



**West
Northamptonshire
Council**

People Overview and Scrutiny Committee

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

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

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

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

1. Apologies for Absence and Notification of Substitute Members

There were no apologies for absence.

2. Declarations of Interest

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

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

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

4. **Chair's Announcements**

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

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

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

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

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

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

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

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

RESOLVED: That the People Overview and Scrutiny Committee:

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

6. Future residential and nursing care for older people

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

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

Members discussed the points raised and asked the following questions:

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

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

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

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

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

Members made additional points during discussion as follows:

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

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

RESOLVED: That the People Overview and Scrutiny Committee:

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

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

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

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

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

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

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

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

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

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

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

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

Members discussed the overview and made the following points:

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

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

RESOLVED: That the People Overview and Scrutiny Committee:

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

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

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

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

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

RESOLVED: That the People Overview and Scrutiny Committee:

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

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

The meeting closed at 9.15 pm

Chair: _____

Date: _____