expected standard compared to the National average.

West Northamptonshire has been above the National average 3 times in the last 3 academic year(s) for the expected standard in Reading, Writing & Maths.

Key Stage 1: RWM Expected Standard | Relative Change

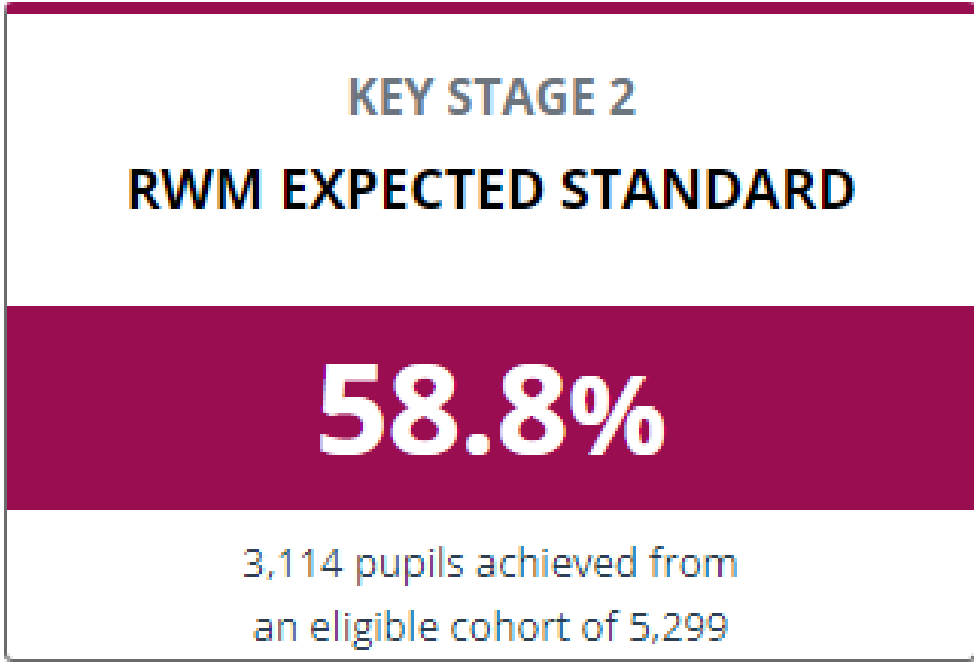
	2017/18 Value	→ Trend	2018/19 Value	→ Trend	2021/22 Value
LA: All Schools	65.5%	-0.4%	65.1%	-11.6%	53.5%
National	65.3%	-0.4%	64.9%	-11.6%	53.3%
Relative Change	-	-0.0%	-	+0.0%	-

West Northamptonshire's relative change for expected standard in Reading, Writing & Maths has remained the same, from 0.0% in 2018/19 to 0.0% in 2021/22 when compared to the National average.

While West Northamptonshire average for expected standard in Reading, Writing & Maths has decreased by 11.6%, from 65.1% in 2018/19 to 53.5% in 2021/22, the National average decreased by 11.6%, from 64.9% in 2018/19 to 53.3% in 2021/22.

Key Stage 2 – Achieving Expected Standard

Reading, Writing and Maths

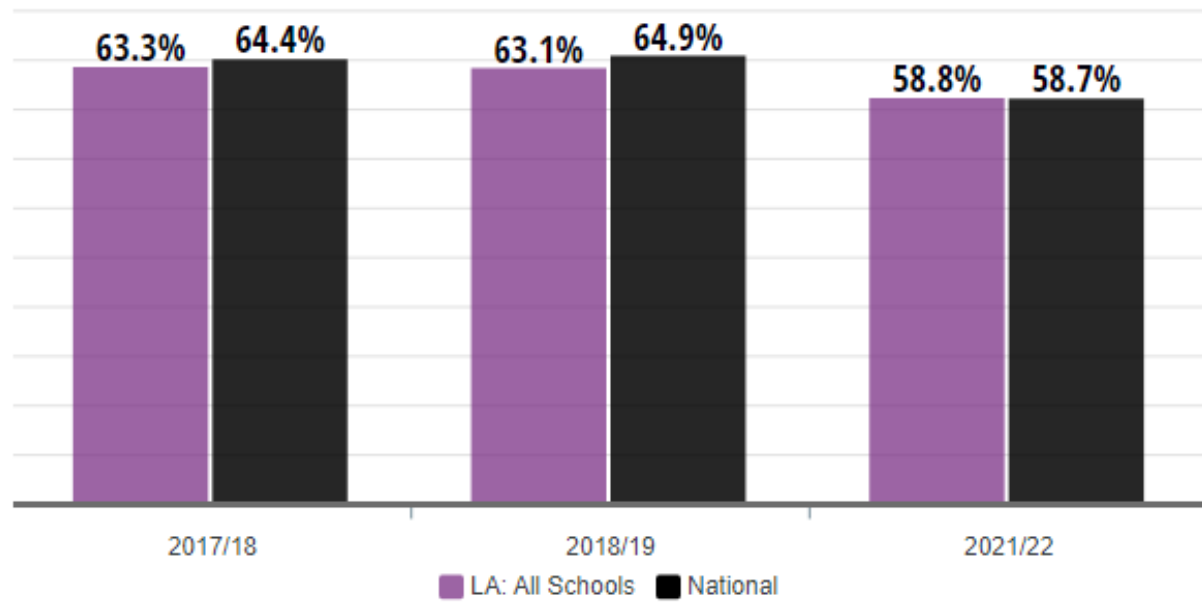


From a cohort of 5,299 pupils in West Northamptonshire at the end of Key Stage 2, 58.8% achieved the expected standard in Reading, Writing & Maths, a total of 3,114 pupils.

4.0% achieved a scaled score < 100 in Reading, Writing & Maths in West Northamptonshire, a total of 211 pupils.

7.0% achieved a higher standard in Reading, Writing & Maths, with a scaled score equal to or greater than 110, or equivalent TA result, a total of 371 pupils.

Key Stage 2: RWM Expected Standard | Trend

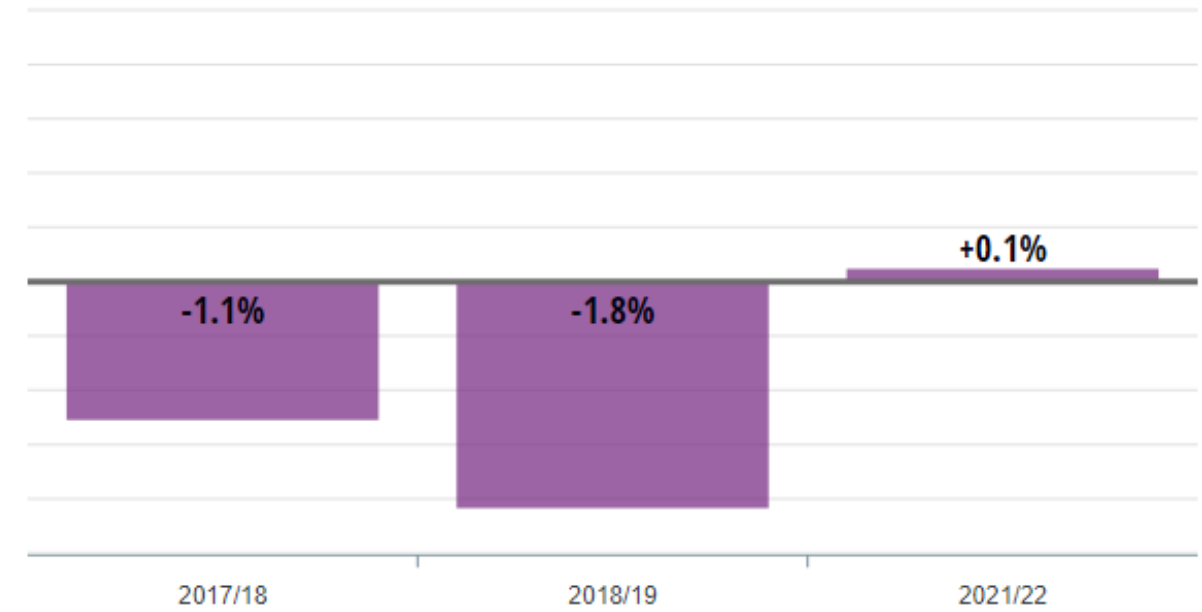


West Northamptonshire's expected standard percentage in Reading, Writing & Maths has decreased by 4.3% from 63.1% in 2018/19 to 58.8% in 2021/22.

This is equivalent to approximately 230 fewer pupils achieving the expected standard in 2021/22 compared to 2018/19.

West Northamptonshire's average for the last 3 academic year(s) is 61.6%.

Key Stage 2: RWM Expected Standard | Comparison Trend



58.8% achieved the expected standard in Reading, Writing & Maths in West Northamptonshire, 0.1% higher than the National average of 58.7%.

This is equivalent to 3 more pupils in West Northamptonshire achieving the expected standard compared to the National average.

West Northamptonshire has been above the National average 1 time in the last 3 academic year(s) for the expected standard in Reading, Writing & Maths.

Key Stage 2: RWM Expected Standard | Relative Change

	2017/18 Value	→ Trend	2018/19 Value	→ Trend	2021/22 Value
LA: All Schools	63.3%	-0.2%	63.1%	-4.3%	58.8%
National	64.4%	+0.5%	64.9%	-6.2%	58.7%
Relative Change	-	-0.7%	-	+1.9%	-

West Northamptonshire's relative change for expected standard in Reading, Writing & Maths has improved by 2.6%, from -0.7% in 2018/19 to +1.9% in 2021/22 when compared to the National average.

While West Northamptonshire average for expected standard in Reading, Writing & Maths has decreased by 4.3%, from 63.1% in 2018/19 to 58.8% in 2021/22, the National average decreased by 6.2%, from 64.9% in 2018/19 to 58.7% in 2021/22.

Key Stage 4 – Attainment 8

KEY STAGE 4

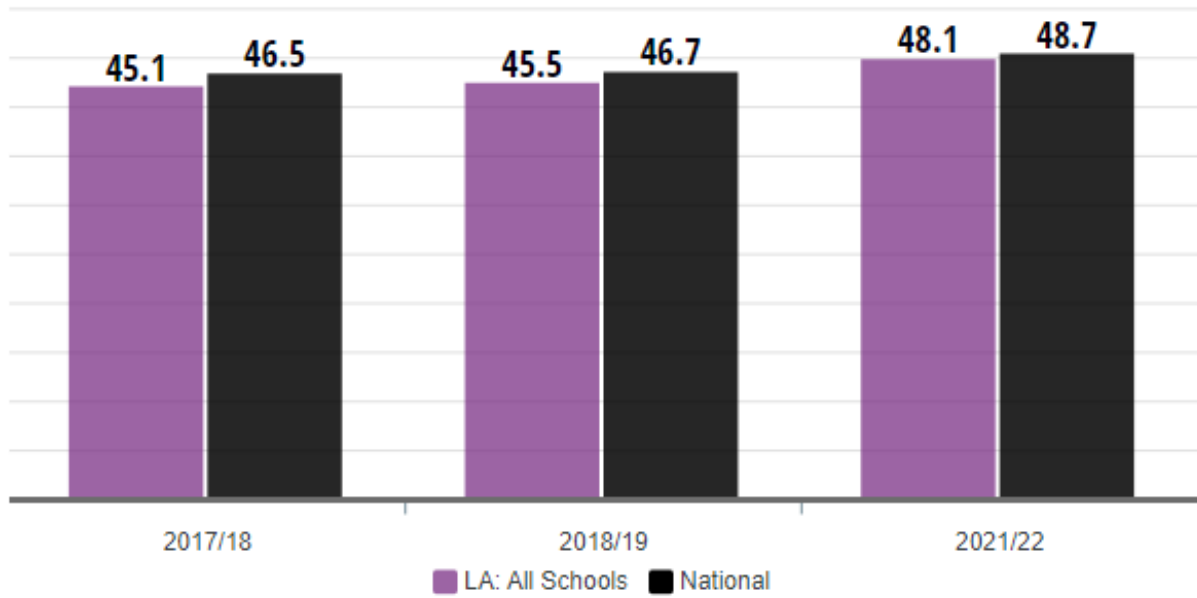
ATTAINMENT 8

48.1

Eligible Cohort of 4,608 pupils

West Northamptonshire has an average Attainment 8 score of 48.1, this is based on an eligible cohort of 4,608 pupils at the end of Key Stage 4.

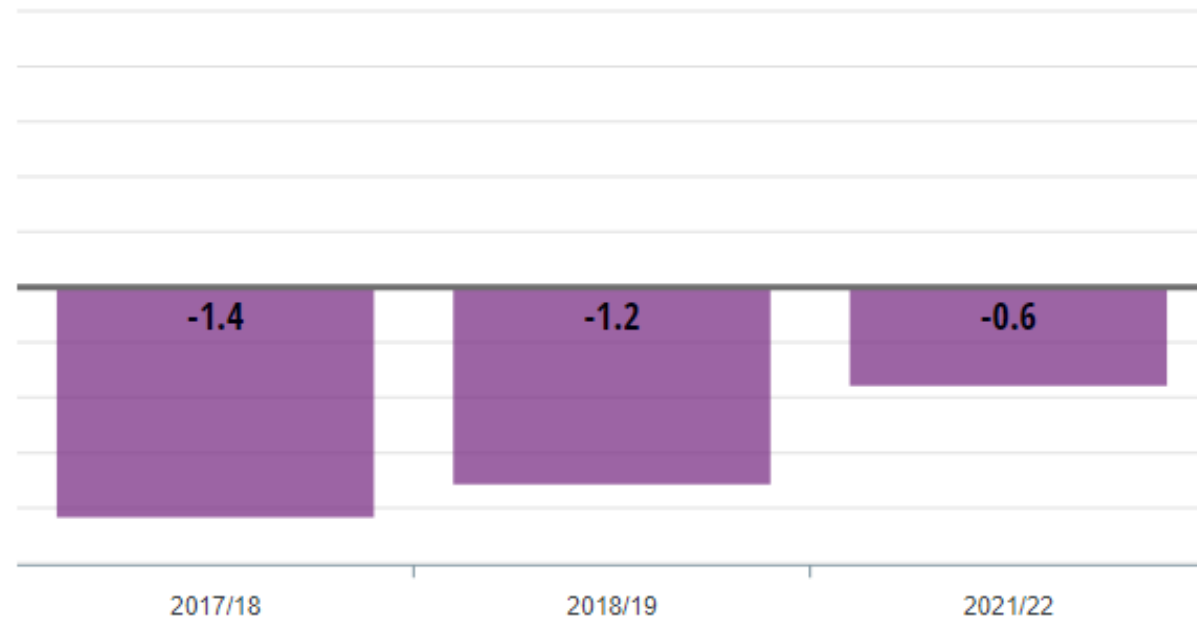
Key Stage 4: Attainment 8 | Trend



West Northamptonshire's average Attainment 8 score has increased by 2.6 points from 45.5 in 2018/19 to 48.1 in 2021/22.

West Northamptonshire's average Attainment 8 score for the last 3 academic year(s) is 46.3.

Key Stage 4: Attainment 8 | Comparison Trend



West Northamptonshire's average Attainment 8 score is 48.1, which is 0.6 points lower than the National average score of 48.7.

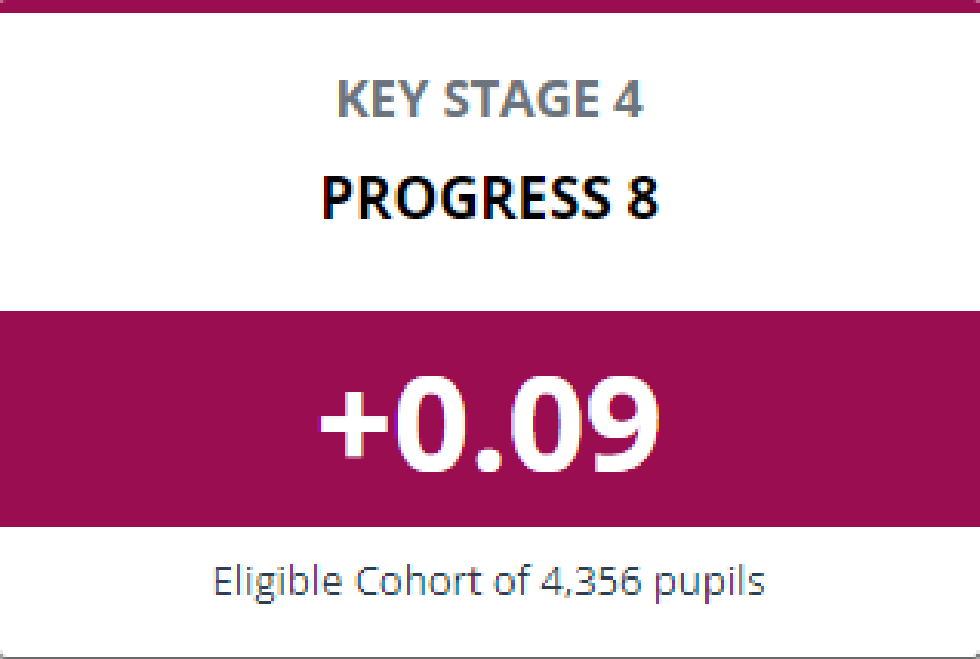
West Northamptonshire's average Attainment 8 score has been above the National average 0 times in the last 3 academic year(s).

Key Stage 4: Attainment 8 | Relative Change

	2017/18 Value	→ Trend	2018/19 Value	→ Trend	2021/22 Value
LA: All Schools	45.1	+0.4	45.5	+2.6	48.1
National	46.5	+0.2	46.7	+2.0	48.7
Relative Change	-	+0.2	-	+0.6	-

West Northamptonshire's relative change for Attainment 8 has increased by 0.4, from +0.2 in 2018/19 to +0.6 in 2021/22 when compared to the National average.

While West Northamptonshire Attainment 8 score has increased by 2.6, from 45.5 in 2018/19 to 48.1 in 2021/22, the National Attainment 8 score has increased by 2.0, from 46.7 in 2018/19 to 48.7 in 2021/22.

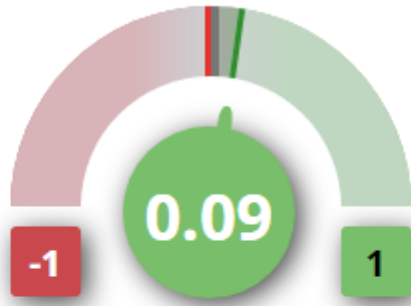


Based on an eligible cohort of 4,356 pupils in West Northamptonshire at the end of Key Stage 4, we achieved a Progress 8 score of +0.09.

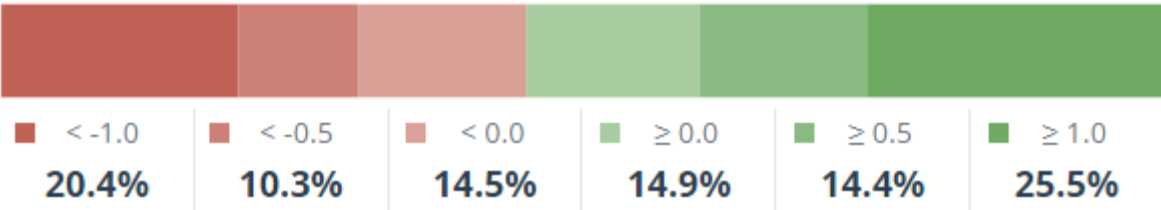
54.8% of the cohort achieved a progress score greater than or equal to 0, with 25.5% having a score greater than or equal to 1.

45.2% of the cohort achieved a progress score below 0, with 20.4% having a score less than -1.

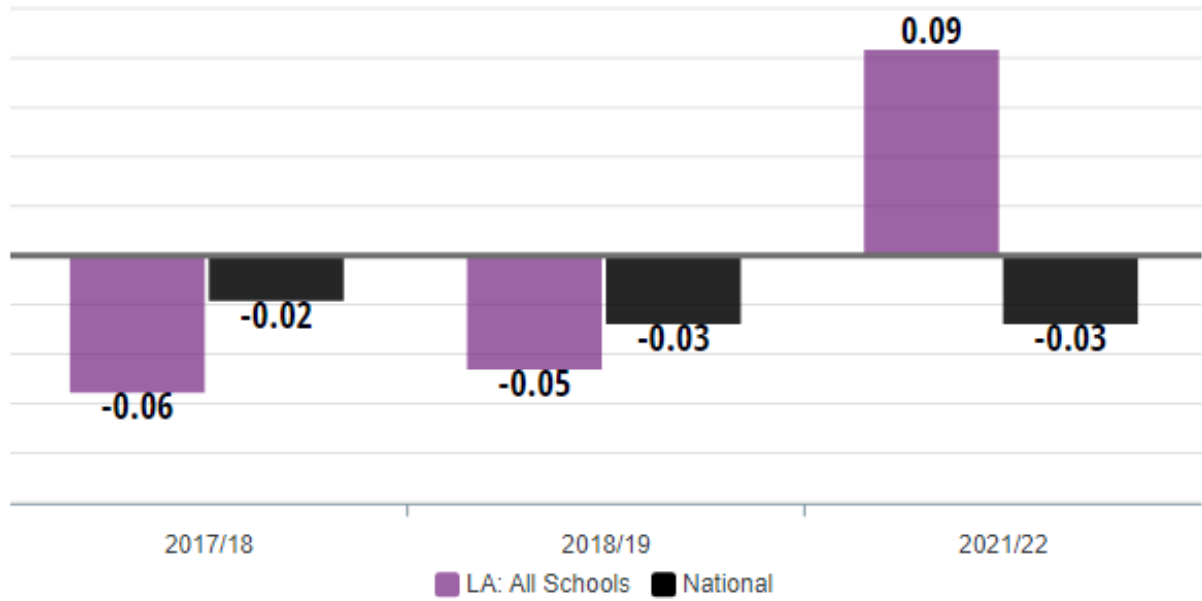
Key Stage 4: Progress 8 | Value



Key Stage 4: Progress 8 | Breakdown by Score Range



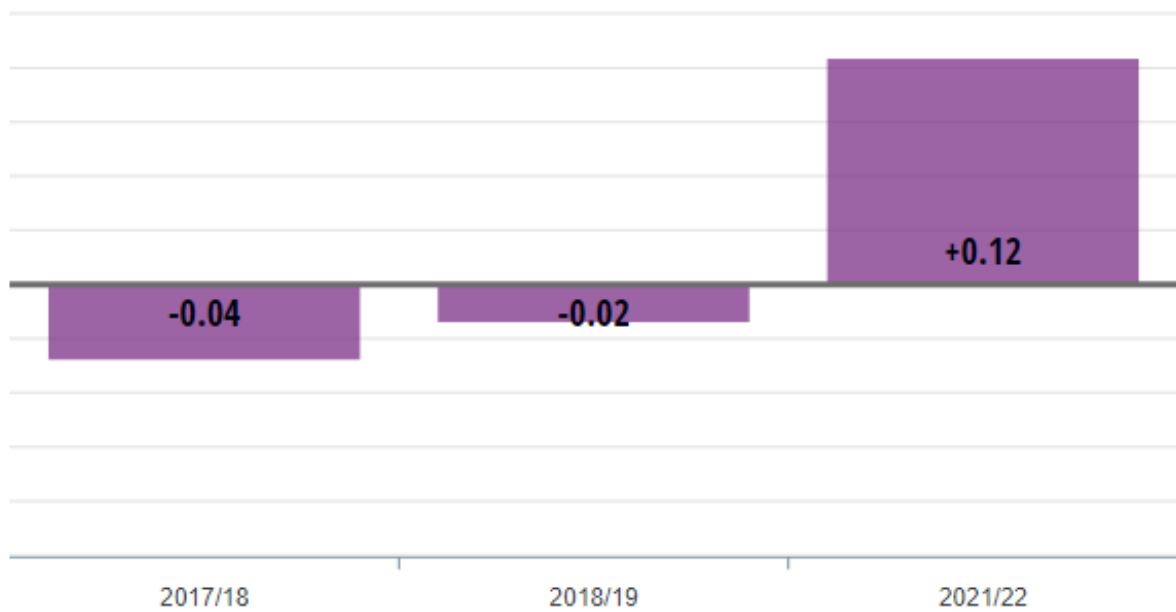
Key Stage 4: Progress 8 | Trend



West Northamptonshire's Progress 8 score has increased by 0.14 from -0.05 in 2018/19 to +0.09 in 2021/22.

West Northamptonshire's average Progress 8 score for the last 3 academic year(s) is -0.00.

Key Stage 4: Progress 8 | Comparison Trend



The West Northamptonshire Progress 8 score of +0.09 is 0.12 points higher than the National cohort, who have a Progress 8 score of -0.03.

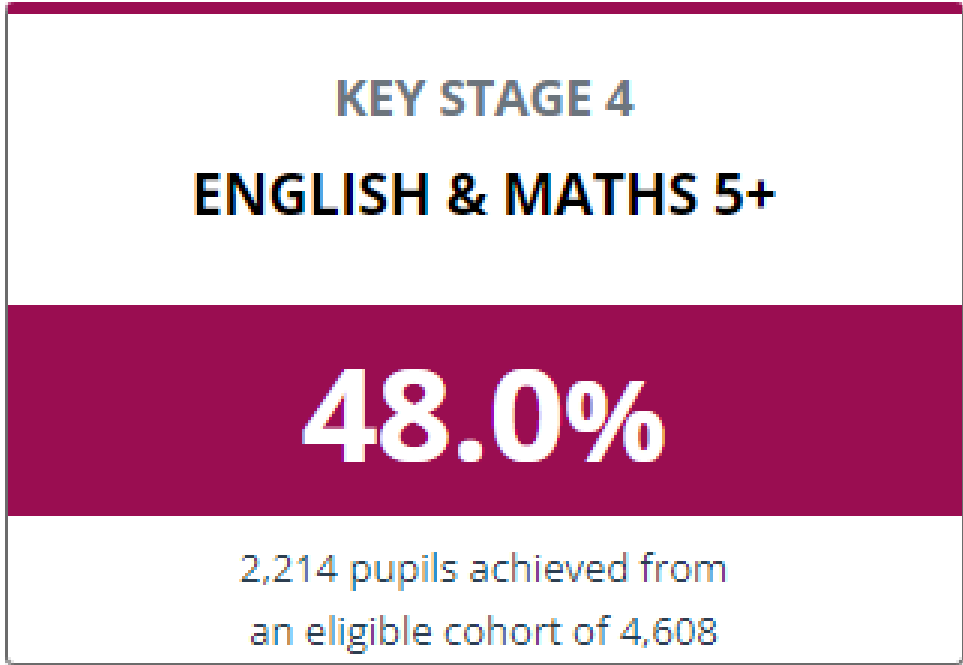
West Northamptonshire's average Progress 8 has been above the National average 1 time in the last 3 academic year(s).

Key Stage 4: Progress 8 | Relative Change

	2017/18 Value	→ Trend	2018/19 Value	→ Trend	2021/22 Value
LA: All Schools	-0.06	+0.01	-0.05	+0.14	+0.09
National	-0.02	-0.01	-0.03	0.00	-0.03
Relative Change	-	+0.02	-	+0.14	-

West Northamptonshire’s relative change for Progress 8 has increased by +0.12, from +0.02 in 2018/19 to +0.14 in 2021/22 when compared to the National average.

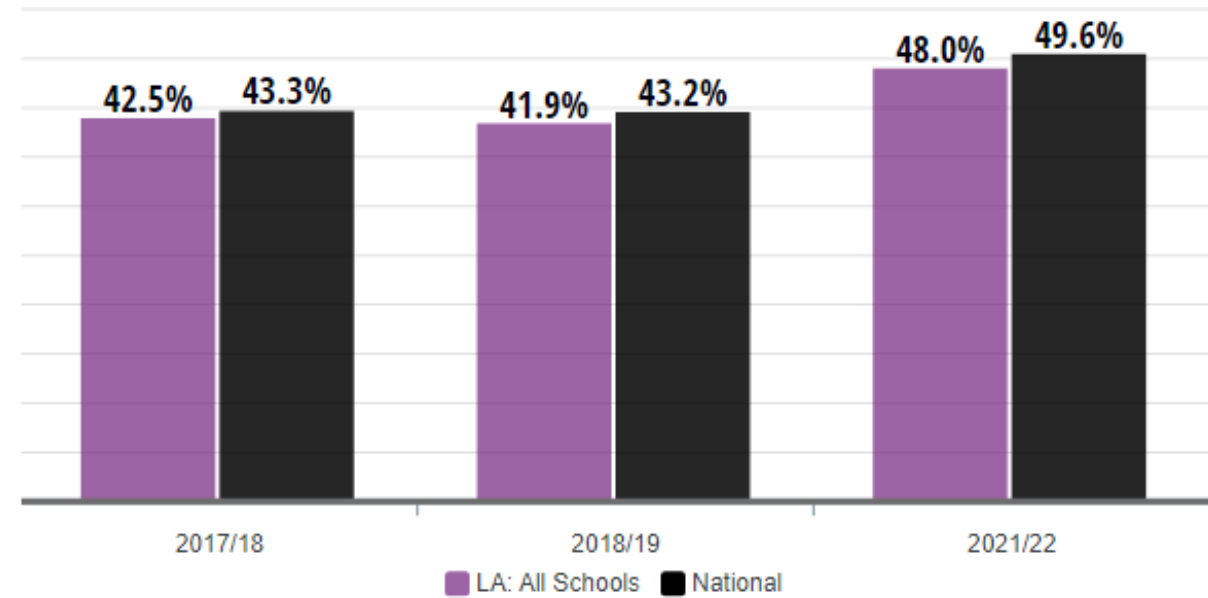
While the LA Progress 8 score has increased by 0.14, from -0.05 in 2018/19 to +0.09 in 2021/22, the National Progress 8 score remained the same, from -0.03 in 2018/19 to -0.03 in 2021/22.



From a cohort of 4,608 pupils in West Northamptonshire at the end of Key Stage 4, 48.0% achieved a grade 5 or more in English & Maths, a total of 2,214 pupils.

70.2% of West Northamptonshire's cohort achieved a grade of 4 or more in English & Maths, a total of 3,233 pupils.

Key Stage 4: English & Maths 5+ | Trend

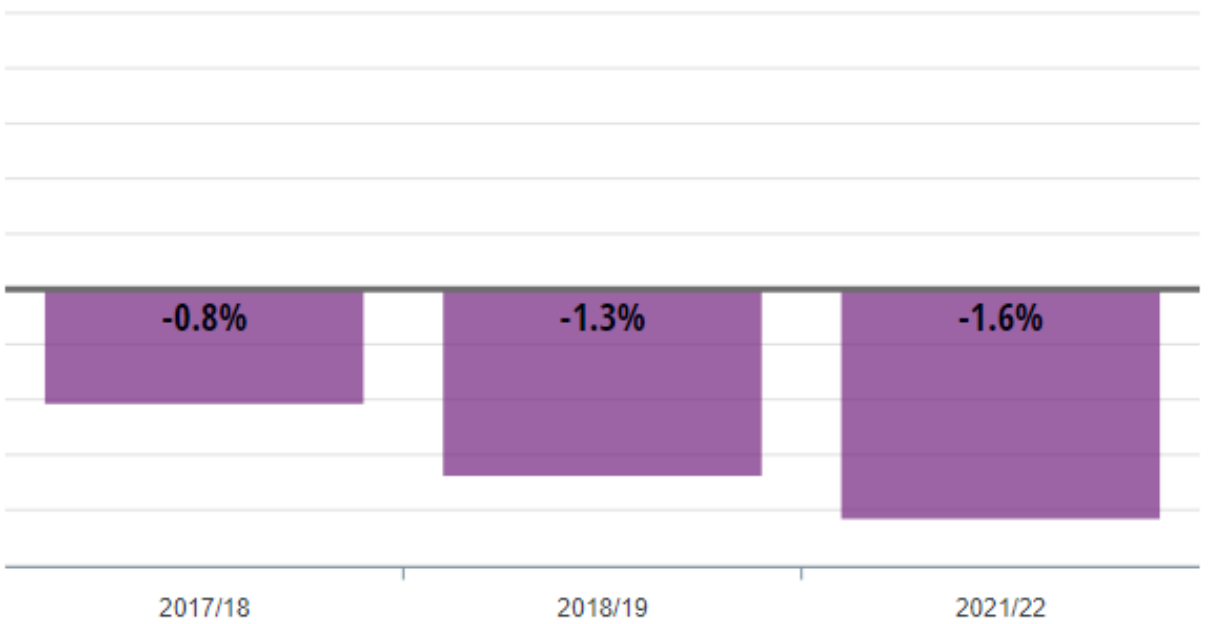


West Northamptonshire's English & Maths 5+ percentage has increased by 6.1% from 41.9% in 2018/19 to 48.0% in 2021/22.

This is equivalent to approximately 283 more pupils achieving a grade of 5 or more in 2021/22 compared to 2018/19

West Northamptonshire's average for the last 3 academic year(s) is 44.3%.

Key Stage 4: English & Maths 5+ | Comparison Trend



48.0% achieved a grade of 5 or more in English & Maths in West Northamptonshire, 1.6% lower than the National percentage of 49.6%.

This is equivalent to 72 fewer pupils in West Northamptonshire achieving a grade of 5 or more in English & Maths compared to the National percentage.

West Northamptonshire has been above the National percentage 0 times in the last 3 academic year(s) for English & Maths 5+.

Key Stage 4: English & Maths 5+ | Relative Change

	2017/18 Value	→ Trend	2018/19 Value	→ Trend	2021/22 Value
LA: All Schools	42.5%	-0.6%	41.9%	+6.1%	48.0%
National	43.3%	-0.1%	43.2%	+6.4%	49.6%
Relative Change	-	-0.5%	-	-0.3%	-

West Northamptonshire's relative change for English & Maths 5+ has increased by 0.2%, from -0.5% in 2018/19 to -0.3% in 2021/22 when compared to the National percentage.

While West Northamptonshire percentage for English & Maths 5+ has increased by 6.1%, from 41.9% in 2018/19 to 48.0% in 2021/22, the National percentage increased by 6.4%, from 43.2% in 2018/19 to 49.6% in 2021/22.

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