West Northamptonshire Council

Adult Social Care and Health Overview and Scrutiny Committee

Integrated Care across Northamptonshire (iCAN) Scrutiny Review

Index

Chair's Foreword

I am pleased to present this report resulting from the work of the Task and Finish Panel set up by the former People Overview and Scrutiny Committee to scrutinise the results being produced by Integrated Care across Northamptonshire (iCAN).

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 help older people to remain living independently for longer, producing better health outcomes for them and helping to manage demand on acute hospital care. iCAN remains one of four priority areas of work for Integrated Care Northamptonshire.

The choice of this topic for scrutiny reflects West Northamptonshire Council's corporate priority to improve the life chances of all residents. The scrutiny review had 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?

I would like to thank the councillors who made up the Task and Finish Panel with me for their efforts and the professionals and patients' representatives who contributed information and views to the Panel.

The Task and Finish Panel gained a picture of positive actions delivered under the iCAN programme but was ultimately not able to reach a clear conclusion about the overall value added by the programme, in part due to changes to the operating context and to the focus and delivery of the programme during the scrutiny review. This may be an issue that the Adult Social Care and Health Overview and Scrutiny Committee wishes to take further. In any case, I hope that the recommendations presented here can still contribute to strengthening future services for residents of West Northamptonshire.

Councillor Emma Roberts
Chair, iCAN Task and Finish Panel

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

- Councillors Janice Duffy, Andre Gonzalez De Savage, Rosie Herring, Rosie Humphreys, Wendy Randall and Sue Sharps, who sat with me on the Panel.

- Senior leaders involved in the delivery of the iCAN programme or working in related areas: Kim Curry, iCAN Delivery Director; Katie Brown, Assistant Director Safeguarding and Wellbeing, West Northamptonshire Council; and Julie Curtis, Delivery Director Health and Care Integration, West Northamptonshire Council.

- Representatives from Newton Europe, the system transformation partner supporting delivery of the iCAN programme: Rosanne Furniss, Director; Adam Walker, Director; and Sam Newton, Business Manager.

- Members of the iCAN People Advisory Group: Mark Major (Chair), Alan Christie, Julie Thew and Sheila White.

- Senior leaders from East Midlands Ambulance Service: Michael Jones, Divisional Director Northamptonshire; Lee Brentnall, Divisional Senior Manager for Quality; and Martin Claydon, Head of Operations.

Executive Summary

The purpose of the 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 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.

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 "chose well, stay well and live well."

The scrutiny review was carried out by a Task and Finish Panel of the People Overview and Scrutiny Committee across four meetings from January – September 2022. The scrutiny review was intended to run for a longer period but a change in the delivery model for the iCAN programme whilst the scrutiny review was underway made it logical for the Panel to report back on its findings at this point.

The Task and Finish Panel has considered the following matters during its work:

- iCAN programme aims and progress towards the delivery of intended outcomes at key 'stage gate' points in the programme contract
- How patients and service users were informing the iCAN programme and how the programme was affecting their experiences of services
- How the iCAN programme might affect, or be affected by, the provision of emergency first response in West Northamptonshire.

The information and comment that expert advisors provided to the Task and Finish Panel is set out in section 6 of this report below.

After all of the evidence was collated the Task and Finish Panel reached the following conclusions:

Focus of the iCAN programme

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.

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).

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.

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.

Outcomes delivered by the iCAN programme

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.

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.

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.

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.

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.

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.

Development of an iCAN collaborative

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.

iCAN and emergency medical response

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.

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.

Conclusion of the scrutiny review

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.

Based on these conclusions, the Task and Finish Panel makes the following recommendations:

Focus of the iCAN programme

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

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

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

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

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.

Assessing the impact of the scrutiny review

L) The Adult Social Care and Health Overview and Scrutiny Committee to agree to review the impact of the scrutiny review six months after the presentation of the final report to decision-makers.

West Northamptonshire Council

Adult Social Care and Health Overview and Scrutiny Committee

Report of the iCAN Task and Finish Panel

1. Purpose and Rationale

1.1 The purpose of the scrutiny review was to scrutinise the delivery of intended outcomes from the iCAN programme at key points during the period of the programme contract. iCAN was a joint health and social care transformation programme 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.

2. 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?

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

3. Context and Background

3.1 The People Overview and Scrutiny Committee at its meeting on 21 September 2021 scrutinised the progress made with the development of iCAN and the position on key risk factors that could affect delivery of the programme. As a result of this item of business the Committee agreed to establish a Task and Finish Panel to provide further oversight of the delivery of iCAN programme outcomes, linked to the gateway review points in the contract. The Task and Finish Panel comprised Councillor Emma Roberts (Chair) and Councillors Janice Duffy, Councillor Andre Gonzalez De Savage, Rosie Herring, Rosie Humphreys, Wendy Randall and Sue Sharps.

3.2 The iCAN Task and Finish Panel carried out its work across four meetings on 26 January, 27 April, 8 July and 27 September 2022. The Panel was due to meet again on 19 December 2022 but this meeting had to be postponed due to ill-health and other factors that prevented participants from attending. Efforts were then made to schedule another Panel meeting in Spring 2023, before it was confirmed to the Chair at the end of April that the iCAN programme had changed to a local authority-based delivery model. In light of this significant change to the previous programme, the gap in Panel meetings, and the impending changes to Overview and Scrutiny, 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 done and also enable the Committee to decide how it wished to proceed on this topic. The way in which the Panel's work ultimately came to an end is the subject of further comment in section 7 of the report below.

4. Corporate Priorities

4.1 This scrutiny review links to the 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 "chose well, stay well and live well."

5. Background – rationale and aims of iCAN

5.1 iCAN is one of the four priority areas for Northamptonshire's Integrated Care System. The Integrated Care Northamptonshire Strategy 2023 – 2033 sets out the following aims:

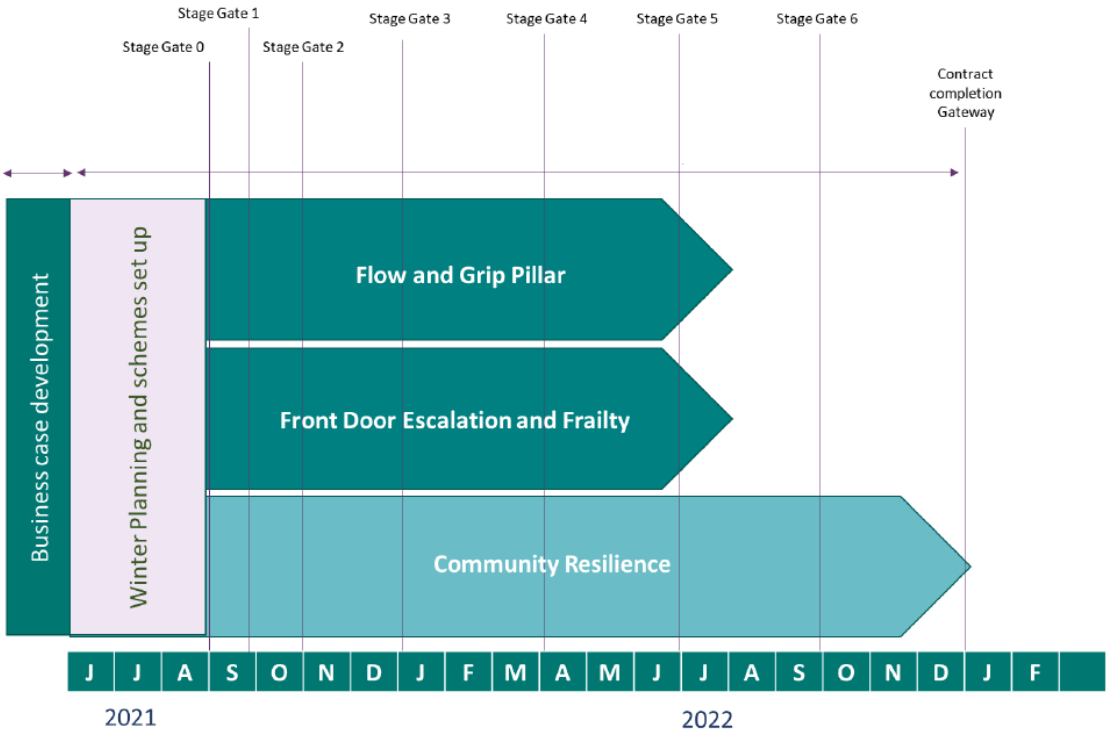
iCAN is about improving the quality of care on offer for older people in our county. We want to achieve the best possible health and wellbeing outcomes for older people and support them to stay independent for as long as possible. To meet the needs of adults over the age of 65, the elderly and those who are frail, the three core aims of the iCAN programme are to:

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

5.2 The iCAN programme involved work on three focus areas, referred to as pillars:

COMMUNITY RESILIENCE	Ensure that frail people in the community receive the right care and support at the right time so that they can live as independently as possible	*Maintaining people's wellness and independence to reduce crisis escalations*
FRAILTY ESCALATION & FRONT DOOR	Ensuring that frail patients are only admitted to hospital if they need an intervention that can only be delivered in hospital	*Ensuring we have the right capacity and structure in the community so only those that need it go to hospital*
FLOW AND GRIP	Ensuring that patients receive the right care at the right time with access to the right services, so that they can live as independently as possible	*Reducing the number of patients without a 'Reason to Reside'*

5.3 The original timing for progression of the iCAN programme contact through key 'stage gate' points identified in September 2021 was as follows:



5.4 A report presented to the West Northamptonshire Council Cabinet in July 2021 seeking approval to commission an external system transformation partner to support delivery of the iCAN programme made the following points about the need for iCAN and the benefits it was intended to deliver, as they were understood at that time:

Our population is growing older and people are living longer with complex conditions. The number of people living in Northamptonshire is expected to grow from 741,000 in 2018 to 803,000 by 2028 – that's an increase of more than 8% in 10 years. But for our elderly population there has been a steady increase in the over 65s of around 65% from 122,000 in 2014 to an anticipated 201,000 by 2034 and this its rising and faster than most other areas. We are also seeing a rise in mental health demand and the longer term implications of some of our health inequalities.

[…]

The Northamptonshire Health and Care system has been challenged over many years and this has been characterised by:

- *Too many people being admitted to our hospitals*
- *91 over 65s are admitted each day and this is increasing*
- *Patients staying too long and when they no longer need acute care*
- *Delays in discharging people*
- *Very high occupancy in our hospitals*
- *An inability to cope with any surge in demand and pressured winters*
- *Too much reliance on bed based solutions in hospital and on discharge*
- *Significant financial pressure on our budgets*

- *A lack of capacity in our facilities and workforce to meet the demand*
- *A knock on impact to social care in care costs and market capacity to meet the demand.*

[…]

iCAN is a joint initiative and builds on the transformation of Adult Social Care that was commenced in 2019. The iCAN programme would see the realisation of benefits across health and social care in terms of improved outcomes for residents, reduced operating costs and less reliance on acute hospital care as the focus shifts to more community based care, prevention and joint working.

We know that Acute hospital beds are extremely costly to maintain (at an estimated £200 a day) and when people stay too long, they have poor outcomes and increasing need for long term social care support. As a system we want to do more to care for more people at home, ensure they don't stay in hospital too long and that they are returned back to independence and their own homes. This is better for them, better for the hospitals and more cost effective too.

Whilst creating significant improvement to the experience people have of health and Social Care locally, the successful implementation of iCAN is also designed to deliver between £13.3m and £18m recurrent savings to the local Health and Social Care System.

5.5 A presentation given to the People Overview and Scrutiny Committee meeting on 21 September 2021 referred to in paragraph 3.1 above included the following points that further reinforced the importance of iCAN and of the outcomes it was intended to deliver:

- *iCAN is a priority because we recognise that frail and elderly care is the single biggest area of demand, activity, acute care, cost and performance improvement areas.*
- *Without iCAN by 2025 the system of health and care risks being overwhelmed by increased demand. iCAN is critical to enabling the system to cope.*
- *By 2024, the programme will be delivering a recurrent gross saving of £13.3m per year (stretch target of £18m).*

6. Information Collection

6.1 Expert advisors provided information and comment to the Task and Finish Panel at meetings on 26 January, 27 April, 8 July and 27 September 2022.

6.2 This section of the report sets out comments made by expert advisors to the Task and Finish Panel in each of the main areas considered during the scrutiny review. The Panel's own conclusions and recommendations are set out in section 7 of the report.

6.3 The date when expert advisors commented to the Task and Finish Panel is indicated in each case, to reflect that the subject of this scrutiny review was the development of, and the outcomes produced by, a specific programme over time.

iCAN programme aims and progress towards the delivery of intended outcomes at key 'stage gate' points in the programme contract

26 January 2022

Rosanne Furniss, Director, Newton Europe

- The overall picture regarding performance against high-level metrics for the iCAN programme was positive. Significant work was being done to look at how to measure practical outcomes from the patient perspective and incorporate these into the performance monitoring process.
- The number of people attending Accident and Emergency (A&E) departments was an indicator of the effect of the iCAN programme: if the programme was working the number should reduce. Performance was currently ahead of target but this was due to the effect of the COVID-19 pandemic. Before the pandemic there had been a rising trend in A&E attendances. The pandemic had resulted in a massive decrease in attendance, particularly amongst people aged over 65 years, which had not yet returned to a stable position.
- The number of people aged over 65 years admitted to hospital in Northamptonshire and the length of hospital stays were also currently ahead of target due to the effect of the pandemic.
- The number of days that a person aged over 65 years was in a hospital bed was a further performance indicator used for the iCAN programme. Prior to the pandemic this had been 25,000 bed days per month. The current figure was lower but needed to be analysed to check that it was due to the provision of support and not due to the pandemic.
- Work was being done on all of the performance metrics to ensure that they gave an informed view of the actual effect of iCAN programme measures. It was not being claimed that the programme had produced the apparent performance improvements seen at this point.
- Stage Gate 3 of the iCAN programme contract had been rescheduled to 1 March 2022. Work was currently being done on developing lower level metrics to produce a picture at this point that would quantify the operational impact of the iCAN programme on performance, as distinct from the impact of the pandemic and of national measures.
- The residential care and domiciliary care sectors were currently operating under considerable pressure. The iCAN programme would contribute to addressing this situation: fewer people entering acute care should reduce resulting demand on residential care. Work was being done with care providers to map the level of demand and capacity needed in the area and to build this into the long term care model, in order to ensure that sufficient capacity was available.
- The flow and grip pillar included work to improve the processes and timings for requesting long term care, which had already been reduced from 11.5 to 2.5 days.
- Current demands on paramedics were an example of why it was important that iCAN was a whole-system approach. The East Midlands Ambulance Service was

very involved in the programme. The level of demand on the care system made it necessary to look at how overall capacity and resources were deployed to best effect. The duration of the iCAN transformation programme reflected that it took time to re-balance existing arrangements.

- A complex discharge from hospital involved a needs assessment of the patient in order to set up an appropriate support package. Staff training on the assessment process at Kettering General Hospital had reduced the time taken to complete assessments. Performance at Northampton General Hospital was at a similar level but had been more consistent.
- A range of work was being done to improve information-sharing within the care system. The Northamptonshire Analytics Reporting Platform (NARP) was intended to give common access to information.

Assistant Director Safeguarding and Wellbeing

- There was sufficient residential care capacity in West Northamptonshire: staffing was the area of pressure.
- There was not a disparity in the time it took to place someone in residential care between local authority-funded and self-funded care.
- Northamptonshire was due to implement the Northamptonshire Care Record (NCR), an integrated care record across all health and care providers, in April 2022.
- Work was being done on supporting the domiciliary care market with the aim that West Northamptonshire Council funding to providers was directed to the workforce.
- The COVID-19 Omicron variant had produced a further impact on the care market and had highlighted more underlying issues about the state of the market and local authorities' approach to commissioning.
- Oxfordshire took a different approach to whole-system working than Northamptonshire. Discharge assessments for patients at the Horton Hospital in Banbury did go through Northamptonshire, although the effectiveness of the current approach needed to be assessed. The number of Northamptonshire residents admitted to hospital in Warwickshire was relatively small. The main cross-border issues for Northamptonshire related to Oxfordshire. Addressing these issues was part of future planning.
- There were challenges relating to care provision in South Northamptonshire, for example, regarding the availability of domiciliary care.
- The iCAN programme would assist in identifying and developing the amount of night-time care needed in West Northamptonshire.
- Multi-disciplinary teams providing wrap-around care had been operating across Northamptonshire since November 2021. The effect of this provision would be reviewed to identify if it was reducing overall demand or just dealing with the same demand in different ways. Wrap-around support for people discharged from hospitals at weekends was an area that needed further attention.

27 April 2022

iCAN Delivery Director

- Challenges arising since the start of the iCAN programme had resulted in the need to increase its focus on contributing to system pressures in the immediate future, not just over the next five years. Phase 2 of the programme beginning in May 2022 represented the foundation programme phase. It would focus on actions intended to have a significant impact on reducing attendances and admissions to acute care; reducing escalation in care needs; reducing the length of stay in acute care, building on existing improvements; improved used of support at home; and developing performance dashboards to give better oversight of performance.
- The five year route map for iCAN was still at the heart of the programme.

Business Manager, Newton Europe

- Community resilience pillar – There had been challenges at the end of 2021 due to work responding to the COVID-19 pandemic but strong elements of the new iCAN approach were already in place. Specific actions were having an impact and had produced positive feedback from service users. Additional provision had been made to mitigate a surge next winter.
- Frailty escalation and front door / Flow and grip pillars – Front door trial projects at the two acute hospitals had enabled frailty teams to double the daily average number of patients seen and enabled geriatricians to identify people who could continue to live at home with support. Work on flow and grip was helping to provide the right support to individuals to achieve the best outcomes.
- The health system was currently exceeding the targets in the original iCAN business case for attendance: overall, the number of beds being used by non-elective patients over 65 years of age was below the 2019 baseline. New ways of working introduced under the iCAN programme were contributing to this, but performance had also been affected by the pandemic.
- The front door trial projects currently operated for 8 hours a day on 5 days a week. The trial was intended to demonstrate their impact. This would inform a business case for the future, which might include extending the operating time.
- People who were frail were identified at the front door of the acute system using a frailty assessment process and by a specialist frailty clinician.
- All iCAN programme metrics had improved since the baselines were originally set in 2019. Oversight of performance was being developed, for example, by adding key performance indicators on patients classed as ‘stranded’ (in hospital for 7 days or more) and ‘super stranded’ (in hospital for 21 days or more) and enhancing focus on patients’ reasons to reside in hospital.

8 July 2022

iCAN Delivery Director

- The context for the iCAN programme had changed in that Census 2021 information now available showed a large increase in the number of people over 65 years of age in Northamptonshire. The number of people over 70 years of age had the most significant increase and was going up faster than had been projected in the original iCAN business case.
- A new phase of the iCAN programme was designed to bridge the gap between short- and long term demand.
- Forecasts for delivery against the three main iCAN metrics showed a slight upward trend, which reinforced the importance of contextualising the programme effectively. Activity was expected to move back more towards pre-pandemic levels and there needed to be a good picture of how the programme was affecting this, informed by both high level data and the bottom up view.
- Positive outcomes were being seen. Waiting times at Kettering General Hospital for patients to be discharged had been reduced. Throughput for CT scans had improved and was actually ahead of trajectory at the current time.
- Collaborative work being done to improve the intermediate care discharge pathway was a crucial aspect of overall work to improve community pathways, particularly given long term demand. This was an exciting piece of collaboration that had been identified through the iCAN programme.
- The ICS model required the formation of provider collaboratives to address inequalities in health outcomes and improve service effectiveness. The iCAN programme was one of the priorities for the Northamptonshire ICS. It was necessary for it to develop from a transformational programme to a collaborative by April 2023, which would involve a significant amount of work.
- There was a clear picture of how working as a collaborative should assist in addressing priority issues relating to hospital admissions and stays, maximising independent living and making best use of available resources.
- The direction of travel against the key metrics was as anticipated: performance would worsen before it improved. The challenge was that the pandemic had occurred between the design and delivery of the iCAN programme.
- The Stage Gate 4 review point had been delayed to allow further work to review operational forecasts for the key iCAN metrics to reflect the current context.
- It was not currently expected that changes in the operating context of the iCAN programme would change associated spending or savings.
- Work on improving community pathways was focussed exactly on understanding what capacity was needed in Northamptonshire for home care packages and how this could be provided.

27 September 2022

Adam Walker, Director, Newton Europe

- The total annual bed days for each of Northampton General Hospital and Kettering General Hospital was approximately 200,000.
- The total acute care bed base in Northamptonshire was approximately 1,200 beds across Northampton General Hospital and Kettering General Hospital. Between the initial diagnostic that informed iCAN and the start of the iCAN programme this had been reduced by 180 beds: 72 beds had been lost due to COVID-19 infection control measures and 108 for other reasons. The first 72 beds had now been returned to the base but the acute care system was still operating with 108 fewer beds than anticipated when the iCAN programme had started. The iCAN programme was now saving enough bed days to cover this reduction, which was why performance was green-rated but the practical impact of this seemed less apparent.
- When hospitals were operating with 90% bed occupancy it affected patient flow and this would filter back to A&E.
- The iCAN programme ultimately should contribute to reducing delays at A&E by reducing demand for hospital services.
- Triangulation was a central part of assessing iCAN outcomes. The process used both headline level data and a more granular level of detail about the impact of different workstreams, which was also compared with feedback from patients about their experience of services.
- It was understandable that green-rated performance did not seem to be reflected in perceptions of the situation on the ground at this point. The iCAN programme had enabled the care system in Northamptonshire to recover some ground but there was still a long way to go.
- The iCAN programme was not intended to deliver cashable savings. It was designed to prevent demand from overwhelming the care system.
- The system had performed well to achieve a length of stay reduction of 1.63 days against the targeted reduction of 0.28 days. However, there was a challenge resulting from the high starting baseline: before the iCAN programme had started the average length of stay in Northamptonshire was 9-10 days. Further improvement was possible. Kettering General Hospital was performing slightly better than Northampton General Hospital.
- Assessments by the Complex Discharge Hub as well as social care assessments provided assurance that patients returning to their own homes had the capability and the appropriate support arrangements to resume independent living. Monitoring readmissions also helped to identify any causes for concern. The position on readmissions in Northamptonshire was largely steady, although the impact of the COVID-19 pandemic still needed to be fully understood.
- Complex discharge pathway 1 involved a person returning to their own home with support. Pathway 2 involved rehabilitation provided in a setting such as a

community hospital and the use of Discharge to Assess beds. Pathway 3 involved residential and long term nursing care.

- The position in Northamptonshire concerning the length of time between a person being medically fit for discharge from hospital and starting their care package in complex discharge cases was not typical of the national position. The average figure could disguise significant variances. There was the capacity in Northamptonshire to maintain inputs and outputs: the challenge was a backlog in cases. Services had been redesigned to address this, which had led to a short term loss of capacity for pathway 1 but would ultimately increase capacity by 30% for no extra cost. This would require 3 months to come into effect.
- Capacity at pathway 2 would be enhanced by work to develop Turn Furlong Specialist Care Centre in Northampton as an integrated facility, which would increase throughput.
- Work on complex discharge should bring the average delay down to 3-5 days, which was more typical of the national position. The national target was only 3 hours, which raised the question of whether this was an appropriate target. The potential impact of the current economic climate on capacity in the care market also created risks to the provision of ongoing care as part of pathways 1 and 2.
- The flow and grip pillar of the iCAN programme focussed on addressing issues that could hold up hospital discharges. Wards and processes had been reviewed to identify opportunities to improve. There were still issues with discharge at weekends. Hospitals had used the Patient Time Matters data tracker for the past 6 months to track the cumulative effect of delays. This had contributed to improving performance.

iCAN Delivery Director

- The iCAN programme was already delivering positive outcomes, in the context of an ageing local population. These included reducing the average length of stay in hospital by two days compared to April 2021, which was an impressive achievement, and producing a benefit of around 40,000 annual bed days. Positive feedback was also being received from service-users.
- Performance in key areas of work was largely green-rated at the Gateway 4 point for both trajectories and plans. Areas for improvement were reviewed and addressed: performance on Northampton General Hospital diagnostics had been reviewed to identify why targets were not being met, resulting in a re-baselining whilst retaining the overall aim.
- There had been considerable debate amongst system leaders about why the current situation on the ground did not feel more different than it was. The situation reflected current challenges in areas including workforce, GP retention and increasing demand on Kettering General Hospital to 2024.
- The Patient Advisory Group was currently carrying out a significant piece of work on patient experience, which could help to identify any issues with discharge decisions and patients' ability to return to independent living.

- The discharge planning process should identify if a patient had no family members nearby or similar support network and arrange for appropriate support. It was not assumed that a person would have someone to care for them.
- The iCAN programme and other Integrated Care Northamptonshire programmes were now moving towards becoming collaboratives. This was about establishing specific programmes as permanent ways of working. Developing the iCAN Collaborative was a complex area of work due to the number of partners and contracts involved.
- The Integrated Care Board (ICB) on 18 August 2022 had considered the case for change and the outline plan to establish iCAN as a collaborative by April 2023. The business case had been discussed with a range of partners. Development of the iCAN Collaborative was now at the stage of securing system agreement to the case for change and starting to develop shadow governance arrangements and operational delivery plans. The final stage of the process would involve reaching any formal collaborative, contractual or delegation agreements required.
- A pragmatic approach was being taken to the development of the proposed operating model and scope of services for the iCAN Collaborative. The services to be included in the Collaborative would be built up in tranches. The first tranche would be largely made up of services that were already funded through the Better Care Fund to provide a good foundation. Development was focussing on shared points of access, integrated community-based multi-disciplinary teams and integrated discharge and intermediate care. This would feed into winter and surge planning and response.
- The iCAN Collaborative case for change was focussed on how it would produce better outcomes for all concerned. Patients would benefit from greater focus on prevention and on support for independent living, a greater understanding of alternative options available to them and easier access.
- There was currently no intention to TUPE-transfer staff as part of developing the iCAN Collaborative. The Collaborative was a structure rather than an organisation to which staff could be transferred.
- Development of the iCAN Collaborative would include working through any human resources aspects involved, supported by appropriate specialist advice. All collaboratives would need to do this.
- There was not a national deadline to set up collaboratives. It was an ambition to establish the iCAN Collaborative by April 2023.
- The ICB would be accountable for the iCAN Collaborative whilst partners would also still be subject to their own statutory obligations. It would be important to develop effective governance arrangements for the Collaborative, which would be assisted by taking a co-production approach.

Delivery Director Health and Care Integration

- 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. This was a requirement in GP contracts.
- The iCAN Collaborative aimed to bring together staff working on common areas not to change the organisation employing them. It was anticipated that the initial basis for joint working would be a memorandum of understanding. There was the potential for delegation to a lead provider but that had not been discussed yet.

How patients and service users were informing the iCAN programme and how the programme was affecting their experiences of services

27 April 2022

iCAN Delivery Director

- The 10 principles for how Integrated Care Systems (ICSs) should work with people and communities formed the basis for the way in which iCAN was operating. The People Advisory Group (PAG) was being used to provide early engagement. Co-production was central to iCAN and the PAG and Overview and Scrutiny could provide constructive challenge on how well the programme was doing on this. It was also important to ensure that iCAN was a learning programme.
- Neighbourhood and collaborative design was a focus for all ICS workstreams. The ICS model represented the best opportunity to achieve the long-held aim of providers working together to deliver seamless services.

Chair, iCAN People Advisory Group

- The iCAN programme involved the highest level of partnership working and collaboration that he had seen in his own 30 years of experience in relevant fields in Northamptonshire.
- The People Advisory Group (PAG)'s key focus areas were to provide oversight and challenge on the iCAN programme and to contribute to co-production. It had a significant amount of expert knowledge in this regard. The PAG could also carry out the same functions on other areas of work: for example, it was currently contributing to work by West Northamptonshire Council and North Northamptonshire Council on regulated care.
- Service users were giving positive feedback on services introduced as part of the iCAN programme, including multi-disciplinary crisis response teams and the countywide befriending service. By the end of 2022 there were due to be four community asset programmes running in the county supporting people with different long term conditions.
- The iCAN programme had extra surge funding that was being used on projects to support pressure in the acute hospitals. Additional staff had been provided in A&E to identify the best treatment and support options for people. Work was also being

done to support discharge from hospital by addressing issues that could prevent a person who was clinically well enough to be discharged from leaving hospital, such as a need for adaptations to be fitted in their home to enable them to live independently.

- Councillors should be assured that the iCAN programme involved good initiatives that were making a difference in practice, although there remained much more to do. Councillors could help to inform future work and to suggest potential priorities within this. The PAG had already highlighted end-of-life care as an area that needed attention in Northamptonshire, to improve the consistency of care and the outcomes that were achieved.
- The iCAN programme involved scaling up the provision of remote monitoring equipment in Northamptonshire.
- Northamptonshire needed to have a plan to get sufficient carers to meet local needs. 10 per cent of the population of Northamptonshire were carers. The PAG could contribute to any work by local authorities on this matter.
- It was important to invest in community-based solutions to healthcare needs: not doing so was a false economy. Care planning and patient handovers did not represent significant costs but would have an impact if not done effectively. Helping patients in hospital to eat was a role that could be done by local volunteers, provided that the need for it was identified and supported.

Alan Christie, iCAN People Advisory Group member

- He was the full-time carer for his wife who had multiple sclerosis. They had benefitted from having a monitor at home that measured his wife's blood pressure, temperature and oxygenation level. When difficulties occurred Mr Christie could pass on this information to help medical professionals to decide what intervention was required.
- He had been able to monitor his wife's breathing when she had caught COVID-19, which had meant she had not needed to be admitted to hospital.
- A monitor cost around £60.00 and was literally a life-saver, as well as reducing the need for hospital admissions.
- The last time his wife was admitted to hospital he had arranged for her carers to go in to help care for and feed her. This had helped to maintain the continuity of her care.
- Hospitals were better at treating patients than at caring for them. He had seen cases of patients who were not able to feed themselves being left with a meal.

Sheila White, iCAN People Advisory Group member

- Her main concern in relation to local health services was the different levels of access currently offered by GPs. A consistent approach across all surgeries would help members of the public.

- Communication was key to effective service delivery. There was a difference between offering a consistent level of service to all and ensuring that people were aware of the services available to them.

Julie Thew, iCAN People Advisory Group member

- She was a carer for two adults who lived at different addresses. Carers played a key role in the health and social care system but were not given much attention when the question of what good care looked like was being considered.
- The iCAN programme aims of enabling people to remain in, or return to, their own homes rather than staying in hospital would be affected if carers were not available.

8 July 2022

Chair, iCAN People Advisory Group

- The PAG was intended to promote co-production and work being done through iCAN in which it was involved was receiving good feedback from patients and carers. The PAG also contributed to wider areas of work such as a bid for community diagnostic centres in Northamptonshire.
- Key messages resulting from PAG meetings were shared with the senior leadership of the iCAN programme.
- A considerable amount of case study work was done on successful outcomes and lessons that could be learnt from experience.
- The PAG was seen as an example of good practice operating in Northamptonshire.

How the iCAN programme might affect, or be affected by, the provision of emergency first response in West Northamptonshire.

8 July 2022

Divisional Director Northamptonshire, East Midlands Ambulance Service

- East Midlands Ambulance Service (EMAS) received 490 calls per day in Northamptonshire. An ambulance did not need to be sent to 50-60% of the total calls received.
- EMAS had 450 staff based in Northamptonshire, an increase of 30% in the past 3 years, and 8 ambulance stations.
- From 17 to 42 double-crewed ambulances were sent out each day.
- The COVID-19 pandemic had produced unprecedented demands on capacity. The number of category 1 ambulance calls, involving an immediate response to a life-threatening condition, had increased by 27% in the second lockdown. This was a whole-system issue. Extra resources provided by the government were not sufficient to counterbalance increased demand.

- Northamptonshire was in a better position than other parts of the East Midlands in terms of hours lost by EMAS waiting at hospitals. There had recently been 30 ambulances waiting for 7-8 hours at a hospital in Leicester and a similar situation in north Lincolnshire. When delays were experienced in Northamptonshire partners were able to work together to get things moving again.
- Northamptonshire was the smallest of EMAS's divisions and performed the best on non-conveyance.

Head of Operations, East Midlands Ambulance Service

- The patients seen by EMAS were more poorly than in the past.
- EMAS had a non-conveyance rate of 50-60%. In these cases, patients were passed to the clinical assessment team and given advice over the phone, given advice in-person by EMAS personnel, or transported to a non-acute location to receive help.
- Current attendances were down 10% compared to the previous year. This reflected the Hear and Treat and See and Treat model, which involved dealing with more cases on the phone and at the scene where possible.
- Delays handing over patients at hospitals affected EMAS's ability to respond to demand. It worked with acute trusts to manage this issue as far as possible. EMAS lost 16,000 hours waiting at hospitals, including 1,178 hours in Northamptonshire. When there were delays in handover EMAS worked with acute trusts to maintain the minimum care standards for patients. This could involve hospital staff going out to treat patients waiting in ambulances. Rapid handover bed could be needed to release ambulances.

Divisional Senior Manager for Quality, East Midlands Ambulance Service

- EMAS had a system in place to manage the risk of harm to critically ill patients from delays. This made provision for staff on the scene to report back that a delay should be reviewed if it would cause potential harm to the patient. The NHS commissioner carried out harm reviews of selected cases involving a delayed response as part of quality control mechanisms. Members of the public could give feedback about services through the Patient Advice and Liaison Service. EMAS had a robust overall approach.
- In his experience in his current post since August 2021 the iCAN programme had been very productive. Good progress had been made with frailty support. The new operating model for adult social care in Northamptonshire was embedded and there was not a risk of reverting to old approaches.
- There was a consistent approach across Northamptonshire to the provision of same day emergency care (SDEC), which involved medical care being provided to patients who would otherwise need to be admitted to hospital. Kettering General Hospital and Northampton General Hospital had been operating SDEC for several years. EMAS crews' knowledge of it had been increased over the past 9 months. Direct pathways were also now available for patients including those with cardiac and stroke conditions.

- Work on falls prevention would help to reduce ambulance call-outs. The approach to falls now looked at different options for care to meet a patient's needs. For example, a person who had had a single fall might be better served by receiving orthopaedic treatment rather than needing to attend A&E.
- The yellow bracelet scheme – a bracelet containing a patient's medical records, which could be scanned by medical personnel – and EMAS crews being able to use tablets to access medical records remotely supported a more effective response.
- Kettering General Hospital already had a frailty unit and Northampton General Hospital was just developing one. EMAS did not currently have direct access to frailty units but had a contact in each unit. This meant that a frail patient taken to A&E could be collected from there by staff from the unit rather than waiting in A&E, which could have a negative effect.
- A new assessment process had been set up for patients who had experienced a minor fall. A nurse in the EMAS control room could assess these patients, enabling them to be passed directly to iCAN and support put in place from the Intermediate Care Team (ICT). This approach was diverting 1-2 patients per day from needing to be taken to hospital.
- There was now provision for patients needing same day surgical care to be taken directly to the relevant surgical unit for issues such as abdominal pain. Work was also being done on community solutions for urology and catheter issues, which would reduce demand on both EMAS and A&E.
- National guidance on SDEC produced by NHS England was used as the basis for triage decisions. The paramedic attending a call and the SDEC divisional leader would make a joint decision about where to take a patient. There was confidence in the process used.

7. Key Findings, Conclusions and Recommendations

7.1 After all of the evidence was collated the Task and Finish Panel reached the conclusions set out in this section of the report.

Focus of the iCAN programme

7.2 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.

7.3 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).

7.4 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.

7.5 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

7.6 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.

7.7 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.

7.8 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.

7.9 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.

7.10 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.

7.11 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

7.12 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

7.13 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.

7.14 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

7.15 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.

Assessing the impact of the scrutiny review

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

Recommendations:

L) The Adult Social Care and Health Overview and Scrutiny Committee to agree to review the impact of the scrutiny review six months after the presentation of the final report to decision-makers.

Appendix A

OVERVIEW AND SCRUTINY

TASK AND FINISH SCRUTINY REVIEW – SCOPE

1. Topic

Integrated Care across Northamptonshire (iCAN)

2. Responsible Overview and Scrutiny Committee

People Overview and Scrutiny Committee (OSC)

3. Purpose of the scrutiny review

To scrutinise the delivery of intended outcomes from the iCAN programme at key points during the period of the programme contract. iCAN is a joint health and social care transformation programme 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.

4. 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. Outcomes

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. Approach

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

1. Councillor Emma Roberts (Chair)
2. Councillor Janice Duffy
3. Councillor Andre Gonzalez De Savage
4. Councillor Rosie Herring

5. Councillor Rosie Humphreys
6. Councillor Wendy Randall
7. Councillor Sue Sharps

The panel will meet with identified expert advisors periodically whilst the iCAN programme is in operation to get an overview of progress with the delivery of programme outcomes, any issues affecting planned delivery and how these are being mitigated.

Panel meetings will generally take place remotely, with the option of the final meeting being held in-person. Panel meetings may be held either during the day or in the evening to suit need.

7. Information required

Progress updates on iCAN programme delivery, supported by input from the following expert advisors:

- iCAN programme team representative(s)
- Executive Director of Adults, Communities and Wellbeing or specific service representative
- Newton Europe representative(s) – system transformation partner

Feedback from staff engagement activity carried out as part of iCAN programme implementation.

Information on service-users' experience of the outcomes delivered by the iCAN programme, from the following sources:

- Feedback obtained from the iCAN People Advisory Group and/or from stakeholder groups supporting the co-production element of the iCAN programme led by the Deputy Chief Executive of Northamptonshire Healthcare NHS Foundation Trust as iCAN Deputy Senior Responsible Officer.
- Direct input from invited service users if suitable information is not available from other existing sources.

8. Resources and support

- Democratic Services officer support for panel meetings and for production of any report or recommendations that may result.

9. Timetable and key dates

The timing of panel meetings will be aligned to remaining iCAN contract gateway review points, which are as follows:

Stage Gate 3	March 2022
Stage Gate 4	June 2022

Stage Gate 5	September 2022
Stage Gate 6	December 2022
Contract Completion Gateway	March 2023

The People OSC may also wish to consider scheduling an agenda item on progress with the iCAN programme at one of its meetings at the mid-point of the contract, to enable public scrutiny of the 'mid-term' position informed by the panel's work.

10. Follow-up

The People OSC may consider the need for any further scrutiny activity on this topic following the completion of the panel's work as part of regular oversight of the People OSC's work programme.