

# Public Document Pack



**Meeting:** Health and Wellbeing Board

**Date:** Tuesday 29th November, 2022


**Time:** 2.00 pm

**Venue:** The Council Chamber, Corby Cube, George Street, Corby, NN17 9SA

## To members of the North Northamptonshire Health & Wellbeing Board

John Ashton	Interim Director of Public Health, North Northants Council
Cllr Jon Paul Carr - Chair	North Northamptonshire Council
Dr Jonathan Cox	Local Medical Council
Ann-Marie Dodds	Executive Director of Children's Services
Cllr Scott Edwards	Portfolio Holder Childrens, Families, Education and Skills, North Northamptonshire Council
Naomi Eisenstadt	Chair, NHS Northamptonshire Integrated Care Board
Colin Foster	Chief Executive, Northamptonshire Childrens Trust
Shaun Hallam	Northamptonshire Fire and Rescue
Cllr Helen Harrison	Portfolio Holder Adults, Health and Wellbeing, North Northamptonshire Council
Michael Jones	Divisional Director, East Midlands Ambulance Service
David Maher	Deputy Chief Executive Northamptonshire Healthcare Foundation Trust
Nicci Marzec	Director for Early Intervention, Office of Police, Fire and Crime Commissioner
Deborah Needham	University Group Hospitals Northamptonshire
Cllr Macaulay Nichol	North Northamptonshire Council
Dr Steve O'Brien	University of Northampton
Dr Raf Poggi	Primary Care Network
Toby Sanders	Chief Executive, NHS Northamptonshire Integrated Care Board
Colin Smith	Chief Executive, Local Medical Council
Ashley Tuckley	Assistant Chief Constable, Northants Police
David Watts	Director of Adults, Communities and Wellbeing, North Northamptonshire Council
Sheila White	Healthwatch Northamptonshire

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<p style="text-align: center;">Adele Wylie, Monitoring Officer North Northamptonshire Council</p>  <p style="text-align: center;"><b>Proper Officer</b> <b>21 November 2022</b></p>				

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# Agenda Item 4

## Health and Wellbeing Board

At 1.30pm on Tuesday 6 September 2022

Held at North Northamptonshire Council Offices, The Council Chamber, Corby Cube, George Street, Corby, Northants, NN17 9SA.

### Present:-

Councillor Jon-Paul Carr (Chair)	North Northamptonshire Council
Councillor Scott Edwards	North Northamptonshire Council
Councillor Helen Harrison	North Northamptonshire Council
Councillor Macaulay Nichol	North Northamptonshire Council
John Ashton	Interim Director of Public Health, North Northants Council
Ann Marie Dodds	Executive Director of Children's Services
Naomi Eisenstadt	Chair, Northamptonshire Healthcare Partnership
David Maher	Deputy Chief Executive Northamptonshire Healthcare Foundation Trust
Nicci Marzec	Director for Early Intervention, Office of Police, Fire and Crime Commissioner
Mike Naylor	Director of Finance, East Midlands Ambulance Service
Deborah Needham	University Group Hospitals Northamptonshire
Professor Steve O'Brien	University of Northampton
Dr Raf Poggi	Primary Care Network
Toby Sanders	Chief Executive, NHS, Northamptonshire Integrated Care Board
Colin Smith	Chief Executive, Local Medical Council
David Watts	Director of Adults, Communities and Wellbeing, North Northants Council
Sheila White	Northamptonshire Healthwatch

### Officers

Cheryl Bird	Health and Wellbeing Board Business Manager
Jenny Daniels	Democracy Officer (Democratic Services) (Minutes)
Sam Fitzgerald	Assistant Director of Adult Social Services
Alison Gilbert	Director of PLACE, North Northamptonshire Council
Rhosyn Harris	Consultant in Public Health
Dionne Mayhew (via Teams)	Director of Communications, Northamptonshire Health Foundation Trust
Russell Rolph (via Teams)	Chief Executive, Voluntary Impact Northamptonshire

### **42. Apologies for non-attendance**

Apologies were received from Michael Jones (Divisional Director, EMAS) and Chief Superintendent Ashley Tuckley,(Northamptonshire Police)

### **43. Notification of requests to address the meeting**

None had been received.

### **44. Members' Declaration of Interests**

The Chair invited those who wished to do so to declare interests in respect of items on the agenda.

No declarations were made.

#### **45. Minutes of the Meeting Held on 5 July 2022**

**RESOLVED that:** the Health and Wellbeing Board approved the minutes of the meeting held on 5 July 2022.

#### **46. Action Log**

The Chairman introduced this item (copies of which had been previously circulated) which gave details of actions that had been and were yet to happen. He reported that all actions from previous meetings were complete with the exception of Steve O'Brien and Sam Fitzgerald to discuss opportunities for a PhD student.

Dr O'Brien stated he had a discussion with Sam Fitzgerald regarding a possible PhD student based in the South of the country but they had not yet had a general discussion and would do so at a later date.

**RESOLVED that:** The Health and Wellbeing Board notes the Action Log

#### **47. Integrated Care Strategy and PLACE Development**

At the Chairmans invitation the Director of PLACE, North Northamptonshire Council provided an update on the development of the Integrated Care Partnership (ICP in North Northamptonshire highlighting the following:

- It had not been a strategy but a consolidation of an existing strategy. A lot of engagement was being undertaken as part of it.
- A strategy was now in place and would link into the Integrated Care Partnership. It would oversee the development of the Joint Strategic Needs Assessment (JSNA) and they were working with communities on that.
- The North Place Development Delivery Group had met and decisions made by them were detailed in the report. This would then enable the development of the Local Area Partnerships and Community Wellbeing Forums.

In answer to a concern that the papers referred to the Northamptonshire Strategy Development Board but in fact it was not a board it was confirmed that It was indeed a partnership and the language used in the paper would be amended to reflect this.

The following was also noted:

- It was important to not just undertake the consolidation but also to get moving with the formation of integrated care arrangements and have an input at an early stage to ensure the ambition was captured. The work undertaken to date was the start of it and a finished product would be submitted in December 2022. Further work was required in particular to the Integrated Care Partnership (ICP).
- An important part of this was the emerging strategy and officers had received feedback that they were slightly further ahead than many others in this so they were in a good position.

- Although some additional members still needed to be appointed to the ICP the Director of Adults, Communities and Wellbeing had been given some suggestions for members from voluntary sector organisations.
- Local Area Partnerships were more about understanding and adapting understanding of them in the local community. Different functions would be delivered by different organisations or collaboratives and in some areas services might be delivered through a collaboration of various organisations.

**RESOLVED that:** the Health and Wellbeing Board:

- a) Notes progress of the Integrated care Partnership Strategy development; and
- b) Notes the progress of the Integrated Care Partnership North Place development.

#### **48. Outcomes Framework and JSNA Update**

At the Chairman's invitation a Consultant in Public Health provided an update on the work of the JSNA highlighting the following:

- As part of the JSNA the summary update was very much a consolidation of the joint needs assessments that had been published with some up to date data. This should be run in tandem with a summary of exercises. The pack of engagement and qualitative data was currently being developed.
- The executive summary identified some of the challenges and strengths of the county in terms of natural assets and a strong community and voluntary sector.
- They continued to address inequalities across the county. Particular interest was given to communities that identified with an ethnicity or communities with shared interests.
- They struggled in some aspects of data. For example, there was a lack of black women in maternity services in Northamptonshire. They did not know what was driving this but were working on it.
- Another area of challenge was the fact that Northamptonshire had an ageing population but also a really fast growing population across the county in all age groups. That created more pressures on services which was a known challenge.
- A key factor in terms of preventing ill health and promoting health and wellbeing was in providing safe, affordable and good quality housing. They had received a lot of feedback from communities that identified feeling safe on the streets and the amount of litter on streets as a real issue rather than some of the health problems like blood pressure that they could suffer from.
- North Northants was a real outlier in terms of emergency admissions to hospital for heart disease and for COPD. They were not an outlier for diagnosis of or death from these conditions. So they were doing well at treating them but not so well at preventing patients from entering hospital. This was an area the partnership as a whole could really add some value and she looked forward to working together on reducing admissions.
- Community engagement was a pack that pulled together existing things. They had not undertaken a full consultation process with the community as that was to come.
- The JSNA was a starting point for them to build a set of shared outcomes that would measure whether they had delivered against the strategy.
- Whilst they had very little time to engage with stakeholders it had taken place over the summer. They had spoken to all public sector agencies across the county and the voluntary sector. Some had continued to give more detailed

feedback after the pack was published to the Health and Wellbeing Board so version 7.1 was still a working document.

- One of the challenges was the fact that it was shared around 10 agreed outcomes. If one of the ambitions was to improve timely access to services the outcomes were tied to waiting times which wasn't really an outcome. Each of the ambitions had a number of outcomes and they had worked with stakeholders to identify a currently measured matrix. For some of them they were still working with partners to get a better outcome.

In answer to queries on the update the following was confirmed:

- There was a lot more local data that could be used and the JSNA would be updated annually and statutory guidance would also be updated as the JSNA was updated. They did know that qualities identified in the pack had been exacerbated through the pandemic. Some had been slightly better. For instance some flexible ways of working had been introduced in substance misuse.
- It was known that some of the collaboratives had undertaken more work so they were in discussion with these to be able to include more data on the work undertaken.
- The need to use evidence on the JSNA to guide the ways of addressing issues was noted.
- There was a preventative asset they could be undertaking in communities. For example working with schools and GP practices to deal with children with eating disorders to better educate and support people so they didn't require targeted support. Data could be used to target interventions.
- Access did not equate an outcome. For example with the smoking in pregnancy figures it was not about whether people stopped smoking as a result of attending a service.
- The Director of Public Health agreed that they did need to be clear on how outcomes were framed. For instance, what did it mean for children to be thriving and how was this measured. Clinicians would say more clinicians were needed to address the number of children requiring some kind of specialist intervention, however it required a whole system approach and the partnership to be working together to get that approach. The public was central to this if they were to be supporting and building community activity to address issues related to mental health and wellbeing. The asset based community approach was essential to prevent the national health from falling over.
- More work was requested on ensuring children were active and ate well. It was cheaper to buy food that wasn't really wholesome and some interventions were perhaps needed to enable people to afford to eat well.
- As well as being the outcomes framework it needed to inform the Integrated Care Board's 5-year plan. It was really difficult to try and meet all the needs in an outcomes framework. This had a set of outcomes which had broadly been aligned as priorities and then there was some drilling down to identify where the broader areas were.
- A bit more work was needed with the Integrated Care Partnership to refine what it meant to the NHS and care.

**RESOLVED that:** the Health and Wellbeing Board:

- a) Agrees publication of the ICP JSNA summary including additional data where possible.
- b) Endorses the first iteration of the ICP Outcomes Framework to present for approval to the Integrated Care Partnership Board.



#### **49. Better Care Fund Plan 2022/23**

At the Chairman's invitation, the Assistant Director of Adult Social Services provided the following update on the development of the Better Care Fund (BCF) plan for 2022/2023, highlighting the following:

- New guidance had been received and they were to submit a planning template by the end of September. They were currently working through the matrix on it.
- The BCF Plan was accompanied by the narrative plan which set out the outcomes and objectives. There were 2 new objectives in the new guidance; to enable people to stay safe and well in their own home and to provide the right care at the right time. The majority of these would be delivered through the iCAN programme.
- Timeframes for the health and wellbeing board and the submission of the narrative plan were tight so they were seeking today to delegate final approval to Councillor Helen Harrison, the Director of Adults, Communities and Wellbeing, North Northants Council and the Chief Executive, NHS, Northamptonshire Integrated Care Board.

The Director of Adults, Communities and Wellbeing, North Northants Council stated because of all the reorganisation that had been taking place in North Northants Council there wasn't a massive change in the narrative plan or the performance matrix that The Assistant Director of Adult Social Services had alluded to. The guidance had not been received until the summer so they ended up with a short timeframe in which to do anything. They had submitted a draft of the narrative plan and had received some feedback.

The Deputy Chief Executive, Northamptonshire Healthcare Foundation Trust stated there was a need to have reassurance that the delivery stakeholders were involved prior to the sign off. It would be good for them to think as a whole about the flow on stays in hospital.

The Assistant Director of Adult Social Services Sam stated there had been a lot of work into the narrative plan. All of the key stakeholders had been engaged. Chief Operating Officers in the matrix would discuss it next to ensure everyone was comfortable with it.

**RESOLVED that:** the Health and Wellbeing Board delegated approval for the BCF Plan to Councillor Helen Harrison, the Director of Adults, Communities and Wellbeing at North Northants Council and the Chief Executive, NHS Northamptonshire ICB.

#### **50. Integrated Care Across Northamptonshire (iCAN) Case for Change**

At the Chairman's invitation the Director of Adults, Communities and Wellbeing at North Northants Council briefed the Board on the work to transform the iCAN programme into a collaborative. This was effectively taking integrated care across the Northants Programme. Councillor Helen Harrison wished to ensure residents were treated fairly in the way services were provided.

Members of the Health and Wellbeing Board commented as follows:

- The Deputy Chief Executive Northamptonshire Healthcare Foundation Trust would have a chat with Councillor Harrison regarding democratic representation that was required.

- Model services were supposed to be presented to the GP Board in July but they were not for various reasons. It was a long process but the path was being laid as they went through a number of engagement routes. Reassurance was also given that the health and wellbeing board had been re-tiered to ensure responsibility and that the executive that was required would be in place.
- The focus on health care provision through to mental health and the ICP would be different depending on the territory involved. The next issues to be worked through on iCAN were funding, budgets and accountability. They would need to work out where there were the opportunities to fund some things through a collaborative.
- It was recommended to have plenty of governance to provide clarity and track and ensure care people received was safe.
- It was noted that this was more about the emergency care collaborative. Some services were not yet fully functioning but just emerging.

**RESOLVED that: the Health and Wellbeing Board:**

- 1) Supports the broad direction of travel set out in the iCAN collaborative case for change and the ambitions and intentions to improve the experience of people; and
- 2) Notes the decision notice of North Northamptonshire Council and support the proposed approach to continue with the direction of travel for the iCAN collaborative development, whilst the council corresponds with the ICB Chair and Chief Executive Officer (CEO) to identify mutually agreeable ways to provide assurance and political oversight satisfactory to the Executive of the Council.

**51. Health Equality Grant**

At the Chairman's invitation the Chief Executive of Voluntary Impact Northamptonshire (via Teams) briefed the Board on the Health Equality Grant stating they had been successful in obtaining lottery funding of £448,000. This equality grant would help embed the voluntary sector into the Integrated Care System (ICS) as the voluntary sector would be important players in the ICS especially around collaboratives and delivery.

In answer to queries on the update the following was confirmed:

- The grant would not be co-ordinated in isolation. Organisations such as Citizens Advice would be invited to be part of the group so it would be a collaborative thing.
- It was very important that advocacy and leadership would be part of the health equality grant.
- The Chief Executive of Voluntary Impact Northamptonshire would discuss who the partners should be with members of the Health and Wellbeing Board outside of the meeting.

Finally, the Chief Executive of Voluntary Impact Northamptonshire thanked the Director of PLACE, North Northamptonshire Council for all the assistance she had provided in obtaining the lottery funding.

**RESOLVED that:** The Health and Wellbeing Board ratify and endorse the Health Equality Grant Memorandum of Understanding

## 52. Integrated Care Board Update

At the Chairman's invitation the Chair of Northamptonshire Healthcare partnership updated the Board on the Integrated Care Board highlighting they were no longer in shadow form, had a Chair and a Chief Executive Officer. As was usual in the NHS they were under extreme pressure in terms of winter planning, handovers and elected members. It was felt they had been slow in terms of children and young people but they were beginning to move on that. The data on mental health had massively changed over the years. Despite all these pressures though it was felt they were in a good place with chief executives from the North and West Northamptonshire Councils on board and assisting to hold them to account.

The Chief Executive of NHS, Northamptonshire Integrated Care Board stated this would be a standing item on the agenda whilst they transitioned. He would ensure key items were fed into the agenda each time. Work would start on collaboratives and how they worked and connected with the ICB to really make a difference. As already stated there was massive pressure brought on by winter planning. A financial challenge also existed as a result of the COVID Pandemic.

Members of the Health and Wellbeing Board commented as follows:

- It was noted that many things were addressed when it became too late. So it was asked if planning for Winter 2023 could be begun earlier in the year. People needed to be involved sooner.
- It was noted there were great pressures in mental health and primary care and there was a need to remember partnerships. There was a need to be clear about what the priorities were before additional pressure was placed on people who provided a service and who might be already be undertaking something else and therefore at risk of being overburdened.

**RESOLVED that:** the Health and Wellbeing Board notes the update.

## 53. Communications Framework

At the Chairman's invitation the Director of Communications at Northamptonshire Health Foundation Trust introduced the communications framework to the Board noting the following:

- A number of colleagues in the room had been involved with the process and would continue to work on it.
- It was about bringing shared outcomes to life.
- It was about involving and listening to a vast breadth of communities in the area. How they worked together was crucial as were the links they created for working together.
- There were more people to involve and it remained an organic piece of work. They wished to build on good practice in the shape of an integrated cared system.
- There was a short timeframe in which to launch it. There was a need to keep conversations going.
- The feedback should be clear and responsible, and they would review the impact of the ambitions and values on an ongoing basis.
- They needed to work together on the framework. They were looking to aligning it with the strategy.
- They would share intelligence with the Board and the outcome should be good practice.

**RESOLVED that:** The Health and Wellbeing Board:

- 1) Notes the Integrated Care Board's Draft Community Engagement Framework; and
- 2) Supports the ongoing development of the Framework and its priority programmes to ensure they embed across health and care

#### **54. Northamptonshire People's Board**

At the Chairman's invitation, Dr Steve O'Brien (University of Northampton) introduced the report stating there had been a brief discussion around the ongoing system and recruitment. Without the right people to perform them the best of systems would not work very well. A cross system programme was being used that talked about retention as well. They knew where they needed people.

The Director of Public Health stated that collaboration with the University of Northampton was assisting them to grow their own staff and keep them. They could provide courses locally that helped local people stay where they lived.

The University of Northampton representative stated there had been a big boom on recruitment during the pandemic and they were doing lots to keep people in the system. A number of students had also come from overseas and there was a need to retain them in the system.

The Director of Public Health stated the facilitation of return to work of older staff required work to ensure they were confident in their skills. There had also been a tendency in this country to turn down medical students who were not as experienced from this country and then employ people from abroad. There was a need to explore placements in primary care and other settings to ensure more local people were employed and less reliance was held on people from abroad.

The following was also noted:

- There had been less people in various health settings such as health visitors in the last 7 years and there was a need to be clear about who was needed and where.
- The Council's Executive had recently had discussions on how to support staff not just the low paid ones who were visiting food banks. But all staff to ensure people did not go sick because of overwork or a lack of support.
- There was a need to move from being a pandemic driver discussion to supporting staff, particularly in view of the cost of living crisis that was currently being experienced.
- Sometimes the process of applying for a post was more involved than the level of the applicant. Local authorities and the NHS were major employers in the area and maybe their applications could be made easier to complete.
- Some good work was being undertaking in schools and maybe some data on this could be presented to a future Board meeting.
- Where training was located could also be looked at. Some organisations could not afford to send people miles away to attend training so perhaps there could be more training provided locally.

he University of Northampton representative was happy to take all the points back. Innovation and how to support people must be seen in practice. All opportunities were being explored and Northants was doing well in recruitment, particularly nursing.

**RESOLVED that:** the Health and Wellbeing Board:

- 1) notes the report on the Northamptonshire People's Board; and
- 2) would receive a later update providing data to be better able to identify gaps in provision.

## **55. Progress and Future Ambitions**

At the Chairman's invitation The Director of Public Health (North Northamptonshire Council) stated he felt it would be useful to discuss what had happened in the first half of the year and what was still to come. In the spring they had still dealt with the end of the pandemic so some things had taken a back seat. At the same time there had been the need to keep the show on the road. In the summer there had been the disaggregation between the North and West Councils. Post 1 October there would be public health teams in the North and West but some things still undertaken across the county.

It had not been business as usual. Public health had been taken out of the responsibility of local authorities in 1974 but now it was again under the responsibility of local authorities. Many things had changed during the years when the Council had not been responsible for Public Health and there was a need to ensure it was complicit throughout the whole council. This had begun and he had spoken with the Director of Adults, Communities and Wellbeing, North Northants Council and would continue to build on the work of public health through the pandemic.

There being no further business the meeting closed at 4.05pm.

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# Agenda Item 5

## North Northamptonshire Health and Wellbeing Board Action Log

Action No	Action point	Allocated to	Progress	Status
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No outstanding actions

### Actions completed since the 6th September 2022

Action No	Action point	Allocated to	Progress	Status
060922/01	The Director of Public Health to circulate the Grampian Mental Health offer to the Board	John Ashton	Circulated 26th Sept	Completed
060922/02	The BCF plan 2022-2023 be brought back to the next meeting.	Sam Fitzgerald	on the agenda for 29th November	Completed
060922/03	The draft narrative of the BCF Plan 2022/2023 to be circulated to the Board for feedback before submission.	Cheryl Bird	Circulated 26th Sept	Completed
060922/04	The Integrated Care Board update be removed as a standing agenda item	Cheryl Bird		Completed

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## North Northamptonshire Health and Wellbeing Board

**29<sup>th</sup> November 2022**

<b>Report Title</b>	Integrated Care Northamptonshire Strategy and North Place Delivery
<b>Report Author</b>	David Watts - Executive Director of Adults, Health Partnerships and Housing (DASS) Ali Gilbert - ICS Place Director

### List of Appendices

#### Appendix A – Draft Integrated Care Northamptonshire Strategy v3

#### **1. Purpose of Report**

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- 1.1. To provide an overview of the development of the Integrated Care Northamptonshire (ICN) Strategy - Live Your Best Life.
- 1.2. To recommend the adoption of the draft ICN Strategy to the Northamptonshire Integrated Care Partnership (ICP) on 1<sup>st</sup> December 2022.
- 1.3 To provide an overview of the progression of the Northamptonshire Integrated Care System development of the 'North Place' as it has moved into it's implementation phase.

#### **2. Executive Summary**

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- 2.1 The Department of Health and Social Care (“DHSC”) have published statutory guidance for Integrated Care Systems (ICS) to progress in the development of a five-to-ten-year strategy to support the planning and improvement of health and care. The Northamptonshire Integrated Care Partnership (ICP) has a central oversight role over the strategy.
- 2.2 The guidance proposes that 2022/23 will be a ‘Transition Year’ recognising the time available will limit the breadth and depth of the initial integrated care strategy. It is expected that the five to ten-year strategy will mature and develop over time. The guidance includes statutory requirements which need to be included in the strategy content.

- 2.3 The Northamptonshire Strategy Development Board, accountable to the Northamptonshire Integrated Care Partnership (ICP), has developed the 'Live Your Best Life' high-level strategy to date, encompassing the strategic ambitions and strategic outcomes framework which will be expected to be delivered through the Integrated Care system operating model (**Appendix A**).
- 2.4 The draft strategy has been progressing through a complex system governance route of identified boards for review. Consideration of the alignment of existing and future strategies across Northamptonshire to the emerging Integrated Care Strategy should support a more collaborative approach to delivery of the shared ambition .
- 2.5 The North Place development, overseen by the North Health and Wellbeing Board , is a key component of the ICS operating model which will support the delivery of the strategic ambitions and improvement outcomes required. At the heart of this model are our communities and the services that indirectly influence health and care improvements through the development of the Local Area Partnerships (LAPs) and Community Wellbeing Forums (CWFs).

### **3. Recommendations**

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It is recommended that the North Health and Wellbeing Board:

- 3.1. Review the draft ICN strategy and recommend the adoption of the draft ICN Strategy Live Your Best Life to the Northamptonshire Integrated Care Partnership (ICP) on 1<sup>st</sup> December 2022.
- 3.2. Note the progress of the Integrated Care Partnership North Place development and implementation progress, alongside its role in delivering the strategy.

### **4. Report Background**

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#### **Integrated Care Northamptonshire Strategy**

- 4.1 The DHSC have published statutory guidance for Integrated Care Systems (ICS) to progress in the development of a strategy to support the planning and improvement of health and care.
- 4.2 The Northamptonshire Integrated Care Partnership (ICP) has a central oversight role in the development of the five-to-ten-year strategy to:
- Improve health and care outcomes
  - Reduce inequalities in health and wellbeing outcomes
  - Make best use of public funds
  - Contribute to the social and economic wellbeing of our County
- 4.3 DHSC proposes that 2022/23 will be a 'transition year' recognising the time available will limit the breadth and depth of the development of the initial

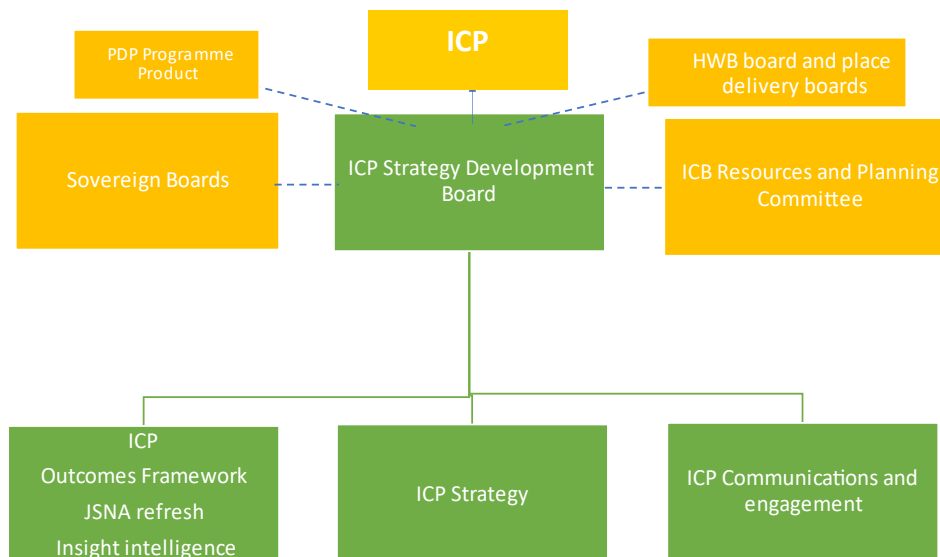
integrated care strategy. It is expected that the integrated care strategy will mature and develop over time.

4.4 The guidance defines statutory requirements which need to be included in the strategy content and includes:

- Strategy based on evidence and needs assessment
- To deliver system-level, evidence-based priorities in the short, medium- and long-term
- Integration of health and social care and wider determinants of health and wellbeing
- Consideration of joint working and opportunity for section 75 agreements.
- Extensive engagement and involvement
- Contents of the strategy to build on existing strategies.
- To publish by December 2022 the content of the Integrated Care Strategy

4.5 The North Health and Wellbeing Board will own and develop a Health and Wellbeing Strategy for North Northamptonshire that will underpin the Integrated Care Strategy, focused on its inequalities, health challenges and solutions that drives local service design, building on the existing strategy. This is a key requirement of the Integrated Care Partnership and will influence the Integrated Care Board’s future commissioning plan.

4.6 The Northamptonshire Strategy Development Board has been established to progress the development of the strategy.



4.7 The ten ambitions of the ‘Live Your Best Life’ strategy are:

1. The best start in life
2. Access to the best available education and learning
3. Opportunity to be fit, well and independent
4. Employment that keeps people and families out of poverty

5. Good housing in places which are clean and green
6. Feel safe in homes and when out and about
7. Connected to family and friends
8. Chance for a fresh start
9. Access to health and social care when they need it
10. Valued for who they are

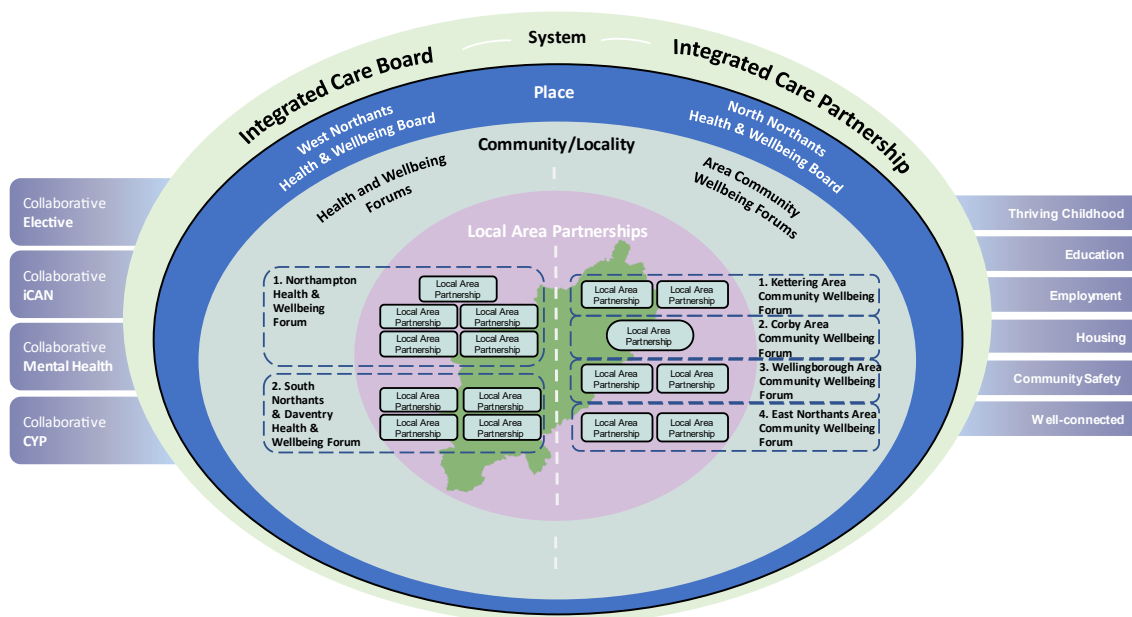
4.8 It is supported by an outcomes framework and delivery model to achieve ten core ambitions key for the people of Northamptonshire to live their best life. The framework describes for each of the ambitions:

- Where we are now
- The approach to achieving the ambition
- The outcomes we want to achieve

4.9 The strategy incorporates existing strategic materials existent with the ICS to anchor the strategy (**Appendix A**).

### North Place Delivery model

4.10 Our Integrated Care Northamptonshire (ICN) system operating model is reflected in the diagram below with the North Place being a key component. This diagram is under review to ensure an equal representation of all delivery components essential for shared successful delivery of the strategy.

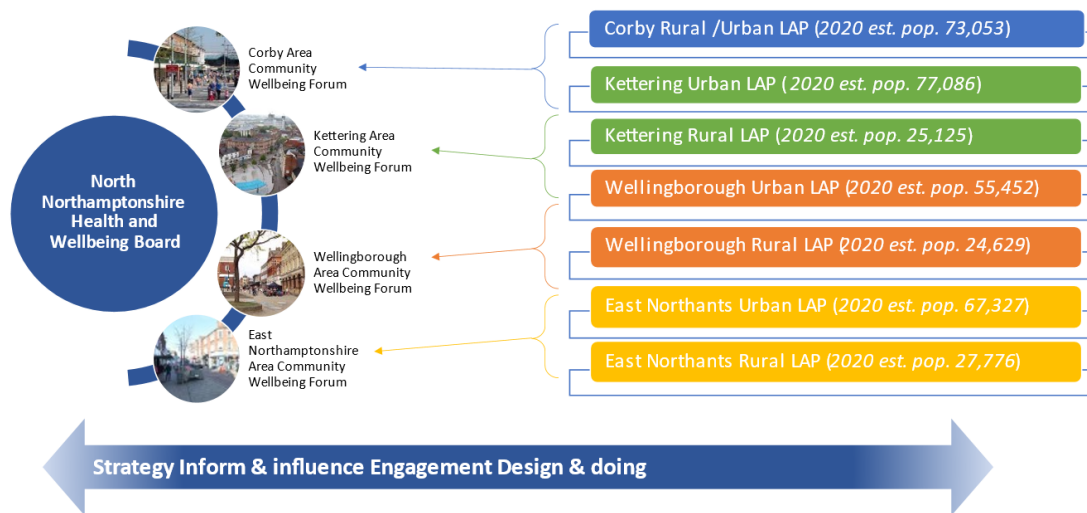


4.11 In North Northamptonshire, we aim to deliver our ten ambitions of the strategy through a joined-up approach across all the organisations and services involved in supporting our population and communities. This will be through a new very

local approach with our communities central to our operating model – our local area partnerships (LAPs).

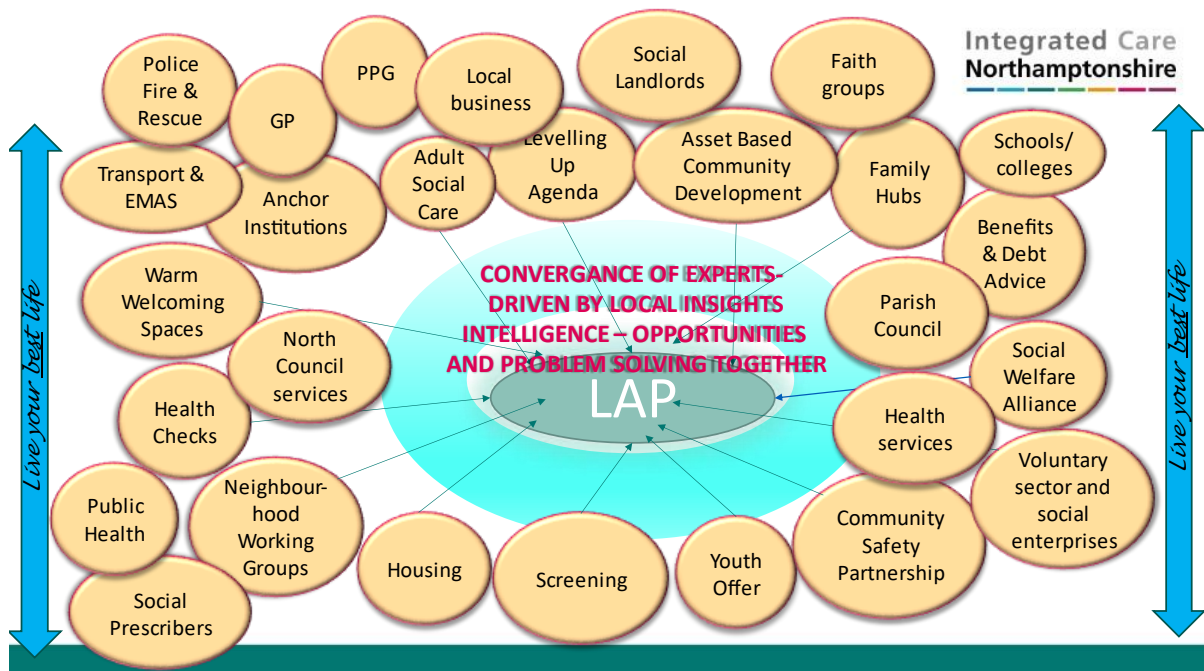
- 4.12 The North Place model consists of seven Local Area Partnerships LAPs which mirror the current electoral ward boundaries and population sizes and four area Community Wellbeing Forums CWFs.
- 4.13 The operating model has been developed with system partners to date through the North Place Delivery Group accountable to the North Health and Wellbeing Board.

### Area Community Wellbeing forums Local Area Partnerships



### Seven Local Area Partnerships LAPs

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



#### Four Community Wellbeing Forums CWFs

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

#### North Place implementation

- 4.14 The four CWFs were launched in November 2022. All four forums have unanimously identified a problem for their populations in that there is no collective grip and understanding of all the community engagement, involvement and communication activities underway in their areas. So what are our communities saying to us? This will be the first problem to resolve.
- 4.15 All LAPs will be launched by 16<sup>th</sup> December 2022. Each LAP (Local Area Partnerships) will have a LAP (Local Area Partnerships) profile consisting of:
- Demographics and Deprivation
  - Population estimates, projections, ethnicity and vulnerable populations.

- Overall deprivation levels and components of deprivation
- Wider determinants of health
- Housing, Education, Income, Employment, Crime, Connectedness
- Health outcomes
- Physical and mental health outcomes (adults and children)
- LAP assets
- Physical assets (including GPs, pharmacies, leisure, green spaces, schools, libraries, faith groups)
- Community assets (eg CVS organisations, local networks)
- Community priorities
- Summary of feedback from existing engagement

## **5. Issues and Choices**

---

- 5.1 The Integrated Care Systems and its requirements are requirements under the legislation laid out in the Act and therefore health and social care bodies are required to have in place the specified governance arrangements for 1<sup>st</sup> July 2022. The structure of the North Place has been developed in consultation with a wide variety of stakeholders and officers have taken these views into consideration as part of the final proposal for the Integrated Care Systems operating model.

## **6. Next Steps**

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- 6.1. The draft Integrated Care Northamptonshire Strategy, incorporating all feedback will be presented to the Integrated Care Partnership on 1<sup>st</sup> December 2022.

## **7. Implications (including financial implications)**

---

### **7.1 Resources, Financial and Transformation**

7.1.1 There are currently no identified financial implications.

7.1.2 Staffing resources to facilitate the development of North Place is being managed through existing resources

### **7.2 Legal**

7.2.1 There are currently no legal implications

### **7.3 Risk**

7.3.1 The working model of the governance of the emergent place operating model, the Integrated Care Partnership, the Integrated Care Board and the

collaboratives is being addressed to ensure that the existing statutory governance and decision making of organisations is connected into Integrated Care Strategy operating model decision making.

#### **7.4 Consultation**

7.4.1 The strategy is due to be published in January 2022. Community Wellbeing Forums Communications will play a key role in informing and engaging the public around the creation of the new Integrated Care Northamptonshire Strategy and explaining the objectives, priorities to our local communities and how these will translate into future improved outcomes to meet their health and care needs.

#### **7.5 Consideration by Scrutiny**

7.5.1 No further consideration by scrutiny has been undertaken since the last Health and Wellbeing Board meeting.

#### **7.6 Climate and Environment Impact**

7.6.1 There is currently no identified climate or environmental implications.

#### **7.7 Community Impact**

7.7.1 The development of PLACE will create positive impacts on communities, wellbeing and on our ability to collectively support better outcomes for residents. Key priorities at a local level underpinned by insight data and led by Local Area Partnerships will drive the delivery of services that meet the wider determinants of health supporting people to live their best life in North Northamptonshire.

### **8. Background Papers**

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8.1 None





# Integrated Care Northamptonshire Strategy Live your best life

2022 / 23

Development overseen by  
Northamptonshire strategy development board

## Please Note

This draft strategy still requires further proofing of the language, content and images.

Version control: V3 10/22

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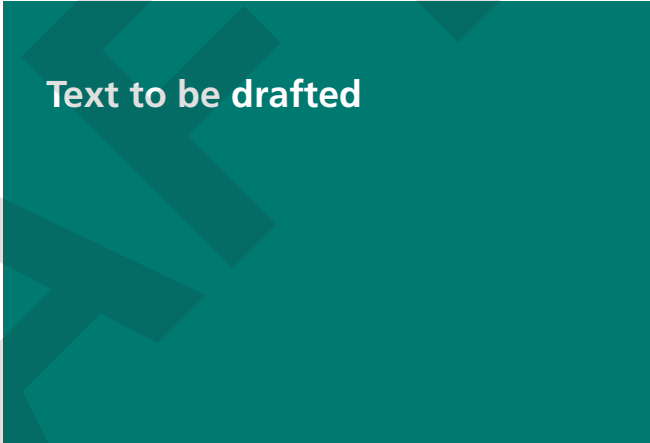
# Foreward



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# Executive Summary



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# Introduction

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

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

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

These are:

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



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

These are identified because:

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



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

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

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

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

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

- the health and care received 20%
- lifestyle choice 30%
- population genetics and wider economic, physical and social environments 50%

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

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



# Partners working together

# in partnership with all our voluntary sector and social enterprises



West  
Northamptonshire  
Council



North  
Northamptonshire  
Council



Northamptonshire  
Integrated Care Board



University Hospitals  
of Northamptonshire  
NHS Group



Kettering General Hospital  
NHS Foundation Trust



Northampton General Hospital  
NHS Trust



VOLUNTARY  
IMPACT NORTHAMPTONSHIRE



Northamptonshire  
Children's Trust

Uo  
N University of  
Northampton



Northamptonshire Healthcare  
NHS Foundation Trust

healthwatch  
North Northamptonshire  
West Northamptonshire







# Partners working together

## Who we are

- We're working together. An Integrated Care System is where community, local government, VCSE, universities, anchor institutions and NHS organisations work together to improve your health and wellbeing. You've told us how important this is and we are now committed to work together in this way.
- This is OUR Strategy. Every area in the country now has a strategy and ours is AMBITIOUS. We want to support you to live your best life by having the best health and care system in the country. We will do this by helping you to avoid ill health whilst also having access to excellent care when you need it.

## Why we need to work together

- We've been listening and will continue to do so. A variety of different engagement exercises have taken place over the recent past by a full range of public services. We have used all the data from these engagements to build a picture of your views. You've told us you want quicker and easier access to GP appointments, hospital, community and mental health services. You want joined up services that are easy to navigate and continuity of care. You have also told that you want access to local activities and tidier green spaces. However, the biggest message by far from engagement was easy access to information about services, support and community activity.
- We will continue to listen to your views with an ongoing programme of community engagement to make sure we are responding to the issues which matter most to you.
- Our local population is changing. We are increasingly affected by significant population growth. Clearly, it's a good thing that we're all living longer – however more of us are living with multiple long-term conditions and dementia. We are also increasingly affected by deprivation.
- We're 'Thinking Differently'. New advances in digital and medical technology offer opportunities to radically change the ways we think and work. We will focus on research, development, innovation and evaluation so we can also make a difference by building better networks and relationships, opening access to services and information, and developing the potential in our local communities.



## Anchor Institutions

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

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

## Health Protection

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



# Shared vision, aims and ambitions



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

- 1. Outcomes framework**
- 2. Community engagement framework**
- 3. Integrated care system operating model**



# Shared vision, aims and ambitions

## Shared Vision

We want to work better together to create a place where people and their loved ones are active, confident and enjoy good health and well being. A Northamptonshire where people can see and feel a bright future for themselves and their families, take personal responsibility for their own health and wellbeing, and can reach out to quality integrated support and services if and when they need help.

## Shared Aims

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

## Shared Ambitions

We want the people of Northamptonshire to have:

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

The detail of each of the ambitions are further expanded from page 21 of this document and sets out what good looks like for our population.



# Our case for change



# Our case for change

## Population growth

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

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

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

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

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

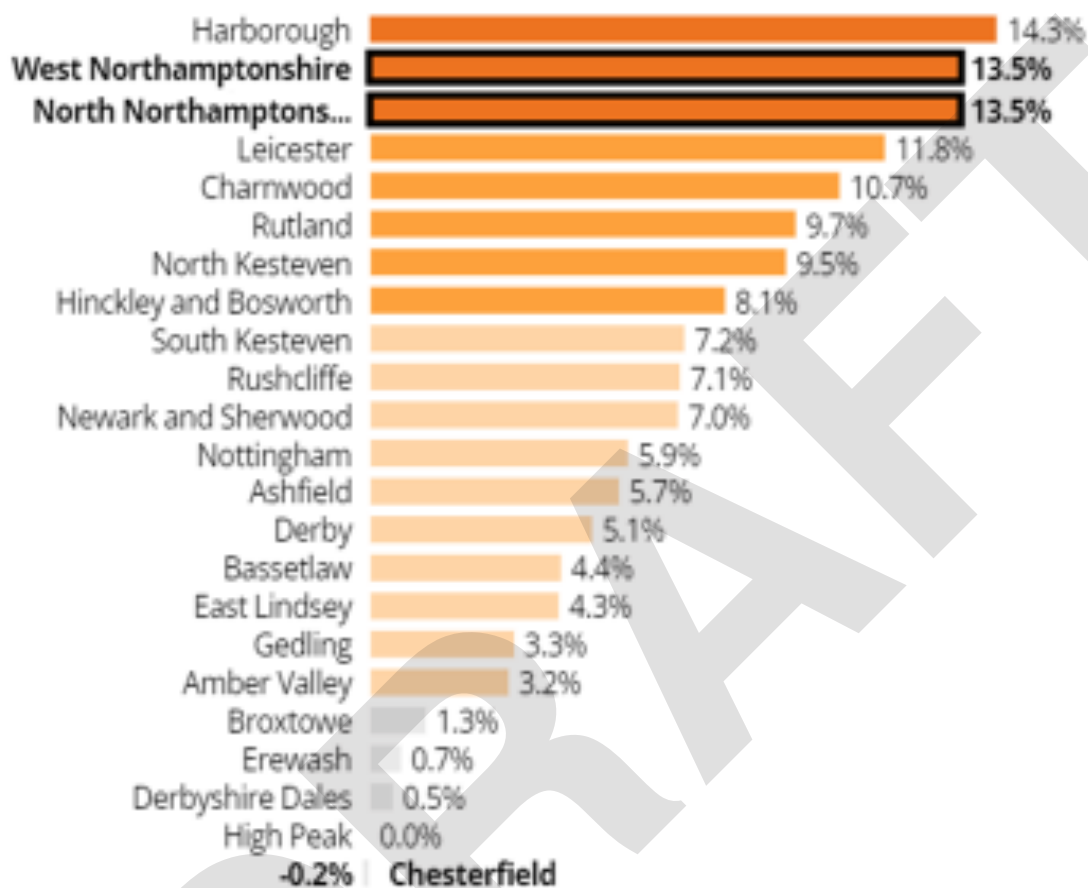
In the last 10 years the population has increased by over 42,000 in North Northamptonshire and over 50,000 in West Northamptonshire (an increase of 13.5%).

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

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

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

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



Source: How the population changed, Census 2021 - ONS



### Demographics











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














# Health and Wellbeing in North Northamptonshire, August 2022









## Start Well




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

## Live Well

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

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

## Age Well

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

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

# Health and Wellbeing in West Northamptonshire, August 2022



XXXX



XXXX



XXXX



XXXX

## Start Well



4,647 babies were born in 2021.



12.3% of mothers smoked at the time of birth in 2020/21. This is worse than the England average.



The population of West Northamptonshire was 425,700 in 2021.



72% of children achieved a good level of development at the end of reception class in 2019.



14% of children aged under 16 lived in low income families in 2020/21. This is better than the England average.



21% of children in reception class were overweight or obese in 2019/20. This is better than the England average.\*



30% of children in Year 6 were overweight or obese in 2019/20. This is better than the England average.\*



73% of young people gained a standard pass (4) in English and Maths GCSEs in 2021.



The Chlamydia detection rate was 1,417 per 100,000 in 15 to 24 year olds in 2020. This is below the national target range.



There were 10 pregnancies in females aged under 18 per 1,000 girls aged 15 to 17, in 2020. This is lower than the England average.

## Live Well



A 2018 based projection estimated there were 170,103 households in West Northamptonshire in 2021.



The average salary (persons) in 2020 was £32,467. This was an increase of 2% compared to 2019.



78% of adults were employed in 2020/21. This is similar to the England average.



9% of households experienced fuel poverty in 2018.



There were 374 new sexually transmitted infections per 100,000 population in 2020. This is lower than the England average.



63% of adults were physically active in 2020/21. This is worse than the England average.



52% of the population aged 16+ ate their "5-a-day" in 2019/20. This is worse than the England average.



69% of adults were overweight or obese in 2020/21. This is worse than the England average.



There were 467 alcohol related hospital admissions per 100,000 population in 2020/21. This is similar to the England average.



15% of adults smoked in 2019. This is similar to the England average.



There were 8 suicides per 100,000 population in 2018-2020. This is lower than the England average.



There were 297 hospital admissions for self-harm per 100,000 population in 2020/21. This is worse than the England average.



There were 3 deaths from drug misuse per 100,000 population in 2018-2020. This is lower than the England average.



There were 26 deaths from preventable cardiovascular diseases per 100,000 population in 2017-2019. This is similar to the England average.



There were 20 deaths in under 75s from preventable respiratory diseases per 100,000 population in 2017-2019. This is similar to the England average.



There were 54 deaths from preventable cancers per 100,000 population in 2017-2019. This is similar to the England average.

## Age Well



There were 2,727 hospital admissions due to falls in people aged 65+ per 100,000 65+ population in 2020/21. This is worse than the England average.



The average male life expectancy was 79.8 in 2018-2020. This is better than the England average.



The average female life expectancy was 82.8 in 2018-2020. This is worse than the England average.

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

# Case for Change

## Starting Well

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

## Living Well

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

## Ageing Well

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

## Resource utilisation

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

## Inequalities

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



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

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

You can find the strategy here:

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



# What we plan to do together



## Our strategy is focused on

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

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

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

- a) Outcomes framework**
- b) Community engagement framework**
- c) Integrated care system operating model**

## Our ten ambitions

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

## Outcomes Framework

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

The Outcomes Framework has been shaped around the ten "Live Your Best Life" ambitions and fundamentally underpins this ICN strategy. It sets out the short, medium and long term outcomes the whole ICS will work together to achieve, and supports strategic planning by ensuring system improvement priorities and investment enable achievement of the outcomes. Our framework reflects a commitment that everyone should have the opportunity to make choices that support independence and wellbeing. We will be developing measures throughout our new operating model described in the next section. These will be at System, Place and LAP levels based on JSNA data, local insights data and what local people agree are priorities. This will allow us to measure and report whether we are successfully delivering our outcomes or whether we need to reorganise and refocus our resources.

Through this framework we will show:

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

The framework describes for each of our ambitions :

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

# The best start in life

## Where we are now

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

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

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

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

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

## Our approach

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

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

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

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

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



## Outcomes we want to achieve

Women are healthy and well during and after pregnancy

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

## You've said...

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

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

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

# Access to the best available education and learning

## Where we are now

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

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

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

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

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

## Our approach

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

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

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

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



## Outcomes we want to achieve

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

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

## You've said...

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

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



# Opportunity to be fit, well and independent

## Where we are now

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

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

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

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

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

## Our approach

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

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

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

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



## Outcomes we want to achieve

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

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

## You've said...

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

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

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

# Employment that keeps people and families out of poverty

## Where we are now

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

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

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

## Our approach

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

The economy of Northamptonshire grows in a way that is sustainable not just environmentally, but also socially;

meaning that the increase in the county's revenue doesn't increase inequalities or create more environmental damage.

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

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



## Outcomes we want to achieve

More adults are employed and receive a 'living wage'

Adults and families take up benefits they are entitled to

## You've said...

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

# Good housing in places that are clean and green

## Where we are now

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

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

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

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

## Our approach

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

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

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

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



## Outcomes we want to achieve

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

The local environment is clean and green with lower carbon emissions

## You've said...

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

# Feel safe in their homes and when out and about

## Where we are now

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

Twice as many entrants live in the most deprived areas as the least;

The rate of violent offences is higher than the national average, and has increased significantly in recent years; A significant proportion of violent crime in

Northamptonshire is domestic abuse and the rate of incidents is increasing year on year;

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

## Our approach

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

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

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

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



## Outcomes we want to achieve

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

Children and young people are safe and protected from harm

## You've said...

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

# Connected to family and friends

## Where we are now

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

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

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



## Our approach

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

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

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

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

## Outcomes we want to achieve

People feel well connected to family, friends and their community

Connections are helped by public transport and technology

## You've said...

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

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

# Chance for a fresh start

## Where we are now

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

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

## Our approach

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

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

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



## Outcomes we want to achieve

Ex-offenders and homeless people are helped back into society

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

## You've said...

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

# Access to health and social care when they need it

## Where we are now

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

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

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

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

## Our approach

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

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

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

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



## Outcomes we want to achieve

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

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

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

## You've said...

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

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

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

Waiting times for services needs to be reduced.

# Valued for who they are

## Where we are now

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

### Belonging

People talked about wanting to feel connected, to feel like they had roots and a network in their community.

### Being yourself

People talked about being respecting and celebrating differences and being comfortable to just “be who you are.”

### Being considered

People talked about wanting their voice to be heard and to know that they are “thought of” in every decision.

### Being needed

People talked about wanting to help and support each other and feel helpful and needed.

## Our approach

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

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



## Outcomes we want to achieve

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

Diversity is celebrated

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

## You've said...

Services need to be equitable for all who access them.

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



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

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

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

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

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

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

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

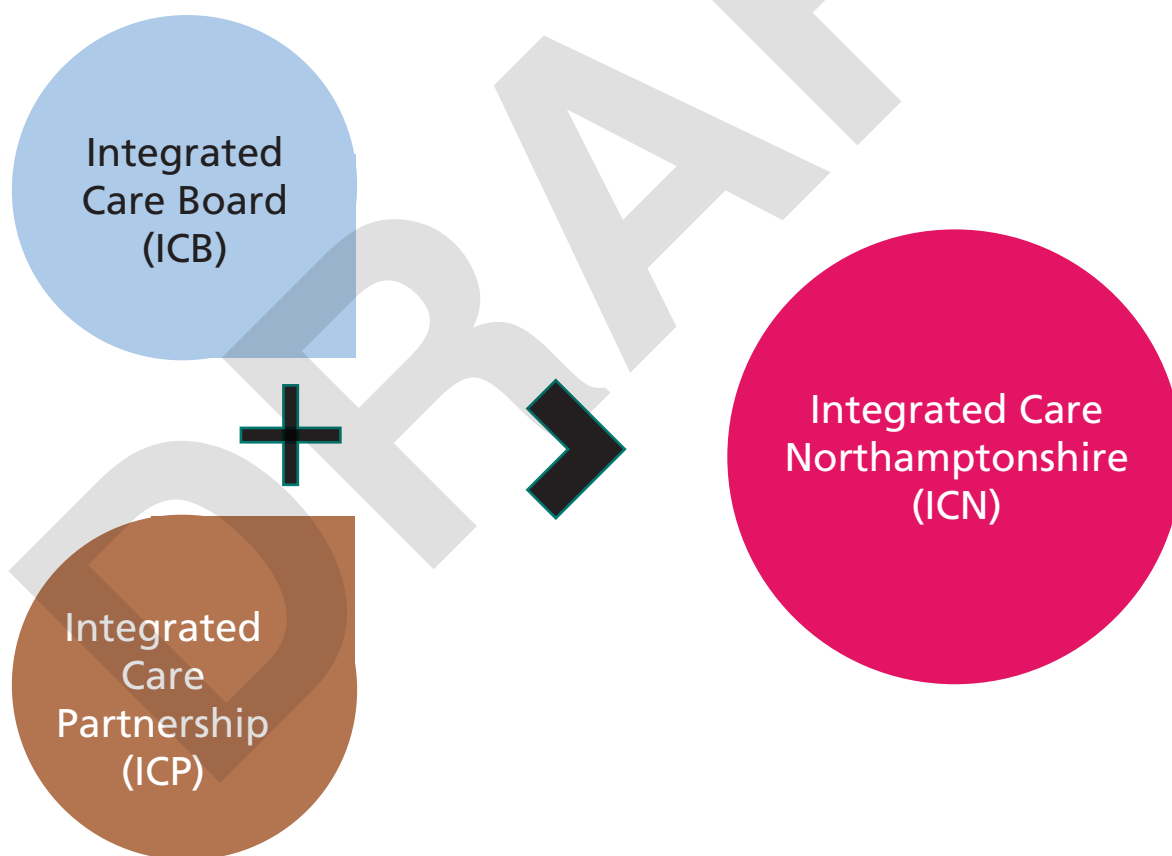
## Our delivery approach

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

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

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

### Our new integrated care system, Integrated Care Northamptonshire high level structure is illustrated below:



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

# Our delivery approach

System operating model consists of the following components:

## An Integrated Care Partnership (ICP)

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

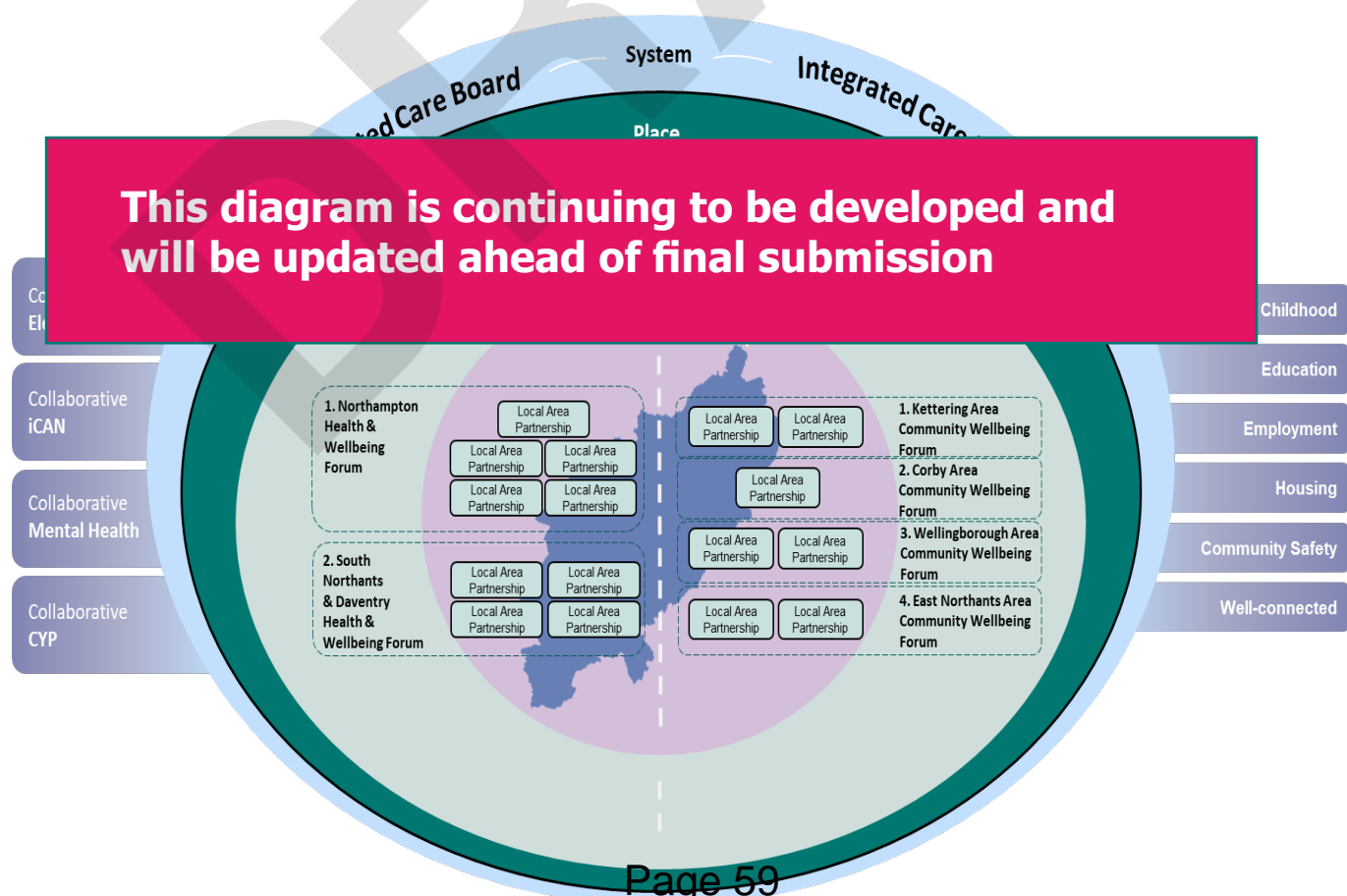
## An Integrated Care Board (ICB)

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

Both the ICP and the ICB work together to:

- Improve health and care outcomes
- Reduce inequalities in health and wellbeing outcomes
- Make best use of public funds
- Contribute to the social and economic wellbeing of our County

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



# Our delivery approach

## Through our places

### Two places - North and West Northamptonshire

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

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

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

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

### Local Area Partnerships:

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

### Localities/Communities:

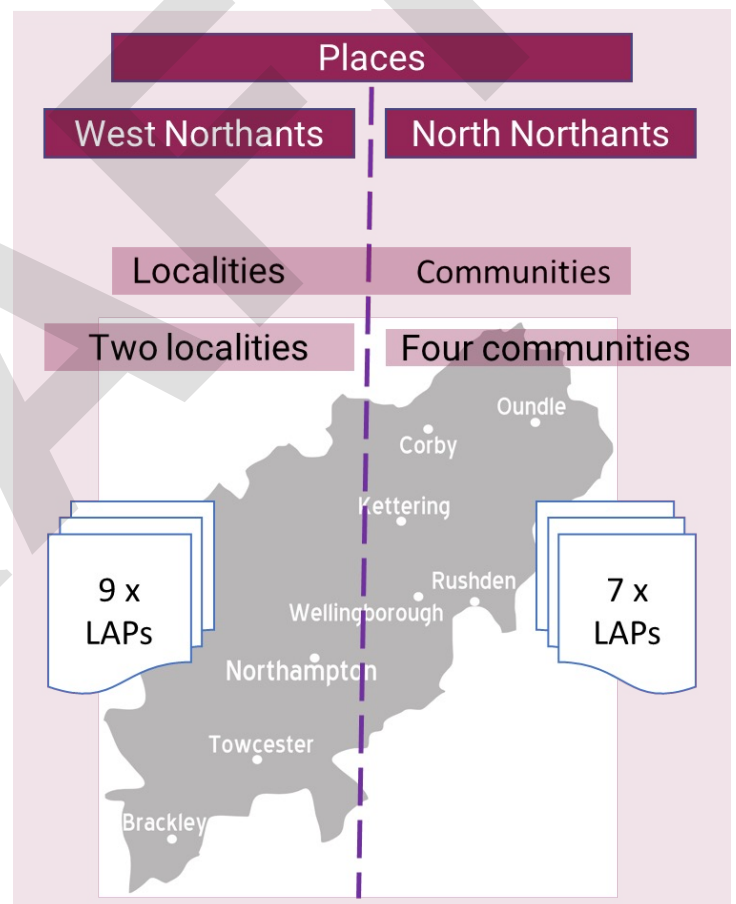
- They consolidate the views of residents, local providers and local area partnerships.
- They unblock challenges and identify at scale opportunities for their areas.,
- Through oversight of the Local Area Partnerships, they ensure their priorities are represented throughout the system.
- Local leaders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

### Places:

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

### Our Places:

- Initiate and encourage the integrated delivery of health, social care and other services with health and wellbeing related responsibilities such as housing, policing, education, leisure, planning, community activities.
- Understand and work with communities by joining up and coordinating services around the needs of people.
- Our two Health and Wellbeing Boards enable key leaders from across North and West Northamptonshire to secure better health and wellbeing outcomes for the local population, better quality of care for all patients and care users, better value for the taxpayer and reduce health inequalities by shaping the future of services through a more integrated approach to commissioning health and wellbeing related services.



# Our delivery approach

## Through our collaboratives that operate Countywide

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

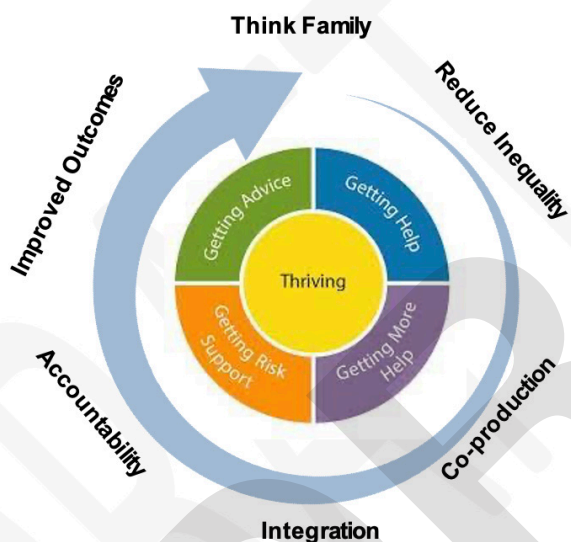
### Mental Health, Learning Disabilities and Autism Vision

To coproduce seamless, responsive pathways of integrated mental health and care services across Northamptonshire that feel meaningful; person centred; agile; integrated and intelligent.



Mental Health, Learning Disability and Autism Collaborative  
**Northamptonshire**

### Children and Young People Transformation Programme Vision;



Children and Young People Collaborative  
**Northamptonshire**

### iCAN Vision:

Our vision is to support more people to choose well, stay well and age well at home resulting in reduced unnecessary admissions to hospitals and better outcomes for people. Where they do experience a crisis, we will ensure that they get the right care at the right time and in the right place ensuring, where possible, they return to independence and ideal outcomes.



### Elective Care Vision:

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



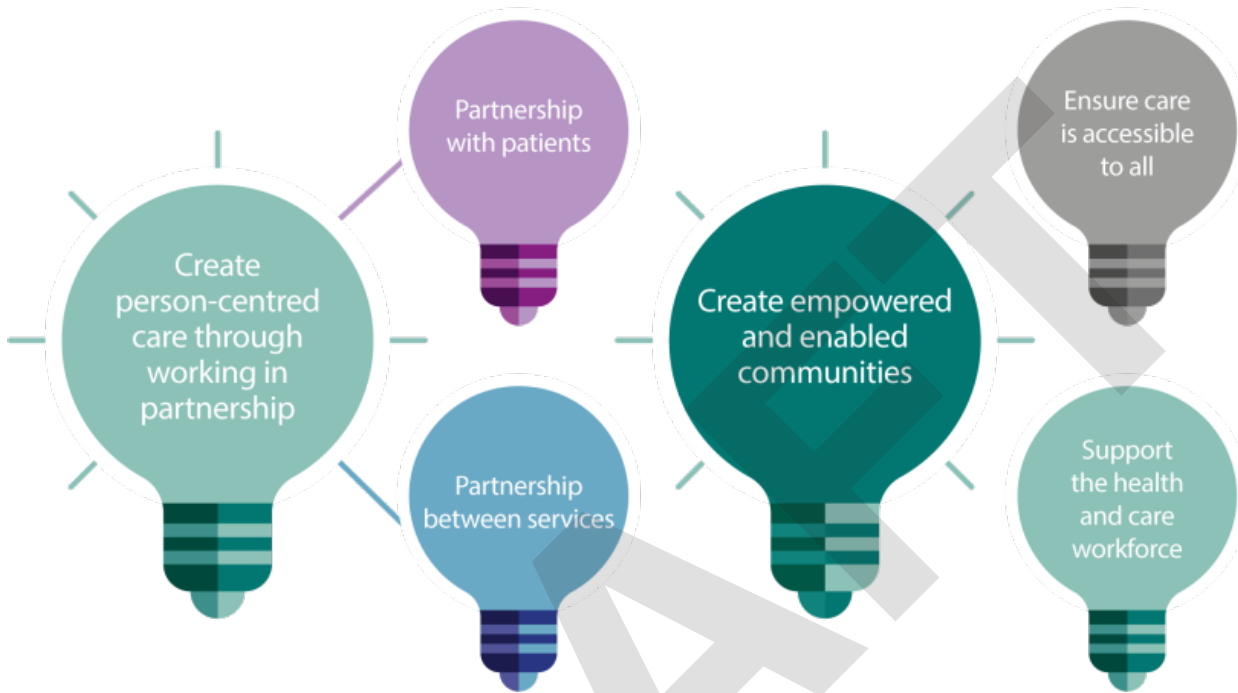
Elective Care Collaborative  
**Northamptonshire**



# How we move forward together

## Please Note - this section is under review and awaiting update

As the demographics of Northamptonshire's population changes, so does the demographics of the workforce.



### This text will be reviewed and updated prior to final submission

Population growth locally, and aging population, and a sharp increase in school age children with not only shape the needs of the population, but also the workforce required to support them.

In taking a population health approach and targeting wider determinates of health challenge, will require a shift in resources e.g. more social care skills recognised  
Managing sickness and absence – our current absence is around 6%. This is higher than typical absence for this time of year (3-4%), but much improved from our early April position which peaked at 16%.

Workforce Planning - Our local Higher Education Institution has experienced disruption of student completion, as well as a challenge now facing our Trusts to retain and convert those brought in on Fixed Term Contracts to substantive posts. The disruption to 2nd and 3rd year students has impacted on our inflow of workforce for the coming year.

Vacancy rates are at well documented highs, especially in registered professions. This is a Northamptonshire issue, which will only be solved by working together.



# Digital Transformation Across Northamptonshire

## Our vision for Digital Transformation across Northamptonshire is to:

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

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

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

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



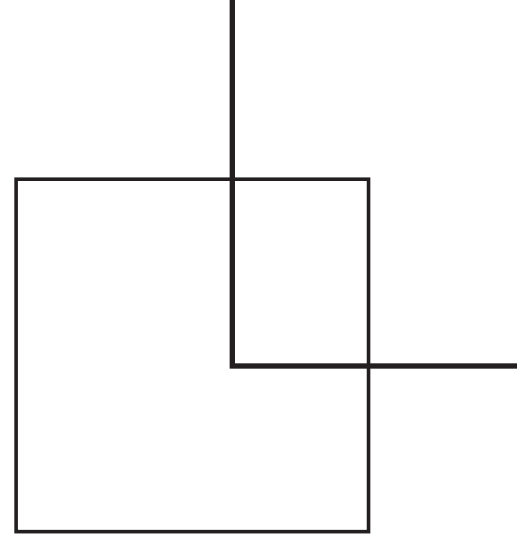
There are a number of core health, care and social drivers that have informed the need for transformation. These drivers reflect the key reasons why we need to transform and become more digital in order to provide the right care in the right setting across our communities and improve health and care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

- Joining Up Health and Care Data
- Addressing Impacts of Covid-19
- Connecting Health and Care Pathways
- Developing Local Insights to Transform Care

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



**Thank you to those involved in creating this strategy and the feedback shared from residents of Northamptonshire to help shape our areas of focus. As we work together with partners, anchor institutions and voluntary sector and social enterprises, we will continue to strive to meet our vision and ambitions to help residents 'live their best life'.**



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



# Contact details

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ICNorthamptonshire



@ICNorthants



Integrated Care Northamptonshire



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## North Northamptonshire Health and Wellbeing Board

29<sup>th</sup> November 2022

<b>Report Title</b>	Transforming NNC Adult Social Care Provider Services - Strategy and Case for Change
<b>Report Author</b>	David Watts, Executive Director of Adults, Communities and Wellbeing (DASS)  Zakia Loughead, Assistant Director Safeguarding, Wellbeing and Provider Services

### List of Appendices

**Appendix A** - Transforming NNC Adult Social Care Provider Services - Strategy and Case for Change v3.2

**Appendix B** - Equality Screening Assessment

#### **1. Purpose of Report**

---

- 1.1 To advise the Board of consultation on the proposed strategy for transforming in-house Adult Social Care Provider Services with people that use those services, presented to North Northants Executive 13<sup>th</sup> October 2022.
- 1.2 The proposed strategy will enable the North Northants Council (NNC) to deliver the highest quality assessment, re-ablement and enablement to support people to live their lives independently and be ambitious for their future.

#### **2. Executive Summary**

---

- 2.1 The report puts forward the necessary steps required for enabling significant improvement for both the workforce and the user outcomes within regulated services working conditions and the acceptable level of quality for users of these services.
- 2.2 Enablement, re-ablement and developing independence will be at the heart of our in-house regulated provider services approaches. This will require a change in focus, culture, and delivery, moving away from longer term provision, unless there is a need for a service that the wider care market is not able to deliver.
- 2.3 Investment in both the physical buildings, the terms, conditions, skills, and career potential of our staff is key to delivering high quality provider services and

retaining the best people to deliver better outcomes for people that have care and support needs in North Northamptonshire.

2.4 Efficient use of our resources and progression through re-ablement or enablement programs will ensure that more people have access to the right support, in the right place at the right time.

2.5 By moving the focus of our in-house provider services to core aims of promoting independence and re-ablement will also put the council in direct control of delivering these outcomes that are key in positively managing demand faced by adult social care services and contributing to the longer-term financial sustainability of the Council.

### **3. Recommendations**

---

3.1 The Board are asked to note and endorse the approach for transformation of NNC Adult Social Care Provider Services.

### **4. Report Background**

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4.1 Please see the attached report presented to North Northants Executive.

### **5. Issues and Choices**

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5.1 Please see the attached report presented to North Northants Executive.

### **6. Implications (including financial implications)**

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#### **6.1 Resources and Financial**

Please see the attached report presented to North Northants Executive.

#### **6.2 Legal**

6.2 Please see the attached report presented to North Northants Executive.

#### **6.3 Risk**

6.3 Please see the attached report presented to North Northants Executive.

#### **6.4 Consultation**

6.4.1 Please see the attached report presented to North Northants Executive.

#### **6.5 Consideration by Scrutiny**

6.5.1 Please see the attached report presented to North Northants Executive.

#### **6.6 Climate Impact**

6.6.1 Please see the attached report presented to North Northants Executive.

6.7 **Community Impact**

6.7.1 Please see the attached report presented to North Northants Executive.

## EXECUTIVE

### 13<sup>th</sup> October 2022

<b>Report Title</b>	<b>Transforming NNC Adult Social Care Provider Services - Strategy and Case for Change</b>
<b>Report Author</b>	David Watts, Executive Director of Adults, Communities and Wellbeing (DASS)  Zakia Loughead, Assistant Director Safeguarding, Wellbeing and Provider Services
<b>Lead Member</b>	Cllr Helen Harrison, Executive Member for Adults, Health and Wellbeing

Key Decision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the decision eligible for call-in by Scrutiny?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there public sector equality duty implications?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information (whether in appendices or not)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Applicable paragraph number/s for exemption from publication under Schedule 12A Local Government Act 1972	Not Applicable

### List of Appendices

**Appendix A** - Transforming NNC Adult Social Care Provider Services - Strategy and Case for Change v3.2

**Appendix B** - Equality Screening Assessment

### 1. Purpose of Report

---

- 1.1 To seek Executive approval to consult on the proposed strategy for transforming in-house Adult Social Care Provider Services with people that use those services.
  
- 1.2 The proposed strategy will enable the Council to deliver the highest quality assessment, re-ablement and enablement to support people to live their lives independently and be ambitious for their future.



## **2. Executive Summary**

---

- 2.1 It is recommended that the Executive endorse and approve the service to begin consultation on the transformation of Adult Social Care Provider Services.
- 2.2 The report puts forward the necessary steps required for enabling significant improvement for both the workforce and the user outcomes within regulated services working conditions and the acceptable level of quality for users of these services.
- 2.3 Enablement, re-ablement and developing independence will be at the heart of our in-house regulated provider services approaches. This will require a change in focus, culture, and delivery, moving away from longer term provision, unless there is a need for a service that the wider care market is not able to deliver.
- 2.4 Investment in both the physical buildings, the terms, conditions, skills, and career potential of our staff is key to delivering high quality provider services and retaining the best people to deliver better outcomes for people that have care and support needs in North Northamptonshire.
- 2.5 Efficient use of our resources and progression through re-ablement or enablement programmes will ensure that more people have access to the right support, in the right place at the right time.
- 2.6 By moving the focus of our in-house provider services to core aims of promoting independence and re-ablement will also put the council in direct control of delivering these outcomes that are key in positively managing demand faced by adult social care services and contributing to the longer-term financial sustainability of the Council.

## **3. Recommendations**

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- 3.1 It is recommended that the Executive:
- a) Consider the strategy and case for change and approve the proposal recommended option 3 (set out in section 3.3 of this report), to consult with regular users of NNC CQC regulated provider services on the future proposed strategy and implications
  - b) Approve the request to engage with Unions and staff affected on the strategy, case for change and the four proposed phases of transformation
  - c) Delegate final decision making, following consultation, to the Executive Member for Adults, Health and Wellbeing, in Consultation with Executive Director for Adults, Communities and Wellbeing, to conclude the statutory consultation with people that use those services
  - d) Delegate the final decision, to the Executive Member for Adults, Health and Wellbeing, in Consultation with the Executive Director for Adults, Communities and Wellbeing, as to whether to implement the strategy and phased proposals and after that decision to enter into formal consultation with unions and affected staff

- e) Note that as part of phase 1 proposals that due diligence is being undertaken to consider and make recommendations to the Executive on the business case for running a Specialist Care Centre. It is anticipated that final proposals will be brought to the Executive for consideration at its meeting on 10<sup>th</sup> November 2022

### 3.2 Reason for recommendations:

- a) The main physical buildings involved in delivering two of the services were transferred to the council on vesting day having had insufficient investment necessary to develop the sites for the future.
- b) Investing in newer facilities will enable us to provide the environments for our staff to deliver better quality services & the right environments to maximise assessment, re-ablement, enablement and opportunities for independent living for people that use the services.
- c) The current facilities are in poor condition and require significant investment to return them to an acceptable level of quality, and even if that decision were made the buildings would need to be vacated for significant periods of time to enable the level of works required to be completed and would still struggle to achieve the desired outcomes for the services due to limitations within both sites.
- d) Our own staff had experienced impacts on their pay and reward growth over the last decade, and their training and development has been minimal within previous organisations.
- e) We have a finite budget within which to work with, which will require a phased approach to transforming ASC Provider Services over the coming three years and will focus initially on those Care Quality Commission (CQC) regulated services.
- f) There is a role for the local authority in delivering services that we struggle to get from the independent sector, or that with more direct control over there is the opportunity to significantly improve outcomes.
- g) It is beneficial for the local authority to retain some services to enable it to be a provider of last resort should that ever be required e.g., following provider failure.
- h) The people that use the services will get a clear understanding of the intended vision and strategy to invest in these services for the future and intended benefits to different stakeholders are explored in this report and the strategy and case for change.
- i) With a clear strategy, strong leadership, improved environments and investment in care and support staff, there should be a marked improvement in recruitment and retention. There should also be a demonstrable impact in areas of improvement required as identified in recent CQC inspection reports.

### 3.3 Alternative Options Considered:

**Option 1** – Invest in existing services to make them fit for purpose and address all building issues to maximise capacity.

- All options considered require significant, prohibitive investment
- There is an inability to pay our staff the market rates, as we have a finite budget within which to work with
- We have difficulty in competing with other sectors
- There is also retention and recruitment difficulties in ASC Provider Services
- Residents that live in Beech Close or use Pine Lodge would have to vacate the buildings for the entire period of refurbishment
- Whilst improving the environment this would not achieve the optimum building environment for either of the building-based services due to constraints on working within the existing footprints and building designs
- For example, an options appraisal commissioned in March 2022 for the Beech Close site explored the following potential options, costs and timescales:

Option	Scope of works	Rooms/ units	Estimated project costs*	Duration
Current provision (do nothing)	42 Bedded residential care home (currently only 21 beds are used due to works required in other areas)	21 current 42 maximum	N/A	N/A
1a	Invest in existing property to make fit for purpose and address all existing building issues, reduce number of beds to provide en-suite facilities	24 ensuite	£6,070,000	33 months
1b	Invest in existing property to make fit for purpose, but with elements of new build to maximise the number of beds	33 ensuite	£7,480,000	35 months
2	Rebuild new residential home fit for purpose with en-suite facilities, and focused delivery for acute dementia beds	41 ensuite	£8,455,000	40 months
3	Rebuild Extra Care provision with individual flats on existing site	20 apartments	£7,515,000	40 months
4	Demolish the existing building to enable the sale of the site	0	£410,000	12 months

\*Estimated project costs for each of the proposed option include Professional and Design fees, Planning costs and Employer Risk Allowances

## **Option 2 – Continue as currently (do nothing)**

This option is not recommended, as this will:

- Continue to compound recruitment and retention issues experienced by the service
- Continued undesirable inspection outcomes of Regulated Services and possible closure
- Poor working conditions for our staff
- Poor outcomes for our users
- Poor quality of support
- Increasing building repair costs, including critical failure of certain aspects of the building-based services including hot water and heating.
- Uncertainty for staff
- Inability to control reablement delivery and outcomes

## **Option 3 – Consult on a new strategy for our in-house services and phased approach to transformation**

This is the recommended option as it will:

- Ensure that there is a clear, strategy and vision for our in-house provider services that is clear to people that use those services and to staff that work in them.
- Fulfils a gap in the market and places our own services at the heart of maximising independence for people in North Northamptonshire
- Provides a generational change and investment in the direction of travel for our provider services, creating a fit for purpose offer with clear ambitions.
- Improve working conditions for our provider services staff
- Create strong foundations on which to evolve our provider services

## **4. Report Background**

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- 4.1 The strategy and case for change attached as appendix **(Appendix A)**, sets out an ambitious strategy for developing NNCs in-house Adult Social Care Services for the future. There are points where decisions must be made on strategy but also the conditions that may influence that strategy. Whilst external factors such as changing demand, advancement in reablement outcomes and government policy will always be considered, additional factors that must be considered. For us are the working and environmental conditions within our current services, and access to, and control of, our ability to directly impact on delivering the best possible reablement, enablement and independence services to people with care and support needs in North Northamptonshire.
- 4.2 In June 2022, bed-based care services, Beech Close and Pine Lodge, were inspected by CQC and rated requires improvement at both establishments for all domains. The ratings highlight the conditions of the environment but also the ability to recruit, train, retain and invest in our care staff.

- 4.3 There is a continued risk that CQC ratings will not improve or could become worse if bold steps are not taken. There has continued to be uncertainty for staff, because of multiple factors such as Local Government Reform (LGR) and history of outsourcing and bringing back in-house these services that has created instability. A strong clear strategy, for staff to understand, get behind and deliver will help them to understand the future of services but also plans to invest in them, their development and growth. As the strategy will lead to changes in some services, we must consult with people that use those services before making that decision, but it is important that we engage with the unions and our staff on the current thinking and ambitions for the services moving forward, prior to any formal consultation.
- 4.4 Many of the physical care assets have not been invested in and the costs and difficulties in making those assets fit for the future are prohibitive and unlikely to give the best return for any investment made. Whilst any improvement made would also require people to vacate those buildings whilst work is completed. Investing in newer facilities will enable us to provide the environments for our staff to deliver the best quality services.
- 4.5 Our own staff had experienced impacts on their pay and reward growth over the last decade, and their training and development has been minimal within previous organisations.
- 4.6 Retaining a workforce that can get behind the philosophy we want for provider services and significant improvement in physical space are two of the key factors at the heart of the CQC ratings for building based services such as Beech Close and Pine Lodge. Now, it is difficult to compete with other sectors that reward people better for work that carries less responsibility, less unsociable hours, and lower levels of stress.
- 4.7 The anticipated outcomes include providing a high-quality building that can be used flexibly to meet current needs around admission avoidance, assessment and reablement. This will also reduce the risk around the current physical environment in ASC Regulated Services impacting on CQC ratings.

## **5. Issues and Choices**

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- 5.1 The care market is under significant pressure in terms of recruitment and retention. The council is struggling to recruit staff to any of its ASC Regulated Services. It has been carrying several vacancies for a significant period as well the reliance on high volume of agency staff to maintain safe statutory levels of staff and impacts on quality of care delivered.
- 5.2 It would be favourable to support this strategy to transform ASC Provider Services in a significant way within the current financial envelope if possible. There is a strong evidence base for the rationale to invest in reablement services. Background reading, authored by John Bolton (2016, 2021) is referenced at section 8 of this report.

- 5.3 People that use services, their families and local councillors and MPs will wish to understand the explanation on why we cannot invest in our current locations for Regulated Services. We have undertaken several building surveys and sought external assessments of the costs and implications of undertaking such works.
- 5.4 This would require significant investment and service disruption that would not necessarily ensure better outcomes and address the current pressures in the services in the way that a bolder strategy would aim to achieve this. There are also other buildings in the ownership of the council that are currently used as care settings and available to be further developed and are in far better condition and more fit for purpose. Due to these being related to a previous Private Finance Initiative (PFI), due diligence is currently being undertaken to explore the possibilities and financial implications prior to making final recommendations to the Executive.
- 5.5 Breaches in regulation if not addressed satisfactorily and in a timely manner, could result in legal enforcement action taken by CQC.
- 5.6 There is also continued spend in the independent sector due to having insufficient reablement capacity that delivers our expected outcomes including length of stay and level of dependency on leaving the service that could be somewhat mitigated by redirecting some of our current resources towards this new strategy.

## **6. Next Steps**

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- 6.1 The indicative approach that would be used for each phase of the transformation is set out in the strategy and case for change on **page 19 of Appendix A**.
- 6.2 The phased approaches set out on **page 8 of Appendix A** do not need to be linear, and it may be possible to bring forward phases 2 and 3 if the strategy and phase 1 are implemented following consultation.

## **7. Implications (including financial implications)**

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### **7.1 Resources, Financial and Transformation**

- 7.1.1 Various due diligence modelling exercises are underway to establish the financial implications of the proposed transformation, including:
- 7.1.2 Exploring the roles and responsibilities of care staff to take on a greater level of responsibility in re-abling and enabling people to live more independent lives across CQC regulated provider services. Exploring various delivery models, for a Specialist Care Centre, to advise Executive about any financial and anticipated outcomes for residents in North Northamptonshire because of those proposed models.
- 7.1.3 Modelling financial savings associated with having greater control over reablement activities that may offset the costs of implementing the proposed models.

## 7.2 Legal and Governance

7.2.1 Appropriate consultation with people that regularly use services on the proposed strategy and changes to services will be required as set out within this report to inform the decision of the Executive.

## 7.3 Relevant Policies and Plans

7.3.1 The strategy for the Transformation of NNC ASC Provider Services will deliver against the corporate vision and priorities including:

- enabling everyone to have the best opportunities and quality of life
- creating modern public services by providing efficient, effective, and affordable services which make a real difference to our local communities
- enabling people to lead active, fulfilled lives by enabling people to be healthier, more active, and promote independence
- ensuring services are of a high quality and standards meet statutory requirements with all professionals working together to shape and promote the safety of residents

## 7.4 Risk

7.4.1 There is a level of risk in operating a service in buildings that require significant investment.

7.4.2 Risks regarding recruitment and retention of staff further increase higher usage of agency staff meaning that delivery of high-quality services is more difficult without a core group of staff that understand the strategy and build relationships with each other to better deliver services.

7.4.3 Closure of residential/relocation of care homes may attract significant media attention regardless of the limitations of the current site and buildings for improvement.

7.4.4 Uncertainty for staff may arise because of proposed transformation in ASC Provider Services. Whilst we believe there will be roles for any staff within provider services, we are exploring rates of pay that would be commensurate with additional responsibilities. There are, therefore, implications for staff that whilst should be positive, may not always be the preferred outcome for those staff. These risks will be assessed as part of the consultation on the strategy and case for change.

7.4.5 Risk around CQC ratings becoming worse for ASC Regulated Services if the proposed recommendations are not approved.

## 7.5 Consultation

7.5.1 The executive paper is seeking permission to consult on the strategy, case for change and phases of transformation with people that use services and their

carers. Other key stakeholders will also be engaged with to inform the consultation.

- 7.5.2 Any staffing matters would not be formally consulted on until a final decision is made post consultation, however engagement with unions and staff will take place to discuss proposals and seek feedback

## 7.6 **Consideration by Executive Advisory Panel**

- 7.6.1 As part of the consultation period the Director will present the strategy and case for change to the Executive Advisory Panel for Health Wellbeing and Vulnerable People.

## 7.7 **Consideration by Scrutiny**

- 7.7.1 As part of the consultation period – details of the consultation will be shared with Scrutiny Commission who may wish to consider adding the strategy and proposed changes to their work plan.

## 7.8 **Equality Implications**

- 7.8.1 The Transformation of Provider Services strategy does not adversely affect any protected characteristics as part of the Equality Act 2010.
- 7.8.2 An Equality Screening Assessment has been undertaken and is attached as **Appendix B**. Further equalities assessments will be carried out if the final decision is to approve the strategy for adoption following consultation and permission to progress is agreed.

## 7.9 **Climate and Environment Impact**

- 7.9.1 There are no Climate Implications resulting directly from this report, however the two main buildings referenced in this report are poorly insulated and would require significant investment to bring up to standard to reduce the carbon footprint of the service. Alternatives being explored would be more efficient.

## 7.10 **Community Impact**

- 7.10.1 The Community Impact of the ASC Provider Services strategy seeks to evolve provider services to deliver better outcomes for our communities, in particular those people that use adult social care services
- 7.10.2 The strategy and proposed approach aim to improve the working conditions for our staff and aims to improve recruitment and retention, of which most recruitment to care roles happens near where services are delivered and therefore create employment opportunities for our communities.



## 7.11 Crime and Disorder Impact

7.11.1 There are no identified impacts on crime and disorder because of this report.

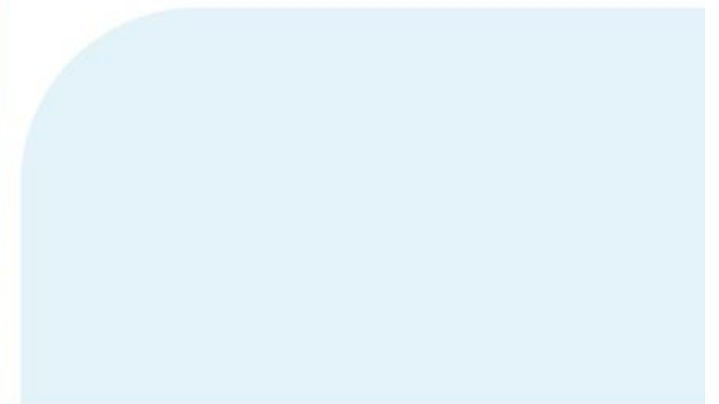
## 8 Background Papers

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- 8.1 Bolton, J (2021) “Developing a capacity and demand model for out-of-hospital care – Learning from supporting seven health and care systems”, Local Government Association. Accessed 23.09.2022 [Developing a capacity and demand model for out-of-hospital care \(local.gov.uk\)](#)
- 8.2 Bolton, J (2016) “Predicting and managing demand and social care”, Local Government Association. Accessed 23.06.2022 [John Bolton Predicting and managing demand in social care-IPC discussion paper April 2016.pdf \(brookes.ac.uk\)](#)

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# Adults, Communities & Wellbeing



Transforming NNC Adult  
Social Care Provider Services

Strategy and Case for Change

23 September 2022 v3.2

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# Strategy for Transforming In-House Adult Social Care Provider Services



North  
Northamptonshire  
Council

# Vision & Principles for In-House Adult Social Care Provider Services

## Our Vision

“Delivering the highest quality assessment, re-ablement and enablement to support people to live their lives independently and be ambitious for their future”

## Principles

- Our in-house regulated care providers will have enablement, re-ablement and developing independence at the heart of their approaches
- Our provider services will embed strengths and asset-based practice
- We will retain services to ensure capacity to be a provider of last resort should be required
- We will not compete where the independent care market is able to readily deliver support
- We will consider delivering services that we struggle to get from the independent sector





## Independence & Reablement ... the right support, in the right place, at the right time

Enablement, re-ablement and developing independence will be at the heart of our in-house regulated provider services approaches. This will require a change in focus, culture and delivery, moving away from longer term provision, unless there is a need for a service that the wider care market is not able to deliver.

Investment in both the physical buildings, the terms, conditions, skills and career potential of our staff is key to delivering high quality provider services and retaining the best people to deliver better outcomes for people that have care and support needs in North Northamptonshire.

Efficient use of our resources and progression through re-ablement or enablement programmes will ensure that more people have access to the right support, in the right place at the right time.

By moving the focus of our in-house provider services to core aims of promoting independence and re-ablement will also put the council in direct control of delivering these outcomes that are key in positively managing demand faced by services and contributing to the longer-term financial sustainability of the council.

# Achieving ambitions

Evolving the core purpose of our regulated in-house provider services creates fantastic opportunities to focus at key points in peoples lives and help them to explore and achieve their ambitions.

There are currently missed opportunities around a number of areas, particularly when working with younger adults. They include:

- Transitions from children's to adult services
- Transforming Care Programme (complex learning disabilities cases)
- Physical disabilities where people have had life changing events or degenerative

People with disabilities have the same ambitions as everyone else including having their own home, having relationships and families, travelling, working and taking up hobbies and pastimes they are interested in.

Sometimes this requires positive risk-taking and working with other stakeholders on understanding and mitigating risks where possible. This requires a change in culture and investment in skills to act in this enabling way.







## Empowered, people-focused staff

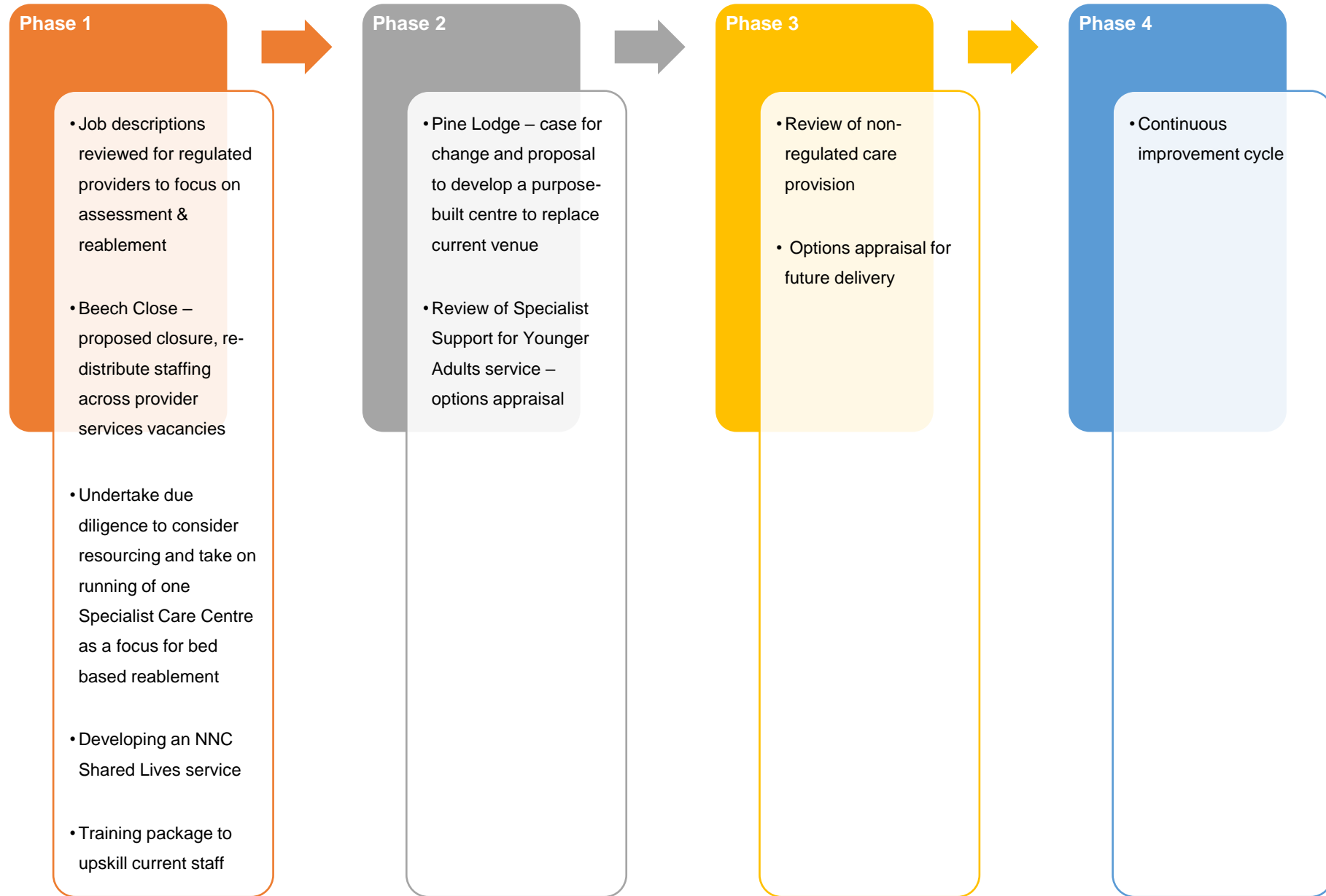
Our in-house care and support staff have been significantly affected by the uncertainty and financial challenges experienced in the previous Northamptonshire County Council.

The buildings in which they work have not had the right investment to support staff in delivering the best possible care and support. There have been historic challenges around pay, terms and conditions that have impacted on recruitment and retention that then means that staff are under additional stress when trying to deliver services as they have to complete overtime or work with agency staff that are not so familiar with the services.

Our aim in setting a new vision and focus for provider services is to address long-term problems such as the built environment but also in having a strong emphasis on developing skills, having clear career pathways and attracting and retaining great staff into roles that they are fairly rewarded for and that they enjoy as they are supporting to become more independent or are taking positive steps to meeting ambitions that will improve their lives.

Phase 1 will focus on this element for staff in regulated care settings, however phase 3 will explore this for staff in other services such as day care settings.

# Phased transformation





## Transforming In-House Adult Social Care Provider services

### The Case for Change



# Provider Services – Here and now

- Many of the physical care assets have not been invested in and the costs and difficulties in making those assets fit for the future are prohibitive and investing in newer facilities will enable us to provide the environments for our staff to deliver the best quality services
- Our own staff are poorly paid and their training and development has been minimal within previous organisations but we have a finite budget within which to work
- CQC ratings
  - Beech Close (CQC requires improvement)
  - Pine Lode (CQC requires improvement)
  - Specialist Support for Younger Adults (CQC requires improvement)
  - Reablement North (CQC Good)
- Retaining a workforce that can get behind the philosophy we want for provider services and significant improvement in physical space are two of the key factors at the heart of the CQC ratings for building based services such as Beech Close and Pine Lodge
- At the moment it is difficult to compete with other sectors that reward people better for work that carries less responsibility, less unsociable hours and lower levels of stress

# Relevant factors

Poor condition of facilities mean even to meet significant investment required to return them to an acceptable level of quality. Even then the environments would not be ideal for the people that now need supporting in them

## Beech Close

- Bedroom sizes below minimum standards
- No en-suite facilities
- Full replacement of heating systems required
- Bathrooms unfit for undertaking hoisted transfers
- Whole areas out of action reducing occupancy to circa 50%

## Pine Lodge

- Similar challenges
- Circa 60% of home has been out of action due to damage to property by people being supported in that environment
- Lack of de-escalation space and low arousal environments



## Other Assets

Sanders close or Patrick Road – potential to re-develop as “New Pine Lodge”

# The case for change

- The local authority **should not be competing as a provider** in a market where the independent sector is active and there is capacity
- There is a role for the local authority in **delivering services that we struggle to get from the independent sector**
- It is beneficial for the local authority to retain some services in order to **enable it to be a provider of last resort should that ever be required** e.g. following provider failure
- Having **direct control over re-ablement** and re-focusing all our in-house regulated care providers to have enablement, re-ablement and developing independence at their core of their ethos puts us in the best position to:
  - understand the return on investment in providing re-ablement
  - deliver cost reductions in long term care budgets
  - improving working conditions for our staff
  - Support people to maximise opportunities through more independent living

# Specialist Care Centres - Background

- Shaw Private Finance Initiative (PFI), circa 7 years left on PFI, ownership of properties revert to public sector organisation at end of that period (NNC is freeholder of both Thackley Green and Spinneyfields)
- Properties are under 20 years old and have been maintained by Shaw through the PFI period
- WNC have approached NNC about potentially running a Specialist Care Centre In North Northamptonshire
- WNC have been unable to run Thackley Green at full capacity (51 beds in each), due to the current staffing budgets not enabling WNC to staff the services to that level. If the council were to take on the running, we would need to invest to deliver a different type of service, for example with more intensive staffing, not try and deliver the same service within the same budget envelope
- We currently purchase around 4.5 beds from the independent sector market every week due to not being able to utilise SCC beds at the level of complexity required

## Thackley Green Specialist Care Centre

**CARE HOME WITH NURSING**

Off Lewin Road, Great Oakley, Corby, Northants NN18 8JS

📞 Contact Northamptonshire County Council on (01604) 368910



# Opportunities

- Re-invest financial and people resources from Beech Close into other provider services
- Change focus of residential and domiciliary care away from longer –term provision to one that delivers assessment, enablement and re-ablement as part of maximising opportunities for individuals, and promoting independence and positive risk-taking
- Develop a capital strategy to invest in a younger adults service to build a purpose built 16-20 bedded unit that provides flexible assessment, transitions matching and Transforming Care Programme repatriation of people that are currently supported out of area. Respite would continue to be provided to people that currently use it or as part of an emergency assessment, possibly including a community hub for e.g. health checks, carers assessments etc
- Re-distribute all revenue funding from Beech Close whilst re-grading roles to take on greater responsibilities including providing re-ablement
- Re-deploy care staff from Beech Close – reducing recruitment challenges, increasing job satisfaction and increasing retention
- Reduce spend in independent care sector through:
  - not purchasing D2A beds at inflated market rates,
  - achieving better re-ablement – leading to reduced length of stay/later admissions to residential care
- Consider opportunities to base therapy and reablement staff from Reablement North in a reablement hub that implements a “pull model” to move people through bed based and community reablement and out efficiently and with confidence. Successful models regularly see length of around an average of 21 days significantly increasing available capacity through efficiency



# Risks

- Closure of residential/relocation of care homes attract significant attention, however showing how this will benefit residents and staff in the medium to longer term will be key
- Uncertainty for staff – can be managed through engagement and clear comms plan
- Assumption we can redeploy staff from Beech Close to take up roles in domiciliary care roles at Re-ablement North or Specialist Support for Younger Adults or, if due diligence supports the recommendation, at an SCC run by North Northants Council
- Risk around CQC ratings becoming worse for Beech CI and Pine Lodge (reputational damage)
- There is a risk in not doing anything – e.g. being unable to access the types of services required from an SCC in the North geography, or not having direct control over re-ablement delivery and outcomes

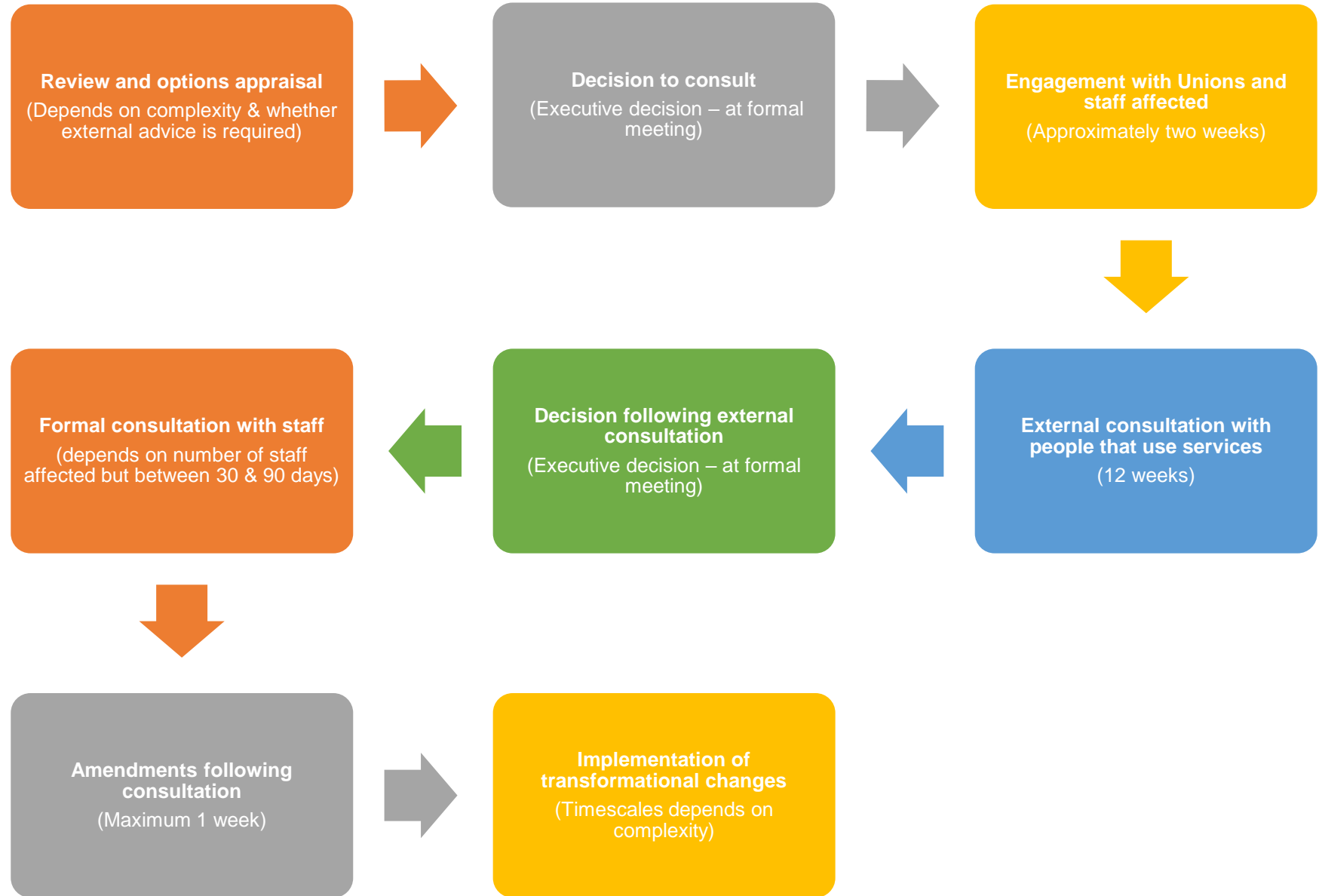
# Anticipated outcomes

- If due diligence supports the recommendation to take on the running of an SCC, we could end up with a higher quality building with 51 beds to be used flexibly dependent on current need around admission avoidance, assessment, respite and re-ablement
- We end up with a new build purpose built younger adults resource that will focus on reducing costs for LD younger adults through flexible use of space around enablement, re-ablement, matching, assessment and transition
- Reduce risk around physical environment at Beech Close and Pine lodge impacting on CQC ratings and improving the places of work for staff by investing in newer facilities
- Investing in our own staffing so we become a care employer of choice with well trained staff that sensitively and competently support people to develop or regain their independence

## Financial case for change – activities being undertaken and due diligence

1. Model cost of increasing care staff pay in regulated services as a result of re-focusing core activity on delivering reablement activity
2. Model cost of running Thackley Green Specialist Care Centre with enhanced staffing to run at 51 beds occupancy with care staff pay in line with point 1 above
3. Consider and model any impacts for supervisory roles
4. Determine additional capacity created by more efficient running of a specialist care centre
5. Determine any efficiencies through better outcomes delivered in SCC as a result of us running the service
6. Determine any efficiencies that can be made as a result of the following parameters
  - a. less people going into Res vs current avg per month
  - b. People delayed going into res vs current avg
  - c. Impact on double handed care package reduction through more appropriate bed based reablement
  - d. Reduction in avg cost of new starters for domiciliary care as a result of better outcomes
  - e. Reduction in avg costs as part of a review
  - f. Financial benefits of admission avoidance as a result of preventing people going into hospital and improved outcomes
  - g. Increasing shared lives provision through an NNC team and model associated cost savings

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Indicative timeline of activities required for each phase



## Equality Screening Assessment

The Equality Screening Assessment form must be completed to evidence what impact the proposal may have on equality groups within our community or workforce. Any proposal that identifies a negative impact must have a full Equality Impact Assessment completed before the proposal progresses further.

### 1: Proposal

Requirement	Detail
Title of proposal	Transforming NNC Adult Social Care Provider Services
Type of proposal: new policy / change to policy / new service / change to service / removal of service / project / event/ budget	Strategy and Case for Change
What is the objective of this proposal?	Delivering the highest quality assessment, re-ablement and enablement to support people to live their lives independently and be ambitious for their future”
Has there been/when will there be consultation on this proposal? (List all the groups / communities, including dates)	16 <sup>th</sup> of October 2022 – Executive
Did the consultation on this proposal highlight any positive or negative impact on protected groups? (If yes, give details)	TBC
What processes are in place to monitor and review the impact of this proposal?	TBC
Who will approve this proposal? (Committee, CLT)	Executive

## 2: Equality Consideration

In turn, consider each protected group to ensure we meet our legal obligations of the Equality Act (2010).

Protected Groups	General Equality Duty Considerations	Changes	Impact
<p><b>Age</b></p> <p>Different age groups that may be affected by the proposal in different ways.</p>	<ul style="list-style-type: none"> <li>• Service Users: looking at age groups that may be adversely affected</li> <li>• Phase 1: older adults</li> <li>• Phase 2: younger adults</li> <li>• Short term: change/adjustment which will be managed by the staff</li> <li>• Long term: better facilities and better quality of care</li> </ul>	<ul style="list-style-type: none"> <li>• There is an opportunity here to make a very positive change to enhance people's lives and provide better working conditions for staff too.</li> <li>• Better training, pay and conditions for staff. In particular those of young age categories for where this may be their first employment opportunity, but also for those who have been in the sector for a considerable number of years.</li> <li>• It is expected that this will lead to a lower turnover that in turn will create a more stable environment and continuity for those using the service.</li> </ul>	<p>Positive</p>
<p><b>Sex</b></p> <p>Is one sex affected more than another or are they affected the same?</p>	<ul style="list-style-type: none"> <li>• Workforce has higher proportion of female: SSYA: 109 female/10 male</li> </ul>	<ul style="list-style-type: none"> <li>• An option to look into gender neutral toilets for staff, due to ratios, all</li> </ul>	<p>Neutral</p>

Protected Groups	General Equality Duty Considerations	Changes	Impact
	<ul style="list-style-type: none"> <li>• Include factual evidence of how people in this group may be affected.</li> <li>• Consider the outcomes and processes.</li> <li>• Does this seek to <b>eliminate discrimination</b>?</li> <li>• Does this promote <b>fostering good relations</b>?</li> </ul>	<ul style="list-style-type: none"> <li>• What changes can be made to mitigate any negative impact?</li> <li>• Are there opportunities to <b>remove possible barriers or disadvantages</b> that a group may face?</li> </ul>	Delete as appropriate. There can be more than one answer per protected group.
	<p>Pine: 26 female/2 male Beech: 45 female/4 male</p> <ul style="list-style-type: none"> <li>• Service users are of equal ratio, one sex is not affected more than another.</li> <li>• Services are accessible to men and women.</li> </ul>	facilities can be utilised. This would not be affected should the ratios change.	
<p><b>Disability</b> It is likely to have an effect on a particular type of disability? Why?</p>	<ul style="list-style-type: none"> <li>• Better trained staff to understand disabilities</li> <li>• Accessibility for service users and staff</li> <li>• Better facilities and equipment e.g., hoists, en-suites and acoustic sensor based technology.</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities will be explored at the point of project moving forward/identified new property. An ESA will be done for each project to identify opportunities.</li> </ul>	Positive
<p><b>Gender Reassignment</b> Will there be an impact on trans males and/or trans females?</p>	<ul style="list-style-type: none"> <li>• Staff to be trained to feel empowered to communicate appropriately with trans customers.</li> </ul>	<ul style="list-style-type: none"> <li>• Opportunities to look at gender neutral facilities</li> <li>• Training in understanding gender reassignment</li> </ul>	Neutral
<p><b>Race</b> Are people from one ethnic group affected more than people from another ethnic group?</p>	<ul style="list-style-type: none"> <li>• Promote facilities to encourage those from communities that do not access the facilities to use them</li> <li>• To include stats/ratios which are to be confirmed by HR</li> </ul>	<ul style="list-style-type: none"> <li>• The service will explore reasons why there is an imbalance</li> <li>• Better premises may provide an opportunity to be more representative of the local community</li> </ul>	Neutral

Protected Groups	General Equality Duty Considerations	Changes	Impact
	<ul style="list-style-type: none"> <li>• Include factual evidence of how people in this group may be affected.</li> <li>• Consider the outcomes and processes.</li> <li>• Does this seek to <b>eliminate discrimination</b>?</li> <li>• Does this promote <b>fostering good relations</b>?</li> </ul>	<ul style="list-style-type: none"> <li>• What changes can be made to mitigate any negative impact?</li> <li>• Are there opportunities to <b>remove possible barriers or disadvantages</b> that a group may face?</li> </ul>	Delete as appropriate. There can be more than one answer per protected group.
<p><b>Sexual Orientation</b></p> <p>Are people of one sexual orientation affected differently to people of another sexual orientation?</p>	<ul style="list-style-type: none"> <li>• Regulated Services currently have a majority of carers who are predominately White British, which is representative of the North Northants population</li> <li>• Ethnic identity information is provided on a voluntary basis, so the figures below are not a full analysis of the entire staff cohort. Please see totals below for those who provided their data: <ul style="list-style-type: none"> <li>- Beech Close: 8/9 staff members identify as White British</li> <li>- Pine Lodge: 13/15 staff members identify as White British</li> <li>- SSYA: 56/62 staff members identify as White British</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• It is anticipated that the proposal will support engagement with all affected staff and users.</li> </ul>	Neutral




Protected Groups	General Equality Duty Considerations	Changes	Impact
<p><b>Marriage &amp; Civil Partnership</b></p> <p>Are people in a Marriage or Civil Partnership treated less favourably?</p>	<ul style="list-style-type: none"> <li>• There is not evidence to suggest that the current policies, process and information impact on marriage and civil partnerships of users or staff</li> <li>• There is an inclusive approach to care provision</li> </ul>	<ul style="list-style-type: none"> <li>• The future operating model would look at better room sizes where users could cohabit</li> <li>• The future policy could support services for those who are married or are in a civil partnership.</li> </ul>	Neutral
<p><b>Pregnancy &amp; Maternity</b></p> <p>Are people who are pregnant, or have a baby of 6 months old or younger, effected by this proposal?</p>	<ul style="list-style-type: none"> <li>• If this happens, new facilities could incorporate facilities for this</li> <li>• There are policies in place currently to ensure this is managed well</li> <li>• Relevant risk assessment are carried out by services</li> </ul>	<ul style="list-style-type: none"> <li>• There is a policy or outline to be written here to outline this criteria regarding residents</li> </ul>	Neutral
<p><b>Religion or Belief</b></p> <p>Does the proposal effect people differently depending on whether they have or do not have a religion or a belief?</p>	<ul style="list-style-type: none"> <li>• To ensure religion and beliefs are respected</li> <li>• Anyone with religious needs is supported to access any services to facilitate the involvement of any religious activities</li> <li>• Dietary requirements and celebration of festivals are supported with the service for users and staff</li> </ul>	<ul style="list-style-type: none"> <li>• Training in place to ensure this is respected and how to manage these situations</li> </ul>	Neutral

Protected Groups	General Equality Duty Considerations	Changes	Impact
<b>Health &amp; Wellbeing</b> 1. Health behaviours (E.g. diet, exercise, alcohol, smoking) 2. Support (E.g. community cohesion, rural isolation) 3. Socio economic (E.g. income, education). 4. Environment (E.g. green spaces, fuel poverty, housing standards).	<ul style="list-style-type: none"> <li>• Include factual evidence of how people in this group may be affected.</li> <li>• Consider the outcomes and processes.</li> <li>• Does this seek to <b>eliminate discrimination</b>?</li> <li>• Does this promote <b>fostering good relations</b>?</li> </ul> <ul style="list-style-type: none"> <li>• There will be better opportunities for users to be able to enjoy healthy food, exercise, to be part of their community, a more happy working place for the staff, better incomes for staff and an overall better environment including green spaces</li> </ul>	<ul style="list-style-type: none"> <li>• What changes can be made to mitigate any negative impact?</li> <li>• Are there opportunities to <b>remove possible barriers or disadvantages</b> that a group may face?</li> </ul> <ul style="list-style-type: none"> <li>• Explore new opportunities for exercise and green space access for users</li> <li>• Promote health and wellbeing across these services</li> <li>• Improve pay and progression</li> </ul>	Delete as appropriate. There can be more than one answer per protected group.  Positive

### 3: Equality Impact

Question	Response
What overall impact does the proposal have on the protected groups? If a negative impact is identified anywhere in section 2, the response will be Negative Impact.	Positive Impact
Does an Equality Impact Assessment need to be completed? (Yes, if any negative impact is found.)	No  If yes, this Equality Screening Assessment must be adjoined to the Equality Impact Assessment.
Copy attached to relevant report?	Yes
Is this document going to be published with the relevant report?	Yes

#### 4: Ownership

Question	Response
Directorate	Adults, Communities and Wellbeing
Service area	Adult Social Care Provider Services
Lead officer's name	David Watts
Lead officer's job title	Executive Director of Adults, Communities and Wellbeing
Lead officer's contact details	<a href="mailto:David.Watts@northnorthants.gov.uk">David.Watts@northnorthants.gov.uk</a>
Lead officer's signature	
Date completed	16.09.2022

Completed forms must be sent to [NNC Equalities](#)

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## North NORTHAMPTONSHIRE HEALTH AND WELLBEING BOARD

29<sup>th</sup> November 2022

<b>Report Title</b>	<b>NSCP Annual Report 2021-22</b>
<b>Report Author</b>	<b>Lisa Walsh, Business Manager, Northamptonshire Safeguarding Childrens Partnership</b>

<b>Contributors/Checkers/Approvers</b>	
<b>Other Director/SME</b>	<b>NSCP Strategic Leads:</b> Stuart Lackenby, West Northants Council Annmarie Dodds, North Northants Council Colin Foster, Northamptonshire Childrens Trust Ivan Balhatchet, Northamptonshire Police Yvonne Higgins, NHS Northamptonshire Integrated Care Board

### List of Appendices

**Appendix A – NSCP Annual Report 2021-22**

**Appendix B – NSCP Annual Report 2021-22 Briefing Paper**

#### **1. Purpose of Report**

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- 1.1 To present the Northamptonshire Safeguarding Children Partnership (NSCP) Annual Report 2021-22, which outlines the partnerships achievements during the reporting period.

#### **2. Executive Summary**

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- 2.1 It is a statutory requirement of Working Together to Safeguard Children 2018 to produce an annual report that provides an overview of the partnership's achievements against the NSCP Business Plan.

#### **3. Recommendations**

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- 3.1 Under Working Together to Safeguard Children 2018, the three key strategic lead agencies are accountable for safeguarding children and young people, including the Local Authority, who in turn are required to publish an annual report.

This report provides assurance to the Health and Wellbeing Board of the activities undertaken by the partnership and its agencies to safeguard children and young people across the county during the reporting period.

#### **4. Report Background**

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- 4.1 The report has been developed with contributions from statutory partners and has been reviewed and approved by NSCP Strategic Leads.
- 4.2 This is the first annual report to be received by North Northamptonshire Council and informs future developments to safeguard children and young people in the North Northants area.
- 4.3 The report includes quantitative and qualitative data, key messages and impact of activities that relate to the three priorities set out in the NSCP Business Plan:
  - 1) Taking positive action early enough to protect children.
  - 2) To support children, young people, and families at risk of exploitation; and
  - 3) To work effectively as a partnership and support our staff.

#### **5. Issues and Choices**

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- 5.1 As above.

#### **6. Implications (including financial implications)**

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##### **6.1 Resources and Financial**

- 6.1.1 There are no financial implications at the time of presenting this report, with partner financial contributions agreed for 2022-23.

##### **6.2 Legal**

- 6.2.1 As set out in paragraph 2.1.

##### **6.3 Risk**

- 6.3.1 There are no significant risks arising from the proposed recommendations in this report  
The report sets out the achievements of Northamptonshire Safeguarding Children Partnership through 2021-22 and is a statutory requirement in Working Together to Safeguard Children 2018.

##### **6.4 Consultation**

- 6.4.1 There has been no public consultation in the writing of the Northamptonshire Safeguarding Children Partnership Annual Report 2021-22.

Statutory partners have provided their input in the writing of this report, which was approved by Strategic Leads on 5 October 2022.

## 6.5 **Consideration by Overview and Scrutiny**

6.5.1 N/A

## 6.6 **Climate Impact**

6.6.1 There is no climate impact arising from the NSCP Annual Report 2021-22 – it is shared on the NSCP website and not printed.

## 6.7 **Community Impact**

6.7.1 There is no known community impact arising from this report.

## 7. **Background Papers**

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7.1 Working Together to Safeguard Children 2018 - [www.gov.uk/government/publications/working-together-to-safeguard-children--2](http://www.gov.uk/government/publications/working-together-to-safeguard-children--2)

Northamptonshire Safeguarding Children Partnership Annual Report 2021-22

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# Northamptonshire Safeguarding Children Partnership

## Northamptonshire Safeguarding Children Partnership (NSCP)



### Annual Report April 2021 – March 2022



**North  
Northamptonshire  
Council**



**West  
Northamptonshire  
Council**



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# 1. Introduction

## Demographics

Northamptonshire is located to the south of the East Midlands region, and is a county of mixed urban and rural areas, with populations focused around its larger towns, Northampton and Kettering.

As of 1 April 2021, Northamptonshire became two Unitary Authorities, known as North Northamptonshire and West Northamptonshire.

The population of Northamptonshire is in the region of 748,000 (approximately 44% in North Northamptonshire, 56% West Northamptonshire). Approximately 25% are Children and Young People.

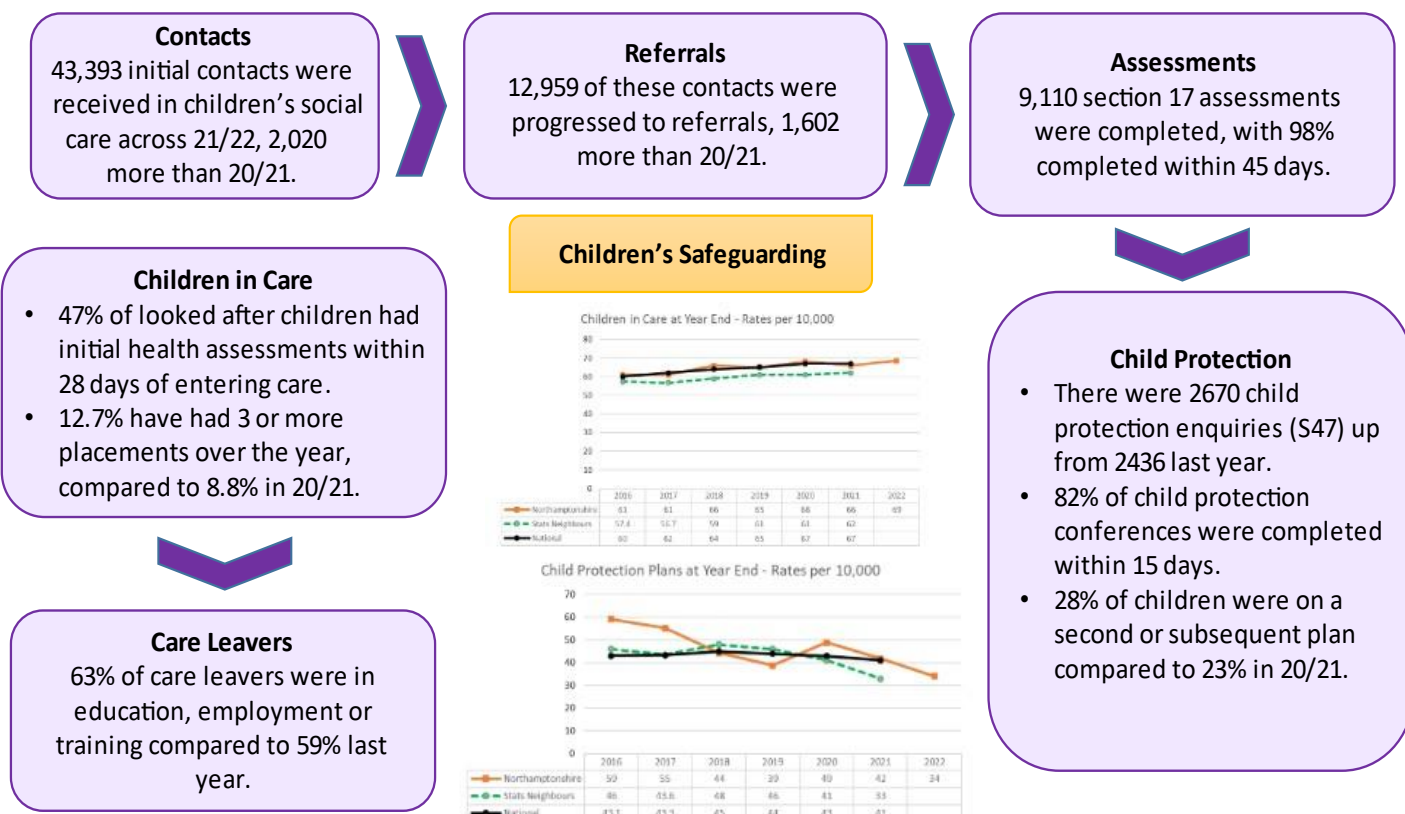
Since the previous Census in 2001 there had been an increase in non-white ethnic groups of 3.5%. It is also relevant to note a more rapid change in the number and proportion of those who describe themselves as 'White Other' becomes evident between 2001 and 2011. 'White Other' means not White British, Irish or Gypsy or Irish Traveller and therefore captures change within the predominantly 'White' EU population.



## 2. Progress through 2021-2022

During the year, as a consequence of the continued challenge posed by the pandemic and significant global events, there has been a continued need for the partnership's response to safeguarding children to be flexible and responsive to meet the demand, and support children and families effectively.

The below diagram sets out the numbers of contacts and referrals through Northamptonshire Children's Trust compared to the previous year:



Data shows a pattern of fluctuating demand experienced during covid lockdowns and school closures and as the pandemic restrictions have lifted, Northamptonshire Children's Trust has seen an increase in the number of safeguarding referrals.

43,393 initial contacts were received by children's social care through 2021-22, an increase of 2,020 on the previous year 2020-21. An increase was anticipated as the remaining pandemic restrictions were lifted. The referrals sent into the MASH present more complex issues experienced by families and children because of the impact of lockdown, combined with a reduction in support network and services available, has increased the pressure on the families and as such they have experienced greater levels of need.

In addition to that, as a direct result of Covid-19, Northamptonshire has seen the impact of poverty, anxiety, non-school attendance, poor child and adult mental health, loss and bereavement that have contributed to an increase in the number of families requiring support due to complexity of needs. The impact of the rising cost of living is also exacerbating the needs of families.

As part of an ongoing programme of review and improvement, a revised operating model was adopted to enable a better management of the contacts and referrals in the MASH (Multi Agency Safeguarding Hub) and achieve more consistency in decision making together with better application of thresholds. An initial evaluation by our Partners in Practice (Lincolnshire), along with feedback from professionals are positive.

An increase in child protection enquiries (S47) was highlighted in 2021-22 which reflects the national trend; however, a robust partnership response is ensuring that the vast majority of the initial child protection conferences take place within 15 days with good attendance from all professionals which ensures children, young people and their families receive the multi-agency support they need at the earliest opportunity.

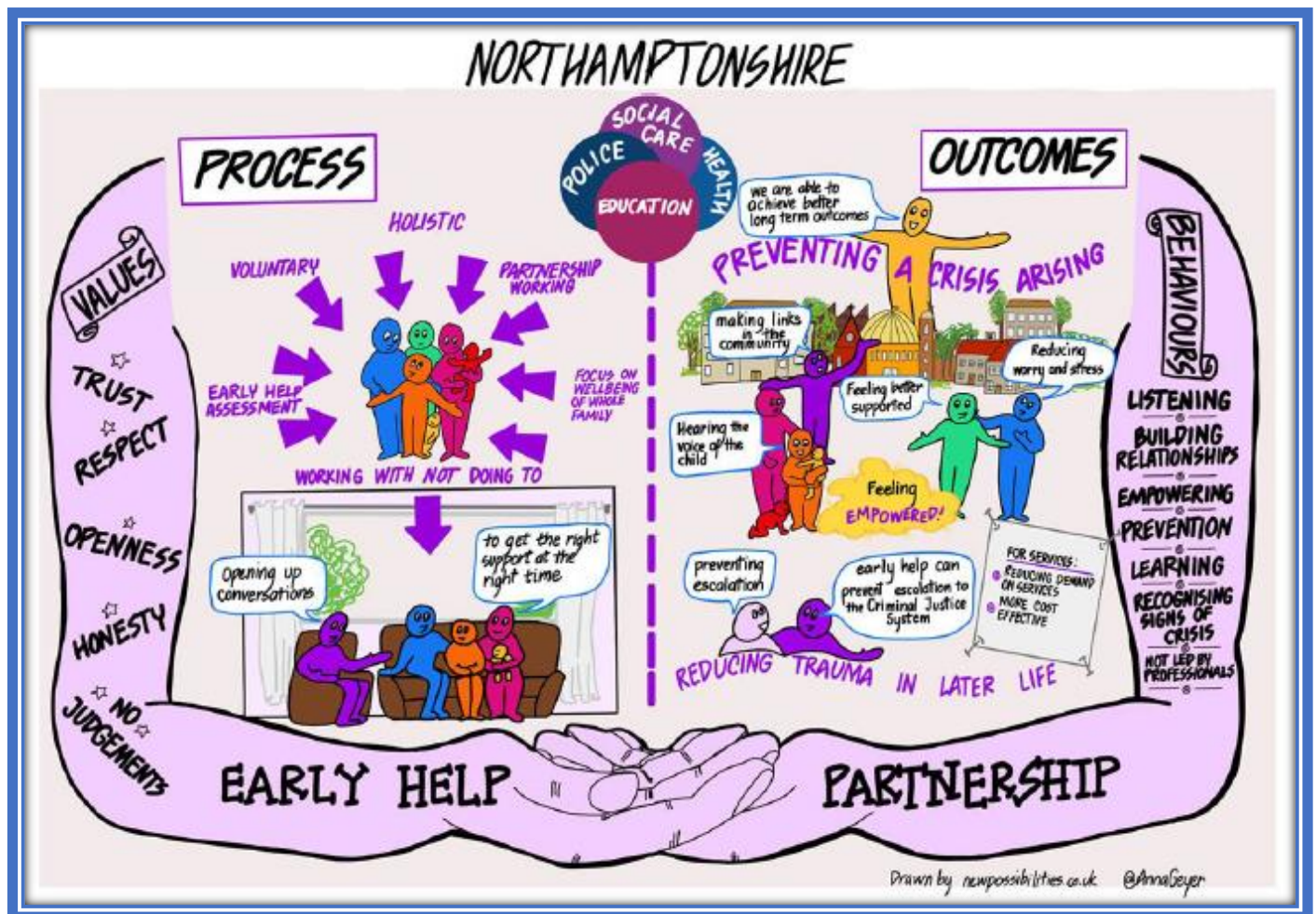


**Progress through 2021-22 is set out against the partnership's three priorities:**

- 1. Taking positive action early enough to protect children.**
- 2. To support children, young people, and families at risk of exploitation; and**
- 3. To work effectively as a partnership and support our staff.**

## Priority 1. Taking positive action early enough to protect children

Early help is a collaboration not a service and in its simplest terms *everyone* is involved in the delivery of early help. This includes families, communities, voluntary groups, “universal” provision, schools, health and targeted support and this has been a priority area for the NSCP this year.



There has previously been an under-developed early help offer in Northamptonshire and the impact of this meant that children and families did not necessarily receive the right support at the right time and in some instances, this continues to have an impact on children’s outcomes. It also meant agencies were more likely to refer to children’s social care although a child may not be at risk of significant harm because they did not feel there was sufficient early help available. This contributed to a poor reputation for Northamptonshire which can influence our partnership working, community engagement, and attraction of social workers and other professionals.

Northamptonshire Children’s Trust (NCT) Early Help has been redesigned as Children and Family Support Services (CFSS) with a focus on developing and supporting the partnership to provide more effective early support to families. A multi-agency Early Help Partnership Board has been developed, that will be multi-agency and managed by the Trust. The Early Help Partnership Board will report to both the NSCP and Children and Young People’s Transformation Delivery Group as part of the Integrated Care System (ICS). Terms of Reference and governance arrangements are drafted ready for this board to go live early in 2023, with strategic membership in place to strengthen focus on early help provision ensuring children, young people and their families will receive earlier intervention and support.

West and North Northamptonshire Early Help Partnership networks have now been successfully established including a revised simpler early help assessment and Team around the Family Support plan.

There is strong commitment from the partnership to enable the right and timely support for families and improvements are starting to be noted. Rates of referral to Early Help have increased from 12% in November 2020 to 21% in October 2021.

### **Neglect**

The impact of neglect in the lives of Northamptonshire children is not underestimated and neglect continues to be the main Abuse Category in Child Protection Plans and also the highest category for children who come into care.

Following the successful rollout of the Graded Care Profile 1 toolkit, and in order to support practitioners in identifying and addressing neglect, a partnership decision was made to invest in NSPCC's Graded Care Profile 2 toolkit and a suite of training will be undertaken during 2022-23 to support practitioners to use the tool appropriately and effectively.

The new Early Help Partnership board will build on the strong transformation work in Early Help. Early Help is the responsibility of all partners, and the partnership has continued to support staff to develop their knowledge, competence, and confidence by facilitating relevant training and reflective learning including:

- E-Learning introduction to neglect
- Child Development that includes impact of neglect
- Neglect training provided as part of regional events offered in early 2022
- Tea Break Guide for neglect of medical needs

In addition to the above, Northamptonshire Children's Trust (NCT) developed shared resources that support practitioners' practice in cases where neglect is a theme:

- Using NICE guideline on child neglect and abuse
- Learning from national and local reviews
- All NCT practitioners have access to Making Research Count and Research in Practice training.

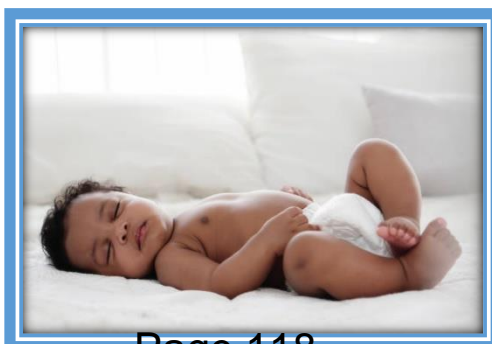
Supporting professionals to identify neglect quicker is improving responses to ensure children and young people receive more timely support. Neglect was a theme from a Child Safeguarding Practice Review published during this reporting period and implementation of the learning has focused on the Graded Care Profile 2 and strengthening professionals' knowledge and understanding of neglect for earlier intervention.

### **Safer Sleeping**

Public Health have undertaken a broad public facing safer sleeping campaign through social media. Hits to the site around the articles published have been in their tens of thousands, showing that the message is reaching far and wide. To complement this, the NSCP continues to ensure advice and guidance on safer sleeping is available to all practitioners and is accessible on the NSCP website.

Northamptonshire Children's Trust has introduced an expectation through local guidance and recording processes that all families of all babies under 12 months, open to children's services, receive safer sleeping messages as part of normal practice, echoing and reinforcing the practices of health colleagues during pregnancy and early months of a child's life.

During this reporting period, one child death has been attributed to unsafe sleeping. A further campaign is scheduled for the Autumn of 2022, with robust multi-agency input to ensure the right, consistent messages continue to be promoted.



## Priority 2. To support children, young people, and families at risk of exploitation

Safeguarding partners have been working in partnership with the University of Bedfordshire, Research in Practice, and the Children's Society to support and further develop a local partnership strategy to tackle child exploitation. Positive progress includes finalising the child exploitation strategy with a county wide partnership approach to prevention and early intervention and includes the local authorities Community Safety Partnership Boards. In addition, a countywide definition for child exploitation has been adopted. This has been driven forward by the partnership's Child Exploitation Sub Group.

### Child Sexual Exploitation Awareness Day

On 18<sup>th</sup> March 2022 to coincide with national Child Sexual Exploitation Awareness Day, the NSCP held a Virtual Child Exploitation Conference, where practitioners could join throughout the day to hear speakers from a variety of professionals on different areas of Child Exploitation. Over 120 professionals logged on at its peak during the day. The sessions taking place on the day included:

- RISE and Sarah's Story
- Online Safety
- Vulnerable Adolescent Panels
- Drug and Alcohol Misuse and Exploitation
- Modern Slavery and the National Referral Mechanism

Positive interaction and feedback have been received from practitioners about this event.

### Vulnerable Adolescent Panel

VAP is a multi-agency information sharing and consultative process. The panel aims to ensure that as a multi-agency partnership we effectively share information to support young people who are at risk of being exploited and address extra familial harm with a view to utilising a contextual safeguarding approach to make our communities safer.

VAP was introduced in December 2020.

The positive implementation of the Vulnerable Adolescents Panel (VAP) which considers all young people who are referred with concerns about extra-familial harm, regardless of social care threshold, is echoed by the young people's feedback:

*"I am in a good place and feel I can make safe decisions and have people I can go to if I am worried about anything"  
young person aged 17*

### Police Community Initiative Reducing Violence (CIRV)

Northamptonshire Youth Offending Service Prevention work in partnership with the CIRV to reduce violent crime and tackle the emerging concerns in relation to gang related offending. A recent Child Safeguarding Practice Review has included the work of CIRV, and the partnership has seen evidence of the excellent work this service undertakes through the victim's reflections of their work with the service.

This work also directly links with the North and West Community Safety Partnership Boards who implemented the partnership's Critical Incident Response following a child safeguarding incident in the community, whereby key agencies and community groups come together to ensure the neighbourhood and its residents remain safe. Such a response was undertaken during the summer, following a knife crime in a neighbourhood in the county, and the reflection by the community on the response was very positive.

### Children and Young People Missing

It is recognised that there is a clear link between child exploitation and children and young people who go missing. Northamptonshire partners work closely on understanding missing episodes. Northamptonshire Police has provided additional resources into its Children and Young People's Missing Team reflecting this concerning priority.

A partnership Missing Forum has been created and considers at risk children who are going missing, and the Young People's Service offers preventative support. NCT independent return interviews have been reviewed and made more robust to ensure all risks and support needs faced by children, young people and their families are considered

and that effective support plans are in place.

### Priority 3. To work effectively as a partnership and support our staff

#### E-Learning Training

In 2020-21, the Covid-19 pandemic resulted in large parts of the partnership working from home which in turn significantly increased the use of the e-learning training. During this period there was a total of 13734 course completions. The period 2021-22 has seen an expected reduction on the volume of e learning used in the previous year with **6,839** course completions.

The range of courses being completed by practitioners remains consistent with previous years with many practitioners using the system to gain initial knowledge of safeguarding children and then moving on to explore some of the other subject specific courses available within the catalogue.

A significant piece of work undertaken by the Training & Development Sub Group during the reporting period was to review all the e-learning content to ensure it was fit for purpose and aligned with the NSCP policies and procedures. This has ensured practitioners receive the most current training content in line with national learning.

Analysis and evidence of the impact these courses have had on practice is included below: -

- 88% of delegates stated that they were satisfied or very satisfied with the training.
- 97% stated that they would recommend this course to other people.
- 78% stated that Participation in this e-learning course has supported me to make measurable improvements to my work practice.
- 72% of learners who completed an impact evaluation agreed or strongly agreed the course they had taken had a positive impact on practice.
- When rating improvements in knowledge, skills and confidence, all aspects recorded that 85% of learners felt there had been an increase, these scores remain broadly consistent increasing slightly (3%) with results seen in previous years.

Evaluation is consistent with previous years data and continues to show the positive impact the e-learning package is having on practice and the value learners place on its availability through the partnership.

#### Face to Face Multi-Agency Training

The NSCP has not offered a training programme since 2018 due to resource constraints and pandemic restrictions. However, Strategic Leads during the reporting period agreed to a more blended approach which has enabled a mix of training pool delivery and commissioned training to be delivered and extend the positive impact of multi-agency training.

This will enable a mix of training pool delivery and commissioned training to be delivered and extend the positive impact of multi-agency training. During 2021 the NSCP offered the following Face to Face Training:

- Threshold and Pathways Training – 38 sessions were undertaken with a 76% attendance, which was considered positive as several professionals cancelled their places due to sickness within their teams
- Trauma Informed Training – Due to the success and inspiring session delivered to 100 professionals, a further six sessions have been scheduled between April-September 2022
- Child Exploitation Conference



- Learning from Child Safeguarding Practice Reviews – this training has been reviewed and updated to reflect learning from a thematic perspective rather than per review undertaken. This new format was well received by colleagues within the Social Work Academy and will be further updated before broadening to a multi-agency audience.

### **Learning Summaries from Child Safeguarding Practice Reviews (CSPRs)**

The purpose of CSPRs, is to identify improvements to be made to safeguard and promote the welfare of children. Learning is relevant locally, but it has a wider importance for all practitioners working with children and families and for the government and policymakers. Understanding whether there are systemic issues, and whether and how policy and practice need to change, is critical to the system being dynamic and self-improving.

Three CSPRs have been published in the reporting period and for each review a Learning Summary is developed as a quick guide for professionals individually or within a team setting to be informed of the local learning.

The format of these reviews has been refreshed and updated to include more context and understanding of learning, including links to local and national research. This is positively supporting professionals in identifying learning and themes to reference in their day-to-day work and ensuring earlier support is put in place for children and families.

Learning Summaries are also produced where a Rapid Review is undertaken, but not progressed to a Child Safeguarding Practice Review – this supports and broadens professionals learning. A Rapid Review is undertaken when a case meets the criteria for notification to Ofsted and The Child Safeguarding Practice Review National Panel.

The aim of a rapid review is to enable safeguarding partners to:

- gather the facts about the case, as far as they can be readily established at the time
- discuss whether there is any immediate action needed to ensure children’s safety and share any learning appropriately
- consider the potential for identifying improvements to safeguard and promote the welfare of children
- decide what steps they should take next, including whether or not to undertake a child safeguarding practice review

Note: further information regarding CSPRs, and Rapid Reviews can be found in the government guidance document: [\*Working Together to Safeguard Children 2018\*](#)



### 3. Other safeguarding updates through 2021-2022

#### **Safeguarding Children with Disabilities**

Children with disabilities receive services from a dedicated team within Children's Social Care. This is a specialist long term service, supporting children with most severe and complex needs; although majority of the children are supported under a Child In Need plan, social workers in the team also carry out all other statutory children social work tasks and interventions under Child Protection, Public Law Outline, Care Proceedings and Looked After Children's procedures thus ensuring that the children who required the specialised support of the team continue to receive them from professionals they know and trust.

Planning for transitions commences when children reach age 14 and children's transition to Adult Social Care is managed via a panel and a referral to Adult Social Care when they are 16 years old. The team have relationships with colleagues in children's continuing health care, CAMHS, Community Team for People with Learning Disability (CTPLD) and partners with the local Parent Forum Group NPFG and Northamptonshire Carers. Northamptonshire carers are commissioned to complete carers assessments under the Care Act 2004 and, they provide support to siblings of children with disabilities and young carers.



Ofsted focussed visits have highlighted many positive areas of practice in the Disabled Children's Team, particularly how well social workers know the young people they work with, multi-agency working, and the support provided to families in terms of the multi-disciplinary approach and short breaks support which greatly benefits children and their families.

#### **Children and Families Fleeing Conflict**

Safeguarding partners have had to respond to an increase in children, young people, and families fleeing conflict. Unaccompanied Asylum-Seeking Children from Afghanistan as well as families fleeing conflict from Ukraine who have located in Northamptonshire have been supported with increased partnership collaboration to ensure they feel safe and settled.

In July 2022, the government announced the intention to introduce a scheme to support unaccompanied children from Ukraine to live in the UK with someone known to their family, with parental consent. Early indications suggest arrangements would be considered as private fostering arrangements, and that local authorities would need to approve the sponsorship arrangements. The impact on the universal targeted and specialist services is as yet unknown and agencies are developing processes to ensure these children and young people are safe and supported.

#### **Education**

Northamptonshire education staff and settings have continued to ensure that the most vulnerable children and families remain protected during the periods of Covid-19 restrictions, with an emphasis on a robust multi-agency joined up approach to meeting the needs of the most vulnerable children and young people.

The beginning of 2022 saw schools under immense pressure, working tirelessly to keep schools open despite surging numbers of Covid-19 cases amongst both students and staff.



### **Elective Home Education**

This data has been broken down between West Northamptonshire Council and North Northamptonshire Council:

#### NorthNorthants Council

The electively home educated population saw an increase at the beginning of this reporting period by 26 to 874 children in April 2021, the highest number thus far. This was the third month to show consecutive record volumes. April registered the sixth successive increase, while the last three months have each posted consecutive records. By the end of April, there were 87 more electively home educated children than there were one year ago, and the current cohort comprises 147 more children than at the end of the previous academic year.

#### WestNorthants Council

The electively home education population saw a sharp decrease at the beginning of this reporting period from approximately 700 to 600, this number has steadily increased back to the region of 700 throughout the rest of the reporting period.

### **Children and Young People Missing from Education**

This data has been broken down between West Northamptonshire Council and North Northamptonshire Council:

#### NorthNorthants Council

The number of children missing from education during the reporting period decreased by 21 to 253 children at the end of April, marking the lowest volume in the current academic year. The latest cohort comprises 150 children fewer than the peak of 403 children in October and 11 children fewer than this time last year. An average of 263 children were missing between February and June 2021. By comparison, an average of 283 children were missing in the last three months.

#### WestNorthants Council

The number of children missing from education stated at approximately 150 at the beginning of this reporting period, peaking at just over 200 in October 2021 before steadily decreasing to 123 at the end of this reporting period.

### **Education Health and Care Plans (EHC)**

NorthNorthants Council has seen a steady monthly average increase in the number of EHC assessment, averaging 74 per month at the beginning of the reporting report increasing to an average of 80 per month towards the end of the reporting report.

WestNorthants Council requests for EHC assessment generally range between 60 to 80 during term time, peaks, and troughs during the lead up to school holidays have caused fluctuation.

Long term, work continues to take place to develop a robust graduated approach, based on early help across the four localities, with the expectation of support and provision for children in receipt of top up through a send support plan.

### **Domestic Abuse**

Domestic Abuse now sits within the Violence Against Women and Girls (VAWG) portfolio and under that banner remains a matter of priority for the partnership and in particular, Northamptonshire Police.

It is recognised that it is always a difficult decision for victims or survivors to come forward and therefore through a partnership approach, Northamptonshire Police continue to ensure they are fully supported by strengthening existing processes such as crisis Independent Domestic Violence Advisors (IDVAs) which have been embedded in the Force Control room and with patrol officers at times of peak demand to improve the service offered to victims.

During this reporting period, recorded domestic abuse has dropped by 7.2% within the County and there are 6% fewer victims of domestic abuse crimes. This is not in line the national trend which has seen increases in the amount of recorded domestic abuse and it is believed that this position is because of strengthened performance.

Northamptonshire Police arrested 36% of domestic abuse perpetrators in the 12 months up to March 2022 and this is significantly above the national average of 27.3% in the same period and may help to explain the current victim satisfaction rate which sits at 90.7%. Victim satisfaction and the early arrest of perpetrators figures are very much linked.

### **Children and Young People's Voices**

Northamptonshire Children's Trust (NCT) has Young Inspectors are part of their Practice Week Teams. They contribute to the design of the Practice Weeks, the assessment processes and are an integral part of developing recommendations for action planning. The principle of the Young Inspectors scheme is for young people to quality assure the services and provisions available/provided for children and young people and to be able to provide positive feedback and areas for improvements, highlighting and sharing good practice.

NCT benefits from strong engagement of children and young people through our formal participation groups - Children in Care Council, Care Leavers Council and Shooting Stars (children with special educational needs and disabilities) and Young Inspectors, whose voice shapes the Trust's vision, transformation, and review of services. This has been evidenced through internal and external quality assurance, including Ofsted visits. We know that there is much more that we need to do though t ensure that the voice of the child is captured, and this feedback is used to influence change.

This has supported the development of a Children & Young Peoples Engagement Strategy which sets out a vision and strategic priorities for 2022-25. The aim of the strategy is to make sure:

- Our children and young people have a voice about decisions that affect them
- Our children and young people are given as many opportunities as we can for them to engage and participate and are supported to do so
- Our children and young people are listened to and their views help to shape our services
- Our children and young people are able to hold us to account if we are not listening and using their views to influence how we are doing things
- Using the strategic priorities for engagement, linked to our improvement plan priorities, we will develop our annual engagement action plan each year to deliver this strategy over the next 3 years.

Children and young people are engaged at an individual level. Some examples of this include;

- Roll out of confidential virtual platform for children and young people to express their views
- introduced a more child and young person friendly version of the Child in Care plan to help looked after children and young people engage more in the decisions being made about them.
- There is a successful Independent Visitors Service that matches volunteers with looked after young people to be a mentor/friend
- Developed a dictionary to assist our workforce in using language that is appropriate and meaningful to children and young people, rather than jargon or labelling language
- Children and young people are aware of the compliments, comments and complaints process and work has been undertaken with the complaints team to ensure the process is user friendly
- Created videos of some young people sharing their experiences of attending child protection conferences and what difference this has made for them
- There are some great examples of children and young people having their voices heard by the professionals working with them and this being used to inform the work done with them
- Some good examples of safety plans, care plans and pathway plans developed in conjunction with children and young people

Children and young people are engaged at a service level. Some examples of this include:

- Feedback loop form has been developed on the Young Northants website to provide a confidential anonymous space for children and young people to give feedback on services.
- Children and young people are aware of the compliments, comments and complaints process and work has been undertaken with the complaints team to ensure the process is user friendly
- Children and young people have been recruited to a Young Inspectors group and have taken part in a project on children and young people in custody working directly with the police.
- Children and young people have taken part in the commissioning of services alongside commissioners, both in helping to develop service specifications and in evaluating bids.
- Children and Young People have met with Ofsted Inspectors on several occasions to give their views

Engagement of children and young people at a strategic level. Some examples of this include:

- Well established groups for children in care, care leavers and children with disabilities mainly centred in West Northamptonshire. The Participation and Engagement team have built great positive relationships with all groups so that the children and young people feel safe and free. Weekly groups run for each as well as holiday activities.
- Excellent contribution from children and young people to NCT's Equalities Strategy on what they would like to see to improve inclusivity of participation.
- There is a programme of activity for children and young people to take part in formal participation groups, especially over the school holidays. This provides opportunity to capture the voice of the child.
- A new participation group has been set up for children and young people with a child in need or child protection plan to help us improve.
- Brilliant care leavers council, children in care council and group for children with disabilities.
- Fabulous Participation and Engagement Team who support young people to express their views.
- Starting to use social media and virtual platforms more effectively to increase our reach.

#### **Work of the Local Authority Designated Officers (LADO)**

LADO continued to work using virtual platforms in 2021/2022; this has enabled partner agencies easier access to Joint Evaluation Meetings (JEM's) and LADO-led professionals' meetings as needed. Full LADO data is not yet available for the financial year (2021/2022) as some cases have not yet been concluded.

LADO received 429 contacts in the year which is a significant reduction (32% n202) from 2020/2021 (n631). 89 contacts were managed as consultations (compared with 90 in 20/21) and 340 were managed as LADO referrals (541 in 20/21). It is likely the reduction of referrals is largely due to the closure of Rainsbrook STC part-way through the year as this organisation had previously been, by far, the most significant source of LADO referrals. This trend is

reflected in the highest number of contacts by occupation (residential workers, including Rainsbrook); whilst this reduced to 22.1% (n95) it was still the highest percentage by occupation. The other occupation with contacts in double percentage points is foster carers (10.9% - n 47). With residential workers and foster carers, this data may reflect increased pressures on homes caring for children who were in their care for more time as a result of lockdowns.

During 2021/2022 LADO worked closely with management and regulators for Rainsbrook Secure Training Centre (STC) prior to its closure in 2021. LADO has also continued to work closely with CQC and NHSE and hospital management to oversee improvement in safeguarding provision for young people placed at St Andrews specialist inpatient mental health provision in Northamptonshire. LADO has highlighted concerns about these providers' safeguarding to local Strategic Partner Leads which has enabled oversight and action. For both of these large providers, there has been significant LADO input at case level (peer-on-peer violence, allegations against staff) along with support for internal safeguarding management and wider partnership oversight of the provisions. In part, due to concerns highlighted by LADO, both providers reduced numbers of residents to improve care arrangements for those remaining whilst supporting work on systemic staff performance and training. Ultimately, Rainsbrook STC closed as it could not address these issues, including as identified by LADO. LADO continues to work with all parties to drive improvements at St Andrews Hospital.

LADO has supported the wider children's workforce through ready access to consultation and also provided training for internal and external partners on the role of LADO, particularly where this overlaps with the agency's own safeguarding duties. LADO consultation is available daily, with a 'Duty LADO' available every day to help partners identify safeguarding threshold referrals.

In early summer 2022, changes were made to how agencies access LADO support and consultation; these changes were advised through NSCP webpages and presented to multi-agency service delivery improvement group. Further improvements are underway to improve LADO recording and reporting processes, routing all referrals through MASH and onto a confidential section of the CareFirst children's database.

LADO attends Licencing forums to support partnership safeguarding duties and planning in West and North Northants Unitary authorities; this includes premises (off and on licence) and taxis. LADO is involved in making sure children's safeguarding is considered in these forums.

LADO training delivery was devised around thematic information provided in previous year's data; for example, LADO delivered training for Passenger Assistants in transport with vulnerable children (virtually) after identifying an increase in referrals and complaints in this area. This will be replicated for data from 21/22.



## 4. Plans for 2022-2023

### **Continue to strengthen our responses to the health and wellbeing of our children and young people**

- **Timeliness of initial and review health assessments for children in care** - remains below target and focused work is being undertaken between Northamptonshire Children's Trust and health commissioners and providers to ensure the health needs of all children are understood and supported in a timely way.
- **Right placement in the right area for the child** – focus on stronger collaborative working with relevant partners to ensure a child is placed in the most appropriate setting to improve their experiences and outcomes.
- **Cost of living crisis** – ensuring support is readily available to newly identified vulnerable families whilst continuing to support those already known to services.

### **Development of new governance arrangements for the NSCP**

- Creation of a Strategic Assurance Board meeting three times per annum to oversee the work of the partnership
- Commissioning of an Independent Chair of the partnership to strengthen and improve the partnership's safeguarding responses.

### **Creation of a Countywide Safeguarding Children structure**

- The NSCP, in liaison with the Integrated Care System (ICS) and two local Community Safety Partnership Boards is developing a countywide safeguarding children structure. The main purpose is to streamline safeguarding work and activities to provide a consistent, robust response to the children, young people, and their families in our county. A draft structure was agreed by the end of this reporting period with phase two being developed for the creation of an Operational Management Group to focus on delivering priorities.
- There will also be a focus on creating a children and young people's group to create a direct line of communication for safeguarding forums to hear their voices and understand their concerns, utilising existing means.

### **Develop bespoke local virtual training**

- Under contract with Virtual College for e-learning, the partnership now has the facility to develop its own local content training courses to be hosted on the virtual College platform.
- This will provide opportunities for local priorities and learning from Child Safeguarding Practice Reviews.

### **Strengthening the response to Child Exploitation**

- **Adolescent Risk Management (ARM)** - The partnership will review its current response to young people at risk to ensure an effective pathway to identify and support children at risk of Extra-Familial Harm.
- **QLIK Data Reporting** - Northamptonshire Police has been developing the QLIK data reporting system to see how this could be expanded to include data for all agencies to map young people and / or locations where exploitation is suspected of taking place. It is hoped that the data contained within this system can then be used to highlight potential areas for intervention at an earlier stage and is hoped to be available for 2022-23.

### **Consistency and promotion of good practice**

#### **Review of Multi Agency Safeguarding Hub**

- Further refresh of Multi Agency Safeguarding Hub (MASH), developed in partnership, with an ongoing rollout of thresholds training.
- Focus and improve on the quality, effectiveness, and appropriateness of referrals into MASH with improved signposting to reduce the number of cases where no further action is required.
- Ensuring partner representation is adequate.

#### **Public Neglect campaign**

- Raising the importance and significance of neglect and this will include continuing to support professionals' knowledge and confidence in dealing with neglect, along with an understanding of the Graded Care Profile 2 (GCP2) to support workers assessments of neglect.



## Appendix 1 – Governance and Accountability

### Statutory and Legal Context

In July 2018, [Working Together To Safeguard Children 2018](#) was published. It replaced previous versions that set out the requirements for local authorities to establish Local Safeguarding Children Boards and is in accordance with Section 13 and the objectives set out in Section 14 of the Children Act.

Working Together 2018 was published in response to The Wood Report and sets out the requirements for a system that focuses on the needs and interests of children and families and not the other way around. In such a system, practitioners will be clear about what is required of them individually, and how they need to work together in partnership with others.

Local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children in their area. The Children Acts of 1989 and 2004 set out specific duties: section 17 of the Children Act 1989 puts a duty on the local authority to provide services to children in need in their area, regardless of where they are found; section 47 of the same Act requires local authorities to undertake enquiries if they believe a child has suffered or is likely to suffer significant harm.

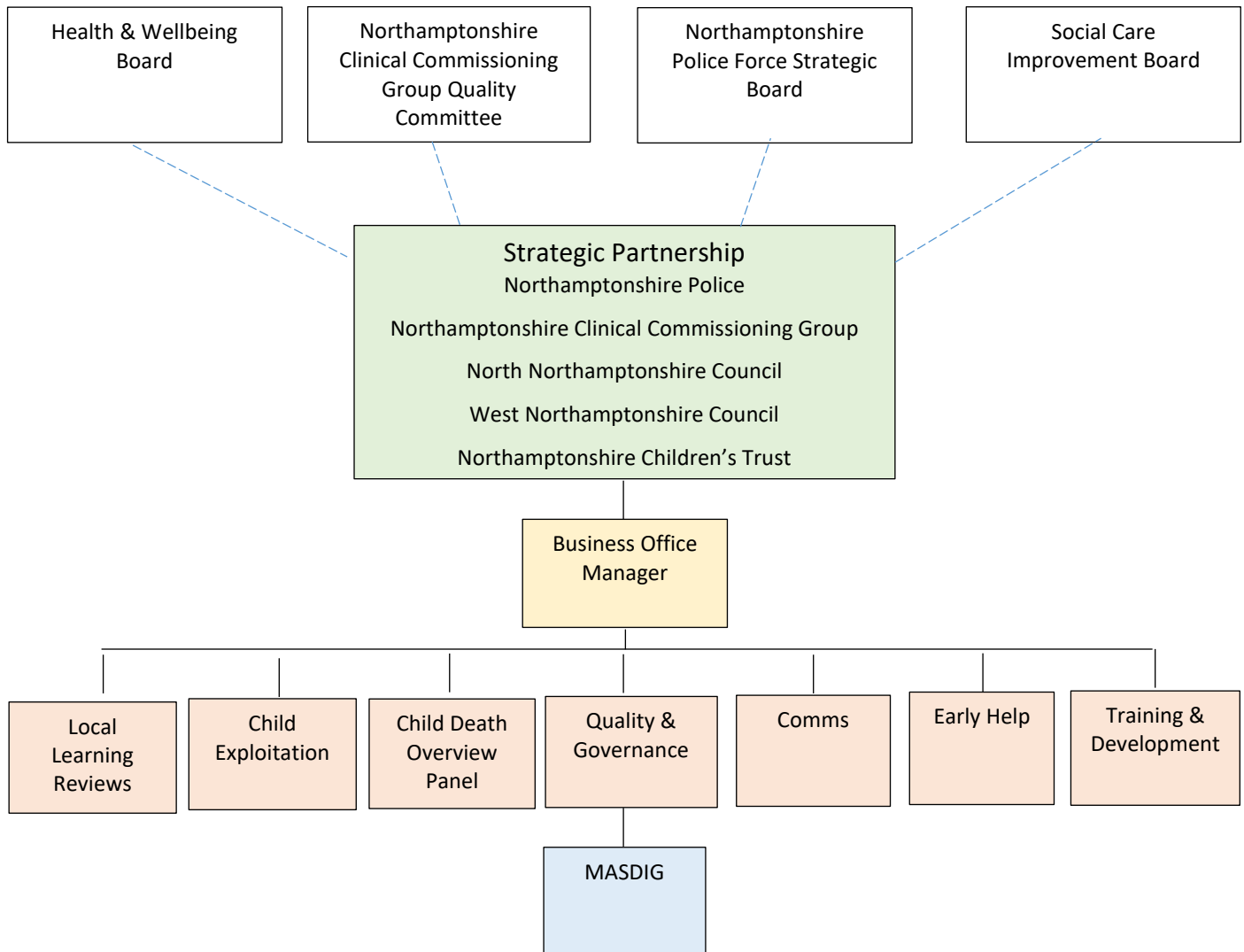
The NSCP is not an operational body and therefore has no direct responsibility for the provision of services to children and their families. The NSCP's responsibilities are to hold partner agencies to account for their safeguarding arrangements and ensure the quality of those arrangements through policy, guidance, setting standards and monitoring.

The delivery of services to children and their families is the responsibility of the partners – the commissioning and provider agencies, not the NSCP itself.

[The Children Act 2004](#), as amended by the [Children and Social Work Act 2017](#), strengthens this already important relationship by placing new duties on key agencies in a local area. Specifically, the police, clinical commissioning groups and the local authority are under a duty to make arrangements to work together, and with other partners locally, to safeguard and promote the welfare of all children in their area.



## Appendix 2 – NSCP Structure



### Full Partnership

It was agreed that the full Partnership would meet twice yearly to review the previous six months of activity and look to the next 6-12 months to set priorities.

As Covid-19 has continued to provide concerns and difficulties through the year, there have been no full partnership meetings in this period. This has been acknowledged as a clear gap that could impact on the strength of the partnership and forms part of the ongoing discussions around the NSCP review.

### Strategic Leads

The Strategic Leads Group has continued to meet on a monthly basis.

During 2021-22, the Strategic Leads representatives have changed, largely to reflect the county is now set out as two unitary authorities, therefore representation comprises:

The group comprises:

- Director of Children's Services for North Northamptonshire Council
- Director of Children's Services for West Northamptonshire Council.
- Assistant Chief Constable and Deputy for Northamptonshire Police.
- Chief Nurse and Deputy for Northamptonshire Clinical Commissioning Group.
- Chief Executive and Deputy for Northamptonshire Children's Trust.
- Director or Safeguarding, Northamptonshire Children's Trust
- School representation as a fourth non-voting agency. This is currently a Head Teacher from a special school and Head Teacher from a primary school.

- Representative for the Office for Police and Fire Crime Commissioner.
- Independent Scrutineer

Please note from 1<sup>st</sup> July 2022, the Integrated Care Board (ICB) replaced the Clinical Commissioning Group (CCG).

### **Independent Scrutineer**

Provides assurance in judging the effectiveness of multi-agency arrangements to safeguard and promote the welfare of all children in Northamptonshire, including arrangements to identify and review Child Safeguarding Practice Review cases. His role is objective and acts as a constructive critical friend to promote reflection to drive continuous improvement.

The NSCP established the areas of activity for scrutiny in its initial Governance Document as follows:

- Attend the Strategic Leads Group and Strategic Partnership Group.
- Review the Partnership's annual report.
- Review audits and performance data, including Section 11 and Section 175 audits.
- Determine the effectiveness of arrangements to identify and review local child safeguarding reviews.
- Involvement in the escalation and conflict resolution process.
- Have regular direct contact with frontline practitioners to receive frontline practice feedback.
- Ensure the voice of the child is at the heart of all aspects of safeguarding and receive direct feedback from children, young people and their families to monitor the effectiveness of their voice and experiences with performance and practice.
- Embed scrutiny as a positive process and measure throughout the partnership with learning as the outcome.
- Ensure informed challenge from elected Members takes place.

Continues to provide constructive challenge and scrutiny with Child Safeguarding Practice Reviews and identifying relevant and constructive learning to strengthen services in the future. His suggestions and observations will continue to support Strategic Leads through 2022-23.

### **Sub Groups**

NSCP Sub Groups have continued to meet on a virtual bi-monthly basis.

#### Quality and Governance

Aims to develop a culture of open, honest, and meaningful challenge and scrutiny, in order to identify areas of good practice and areas of concern and to make recommendations for action and improve safeguarding and is responsible for monitoring and evaluating the effectiveness of single agency and multi-agency safeguarding processes incorporating audit, performance analysis and views of children, families and practitioners.

The Sub Group has processes in place to manage:

- Section 11 and Section 175
- Multi-Agency Practice Review
- Scorecard key performance data

The Multi-Agency Practice Review process has been reviewed and refreshed and a schedule developed to consider key priorities over the next twelve months.

#### Training and Development

Due to an increased agreed training budget for 2021-22 and 2022-23, the sub group is focusing on developing a face-to-face training offer through classroom and/or virtual platforms.

E-Learning is due to move to a new management system from June 2022, which will allow the creation of bespoke training courses to be accessed via the same on-line platform. These courses will focus on local learning and priorities identified through scorecard data and learning from local reviews.

### Local Learning Review

Responsible for monitoring and evaluating the effectiveness of local arrangements to safeguard and protect children through individual Rapid Reviews and Child Safeguarding Practice Reviews, ensuring dissemination of lessons learned, and monitoring implementation of actions arising from case learning.

A key achievement in the past year has been to finalise the updated NSCP suite of guidance and documents in line with Working Together 2018; to support case learning, including Rapid Reviews and Child Safeguarding Practice Reviews, and this is now available on the NSCP website.

The sub group over the past year has been focusing on managing case learning activity. The culture of undertaking effective reviews must be an iterative process, and almost every case the sub group has worked on this year has prompted reflection and learning on how to further improve processes.

*Please see Appendix 3 for statistics and further information on the reporting period.*

### Early Help

Aims to understand the current Early Help Offer across the Partnership and is responsible for monitoring and evaluating strengths and gaps in the system which will inform the revision of the Early Help Strategy and work focus for the next three years.

This year the sub group has focused on refreshing the Neglect Strategy and reviewing the Early Help Strategy and action plans.

Early help provision remains a focus for the partnership, and with the launch of the Integrated Care System (ICS) due in July 2022, work has been undertaken to ensure early help's profile is heightened with the creation of an Early Help Partnership Board, that will report into the NSCP and ICS with activity reports. This will be in place from mid-2022.

### Child Exploitation

Aims to understand and reduce the prevalence of child exploitation in Northamptonshire and is responsible for monitoring and evaluating responses to tackling child exploitation by meeting the aims and objectives set out in the Northamptonshire Child Exploitation Strategy.

This sub group has not met regularly throughout 2021-22 due to unforeseen circumstances and changes in chairing the group; however, a Child Exploitation Strategy was developed and agreed towards the end of the year and an associated action plan will be created to drive forward measures and tasks through the next financial year.

### Communication Sub Group

This sub group has been reinitiated to focus on working with schools and students to develop videos for young people, made by young people focusing on topics they want to learn more about. This fantastic initiative has been well received but unfortunately, the lockdown and immense pressures on schools has meant this has not been able to be launched.

The group has created a NSCP YouTube Channel in readiness for when schools have re-opened and settled to pick this great opportunity up again and a forward plan of topics has been created.

In going forward, this group will also focus on developing content for regular NSCP newsletters, theme based, that can be disseminated across the partnership.

Child Death Overview Panel – The overall purpose of Northamptonshire CDOP is to undertake a comprehensive and multiagency review of all child deaths, to better understand how and why children across Northamptonshire die, with a view to detecting trends and/or specific areas which would benefit from further consideration.

The national process of reviewing child deaths was established in April 2008 and updated in Chapter 5 of Working Together to Safeguard Children 2018. It is the responsibility of the Child Death Review Partners to ensure that a review of every death of a child normally resident in their area is undertaken by a CDOP. Child death review partners are local authorities and any clinical commissioning groups for the local area as set out in the Children Act 2004, as amended

by the Children and Social Work Act 2017. Across Northamptonshire, the Child Death Review Partners are the two Local Authorities and NHS Northamptonshire CCG and locally it has been agreed that CDOP should remain within the remit of local safeguarding arrangements and processes managed from within the Business Office.

The process for reviewing child deaths commences with Notification to the Child Death Review team and culminates in final scrutiny at the Child Death Overview Panel.

A multiagency Child Death Review meeting should be held for each child death by the professionals directly involved in the care of that child during their life and the investigation after their death. A Child Death analysis form should be drafted at these meetings and sent to CDOP for final review. The Child Death Review process integrates with the Perinatal Mortality Review Programme and the Learning Disability Mortality Review Programme (LeDeR).

All data from Child Death Reviews is submitted to the National Child Mortality Database (NCMD) for the purposes of data analysis and learning at a national level.

*Please see Appendix 4 for statistics for the reporting period.*

## Appendix 3 – Child Safeguarding Practice Reviews

### For the period April 2020 – March 2021

- Seven Rapid Review were undertaken.
- Three requests for consideration of a review were deliberated.
- Two Child Safeguarding Practice Reviews were published in December 2021.
- A third CSPR was published in March 2022.
- Four new CSPR's were commissioned during the period first April 2021 to 31st March 2022.

### Some key Safeguarding themes from 2021/22:

**Knife crime, gang associations and criminal exploitation** have been increasingly recognised as significant concerns nationally but have not previously been the focus of case learning for the Northamptonshire safeguarding partnership.

Two of the CSPRs initiated this year are seeking to obtain learning following the deaths of young people because of knife wounds and include thematic learning from other more minor incidents. This has highlighted adolescent neglect as a contributing factor to the vulnerability of young people linked to knife crime incidents.

**Co-sleeping or unsafe infant sleeping** continues to be a theme, in association with additional concerns including neglect, parental alcohol misuse, and non-engagement. The confirmed or emerging findings are consistent with those identified in the National Panel's thematic review of cases of sudden and unexpected death in infants. Some of these cases continue to raise concerns about the multi-agency response to neglect.

Following the success of the one-year pilot of 'DadPad,' which was commissioned by Northamptonshire CCG to support the reduction of non-accidental traumatic head injury in babies, this project has now been commissioned for a further four year period.

DadPad is an app and book for father to be and new fathers that aims to provide them with guidance on how to develop the mind-set, confidence and practical skills needed to meet their babies' physical and emotional needs. It is also intended as a resource to assist professionals to engage and build relationships with new fathers and fathers to be.

During the first six months of the app availability, downloads equates to fifty per cent of all new births in the county. Top topics viewed included: when the crying won't stop, safe sleeping and surviving without sleep.

#### **Disguised Compliance**

There is a regularly recurring theme of disguised compliance, or very often clearly evidenced noncompliance and disengagement. There is an ongoing need to focus on how to support practitioners to safeguard children when parents do not engage or are actively hostile.

#### **Neglect**

See above section 2 – Taking Positive Action Early Enough

#### **Supervision**

The partnership has noted that the quality of staff supervision has been highlighted and therefore partners have been encouraged to review supervision policies and procedures. Processes have been strengthened to ensure professionals have opportunities to discuss their cases and, focus on those where they have concerns. This is ensuring professionals are confident in managing their caseloads and that children, young people and their families receive the level of support needed, particularly with complex families.

**Invisible Parents**

CSPRs and Rapid Reviews this year have once again highlighted potential risk from parents or partners who were not visible to agencies working with the mother of a child who was subsequently injured, and where the parent or partner has subsequently been charged in relation to nonaccidental injury.

This has triggered a debate about how police intelligence on adult violence, criminality and gang association can be shared in a proportionate way. This is a significantly challenging question, but case learning has demonstrated that we need a shared multi agency understanding about when such information should be sought within child protection processes, and the circumstances in which police should proactively disclose concerns about risky adults, for example when it is known that the adult is about to become a father. This will be developed further in 2022-23.

## Appendix 4 – Child Death

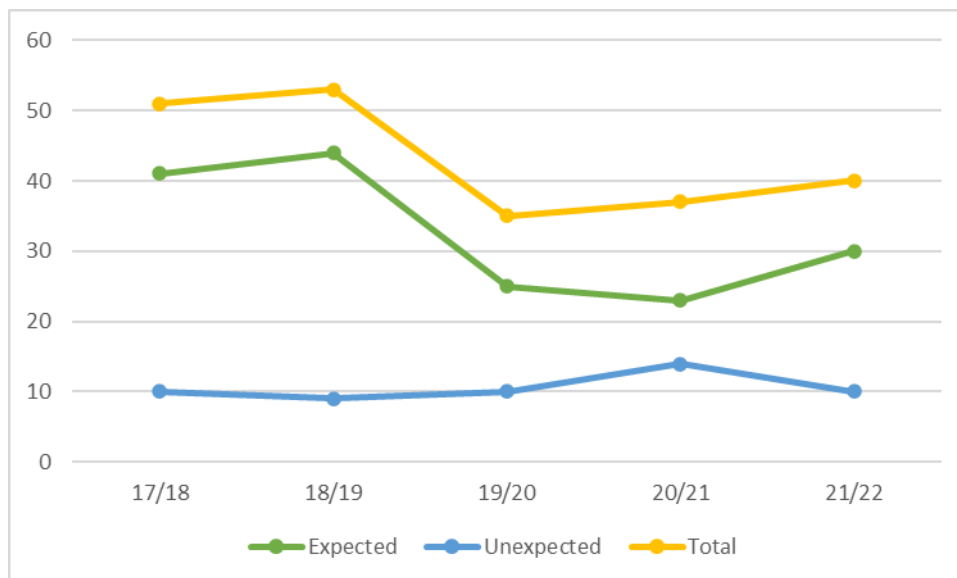
Child deaths in Northamptonshire have shown a slow increase over the past three years after falling significantly in 2019/20. However, with the exception of 20/21 when an increase was seen, unexpected deaths have remained steady over the past 5 years.

It should be noted that detailed analysis and conclusions to be drawn from the data are limited due to the fortunately small numbers of deaths that occur on an annual basis.

Fig. 2. Child death notifications by year:

	21/22	20/21	19/20	18/19	17/18
<b>Expected</b>	30	23	25	44	41
<b>Unexpected</b>	10	14	10	9	10
<b>Total</b>	<b>40</b>	<b>37</b>	<b>35</b>	<b>53</b>	<b>51</b>

Fig 3. Five-year child death notification trends



70% of all child deaths across Northamptonshire occurred in the first year of life with unexpected death occurring more commonly in this age group than any other. This is in line with national figures reported by the National Child Mortality Database (NCMD).

## Appendix 5 – Partner Contributions for 2021-2022

<b>Partner Income 2021/22 from Strategic Partner agencies</b>	<b>Annual Contribution to NSCP Budget</b>
<b>North Northants Council</b>	<b>£24,646</b>
<b>West Northants Council</b>	<b>£26,351</b>
<b>Police Funding</b>	<b>£43,000</b>
<b>Health Authority Contribution</b>	<b>£48,949</b>



## **The Northamptonshire Safeguarding Children Partnership's Annual Report for 2021-22.**

This report sets out the work programme of the Northamptonshire Safeguarding Children's Partnership's (NSCP) work through this reporting period, aligned to the three key priorities set out in the 2021-22 Business Plan and referenced at the bottom of page 4. The report shows the progress being and developments to practice to support and safeguard children and young people in the local area. There is a strong focus on voice of the child, crucial in every aspect of our work.

Early Help has been developed and services re-designed with a focus on intervention and prevention, led on by colleagues within the Children's Trust, with further plans for continuous improvement through 2022-23 and a focus on neglect as a key priority.

Considerable work has been undertaken to raise the profile of Child Exploitation led by Northamptonshire Constabulary, building on existing processes to protect our most vulnerable children and young people. Plans are in place for 2022-23 to review these processes to strengthen and develop a more cohesive multi-agency approach.

The Safeguarding Partnership has continued to focus on supporting staff with a comprehensive on-line training package offering a suite of courses and, with the restricting effects of Covid-19 beginning to relax, is re-initiating multi-agency training through Teams. The partnership is committed to training staff and has agreed a funding package for 2022-23.

Covid-19 has continued to cause significant pressures on many services and remains a feature throughout this report. Strategic Leads in the North & West Northampton Local Authorities; the Clinical Commissioning Groups (now the Integrated Care Board) and health providers, the Police, schools and education settings, Probation Service and the voluntary and community sectors have worked together to support front line staff who have worked tirelessly in delivering services to children and families during these challenging times. This will continue through 2022-23 with recognition of the additional pressure of the cost-of-living for families.

In conclusion the annual report is a reflection of progress made by the NSCP in the last year, with acknowledgement of the further work and improvements needed as set out in the plans for 2022-23, referenced on page 15.

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