West Northamptonshire Council

Adult Social Care Self-Assessment

March 2023
Draft v.3

Contents

Our Self-Assessment

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

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

The purpose of this self-assessment is to provide an overview of how this vision is delivered in the context of West Northamptonshire Councils Adult Social Care Services. The self-assessment provides an insight into the effectiveness of our services, areas of strengths and areas for development. The effectiveness of our services is considered in relation to key performance information and the outcomes and impact we have on people's lives and their communities. The self-assessment has been constructed around the following themes;

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

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

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 and context

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

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

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

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

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

Corporate Plan

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

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

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

Demographics

The population of West Northamptonshire is currently 425,725[1], which has increased by 13.5% since 2011; this makes us one of the fastest growing areas in the country. More specifically within our overall population growth we have seen a growth in our over 65's which is at a higher rate than the national average.

Employment

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

Housing

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

Health Inequalities

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

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

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

[1] Census21

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

Our Strategy for Adult Social Care

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

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

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

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

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

Our Key Strengths

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

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

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

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

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

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

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

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

Risks and Challenges

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

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

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

Our track record of improvement

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

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

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

Theme 1: Working with People

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

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

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

Assessing needs

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

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

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

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

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

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

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

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

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

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

The 3 conversations model

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

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

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

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

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

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

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

Supporting People to Live Healthier Lives

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

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

Through our single-handed care programme we undertake person centred assessments of an individual's moving and handling needs to ensure they are able to receive the right amount of care and treatment in the correct environment, whilst at the same time creating capacity across our care system. We have specialist workers designated to work with our hospital and reablement teams to support with the utilization of single handed care, as well as supporting our community teams to review long standing care packages to identify opportunities for more efficient and effective support. During 2022/23 our Specialist Moving and Handling Team completed 822 assessments to support people to access single handed care solutions, moving in 2023/24 this is an area we continue to prioritise.

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

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

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

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

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

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

Equity in Experience and Outcomes

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

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

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

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

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

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

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

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

Plans to maintain and improve performance

Theme 2: Providing Support

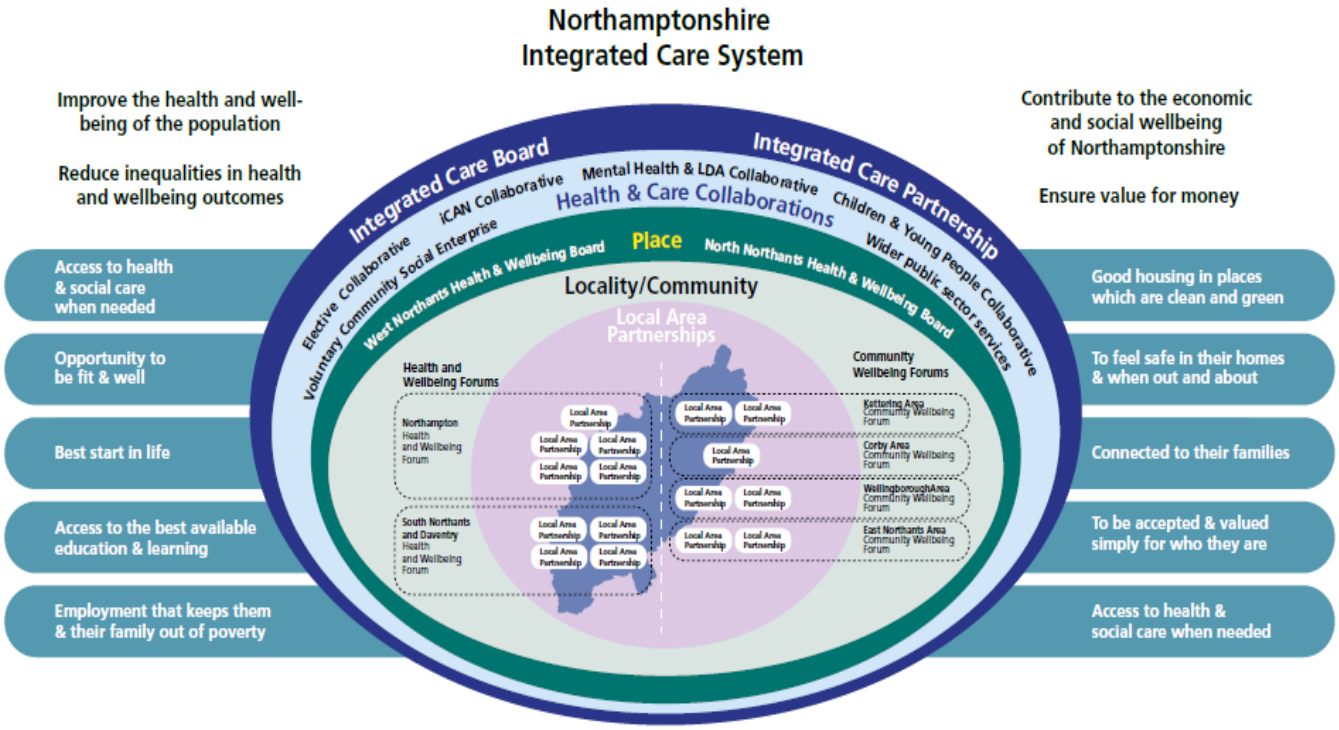
Associated Quality Statements	
Care provision, integration and continuity	**Partnerships and communities**
I have care and support that is coordinated, and everyone works well together and with me.	*Leaders work proactively to support staff and collaborate with partners to deliver safe, integrated, person-centred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

Working Effectively in Partnership

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

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

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



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

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

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

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

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

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

<u>Market Sustainability Plans</u>

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Partnerships and communities

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

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

<u>iCAN</u>

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

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

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

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

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

Local Area Partnerships (LAP's)

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

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

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

In addition to this:

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

MHLDA Collaborative

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

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

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

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

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

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

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

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

VCS

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

Plans to maintain and improve performance

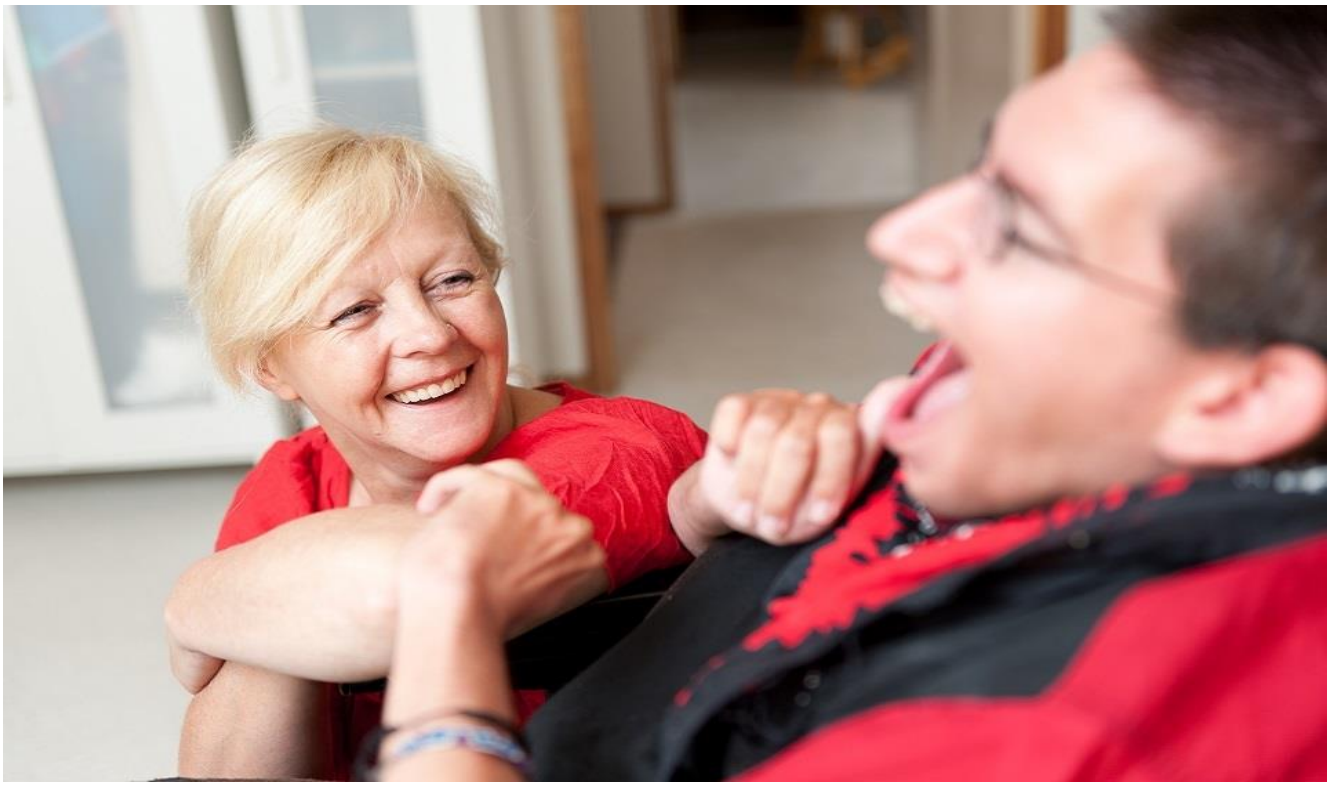
We need to review and develop our Market Position Statement and commissioning strategies to identify any current gaps in them and consequently put plans in place to address these.

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

To reduce the waiting times people experience, and increase the availability of support we need to improve the alignment between our brokerage function and operational teams, as well as embedding new commissioning frameworks which enable us to respond quickly to the needs of our residents.

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

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



Theme 3: Ensuring Safety

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

Safe Systems, pathways and transitions

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

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

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

We have seen improvements from partners in their engagement with this process through the increase in referrals that have been received, which saw 71 adults referred during 2022/23. But we know that wp1e need to strengthen this approach moving forward, particularly in relation to the practice and the application of the risk management process. Whilst we have a safeguarding team that supports organisational safeguarding across agencies, we recognise that there are still gaps to address in ensuring there is seamless support between agencies.

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

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

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

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

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

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

Safeguarding

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

The NSAB multi-agency framework provides clarity on roles and responsibilities and the processes that should be followed when a safeguarding concern is raised, this framework has been developed by all partners and reviews of the framework and the policies and procedures within it are undertaken by the multi-agency quality and performance sub group. In addition to the multi-agency framework we have aligned our own internal policies and procedures, which are clearly documented, and provide an additional level of guidance for our staff on their roles and responsibilities in relation to safeguarding.

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

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

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

concerns, for which remedial action was implemented.

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

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

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

The council's Safeguarding Policy, Procedure and Practice Guidance outlines how we embed the principles of Making Safeguarding Personal into our approach to carrying out our enquiries ensuring that the wishes and best interests of the person concerned are central to our work. We enable people at the centre of concerns to determine the extent to which they wish to be involved in the process and this is captured within the relevant case file notes. At the conclusion of a safeguarding enquiry we work with people to understand if their outcomes have been achieved successfully. We do acknowledge though that more work needs to be done to make the information we provide people in respect of safeguarding more accessible and to ensure that the principles of Making Safeguarding Personal are being applied consistently and that everyone who wishes to express the outcomes they would like to achieve is given the opportunity to do so.

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

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

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

Plans to maintain and improve performance

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

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

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

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

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

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

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

Theme 4: Leadership

Associated Quality Statements	
Governance, management and sustainability	**Learning, improvement and innovation**
We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

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

Governance, management and sustainability

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

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

In addition to this we operate a Quality Board to address issues and concerns in relation to the provision of care and support people receive and we are strengthening our oversight of assurance work which will include incorporating feedback we receive from people via our complaints and compliments process.

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

On a daily basis we use information about risks, performance and outcomes to allocate and prioritise resources to ensure that our front line teams are able to deliver the actions needed to improve care and support outcomes for local people and communities. The allocation of resources is also reviewed on a monthly basis within Team Manager Meetings and DMT's to ensure that we are able to deliver the actions required of us.

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

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

take account of these in their decision making processes.

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

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

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

Learning, Improvement and Innovation

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

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

Having only recently disaggregated our Learning and Development budget we still have a significant amount of work to do strengthen our focus on how we support the continuous learning and improvement of our workforce, in support of this we recognise the need to develop a workforce strategy for the directorate which clearly articulates our learning and development offer and is aligned to the ASYE and Social Work Apprentice programmes that we already operate.

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

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

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

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

Plans to maintain and improve performance

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

Our Self-Assessment Library

Overarching Documents

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

ASC Reports

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

ASC Policies

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

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