

WEST NORTHAMPTONSHIRE COUNCIL CABINET

14 NOVEMBER 2023

Cabinet Member For Adult Care, Wellbeing, And Health Integration: Councillor Matt Golby

Report Title	Report of the Adult Social Care and Health Overview and Scrutiny Committee – Integrated Care across Northamptonshire (iCAN) Scrutiny Review
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List of Approvers

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List of Appendices

Appendix A – Report of the Adult Social Care and Health Overview and Scrutiny Committee scrutiny review of Integrated Care across Northamptonshire.

1. Purpose of Report

- 1.1. The report presents to the Cabinet for consideration the report and recommendations of the Adult Social Care and Health Overview and Scrutiny Committee scrutiny review of Integrated Care across Northamptonshire.

2. Executive Summary

- 2.1 The former People Overview and Scrutiny Committee established a task and finish panel to scrutinise the delivery of intended outcomes from the Integrated Care across Northamptonshire (iCAN) programme at key points during the period of the programme contract. iCAN was a joint health and social care transformation programme focussed on support for frail people over 65 years of age in the county.
- 2.2 The Task and Finish Panel met four times through 2022. The Panel took information from senior leaders involved in delivering the iCAN programme or working in related areas; representatives of the system transformation partner supporting delivery; representatives of service users; and other expert advisors. The scrutiny review was intended to run for a longer period but this was affected by a change in the delivery model for the iCAN programme in 2023. This made it logical for the Panel to report back on its conclusions and resulting recommendations at that point. In any case, the Panel's recommendations are focussed on future activity following on from the iCAN programme.
- 2.3 The Task and Finish Panel presented its report to the Adult Social Care and Health Overview and Scrutiny Committee on 14 September 2023. The final version of the report is set out at Appendix A.

3. Recommendations

- 3.1 It is recommended that the Cabinet:
- a) Agrees that the development of future support for people living with frailty in West Northamptonshire should not link frailty solely to age and should include appropriate provision for affected people below 65 years of age.
 - b) Agrees that the development of any future services supporting independent living for frail older people in West Northamptonshire following on from the iCAN programme should include provision for residents living near the borders of Northamptonshire who are likely to be treated at hospitals in neighbouring areas.
 - c) Agrees that business cases for any future services supporting independent living for frail older people in West Northamptonshire following on from the iCAN programme should be based on the principle that services are capable of being deployed at any time during the day and week.
 - d) Agrees that a feature of the development of new Local Area Partnerships in West Northamptonshire should be to look at how they link in with iCAN programme initiatives.
 - e) Agrees to a review of demographic projections informing the development of any future services supporting independent living for frail older people in West Northamptonshire following on from the iCAN programme, in order to identify the effect of any differences between previous projections and actual Census 2021 information.
 - f) Agrees that the development of any future services supporting independent living for frail older people in West Northamptonshire following on from the iCAN programme should ensure that actions to improve headline performance on length of stay in acute care do not result in worse outcomes for patients in practice.

- g) Agrees to seek confirmation from the appropriate authority that GP practices in West Northamptonshire are consistently contacting patients discharged from hospital within 48 hours as required by GP contracts and that action to reinforce compliance is taken where necessary.
- h) Agrees that re-admissions of frail older people to acute care should be included in data used to judge the effectiveness of the original iCAN programme and any future services supporting independent living for frail older people in West Northamptonshire following on from it.
- i) Agrees that the development of the iCAN Collaborative should ensure that the new organisational model does not lead to reduced accountability for the effectiveness of the services involved.
- j) Agrees that West Northamptonshire Council should arrange for all councillors to be provided with information about local community first responder schemes in their respective Local Area Partnership areas.

4. Reason for Recommendations

- 4.1 The recommendations resulting from the scrutiny review are intended to contribute to the development of effective services supporting independent living for frail older people in West Northamptonshire. This reflects the Overview and Scrutiny function's role for the development and review of policy.

5. Report Background

- 5.1 The purpose of this scrutiny review was to scrutinise the delivery of intended outcomes from the Integrated Care across Northamptonshire (iCAN) programme at key points during the period of the programme contract. iCAN was a joint health and social care transformation programme focussed on support for frail people over 65 years of age in the county. The programme was intended to produce benefits in terms of improved outcomes for residents, reduced operating costs and less reliance on acute hospital care through increased focus on community-based care, prevention and joint working within the care system.
- 5.2 The scope for the scrutiny review identified the following key lines of enquiry:
 - Can Overview and Scrutiny take confidence that the iCAN programme is delivering the outcomes that it is intended to achieve? iCAN is intended both to improve the experience that people have of health and social care in West Northamptonshire and also to deliver financial savings in the local health and social care system.
 - How is the overall assessment of progress made by the iCAN programme reflected in the lived experience of service users and staff members?
- 5.3 The choice of this topic for scrutiny by the former People Overview and Scrutiny Committee reflected the importance of supporting independent living and managing overall demand on acute hospital care. The Integrated Care Northamptonshire Strategy 2023-2033 "Live your Best Life" includes the ambition of providing access to health and social care when [people] need it, supported by the outcome that people are supported to live at home for as long as possible and

only spend time in hospital to meet medical needs. iCAN remains one of four focus areas for collaborative working in health and social care to deliver the Strategy.

- 5.4 The scrutiny review links to West Northamptonshire Council's corporate priority to improve the life chances of all residents and to the following specific aims:
- to support adults to live independent and self-sufficient lives for as long as possible
 - to provide support needed by people who are vulnerable or lack a support network
 - to work with the health sector in more integrated ways, ensuring our residents can "chase well, stay well and live well."
- 5.5 The intended outcome of the scrutiny review was to gain assurance about the outcomes being delivered by the iCAN programme and, if necessary, to make evidence-based recommendations to the West Northamptonshire Council Cabinet intended to assist in addressing any risks or areas of concern that may be identified.

6. Issues and Choices

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

Focus of the iCAN programme

- 6.3 The Task and Finish Panel recognised that the iCAN programme was set up to focus on improving support for a specific group of people in the local population – frail adults over 65 years of age – in order both to improve their health outcomes and to make better use of available resources and reduce demand on acute care in Northamptonshire. At the same time, the Panel wishes to make the point that more general work on frailty should not be linked solely to age. A person's physical condition is not determined solely by their age: many people over 65 years of age are not frail and some people affected by frailty are below this age. The Panel encourages that this principle is taken into account appropriately in the development of future support for people in West Northamptonshire who are living with frailty, building on the iCAN programme.
- 6.4 The Task and Finish Panel considered that focussing the iCAN programme on the two acute hospitals in Northamptonshire, although logical geographically, could risk people living near to the borders of the county being disadvantaged in relation to the standard of care available to them. The Panel noted, for example, that residents of South Northamptonshire are likely to access acute care in Oxfordshire, rather than at Northampton or Kettering general hospitals. People living in this area who are in the target group for the iCAN programme therefore may not benefit from it, as well as potentially being affected by other issues relating to joined-up working

or information-sharing that might result from receiving acute care from a different integrated care system. The Panel encourages that moving forward the iCAN programme and any related work that succeeds it should be focussed as far as possible on people (the services available to residents of Northamptonshire) rather than on place (the locations from which services are delivered).

- 6.5 Thirdly, the Task and Finish Panel commented that services intended to enable frail older people to remain living independently and to enable a more focussed use of acute care should ideally operate for 24 hours a day on 7 days a week. The Panel highlighted that people concerned about retaining their independence and their dignity could continue to live at home in difficulty until they reached a crisis point, which would not necessarily occur during business hours. If alternative provision was not available at this point they would come into acute care. The Panel therefore encourages that business cases for future services arising from the iCAN programme should be based on the principle that all services should be available 24/7.
- 6.6 Lastly, the Task and Finish Panel wishes to highlight that future development of iCAN support must be effectively linked in to the work of the nine new Local Area Partnerships (LAPs) to be established in West Northamptonshire. This should logically occur: iCAN is one of the priority areas in the Integrated Care Northamptonshire Strategy 2023 – 2033; the LAPs are an intrinsic part of the integrated care system structure that are intended to translate strategy into local action. The Panel recognises that the LAPs were not in place when the original iCAN programme was developed and implemented. The Panel therefore sees a benefit in reinforcing that this important connection must be made effectively.

Recommendations:

- A) The Cabinet to agree that the development of future support for people living with frailty in West Northamptonshire should not link frailty solely to age and should include appropriate provision for affected people below 65 years of age.
- B) The Cabinet to agree that the development of any future services supporting independent living for frail older people in West Northamptonshire following on from the iCAN programme should include provision for residents living near the borders of Northamptonshire who are likely to be treated at hospitals in neighbouring areas.
- C) The Cabinet to agree that business cases for any future services supporting independent living for frail older people in West Northamptonshire following on from the iCAN programme should be based on the principle that services are capable of being deployed at any time during the day and week.
- D) The Cabinet to agree that a feature of the development of new Local Area Partnerships in West Northamptonshire should be to look at how they link in with iCAN programme initiatives.

Outcomes delivered by the iCAN programme

- 6.7 The Task and Finish Panel welcomed examples of work under the iCAN programme having a positive impact on services that it was able to see as the scrutiny review progressed. In January 2022 the Panel noted that staff training at Kettering General Hospital had reduced the time taken to complete pre-discharge needs assessments of patients: the Panel considered that this was exactly the type of outcome that the programme should produce. In April 2022 the Panel was advised that front door trial projects at the two acute hospitals had enabled frailty teams to double the daily average number of patients seen. In September 2022 the Panel was advised that the average length of stay in hospital for people in the scope of the iCAN programme had been reduced by 1.63 days compared to April 2021, which was also producing a benefit of around 40,000 annual bed days across both acute hospitals. The Panel also noted that service-users were giving positive feedback about the practical difference being made by iCAN programme initiatives.
- 6.8 The challenge that the Task and Finish Panel experienced during the scrutiny review was gaining a clear picture of sustained positive outcomes from the iCAN programme in return for the resources committed to it, including the cost of the external system transformation partner Newton Europe. In part this reflected significant changes to the operating context for the programme during its implementation. It was highlighted to the Panel that the COVID-19 pandemic had occurred between the design and delivery of the programme and that the impact of the pandemic needed to be taken into account in assessing the outcomes being delivered by the programme. The Panel was advised in April 2022 that the acute care system was at that point outperforming the targets set in the original iCAN business case for attendances, admissions, length of stay and bed days and, overall, the number of acute care beds being used by non-elective patients over 65 years of age had fallen below the 2019 baseline. The Panel was advised that changes to ways of working made under the programme were contributing to this position but it had also been affected by the pandemic. The Panel subsequently heard in September 2022 that the acute care system in Northamptonshire was operating with fewer overall beds than anticipated when the programme had commenced, due to the pandemic and other factors, and that bed days being saved by the programme were covering this reduction. Therefore, the Panel could not accept there was clear evidence of sustained and positive outcomes.
- 6.9 The Task and Finish Panel was advised that the level of challenge faced by the acute care sector after the start of the iCAN programme had led to the need to increase its focus on contributing to system pressures in the immediate future rather than over the next five years. The context for the programme had also been changed with the publication of Census 2021 information in June 2022, which showed a large increase in the number of people over 65 years of age in Northamptonshire with the number of people of 70 years of age showing the most significant increase and going up faster than had been projected in the original iCAN business case.
- 6.10 The Task and Finish Panel raised the need for demographic projections informing the iCAN programme to be reviewed in order to identify whether the latest census data would affect the resources required for the programme and the savings it will deliver. The Panel makes the same point to West Northamptonshire Council in relation to any further phase of work carrying on from the original iCAN programme.

- 6.11 In addition, the Panel emphasises that assessment of the outcomes produced by iCAN initiatives must look at the patient experience behind improved headline-level performance. The Panel stated during the scrutiny review that performance on acute care bed occupancy and length of stay needed to be judged in the full context. A reduction in the number of people over 65 years of age attending hospital during the past year could be due to a range of factors in addition to the effect of iCAN. In turn, it would not be a positive outcome if vulnerable people were being discharged too soon. The Panel sought reassurance that discharge decisions were not based on an assumption that everyone had support in place to enable them to live independently. Decisions also needed to take account of ‘human factors’: some people at the point of being discharged from hospital could be too proud to say that they needed help or could just want to get back to their own homes. The Panel encouraged that, as far as possible, patients, families and carers should be involved in producing a patient’s post-discharge care plan and be informed about, and have confidence in, what would happen to the patient after they were discharged from acute care. There should also be an appropriate handover to any new organisation that would be providing care to a patient after they were discharged.
- 6.12 On a point related to care after discharge, the Task and Finish Panel was advised that people discharged from hospital should receive a phone call from their GP practice 48 hours afterwards to check their support needs and inform their care plan, which was a requirement in GP contracts. The Panel raised the need to check how consistently GPs in West Northamptonshire were meeting this requirement. Anecdotal information suggested this was not the case. The Panel also highlights the importance of monitoring the number of frail older people re-admitted to hospital and of including this as a measure when judging the effectiveness of the original iCAN programme and any further phase of work that builds on it.

Recommendations:

- E) The Cabinet to agree to a review of demographic projections informing the development of any future services supporting independent living for frail older people in West Northamptonshire following on from the iCAN programme, in order to identify the effect of any differences between previous projections and actual Census 2021 information.
- F) The Cabinet to agree that the development of any future services supporting independent living for frail older people in West Northamptonshire following on from the iCAN programme should ensure that actions to improve headline performance on length of stay in acute care do not result in worse outcomes for patients in practice.
- G) The Cabinet to agree to seek confirmation from the appropriate authority that GP practices in West Northamptonshire are consistently contacting patients discharged from hospital within 48 hours as required by GP contracts and that action to reinforce compliance is taken where necessary.
- H) The Cabinet to agree that re-admissions of frail older people to acute care should be included in data used to judge the effectiveness of the original iCAN programme and any future services supporting independent living for frail older people in West Northamptonshire following on from it.

Development of an iCAN collaborative

6.13 The Task and Finish Panel was given an overview in September 2022 of plans to develop iCAN using the 'collaborative' organisational model, as was the case for work in all four of Integrated Care Northamptonshire's priority areas. The collaborative model provides a legal framework for relevant organisations to work together in partnership to plan and deliver local services. The proposed establishment of collaboratives reflected the need to establish distinct programmes as permanent ways of working, to secure benefits achieved so far and develop a service delivery model that created the conditions for integrated working in the long term. The Panel was advised that the iCAN collaborative would be a structure to bring together staff working on common areas not an employing organisation. It was anticipated that the initial basis for joint working would be a memorandum of understanding, with the potential for delegation to a lead provider in future. The Panel considered that the joined up approach reflected in the iCAN collaborative was positive but emphasised that it should not result in reduced accountability, which could increase the risk of service delivery slipping or partnerships not operating affectively.

Recommendations:

- I) The Cabinet to agree that the development of the iCAN Collaborative should ensure that the new organisational model does not lead to reduced accountability for the effectiveness of the services involved.

iCAN and emergency medical response

6.14 The Task and Finish Panel recognised that the iCAN programme itself is not directly concerned with the emergency medical response element of the health system. At the same time, the Panel considered that it was valid to look at links between the two areas: part of the purpose of the iCAN programme was to manage the level of pressure on acute care in the county; one of the effects of this pressure could be to increase handover times for ambulances at acute hospitals, with consequent effects on emergency response capacity. The Panel was reassured to hear that Northamptonshire was in a better position than other parts of the East Midlands in terms of time spent by East Midlands Ambulance Service personnel waiting to hand over patients at the two acute hospitals in the county. The Panel also noted however this still left many patients in difficult positions and was far from perfect. The Panel welcomed feedback on the positive impact of particular initiatives that broadened the way in which emergency care could be provided or that supported independent living for frail older people, including work being done under the iCAN programme. The Panel therefore considered that taking a wider view helped to inform its understanding of the benefits that iCAN could produce.

6.15 When the Task and Finish Panel sought to consider the relationship between support for independent living and emergency medical response needs it touched on the contribution of community first responders: volunteers who are trained to attend certain types of emergency calls in their local areas to provide care before the arrival of more highly skilled medical professionals. The Panel noted the obvious benefit produced by community first responder schemes, particularly in rural areas where an ambulance may take longer to arrive. As a small practical outcome from this scrutiny review the Panel proposes that it would be beneficial for all

councillors to be provided with more information about schemes operating in their local areas, to inform them about a source of support for members of the community and, potentially, to enable them to encourage involvement in these schemes.

Recommendations:

- J) The Cabinet to agree that West Northamptonshire Council should arrange for all councillors to be provided with information about local community first responder schemes in their respective Local Area Partnership areas.

Conclusion of the scrutiny review

6.16 The Task and Finish Panel wishes to highlight that it has not been able to bring its work to as neat a conclusion as was set out in its original scope. After the Panel's last meeting in September 2022 a further meeting was scheduled in December 2022 but had to be postponed for practical reasons. Efforts were then made to schedule another Panel meeting in Spring 2023, before the Chair was advised that the programme had changed to a local authority-based delivery model, with a new lead officer. The Panel would have benefited from better communication about this situation, which contributed to producing a gap in its work and questions that it was still seeking to resolve about the outcomes delivered by the iCAN programme. Specific questions were outstanding around the cost of the programme to the Council so far and information on how the reported improvements had equated into financial savings as projected by the original reports. Given the changes affecting the subject of the scrutiny review, as well as recent changes to the operation of the Council's Overview and Scrutiny Function, the Chair took the view that it was most appropriate for the Panel to report back to the Adult Social Care and Health Overview and Scrutiny on the work it had completed and also enable the Committee to decide how it wished to proceed further on this topic. However, the Panel raises the need for the appropriate Overview and Scrutiny committee to seek a clearer picture than it has been able to obtain so far of the benefits generated by the iCAN programme in return for the resources committed to it by West Northamptonshire Council and in turn how these have benefitted residents and supported the live your best life priority.

Recommendations:

- K) The Overview and Scrutiny Triangulation Group to recommend that the appropriate Overview and Scrutiny committee(s) receive a report to a future meeting confirming:
- The total financial cost to West Northamptonshire Council of the iCAN programme to the end of 2022/23, including the cost of the system transformation partner
 - The positive outcomes directly resulting from the iCAN programme delivered to the end of 2022/23.

7. Implications (including financial implications)

7.1 Resources and Financial

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

7.2 Legal

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

7.3 Risk

7.3.1 The recommendations resulting from the scrutiny review are intended to contribute to mitigating risks associated with the provision of support to frail older people to assist them to live independently. The Task and Finish Panel sought to identify recommendations that are reasonable and practical in current circumstances. The Cabinet is able to give further consideration to risks that may be connected with implementing specific recommendations when producing its response to the Adult Social Care and Health Overview and Scrutiny Committee.

7.4 Consultation and Communications

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

7.5 Consideration by Overview and Scrutiny

7.5.1 The recommendations presented to the Cabinet are the result of a scrutiny review by an Overview and Scrutiny task and finish panel. The final report of the task and finish panel was considered and approved by the Adult Social Care and Health Overview and Scrutiny Committee on 14 September 2023.

7.6 Climate Impact

7.6.1 None directly relating to this report.

7.7 Community Impact

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

8. Background Papers

People Overview and Scrutiny Committee agenda papers and minutes, 21 September 2021

People Overview and Scrutiny Committee work programme

Adult Social Care and Health Overview and Scrutiny Committee agenda papers and minutes, 27 June 2023

iCAN Task and Finish Panel agenda papers and notes, January 2022 – September 2022