



# People Overview and Scrutiny Committee

A meeting of the People Overview and Scrutiny Committee will be held at the Jeffrey Room, The Guildhall, Northampton NN1 1DE on Thursday 8 December 2022 at 6.30 pm

## Agenda

1.	<b>Apologies for Absence and Notification of Substitute Members</b>
2.	<b>Declarations of Interest</b> 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.	<b>Notification of requests from Members of the Public to address the Meeting</b> To receive notification of requests from members of the public to address the meeting on an item on the public part of the agenda.
4.	<b>Minutes</b> (Pages 5 - 10) To confirm the Minutes of the meeting of the Committee held on 21 November 2022.
5.	<b>Chair's Announcements</b> To receive any communications from the Chair.
6.	<b>Integrated Care Northamptonshire</b> (Pages 11 - 72) To consider an update on the development of the Integrated Care System in Northamptonshire.

7.	<p><b>Review of Committee Work Programme (Pages 73 - 82)</b> To review and note the Committee Work Programme.</p>
8.	<p><b>Urgent Business</b> The Chair to advise whether they have agreed to any items of urgent business being admitted to the agenda.</p>
9.	<p><b>Exclusion of Press and Public</b> In respect of the following items the Chair may move the resolution set out below, on the grounds that if the public were present it would be likely that exempt information (information regarded as private for the purposes of the Local Government Act 1972) would be disclosed to them: The Committee is requested to resolve: "That under Section 100A of the Local Government Act 1972, the public be excluded from the meeting for the following item(s) of business on the grounds that if the public were present it would be likely that exempt information under Part 1 of Schedule 12A to the Act of the descriptions against each item would be disclosed to them."</p>

Catherine Whitehead  
Proper Officer  
30 November 2022

## **People Overview and Scrutiny Committee Members:**

Councillor Rosie Herring (Chair)	Councillor Karen Cooper (Vice-Chair)
Councillor Azizur Rahman	Councillor Harry Barrett
Councillor Imran Ahmed Chowdhury BEM	Councillor Raymond Connolly
Councillor Cheryl Hawes	Councillor Rufia Ashraf
Councillor Penelope Flavell	Councillor Greg Lunn
Councillor Emma Roberts	Councillor Janice Duffy
Councillor Sue Sharps	Councillor Nick Sturges-Alex
Councillor Mike Warren	

## **Information about this Agenda**

### **Apologies for Absence**

Apologies for absence and the appointment of substitute Members should be notified to [democraticservices@westnorthants.gov.uk](mailto: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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Email: [democraticservices@westnorthants.gov.uk](mailto:democraticservices@westnorthants.gov.uk)

Or by writing to:

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





## People Overview and Scrutiny Committee

Minutes of a meeting of the People Overview and Scrutiny Committee held at the Jeffrey Room, The Guildhall, Northampton NN1 1DE on Monday 21 November 2022 at 6.00 pm.

Present:	Councillor Rosie Herring (Chair) Councillor Azizur Rahman Councillor Harry Barrett Councillor Raymond Connolly Councillor Rufia Ashraf Councillor Emma Roberts Councillor Janice Duffy Councillor Sue Sharps Councillor Nick Sturges-Alex Councillor Mike Warren
Apologies for Absence:	Councillor Karen Cooper Councillor Imran Ahmed Chowdhury BEM Councillor Greg Lunn
Officers	Ben Pearson, Assistant Director Education Stuart Lackenby, Executive Director People Services James Edmunds, Democratic Services Assistant Manager Kathryn Holton, Committee Officer

There were three members of the public also in attendance.

### 76. **Apologies for Absence and Notification of Substitute Members**

Apologies were received from Councillors Cooper, Chowdhury and Lunn.

### 77. **Declarations of Interest**

There were none.

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

A request to address the meeting in respect of Item 6 (Support for children and young people with SEND) had been received from Ms Lauren Bunting.

### 79. **Minutes**

RESOLVED: that the People Overview and Scrutiny Committee agreed the minutes of the People Overview and Scrutiny Committee meeting on 25 October 2022.

80. **Chair's Announcements**

The Chair noted that the scheduled meeting of the Committee in September 2022 had been cancelled due to the mourning period for the late Queen and this additional meeting had been convened to consider the specific topic of SEND provision.

81. **Support for children and young people with Special Educational Needs and/or Disabilities (SEND)**

The Chair invited Ms Lauren Bunting to address the Committee. Ms Bunting outlined the long-running problems she had experienced in trying to secure appropriate education for her daughter who had SEND. This had put her into contact with other parents who all felt that their children were being failed by West Northamptonshire Council (WNC). WNC had acknowledged this but just admitting failure was not a response to their situation. She questioned whether changes to SEND provision now being made or proposed by WNC would change anything without additional funding. She supported further scrutiny into SEND provision.

In response to questions from Committee members Ms Bunting stated that the outcome she was seeking was for her daughter to have the education package she needed. However, WNC seemed to see her as a nuisance and could not provide an appropriate option. Children with SEND were not being supported to fulfil their potential and to live rewarding lives.

Committee members emphasised the importance of local educational provision to support children with different needs and of good communication between WNC and parents as standard.

The Assistant Director Education advised that he had now been in-post for three months and during this time he had met with Ms Bunting and the parents action group and had corresponded with them extensively. However, he apologised to Ms Bunting for the situation she had experienced and expressed a desire to make improvements by working together. He acknowledged that communications had not been good enough in the past, but changes were now being made.

The Cabinet Member for Children, Families and Education further advised that the need to improve SEND provision had been a key focus of the recruitment process for the Assistant Director Education.

The Assistant Director Education presented the report and explained the national context concerning the provision of support for children and young people with SEND. The Children and Families Act 2014 had set out statutory responsibilities for councils and partners to implement reforms in provision. The SEND Code of Practice then outlined supporting legal requirements, which to date no council had implemented in full. Since 2014 there had been a significant increase in children with additional needs as well as an increase in the complexity of those needs. Nationally there was a £2bn gap in the resources required to implement statutory requirements and fewer than 10% of councils were currently meeting the demand for SEND services within their allocated High Needs Funding. Lockdown had had a disproportionate effect on children and young people with additional needs.

The Department for Education (DfE) had launched consultation on a SEND green paper in March 2022, which was effectively three years late. A new national SEND delivery plan was due to be published in late 2022, although early 2023 was now more likely. WNC would then need to produce a local plan which tailored the national requirements to the local context. Ofsted and the Care Quality Commission were also due to implement a new local inspection framework in early 2023.

In West Northamptonshire there had been a 25% increase in requests for assessment in the last year. There were over 3,000 children with an Education, Health and Care (EHC) Plan, although it was estimated that 20% of a school cohort would have an additional need. There was a shortfall in specialist educational provision and the quality of alternative provision in West Northamptonshire was low. The High Needs budget was overspent, there were difficulties recruiting to key posts and the percentage of EHC needs assessments completed within 20 weeks needed to be improved.

WNC was now taking various action to improve the overall situation:

- Two new staff had been recruited to support improvement and to work with partners. The Assistant Director had used this approach successfully at other councils.
- A new SEND governance board specifically for West Northamptonshire would operate from April 2023, with a vice chair from the Northants Parent Forum Group (NPFPG). The board would be involved in developing future SEND provision, including the local SEND Delivery Plan.
- West Northamptonshire would benefit from a thorough needs assessment and an agreed view of key outcomes.
- Staffing capacity had been increased to help to meet the level of demand. The backlog in EHC plans had now been addressed.
- Additional specialist placements had been opened this term with more coming in future.
- WNC had just launched the graduated approach to SEND support with partners.

The Assistant director Education commented in conclusion that this was a complex area nationally and it was recognised that WNC was behind the curve. However, issues like those raised by Ms Bunting were taken very seriously and there was a commitment to continued dialogue and to co-production of future provision. The new SEND governance board would be a step change that would make a real difference.

The Committee considered the report and members made the following points during the course of discussion:

- Who would be the members of the new governance board and who would have the final responsibility for decisions about future provision?
- Previous engagement with parents had been poor. How would the Assistant Director change that?
- Action was needed not just promises that might not be delivered. Previous issues affecting local SEND provision made it more difficult to take confidence in the approach now being proposed.
- The proposed new approach did seem to be more vigorous. However, the previous Accountability Board had not prevented issues from arising. It was

proposed that an Overview and Scrutiny task and finish panel was needed to look at issues affecting SEND provision in West Northamptonshire and to check and inform key elements of the proposed new approach.

- The NPFG was the lead local group, but it was questioned whether all parents were able to make their voices heard through it.
- A further example was relayed of the difficulties experienced by an 11-year-old child with autism who had been out of education for 18 months due to burn out from masking their condition whilst in a mainstream school setting. The inability to provide education that met a child's individual needs had a significant impact on their current and future life.
- The government needed to hear that resources were not sufficient to address the level of SEND support required by the Children and Families Act 2004. Local authorities should have made more of a case on this.
- Did action to address the backlog of EHC plans also include reviewing previous cases to identify whether individuals received an appropriate response?
- Alternative provision in West Northamptonshire was inadequate and led to the use of more out of county placements. Could alternative provision be brought back in-house by WNC?
- WNC had a community leadership role and councillors were responsible for acting on behalf of local residents, especially those such as children and young people with SEND who felt overlooked.
- WNC incurred expenditure defending tribunal cases relating to SEND packages. A more effective approach would reduce this cost.
- How many of the 49.6% of annual reviews not completed within the 12-month deadline in the current year were far outside the deadline? Did annual reviews not completed within the deadline involve similar cases?

The Assistant Director Education responded to points made by Committee members as follows:

- The governance board would be the decision-maker about how statutory responsibilities regarding SEND were delivered. The board would be chaired by the Cabinet Member for Children, Families and Education and would be composed of senior leaders from across the education, social care, health and voluntary sectors, together with parents. It was also hoped to include young people once the best way of engaging them was identified.
- As Assistant Director he would not make commitments that could not be delivered and aimed to remain at WNC to see them through. The SEND needs assessment was the key part of the new approach as it would inform a considered view of how best to meet local needs.
- Various professional bodies were currently making representations to the government about the pressures on SEND funding. The West Northamptonshire Schools Forum was also due to discuss pressures on the education funding environment, with a view to highlighting issues.
- Requirements relating to parent forums were not set locally. However, the NPFG should be as representative as possible and was being challenged to achieve this. A meeting could be arranged between the NPFG and the parents group that Ms Bunting had helped to create. Various efforts were being made to strengthen previous engagement with parents relating to SEND provision.

- The new approach to SEND provision would engage with local area partnerships and would model need in local areas.
- There was a national system of annual reviews for EHC plans. This was currently not very effective but should improve from 2023 when it would become a statutory requirement. Considering a young person's needs and how these were being met was the basis for much of the work that WNC was now doing.
- Creating more in-house alternative provision would require a change in the law as any new school established had to be an academy. However, WNC had worked with four multi-academy trusts to help to inform bids for alternative provision in the local authority. It was hoped that at least one bid would be supported by the DfE. Early involvement by WNC should then provide the basis for an ongoing partnership. As Assistant Director he sought to take a collaborative approach with all schools in West Northamptonshire.

The Cabinet Member for Children, Families and Education advised during discussion that the f40 group of local authorities had recently completed a piece of work on SEND provision and was now awaiting a response to this from the government. The f40 group had previously made successful representations to the government on issues such as support for unaccompanied asylum-seeking children.

Following discussion, it was proposed that the Committee should agree to set up a task and finish panel to scrutinise SEND provision and the noted failings relating to it, to include a review of the proposed SEND delivery plan and the SEND Accountability Board. The potential for the task and finish group to include co-opted members such as a parent representative and a SEN Coordinator was also raised.

The Chair noted that it would be important for scrutiny of SEND provision to complement the corporate work outlined at the meeting. The Assistant Director Education acknowledged the role of Overview and Scrutiny but also advised that there was a tight timescale involved in establishing the new SEND governance board by April 2023 and that the development of the new approach to SEND provision would involve a group that would carry out a scrutiny-type function.

Committee members commented on the importance of pre-decision scrutiny by Overview and Scrutiny, particularly in the context of previous issues relating to SEND provision. Various Committee members went on to express support for the idea of scrutinising the topic. Councillors Barrett, Roberts and Herring expressed an interest in being part of a task and finish panel and Councillor Barrett offered to chair it.

The Committee was advised to focus first on the intended outcomes of the potential scrutiny work under consideration and then to identify the best method of achieving these, as well as to consider how the potential scrutiny work would add value to existing corporate work.

The Executive Director People Services noted that potential scrutiny work should have clearly defined key lines of enquiry. The topic of SEND provision could be divided up into three elements:

- Development of the needs assessment. NPFG might be asked to provide anonymised cases studies to inform consideration of this by a task and finish panel.

- Governance arrangements supporting future SEND provision. The needs assessment would need to be in place in order to consider this element effectively.
- Development of the Delivery Plan and arrangements to judge performance against it.

The Committee gave further consideration to the focus and practicalities of potential scrutiny work on SEND provision. It was highlighted that normal practice when setting up a task and finish panel was to give all non-executive councillors an opportunity to express an interest in participating. The panel members would then meet to develop the scope for the scrutiny work for final approval by the Committee.

RESOLVED: That the People Overview and Scrutiny Committee

- a) Noted the updates in the report.
- b) Agreed to set up a Task and Finish Panel to scrutinise SEND provision.
- c) Noted that Councillors Barrett, Herring and Roberts were prepared to sit on the Task and Finish Panel and that information would be circulated to other non-executive councillors following the meeting to identify the other members to be involved.
- d) Agreed that Task and Finish Panel members would hold a scoping meeting to draw up the key lines of enquiry for the scrutiny review for approval by the People Overview and Scrutiny Committee.

The meeting closed at 7.45 pm

Chair: \_\_\_\_\_

Date: \_\_\_\_\_



# West Northamptonshire Place Development November 2022

# Vision and Ambitions

live your best life

1. Best start in life
2. Access to the best available education and learning
3. Opportunity to be fit, well and independent
4. Employment that keeps them and their families out of poverty
5. Housing that is affordable, safe and sustainable in places which are clean and green
6. To feel safe in their homes and when out and about
7. Connected to their families and friends
8. The chance for a fresh start, when things go wrong
9. Access to health and social care when they need it
10. To be accepted and valued simply for who they are



Live your best life



# Northamptonshire Integrated Care System Operating Model

## Integrated Care Northamptonshire

Improve the health and wellbeing of the population

Reduce inequalities in health and wellbeing outcomes

Contribute to the economic and social wellbeing of Northamptonshire

Ensure value for money

Access to Health & Social Care when Needed

Opportunity to be Fit & Well

Best Start in Life

Access to the best available Education & Learning

Employment that keeps them & their family out of poverty

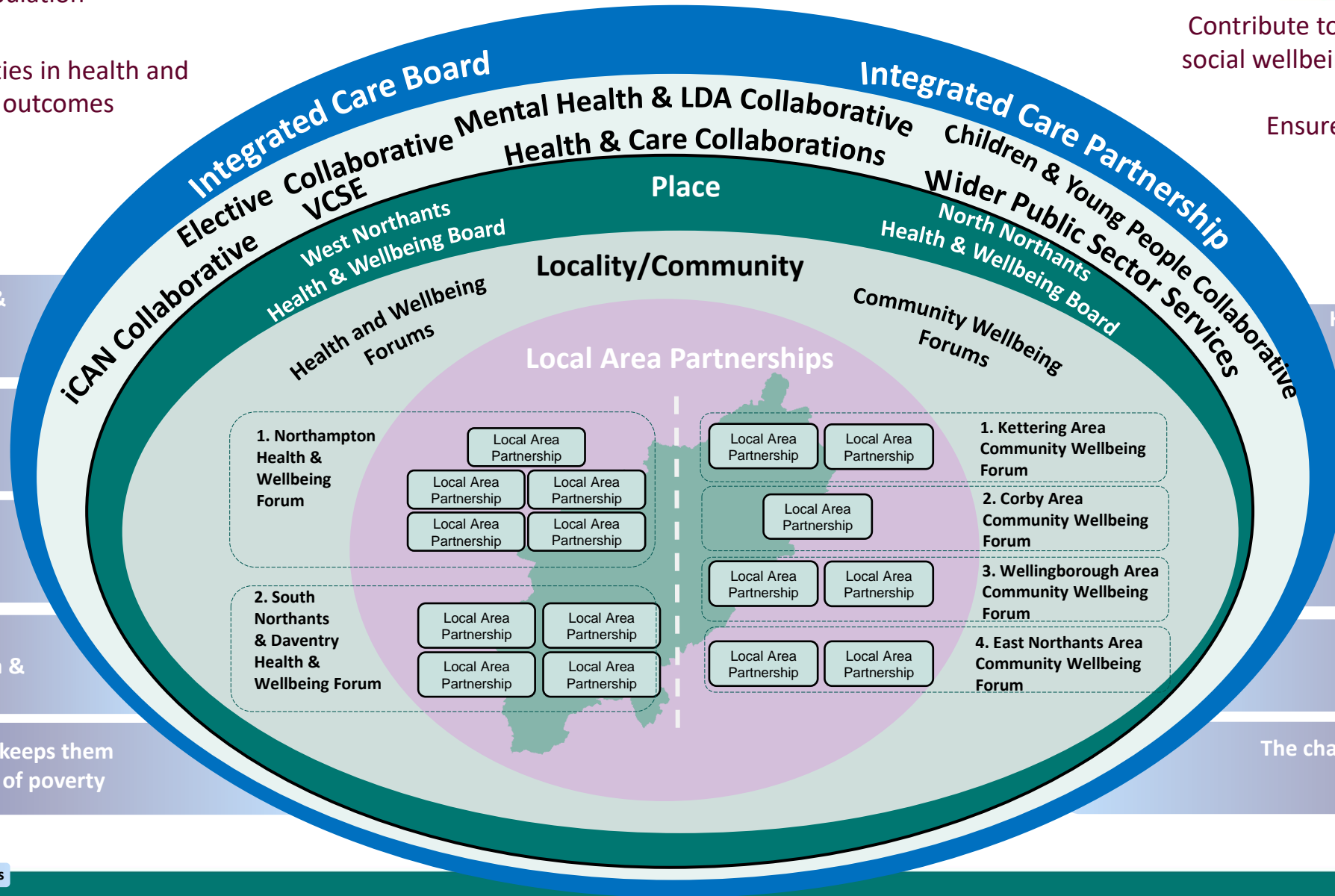
Housing that is affordable, safe & sustainable which are clean a& green

To feel safe in their homes & when out and about

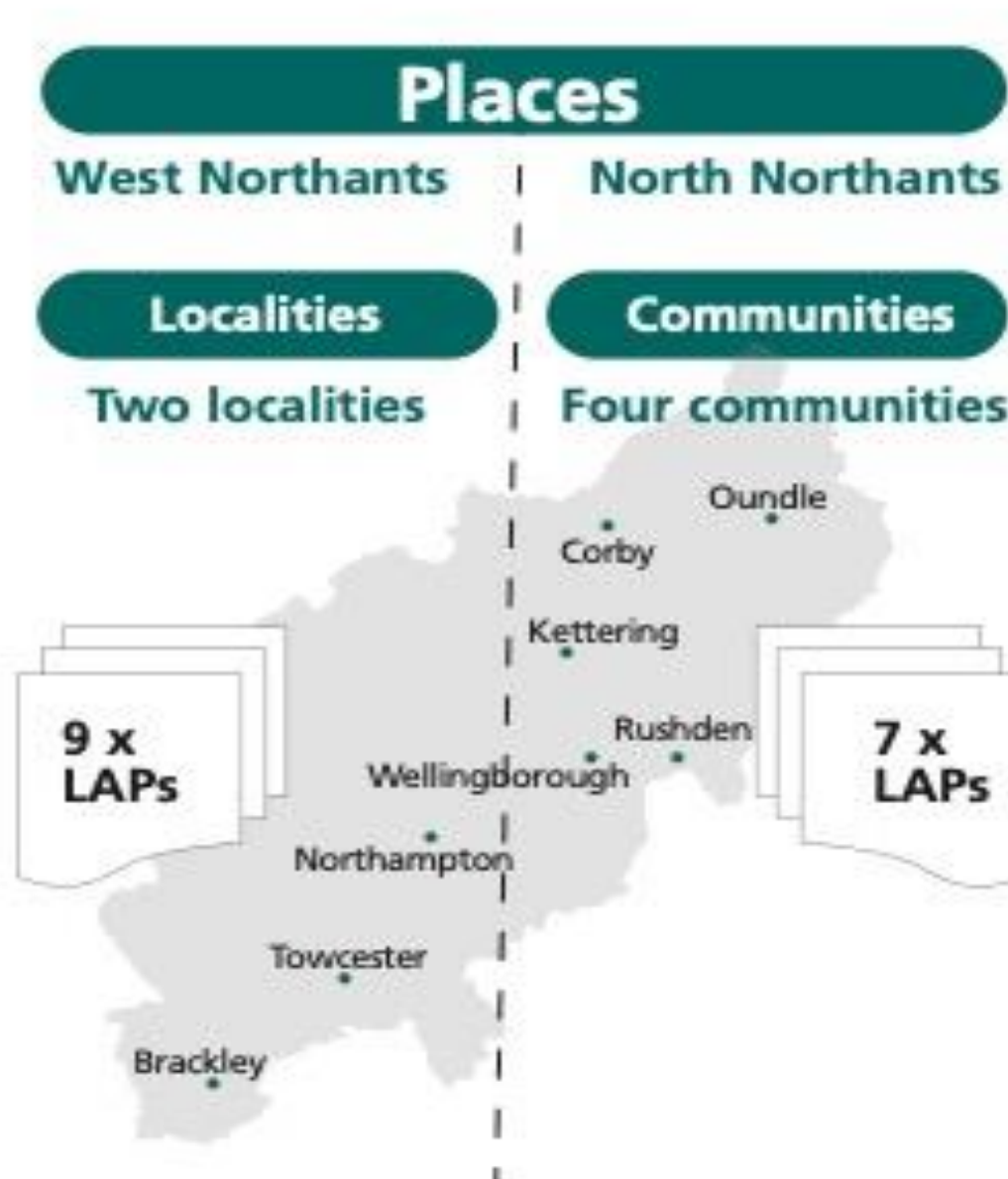
Connected to their families

To be accepted & valued simply for who they are

The chance for a fresh start when things go wrong



# Northamptonshire's Approach to Place Development



# WNC Place Operating Model

## Integrated Care Northamptonshire

Live your best life

Integrated Care Partnership  
WNC & NNC & ICB

Responsible for setting the strategic direction for the system and production of the Integrated Care Partnership 5 to 10 year strategy

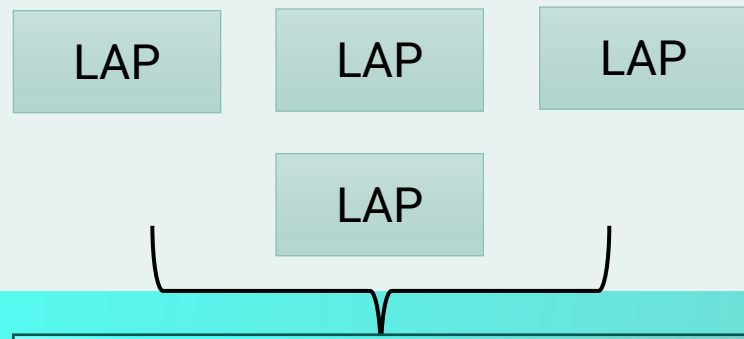
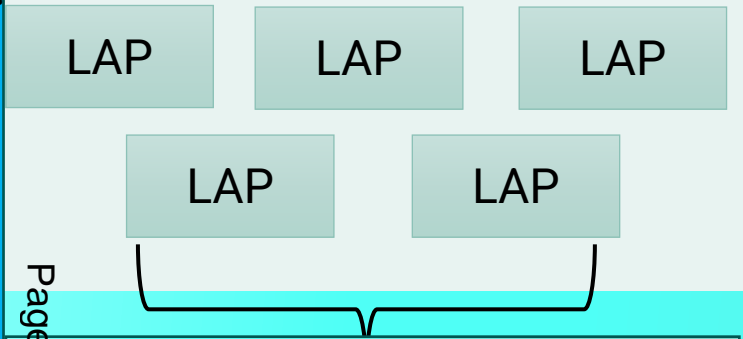
Health & Wellbeing Board (WNC)

Initiating and encouraging the integrated delivery of health, social care and other services with health and wellbeing related responsibilities (such as housing, leisure, planning, community activity)

Health & Wellbeing Forum  
Northampton

Health and Wellbeing Forum  
Daventry and South Northants

Responsibility for joint planning of local services across health and local authority. Identifying "at scale" priorities based on LAP profiles and Plans.

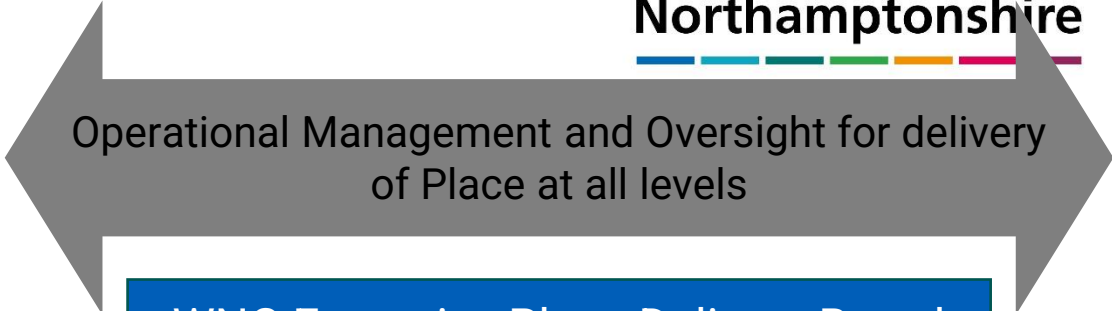


Based on community areas collaborating across organisational barriers to engage and coproduce services with local people. Using Local Area Profiles providing insight for priorities. Development of Local Area Plans.

INTEGRATED TEAMS AT LOCAL AREA PARTNERSHIP LEVEL

INTEGRATED TEAMS AT LOCAL AREA PARTNERSHIP LEVEL

Priorities identified in Local Area Profiles and Plans delivered through **Community Integrated Teams**



**INTEGRATED CARE PARTNERSHIP**

**WEST NORTHANTS Health and Wellbeing Board**  
live your *best* life

**WNC Executive Place Delivery Board**

**WNC Place Delivery Group**

South Northants and Daventry Health and Wellbeing Forum

Northampton Health and Wellbeing Forum

LAP Development

VCSE Development

WNC Internal Service Development (formally LYBL Board)

Locality Development

- Local Area Partnership
- Local Area Partnership
- Local Area Partnership
- Local Area Partnership

- Local Area Partnership
- Local Area Partnership
- Local Area Partnership
- Local Area Partnership
- Local Area Partnership

# Operational Delivery

## WNC Place Delivery Group

- “Engine room” to ensure the ambitions for Place, Localities and Local Area Partnerships (LAPs) are realised.
- Activities aligned to ensure the delivery of LYBL ambitions and System Outcomes Framework
- Identify 2 Pioneer sites to accelerate delivery
- Initial core membership meeting weekly to oversee:
  - Locality development
  - LAP development
  - Local Area Profiles based on Insights data
  - Comms and engagement
  - VCSE development

## WNC Executive Place Delivery Board

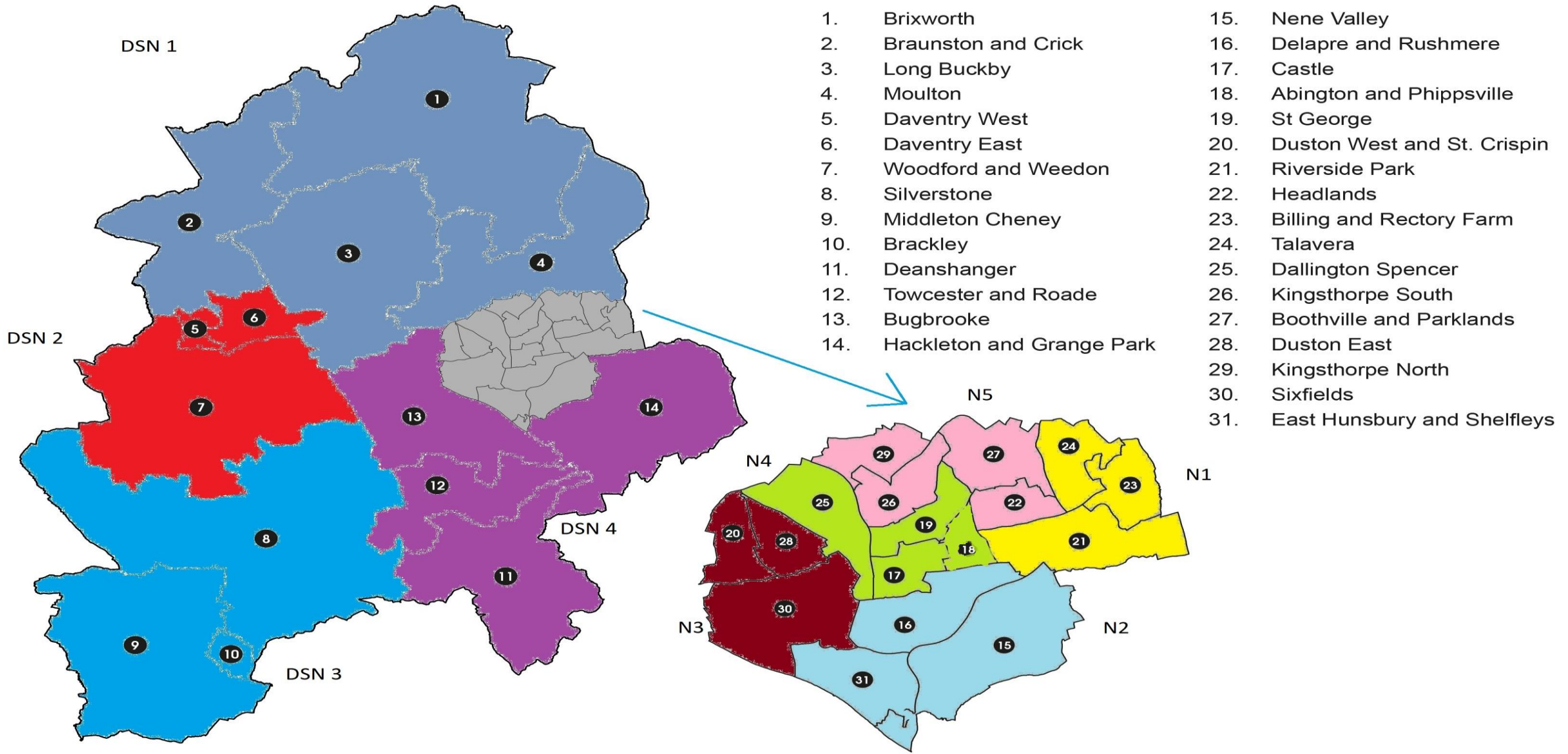
- Extended Stakeholder involvement in WNC Place development and delivery.
- Broad membership from key organisations integral to the delivery of the LAP model. The new Board will provide collaboration and oversight on the operational delivery implementation of the WNC Place operating model.
- NGH, NHFT, Police, GP, Public Health, VCSE, ICB, Parish Councils, GP ICS Board, Community Pharmacy, Fire, Childrens Trust, Police & Crime Commissioner, EMAS, Comms & Engagement.
- Reaching out to Dentists, Optometrists and Business leaders to join.



# Local Area Partnerships

Integrated Care  
Northamptonshire

## West Northamptonshire Unitary | Electoral Wards



# Development of LAPs – story so far

- **Objective:** Health services, care services and wider determinates of heath services integrated at a local level to focus on the needs of the community.
- 2 Pioneer sites identified to accelerate and test out how the LAP model might practically work.
- LAP N4 in Northampton, LAP DSN4 in Daventry & South Northants
- GPs mapped to LAPs.
- ASC on a LAP footprint.
- Council services adopting LAP approach where sensible.
- Neighbourhood Working Groups.
- VCSE engaged and will provide support to LAPs on a thematic basis.
- Police “beats” arranging themselves into LAPs.
- Links to iCAN welfare support teams to enhance access to services.
- Local Area Profile data to inform LAP priority setting.
- Asset mapping of LAPs.
- Asset based community engagement and coproduction.
- Links to WNC Anti-poverty Strategy Action Plan.

## DSN4

Bugbrooke  
Towcester and Roade  
Deanshanger  
Hackleton and Grange Park

## N4

Dallington Spencer  
Castle  
Abington and Phippsville  
St George

## Initial Themes: Unemployment, Crime, Healthy lifestyles, Housing

- Unemployment
- Universal Credit claimants + number of Universal Credit claimants in employment
- Deprived neighbourhood: Education, health, living environment, crime
- Children in relative low income families
- Overcrowded, and small housing
- Number of households not connected to the gas network
- Crime: violent, criminal damage, anti-social behaviour, burglaries, robberies, vehicle crimes
- Life expectancy lower
- Significantly High proportion of: Coronary Heart Disease, Circulatory disease, Respiratory Disease.
  - Slightly lower: Cancer, Stroke
- Over double national average of people living in health deprivation ‘hotspots’



# N4 Local Area Profile (2)

- Emergency hospital admissions:
  - Chronic-obstructive pulmonary disease (over double national number)
  - Stroke
  - Coronary heart disease
- Binge drinking and smoking
- Disease prevalence: Depression
- AHAH retail environment domain: high access to fast food outlets, pubs, off-licenses, tobacconists, gambling outlets
- Debt: personal debt per head, SME lending debt per head
- Economy: Income and fuel poverty

- Two Community Safety and Engagement Officers and a Community Development Officer working in this area
- Roles are focused on partnership working, delivery of the community safety priorities and the actions that are developing within the anti-poverty strategy
- Neighbourhood Working Groups
  - Membership example: Youth providers, Children's Trust, Ward Cllrs, Police, Fire service, CVS groups, Schools, NPH
  - Kings Heath, Castle, St James, Semilong, Bouverie, Park Management Committee
- The Neighbourhood Working Groups and the Park Management Committee have a set of action plans which cover their work programme
- Need to link together under the LAP

# West Place Pioneer LAP Development

## LAP Membership

Elected members; Local GPs; VCSE; Public Health; WNC DASS & DCS; WNC Place Director

## N4 LAP Emerging Themes

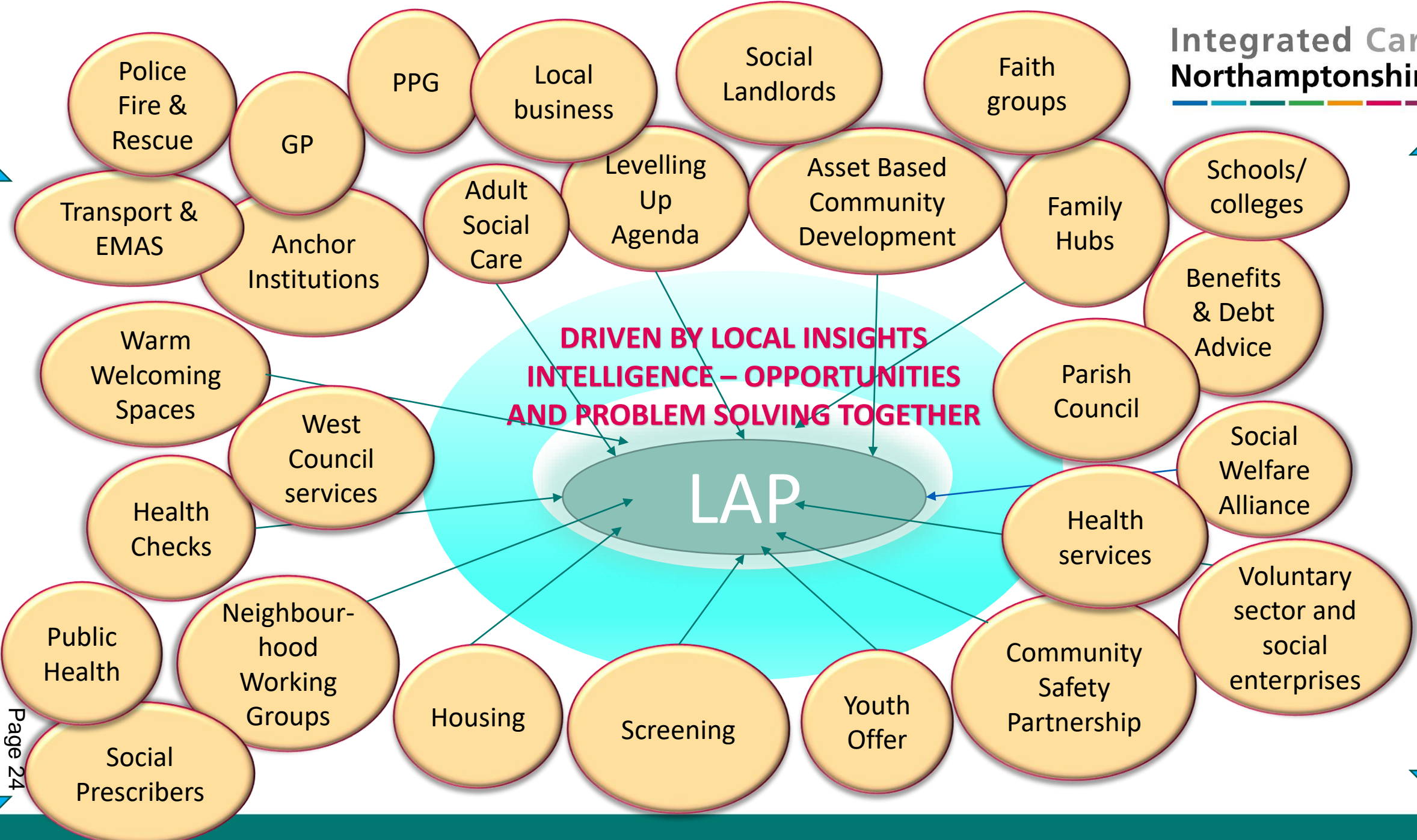
- Respiratory disease, Crime, Young People
- Respiratory: Initiatives for black women; Children with asthma
- Crime: ~50% of crime in Northampton is caused by people living in N4 – extended invitation to Police for representation on the N4 LAP membership
- Improved access to talking therapies through foodbanks and warm spaces
- Linked Community Development Workers with GPs and Elected members

## DSN4 LAP Emerging Themes

- Family hub in Towcester – Co-location at The Forum in Towcester - Birth registrations, 12 week scan, Midwifery, Health Visitors, early years, Childrens social care, mums & tots
- Access to Job Centre facilities in Towcester
- Cross border working challenges
- Distance and travel times to key services

Live your best life

Live your best life







# Integrated Care Northamptonshire Strategy

live your best life

A 10 year strategy 2022-2032

**Please Note**

This draft strategy still requires further accessibility checks.

Version control: V4 22/2022



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# Foreword

## Live Your Best Life

**We are pleased to introduce our Integrated Care Northamptonshire Strategy: Live Your Best Life. This 10-year strategy sets out our plan to help people benefit from equitable opportunities to live their best life, wherever they are and wherever they live in Northamptonshire.**

Our ambition is for residents to 'live their best life' in all aspects: health and wellbeing, education, housing and employment. It sets out a collaborative direction of travel for the people of Northamptonshire to achieve our shared vision and ambitions to deliver better outcomes.

We know the impact partnership working can have and the positive difference it can make for both communities and service delivery. We saw this from the county's response to COVID-19. This strategy aims to continue to build on this work, ensuring joined up working at county-wide and local level.

Having a shared strategy that sets out our direction for the next 10 years can make a positive difference to people's lives. It can bring better outcomes throughout their lifetime; from pregnancy to newborns, to improved education and employment opportunities, to social connection and better access to health and care services.

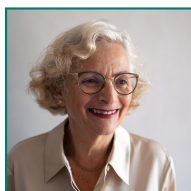
Like many areas, Northamptonshire faces a number of challenges that continue to place pressure on our county's local authorities, health and care services. We face significant demand from our growing older population and working age adults, as well as our children population. These are happening at a time when operating cost pressures are high, with utility costs rising and people feeling the impact of the rising cost of living. It is clear that organisations, and their services, must adapt to ensure that they meet the challenges ahead. We know that through shared working and community involvement, we have the best opportunity to respond to these challenges.

We hope that by reading our strategy, you feel better informed and assured about the work that is being carried out to help everyone live their best life wherever they are and wherever they live in Northamptonshire. As joint signatories we are committed to ensuring that all partner organisations play their full part in realising the ambitions set out in this strategy.

We very much welcome your feedback.



**Councilor Matt Golby**  
Cabinet Member for Adult Social Care and Public Health,  
West Northamptonshire Council



**Naomi Eisenstadt**  
Chair of Northamptonshire Integrated Care Board



**Councilor Helen Harrison**  
Executive Member for Adults, Health and Wellbeing,  
North Northamptonshire Council



# Executive summary

On the 1st July 2022 our new Integrated Care System (ICS) was created across Northamptonshire. Our name is Integrated Care Northamptonshire (ICN) and brings together health, care and wellbeing organisations from across the county to deliver and commission services in partnership, ensuring our communities are involved and at the heart of all we do. Historically, we have been striving to work better together to improve outcomes and reduce inequalities for people. However, now through our long term ICN strategy we have the ideal opportunity to build, expand and deliver our ambitions over the next five to ten years. You will see the wide range of organisations, structures and partners who are involved and committed to working together to make a real difference to people.

This strategy focuses on improving a set of outcomes for the health, care and wellbeing of local people which will realise these ambitions. These are identified because:

- It is these outcomes that really matter to people
- It is these outcomes that we are collectively responsible for
- It is these outcomes that we can only change by aligning our ambitions
- It is these outcomes that we can only change by aligning our resources and how we do this together.

**We are committed to working together through our shared vision: We want to work better together in Northamptonshire to create a place where people and their loved ones are active, confident, and take personal responsibility to enjoy good health and wellbeing, reaching out to quality integrated support and services if, and when they need help.**

**We have a set of shared aims that will:**

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire

**Our shared vision and aims will be delivered through our ambitions which are underpinned by:**

**The Outcomes Framework** where the outcomes are bold, ambitious and exciting and provide a focus for the forthcoming years.

**The Community Engagement Framework** is for everyone – it is our call to action for staff, practitioners, people and communities across Northamptonshire to work together to deliver the changes we have all said we want to see.

**The Integrated Care System Operating Model** shows where and how we will work in partnership to deliver the aspirations and outcomes through a new way of working together.





# Executive Summary

We are collectively committed to delivering our shared ten ambitions and outcomes:

## Ambition

## Outcome

The best start in life



Women are healthy and well during and after pregnancy.  
All children grow and develop well so they are ready and equipped to start school.

Access to the best available education and learning



Education settings are good and inclusive and children and young people, including those with special needs perform well.  
Adults have access to learning opportunities which support them with work and life skills.

Opportunity to be fit, well and independent



Children and adults are healthy and active and enjoy good mental health.  
People experience less ill-health and disability due to lung and heart diseases.

Employment that keeps them and their families out of poverty



More adults are employed and receive a 'living wage'.  
Adults and families take up benefits they are entitled to.

Good housing in places which are clean and green



Good access to affordable, safe, quality accommodation and security of tenure.  
The local environment is clean and green with lower carbon emissions.

To feel safe in their homes and when out and about



People are safe in their homes, on public transport and in public places.  
Children and young people are safe and protected from harm.

Connected to their families and friends



People feel well connected to family, friends and their community.  
Connections are helped by public transport and technology.

The chance for a fresh start, when things go wrong



Ex-offenders and homeless people are helped back into society.  
People have good access to support for addictive behaviour and take it up.

Access to health and social care when they need it



People can access NHS services and personal and social care when they need to.  
People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs.  
Services to prevent illness (e.g. health checks, screening and vaccines) are good, easy to access and well used.

To be accepted and valued simply for who they are

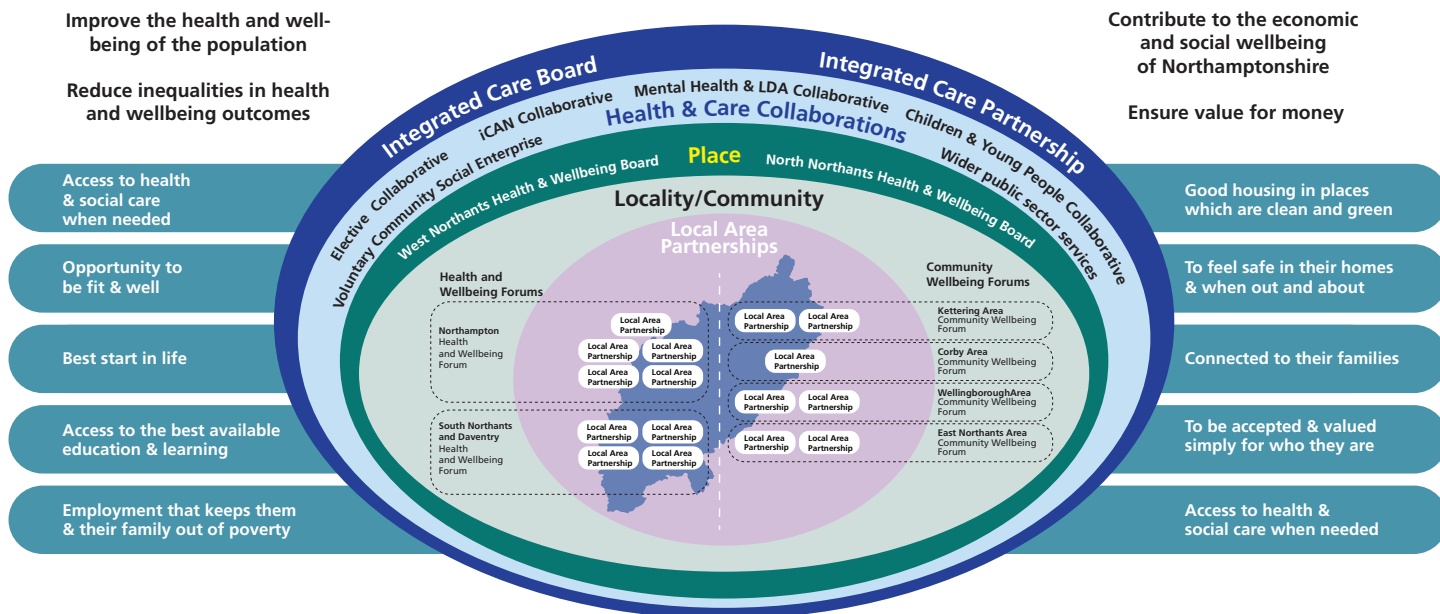


People are treated with dignity and respect, especially at times of greatest need like at the end of their lives.  
Diversity is celebrated.  
People feel they are a valued part of their community and are not isolated or lonely.

# Executive summary

To enable us to achieve our collective ambitions and outcomes we are committed to working together through our new delivery approach:

## Northamptonshire Integrated Care System



### Systemwide:

- Integrated Care Partnership
- Integrated Care Board

### Collaboratives:

- Mental Health, Learning Disabilities and Autism
- Children and Young People
- Integrated Care Across Northamptonshire for people over 65 years old
- Elective Care

### Health and Care Collaborations:

- **West Northamptonshire**  
2 Health and Wellbeing Forums  
9 Local Area Partnerships
- **North Northamptonshire**  
4 Community Wellbeing Forums  
7 Local Area Partnerships

To support people with our ten ambitions we must collaborate, not just with our partners and local business, but also with local people to ensure we understand the uniqueness of each of our communities and the people who live in them. Understanding this enables us to make sure the right support, environment and interventions are in place to help people to live their best life.

# Introduction

## We are delighted to launch our 10 year Live Your Best Life Strategy for the people and communities of Northamptonshire.

Our strategy for us means people have equity of opportunity to be the best version of themselves and the best outcomes for everyone. We want you to have as healthy a life as possible. Every child should have the best start in life. We all want a good experience of ageing and at the end of life. None of us can achieve these things alone.

Our strategy outlines ten core ambitions key for the people of Northamptonshire to live their best life.

These are:

- The best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps people and families out of poverty
- Good housing in places which are clean and green
- Feel safe in homes and when out and about
- Connected to family and friends
- Chance for a fresh start
- Access to health and social care when they need it
- Valued for who they are.



Our strategy focuses on improving a set of outcomes for the health, care and wellbeing of local people which will meet these ambitions.

These are identified because:

- It is these outcomes that really matter to people
- It is these outcomes that we are collectively responsible for
- It is these outcomes that we can only change by aligning our ambitions
- It is these outcomes that we can only change by aligning our resources and how we do this together.



This diagram shows:

Source: Dahlgren and Whitehead (1991)

Personal characteristics occupy the core of the model and include sex, age, ethnic group, and hereditary factors. Individual 'lifestyle' factors include behaviours such as smoking, alcohol use, and physical activity. Social and community networks include family and wider social

circles. Living and working conditions include access and opportunities in relation to jobs, housing, education and welfare services. General socioeconomic, cultural and environmental conditions include factors such as disposable income, taxation, and availability of work.

**It is only by working together with our communities across Northamptonshire, whilst recognising their distinct characteristics - that we can make a real and lasting difference to the health, care and wellbeing of over 800,000 people that we serve, who face different challenges and have different opportunities.**

Our shared vision and aims will be delivered through our ambitions and strategic outcomes framework. As we deliver our 10 ambitions we will need to focus on prevention and wellbeing if we are to reduce inequalities and boost the economic and social wellbeing of Northamptonshire.

This builds upon the aims and priorities set out in many local health, wellbeing and care strategies already in existence across Northamptonshire providers and commissioners and outlines our intentions as an Integrated Care System moving forward. It is based on the available data and evidence locally, nationally, and internationally. We have taken into consideration our refreshed Joint

Strategic Needs Assessment, and health and wellbeing trends in Northamptonshire.

We recognise that the health, care and wellbeing of our population is proportionally impacted by the following estimates:

- The health and care received 20%
- Lifestyle choice 30%
- Population genetics and wider economic, physical and social environments 50%.

Although estimates vary, it is the wider determinants of health that have the largest impact.

**To enable our communities and residents to truly flourish, we need to understand what drives our health and wellbeing. The circumstances in which people are born, grow, live, work and age provide the foundations for people to live healthy.**





# Partners working together





# In partnership with all our voluntary sector and social enterprises



Northampton General Practices

# Partners working together



## Who we are

We're working together. An Integrated Care System is where community, local government, VCSE, universities, anchor institutions and NHS organisations work together to improve your health and wellbeing. You've told us how important this is and we are now committed to work together in this way.

## Why we need to work together

We've been listening and will continue to do so. A variety of different engagement exercises have taken place over the recent past by a range of public services. We have used all the data from these engagements to build a picture of your views. You've told us you want quicker and easier access to GP appointments, hospital, community and mental health services. You want joined up services that are easy to navigate and continuity of care. You have also told us that you want access to local activities and tidier green spaces. However, the biggest message by far was easy access to information about services, support and community activity.

We will continue to listen to your views with an ongoing programme of community engagement to make sure we are responding to the issues which matter most to you.

This is OUR strategy. Every area in the country now has a strategy and ours is AMBITIOUS. We want to support you to live your best life by having the best health and care system in the country. We will do this by helping you to avoid ill health whilst also having access to excellent care when you need it.

Our local population is changing. We are increasingly affected by significant population growth. Clearly, it's a good thing that we're all living longer – however more of us are living with multiple long-term conditions and dementia. We are also increasingly affected by deprivation.

We're 'Thinking Differently'. New advances in digital and medical technology offer opportunities to radically change the ways we think and work. We will focus on research, development, innovation and evaluation so we can also make a difference by building better networks and relationships, opening access to services and information, and developing the potential in our local communities.





## Anchor institutions

We have already said that socio-economic factors play a huge role in determining people's long-term health, and contribute significantly to health inequalities. Anchor institutions are large organisations that are unlikely to relocate and have a significant stake in our local area. They have sizeable assets that can be used to potentially support our local communities health and wellbeing and tackle health inequalities, for example, through training, employment, professional development, buildings and land use.

Anchor institutions are defined more by their link to a place than their sector. We will continue to explore the opportunities with the many private and voluntary sector organisations across Northamptonshire that hold a significant interest in the long-term development and health of our local areas.

Northamptonshire Anchor Network bringing communities, businesses and public sector together to commit to the following:

- Empowering the next generation
- Employment opportunities
- Social value gained from local investment
- Improving health and wellbeing outcomes for our local communities.

## Health protection

Our local authorities, Public Health and UKHSA will work closely together as a single public health system through joint working, with clarity on roles and responsibilities, which is crucial for the safe delivery of health protection. The DPH will work with local NHS and non-NHS partners to ensure that threats to health are understood and appropriately addressed.

## ICN research

Research and innovation are central to improving the delivery of health and care services and interventions in community settings and, informing future delivery of health and care. Our approach to research and innovation is underpinned by effective research governance, strong leadership and partnerships with academia and industry across the healthcare and wider system. We will include research in commissioning and contracting discussions and embed evaluation of new and existing services and interventions so we can be assured they deliver the benefits and outcomes we desire for the population of Northamptonshire.

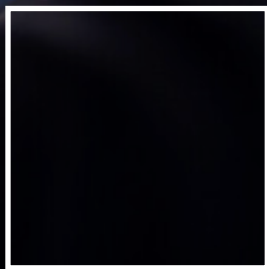
Strong patient and public involvement and engagement is central to our approach to research. We will ensure that we will work proactively to ensure participation reflects the diversity of our population and includes the individuals and communities most at risk of poor health outcomes.





# Shared vision, aims and ambitions

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**Our shared vision and aims will be delivered through our ambitions which are underpinned by the:**

- a. Outcomes Framework**
- b. Community Engagement Framework**
- c. Integrated Care System Operating Model**





# Shared vision, aims and ambitions

## Shared vision

We want to work better together in Northamptonshire to create a place where people and their loved ones are active, confident and take personal responsibility to enjoy good health and wellbeing, reaching out to quality integrated support and services if and when they need help.

## Shared aims

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire.

## Shared ambitions

We want the people of Northamptonshire to have:

- The best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps them and their families out of poverty
- Good housing in places which are clean and green
- Safety in their homes and when out and about
- Feel connected to their families and friends
- The chance for a fresh start when things go wrong
- Access to health and social care when they need it
- To be accepted and valued simply for who they are.

Each ambition is further explained from page 25 of this document and sets out what good looks like for our population.





# Our case for change

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# Our case for change

## Population growth

Northamptonshire's location and setting makes it an attractive county to settle in. Over the last decade our population has grown at a faster rate than most local authorities, not just in the region but in England.

While the population that has grown the most over that time is those aged over 70, we have also locally seen a big increase in the numbers of children aged 5 to 15. Conversely, the numbers of babies born in the county has been slowly decreasing over the last ten years.

This change in population presents real challenges for our integrated care system in terms of the likely continuing increase in demand for public services, at the same time as a pull in our workforce being attracted to nearby commutable cities of London, Leicester and Birmingham.

If we are to meet these needs, we need to change how we work as a system.

In 2021 the population of West Northamptonshire was 425,700 and North Northamptonshire 359,500.

In the last 10 years the population has increased by over 42,000 in North Northamptonshire and over 50,000 in West Northamptonshire (an increase of 13.5%).

This is higher than the overall increase for England (6.6%), where the population grew by nearly 3.5 million and is among the highest population growth in the region.

West Northamptonshire is now the 13th and North Northamptonshire the 21st largest local authority, out of 128 local authorities in England.

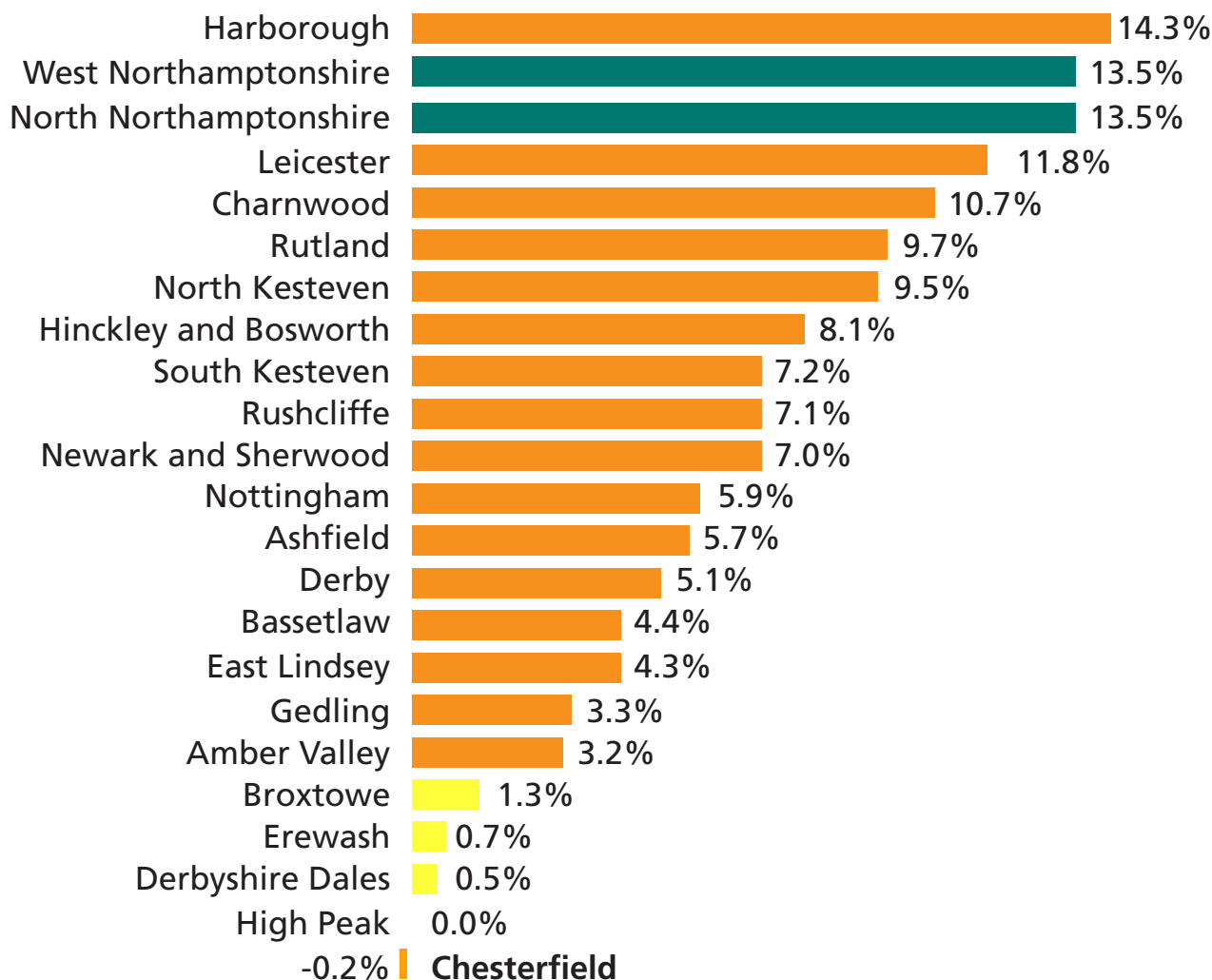
## Economic environment

To create a Northamptonshire where everybody's health and wellbeing can thrive we need all of the right building blocks in place including stable jobs, good pay, and quality housing. Right now, in too many of our communities, the national economic downturn means that these building blocks are not in place. There is strong evidence that economic crises have a significant impact on population mental health. As was the case during the COVID pandemic, those most vulnerable residents in our county are likely to be hit hardest by this – thereby widening the health gap.

In response to this situation, we are likely to see continued real-terms reduction in public sector funding meaning that we will again have to do more with less. The power of working together as an Integrated Care System is that resources can be pooled to be used more efficiently and effectively.



## Population change of local authorities in the East Midlands between 2011 and 2021 (Percentage change)

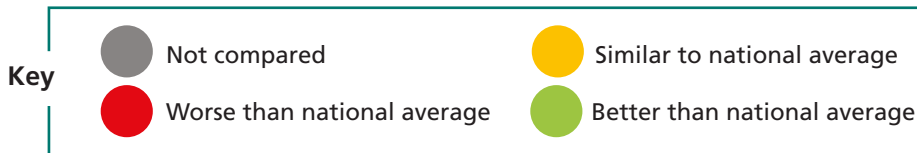


### Demographics

We know that while the county as a whole is less diverse than the England population, there is huge variation in the shapes of our communities. This can very broadly be divided into much less diverse rural communities and much more diverse towns and urban areas. Understanding our communities better and how they differ will be key to ensuring that our integrated care system delivers better outcomes for all.

# Health and Wellbeing in North Northamptonshire

## August 2022



### Start Well

- 3,789 babies were born in 2021.
- 12.2% of mothers smoked at the time of birth in 2020/21. This is worse than the England average.
- The population of North Northamptonshire was 359,500 in 2021.
- 70% of children achieved a good level of development at the end of reception class in 2019.
- 14% of children aged under 16 lived in low income families in 2020/21. This is better than the England average.
- 24% of children in reception class were overweight or obese in 2019/20. This is similar to the England average.\*
- 34% of children in Year 6 were overweight or obese in 2019/20. This is similar to the England average.\*
- 69% of young people gained a standard pass (4) in English and Maths GCSEs in 2021.
- The Chlamydia detection rate was 1,330 per 100,000 in 15 to 24 year olds in 2020. This is below the national target range.
- There were 14 pregnancies in females aged under 18 per 1,000 girls aged 15 to 17 in 2020. This is similar to the England average.

### Live Well

- A 2018 based projection estimated there were 150,136 households in North Northamptonshire in 2021.
- The average salary (persons) in 2020 was £30,189. This was an increase of 9% compared to 2019.
- 79.6% of adults were employed in 2020/21. This is better than the England average.
- 10% of households experienced fuel poverty in 2018.
- There were 323 new sexually transmitted infections per 100,000 population in 2020. This is lower than the England average.
- 62.6% of adults were physically active in 2020/21. This is worse than the England average.
- 53% of the population aged 16+ ate their "5-a-day" in 2019/20. This is worse than the England average.
- 70% of adults were overweight or obese in 2020/21. This is worse than the England average.
- There were 431 alcohol related hospital admissions per 100,000 population in 2020/21. This is better than the England average.
- 18% of adults smoked in 2019. This is worse than the England average.
- There were 11 suicides per 100,000 population in 2018-2020. This is similar to the England average.

- There were 196 hospital admissions for self-harm per 100,000 population in 2020/21. This is worse than the England average.
- There were 4 deaths from drug misuse per 100,000 population in 2018-2020. This is similar to the England average.
- 38 people were killed or seriously injured on roads per 100,000 population in the 2016-2018. This is better than the England average.
- There were 28 deaths in under 75s from preventable cardiovascular diseases per 100,000 population in 2017-2019. This is similar to the England average.
- There were 24 deaths in under 75s from preventable respiratory diseases per 100,000 population in 2017-2019. This is worse than the England average.
- There were 60 deaths from preventable cancers per 100,000 population in 2017-2019. This is worse than the England average.

### Age Well

- There were 1,893 hospital admissions due to falls in people aged 65+ per 100,000 65+ population in 2020/21. This is better than the England average.
- The average male life expectancy was 79.2 in 2018-2020. This is similar to the England average.
- The average female life expectancy was 82.4 in 2018-2020. This is worse than the England average.





\* Please note that figures on childhood excess weight should be interpreted with caution due to low 2019/20 NCMP participation.



# Health and Wellbeing in West Northamptonshire

## August 2022












**Key**







-  Not compared
-  Similar to national average
-  Worse than national average
-  Better than national average

### Start Well




-  4,647 babies were born in 2021.
-  12.3% of mothers smoked at the time of birth in 2020/21. This is worse than the England average.
-  The population of West Northamptonshire was 425,700 in 2021.
-  72% of children achieved a good level of development at the end of reception class in 2019.
-  14% of children aged under 16 lived in low income families in 2020/21. This is better than the England average.
-  21% of children in reception class were overweight or obese in 2019/20. This is better than the England average.\*
-  30% of children in Year 6 were overweight or obese in 2019/20. This is better than the England average.\*
-  73% of young people gained a standard pass (4) in English and Maths GCSEs in 2021.
-  The Chlamydia detection rate was 1,417 per 100,000 in 15 to 24 year olds in 2020. This is below the national target range.
-  There were 10 pregnancies in females aged under 18 per 1,000 girls aged 15 to 17, in 2020. This is lower than the England average.

### Live Well

-  A 2018 based projection estimated there were 170,103 households in West Northamptonshire in 2021.
-  The average salary (persons) in 2020 was £32,467. This was an increase of 2% compared to 2019.
-  78% of adults were employed in 2020/21. This is similar to the England average.
-  9% of households experienced fuel poverty in 2018.
-  There were 374 new sexually transmitted infections per 100,000 population in 2020. This is lower than the England average.
-  63% of adults were physically active in 2020/21. This is worse than the England average.
-  52% of the population aged 16+ ate their "5-a-day" in 2019/20. This is worse than the England average.
-  69% of adults were overweight or obese in 2020/21. This is worse than the England average.
-  There were 467 alcohol related hospital admissions per 100,000 population in 2020/21. This is similar to the England average.
-  15% of adults smoked in 2019. This is similar to the England average.
-  There were 8 suicides per 100,000 population in 2018-2020. This is lower than the England average.

-  There were 297 hospital admissions for self-harm per 100,000 population in 2020/21. This is worse than the England average.
-  There were 3 deaths from drug misuse per 100,000 population in 2018-2020. This is lower than the England average.
-  42 people were killed or seriously injured on roads per 100,000 population in the 2016-2018. This is similar to the England average.
-  There were 26 deaths from preventable cardiovascular diseases per 100,000 population in 2017-2019. This is similar to the England average.
-  There were 20 deaths in under 75s from preventable respiratory diseases per 100,000 population in 2017-2019. This is similar to the England average.
-  There were 54 deaths from preventable cancers per 100,000 population in 2017-2019. This is similar to the England average.

### Age Well

-  There were 2,727 hospital admissions due to falls in people aged 65+ per 100,000 65+ population in 2020/21. This is worse than the England average.
-  The average male life expectancy was 79.8 in 2018-2020. This is better than the England average.
-  The average female life expectancy was 82.8 in 2018-2020. This is worse than the England average.

\* Please note that figures on childhood excess weight should be interpreted with caution due to low 2019/20 NCMP participation.

# Case for change

## Starting Well

It is in early childhood (and even earlier during pregnancy) that the foundations for future health and wellbeing are built. While for many of our children in Northamptonshire there are good opportunities for healthy development, for some more vulnerable, particularly those children who need support from health and care services (including looked after children, children with disabilities), those building blocks for healthy development (such as access to play and leisure activities, a supportive education environment) might be harder to come by. It is only by working together as a system that we can make sure all children in Northamptonshire have all they need to thrive.

## Living Well

Our living and working conditions, the environment we live in and our relationships and social networks continue to shape our health and wellbeing through adulthood. The diseases that are responsible for most of the ill health and early deaths in Northamptonshire - cancers, heart disease, chronic lung disease, musculoskeletal diseases and poor mental health – are all hugely shaped by these social, economic and environmental factors. While rate of death and disability due to these conditions may be similar in scale to the national average in Northamptonshire, the volume of hospital care required is significantly higher than the national average suggesting that the county is much better at treating these conditions when they cause problems, than preventing them.

## Ageing Well

In Northamptonshire, too many older people get admitted to hospital and stay too long, resulting in a greater chance of them losing their independence and not being able to return to their home or needing long term care and support. While the foundations for healthy ageing are laid in middle age, there are things that we can continue to do throughout older age to stay fit, well and resilient. There are huge opportunities in working together as an integrated care system to ensure that Northamptonshire provide the right condition for older people to avoid having to stay in hospital and leave their homes.

## Resource utilisation

We recognise as a system that the way we utilise our collective resources and assets needs to change and this is our opportunity to do that more effectively to support delivering our ambitions. We are committed to working together to understand how we can further consolidate and strengthen the way we deliver financial sustainability and value for money for Northamptonshire.

## Inequalities

Northamptonshire benefits from high employment levels and a beautiful rural setting. However, many in our communities face the same challenges affecting people nationally around poverty (including food and fuel poverty), a lack of affordable housing, crime and safety in our neighbourhoods as well as issues such as a lack of access to green space. These all have a significant impact on the health of our children, young people and adults alike and affect our ability to be able to engage in healthy behaviours like eating well, moving more, sleeping well, drinking less alcohol and stopping smoking.



Health inequalities are the **preventable, unfair and unjust differences** in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental and economic conditions.

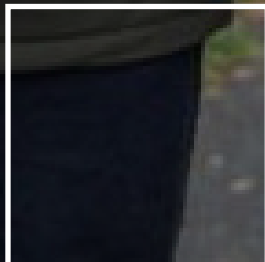
Some of our local communities and specific groups for example; travellers, migrants, carers are among the most disadvantaged in England. It is unacceptable that life expectancy on average can be as much as 8.25 years less depending on where you live. The top 3 broad causes of death that contribute the most to the gap in life expectancy between the most and least deprived areas in Northamptonshire are Cardiovascular disease, Cancer and Respiratory disease. This is why we are committed to working together to tackle the health inequalities caused by deprivation.

You can find the strategy here:

[www.icnorthamptonshire.org.uk/health-inequalities](http://www.icnorthamptonshire.org.uk/health-inequalities)



# What we plan to do together







## Our strategy is focused on

- Our ten ambitions that all partners across our system have collectively committed to delivering over the next 5 to 10 years.
- Our ten ambitions are underpinned by our Strategic Outcomes Framework where the outcomes are bold, ambitious and exciting and provide a focus for the forthcoming years.

To support our residents with these ten ambitions we have to collaborate, not just with our partners and local business but also with local people to ensure we understand the uniqueness of each of our communities and the people who live in them. Understanding this enables us to make sure the right support, environment and interventions are in place to help people to live their best life.

**Our shared vision and aims will be delivered through our ambitions which are underpinned by the:**

- a. Outcomes Framework**
- b. Community Engagement Framework**
- c. Integrated Care System Operating Model**

## Our ten ambitions

- Best start in life
- Access to the best available education and learning
- Opportunity to be fit, well and independent
- Employment that keeps them and their families out of poverty
- Good housing in places which are clean and green
- To feel safe in their homes and when out and about
- Connected to their families and friends
- The chance for a fresh start when things go wrong
- Access to health and social care when they need it
- To be accepted and valued simply for who they are



## Outcomes Framework

We have developed the Outcomes Framework and its purpose is to outline priority outcomes, based on the needs identified in the joint strategic needs assessments (JSNA). The Outcomes Framework provides a mechanism by which we can measure joint efforts in driving progress on the most important outcomes for our local population.

The Outcomes Framework has been shaped around the ten "Live Your Best Life" ambitions and fundamentally underpins this strategy. It sets out the short, medium and long term outcomes ICS will work together to achieve, and supports strategic planning by ensuring system improvement priorities and investment enable achievement of the outcomes. Our framework reflects a commitment that everyone should have the opportunity to make choices that support independence and wellbeing.

We will be developing measures throughout our new operating model described in the next section. These will be at System, Place and Local Area Partnership (LAP) levels based on JSNA data, local insights data and what local people agree are priorities. This will allow us to measure and report whether we are successfully delivering our outcomes or whether we need to reorganise and refocus our resources.

Through this framework we will show:

- How outcomes for residents are being achieved across the system
- Focus plans and inform priorities on an annual basis through clearly articulated measures; and
- Support organisations to work as one system to deliver impact and continually improve.

The framework describes for each of our ambitions:

- Where we are now
- Our approach to achieving our ambition
- The outcomes we want to achieve.

# The best start in life

## Where we are now

Our population aged 5-15 has grown by nearly 20% in the last 10 years but this is likely to slow in future as birth rates fall.

Risks of birth complications and poor health in newborns is higher than it ought to be due to high levels of smoking and obesity in pregnancy.

Looked After Children (LAC) in Northamptonshire get poorer access to regular health and dental checks than LAC in other areas.

Not enough children are starting school with the skills they need to succeed.

Organisational boundaries continues to be a barrier to better care for children and young people.

## Our approach

Everyone will recognise their role in our collective responsibility to improve children and young people's health and wellbeing, including parents, families, friends and schools.

Our communities will raise children to become healthy adults, who themselves raise healthy families and are net contributors to a healthy society.

Young people want to make healthy choices and will seek support for their needs before they reach crisis.

Our children and young people will have a voice in the decisions that affect them, supporting them to be involved in the identification of problems and creation of positive solutions.

The services and support systems available to children and young people will be consistent and stable.



## Outcomes we want to achieve

Women are healthy and well during and after pregnancy.

All children grow and develop well so they are ready and equipped to start school.

## You've said...

There needs to be better support for parents and children such as training and mentoring to support parents in dealing with life pressures.

Advice and care should be provided as close to home as possible and for care to be received at the right place, at the right time.

Waiting times need to be reduced and for services to be equitable for all who access them.

# Access to the best available education and learning

## Where we are now

Too many young people are not reaching their educational potential, which limits their future options.

We have an increasing gap in attainment between the least and most disadvantaged children.

Northamptonshire has a higher rate of permanent exclusions from school than the England rate.

There are a large number of children in county electively home educated.

Too many children with special educational needs or disabilities are being educated outside of the county or at home.

## Our approach

Schools in the county will be places that encourage not just academic achievement for all but also healthy social and emotional development.

Families of all children, regardless of need, will be confident in the quality of the education they receive at schools within the county.

Education settings will be trauma-informed environments so that those with challenging home lives and histories will not have their trauma compounded by school exclusions.

Further and higher education settings will provide the skills training that local employers are looking for in employees.



## Outcomes we want to achieve

Education settings are good and inclusive and children and young people, including those with special needs perform well.

Adults have access to learning opportunities which support them with work and life skills.

## You've said...

Access to special educational needs (SEN) support and education needs to improve.

There needs to be better support for parents and children such as training and mentoring to support parents in dealing with life pressures.

# Opportunity to be fit, well and independent

## Where we are now

Over one in four adults in the county are classified as physically inactive and almost two thirds are classified as overweight or obese.

Smoking is the single greatest risk factor for death and disability in the county with 16.4% of adults in the county being current smokers.

Around 90,000 adults in the county are estimated to be experiencing a common mental health disorder.

Too many young people have poor mental wellbeing and this is increasing.

The severity of poor mental health in adolescence is also increasing resulting in high rates of admission to hospital for self-harm and eating disorders.

## Our approach

The county's built environment and infrastructure will support people to be more active and make healthier food choices easier to make.

Taking up smoking will not be an easy or attractive choice for young people and adults who smoke will be supported with treatment to help overcome the addiction.

Long term conditions and their risk-factors will be spotted early and treated appropriately.

People recognise and have opportunities for all of the factors that promote mental wellbeing including: parenting and early years support, good relationships, good education, stable, secure, good quality and affordable housing, good quality work, a healthy standard of living, accessible safe and green outdoor space, arts and cultural activities.



## Outcomes we want to achieve

Children and adults are healthy and active and enjoy good mental health.

People experience less ill-health and disability due to lung and heart diseases.

## You've said...

Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.

The opportunity to receive care in your own homes to support independence is something that is important to you.

You would like to see better communication, so you can stay informed and up to date on what is going on, as well as having a clear understanding of where to go for support on grants, benefits and opportunities.



# Employment that keeps people and families out of poverty

## Where we are now

We have relatively high rates of employment in the county but a large proportion of work available is very low paid.

Many people and families are not claiming financial support they are eligible for.

There are large gaps in employment for vulnerable communities such as those with serious and enduring mental illness and those with learning disabilities.

## Our approach

Training and education settings, employers and recruiters as well as the job centres will work more effectively in collaboration to ensure that skills match.

The economy of Northamptonshire grows in a way that is sustainable not just environmentally, but also socially; meaning that the increase in the county's revenue doesn't increase inequalities or create more environmental damage.

The right support will be given for those in groups who are under-employed to access jobs and remain in employment.

People, especially in under-served communities, get good information and advice on financial and other support available to them.



## Outcomes we want to achieve

More adults are employed and receive a 'living wage'.

Adults and families take up benefits they are entitled to.

## You've said...

You would like to see better communication, so you stay informed and up to date on what is going on, as well as having a clear understanding of where to go for support on grants, benefits and opportunities.

# Good housing in places that are clean and green

## Where we are now

The population of Northamptonshire has grown by over 13% in the last decade which represents among the highest growth in the country.

We have among the least affordable housing in the East Midlands with over 9,000 people on a waiting list for social housing in the county.

While the county is largely green and rural, with much of land usage in the county agricultural, access to green spaces for people who live in our urban centres is poor.

Air quality in our largest towns is particularly poor and contributing to poor heart and lung health.

## Our approach

Our built environment will support and encourage more people to walk and cycle.

As well as more active travel, more transport via electric vehicles will ensure that air quality, particularly in our urban areas, is improved.

Our local housing market and social housing offer will ensure that all people and their families (but in particular vulnerable groups such as care leavers) have access to affordable safe and good quality accommodation.

While new homes are being built across the county, priority will be given to ensuring that these new developments are green, with plenty of access to open green spaces, urban trees and other green and blue infrastructure.



## Outcomes we want to achieve

Good access to affordable, safe, quality, accommodation and security of tenure.

The local environment is clean and green with lower carbon emissions.

## You've said...

Investment is needed in local public green spaces as well as a focus on reducing litter and fly tipping to increase civic pride in residential areas.

# Feel safe in their homes and when out and about

## Where we are now

Though the rate has been gradually reducing over the past ten years there are still over 130 young people (under 17) entering the youth justice system each year.

Twice as many entrants to the criminal justice system in the most deprived communities compared with the least deprived communities.

The rate of violent offences is higher than the national average, and has increased significantly in recent years; A significant proportion of violent crime in Northamptonshire is domestic abuse and the rate of incidents is increasing year on year.

Too many young people are ending up in hospital due to injuries including deliberate injuries; the rate is increasing in contrast with national patterns.

## Our approach

People will feel safer walking around their communities and feel confident in being out and about in their local neighbourhoods.

Young people will grow up in families, communities and environments that are supported to be safe and nurturing, with plenty of opportunities for personal development and to have fun and enjoy.

Organisations will work together more effectively to ensure children and young people at risk of harm are identified at the earliest opportunity and protected.

Those who experience abuse at home and in their intimate relationships will be supported to have stability in their lives while being protected from perpetrators.



## Outcomes we want to achieve

People are safe in their homes, on public transport and in public places.

Children and young people are safe and protected from harm.

## You've said...

That community safety needs to be a focus and this includes improving the quality and safety of public spaces with improved safer footpaths, reducing anti-social behaviour as well as preventing gangs and grooming.

# Connected to family and friends

## Where we are now

Many of our neighbourhoods score poorly compared with the national average in measures of connectivity to key services, digital infrastructure and isolation.

There is huge variation in digital exclusion across the county with high rates of exclusion both in our most deprived communities as well as less deprived rural communities.

While lots of learning and positive action has been taken from the COVID-19 pandemic, social isolation remains an issue including for younger people in deprived urban centres.

## Our approach

Not only will digital infrastructure and technology be available to the most vulnerable groups, people will have the knowledge and skills to be able to confidently use it.

As well as being better connected digitally, transport will be sustainable and affordable to connect those at greatest need.

People who care for friends and family will be connected so that they have social contact as well as access to support and services for their own mental and physical health.

People will have stronger relationship networks within their communities so that they can share knowledge, experience and give each other support.



## Outcomes we want to achieve

People feel well connected to family, friends and their community

Connections are helped by public transport and technology

## You've said...

**You would like to see better communication, so you stay informed and up to date on what is going on, as well as have a clear understanding of where to go for support on grants, benefits and opportunities.**

**Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.**



# Chance for a fresh start

## Where we are now

To many people in the county have experiences associated with 'deep social exclusion' – namely, homelessness, substance misuse, history of offending and 'street culture' activities (such as begging and street drinking).

Too many preventable and early deaths happen due to drug use or in people experiencing rough sleeping.

## Our approach

Rough sleeping in the county is prevented wherever possible, and where it does occur it is rare, brief and non-recurrent.

People with addictions have access not only to effective treatment and support but also stable accommodation and environments that support recovery.

Employers, landlords and community groups are inclusive so that people with experience of any features of social exclusion may be offered opportunities to thrive.



## Outcomes we want to achieve

Ex-offenders and homeless people are helped back into society.

People have good access to support for addictive behaviour and take it up.

## You've said...

We know we need to talk to you more about areas of focus to improve the 'chance for a fresh start'. We look forward to talking to you and hearing your feedback about this soon.

# Access to health and social care when they need it

## Where we are now

We are missing opportunities to prevent disability and early deaths through screening and vaccination.

Groups such as adults with serious and enduring mental illness, adults with a learning disability and looked after children are missing out on opportunities for more focused preventative health and care services through regular health checks.

The demand for some services (e.g. adolescent mental health services) is such that there are long waiting times.

Older and frail people are staying longer in hospital than necessary and as a result are leaving in poorer physical condition.



## Our approach

Organisations will be more health literate and recognise and address the barriers that people face in accessing preventative health services.

We will prevent chronic mental and physical conditions but also support those already diagnosed to have the skills and confidence to manage their own conditions.

People will be confident in managing minor illness at home but when acute care is needed, appropriate services will be staffed at a level to allow timely response.

Hospital stays will be avoided where possible for those who are frail and be as short as possible for those who cannot avoid it.

## Outcomes we want to achieve

People can access NHS services, personal and social care when they need to.

People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs.

Services to prevent illness (e.g. health checks, screening and vaccines) are good, easy to access and well used.

## You've said...

**Communications with patients' needs to be improved to enable an open dialogue about care available.**

**The opportunity to receive care in your own homes to support independence is something that is important to you.**

**Improving access to services including GP's, mental health support services for children and young people, bereavement support and those with dementia is needed.**

**Waiting times for services needs to be reduced.**

# Valued for who they are

## Where we are now

Early conversations with people about what it means to them, to “be valued”, tells us that:

- **Belonging**  
People talked about wanting to feel connected, to feel like they had roots and a network in their community.
- **Being yourself**  
People talked about being respectful and celebrating differences and being comfortable to just “be who you are.”
- **Being considered**  
People talked about wanting their voice to be heard and to know that they are “thought of” in every decision.
- **Being needed**  
People talked about wanting to help and support each other and feel helpful and needed.

## Our approach

People living and working in Northamptonshire will feel connected to their communities, respected and considered in decisions.

Stronger networks and relationships within our communities will mean that people are in a better position to be able to support each other.



## Outcomes we want to achieve

People are treated with dignity and respect, especially at times of greatest need like at the end of their lives.

Diversity is celebrated.

People feel they are a valued part of their community and are not isolated or lonely.

## You've said...

**Services need to be equitable for all who access them.**

**Bring people together by offering local activities and events to support healthier lifestyles and to support those in inclusion groups to connect with others.**

# Working together to include the voice of people and communities in all we do

Collaborating as Integrated Care Northamptonshire (ICN) offers a great opportunity for health and care to work together more effectively.

- We have developed a Community Engagement Framework to shape our shared approaches for involving and working with people and communities.
- Our framework is for everyone – it is our call to action for staff, practitioners, people and communities across Northamptonshire to work together to deliver the changes we have all said we want to see. Through having a framework, we have clarity on our direction of travel, accountability for our actions and agreement on our communication and engagement priorities.
- Shaped together through co-design, and in the true essence of co-production we will continue to shape and evolve our approach. It is ambitious, but together so are we.
- It sets out our expected ways of working, our shared vision and our highest priority projects to help us to work together with people and communities, not just in pockets or on an ad-hoc basis, but across all we do in better and more authentic ways.

This framework and our approach was developed by and for members of Integrated Care Northamptonshire, in partnership with Traverse – an independent social purpose consultancy – and with a wide range of local partners and people through a co-design and co-production process. We co-produced our vision, ambitions and values for working together with people and communities below:

## Community Engagement Framework Our co-produced vision, ambitions and values

Our vision	Our ambitions	Our values
<p>“We work in partnership with people and communities in Northamptonshire, especially those affected by inequalities, on issues that are important to them. Everyone will know how their contribution has made a difference.”</p>	We build trusting relationships and effective partnerships by embedding as consistent approach to co-production	Trusted
	We are all committed to genuinely hearing what people say, and feeding back the influence on our decisions and actions	Transparent
	We have genuine diversity and inclusion at all levels in the system, involving people according to their needs and preferences	Authentic
	We prioritise the needs and issues that are important to people in communities	Accountable
	We evaluate what we do, share learning and celebrate our successes	Accessible

You can read and find out more about the full Community Engagement Framework here: [icnorthamptonshire.org.uk/involvement](http://icnorthamptonshire.org.uk/involvement)



# Our delivery approach

We will work in partnership to deliver the aspirations and outcomes through a new way of working together. As Integrated Care Northamptonshire we have new opportunities to bring together services and staff on a systemwide, place and local community level relating to the needs of the population.

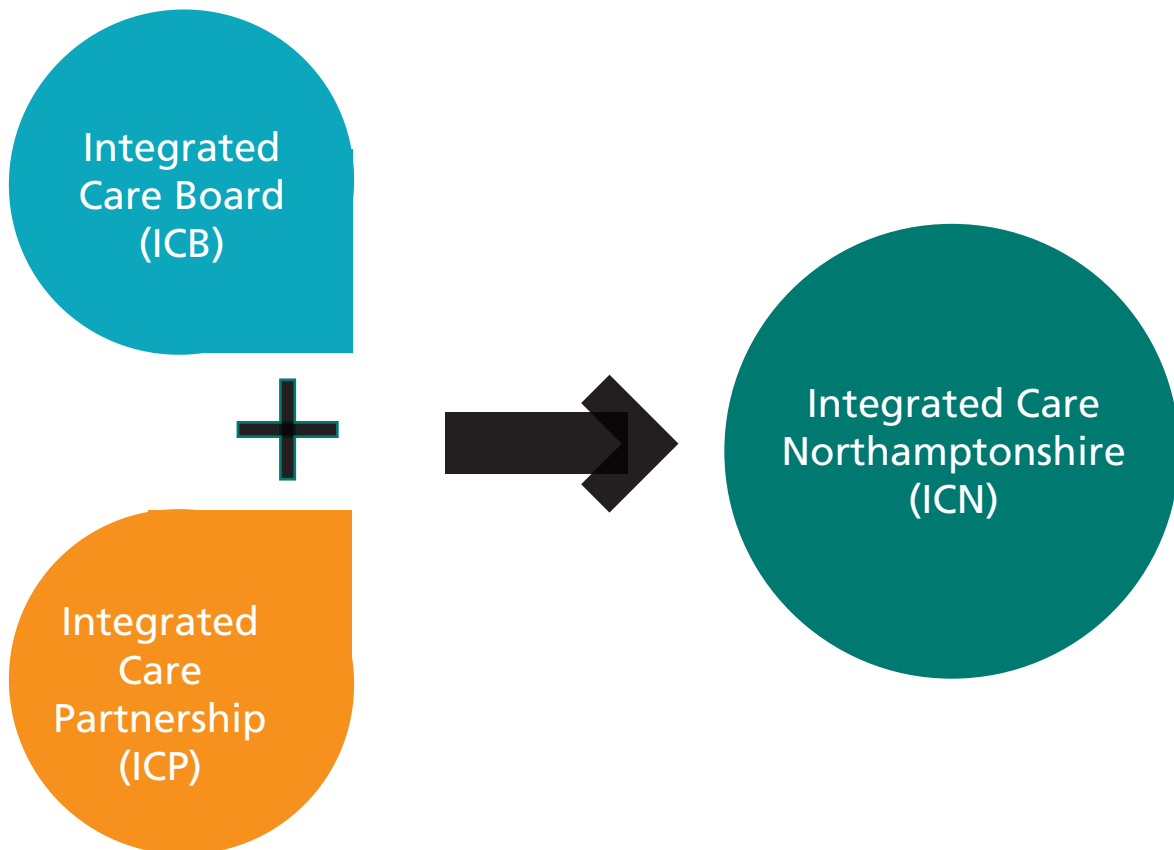
We will combine skills, knowledge and expertise from across communities, commissioners and providers and based on intelligence and insights will identify where resources should be focused to deliver our ambitions and reduce inequalities. We will deliver improved outcomes by ensuring services are integrated at the right place that make sense to our population.

Our Integrated Care System is in a privileged position in that we had the launch of our two new Unitary Authorities in 2021. In addition we had the introduction of the new Integrated Care Board and Integrated Care Partnership in 2022 providing us with opportunities to work together differently and focus on improving outcomes for the population we serve.

## Our Integrated Care Northamptonshire high level structure is illustrated below

The diagram below shows:

The Integrated Care Board works together with the Integrated Care partnership to make up Integrated Care Northamptonshire, which is also known as the ICN.



You can read and find out more about the full Community Engagement Framework here: [icnorthamptonshire.org.uk/involvement](https://icnorthamptonshire.org.uk/involvement)

# Our delivery approach

Our System Operating Model consists of the following components:

## An Integrated Care Partnership (ICP)

- Members of the ICP include a wide range of key players from the two local authorities, the voluntary sector, the NHS, and other public bodies that are key to delivering our aims.
- The partnership is responsible for agreeing this strategy to improve health and wellbeing across the whole of Northamptonshire. It will use the best insights from data available, built bottom-up from local assessments of needs and assets identified at place level and Local Area Partnership level.
- Our Health and Wellbeing Boards will also use this strategy as the basis of their Health and Wellbeing strategy and delivery planning.

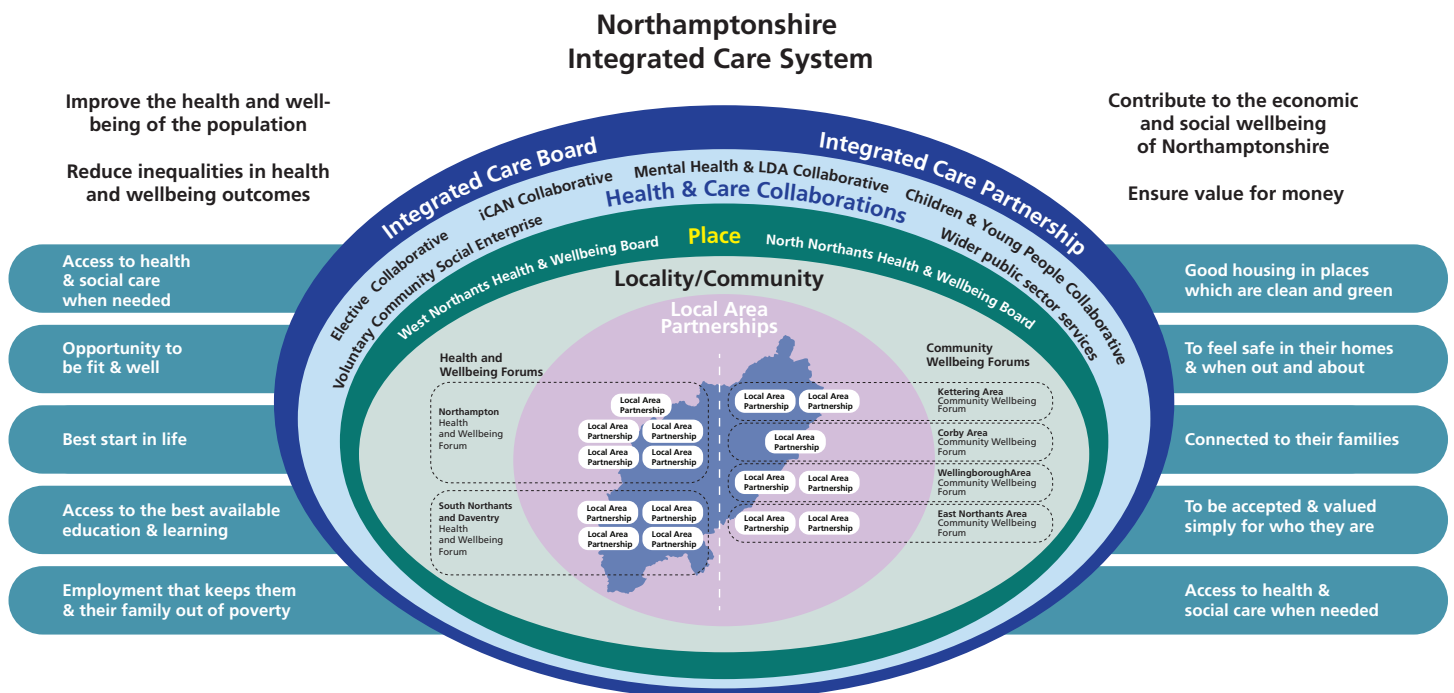
## An Integrated Care Board (ICB)

- Members of the ICB include a Chief Executive and Chair, senior representation from each local authority, senior representation from NHS provider organisations (the Hospital Group, Northants Healthcare NHS Foundation Trust, and primary care) and four non-executive directors.
- The ICB is responsible for commissioning healthcare services for the population. This includes hospitals, GP practices and wider primary care, mental health, community services, ambulance services and some specialised services.
- As our system further matures the functions and budgets associated with commissioning healthcare services could be delegated to our Collaboratives and Places. As we integrate services and blur organisational boundaries, we will ensure we will use pooled budgets under s75 agreements where it seems sensible and where evidence shows it provides additional benefit.

Both the ICP and the ICB work together to:

- Improve the health and wellbeing of the population
- Reduce inequalities in health and wellbeing outcomes
- Ensure value for money
- Contribute to the economic and social wellbeing of Northamptonshire

Service design and delivery is organised across the geography of the county:



# Our delivery approach

## Through our places

### Two places - North and West Northamptonshire

- Six communities / localities: geographically smaller than the places, but are larger than the Local Area Partnerships (LAPs)
- Sixteen Local Area Partnerships.

We aim to deliver our ten ambitions through a joined-up approach across all the organisations and services involved in supporting our population and communities.

This will be through a new very local approach with our communities central to our operating model – our Local Area Partnerships (LAPs).

### Local Area Partnerships:

- They represent local areas and give a voice to residents, translating strategy into local action.
- They empower residents to co-produce new services and solutions for their local area.
- They contribute to system-wide priorities by utilising strong evidence-based information and deep local insight from frontline services and communities.
- They empower local leaders to take accountability for local action.

### Localities/Communities:

- They consolidate the views of residents, local providers and local area partnerships.
- They unblock challenges and identify at scale opportunities for their areas.
- Through oversight of the Local Area Partnerships, they ensure their priorities are represented throughout the system.
- Local leaders influence policy to access the right resource and capabilities to deliver their functions.
- They support our collaboratives by identifying and co-ordinating community assets across health, care and wider determinant of health partners to co-produce services and pathway (re-) design.

### Places:

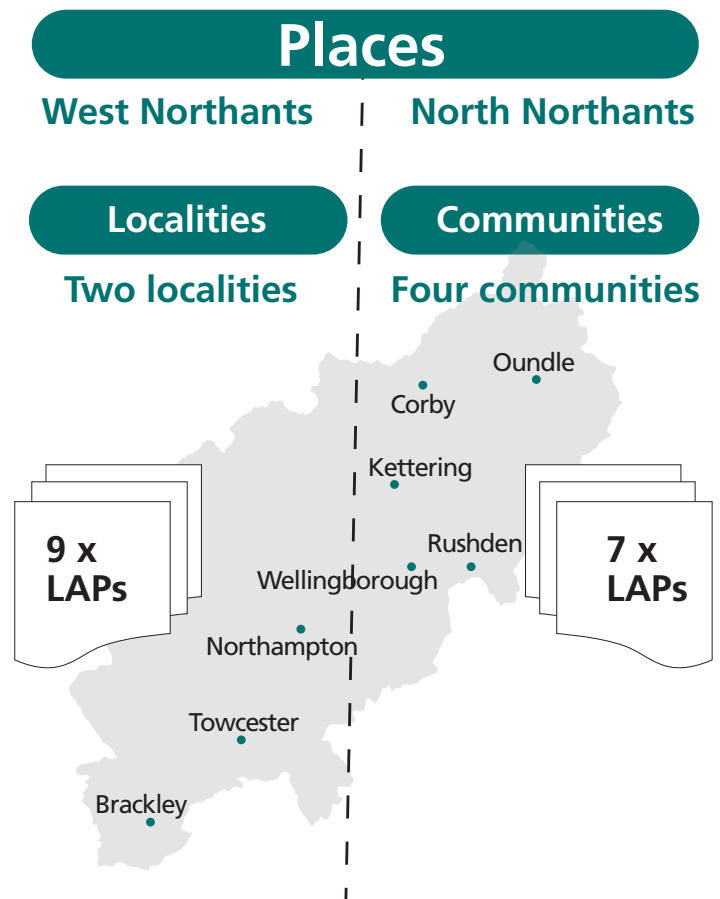
- The North and West Places in Northamptonshire mirror the two unitary population footprints and boundaries.

### Our Places:

- Initiate and encourage the integrated delivery of health, social care and other services with health and wellbeing related responsibilities such as housing, policing, education, leisure, planning, community activities.
- Understand and work with communities by joining up and coordinating services around the needs of people.

We will actively and collectively engage, involve and co-produce with local people and communities to understand needs and priorities. This will be supported by local intelligence and local profiles to assist with identifying needs, priorities and actions.

## Northamptonshire’s approach to place development



- Our two Health and Wellbeing Boards enable key leaders from across North and West Northamptonshire to secure better health and wellbeing outcomes for the local population, better quality of care for all patients and care users, better value for the taxpayer and reduce health inequalities by shaping the future of services through a more integrated approach to commissioning health and wellbeing related services.

# Our delivery approach

## Through our collaboratives that operate countywide

Collaboratives are partnerships of organisations working together to plan and deliver services for the people of Northamptonshire. They bring together, voluntary and community organisations, the NHS, local authorities and other organisations. Through partnerships, collaboratives will join up services. Connected care, delivered in partnership will improve the delivery of the ten core ambitions for people living in Northamptonshire.

There is recognition that each of our four collaboratives; Children’s and Young People, Elective Care, iCan (Integrated Care Across Northamptonshire) and Mental Health, Learning Disability and Autism are at different stages of maturity and there are different planned approaches to delivery. However, their visions clearly demonstrate how, by working in collaboration across identified populations they align and contribute to the delivery of our ten ambitions and underpinning outcomes framework.

## Mental Health, Learning Disabilities and Autism vision

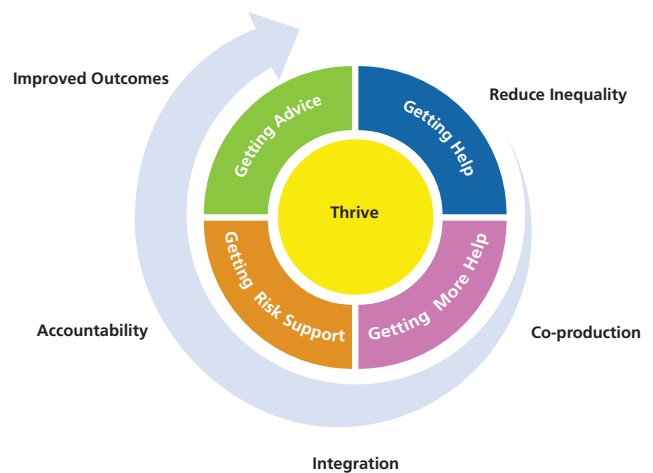
Mental Health, Learning Disabilities and Autism (MHLDA) have re-structured their governance, leadership, commissioning and coproduction processes in order to scope and plan improved pathways for individuals that feel:

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

In doing so, the MHLDA collaborative seeks to ensure improved outcomes for patients, service users, carers, and residents of Northamptonshire. Secondly, the collaborative seeks to ensure the delivery of both known and emerging requirements (including the NHS Long-Term Plan, our Outcomes Framework, responsibilities under the Care Act, as well as the 35 Service User generated ‘I’ Statements). We also seek to use collaborative structures to make the best use of limited resources, by addressing duplications and gaps within pathways and reinvesting savings into preventative initiatives. We seek to enable longer term transformation, via cross-system partnerships and integrated commissioning principles that resolve long-standing barriers to good health and care. Lastly, the collaborative allows us to reframe relationships in support of Integrated Care System aspirations, as well as place-based aspirations, to drive service user satisfaction, sustainability, transparency, and accountability.



## Children and Young People Transformation Programme Vision;



The Children and Young People collaboration has been set up to bring our organisations together to collaborate and work together to improve outcomes for children and the wider population of Northamptonshire.

Our vision is that:

Together we will help and support children, young people and their families.

We will do this through our THRIVE framework. The framework ensures that all needs for children and young people are considered at every level of the program and throughout the decision making process which may affect them. The THRIVE framework is an evidence-based approach that is used globally across sectors working with children and young people and their families and was chosen as a check and balance system to ensure that the child remains at the centre of everything we do.





# Our delivery approach



## Through our collaboratives that operate countywide

### iCAN (Integrated Care Across Northamptonshire) vision:

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

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

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

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

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



### Elective Care vision:

Elective care is care that is planned in advance. It involves specialist clinical care or surgery, generally following a referral from a GP or community health professional.

We recognise that we have the opportunity to make the experience of care better for our population by supporting communities to stay well, reducing duplication and fragmentation in delivery of care and reducing inefficiencies of working as separate organisations.

The vision:

To improve health outcomes, inequalities and quality of life through all partners working together in a patient-centred approach, across the whole elective pathway. We will do this by transforming delivery of services to enable patients to be supported to keep well, but where required to ensure equitable access to timely treatment for patients across the county.

The collaborative will need to include places and local government to ensure services are designed to meet the needs of the different communities across Northamptonshire and achieve our vision.



# Our workforce

## National approach

PP pillars	People functions	Intended outcomes
Looking after our people	1. Supporting the health and wellbeing of all our people	People working and learning in the ICS feel safe and supported in their physical and mental health and wellbeing, and therefore are better able to provide high-quality, compassionate care to patients.
Growing for the future	2. Growing the workforce for the future and enabling adequate workforce supply	The system is retaining, recruiting and where required, growing its workforce to meet future need. The 'one workforce' across the ICS is representative of the local communities served.
Belonging in the NHS	3. Supporting inclusion and belonging for all, and creating a great experience for our people	People working and learning in the ICS can develop and thrive in a compassionate and inclusive environment. Issues of inequality and inequity are identified and addressed for all people working in the system. The workforce and leaders in the ICS are representative of the diverse population they serve.
	4. Valuing and supporting leadership at all levels, and lifelong learning	Leaders at every level live the behaviours and values set out in the People, and make strides so that this is the experience of work for all of their 'one workforce'.
New ways of working	5. Leading workforce transformation and new ways of working	Service redesign is enabled through new ways of working, which make the most of staff skills, use of technology and wider innovation – to both meet population health needs and drive efficiencies and value for money.
Growing for the future	6. Educating, training and developing our people and managing talent	Education and training plans and opportunities are aligned and fit for the needs of our people, patients and citizens, including to enable new ways of working and support meaningful and personalised career journeys.
Cross cutting	7. Driving and supporting broader social and economic development	Leaders ensure that their organisations leverage their role as anchor institutions and networks to create a vibrant local labour market, promote local social and economic growth in the wider community, support all ICS partners to 'level up', address wider health determinants and inequalities at the heart of poor health.
	8. Transforming people services and supporting our people profession	High-quality people services are delivery by a highly skilled people profession to meet the future needs of the 'one workforce', enabled by technology infrastructure and digital tools.
	9. Leading coordinated workforce planning and using actionable intelligence and analysis	Integrated and dynamic workforce, activity and finance planning meets current and future population, service and workforce needs, across programme, pathway and place.
	10. Supporting system design and development	The system uses organisational and cultural system design and development principals to support the establishment and development of the ICB, and the ICP. The organisational development approach creates a system-wide culture that is; driven by purpose; enables people, places and the system to fulfil their potential; is connected to the people served by the system and those delivering services; harnesses the best of behavioural, relational and structural approaches; and nurtures collaboration.

# Our workforce

## Local approach



## System workforce responsibilities to be considered in the future operating model

- System-wide workforce strategy as a guiding framework support transformation.
- System wide organisational development.
- Investment and funding.
- Single and consistent employment approach.
- Development of leadership.
- Greater ownership of education and training and partnerships with Universities.
- Developing new roles and ways of working aligned to local models of care.
- Detailed workforce planning to establish local capacity requirements.
- Enabling staff to work across organisational boundaries.
- Implementation of new roles and ways of working.
- Alignment and co-location of staff.
- Multi professional working.
- Closer links with voluntary sector.
- Northamptonshire Training Hub.



# Digital transformation across Northamptonshire

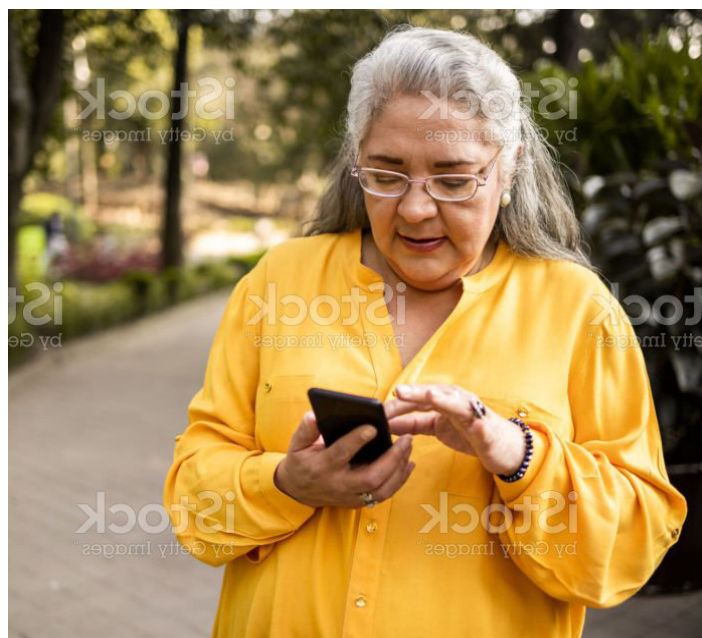
## Our vision for digital transformation across Northamptonshire is to:

- Empower: our population and workforce with access to digital solutions that are inclusive, integrated and high quality to revolutionise overall health, wellbeing and care.
- Inclusive: access to digital services that are easy to use and understand; supporting active management of health, care and wellbeing across diverse communities.
- Integrated: access to digital tools that provide joined up health and care details; facilitating access to holistic information across care pathways.
- High Quality: access to digital tools that are safe, reliable and efficient; enabling enhanced health, care and wellbeing experiences across our communities.

We have developed a digital transformation strategy to deliver our vision and meet digitisation requirements over the next three years and enable the effective delivery of integrated care.

For Northamptonshire, these ambitions were also considered in the context of:

- The 800,000 people that live in our county, all with different and distinct health and care needs.
- High level and complexity of demands on our services that we are currently challenged to meet.
- The desire to provide our population and workforce with the tools to proactively prevent and manage ill health.
- The ability for digital solutions to enable a collaborative and seamless health and care experience.
- How data can be utilised to best assess and identify ways to improve health and care outcomes.
- The digital transformation programmes that have been implemented to date across ICS organisations.



There are a number of core health, care and social drivers that have informed the need for transformation. These drivers reflect the key reasons why we need to transform and become more digital in order to provide the right care in the right setting across our communities and improve health and care outcomes for all. These transformation drivers include:

- Joining up health and care data.
- Addressing impacts of Covid-19.
- Connecting health and care pathways.
- Developing local insights to transform care.

With the possibilities of digital transformation in mind, it is the improved health, care and wellbeing outcomes for our population and workforce that remain at the heart of our continued transformation.





# Northamptonshire's future

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Over the next to five to ten years we want children, young people and adults

live your best life

We have ambitions to empower and support healthy local communities, so that local people have the best start in life and can live and age well and we will do that because:

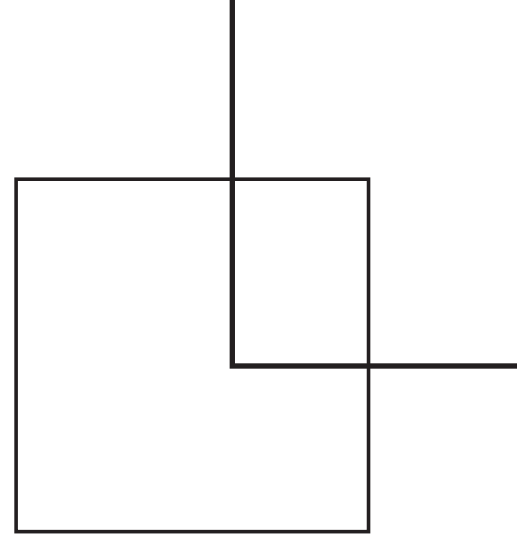
- We are focussing on factors that really matter to people
- We have aligned our shared vision, aims, ambitions and outcomes for the first time
- We are collectively responsible for the delivery of these ambitions and outcomes
- We know that we can only make a positive difference by aligning our commitment, our resources and our strengths.

We have far reaching and ambitious plans and a clear focus on where we will start. We have a relentless focus on tackling inequalities and improving outcomes and together we will deliver positive change.



**We hope that by reading this strategy you feel our commitment and excitement about our approach to make sure that people in Northamptonshire have the best possible health, care and wellbeing outcomes. We recognise the challenges ahead and we are working together with our partners, anchor institutions and VCSE colleagues in a way that's different to ever before to achieve these outcomes, to help people of Northamptonshire 'live their best life' like everyone deserves.**

**A huge thank you to those involved in creating this strategy and to those who have helped shaped our areas of focus and we look forward to working with you as we move into how we deliver our strategy together.**



**A signatory sign off page  
will be included here  
before final submission**



Web: [icnorthamptonshire.org.uk](http://icnorthamptonshire.org.uk)



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Integrated Care Northamptonshire



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**West Northamptonshire Council**

**People Overview and Scrutiny Committee Work Programme**

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

Topic	Proposed purpose	Date of Committee meeting	Cabinet Member / Executive Director / other senior leader	Task and Finish Panel	Comments
Integrated Care across Northamptonshire (iCAN)	The Committee to scrutinise progress made with the development of iCAN and the position on key risk factors.	21 September 2021 – A task and finish panel has been set up and will conclude its review in 2022/23	Executive Director People Services	Yes	The task and finish panel will meet 6 times from January 2022 to April 2023, aligned to iCAN contract gateway review points, to scrutinise delivery of iCAN programme outcomes.
Special educational needs and disability (SEND) support	The Committee to consider an update on the development of SEND support, to include performance against the timescale for completing Education, Health and Care Plan assessments.	21 November 2022	Executive Director People Services Assistant Director Education Cabinet Member for Children, Families and Education	Yes	A scoping meeting will be held to develop the proposed scope and key lines of enquiry for the scrutiny review.
Development of Integrated Care Northamptonshire	The Committee to consider an update on the development of the Integrated Care System in Northamptonshire.	8 December 2022	Executive Director People Services Cabinet Member for Adult Care, Wellbeing and Health Integration	No	

Topic	Proposed purpose	Date of Committee meeting	Cabinet Member / Executive Director / other senior leader	Task and Finish Panel	Comments
Task and finish scrutiny review: child and adolescent mental health and the risk of self-harm	To approve the final report of the scrutiny review.	21 February 2023	NA	Yes	The timing of this item has had to be changed from 8 December 2022 to reflect the need to reschedule the final task and finish panel meeting in November / December 2022.
School performance	The Committee to invite the Regional Director to discuss school performance in relation to academy schools in West Northamptonshire.	21 February 2023	Executive Director People Services Assistant Director Education Cabinet Member for Children, Families and Education	No	The Committee sought to schedule this topic in 2022 but the Regional Director (the title that replaced Regional Schools Commissioner in mid-2022) was not able to attend on scheduled meeting dates. This matter was pursued again in September 2022. The Regional Director has proposed to attend in February 2023 as this will be after the publication of performance data on the 2021/22 academic year.
Debt and Money Advice Transformation Project	The Committee to provide scrutiny input into the development and delivery of the transformation project.	To be confirmed – potentially 21 February 2023	Director of Communities and Opportunities	No	The Committee agreed at its meeting on 21 June 2022 to add the Transformation Project to the work programme to allow further scrutiny in future.

Topic	Proposed purpose	Date of Committee meeting	Cabinet Member / Executive Director / other senior leader	Task and Finish Panel	Comments
Housing Allocation Policy	The Committee to consider the development of a Housing Allocation policy for West Northamptonshire.	To be confirmed – potentially 24 April 2023	Assistant Director Housing and Communities	No	This item was originally scheduled for the end of 2022 but corporate work is now due to produce proposals in mid-2023.
Healthwatch West Northamptonshire work	The Committee to invite Healthwatch West Northamptonshire to give an overview of issues identified through its work in 2021/22.	To be confirmed	Healthwatch West Northamptonshire representatives	No	The Committee proposed to scrutinise this topic on 25 April 2022. Healthwatch Northamptonshire (HWN) advised that it could be best scheduled following publication of HWN's Annual Report for 2021/22 on 30 June 2022. The Committee may now wish to schedule an item early in 2023/24 on HWN's Annual Report for 2022/23.
Communities and Opportunities Directorate key contracts and delivery plans	The Committee to consider the Directorate's key contracts and associated delivery plans	To be confirmed	Director of Communities and Opportunities	No	
West Northamptonshire Anti-Poverty Strategy	The Committee to scrutinise the outcomes delivered by the Anti-Poverty Strategy in the first year after it is adopted.	To be confirmed – subject to the timing of the Anti-Poverty Strategy Annual Report.	Executive Director People Services Cabinet Member for Adult Care, Wellbeing and Health Integration	No	The Committee will seek to scrutinise the substance of the Annual Report two months before it is presented to Full Council.



Topic	Proposed purpose	Date of Committee meeting	Cabinet Member / Executive Director / other senior leader	Task and Finish Panel	Comments
Provision of free broadband to young people leaving local authority care.	The Committee to provide scrutiny input into the potential development of proposals by West Northamptonshire Council.	To be confirmed	Cabinet Member for Children, Families and Education	To be confirmed	The Full Council meeting on 23 September 2021 referred a motion on this topic to the Committee, to consider the issues involved.
Rough sleeping	The Committee to provide scrutiny input on responses to rough sleeping in West Northamptonshire.	To be confirmed	Director of Communities and Opportunities Cabinet Member for Housing, Culture and Leisure	To be confirmed	The Committee has identified the following potential focus areas for scrutiny: <ul style="list-style-type: none"> <li>the potential to continue to apply the principles of the 'everyone in' approach used during the COVID-19 pandemic</li> <li>severe weather shelter provision.</li> </ul>
Support for people living with dementia	The Committee to scrutinise how well people living with dementia are supported in West Northamptonshire.	To be confirmed	Executive Director People Services Cabinet Member for Adult Care, Wellbeing and Health Integration	To be confirmed	The Committee has identified that work on this topic might take as a starting point the response to the Northampton Borough Council scrutiny review on dementia-friendly communities.
Sports and Leisure needs assessment	The Committee to consider the needs assessment for sports and leisure provision in West Northamptonshire.	To be confirmed	Director of Communities and Opportunities	The Committee has previously identified wider issues relating to sports and leisure provision as a potential topic for an in-depth scrutiny review.	This item was originally scheduled for late-2022 but the time required for the corporate work has since changed and late-2023 is now more likely.

Topic	Proposed purpose	Date of Committee meeting	Cabinet Member / Executive Director / other senior leader	Task and Finish Panel	Comments
Sports and leisure provision	Scrutiny of how West Northamptonshire Council works together with other service providers and community groups to provide the best overall offer to residents from all parts of the community.	To be confirmed – early 2022/23 originally suggested	Director of Communities and Opportunities	The Committee to consider setting up a task and finish panel to carry out an in-depth scrutiny review.	The Committee considers that this work could be an example of scrutiny on the wider theme of the community impact of Council services: looking at how the Council identifies needs, other support available in the community that helps to meet those needs, and therefore how the Council can focus resources to have the most impact.
Provision of housing support for refugees	The Committee to consider an update on the provision of housing support for people coming into West Northamptonshire as refugees.	To be confirmed	Assistant Director Housing and Communities	No	The Committee agreed at its meeting on 25 October 2022 that it should seek to maintain oversight of this issue.
Integrated Care System / Integrated Care across Northamptonshire (iCAN)	The Committee to receive an overview of the aims of the Northamptonshire ICS and iCAN, and plans for implementation.	20 July 2021	Executive Director Adults, Communities and Wellbeing	No	The Northamptonshire Integrated Care System is likely to be a continuing area for scrutiny in future.
Residential and nursing care for older people	The Committee to receive an overview of current provision and planning towards meeting future needs.	20 July 2021	Executive Director Adults, Communities and Wellbeing	No	

<b>Topic</b>	<b>Proposed purpose</b>	<b>Date of Committee meeting</b>	<b>Cabinet Member / Executive Director / other senior leader</b>	<b>Task and Finish Panel</b>	<b>Comments</b>
West Northamptonshire Anti-Poverty Strategy	The Committee to receive an update on progress with the development of the Strategy.	21 September 2021	Executive Director Adults, Communities and Wellbeing Cabinet Member for Adult Care, Wellbeing and Health Integration	No	
Northamptonshire children's services performance	The Committee to receive an update on the Ofsted monitoring visit in July 2021 that will focus on children with child protection plans and with children in need plans.	21 September 2021	Director of Children's Services Chief Executive, Children's Trust	No	
Residential and nursing care for older people	The Committee to scrutinise trends relating to performance and capacity of current care homes.	16 November 2021	Executive Director Adults, Communities and Wellbeing Cabinet Member for Adult Care, Wellbeing and Health Integration	No	
Adult Social Care transformation	The Committee to scrutinise outcomes from the implementation of the Adult Social Care Target Operating Model (TOM)	16 November 2021	Executive Director Adults, Communities and Wellbeing Cabinet Member for Adult Care, Wellbeing and Health Integration	No	

<b>Topic</b>	<b>Proposed purpose</b>	<b>Date of Committee meeting</b>	<b>Cabinet Member / Executive Director / other senior leader</b>	<b>Task and Finish Panel</b>	<b>Comments</b>
Northamptonshire children's services performance	The Committee to receive an update covering the following matters: <ul style="list-style-type: none"> <li>• Additional measures to further improve recruitment and retention of social workers</li> <li>• Achieving consistently good quality practice for all children, supported by full implementation of the practice model</li> </ul> Outcomes of the Ofsted monitoring visit due to take place in November 2021.	25 January 2022	Director of Children's Services Cabinet Member for Children, Families and Education Chief Executive, Children's Trust	No	
School improvement	The Committee to receive an overview of activity by West Northamptonshire Council to support school improvement.	25 January 2022	Director of Children's Services Cabinet Member for Children, Families and Education	No	
Special educational needs and disability (SEND) support and alternative provision	The Committee to receive an overview of SEND support and alternative provision (education outside school arranged by the local authority or schools) in West Northamptonshire.	25 January 2022	Director of Children's Services Cabinet Member for Children, Families and Education	No	
Healthwatch function	The Committee to receive a briefing paper giving an overview of the Healthwatch function in Northamptonshire.	25 January 2022	NA	No	



<b>Topic</b>	<b>Proposed purpose</b>	<b>Date of Committee meeting</b>	<b>Cabinet Member / Executive Director / other senior leader</b>	<b>Task and Finish Panel</b>	<b>Comments</b>
West Northamptonshire Anti-Poverty Strategy	The Committee to receive an update on progress with the adoption and implementation of the Strategy.	1 March 2022	Executive Director Adults, Communities and Wellbeing Cabinet Member for Adult Care, Wellbeing and Health Integration	No	
West Northamptonshire Council Housing Strategy	The Committee to provide scrutiny input in the developing Housing Strategy.	1 March 2022 – The Committee to hold a separate workshop-style session following its formal meeting.	Assistant Director Housing and Communities	No	
Northamptonshire children's services performance	The Committee to receive an update on performance against key targets and the continuing development of children's services.	21 June 2022	Chief Executive, Children's Trust	No	The Committee has also identified the way in which children's services contributes with other services to dealing with cross-cutting issues as a potential future topic for scrutiny.
Overview and Scrutiny Annual Report 2021/22	The Committee to consider the Annual Report on its activity in 2021/22, for submission to Full Council.	21 June 2022	NA	No	

<b>Topic</b>	<b>Proposed purpose</b>	<b>Date of Committee meeting</b>	<b>Cabinet Member / Executive Director / other senior leader</b>	<b>Task and Finish Panel</b>	<b>Comments</b>
West Northamptonshire Council Housing Strategy – outcomes from public consultation	The Committee to consider the outcomes of public consultation on the proposed Strategy.	9 August 2022	Executive Director Adults, Communities and Wellbeing Cabinet Member for Housing, Culture and Leisure	A workshop style remote meeting will be used.	The Co-ordinating Overview and Scrutiny Group considered potential cross-cutting scrutiny topics on 22 March 2022. It agreed that scrutiny of the Housing Strategy should be open to members of all three Overview and Scrutiny committees.
West Northamptonshire Council Housing Strategy – draft Strategy	The Committee to carry out pre-decision scrutiny of the full draft Strategy.	9 August 2022	Executive Director Adults, Communities and Wellbeing Cabinet Member for Housing, Culture and Leisure	A workshop style remote meeting will be used.	The Co-ordinating Overview and Scrutiny Group considered potential cross-cutting scrutiny topics on 22 March 2022. It agreed that scrutiny of the Housing Strategy should be open to members of all three Overview and Scrutiny committees.
Adult Social Care social worker recruitment and retention	The Committee to scrutinise the latest position, focussing on posts supporting the delivery of statutory social care services.	25 October 2022	Assistant Director Safeguarding and Wellbeing Assistant Director Commissioning and Performance	No	
Housing Solutions Transformation Plan	The Committee to consider an overview of the transformation plan for the Housing Solutions function	25 October 2022	Assistant Director Housing and Communities	No	

**People Overview and Scrutiny Committee meeting dates in 2022/23**

21 June 2022	8 December 2022
15 September 2022 [NOT HELD]	21 February 2023
25 October 2022	24 April 2023
21 November 2022	