

Public Document Pack




Meeting: Health and Wellbeing Board
Date: Tuesday 5th December, 2023
Time: 2.00 pm
Venue: The Council Chamber, Corby Cube, George Street, Corby, Northants NN17 1QG

To members of the Health and Wellbeing Board

Councillors Councillor Helen Harrison (Chair), , Dr Jonathan Cox, Colin Smith, Sheila White, Debroah Needham, Naomi Eisenstadt, Councillor Scott Edwards, Colin Foster, Shaun Hallam, Councillor Macaulay Nichol, Dr Steve O'Brien, Toby Sanders, David Watts, Dr Raf Poggi, David Maher, Michael Jones, Pratima Dattani, Chief Superintendent Steve Freeman, Andrew Hammond, Lyn Horwood, Jo Moore, David Peet, Rob Porter, Jess Slater, Sarah Stansfield and Kate Williams

Agenda			
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		Fitzgerald	
013	Close of public meeting		
<p>Adele Wylie, Monitoring Officer North Northamptonshire Council</p>  <p>Proper Officer 24 November 2023</p>			

*The reports on this agenda include summaries of representations that have been received in response to consultation under the Planning Acts and in accordance with the provisions in the Town and Country Planning (Development Management Procedure) Order 2015.

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ITEM	NARRATIVE	DEADLINE
Members of the Public Agenda Statements	Requests to address the committee must be received by 12 Noon on the day before the meeting. Speakers will be limited to speak for 3 minutes.	12 Noon Date Not Specified
Member Agenda Statements	A request from a Ward Councillor must be received by 12 Noon on the day before the meeting. The Member will be limited to speak for 5 minutes.	12 Noon Date Not Specified

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Agenda Item 4

Health and Wellbeing Board

At 2pm on Tuesday 26 September 2023

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

Present:-

Councillor Helen Harrison (Chair)	North Northamptonshire Council
Jane Bethea	Director Of Public Health, North Northamptonshire Council
Councillor Scott Edwards	Executive Member Children's, Services, North Northamptonshire Council
Sarah Briddon	Public Health Principal, Health Protection
Lisa Bryan	Northamptonshire Police and Fire Service
Pratima Dattani	Chair, Wellingborough Community Wellbeing Forum
Naomi Eisenstadt	Chair, NHS Northamptonshire Integrated Care Board
Colin Foster	Chief Executive, Northamptonshire Children's Trust
Chief Superintendent Steve Freeman	Northamptonshire Police
Susan Hamilton	Interim Director of Public Health, North Northamptonshire Council
Sarah Hillier	Chair Northamptonshire MIND
Michael Jones	Divisional Director, East Midlands Ambulance Service (EMAS)
Jo Moore	Chair of Kettering Community Wellbeing Forum
David Peet	Interim Chief Executive of Northants Fire and Police
Trevor Shipman	Vice Chair of Kettering General Hospital FT
Sheila White	Healthwatch Northamptonshire
Kate Williams	Chair, Corby Community Wellbeing Forum

Officers

Jenny Daniels	Democracy Officer (Democratic Services) (Minutes)
Sam Fitzgerald	Assistant Director of Adult Social Services, North Northamptonshire Council
Alison Gilbert	Director of PLACE, North Northamptonshire Council
Neil Goddard	Head of SEND, North Northamptonshire Council
Susan Hamilton	Consultant in Public Health
Sereana Isaac	Public Health Project Support Officer
Michelle Mealor	Project Manager – Inequalities and Engagement, Public Health
Patsy Richards	Public Health Principal
Lisa Weight	Interim Business Manager to the North Northamptonshire Health and Wellbeing Board

27. Apologies for non-attendance

Apologies were received from Ann-Marie Dodds (Director of Children's Services, North Northamptonshire Council), Deborah Needham (Kettering General Hospital),

Councillor Macaulay Nicholl (Vice-Chair of Health and Wellbeing Board), Stephen O'Brien (University of Northampton), Rob Porter (Assistant Chief Fire Officer), Toby Sanders (Chief Executive, NHS Northamptonshire Integrated Care Board), Jess Slater (Chair, East Northants Community Wellbeing Forum), Dr Annapurna Sen (Public Health Principal) and David Watts (Executive Director of Adults, Health Partnerships and Housing).

28. Chair's Announcements

The Chair welcomed David Peet as the new representative of the Office of the Police, Fire and Crime Commissioner and Jane Bethea, the new Director of Public Health for North Northamptonshire.

29. Notification of requests to address the meeting

None received.

30. Members' Declaration of Interests

There were none.

31. Minutes of the Meeting Held on 20 June 2023

RESOLVED that: the Health and Wellbeing Board approved the minutes of the meeting held on 20 June 2023 with the inclusion of attendance by Trevor Shipman (NHS) and Sarah Hillier (Northamptonshire MIND) .

32. Action Log

RESOLVED that: The Health and Wellbeing Board notes there were no actions.

(Colin Foster joined the meeting at 2.15pm)

33. Director of Public Health's Annual Report

At the Chairman's invitation, the Director of Public Health introduced the report (copies of which had been previously circulated) which detailed the vision and priorities for improving public health in North Northamptonshire over the next few years. It outlined ambitions for the key areas of public health as informed by an assessment of the health of the North Northamptonshire population, by lessons from the history of public health and also current best practice. It was based on an evidence-based approach to decision making, working with communities using an asset-based approach, maintaining a relentless focus on reducing inequalities and working in partnership with others in the council as well as with wider stakeholders. The report outlined how public health would work, both within the department and also with others in the council and wider stakeholders to achieve the stated ambitions. She welcomed input from her predecessor in whose tenure the report had been written.

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

- Comments regarding young people and the risk to children of missing out on particular life chances and experiences through poverty would be taken into account. Knowing how much people had to spend and what possibilities there were for them to progress in life was something that would be considered in everything they did as equality needed to be an important factor.

- Different work programmes were being developed for different communities. It was an approach of doing things with communities rather than to them.
- A lot of work was being undertaken on the ground with groups. They were currently reviewing what forums existed so they could move forward in a positive way.
- When a finished anti-poverty strategy for North Northants had been developed it would be shared with the Health and Wellbeing Board.
- The involvement of the acute trusts in developing ambitions and strategies was welcome. Connecting self-harm for example to the strategy based on characteristics of North Northants and ensuring the correct people were involved from the trust was important. This could also link into other areas of work and projects the Council commissioned.
- The health of young people was an important area to consider because COVID had a negative effect on many

RESOLVED that: The Health and Wellbeing Board noted the Director of Public Health's Annual Report 2022/23

(Trevor Shipman left the meeting at this point)

34. Better Care Fund Update 2023 - 2025

At the Chairman's invitation the Assistant Director of Adult Social Services, North Northamptonshire Council introduced this report (copies of which had been previously circulated) which stated the Better Care Fund (BCF) had been crucial in supporting people to live healthy, independent and dignified lives through joining up health, social care and housing services seamlessly around the individual. The BCF achieved this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan owned by the Health and Wellbeing Board and governed by an agreement under Section 75 of the NHS Act (2006). This provided an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.

This report was different to that previously presented to the Board in that it covered a 2-year period. There had been additional tasks for the better care fund this year. There was a narrative plan which formulated the bulk of the incidents that had been circulated. The plan focussed on a Place level and an Integrated Care System (ICS) Northamptonshire level and drilled down to how this is to be achieved through Local Area Partnerships. LAP's would engage with communities and neighbourhoods to help them stay safe and well. It looked at historical demand and whether there were sufficient funds to deal with it. A monthly submission was provided on all pathways.

Key areas on which they had to deliver were impact on reduction in hospital admissions. There was a focus on the number of people discharged to their usual place of residence and there is a need to demonstrate how they would assist someone to return to their residence if they were placed in a care home first. Keeping people independent and only placing them in long-term residential care if it was essential.

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

- One of the real opportunities of having a 2-year plan was that it enabled the team to take things forward.

- A challenge would be when they could demonstrate how they would be able to deliver all that was needed in a plan.
- It was really important to get down to a local level and use statutory partners to meet some of those objectives.

RESOLVED that: The Health and Wellbeing Board notes the Better Care Fund Update 2023 -2025.

35. Developing the Children and Young People's (CYP) Health and Wellbeing Joint Strategic Needs Assessment (JSNA) Sexual Health Needs Assessment

At the Chairman's invitation the Public Health Principal introduced this presentation (copies of which were previously circulated) which detailed an assessment which had been overseen by a multi-agency steering group and used best practice. Whilst not as many people as they would have liked took part, the team had held interviews with focus groups of people with sexual health issues. The population was becoming more diverse. The presentation provided details of sexually transmitted infections and how the county compared with the rates recorded in the East Midlands and England. Details of the highest at-risk groups and the most common sexually transmitted diseases were included.

The presentation provided data on sexual offences and sexual assaults for the county and figures for those living with HIV.

Some of the issues that had been flagged up included leadership, commissioning and communication so sexual health needed to be a strategic priority within the wider system with a clear and vision and ownership by system leaders and partners and commissioners.

The team were also responsible for emergency contraception which currently sat within one organisation. They had recently developed a sexual health network to bring in partners across the county in an attempt to address some of the issues that were happening across the county and to raise the profile of sexual health.

Access to services was something that required improvement particularly in rural areas and they had reviewed where people would need services and at what time. Prevention needed to be improved as well.

A slide of next steps was also shared which included more analysis of cumulative work, data from interviews, workshops, input from focus groups and stakeholder feedback engagement to share findings. The commissioners from the local authority, ICB and Northamptonshire Healthcare Service England would review the finding to make further improvements in sexual health provision across Northants.

In answer to queries on the presentation, the following was confirmed:

- All services would accept that in an ideal world they would have all the staff required. Standards and key performance indicators would be set. There was no more money to provide more staff so it would need to be met through staff from all agencies working together more effectively.
- It was important to ensure all services were using resources in the best way to meet the needs of the population and the way that the population was changing.

- This information was in relation to sexual health needs assessment of the whole population. Young people and adults should be split up.
- They were working closely with hubs in the north and looking at the hotspots for terminations and teen pregnancies.
- Triangulation was being undertaken with Local Area Partnerships (LAPs) and the LAPs were based on ward boundaries.
- Data on the testing uptake could be provided and this would be shared outside of the meeting.
- A report on children in care was due in December and it would provide information on where babies were conceived as this could be a different place to that in which the baby was born. They were trying to reduce the number of young women in care who have had babies removed. They could do some work with them to reduce the number and they were also developing a youth offer, giving young people the confidence to say no.
- They could look at all programmes that had been used successfully in the past to see if similar approaches could be taken.

RESOLVED that:

- 1) The Health and Wellbeing Board notes the report on Developing the Children and Young People's (CYP) Health and Wellbeing Joint Strategic Needs Assessment (JSNA) Sexual Health Needs Assessment; and
- 2) That information on the testing uptake would be shared outside of the meeting.

36. Health Protection Annual Report

At the Chairman's invitation The Public Health Principal for Heath Protection, introduced the report which detailed the strategic priorities relating to 9 areas of work. It provided details improvements or deterioration in each of these areas. They had delivered various sessions with various groups including the homeless. Details of areas in which they had encountered issues were also included. They would continue to engage with high-risk areas.

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

- Data on where particular spikes were in air quality could be ascertained from colleagues in Environmental Health. They would also get detailed information on the quality of air around schools and work to address them.
- They had been approached by a GP surgery in Corby to assist them to increase their uptake in vaccinations and were currently talking to them about how they took it forward and what messages were put out. They were also undertaking training sessions covering the priorities and at the end of these they mentioned the vaccination uptake.
- For health prevention they would require a system-wide approach. They would review intensive care beds and mortality rates. They had surgery plans and local outbreak management plans so that if anything needed to be set up, they would be ready to go.
- An issue identified with cervical screening was that people who had a bad experience had refused to return for further tests. Some information was being sent out for breast screening especially as October was breast screening month.
- The HPV Vaccination data in the report was taken from the previous year which would explain why vaccinations had not been taken up due to school closures. Now that schools were open again and it was a single dose more of them were being taken up.

RESOLVED that: the Health and Wellbeing Board note the Health Protection Update

37. North PLACE development - A New Sense of Place - Support North Northamptonshire (SNN) - North Northamptonshire Health and Wellbeing Strategy

At the Chairman's invitation, the Director of PLACE, North Northamptonshire Council introduced the report (copies of which had been previously circulated) which provided an overview of the development of North Northamptonshire Place through an oversight of a new sense of place, support North Northamptonshire (SNN) – VCSE Collaborative approach and north Health and Wellbeing Strategy Development. The Director of PLACE gave key highlights stating Appendix A to the report was an oversight for what was emerging from the LAPs in terms of priorities and actions arising from the task and finish groups.

Asset mapping would be launched in November and it would be a sustainable platform so that they could continue with the process. There were many assets that were not always used by communities who often did not know where they were.

The community wellbeing forums were complementary to local area partnerships. They were working closely with them to ensure they were enabling.

The Chair of the Wellingborough Community Wellbeing Forum stated it was building on the work of the LAPs had undertaken in Wellingborough, particularly around young people. They were working through all the things that prevented young people from accessing services and there were some good pockets of activity. They had challenged the LAPs to ensure they looking at finding a safe space where young people could meet in Wellingborough. Partners felt they were on the right track but a gap being identified by most partners was 8-13 year olds. They were undertaking some initiatives to fill this gap. Partners had felt some resources were required to address hardship issues. It took time to formulate a primary priority, so they were also looking to develop second and third priorities.

The Chair of the Kettering Community Wellbeing Forum stated it was really well attended with key partners who were very keen to get on board but who had been unable to attend. Northamptonshire Police had shared their priorities which dovetailed with work they were undertaking with agencies. The conversation then broadened out to how they could work more closely together. Disengaged young people and how they worked with them was something that had come out of the conversation. There were many things they could take part in if they had the funds to do them and to get to where they were happening. Equality also played a part. Access to services was an issue. If a person didn't have transport they could not get to appointments and take part in the things they needed to.

The Chair of the Corby Community Wellbeing Forum stated they were attempting to get community engagement and encouraging people to come along to the meeting. The first issue that was raised was transport which had come through the LAP who were already working on it. There had been conversations around people who lived in Corby and concerns particularly in access to primary care. People appeared to be worrying much more about not being able to get access. Referrals were being rejected from Northampton General Hospital (NGH) or Kettering General Hospital

(KGH)so people were not going into a service. They had also discussed what they could do to support priorities. They had discussed a warm spaces programme and a core group of men by providing room hire and refreshments to assist them to improve their wellbeing and reduce the need for GP appointments. . The next LAP was taking place on 3 October and would be concerned with listening to where people came from, what they wished to see for Corby and how working together they could provide it.

The Director of PLACE stated work was in progress in East Northants and asked that every partner around the table provide feedback on what they would like to see so that they had ownership of it.

Returning to the paper the Director of PLACE stated the framework for the health and wellbeing strategy was being developed.

The strategy is a requirement of the local authority under the Health and Social Care Act 2012. It was designed to be a high-level strategy to bring together partners in health and well-being. There was an objectivity around some of the priority areas. In Northants there was an integrated care system – ‘Live Your Best Life’. There was the health care programme strategy and they had the North Northants PLACE development. Looking to 2050 there was the BIG 50 which was a vision of Northants and what they wanted it to look like in future years. There was also an economic statistical performance assessment across North Northants and the stakeholder review. There was a need not to duplicate anything that was being undertaken already.

There was a link between health and prosperity as economic aspects of life affect people’s health and wellbeing.

In answer to questions on the report the following was confirmed:

- It was noted that there was a need to address in Northants how partners engaged in early help. Every partner should be equipped to be able to undertake early help assessments with families. There was an impression that people could be allocated a social worker for example. The thread should be throughout the children and young people strategy.
- They had received 73 adult social care referrals and the number was increasing. It was a pilot and they were hoping to get to take on 200 cases or more by March 2024.
- They had a long session that morning where they were very critical of everything. There was a need to ensure the service was correct and where to focus the service. Decisions need to be made whether the service focuses on waiting lists, on those requesting help etc.
- They were testing the concept to people on pending lists who are suitable to put through the pilot so that they could get benefit from it. They had tested it on new referrals they knew were open to getting help and then looking at trialling it with people who present themselves for help now.
- Demand on other services and partners would reduce as they became successful. A larger sample was required to really ascertain the benefits, reducing GP demand.
- Some of the broader data could now be shared. Crisis cafes and other services were providing some of the information and services provided so that all the pieces of the jigsaw could be seen together to see where the wider network was working.

- A family approach was what was required. You could not look at the adult without looking at the children and vice-versa. Joining all of the narrative was how it could be pushed forward.
- It was also noted that Merseyside Fire and Rescue was doing similar things in the late 1990s. They were a trusted service in the community and had started their work with the elderly.

RESOLVED that: The Health and Wellbeing Board noted the update on North PLACE development - A New Sense of Place - Support North Northamptonshire (SNN) - North Northamptonshire Health and Wellbeing Strategy.

38. Any Other Business

The Chair stated it would be really good to have some things come to the Health and Wellbeing Board from Northants Fire and Police Service. It would also be good to be able to examine other things that were going on in the area.

Sarah Hillier stated there was a county wide mental health conference being held on 10 October at St Andrews Hospital. She would send through the link so that people could attend if they so wished.

There being no further business the meeting closed at 4.15pm.

North Northamptonshire Health and Wellbeing Board Action Log

Action No	Action point	Allocated to	Progress	Status
260923/01	Trevor Shipman to be added to the minutes for the June meeting as he was in attendance	Jenny Daniels		Completed
260923/02	Data on the uptake of sexual health testing to be supplied at the request of David Peet The STI Testing rate in Northamptonshire was 1,232.0 per 100,000 in 2022, worse than East Midlands Rate of 3,046.6 for 100,000 and Englan's rate of 3,8561.0 oer 100,000 -NNC Chlamydia screening testing rates (17-25yrs) 16% similar to England 17% -NNC HIV testing 56% better than England 48% but getting worse	Patsy Richards		Completed
260923/03	Drill down of data on the area marked in red area on the map used in the presentation for teenage pregnancy with a view to screening for what is and isnt working The red ward is Brickhill and Queensway Ward in Wellingborough these are heavliy deprived wards. We are in the proces sof drilling down for further demographic information and an understanding of service provision to residents in this area as part of the needs assessment process	Patsy Richards		Completed
260923/04	Data to be provided from Environmental Health in relation to air quality spikes at the request of the Local Area Partnership	Sarah Briddon	Data due to be presented on 29/22/23 at the Health	In progress
260923/05	Access to GP appointments can be a barrier to cancer screening. SB to bring this up at the Cancer Screening Board	Sarah Briddon	NHSE screening lead informed of the concerns. Aw	In progress
260923/06	Call for presentation to the Health and Wellbeing Board from all organisations represented on the Board	Lisa Weight	PCC, Police Service and EMAS will submit papers	In progress

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North Northamptonshire Health and Wellbeing Board

5 December 2023

Report Title	North Northamptonshire Health and Wellbeing Strategy	
Report Author	Chris Kenny, PH Consultant (Interim) chris.kenny@northnorthants.gov.uk	
Contributors/Checkers/Approvers		
Other Director/SME	Jane Bethea	Director of Public Health

List of Appendices

None

1. Purpose of Report

- 1.1. This report is an update on progress being made in developing the North Northamptonshire Health and Wellbeing (HWB) Strategy.

2. Executive Summary

- 2.1 The report is a framework for the development of the full Health and Wellbeing Strategy. It discusses the reasons why the strategy is needed, the overall context within which it is being written, the stakeholder engagement undertaken so far, and suggests 5 priority areas for action. It also makes suggestions about how the Health and Wellbeing Board could act as a champion for these 5 areas and develop an agreed approach to each area during the course of 2024.

3. Recommendations

- 3.1 It is recommended that the Board:

- a) Note the progress being made in the development of the North Northamptonshire Health and Wellbeing Strategy

4. Report Background

- 4.1 The Health and Wellbeing Strategy is a statutory requirement of upper tier local authorities under the Health and Social Care Act 2012. It is intended to be an overarching strategy for health and wellbeing for the local population, taking into account the Joint Strategic Needs Assessment (JSNA), stakeholder views, and any other strategic plan which exists in the locality.

5. Issues and Choices

- 5.1 The HWB strategy aims to focus on 5 priorities which have emerged from the JSNA, an understanding of the overall health and wellbeing landscape across Northamptonshire, and stakeholder views. These are children and young people, mental health and wellbeing, keeping active, the economy and health, and tobacco (smoking and vaping). These are not finalised yet and are subject to further consultation and engagement with local stakeholders. This meeting is an opportunity for HWB Board members to comment on the draft priorities, and how the board could act as a champion for these 5 issues during 2024.

6. Implications (including financial implications)

6.1.1 Financial

There are no resources or financial implications arising from the proposals.

6.2 Legal

There are no legal implications arising from the proposals.

6.3 Risk

- 6.3.1 There are no risks identified in the current risk register.

- 6.3.2 There are no significant risks arising from the proposed recommendations in this report.

6.4 Consultation

- 6.4.1 There has been some informal consultation on the proposals with local stakeholders (eg members of the Place Board). Over the coming months there will be further consultation with other local stakeholder groups to ensure the priority areas for action have as much widespread support as possible

6.5 Consideration by Scrutiny

- 6.5.1 The report has not been considered by the scrutiny committee

6.6 Climate Impact

- 6.6.1 No assessment made

6.7 Community Impact

6.7.1 It is anticipated that the strategy will have an impact on the health and wellbeing of all communities. The exact nature and extent to be determined.

7. Background Papers

7.1 None

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North Northamptonshire Health and Wellbeing (HWB) Strategy 2023-2028

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*Updated framework for
discussion at HWB Board
5 Dec 2023*



Appendix



North
Northamptonshire
Council

Aim



The aim of this slide-deck is to present an updated framework for the North Northants Health and Wellbeing (HWB) Strategy. It covers:



A range of contextual issues on which the HWB strategy is based, including the Joint Strategic Needs assessment (JSNA), the Northants *Live Your Best Life* strategy, and other strategic assessments of health and wellbeing across North Northants



The need for a robust, explicit and open prioritisation process with the engagement of key partners and stakeholders



The need to focus on a small number of key priorities, with a suggested role for the Health and Wellbeing Board over the period 2023-28.

The purpose of the HWB Strategy is to:

Provide a context, vision, and overall focus for improving the health and wellbeing of local people and reducing health inequalities.

Identify a short list of shared priorities and outcomes for improving local health and wellbeing and reducing health inequalities.

Support effective partnership working that delivers improved health outcomes.

Provide a framework to support innovative approaches which facilitate necessary change, given the shifting needs of local communities in the wake of the pandemic & the current economic climate

Context, vision and overall focus for the North Northants HWB Strategy

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Joint Strategic Needs Assessment (JSNA)

Northants Integrated Care System (ICS) – *Live Your Best Life*

North Northants Place Development

Big50 vision for North Northants

Economic and Statistical Performance Assessment (ESPA) across North Northants

Stakeholder views

Ensure a consistent and seamless golden thread is running through all these overarching strategic issues

Context, vision and overall focus for the North Northants HWB Strategy

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Joint Strategic Needs Assessment (JSNA)

Northants Integrated Care System (ICS)

– *Live Your Best Life*

North Northants Place Development

Big50 vision for North Northants

Economic and Statistical Performance Assessment (ESPA) across North Northants

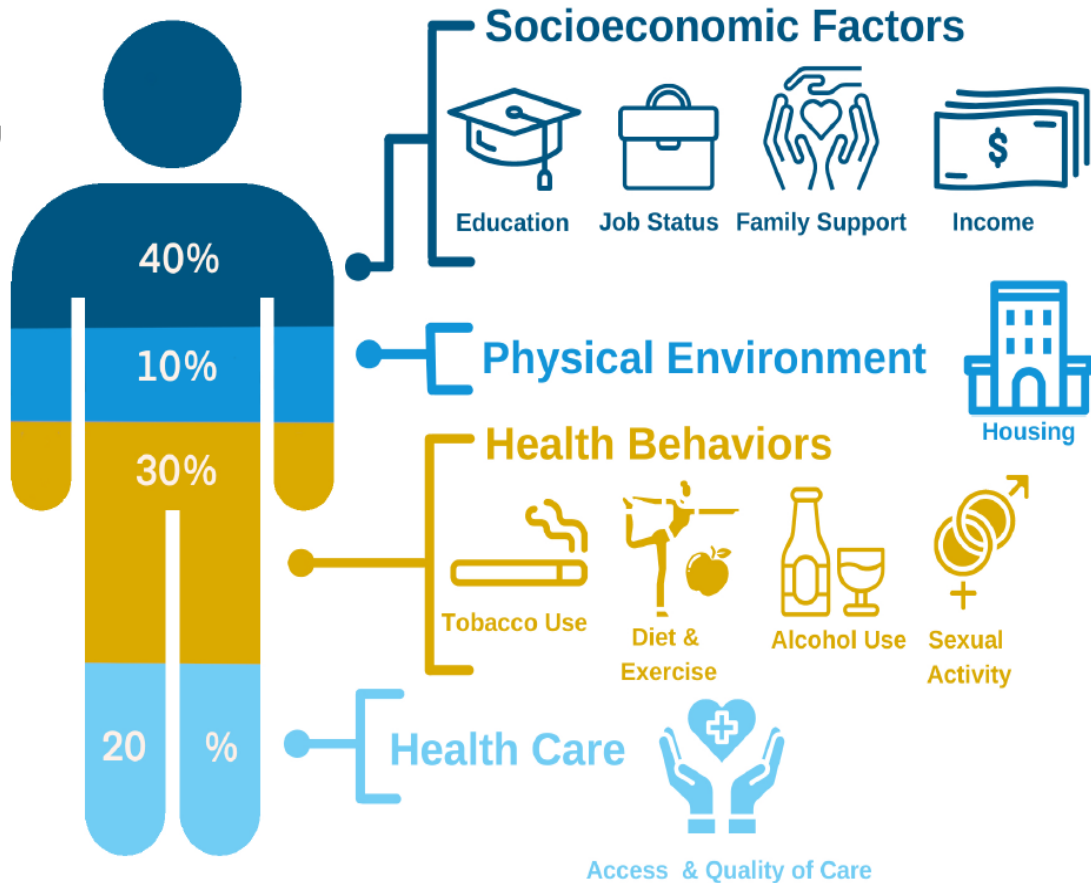
Stakeholder views

JSNA is a statutory requirement of the local authority under the Health and Social Care Act 2012

IMPACTS OF THE WIDER DETERMINANTS OF HEALTH

Robert Wood Johnson model

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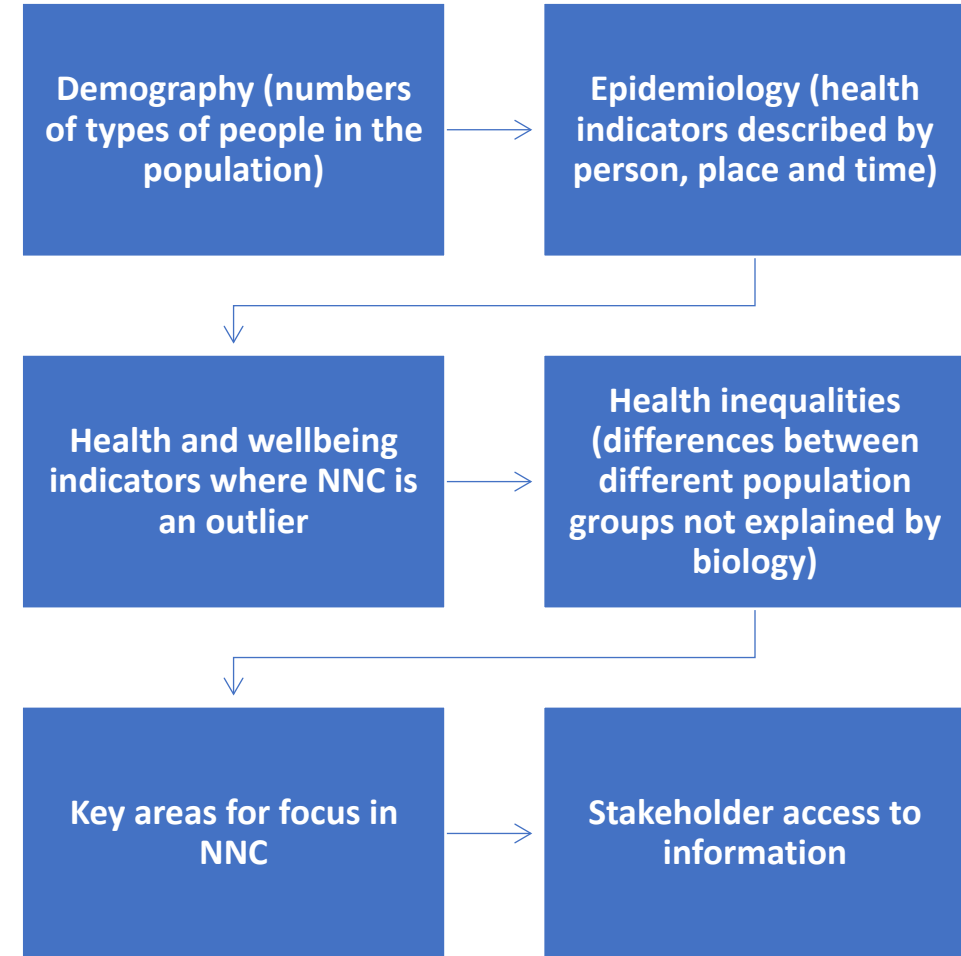


A focus solely on healthcare provision will not solve all health problems

This requires a system, not an organisational approach.

We need a greater focus on important wider determinants because health starts - long before illness - in our homes, schools and jobs.

Focus for the JSNA – key areas



The JSNA will summarise the main health and wellbeing issues, which will help to prioritise the action plan

Focus for the JSNA – public health outcomes framework

- The JSNA will use the PH outcomes framework as one of its key sources

- **PH Outcomes framework is published nationally and includes a number of indicators where Northants is compared to regional and national averages:**

- **Overarching indicators**
- **Wider determinants of health**
- **Health improvement**
- **Health protection**
- **Healthcare and premature mortality**

Context, vision and overall focus for the North Northants HWB Strategy

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Joint Strategic Needs Assessment (JSNA)

Northants Integrated Care System (ICS)
– *Live Your Best Life*

North Northants Place Development

Big50 vision for North Northants

Economic and Statistical Performance Assessment (ESPA) across North Northants

Stakeholder views

Northants ICP priorities all taken into account in developing HWB strategy

Northamptonshire Integrated Care System

Improve the health and well-being of the population

Reduce inequalities in health and wellbeing outcomes

Contribute to the economic and social wellbeing of Northamptonshire

Ensure value for money

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Access to health & social care when needed

Opportunity to be fit & well

Best start in life

Access to the best available education & learning

Employment that keeps them & their family out of poverty

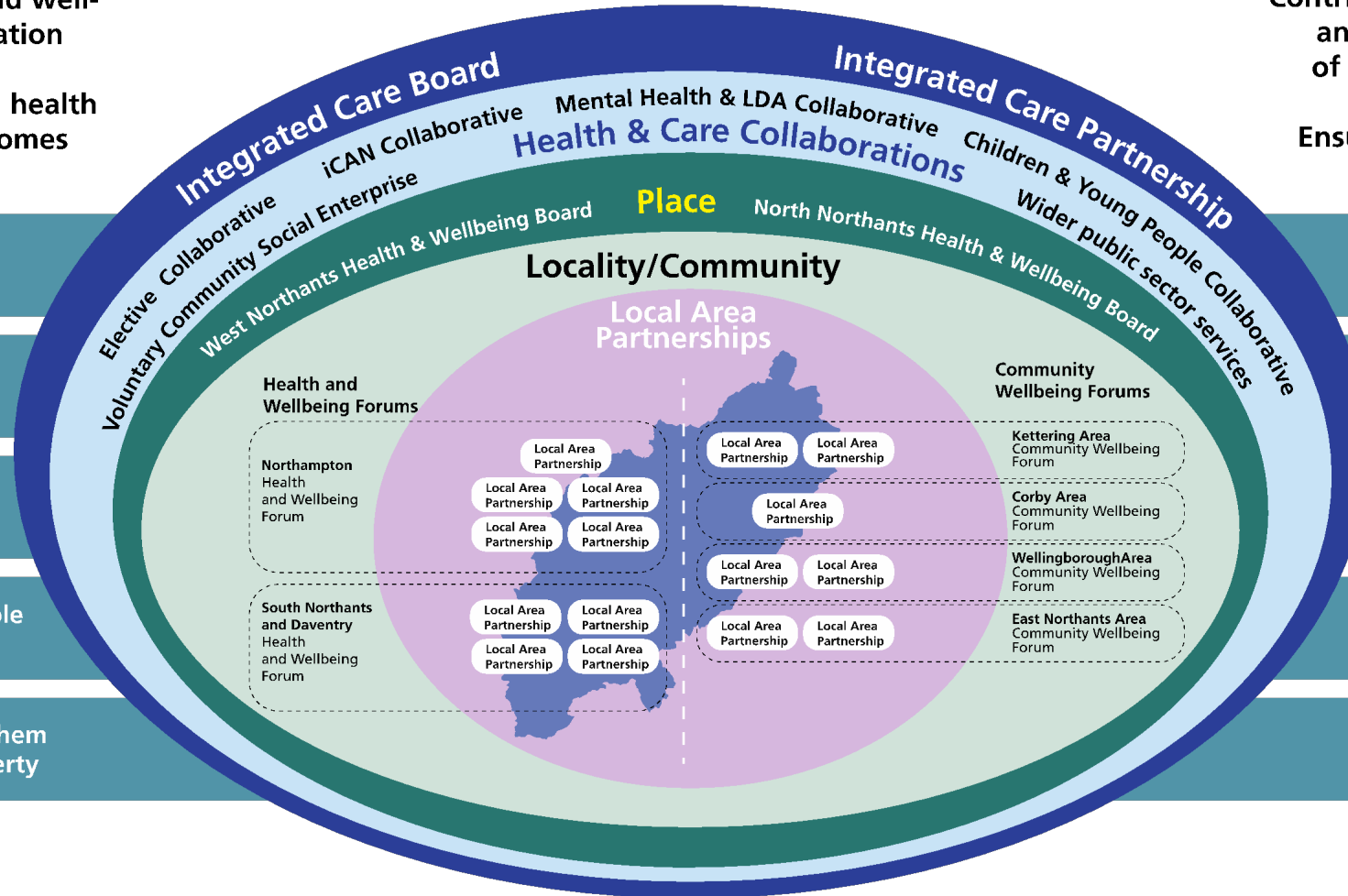
Good housing in places which are clean and green

To feel safe in their homes & when out and about

Connected to their families

To be accepted & valued simply for who they are

Access to health & social care when needed





Northants Integrated Care System (ICS) – *Live Your Best Life*



Context, vision and overall focus for the North Northants HWB Strategy

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Joint Strategic Needs Assessment (JSNA)

Northants Integrated Care System (ICS)
– *Live Your Best Life*

North Northants Place Development

Big50 vision for North Northants

Economic and Statistical Performance Assessment (ESPA) across North Northants

Stakeholder views

Ensure a consistent and seamless golden thread is running through all these overarching strategic issues

Places

West Northants

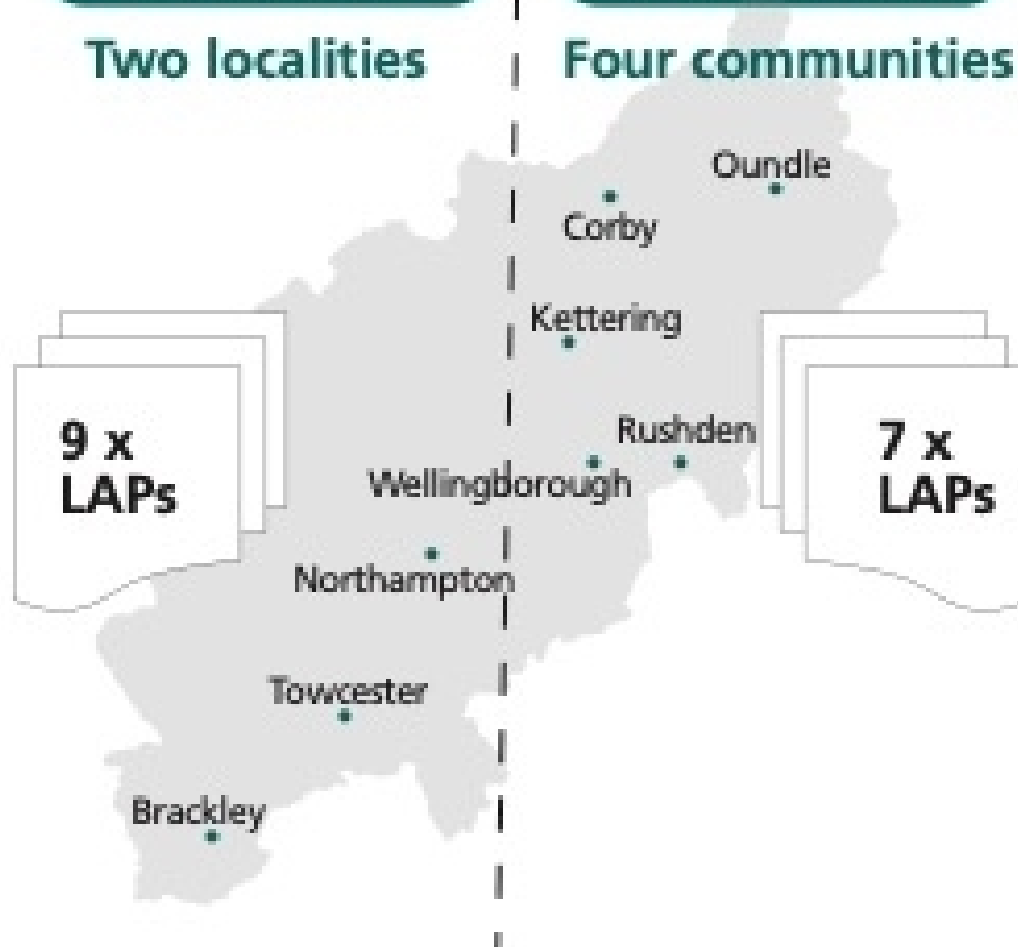
North Northants

Localities

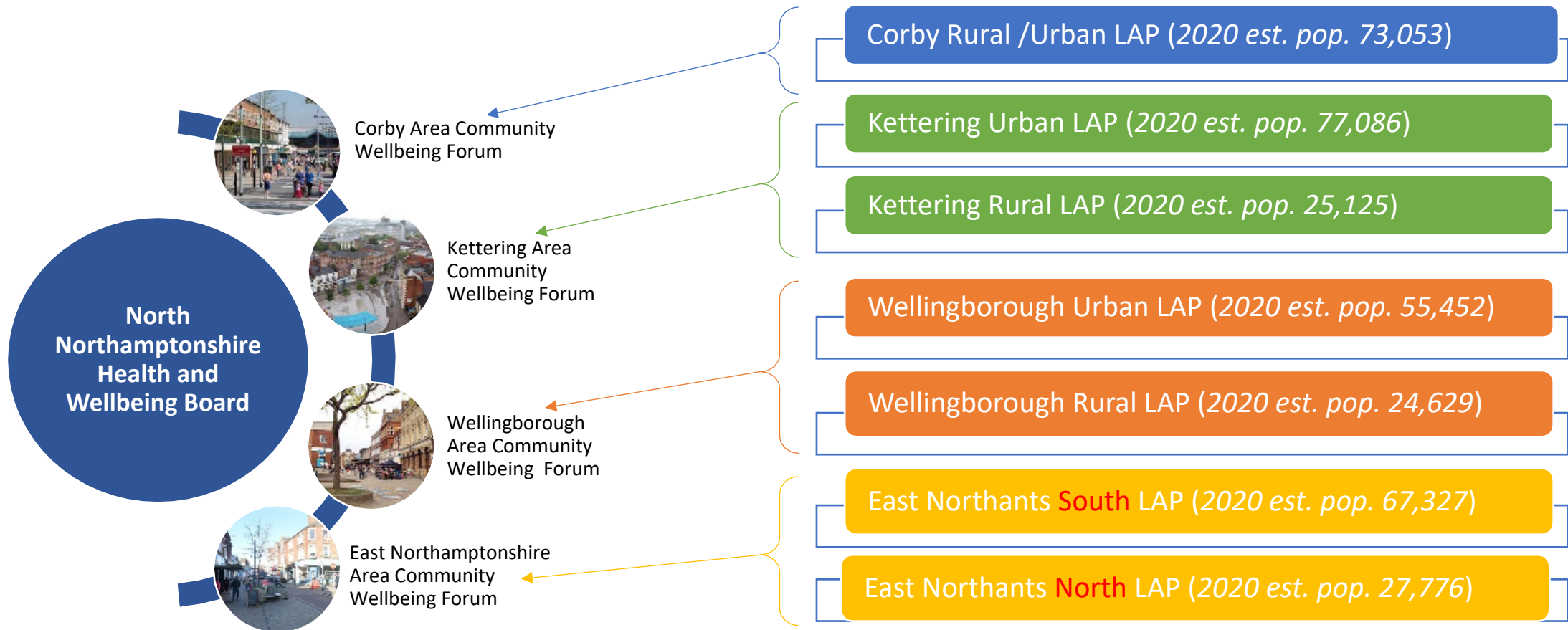
Communities


Two localities

Four communities

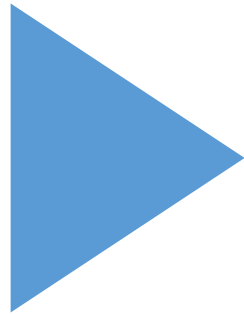


Area Community Wellbeing Forums Local Area Partnerships





Wellingborough
East and
Wellingborough
West LAPs




Expand existing
youth
partnership and
enable young
people's voices
to be heard

Kettering urban
LAP

The diagram consists of two circles connected by a right-pointing arrow. The left circle is orange and contains the text 'Kettering urban LAP'. The right circle is grey and contains the text 'Improve engagement with young people regarding mental health and wellbeing'. The arrow is also orange and points from the left circle to the right circle.

Improve
engagement with
young people
regarding mental
health and
wellbeing

Kettering rural LAP



Breaking down
barriers to services



East Northants North
and East Northants
South
LAP



Community Transport – increase
voluntary drivers



Corby LAP



Community Transport

Context, vision and overall focus for the North Northants HWB Strategy

Page 38

Joint Strategic Needs Assessment (JSNA)

Northants Integrated Care System (ICS) – *Live Your Best Life*

North Northants Place Development

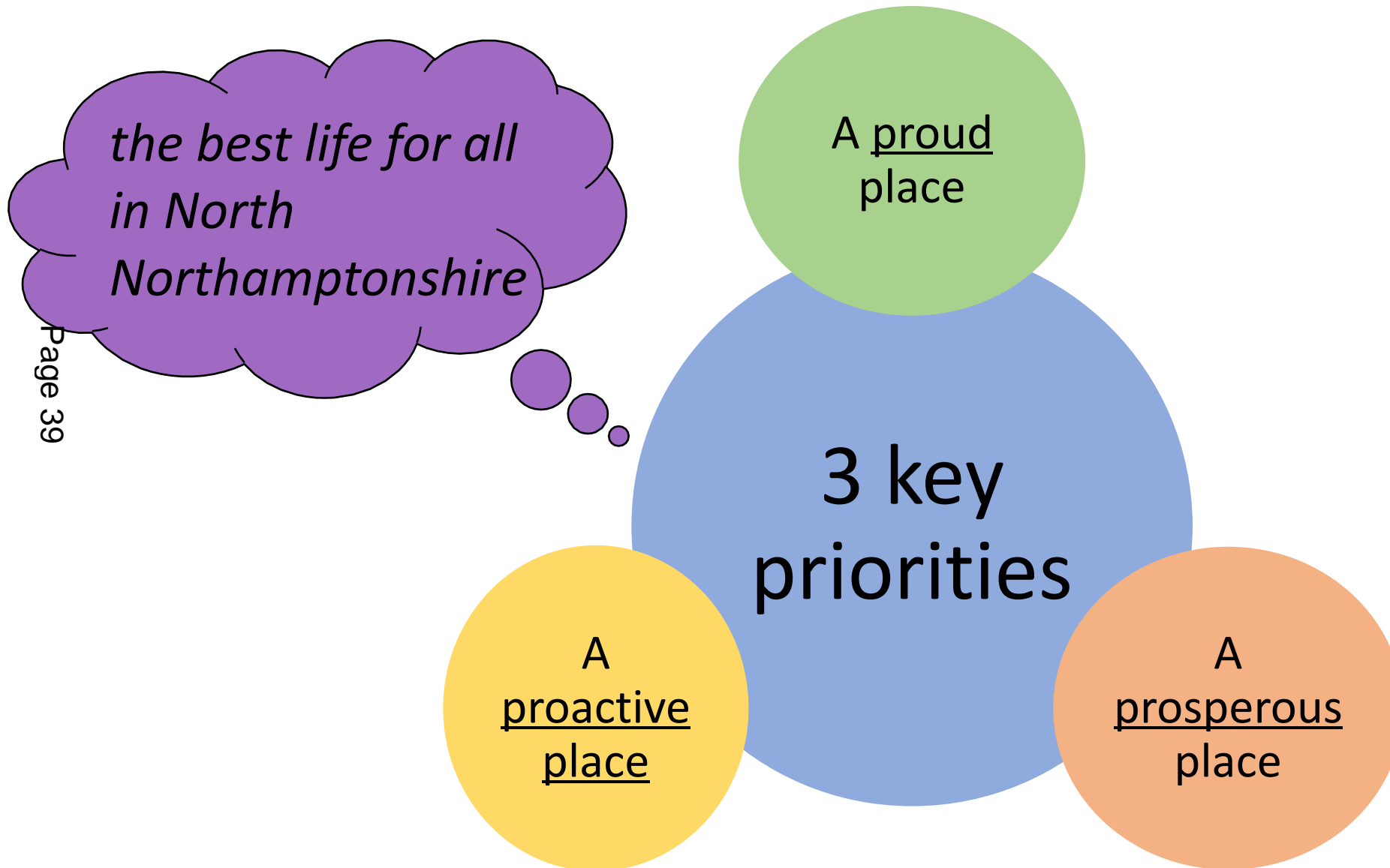
Big50 vision for North Northants

Economic and Statistical Performance Assessment (ESPA) across North Northants

Stakeholder views

Big50 refers to the vision for North Northants for the year 2050

'Big50' Vision for 2050



Context, vision and overall focus for the North Northants HWB Strategy

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Joint Strategic Needs Assessment (JSNA)

Northants Integrated Care System (ICS) – *Live Your Best Life*

North Northants Place Development

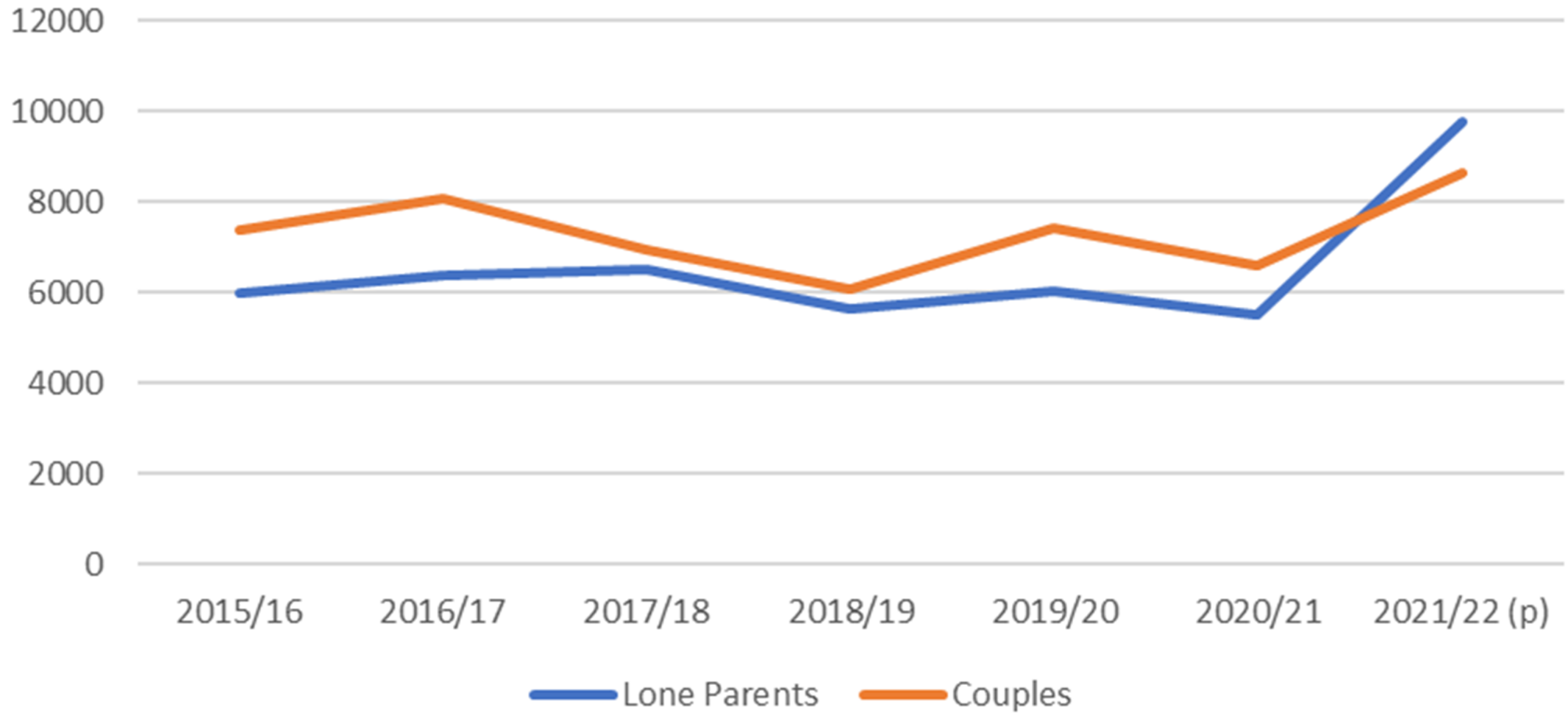
Big50 vision for North Northants

Economic and Statistical Performance Assessment (ESPA) across North Northants

Stakeholder views

A number of economic indicators across NNC are going in the wrong direction

North Northamptonshire Children in Low Income Families (Relative Low Income)



Over time, North Northamptonshire has consistently shown resident employment rates higher than the England average rising dramatically to a peak in the early months of the pandemic when North Northants had the highest employment rate amongst the basket of economic comparators (Y2End Jun-20). Since then, however, the employment rate has decreased and for the period Y2End Mar-22 fell below the England average for the first time. Performing worse over the last two years than most of the economic comparators the authority is now ranked 15th out of 16.

Context, vision and overall focus for the North Northants HWB Strategy

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Joint Strategic Needs Assessment (JSNA)

Northants Integrated Care System (ICS) – *Live Your Best Life*

North Northants Place Development

Big50 vision for North Northants

Economic and Statistical Performance Assessment (ESPA) across North Northants

Stakeholder views

Discussions with CWFs and LAPs to be summarised here

Prioritisation process – what makes a health issue a priority?

Page 44



High levels of mortality or morbidity,
as described in the JSNA



Areas where NNC is an outlier
compared to other similar local
authorities



Considerable resource is being spent,
and it may be possible for resources
to be used more efficiently



Stakeholder views (including
professionals, politicians, voluntary
groups etc)

All these issues are taken into account
when deciding on priority areas

Prioritisation process in conjunction with key partners

Page 45

North Northants Council (elected members and officers)

Integrated Care Board/Partnership

Local health and wellbeing providers

Community Wellbeing Forums

Local Area partnerships

Voluntary groups

All views to be taken into account when deciding priorities

Most Frequent themes stated by leaders

Socio-economic	Services, support and care	Behaviours	Environment
Cost of living and poverty	Addressing widening inequalities	Intersectionality	Travel and transport
Low-income groups	Access to high quality, co-produced services run by well-trained workforce	Deprivation	Access to facilities
Poor housing	Support for healthy ageing	Multiple poor behaviours	Green space access
Benefits access and debt	Parity for social care	Proportionality	Infrastructure
Education including post-16 provision	Support for self-care/access to advice/health literacy	Mental health is a theme throughout	Sustainability agenda and climate impacts
Work, health and prosperity	Multiple health issues	Personal and social influences on behaviours	Impacts of housing on health
Young people's wellbeing – mental health, ACEs, wellbeing needs, child poverty	Support in early years	Food insecurity and healthy eating	Connected communities & places.
Family support	Lived experiences and user opinions	Targeting specific groups and communities	Using assets in communities

Key priorities, with realistic implementation plans over the period 2023-28

Page 47

Children and Young people
Mental Health and wellbeing
Keeping active
Economic prosperity
Tobacco

Possible key priorities for discussion

Try to keep to 5 key areas to ensure action plans are a success

Role of HWB Board over the period 2023-28 for all priority areas

Page 48

Leadership
Coordination
Stakeholder focus
Review
Accountability

Key actions for HWB Board

Pivotal strategic leadership role for
HWB Board

Role of HWB Board over the period 2023-28 for all priority areas

Page 49

Leadership

- ✓ HWB Board sponsor
- ✓ Topic leader
- ✓ PH support

Key actions for HWB Board

Pivotal strategic leadership role for
HWB Board

Role of HWB Board over the period 2023-28 for all priority areas

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Pivotal strategic leadership role for
HWB Board

Coordination

- ✓ Ensure all aspects of priority area are coordinated
- ✓ Align local and national initiatives
- ✓ Avoid duplication
- ✓ Focus on inequalities
- ✓ Strategic fit with other local priority areas

Key actions for HWB Board

Role of HWB Board over the period 2023-28 for all priority areas

Page 51

Pivotal strategic leadership role for
HWB Board

Stakeholder focus

- ✓ Ownership by all community groups
- ✓ Contributions from all HWB partners
- ✓ Publicity
- ✓ Media involvement

Key actions for HWB Board

Role of HWB Board over the period 2023-28 for all priority areas

Page 52

Review

- ✓ Focus on 1 priority area each meeting in 2024
- ✓ Ensure comprehensive assessment for each area
- ✓ Impact on health inequalities
- ✓ Agree overall 2-3 year plan of action

Key actions for HWB Board

Pivotal strategic leadership role for
HWB Board

Role of HWB Board over the period 2023-28 for all priority areas

Page 53

Accountability

- ✓ Review progress at each meeting
- ✓ Feedback to all stakeholders on progress
- ✓ Ensure success is celebrated
- ✓ Ensure any lack of progress is supported
- ✓ Ensure any finance is used efficiently and effectively

Key actions for HWB Board

Pivotal strategic leadership role for
HWB Board

Summary



The aim of this slide-deck has been to present an updated framework for the North Northants Health and Wellbeing (HWB) Strategy. It has covered:



A range of contextual issues on which the HWB strategy will be based, including the Joint Strategic Needs assessment (JSNA), the Northants *Live Your Best Life* strategy, and other strategic assessments of health and wellbeing across North Northants



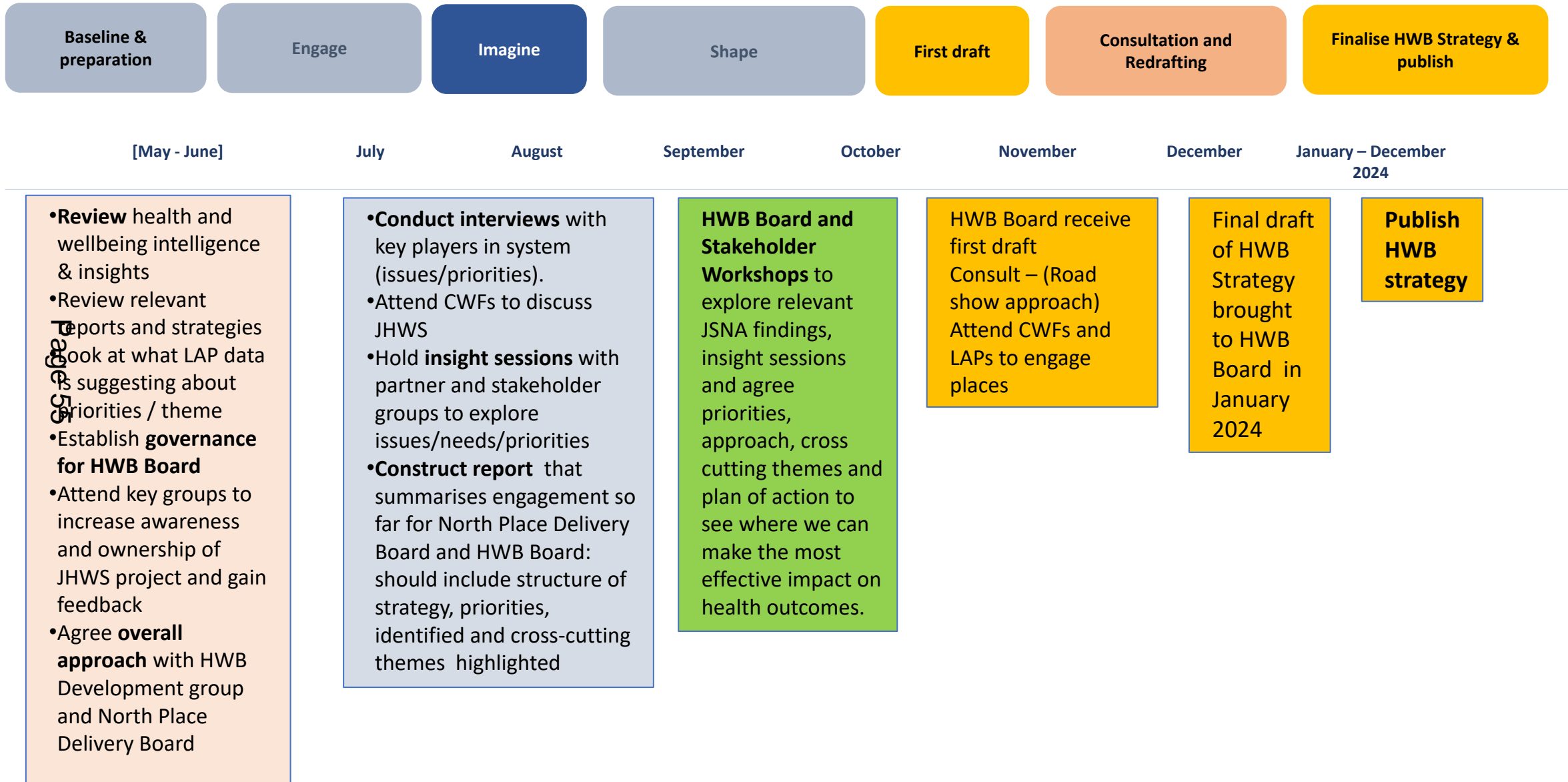
The need for a robust, explicit and open prioritisation process with the engagement of key partners and stakeholders



The need to focus on a small number of key priorities, with a suggested role for the Health and Wellbeing Board over the period 2023-28.



Project timeline & next steps



North Northamptonshire Health and Wellbeing (HWB) Strategy 2023-2028

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*Updated framework for
discussion at HWB Board
5 Dec 2023*



North
Northamptonshire
Council



Annual Review 2023

Northamptonshire Suicide Prevention Strategy 2022-2025

Northamptonshire Suicide Prevention Steering Group
September 2023

Introduction

This report highlights the key findings from the first annual review of the refreshed Northamptonshire Suicide Prevention Strategy 2022-2025 and corresponding action plan.

The refreshed strategy and action plan was launched in September 2022 and the delivery is being coordinated by the Northamptonshire Suicide Prevention Steering Group. This report will review the progress in implementing the action plan and recommendations for further actions to ensure this area of work remains updated and relevant to local need.

Background

Suicide is defined as the deliberate act to intentionally end one's life (1). The effects of a suicide can be devastating, and the impact felt by many – including family, friends, neighbours, employers, colleagues, professionals, and the wider community. People bereaved by suicide are also more likely to experience poor mental health and have an increased risk of suicide themselves.

In Northamptonshire, around 60 people take their own life each year. As a partnership, we believe that every death by suicide is one too many. Each of these deaths can potentially be prevented, therefore suicide prevention is a priority for everyone. This strategy and action plan aims to reduce suicide and self-harm in Northamptonshire, through a whole-county, all-age approach.

In line with the newly published *Suicide Prevention in England: 5 year cross sector strategy (2023)* (2) following on from the *Preventing suicide in England: fifth progress report (2012)* (3), the partnership is taking a cross-system collective approach to suicide prevention. The suicide prevention strategy for England identifies eight priorities to contribute to reducing suicide and self-harm. This strategy is aligned to these priorities, which are:

1. Improving data and evidence to ensure that effective, evidence-informed and timely interventions continue to be developed and adapted.
2. Tailored, targeted support to priority groups, including those at higher risk, to ensure there is bespoke action and that interventions are effective and accessible for everyone.
3. Addressing common risk factors linked to suicide at a population level to provide early intervention and tailored support.
4. Promoting online safety and responsible media content to reduce harms, improve support and signposting, and provide helpful messages about suicide and self-harm.
5. Providing effective crisis support across sectors for those who reach crisis point.
6. Reducing access to means and methods of suicide where this is appropriate and necessary as an intervention to prevent suicides.
7. Providing effective bereavement support to those affected by suicide.
8. Making suicide everybody's business so that we can maximise our collective impact and support to prevent suicides.

Partner agencies on the Northamptonshire Suicide Prevention Steering Group were instrumental in developing this strategy. These agencies are committed to working together to deliver this strategy.

The Northamptonshire Mental Health, Learning Disability and Autism Population Health and Prevention Pillar (adults) and the Children and Young People Collaborative Mental Health and Emotional Wellbeing Work Programme (children and young people) maintain strategic oversight of the implementation of the strategy. Progress and outcomes are reported through the Mental Health, Learning Disability and Autism Collaborative and to the North Northamptonshire and West Northamptonshire Health and Wellbeing Boards.

Review of Priorities

This section will review the strategy action plan against the aims and objectives set out to be completed and/or in progress by the first year following the strategy launch. There are several actions that are set out in the strategy action plan that are yet to begin, please view the full updated action plan document for details.

Below is a summary of our headline achievements since September 2022.

Priority 1: Reduce the risk of suicide in key high-risk groups

What we set out to do...	What we achieved...	What we plan to do...
Coordinate a countywide prevention campaign aimed at groups identified at high-risk of suicide	Local high-risk groups have been identified from a deep-dive audit on local data – these include substance and/or alcohol misuse; self-harm and/or previous suicide attempts; adverse events in childhood; relationship breakdown; illness (mental health condition); illness (physical health condition); debt/financial problems.	Develop and deliver a campaign plan aimed at reducing the risk of suicide for these identified groups.
Coordinate a campaign for World Suicide Prevention Day (10 th October 2023) with key partners	Coordinated the ‘Take a Break’ sofa campaign with NHFT, across various locations across North and West Northamptonshire. The aim of the campaign was to encourage passers-by to stop, sit and talk, to help to raise awareness of suicide prevention and the services that can provide support, as well as reducing stigma around suicide and self-harm. This was a successful campaign, and it was followed up by a visit to the University of Northampton for World Mental Health Day October 2023.	Continue to develop and deliver future campaigns for World Suicide Prevention Day, World Mental Health Day and support other key dates/events.

Deliver a suicide prevention training programme to upskill primary care and frontline staff in the early identification of risk factors	A mental health and suicide prevention training framework has been developed and delivery has begun. This includes the development of mental health awareness and suicide prevention training for primary care (general practices, pharmacies, and dental practices) and bespoke advanced suicide mitigation training.	Continue to develop and deliver the mental health and suicide prevention training framework.
	A pilot support package for West Northamptonshire Council's Customer Service Teams' call handlers was developed to increase awareness of suicide prevention and available services, and to increase resilience and support for staff.	Review induction processes for West Northamptonshire and North Northamptonshire Councils to incorporate suicide prevention training for all staff.
		The pilot support package will be reviewed and updated ahead of rolling out across all teams with call handlers in North and West Northamptonshire Councils.
Continue to monitor suicide data and intelligence to maintain our understanding of high-risk groups and inform trends and emerging issues	A report has been developed following a deep-dive audit on local data. Local real-time surveillance data is collated on suspected deaths by suicide and is evaluated regularly. Links with local safeguarding partnerships have been established.	Data and intelligence will continue to be collected and monitored. Findings from the audit and Mental Health Joint Strategic Needs Assessment (JSNA) will be used to enhance understanding of all-age high-risk groups.
Explore opportunities to enhance intelligence on local suicide from across the suicide prevention partnership	Opportunities to access additional data sources are explored regularly.	Opportunities to enhance intelligence on local suicide from across the suicide prevention partnership will continue to be explored.
Explore solutions that enhance the development of protective behaviours and suicide prevention	A Psychoeducation and Respite pilot for Mental Health Carers was completed and evaluated. The Specialist Perinatal Mental Health and Maternity Mental Health service has been expanded in line with Long-Term Plan ambitions. An Emotional Coaching Pilot initiative for parents/carers of children with suicidal ideation was implemented, monitoring and evaluated.	Expand the Improving Access to Psychological Therapies (IAPT) Talking Therapies Service and Individual Placement and Support (IPS) Services in line with Long-Term Plan ambitions.

Priority 2: Tailor approaches to improve mental health in specific groups

We said we were going to...	Achievements	Future actions
Improve partner and public awareness of local mental health services targeted to identified priority groups	A map of local mental health services is in development.	Develop and deliver a campaign plan aimed at reducing the risk of suicide for identified groups.
Analyse intelligence to improve understanding of local mental health services and service users	<p>A report has been developed following a deep-dive audit on local data.</p> <p>Local real-time surveillance data is collated on suspected deaths by suicide and is evaluated regularly.</p> <p>Links with local safeguarding partnerships have been established.</p> <p>Opportunities to access additional data and intelligence sources are explored regularly.</p>	Findings from the audit, real-time surveillance system and Mental Health JSNA will continue to be analysed and used to enhance understanding of local mental health services and service users.
Monitor trends in data and intelligence to inform priorities	Analysis of local and national data has contributed to the identification of local high-risk groups.	Data and intelligence will continue to be collected and trends will continue to be monitored to inform priorities.
Sign up to the Prevention Concordat	There is Northamptonshire system-wide sign up to the National Mental Health Prevention Concordat since November 2022.	Suicide prevention priorities are being delivered within the Prevention Concordat Action Plan.
Maintain delivery of the Wave 3 Transformation Programme	The NHS Wave 3 Transformation funding was used to deliver STORM training for staff working in hospitals, to produce and distribute Protect Cards, and provide a 24/7 digital support offer to 250 residents in the county.	<p>An alternative 24/7 digital support offer will be funded from 2024.</p> <p>There will be continued delivery of STORM training and distribution of Protect Cards.</p> <p>The funding will contribute to the campaign plan.</p>
Strengthen and enhance response to people with suicidal ideation/ self-harm making transition from Children and Young People to Adult Pathways	<p>There has been expansion and alignment of the 16-25's Enhanced Support Service model.</p> <p>The Mental Health Transitions Strategy is currently in development.</p>	The alignment of the Enhanced Support Service with the Care Leavers Team to create a Community of Practice for young people transitioning from children and young people to adult pathways is in progress.

Priority 3: Reduce access to means of suicide

We said we were going to...	Achievements	Future actions
Work with partners to prevent public places being used for suicide	A map of locations has been developed to identify priority locations.	Asset owners of priority locations will be engaged with to create action plans with opportunities for mitigation.
Engage with partners and retailers to influence policy change to reduce access to certain means of suicide	Data and intelligence have been evaluated to identify local means of suicide.	Partners and local retailers will be engaged with to explore opportunities for changes to existing policies.
Continue to monitor existing suicide data and intelligence sources to inform emerging methods and local trends	A report has been developed following a deep-dive audit on local data. Local real-time surveillance data is collated on suspected deaths by suicide and is evaluated regularly. Links with local safeguarding partnerships have been established.	Data and intelligence will continue to be collected and monitored to inform of emerging methods and local trends.

Priority 4: Provide better information and support to those bereaved or affected by suicide

We said we were going to...	Achievements	Future actions
Work with emergency service partners to explore opportunities to better support staff involved with suicide intervention	Research on available postvention support has been completed. A contact list of key emergency service partners is in development.	Local emergency service partners will be engaged with to undertake a needs assessment of existing postvention support and use research to adjust and enhance current service provision.
Coordinate a countywide suicide prevention package to support educational establishments	A support package for all educational establishments in Northamptonshire has been developed to support in the event of a suspected death by suicide in a school community, including postvention and prevention information launched in February 2023.	The support package is to be reviewed on an annual basis and reshared with educational establishments with key updates. Similar support packages will be developed offering information and guidance around self-harm and online harms.
Explore opportunities to develop intelligence and data on bereavement services and those bereaved by suicide	A monitoring system for the bereavement services has been established and is reported on regularly.	The monitoring system will be explored and evaluated by bereavement service partners, using the findings to enhance and develop the available bereavement support.

from across the suicide prevention partnership		
Embed the local Bereavement Real-Time Referral Pathway	A local bereavement real-time referral pathway has been embedded.	The bereavement referral pathway will be reviewed regularly.

Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

We said we were going to...	Achievements	Future actions
Develop a local Media Framework to support responsible reporting of suicide	A local media reporting framework has been developed and shared with local media partners.	There will be continued engagement with local media partners to promote the framework and support cooperative and transparent working partnerships.
Establish a local media monitoring system	A local monitoring system has been established, with support from communication colleagues when reporting concerns arise.	The established local monitoring system will continue to be used and developed as appropriate.

Priority 6: Support research, data collection and monitoring

We said we were going to...	Achievements	Future actions
Undertake an audit of Coroners cases to enhance our understanding of the local situation	A report has been developed following a deep-dive audit on local data.	The audit will continue on a regular basis.
Continue to work with partners to maintain the Northamptonshire Suicide Real Time Surveillance System (RTSS)	Local real-time surveillance data is collated on suspected deaths by suicide and is evaluated regularly.	Work with partners will continue to maintain the Northamptonshire Suicide Real Time Surveillance System (RTSS).
Develop an escalation protocol for suspected suicide cases	An escalation protocol has been developed and is followed when actions have been identified to reduce further impact.	The established escalation protocol will continue to be used and developed as appropriate.
Support the development of the Mental Health JSNA to inform future actions	The Mental Health JSNA is currently being developed.	Recommendations for future consideration will be identified once the Mental Health JSNA has been developed.

Explore opportunities to develop intelligence and data sources from across the suicide prevention partnership	Opportunities to share and receive relevant data and intelligence are explored regularly.	Opportunities to develop intelligence and data sources from across the suicide prevention partnership will continue to be explored.
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Priority 7: Reducing rates of self-harm as a key indicator of suicide risk

We said we were going to...	Achievements	Future actions
Improve awareness and understanding of services offering support for self-harm in Northamptonshire	A map of self-harm services and support has been developed.	Actions are currently underway to improve local data and intelligence on self-harm. Next steps will then include working with partners to promote services and support to identified groups.
Develop a pilot Self-Harm Real Time Surveillance System (SHRTSS) which will provide an insight into those who self-harm but do not present to primary or secondary care services	Development of this pilot was stopped due to challenges around data sharing. Actions are currently underway to improve local data and intelligence on self-harm.	Work with identified partners to identify recommendations for future consideration within this Strategy.

Key Recommendations

The Suicide Prevention Strategy for England 2023 to 2028 (2) was recently published.

To ensure the Northamptonshire Suicide Prevention Strategy remains relevant to local need and updated with national guidance, the following additions have been made to the local action plan. Please view the updated action plan published alongside this review for further details.

Objective	Action
8.1 Continue to develop suicide prevention plans in Northamptonshire following local need	8.1.1 Restructure of the Northamptonshire Suicide Prevention Steering Group in line with NICE guidelines
	8.1.2 Complete a map of Northamptonshire’s mental health pathways to identify barriers to access
	8.1.3 Develop a self-harm support package for educational establishments in Northamptonshire
	8.1.4 Develop an online harms support package for educational establishments in Northamptonshire
	8.1.5 Review the pilot support package for call handlers in the WNC Customer Service Team for improvements and roll out to call handler teams across the county
	8.1.6 Embed formal processes with Adult and Children and Young People safeguarding boards to support with suicide cases
	8.1.7 Commission a 24/7 all age digital support offer for residents of Northamptonshire
8.2 Continue to develop suicide prevention plans in Northamptonshire following the national suicide prevention strategy guidance	8.2.1 Explore data and trends for people with autism/ASD/ADHD/ learning disabilities to inform the development of campaigns and future work
	8.2.2 Work with local domestic abuse services to support awareness and understanding of mental health and suicide prevention

Conclusion

The refreshed Northamptonshire Suicide Prevention Strategy and Action Plan for 2022-2025 was launched in September 2022. Since the launch there have been several key achievements.

Some of these achievements include a deep-dive data project to improve understanding of local high-risk groups and the launch of a support package for educational establishments in Northamptonshire in the event of a suspected death by suicide in a school community. There is a Mental Health and Suicide Prevention Training framework underway, mapping of means of suicide to make the county safer, and a pilot resource in place to support call handlers when a caller presents in mental health crisis.

Suicide prevention remains everyone's business. Now more than ever efforts from all partners are required to ensure our county feels safe and supported.

In September 2023, the England Suicide Prevention Strategy for 2023 to 2028 was published. National guidance and local data have informed the annual review and key recommendations for the county-wide, all-age strategy and updated action plan. The updated action plan reflects on the actions set out following the first annual review. This area of work will continue to be reviewed annually to ensure suicide prevention remains updated and relevant for local need.

Priority 1: Reduce the risk of suicide in key high-risk groups					
Completed actions for Priority 1 include: 1.3.1, 1.3.3, 1.3.4, 1.4.1, 1.4.2, 1.5.1, 1.5.2, 1.5.3, 1.5.5, 1.5.6, 1.5.7. For details, refer to Appendix A.					
Objective	Action	Timescale	RAG Status	Outputs	Stakeholders
1.1 Coordinate a countywide prevention campaign aimed at groups identified at high-risk of suicide	1.1.1 Coordinate a prevention campaign, with partner agencies, targeted at reducing suicide in all-age high-risk groups and raising awareness of local suicide prevention services and support	Summer 2023 – Winter 2024	Amber: Action in progress Local high-risk groups have been identified and a campaign plan will be developed and delivered.	<ul style="list-style-type: none"> - Campaign Evaluation - Suicide Indicators - Suicide Prevention Campaign - Co-Production Insight Reports 	Lead agency: <ul style="list-style-type: none"> - Public Health North Northamptonshire Council (NNC) and Public Health West Northamptonshire Council (WNC) [Public Health Consultant] Supporting agencies: <ul style="list-style-type: none"> - Lived Experience - Northamptonshire Healthcare NHS Foundation Trust (NHFT) [Suicide Prevention Lead] - Northamptonshire Integrated Care Board (ICB) [Programme Manager, Mental Health, Learning Disabilities & Autism (MHLDA) Collaborative] - Suicide Prevention Steering Group (SPSG) Partners - SPSG Partner Communication Teams - Drugs Related Death Panel NNC and WNC [Public Health Consultant]

1.2 Deliver a suicide prevention training programme to upskill primary care and frontline staff in the early identification of risk factors	1.2.1 Identify appropriate primary care and frontline staffing groups and undertake a training needs assessment. Design and deliver a suicide awareness and mitigation training programme using a tiered/stepped approach.	Summer 2022 – Summer 2025	Amber: Action in progress A mental health and suicide prevention training framework has been developed and delivery has begun. This framework will continue to be developed and delivered.	<ul style="list-style-type: none"> - Delivery Plan - Staffing Groups - Suicide Indicators - Training Needs Assessment - Training Programme - Sessions Delivered - Number of Attendees - Training Evaluation 	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Northamptonshire Adult Learning [Learning for Wellbeing, Mental Health, and Learning Support Lead] - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agency:</p> <ul style="list-style-type: none"> - Northamptonshire ICB [Programme Manager, MHLDA Collaborative]
	1.2.2 Explore opportunities to incorporate suicide prevention in staff induction and training programmes of all suicide prevention partners	Summer 2023 – Summer 2025	Amber: Action in progress A pilot support package for West Northamptonshire Council's Customer Service Team's call handlers was developed. This package will be reviewed and rolled out to all teams with call handlers across NNC and WNC. Induction processes are currently being reviewed to incorporate the most appropriate suicide prevention training for staff at NNC and WNC.	<ul style="list-style-type: none"> - Support Package - Package Evaluation - Induction Processes - Staff Feedback 	

	<p>1.2.3 Support key organisations to explore their policies in supporting staff who experience a suicide amongst their caseload and/or are experiencing severe low mood or anxiety</p>	<p>Winter 2023 – Winter 2025</p>	<p>Grey: Action has not started</p>	<ul style="list-style-type: none"> - Policy support - Postvention staff support 	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - SPSG Partners
	<p>1.2.4 Align Suicide Prevention Strategy to Northamptonshire Health and Care Partnership (NHCP) People Plan to develop approaches to system wide training of all staff in Compassion-Focussed/ Trauma-Informed care</p>	<p>April 2023 – Summer 2025</p>	<p>Amber: Action in progress Action has been amended. Design a trauma-informed approach to be applied across the Mental Health Crisis Pathway, with an aim to roll out more widely.</p>	<ul style="list-style-type: none"> - Production of Trauma-Informed Approach - Suicide Indicators 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - North and West Northamptonshire Health & Wellbeing Boards - Population Health Management Programme
<p>1.3 Continue to monitor suicide data and intelligence to maintain our understanding of high-risk groups and inform trends and emerging issues</p>	<p>1.3.2 Use the findings from the Mental Health Joint Strategic Needs Assessment (JSNA) to enhance the understanding of all-age high-risk groups</p>	<p>Winter 2024</p>	<p>Grey: Action timescale has not begun The countywide Mental Health JSNA is currently in development.</p>	<ul style="list-style-type: none"> - Coroner’s Audit Report - Mental Health JSNA - RTSS Intelligence - RTSS Quarterly Reports - Safeguarding Partnership Outcomes - Suicide Indicators 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Coroner’s Office [Coroner’s Office Manager] - Northamptonshire Police - Northamptonshire Safeguarding Adults Board - Northamptonshire Safeguarding Children Partnership

<p>1.5 Explore solutions that enhance the development of protective behaviours and suicide prevention</p>	<p>1.5.4 Strengthen dual needs policy (mental health & substance misuse) via new 'access-to-care' protocols, information sharing agreements, and partnership working models</p>	<p>Summer 2024</p>	<p>Amber: Action in progress The strengthening of the dual needs policy is in progress.</p>	<ul style="list-style-type: none"> - Production of Standard Operating Procedures - Service User Feedback - Staff Feedback 	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Change Grow Live [Lead Nurse] - NHFT [Community Mental Health Teams (CMHT) Lead] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - MHLDA Outcome Based Pathways Pillar - NHFT [Suicide Prevention Lead]
<p>1.6 Align the Strategy with health inequalities workstreams across Northamptonshire</p>	<p>1.6.1 Engage with the Equalities Enabler Group and explore opportunities to align key areas of work</p>	<p>Winter 2024</p>	<p>Amber: Action in progress</p>	<ul style="list-style-type: none"> - Meeting Minutes - Aligned Work Plan 	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] - NHFT [Project Manager Equalities Lead] <p>Supporting agency:</p> <ul style="list-style-type: none"> - Northamptonshire ICB [Programme Manager, MHLDA Collaborative]

Priority 2: Tailor approaches to improve mental health in specific groups

Completed actions for Priority 2 include: 2.2.1, 2.2.3, 2.2.4, 2.2.5, 2.3.1, 2.4.1, 2.5.1, 2.5.2, 2.5.3, 2.7.2. For details, refer to Appendix A.

Objective	Action	Timescale	RAG Status	Outputs	Stakeholders
2.1 Improve partner and public awareness of local mental health services targeted to identified priority groups	2.1.1 Identify and map Northamptonshire mental health services working with all-age priority groups identified in the Strategy and pathways	Autumn 2022 – Winter 2024	Amber: Action in progress A map of local mental health services is in development and will be tailored to priority groups and shared through a campaign plan.	<ul style="list-style-type: none"> - Mental Health Services Campaign - Campaign Evaluation - Self-harm and Suicide Indicators - Service and Pathway Map 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Children and Young People Collaborative - Lived Experience - NHFT [Suicide Prevention Lead] - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - SPSG Partners - SPSG Partner Communication Teams
	2.1.2 Coordinate a communication campaign for mental health services targeted to all-age priority groups	Autumn 2023 – Winter 2024	Amber: Action in progress Local high-risk groups have been identified and a campaign plan will be developed and delivered. These groups include: <ul style="list-style-type: none"> - Substance/Alcohol Misuse - Self-Harm - Previous Suicide Attempt(s) - ACEs (Adverse Childhood Experiences) - Relationship Breakdown - Illness (Mental and Physical Conditions) - Debt/Financial Problems - Autism - LGBTQIA+ - Domestic Abuse - Gypsy, Roma and Traveller Communities - Rural Communities 		

<p>2.2 Analyse intelligence to improve understanding of local mental health services and service users</p>	<p>2.2.2 Review outcomes from the Mental Health JSNA for future consideration</p>	<p>Winter 2024</p>	<p>Grey: Action timescale has not begun The countywide Mental Health JSNA is currently in development.</p>	<ul style="list-style-type: none"> - Self-harm and Suicide Indicators 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Coroner's Office [Coroner's Office Manager] - Children and Young People Collaborative - Northamptonshire Police - Northamptonshire Safeguarding Adults Board - Northamptonshire Safeguarding Children Partnership - SPSG Partners
<p>2.3 Monitor trends in data and intelligence to inform priorities</p>	<p>2.3.2 Work with partners to enhance data and intelligence sources on mental health in specific groups</p>	<p>Summer 2025</p>	<p>Grey: Action timescale has not begun</p>	<ul style="list-style-type: none"> - Self-harm and Suicide Indicators - Data Reports 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - SPSG Partners
<p>2.4 Sign up to the Mental Health Prevention Concordat</p>	<p>2.4.2 Represent suicide prevention priorities within the Mental Health Prevention Concordat Action Plan</p>	<p>Summer 2022 – Summer 2025</p>	<p>Amber: Action in progress Prevention Concordat Action Plan is currently being delivered.</p>	<ul style="list-style-type: none"> - Prevention Concordat Action Plan - Prevention Concordat Application 	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Integrated Care System Partners - Public Health NNC and Public Health WNC [Public Health Consultant]

2.6 Strengthen and enhance response to people with suicidal ideation/ self-harm across Place-Based Community Mental Health Teams	2.6.1 Enhance & embed Suicide Prevention Best Practice into delivery models for Place-Based Community Mental Health Teams (aligned to principles of biopsychosocial, personalised, needs-led care & removal of Care Programme Approach)	Winter 2023 – Summer 2024	Grey: Action timescale has not begun	<ul style="list-style-type: none"> - Delivery Plan - Production of Standard Operating Procedures - Service User Feedback 	<p>Lead agency:</p> <ul style="list-style-type: none"> - NHFT [CMHT Lead] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - MHLDA Outcome Based Pathways Pillar - NHFT [Suicide Prevention Lead] - Public Health NNC and Public Health WNC [Public Health Consultant]
	2.6.2 Strengthen the links between Place-Based Community Mental Health Teams & Crisis Pathway to ensure fluid boundaries and continuity of care for people with suicidal ideation	Winter 2023 – Summer 2024	Grey: Action timescale has not begun	<ul style="list-style-type: none"> - Delivery Plan 	<p>Lead agency:</p> <ul style="list-style-type: none"> - NHFT [Community Mental Health Teams Lead] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - MHLDA Acute & Crisis Care Pillar - NHFT [Crisis Pathway Lead] - NHFT [Suicide Prevention Lead]
	2.6.3 Implement Core 24 (Crisis Response) standards across all acute hospital and community settings, to facilitate compassionate/ responsive models of care & aftercare to all those in crisis	Winter 2023 – Summer 2024	Grey: Action timescale has not begun	<ul style="list-style-type: none"> - Implementation of Mental Health Ambulance Model - Service Level Data (Core 24 Standards) - Service User Feedback 	<p>Lead agency:</p> <ul style="list-style-type: none"> - NHFT [Crisis Pathway Lead] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - MHLDA Acute & Crisis Care Pillar - NHFT [Suicide Prevention Lead] - NHFT Patient Experience Group

	<p>2.6.4 Align mental health response to the Northamptonshire Care Record to enhance quality and timeliness of care and treatment via digital innovations</p>	<p>Winter 2023 – Summer 2024</p>	<p>Grey: Action timescale has not begun</p>	<ul style="list-style-type: none"> - Delivery Plan - Service Level Data - Staff Feedback 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Northamptonshire ICB [Digital Lead] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - MHLDA Acute & Crisis Care Pillar - MHLDA Outcome-Based Pathway Pillar - NHCP [Digital Strategy Lead]
	<p>2.6.5 Review existing provision for service users presenting with suicidal ideation and work with partners to design and implement viable pathways, processes, and protocols</p>	<p>Winter 2023 – Summer 2024</p>	<p>Grey: Action timescale has not begun</p>	<ul style="list-style-type: none"> - Pathway Review - Updated Process and Protocols 	<p>Lead agencies:</p> <ul style="list-style-type: none"> - NHFT [Suicide Prevention Lead] - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Children and Young People Collaborative - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - Service Users

<p>2.7 Strengthen and enhance response to people with suicidal ideation/ self-harm making the transition from Children and Young People to Adult pathways</p>	<p>2.7.1 Accelerate Transition Workstream, including involvement from suicide prevention leads in development of Transitions Strategy</p>	<p>Summer 2023 – Summer 2024</p>	<p>Amber: Action in progress The Mental Health Transitions Strategy is currently in development.</p>	<ul style="list-style-type: none"> - NHCP Transitions Strategy - Pathway Plan Documents - Pillar Updates 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Children & Young People (CYP) Collaborative [Programme Lead] - MHLDA Collaborative Programme - NHFT [Suicide Prevention Lead] - NNC and WNC Relevant Teams - NNC Health & Wellbeing Board and WNC Health & Wellbeing Board - Northamptonshire Children’s Trust
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	<p>2.7.3 Align Enhanced Support Service with Northamptonshire Children’s Trust Care Leaver Teams to create Community of Practice for young people transitioning from Children and Young People to Adult pathways</p>	<p>Summer 2023 – Summer 2024</p>	<p>Amber: Action in progress The alignment of the Enhanced Support Service with the Care Leavers Team to create a Community of Practice is in progress.</p>	<ul style="list-style-type: none"> - NHCP Transitions Strategy - Pathway Plan Documents - Pillar Updates 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Youth Works [Chief Executive Officer] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - CYP Collaborative [Programme Lead] - MHLDA Collaborative Programme - NHFT [Suicide Prevention Lead] - NNC and WNC Relevant Teams - NNC Health & Wellbeing Board and WNC Health & Wellbeing Board - Northamptonshire Children’s Trust - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - Public Health NNC and Public Health WNC [Public Health Consultant]
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	<p>2.7.4 Review existing provision for service users presenting with suicidal ideation and work with partners to design and implement viable pathways, processes, and protocols</p>	<p>Winter 2023 – Summer 2024</p>	<p>Grey: Action timescale has not begun</p>	<ul style="list-style-type: none"> - Pathway Review - Updated Process and Protocols 	<p>Lead agency:</p> <ul style="list-style-type: none"> - NHFT [Suicide Prevention Lead] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] - Children and Young People Collaborative [Programme Manager] - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - Service Users
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Priority 3: Reduce access to means of suicide

Completed actions for Priority 3 include: 3.2.1, 3.3.1, 3.3.2, 3.3.3, 3.3.4. For details, refer to Appendix A.

Objective	Action	Timescale	RAG Status	Outputs	Stakeholders
3.1 Work with partners to prevent public places being used for suicide	3.1.1 Work with transport partners and the emergency services to create a Northamptonshire map of priority suicide risk locations and structures	Autumn 2022 – Autumn 2024	Amber: Action in progress A map of locations has been developed to identify priority locations. Asset owners of priority locations will be engaged with.	<ul style="list-style-type: none"> - Suicide Rates at Priority Locations - Suicide Risk Location Map - Mitigation Plans 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - British Transport Police [Harm Reduction Team] - Coroner’s Office [Coroner’s Office Manager] - East Midlands Railway [Emergency Planning Manager] - Highways England [Midlands Road Safety Coordinator] - KierWSP [Head of Customer and Communications] - Network Rail [Community Safety Manager] - NNC and WNC’s Place Planning Teams - Northamptonshire Police - Northamptonshire Fire and Rescue
	3.1.2 Work with partners to explore opportunities for mitigation at high-risk locations	Winter 2024 – Summer 2025	Grey: Action timescale has not begun		

<p>3.2 Engage with partners and retailers to influence policy change to reduce access to certain means of suicide</p>	<p>3.2.2 Engage with partners and local retailers to explore opportunities for changes to existing policies</p>	<p>Summer 2024 – Summer 2025</p>	<p>Grey: Action timescale has not begun</p>	<ul style="list-style-type: none"> - Retailer Policy and Practice - Self-harm and Suicide Indicators 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - NNC and WNC’s Trading Standards Teams - Northamptonshire Retailers
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Priority 4: Provide better information and support to those bereaved or affected by suicide

Completed actions for Priority 4 include: 4.3.1, 4.5.1, 4.6.1. For details, refer to Appendix A.

Objective	Action	Timescale	RAG Status	Outputs	Stakeholders
4.1 Coordinate a campaign to improve partner and public awareness of suicide bereavement services available in Northamptonshire	4.1.1 Identify and map Northamptonshire suicide bereavement services	Winter 2023	Grey: Action timescale has not begun	<ul style="list-style-type: none"> - Bereavement Service Users - Campaign Evaluation - Service and Pathway Map - Suicide Bereavement Campaign 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Child & Adolescent Bereavement Service [Service Coordinator] - Service Six [Chief Executive] - SPSG Partners Communication Teams - Survivors of Bereavement by Suicide (SOBS) [Chief Executive Officer]
	4.1.2 Create and deliver an awareness and promotion plan of suicide bereavement services	Winter 2023 – Winter 2024	Grey: Action timescale has not begun		

<p>4.2 Work with emergency service partners to explore opportunities to better support staff involved with suicide intervention</p>	<p>4.2.1 Engage with emergency service partners and undertake a needs assessment of existing postvention support for staff. Agree adjustments that complement and enhance existing service provision</p>	<p>Autumn 2022 – Autumn 2025</p>	<p>Amber: Action in progress A contact list of key emergency service partners is in development. Next steps will involve engaging with each to undertake a needs assessment.</p>	<ul style="list-style-type: none"> - Emergency Service Staff - Postvention Support Analysis - Postvention Service Usage - Postvention Service Evaluation 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - British Transport Police [Harm Reduction Team] - East Midlands Ambulance Service [Senior Manager for Quality] - Northamptonshire Police - Northamptonshire Fire and Rescue Service [Prevention, Safeguarding and Partnerships Manager]
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<p>4.3 Coordinate a countywide suicide prevention package to support educational establishments</p>	<p>4.3.2 Work with partners to maintain the package and explore opportunities to develop and enhance it</p>	<p>Summer 2022 – Summer 2025</p>	<p>Amber: Action in progress The support package is to be reviewed on an annual basis and reshared with educational establishments with key updates.</p>	<ul style="list-style-type: none"> - Education Postvention Service Map - Educational Establishment Package - Package and Service Evaluation - Self-harm and Suicide Indicators 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Children, Families and Education Team - Education and Skills Team - Educational Psychology Service - NHFT [CAMHS Clinical Lead Nurse] - NHFT [Suicide Prevention Lead] - Northamptonshire Children’s Trust - Reach Collaborative - NNC and WNC’s Safeguarding in Education Teams - Service Six [Chief Executive Officer] - SPSG Partners Communication Teams - University of Northampton [Free2talk Lead]
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<p>4.4 Work with commercial organisations to shape postvention support</p>	<p>4.4.1 Engage with relevant commercial organisations, review existing practice, and identify areas requiring development</p>	<p>Winter 2023 – Winter 2024</p>	<p>Grey: Action timescale has not begun</p>	<ul style="list-style-type: none"> - Self-harm and Suicide Indicators - Postvention Support Guidance 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Commercial Organisations - SPSG Partners
<p>4.5 Explore opportunities to develop intelligence and data on bereavement services and those bereaved by suicide from across the suicide prevention partnership</p>	<p>4.5.2 Work with partners to explore and evaluate further intelligence and data sources, including practical support, and use the findings to enhance and develop the available support</p>	<p>Summer 2023 – Summer 2024</p>	<p>Amber: Action in progress Next steps involve bereavement service partners exploring and evaluating the monitoring system and using the findings to enhance and develop the available support.</p>	<ul style="list-style-type: none"> - Additional Intelligence and Data Sources - Postvention Support Data - Self-harm and Suicide Indicators 	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Child and Adolescent Bereavement Service [Service Coordinator] - Service Six [Chief Executive] - SOBS [Chief Executive Officer] - Coroner’s Office [Coroner’s Office Manager] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - SPSG Partners - Public Health NNC and Public Health WNC [Public Health Consultant]

	<p>4.5.3 To evaluate the sustainability of the pilot Northamptonshire Support After Suicide (N-SAS) service</p>	<p>Winter 2023</p>	<p>Amber: Action in progress Awaiting update on the evaluation from the leading agency.</p>	<p>- Evaluation Report</p>	<p>Lead agency: - Kelly's Heroes [Chief Executive Officer] Supporting agencies: - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - Public Health NNC and Public Health WNC [Public Health Consultant]</p>
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Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Completed actions for Priority 5 include: 5.1.1, 5.2.1. For details, refer to Appendix A.

Objective	Action	Timescale	RAG Status	Outputs	Stakeholders
5.1 Develop a local Media Framework to support responsible reporting of suicide	5.1.2 Develop and sustain good working relationships with local media organisations to support cooperative and transparent working partnerships	Ongoing	Amber: Action in progress Continued engagement with local media partners to promote the framework and support cooperative and transparent working partnerships.	<ul style="list-style-type: none"> - Established Relationships with Media Organisations - Evaluation of Reporting - Media Framework - Self-harm and Suicide Indicators 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Local Media Organisations - Northampton Samaritans [Director] - SPSG Partners Communication Teams

Priority 6: Support research, data collection and monitoring

Completed actions for Priority 6 include: 6.1.1, 6.1.2, 6.2.1, 6.3.1, 6.5.1. For details, refer to Appendix A.

Objective	Action	Timescale	RAG Status	Outputs	Stakeholders
6.4 Support the development of the Mental Health JSNA to inform future actions	6.4.1 Support the development of the Mental Health JSNA and identify recommendations for future consideration within this Strategy	Winter 2022 – Winter 2024	Amber: Action in progress The Mental Health JSNA is in development. Identifying recommendations for future consideration will begin once each chapter of the JSNA is completed.	- Mental Health JSNA - Recommendations and Action Plans	Lead agency: - Public Health NNC and Public Health WNC [Public Health Consultant] Supporting agencies: - SPSG Partners
	6.4.2 Support the identification and delivery of recommendations for the CYP Mental Health JSNA chapter	Winter 2023 – Winter 2024	Amber: Action in progress The CYP chapter of the Mental Health JSNA has been completed. Recommendations are currently being identified and will be detailed in an Action Plan.	- CYP Mental Health JSNA Recommendations and Action Plan	Lead agency: - Public Health NNC and Public Health WNC [Public Health Consultant] Supporting agencies: - SPSG Partners

Priority 7: Reducing rates of self-harm as a key indicator of suicide risk

Completed actions for Priority 7 include: 7.1.1. For details, refer to Appendix A.

Objective	Action	Timescale	RAG Status	Outputs	Stakeholders
7.1 Improve awareness and understanding of services offering support for self-harm in Northamptonshire	7.1.2 Work with partners to promote self-harm services and support to identified groups once mapping is complete	Summer 2022 – Winter 2024	Amber: Action in progress Actions are currently underway to improve local data and intelligence on self-harm. Next steps include working with partners to promote services and enhance engagement with identified groups.	<ul style="list-style-type: none"> - Data on Service Users - Self-Harm Services and Support Map 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - SPSG Partners - Services Offering Self-Harm Support
7.2 Improve data and intelligence of self-harm in Northamptonshire	7.2.1 Work with identified partners to develop a picture of self-harm data and intelligence in Northamptonshire	Winter 2022 – Summer 2025	Amber: Action in progress Actions are currently underway to improve local data and intelligence on self-harm. Next steps include working with partners to expand this picture.	<ul style="list-style-type: none"> - Self-Harm and Suicide Indicators - Self-Harm Data Report - Self-Harm Recommendation Report 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Identified SPSG Partners - Northamptonshire ICB [Programme Manager, MHLDA Collaborative]
	7.2.2 Work with identified partners to identify recommendations for future consideration within this Strategy	Summer 2024 – Summer 2025	Grey: Action timescale has not begun		

Priority 8: Additional Actions from 1st Annual Review 2023

Objective	Action	Timescale	RAG Status	Outputs	Stakeholders
8.1 Continue to develop suicide prevention plans in Northamptonshire following local need	8.1.1 Restructure of the Northamptonshire Suicide Prevention Steering Group in line with NICE guidelines	Winter 2023 – Summer 2024	Grey: Action timescale has not begun	<ul style="list-style-type: none"> - Membership List - Data Sharing Agreement 	Lead agency: <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] Supporting agencies: <ul style="list-style-type: none"> - Identified SPSG Partners - Northamptonshire ICB [Programme Manager, MHLDA Collaborative]
	8.1.2 Complete a map of Northamptonshire’s Mental Health Service Pathways to identify barriers to access	Spring 2024 – Spring 2025	Grey: Action timescale has not begun	<ul style="list-style-type: none"> - Service Pathways Map - Self-harm and Suicide Indicators 	Lead agencies: <ul style="list-style-type: none"> - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - NHFT [Suicide Prevention Lead] - Public Health NNC and Public Health WNC [Public Health Consultant] - Local Area Partnership Leads NNC and WNC Supporting agencies: <ul style="list-style-type: none"> - Identified SPSG Partners

	<p>8.1.3 Develop a self-harm support package for educational establishments in Northamptonshire</p>	<p>Summer 2023 – Summer 2025</p>	<p>Amber: Action in progress The package is currently in development.</p>	<ul style="list-style-type: none"> - Educational Establishment Package - Package and Service Evaluation - Self-harm and Suicide Indicators 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Identified SPSG Partners - Services Offering Self-Harm Support - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - NHFT [Suicide Prevention Lead]
	<p>8.1.4 Develop an online harms support package for educational establishments in Northamptonshire</p>	<p>Spring 2024 – Summer 2025</p>	<p>Grey: Action timescale has not begun</p>		<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Identified SPSG Partners - Services Offering Self-Harm Support - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - NHFT [Suicide Prevention Lead]

	<p>8.1.5 Review the pilot support package for Call Handlers in the WNC Customer Service Team for improvements and roll out to Call Handler Teams across the county</p>	<p>Autumn 2023 – Spring 2024</p>	<p>Amber: Action in progress The review of the package is currently underway.</p>	<ul style="list-style-type: none"> - Evaluation of Package - Self-harm and Suicide Indicators 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Identified SPSG Partners - WNC Customer Service Team - NNC and WNC Teams with Call Handlers
	<p>8.1.6 Embed formal processes with Adult and Children and Young People Safeguarding Boards to support with suicide cases</p>	<p>Spring 2024 – Spring 2025</p>	<p>Grey: Action timescale has not begun</p>	<ul style="list-style-type: none"> - Safeguarding Processes 	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Identified SPSG Partners - Northamptonshire Safeguarding Adults Board - Northamptonshire Safeguarding Children Partnership

	8.1.7 Commission a 24/7 all-age digital support offer for residents of Northamptonshire	Winter 2023 – Winter 2024	Amber: Action in progress The provider of a 24/7 digital offer is currently being changed.	<ul style="list-style-type: none"> - Clinical Insight Reports - Service User Data 	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Mental Health Innovations [Head of Commissioned Partnerships] - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> -Northamptonshire ICB [Programme Manager, MHLDA Collaborative]
8.2 Continue to develop suicide prevention plans in Northamptonshire following the National Suicide Prevention Strategy guidance	8.2.1 Explore data and trends for people with Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), and/or learning disabilities to inform the development of campaigns and future work	Spring 2024 – Spring 2025	Grey: Action timescale has not begun	<ul style="list-style-type: none"> - Learning Disability, ASD and ADHD Indicators - Campaign Plan 	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - Public Health NNC and Public Health WNC [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Identified SPSG Partners - Relevant local services
	8.2.2 Work with local domestic abuse services to support awareness and understanding of mental health and suicide prevention	Spring 2024 – Summer 2025	Grey: Action timescale has not begun	<ul style="list-style-type: none"> - Domestic Abuse Indicators - Support Package 	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Public Health NNC and Public Health WNC [Public Health Consultant] - Northamptonshire Domestic Abuse service - Voice Northants - Eve <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Identified SPSG Partners

Appendix

Appendix A

Find below the completed actions following the 1st annual review of the Suicide Prevention Strategy Action Plan 2022-2025. These actions are not represented in the Updated Action Plan above.

Priority 1: Reduce the risk of suicide in key high-risk groups				
Objective	Action	Timescale	RAG Status	Stakeholders
1.3 Continue to monitor suicide data and intelligence to maintain our understanding of high-risk groups and inform trends and emerging issues	1.3.1 Evaluate the findings from the Coroner's Audits	Autumn 2022	Green: Action complete A report has been developed following a deep-dive audit on local data. The audit will continue on a regular basis.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - Coroner's Office [Coroner's Office Manager] - Northamptonshire Police - Northamptonshire Safeguarding Adults Board - Northamptonshire Safeguarding Children Partnership
	1.3.3 Evaluate findings from the local Real Time Surveillance System (RTSS)	Ongoing	Green: Action complete Local real-time surveillance data is collated on suspected deaths by suicide and is evaluated regularly. Data and intelligence will continue to be collected and monitored, with an escalation protocol in place to highlight if actions are required to reduce further impact.	
	1.3.4 Establish and embed links with local adult and children and young people safeguarding partnerships to enhance intelligence through shared learning	Ongoing	Green: Action complete Links with safeguarding boards have been made with the agreement of collaborative working when appropriate.	
1.4 Explore opportunities to enhance intelligence on local suicide from across the suicide	1.4.1 Work with partners to establish additional sources of data and intelligence	Ongoing	Green: Action complete Opportunities to share and receive relevant data and intelligence are explored regularly.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agency: - SPSG Partners

prevention partnership	1.4.2 Align Suicide Prevention Strategy with Mental Health, Learning Disabilities & Autism Equalities Enabler Group and Population Health Management Programme	Summer 2022	<p>Green: Action complete</p> <p>The Suicide Prevention Strategy and Action Plan is aligned to these areas and updated on at regular meetings.</p>	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - Public Health Northamptonshire [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - MHLDA Equalities Enabler Group - Population Health Management Programme
1.5 Explore solutions that enhance the development of protective behaviours and suicide prevention	1.5.1 Implement, monitor and evaluate Emotional Coaching Pilot initiative for parents/ carers of children with suicidal ideation	Winter 2022	<p>Green: Action complete</p> <p>The Emotional Coaching Pilot initiative has been implemented and is being monitored. There is a growing evidence base that this intervention is successful, and a post-meta-analysis questionnaire showed increased parental ability to recognise, manage and support child's emotions post completion of the course.</p>	<p>Lead agency:</p> <ul style="list-style-type: none"> - NHFT [0-19 Team] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Children and Young People Collaborative - NHFT [CAMHS Clinical Lead Nurse] - NHFT [Suicide Prevention Lead] - Public Health NNC and Public Health North WNC [Public Health Consultant]
	1.5.2 Monitor and evaluate Psychoeducation & Respite pilot for Mental Health carers	Winter 2022	<p>Green: Action complete</p> <p>This pilot was completed and evaluated in an outcomes report published in July 2023. The pilot showed positive improvements to the wellbeing and mental health of carers, but also highlights the increasing number of carers presenting at a point of crisis.</p>	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Mental Health Northamptonshire Collaborative Lead - Northamptonshire Carers [Chief Operating Officer] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - MHLDA Population Health & Prevention Pillar - Northamptonshire MIND [Chief Executive Officer]

<p>1.5.3 Expand Improving Access to Psychological Therapies (IAPT) Talking Therapies Service in line with Long-Term Plan ambitions, and implement Long-Term Conditions (Physical Health) pathways into the model</p>	<p>April 2025</p>	<p>Green: Action complete Completed. All planned investment has been allocated to service lines. LTC Pathway has been implemented. There is some financial reconciliation to be done across all MH pathways, but this is an internal exercise and should not affect the fact that we did as we planned to do for 1.5.3</p>	<ul style="list-style-type: none"> - Pillar Updates - Service Level Data (Access & Outcomes)
<p>1.5.5 Expand Individual Placement & Support (IPS) services in line with Long-term Plan ambitions to assist with SMI to obtain and maintain employment</p>	<p>April 2024</p>	<p>Green: Action complete This was completed. As with 1.5.3. IPS investment has been made. The service is not yet meeting its access targets and we feel this will require more investment in 2024-25 to deliver access to 696 services users per year (KPI). However, also worth mentioning that additional investment has gone into NHS Talking Therapies services to provide Employment Advisors that work alongside psychological therapists for people who have common mood disorders linked to employment concerns</p>	<ul style="list-style-type: none"> - IPS Expansion Plan - Service Level Data (Access & Outcomes)
<p>1.5.6 Expand access to Specialist Perinatal Mental Health and Maternity Mental Health service in line with Long-Term Plan ambitions (to 10% of live birth rate). Incorporate assessment & signposting for perinatal partners</p>	<p>April 2023</p>	<p>Green: Action complete Access to Specialist Perinatal Mental Health and Maternity Mental Health service has been expanded in line with Long-Term Plan ambitions.</p>	<p>Lead agency:</p> <ul style="list-style-type: none"> - NHFT [Specialist Perinatal Service Manager] <p>Supporting agency:</p> <ul style="list-style-type: none"> - NHFT [Suicide Prevention Lead]

	1.5.7 Investigate viable solutions with partners and providers for future consideration	Ongoing	Green: Action Complete Viable solutions with partners and providers are investigated regularly.	Lead agencies: - NHFT [Suicide Prevention Lead] - Public Health Northamptonshire [Public Health Consultant] Supporting agency: - SPSG Partners
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Priority 2: Tailor approaches to improve mental health in specific groups

Objective	Action	Timescale	RAG Status	Stakeholders
2.2 Analyse intelligence to improve understanding of local mental health services and service users	2.2.1 Analyse existing sources of data and intelligence and identify issues for future consideration	Ongoing	Green: Action complete Existing sources of data and intelligence are analysed regularly.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - Coroner's Office [Coroner's Office Manager] - Healthy Minds Healthy Brains Pillar - Northamptonshire Police - Northamptonshire Safeguarding Adults Board - Northamptonshire Safeguarding Children Partnership - SPSG Partners
	2.2.3 Review findings from the Real Time Surveillance System and Coroners Audits to inform understanding of mental health services and service users	Ongoing	Green: Action complete A report has been developed following a deep-dive audit on local data. The audit will continue on a regular basis. Local real-time surveillance data is collated on suspected deaths by suicide and is evaluated regularly. Data and intelligence will continue to be collected and monitored, with an escalation protocol in place to highlight if actions are required to reduce further impact.	
	2.2.4 Establish and embed links with local safeguarding partnerships and review findings to inform understanding of mental health	Ongoing	Green: Action complete Links with safeguarding boards have been made with the agreement of collaborative working when appropriate.	

	2.2.5 Work with partners from across the suicide prevention partnership to explore opportunities for access to additional sources of data and intelligence to inform analysis of services and service users	Ongoing	Green: Action complete Opportunities to access additional data and intelligence sources are explored regularly.	
2.3 Monitor trends in data and intelligence to inform priorities	2.3.1 Analyse existing sources of data and intelligence to inform local groups for prioritisation for mental health improvements and issues for further consideration within this Strategy	Ongoing	Green: Action complete Analysis of data has contributed to the identification of local high-risk groups, with continued regular analysis of existing data sources.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agency: - SPSG Partners
2.4 Sign up to the Prevention Concordat	2.4.1 Coordinate sign up to the Prevention Concordat	Summer 2022	Green: Action complete There is Northamptonshire system-wide sign up to the National Mental Health Prevention Concordat since November 2022.	Lead agencies: - Integrated Care System Partners - Public Health Northamptonshire [Public Health Consultant]
2.5 Maintain delivery of the Wave 3 Transformation Programme	2.5.1 Continue delivery of STORM™ training	Summer 2023	Green: Action complete STORM™ training has continued to be delivered to clinical staff.	Lead agency: - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - NHFT [Suicide Prevention Lead] - SPSG Partners
	2.5.2 Coordinate subscription to Stay Alive app	Summer 2023	Green: Action complete The Stay Alive app was subscribed to, with no cost implication, and included local signposting information.	
	2.5.3 Coordinate production and distribution of Protect Cards through partner channels	Summer 2023	Green: Action complete Protect Cards were produced and continue to be distributed to relevant audiences.	

2.7 Strengthen and enhance response to people with suicidal ideation/ self-harm making transition from Children and Young People to Adult pathways	2.7.2 Expand the model of 16-25's Enhanced Support (wrap around) service and align to the wider transitions workstream in 2022-23	Winter 2023 – Summer 2024	Green: Action complete The expansion and alignment of the 16-25's Enhanced Support Service model has been completed.	Lead agency: - Youth Works [Chief Executive Officer] Supporting agencies: - Healthy Minds Healthy Brains Pillar - MHLDA Outcome-Based Pathways Pillar - NHFT [Clinical Lead Nurse Child and Adolescent Mental Health Services (CAMHS)] - North Northants and West Northants Council's Leaving Care Teams - Public Health Northamptonshire [Public Health Consultant]
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Priority 3: Reduce access to means of suicide				
Objective	Action	Timescale	RAG Status	Stakeholders
3.2 Engage with partners and retailers to influence policy change to reduce access to certain means of suicide	3.2.1 Evaluate data and intelligence to identify local means of suicide for prioritisation	Summer 2022	Green: Action complete Data and intelligence have been evaluated to identify local means of suicide.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - North and West Northants Council's Trading Standards - Northamptonshire Retailers
3.3 Continue to monitor existing suicide data and intelligence sources to inform emerging methods and local trends	3.3.1 Evaluate the findings from the Coroner's Audits	Ongoing	Green: Action complete A report has been developed following a deep-dive audit on local data. The audit will continue on a regular basis.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - Coroner's Office [Coroner's Office Manager] - Northamptonshire Police - Northamptonshire Safeguarding Adults Board - Northamptonshire Safeguarding Children Partnership - SPSG Partners
	3.3.2 Evaluate findings from the local Real Time Surveillance System	Ongoing	Green: Action complete Local real-time surveillance data is collated on suspected deaths by suicide and is evaluated regularly. Data and intelligence will continue to be collected and monitored, with an escalation protocol in place to highlight if actions are required to reduce further impact.	

	3.3.3 Establish and embed links with local safeguarding partnerships	Ongoing	Green: Action complete Links with safeguarding boards have been made with the agreement of collaborative working when appropriate.	
	3.3.4 Work with partners to explore opportunities for access to additional sources of data and intelligence to inform analysis of suicide methods	Ongoing	Green: Action complete Opportunities to share and receive relevant data and intelligence are explored regularly.	

Priority 4: Provide better information and support to those bereaved or affected by suicide

Objective	Action	Timescale	RAG Status	Stakeholders
4.3 Coordinate a countywide suicide prevention package to support educational establishments	4.3.1 Work with partners to map existing postvention services and carry out a needs assessment and gap analysis on the current position. Use the results of the needs assessment and gap analysis to identify and coordinate essential service and information requirements, to develop a comprehensive package which will provide support to the affected community	Summer 2022 – Autumn 2022	Green: Action complete A support package for all educational establishments in Northamptonshire has been developed to support in the event of a suspected death by suicide in a school community, including postvention and prevention information.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - Children, Families and Education Team - Education and Skills Team - Educational Psychology Service - NHFT [CAMHS Clinical Lead Nurse] - NHFT [Suicide Prevention Lead] - Northamptonshire Children’s Trust - Reach Collaborative - Safeguarding in Education Team - Service Six [Chief Executive Officer] - SPSG Partner Communication Teams - University of Northampton [Free2talk Lead]

<p>4.5 Explore opportunities to develop intelligence and data on bereavement services and those bereaved by suicide from across the suicide prevention partnership</p>	<p>4.5.1 Work with partners to devise a monitoring system to provide intelligence on Wave 3 support bereavement services</p>	<p>Summer 2022 – Summer 2023</p>	<p>Green: Action complete A monitoring system has been established and is reported through the MHLDA Data Lab.</p>	<p>Lead agency:</p> <ul style="list-style-type: none"> - Public Health Northamptonshire [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Child and Adolescent Bereavement Service [Service Coordinator] - Coroner’s Office [Coroner’s Office Manager] - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - Service Six [Chief Executive] - SOBS [Chief Executive Officer] - SPSG Partners - We Mind and Kelly Matters [Chief Executive Officer]
<p>4.6 Embed the local Bereavement Real-Time Referral Pathway</p>	<p>4.6.1 Work with partners to evaluate existing referral pathways for local bereavement services, and devise solutions to develop and embed the pathways across the system</p>	<p>Summer 2022 – Summer 2023</p>	<p>Green: Action complete A local bereavement real-time referral pathway has been embedded; review of this pathway will remain ongoing.</p>	<p>Lead agencies:</p> <ul style="list-style-type: none"> - Northamptonshire ICB [Programme Manager, MHLDA Collaborative] - Public Health Northamptonshire [Public Health Consultant] <p>Supporting agencies:</p> <ul style="list-style-type: none"> - Child and Adolescent Bereavement Service [Service Coordinator] - Service Six [Chief Executive] - SOBS [Chief Executive Officer] - SPSG Partners - We Mind and Kelly Matters [Chief Executive Officer]

Priority 5: Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Objective	Action	Timescale	RAG Status	Stakeholders
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5.1 Develop a local Media Framework to support responsible reporting of suicide	5.1.1 Work with local media organisations to produce a framework that provides guidance on reporting and includes the promotion of prevention and sources of support, to encourage good standard practice and minimise impact on communities	Autumn 2022 – Summer 2023	Green: Action complete A local Media Reporting Framework has been developed and shared with local media colleagues following World Suicide Prevention Day September 2023.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - Local Media Organisations - Northampton Samaritans [Director] - SPSG Partner Communication Teams
5.2 Establish a local media monitoring system	5.2.1 Develop a local system to monitor reporting of suicide and self-harm across local, regional, national, and social media channels. Review outcomes and identify recommendations for adjustments to existing practice	Winter 2022	Green: Action complete A local monitoring system is in place, with support from communication colleagues when reporting concerns arise.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - Northampton Samaritans [Director] - SPSG Partner Communication Teams

Priority 6: Support research, data collection and monitoring

Objective	Action	Timescale	RAG Status	Stakeholders
6.1 Undertake an audit of Coroners cases to enhance our understanding of the local situation (audit since last audit) Annual audit ongoing	6.1.1 Complete an audit on closed Coroners cases between September 2018 and April 2022. Analyse findings and identify findings and recommendations for future consideration	June 2022 – October 2022	Green: Action complete A report has been developed following a deep-dive audit on local data.	Lead agencies: - Coroner's Office [Coroner's Office Manager] - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - SPSG Partners - We Mind and Kelly Matters [Chief Executive Officer]
	6.1.2 Commence an annual audit programme to maintain intelligence	June 2023 onwards	Green: Action complete The audit will continue on a regular basis.	
6.2 Continue to work with partners to maintain the Northamptonshire Suicide Real Time Surveillance System (RTSS)	6.2.1 Monitor and analyse data from the SRTSS and identify findings and recommendations for future consideration	Ongoing	Green: Action complete Local real-time surveillance data is collated on suspected deaths by suicide and is evaluated regularly.	Lead agencies: - Coroner's Office [Coroner's Office Manager] - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - Northamptonshire Police - SPSG Partners

6.3 Develop an escalation protocol for suspected suicide cases	6.3.1 Establish a Suicide Prevention partnership protocol to undertake a timely review relating to suspected suicide cases which require escalation following notification via the RTSS	Summer 2022	Green: Action complete An escalation protocol has been developed and is followed when actions have been identified to reduce further impact.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - Co-opted SPSG Partners - NHFT [Suicide Prevention Lead] - Northamptonshire ICB [Programme Manager, MHLDA Collaborative]
6.5 Explore opportunities to develop intelligence and data sources from across the suicide prevention partnership	6.5.1 Work with partners to maximise opportunities for access to existing intelligence and data and look for additional opportunities to increase sources utilised	Ongoing	Green: Action complete Opportunities to develop intelligence and data sources from across the suicide prevention partnership will continue to be explored.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - SPSG Partners

Priority 7: Reducing rates of self-harm as a key indicator of suicide risk				
Objective	Action	Timescale	RAG Status	Stakeholders
7.1 Improve awareness and understanding of services offering support for self-harm in Northamptonshire	7.1.1 Produce a map of current self-harm services and support available in Northamptonshire to enable prioritisation and identify areas for future consideration	Summer 2022 – Summer 2024	Green: Action complete A map of self-harm services and support has been developed.	Lead agency: - Public Health Northamptonshire [Public Health Consultant] Supporting agencies: - SPSG Partners

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North Northamptonshire Adult Social Care Strategy

Report Title	Development of the North Northamptonshire Adult Social Care Strategy	
Report Authors	Ali Gilbert, ICS Director of North Place Development Ali.Gilbert@northnorthants.gov.uk	
Contributors/Checkers/Approvers		
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List of Appendices

- Appendix A New Sense of Place and ASC strategy development
- Appendix B Executive Summary draft ASC strategy Version 13
- Appendix C Draft ASC strategy Version 13
- Appendix D Draft person journeys Version 13

1. Purpose of Report

- 1.1. To provide an overview of the development of the North Northamptonshire Adult Social Care (ASC) five-year strategy.

2. Executive Summary

- 2.1. The North Adult Social Care (ASC) strategy is being co-produced with the NNC ASC workforce and this paper provides an overview of the development to date as outlined in **Appendix B & C**.
- 2.2. The following headlines describe key elements of the strategy and the approach taken in its development:

The National statutory requirements of the Care Act are threaded through to local requirements, with recognition of its development in the recent Association of Directors of Adult Social Services (ADASS) annual conversation visit feedback.

The draft strategy is a framework that brings together all current developmental work and sets a five-year direction of travel for the people of North Northamptonshire.

It is a document that has 'a way of working at its heart' and will be embedded into day-to-day operations as we move forward.

A co-productive approach has been taken with the NNC ASC workforce and the people who use the services to enable a solid engagement.

System partners have started to be involved through the North Place Board. This will expand as we move into the next phase of development.

A five-year vision, aims and ambitions including values and behaviours, have been developed based on the output of the staff practice framework outputs.

An outline of the case for change based on the as-is way of working, with a focus on ASC demand reduction and value for money.

The future proposed person-centred strengths based operating model (the future way of working). The proposed outcomes framework will be based on the recent National Adult Social Care outcomes framework (ASCOF).

The opportunity to embed sustainable co-production with partners, communities and people who are involved in ASC services has been placed at the heart of the strategy.

An alignment with the North Place Development model – A New Sense of Place (Local area partnerships – LAPS and Support North Northamptonshire Voluntary Community and Social Enterprise (VCSE) collaborative initiative).

The roadmap articulating the next steps and progressive wider partner involvement and ownership.

Implementation planning of what this means operationally will be developed with staff in early 2024 to implement a sustainable model over the coming years, within the required budgetary envelope.

3. Recommendations

3.1. It is recommended that:

3.1.1 The progression of the development of the draft North Adult Social Care strategy is noted and discussed.

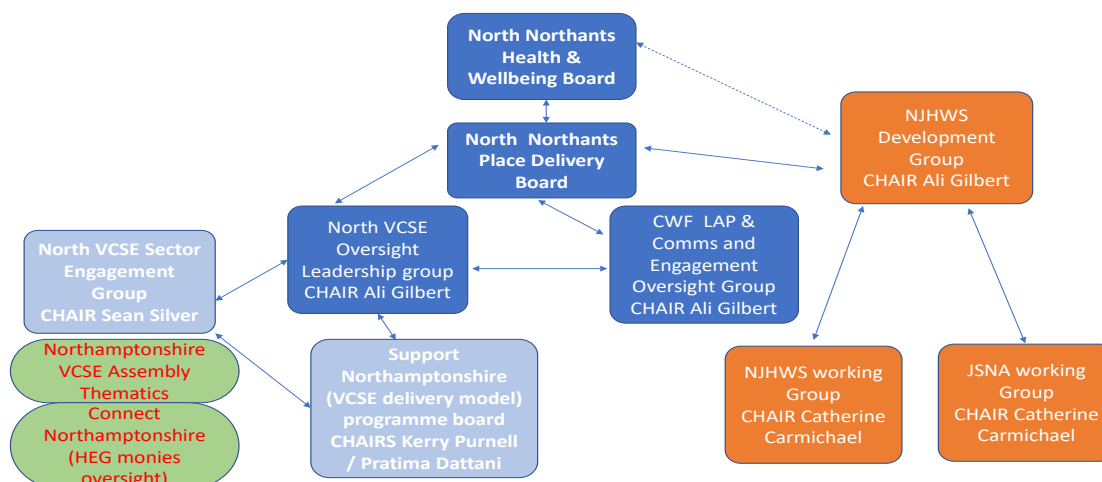
3.1.2 That partners are asked to share the development to date within their organisations and work to develop the strategy further.

4. Report Background

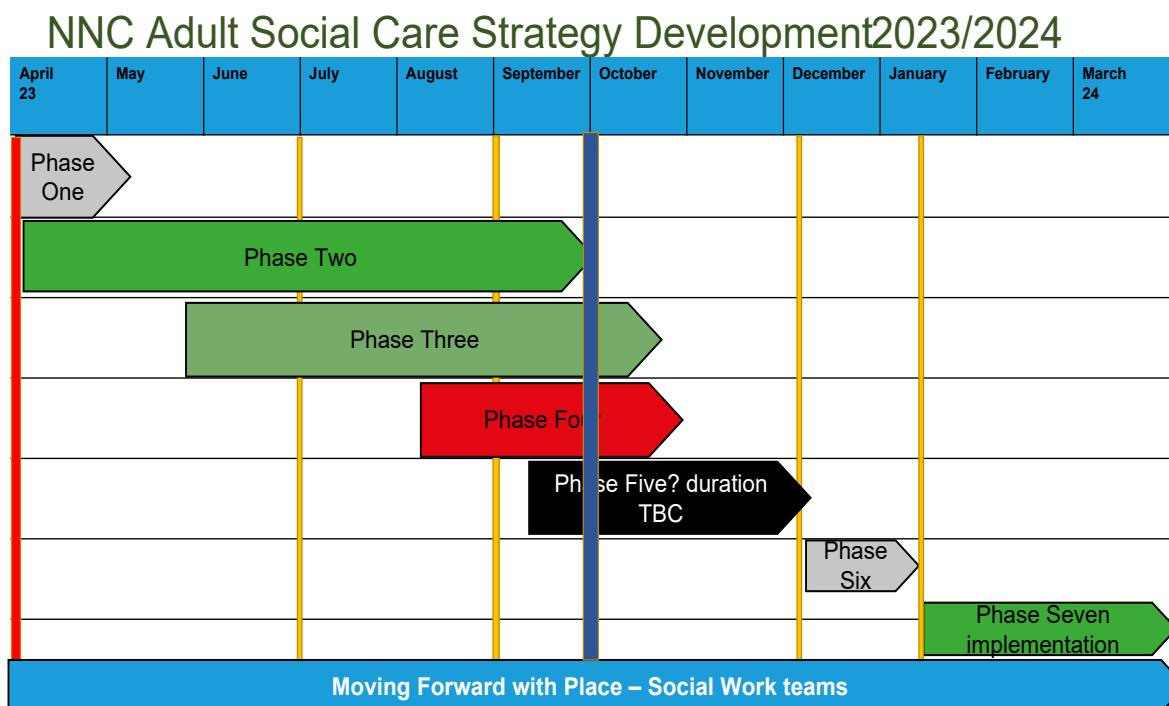
4.1. The North Adult social care strategy is under development through a co-productive approach. **Appendix B** reflect provides and executive summary of the work to date with **Appendix C** providing further detail.

4.2. **Appendix A** reflects the connectivity with the wider North Place Development A New Sense of Place

4.3. The **Governance** supporting its development is reflected below.



4.4. The developmental **phased approach** is outlined below and reflects the time for the ASC workforce to own and shape the emerging strategy.



Phase 1 - Research national/local strategy and best practice.

Phase 2 - Developmental design of the future ASC operating model.

Phase 3 - Developmental design of the future coproduction strategy.

Phase 4 - Development consultation strategy / outcomes framework.

Phase 5 – Informal Consultation / engagement period.

Phase 6 - Final strategy developed - NNC and system governance.

Phase 7 - Embedding of the new way of working.

4.5. The shared vision, aims, ambitions and outcomes, as far as the draft strategy has been developed, are described below (**Appendix B & C**)

4.6. Shared Vision

People will be enabled to lead the lives they wish to live, having the best opportunities to achieve the outcomes that are important to them.

As one resilient workforce:

We will work ambitiously in partnership with people and have a relentless focus on the strengths of people to ensure they develop, maintain and recover their independence.

We will provide and/or commission high standard personalised care and support that enables people to have the best opportunities and quality of life.

4.7. Shared Aims

To provide and commission strength-based personalised care to meet the needs of individuals and their carers in the places they live.

To ensure equal access and support for those who need it.

To ensure the wellbeing of our workforce is good.

To safeguard to prevent harm and reduce the risk of abuse or neglect.

To develop integrated commissioning and brokerage to support good outcomes.

4.8. Shared Ambitions

Ensuring the wellbeing and independence of people.

People should be able to live a life free from harm, with no tolerance of abuse.

Communities are active and supportive.

To create the conditions to support and develop our workforce.

To actively engage people in co-production of adult social care services.

4.9. Shared Outcomes

Living the life I want, keeping safe and well.

Having the information I need when I need it.

Keeping family friends and connections.

My support my own way.

Staying in control.

4.10. Shared Values

Kind and respectful.

Trusting.

Transparent, efficient and we demonstrate our behaviours.

Supporting.

4.11. Shared Behaviours

Respect and understand people as individuals.

Trust people know what's right for them. We listen and keep an open mind.

We know and follow the law, ethics and best practice, always open to improvement.

Be open about procedures, making them clear so people know what they can and cannot expect.

We connect and engage well and respond in a timely manner.

Honest about what we are going to do and say when we are going to do it, we do it.

4.12. The Way We Work Now

The case for change has many dimensions and is outlined in **Appendix C**, with **Appendix D** providing interactive person journeys for the current service offers.

The following provides an overview of the changes proposed to the current ASC service from a staff and user lens:

Two routes of access into ASC services.

Demand continues to increase and waits for reviews continues.

No formal triage filter for 'conversation 1' i.e. listening hard to people, and their families to understand what's important and working with them to make connections and build relationships in order to help them get on with their life independently.

Hand offs between services.

Not all services are trained to focus on a strength-based approach.

Limited population needs focused /place-based approach for providers, commissioning and contracting. Reliance on historic contractual approaches with limited market capacity in many areas.

Carer and family support and recognition limited.

Limited Information, advice and sign-posting at the main routes of access.

Multiple IT systems and duplication, repetitiveness and hand-offs.

Making Safeguarding Personal (MSP) is not embedded in all services consistently.

Co-production is limited.

4.13. The Potential Future Way of Working

There is an emerging future model evolving, which builds on the place-based approach with communities and where people live.

The key components are outlined as:

Person centered strength-based safe care.

Single route of access into adult social care with the right allocation to community places / hubs.

Information, advice and signposting embedded – conversation 1.

Carers, friends and families involved most of the time when appropriate.

Strengths based three conversations embedded with entire ASC workforce.

Co-production embedded.

Safeguarding culture owned by all to provide a person-centered outcome based on making safeguarding personal.

Reduction of handoffs between services supported by the right technology.

Appropriate and timely housing and accommodation offers.

Needs based population commissioning, contracting underpinned by integrated brokerage and commissioning based at Place.

Reducing demand and enabling timely reviews.

A strong market that meets the needs of the population.

Provide quality social care services through contracting, clear accountability, regulatory compliance with value for money and continuous improvement embedded.

Appropriate skill and competency of all staff with clear career development opportunities available to all in support of staff wellbeing, recruitment and retention of people.

Connected digital technology.

5.0 Next Steps

The intention is that the final strategy will be approved by the end of February 2024, with implementation planning underway with a view to initiate implementation in March 2024. **Appendix B & C** provides an overview of The roadmap and steps to achieve this.

6.0 Issues and Choices

The strategy is based on National best practice and confirmed through local co-production.

7.0 Implications (including financial implications)

No implications identified at this point.

8.0 Resources, Financial and Transformation

The intention is to implement the strategy within the allocated budget, with the intention to implement the key elements of strengths-based working.

9.0 Legal

There are currently no legal implications.

10.0 Risk

To continue ownership of the implementation of the strategy with our workforce within the budget allocated.

11.0 Consultation

There is currently no identification of a need for formal consultation.

12.0 Consideration by Scrutiny

None

13.0 Climate and Environmental Impact

There are currently no identified climate or environmental implications.

14.0 Community Impact

There will be embedded co-production with communities and an alignment with the New Sense of Place Community model.

North Northamptonshire Place Development & North Adult Social Care Strategy development

Ali Gilbert
ICS Director of North Place

Two Components

ONE North Northamptonshire
A New Sense of Place (being implemented)

Page 112 **TWO** NNC
ASC Strategy Development (being developed)

TWO A. Moving Forward with Place (being implemented)

TWO B. Moving Forward with People (being developed)





Two Components

ONE North Northamptonshire
A New Sense of Place (being implemented)

TWO NNC
ASC Strategy Development (being developed)

TWO A. Moving Forward with Place (being implemented)

TWO B. Moving Forward with People (being developed)



A NEW *sense* OF PLACE

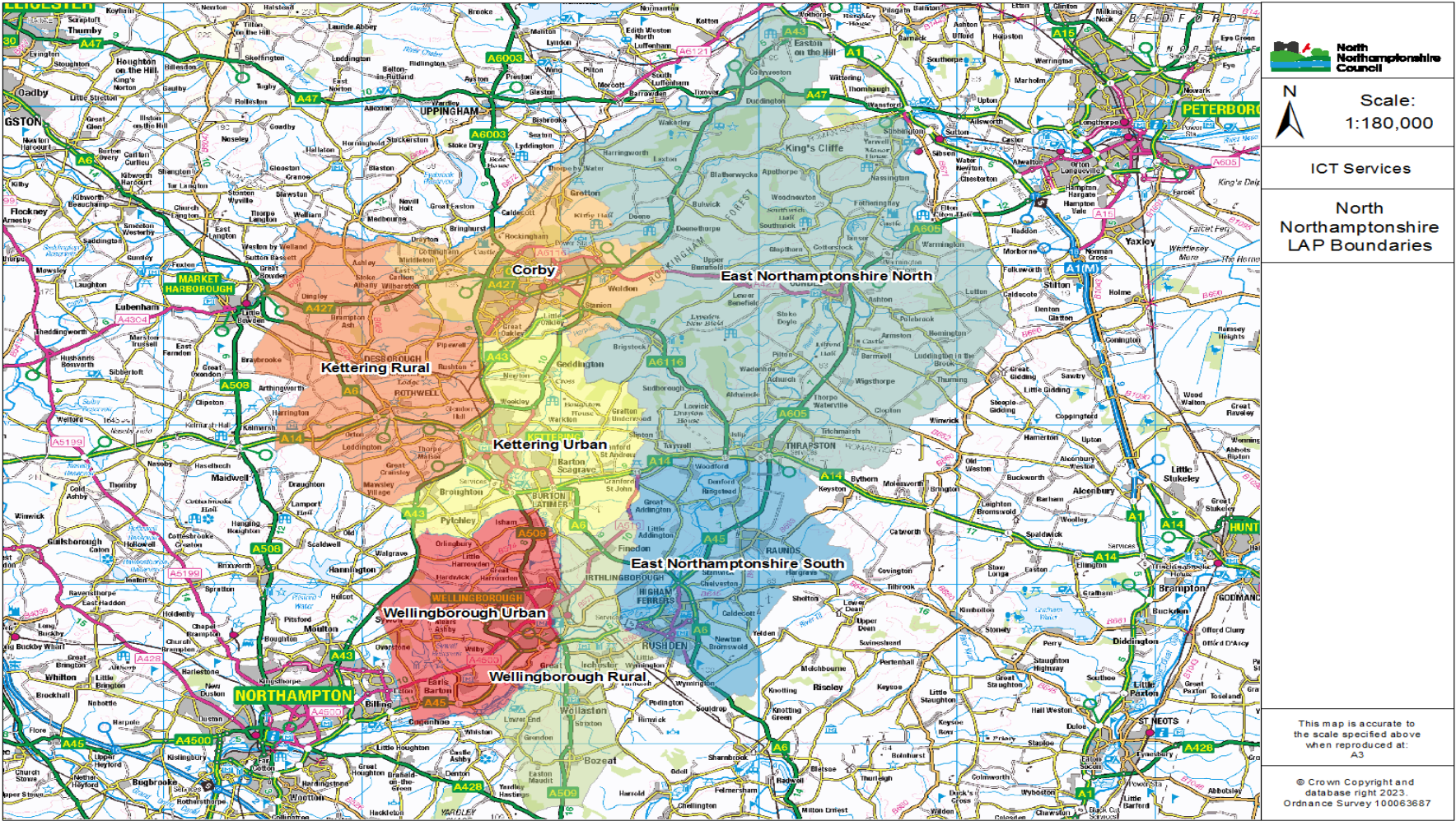
North Northamptonshire Place Development

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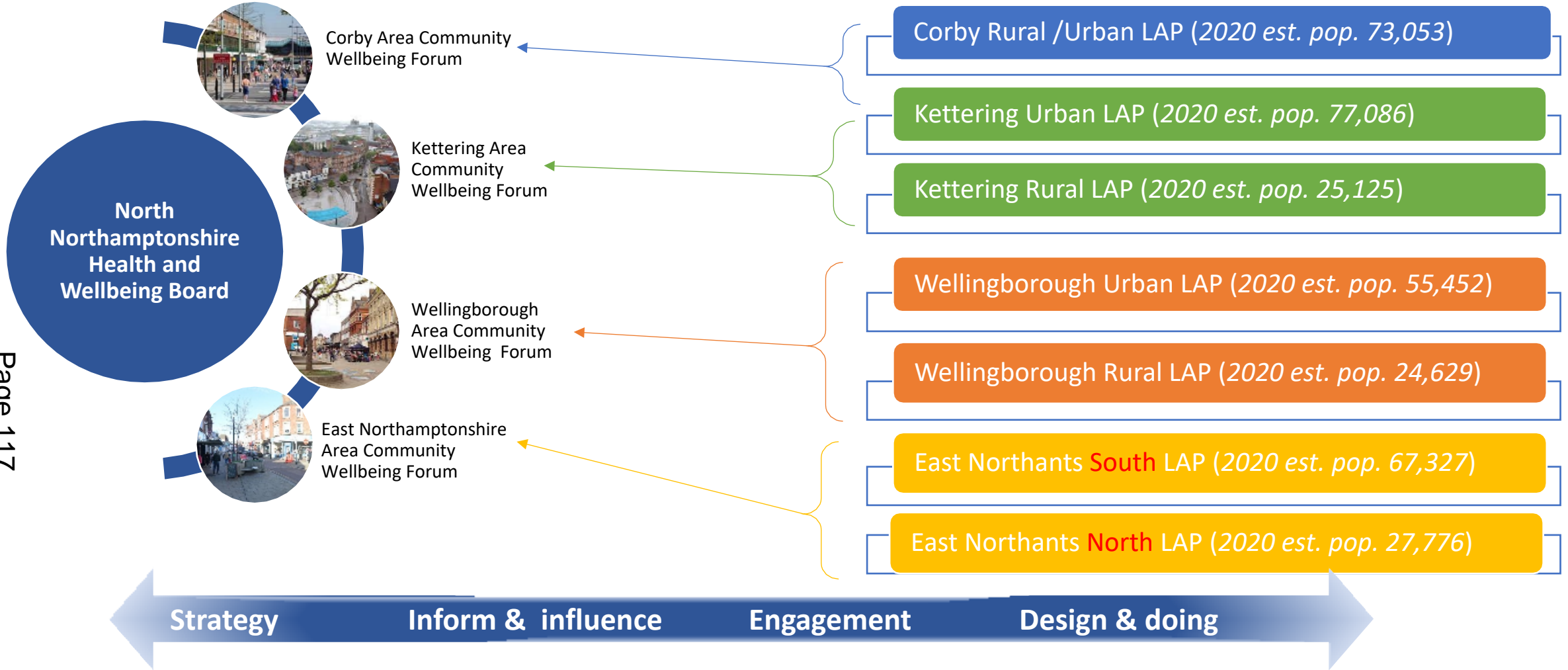
North
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Council

North Place LAP boundaries



Area Community Wellbeing Forums Local Area Partnerships

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Two Components

ONE North Northamptonshire
A New Sense of Place (being implemented)

Page 118 **TWO** NNC
ASC Strategy Development (being developed)

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North Northamptonshire Adult Social Care Strategy 2023 - 2028

The lives we live

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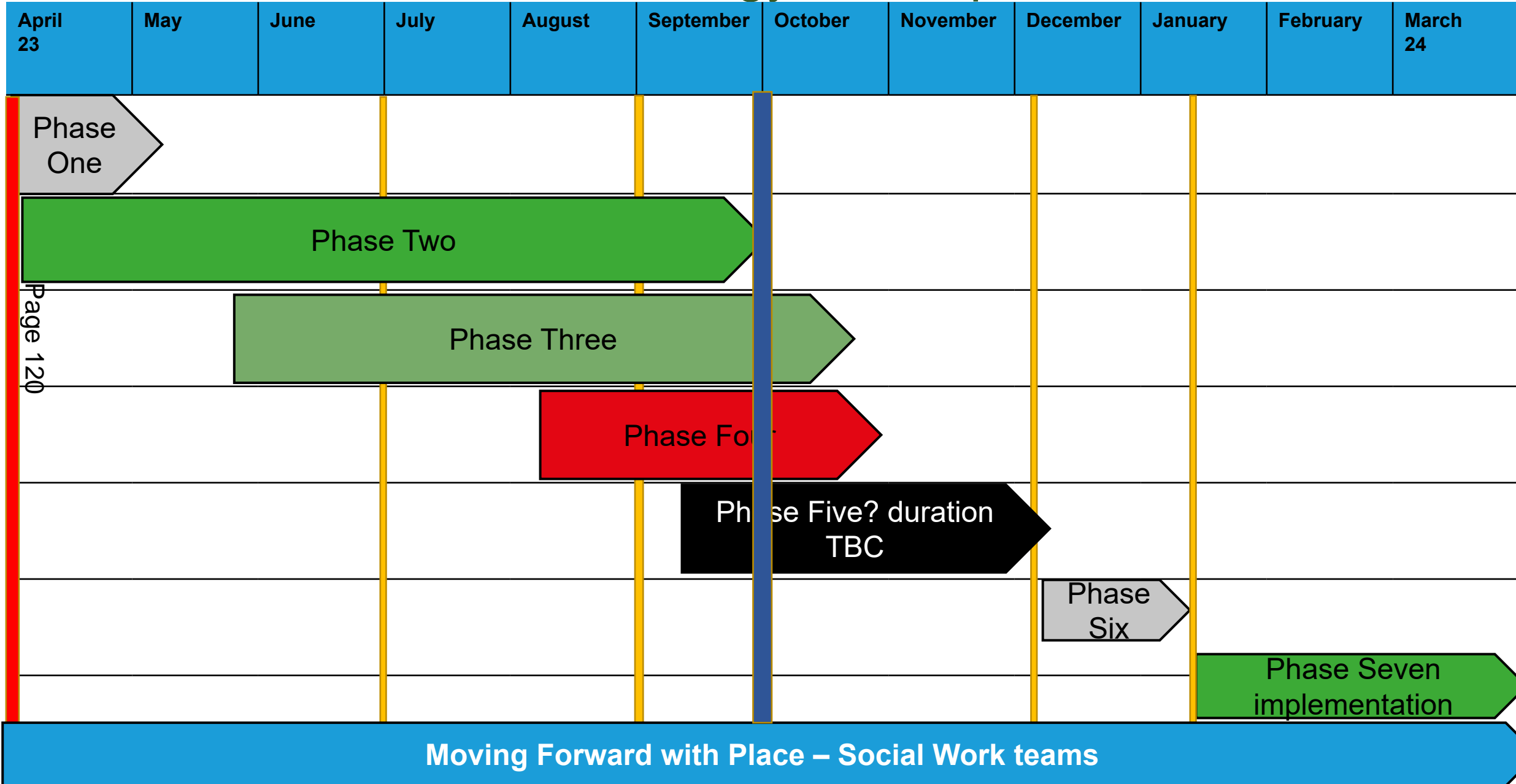


OUR APPROACH TO DEVELOPING WITH YOU



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NNC Adult Social Care Strategy Development 2023/2024



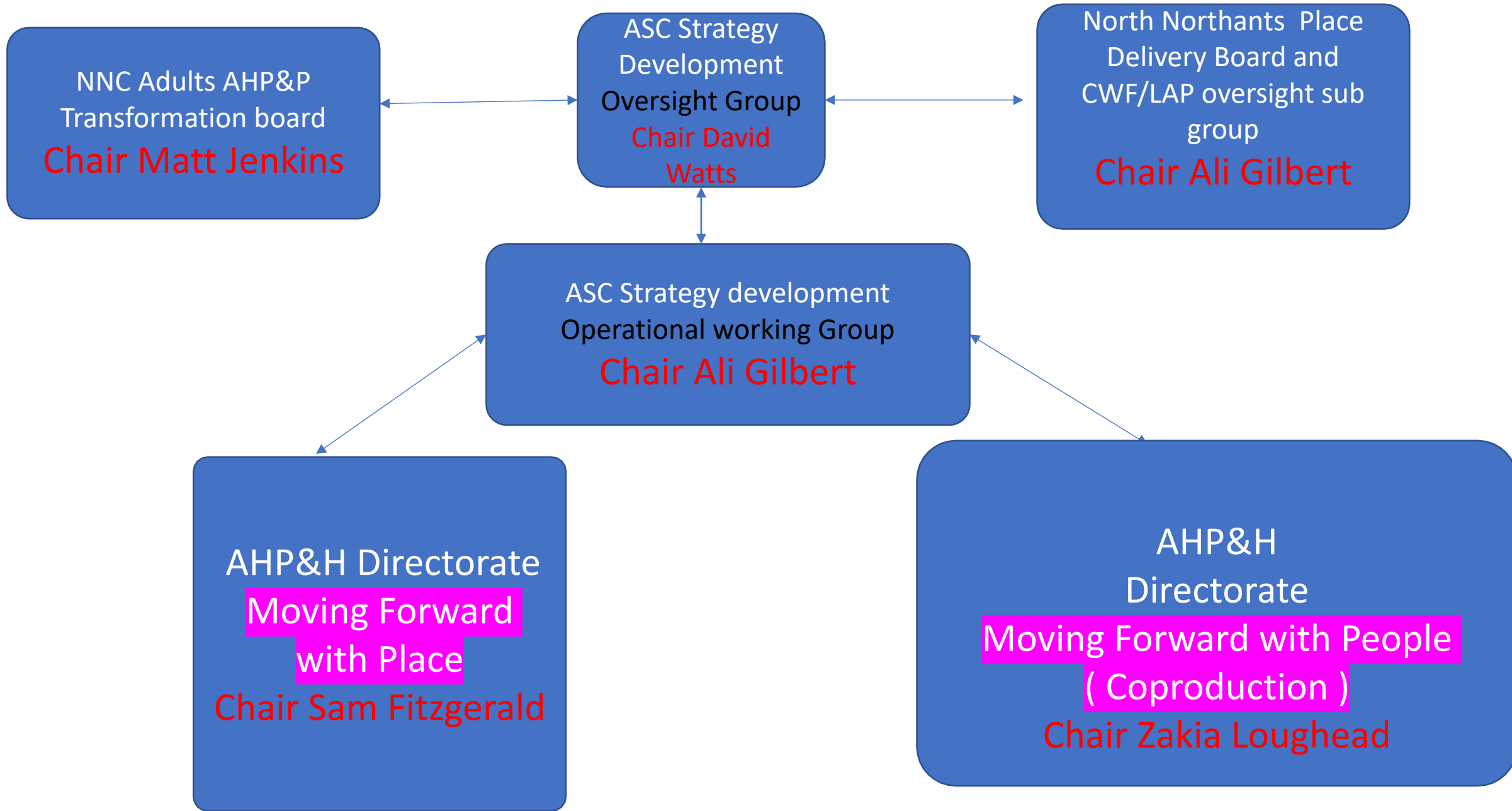
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Phased Developmental Approach

- Phase 1 Research National/local strategy and best practice
- Phase 2 Developmental design of the future ASC operating model
- Phase 3 Developmental design of the future coproduction strategy
- Phase 4 Development consultation strategy / outcomes framework
- Phase 5 Consultation / engagement period
- Phase 6 Final strategy developed - NNC and system governance
- Phase 7 Embedding of the new way of working



NNC Adult Social Care Strategy development governance



Two Components

ONE North Northamptonshire
A New Sense of Place (being implemented)

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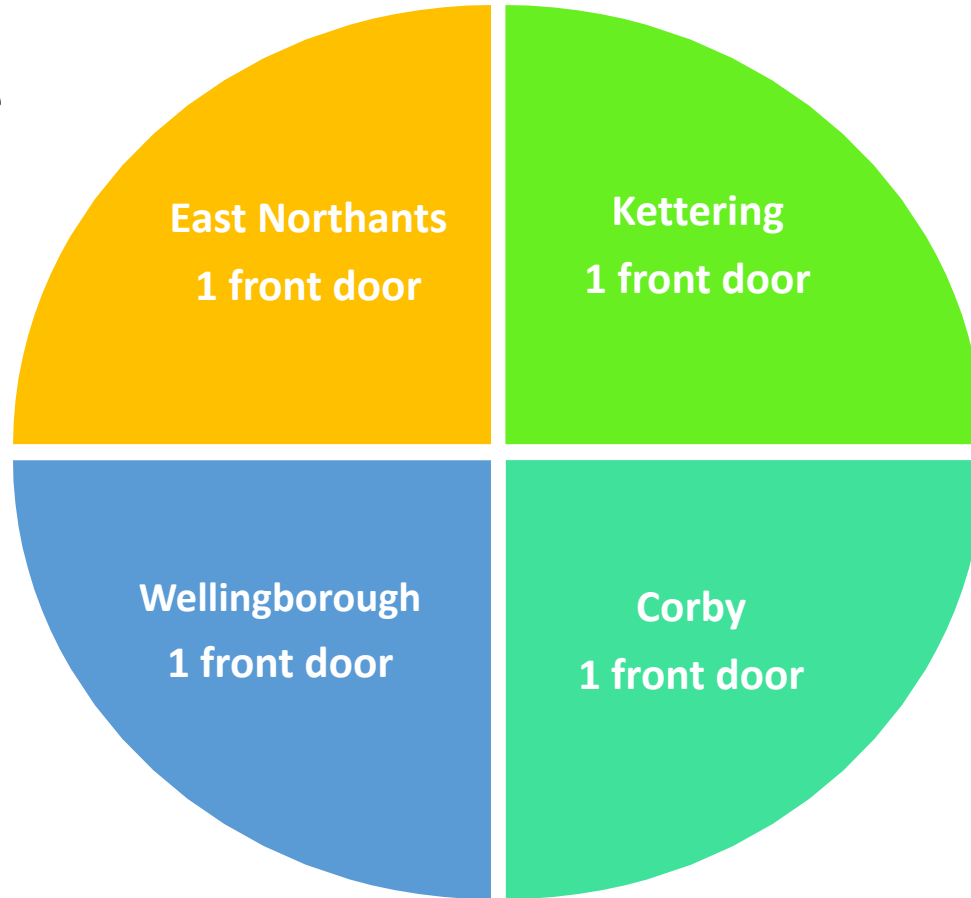
TWO B. Moving Forward with People (being developed)



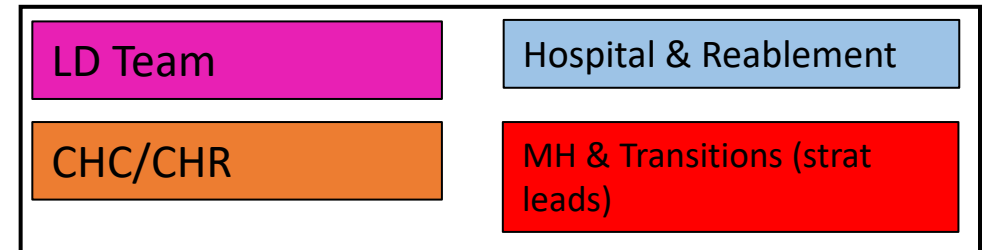
3. Moving Forward with Place - The Proposed 'Form'

Head of Service

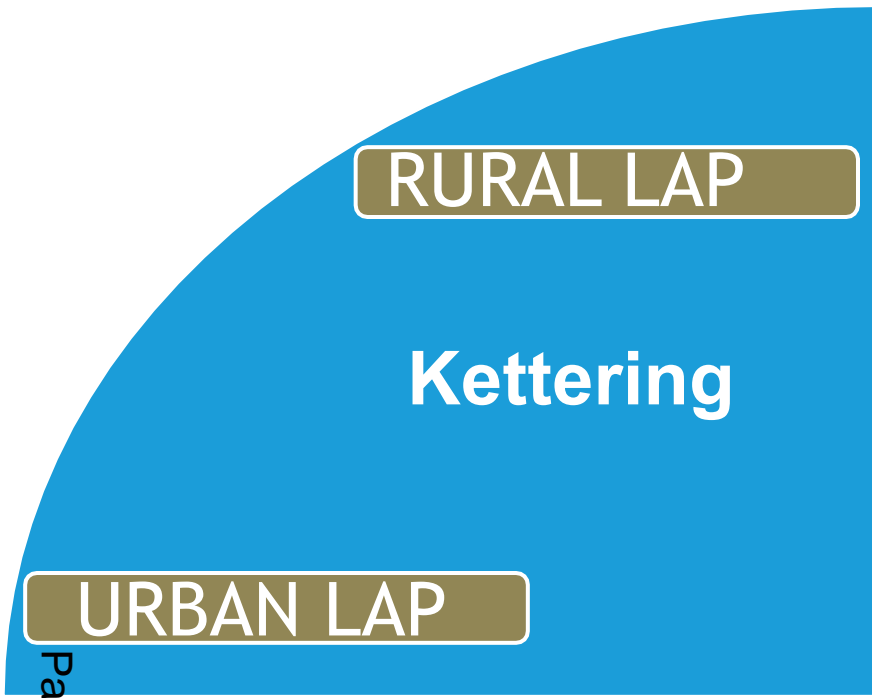
Head of Service



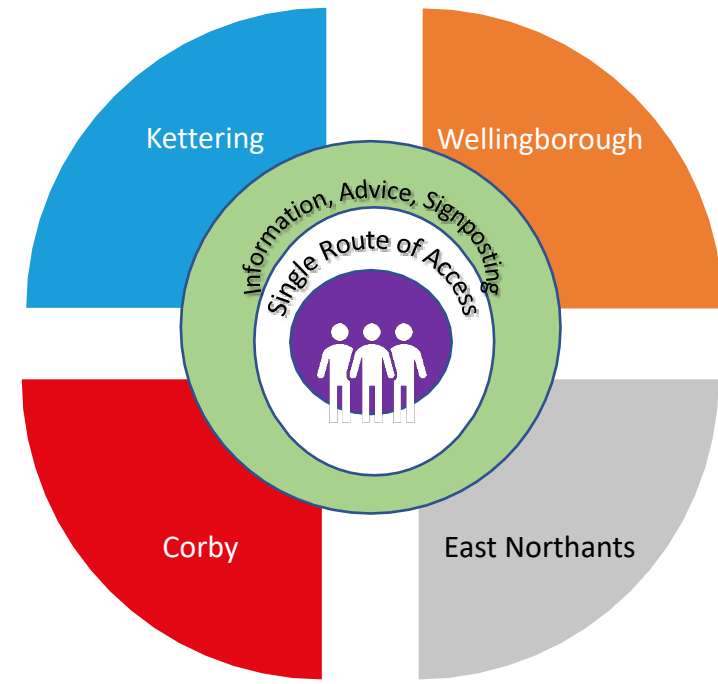
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A NEW *sense* OF PLACE



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Two Components

ONE North Northamptonshire
A New Sense of Place (being implemented)

Page 126 **TWO** NNC
ASC Strategy Development (being developed)

TWO A. Moving Forward with Place (being implemented)

TWO B. Moving Forward with People (being developed)



Moving Forward with People (co-production) Our Vision

Our vision is to co-produce Adult Social Care Services in a way that is meaningful, and person centred by incorporating our core values for North Northamptonshire which include:

Customer focussed For individual, their families and carers, this means they can expect person centred care, that is tailored to the circumstances, strengths and needs of the individual and demonstrate their desired outcomes.

Respectful This means individuals, families and carers can expect to be always treated with dignity, having support that recognises their capability and ambitions whilst promoting independence and being treated as equals.

Trustworthy Individuals, families and carers can expect open, honest and regular communication that involves active listening to ensure mutual understanding and where needed, additional support to aid participation and understanding. They can also expect to have increased involvement and recognition of their role as experts in their own lives. Individuals, families and carers can expect to be kept informed in ways and with frequencies that have been agreed with them.

Efficient This means that people who use services and their families can expect timely, high-quality information, advice, assessments and support to ensure that their individual needs are met. Individuals, families and carers can expect a shared understanding of what constitutes high quality care, how this is demonstrated and measured.

Supportive Individuals, families and carers are able to make decisions about what is right for them, their quality of life is improved, and they are enabled to participate as valued members of the wider community.

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North Northamptonshire Adult Social Care Strategy 2023 - 2028

The lives we live



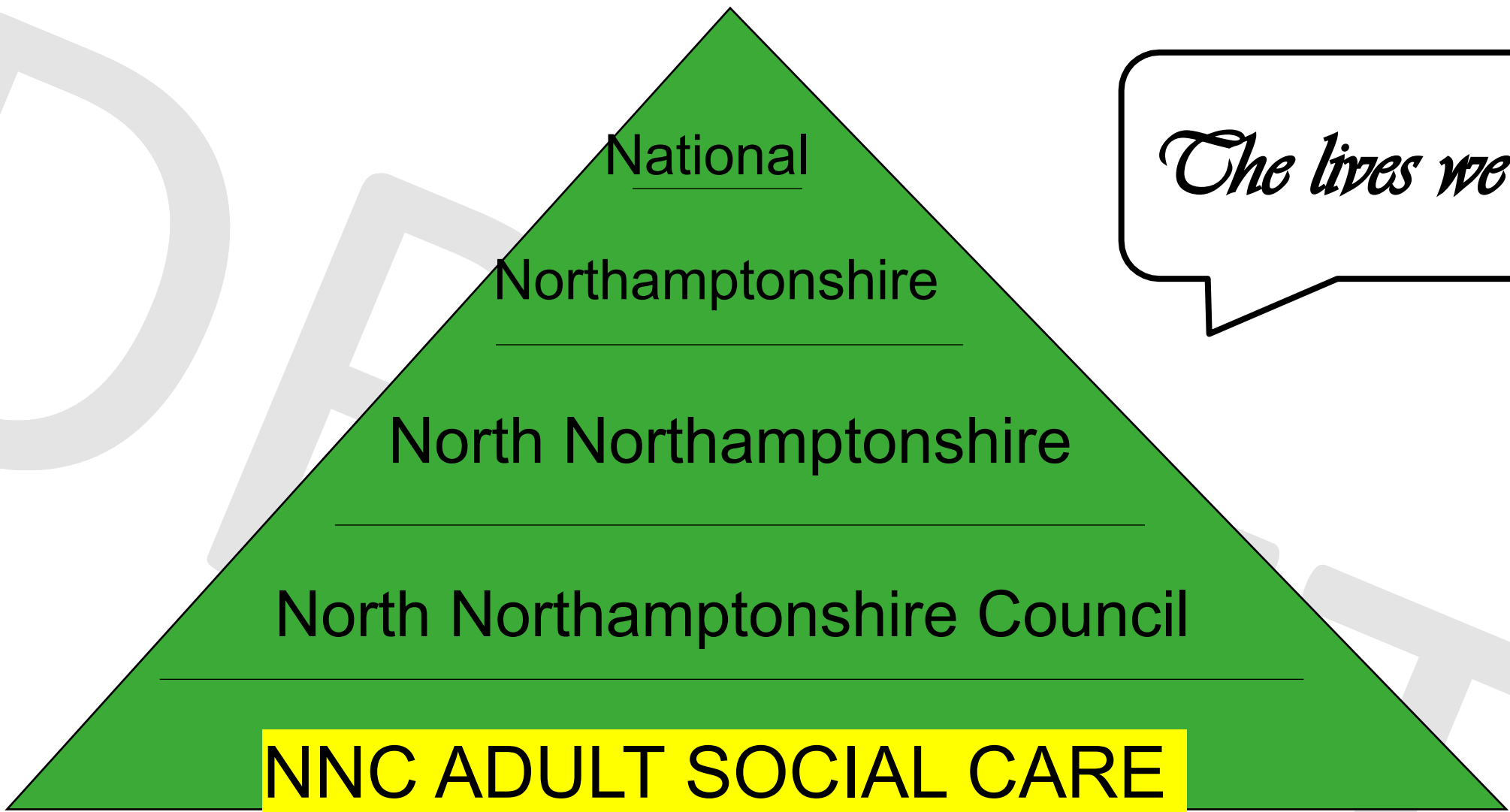
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The lives we live

Introduction

- ❑ This is the **five-year strategy** for adult social care provision and commissioning covering 18-year-olds to adults, including progression transition from 14 years onwards
- ❑ It will support a **new vision for adult social care and commissioning based on a Strength Based approach**
- ❑ It is based on **collaborative engagement and co-production** with local partners, people working in social care, and people who draw on care and support, recognizing people have the knowledge and experience to improve the way we deliver care.
- ❑ **National through to local context**



The lives we live



North Northamptonshire Adult Social Care Strategy 2023 - 2026

**The lives we
live**

VISION

AIMS

AMBITIONS

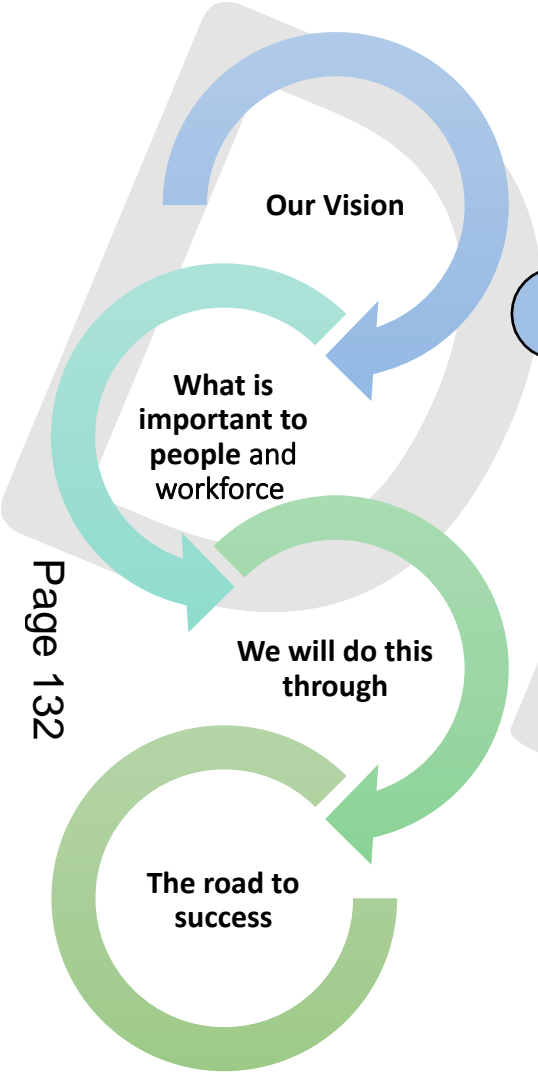
**Values –
Behaviours**

**STRENGTHS BASED PERSON CENTERED
CONVERSATION ONE, TWO AND THREE**

Knowing how well we have done

OUTCOMES

Working with other strategies and plans



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Shared Vision
Shared Aims
Shared Ambition
Shared Values
Shared Behaviours

*The lives we
live*

NNC Adult Social Care



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SHARED VISION

The lives we live

People will be enabled to lead the lives they wish to live, having the best opportunities to achieve the outcomes that are important to them.

As one resilient workforce

- We will work ambitiously in partnership with people and have a relentless focus on the strengths of people to ensure they develop, maintain and recover their independence.**
- We will provide and/or commission high standard personalised care and support that enables people to have the best opportunities and quality of life.**



SHARED AIMS

The lives we live

- To provide and commission strength based personalised care to meet the needs of individuals and their carers in the places they live
- To ensure equal access and support for those who need it
- To ensure the wellbeing of our workforce is good
- To safeguard to prevent harm and reduce the risk of abuse or neglect
- To develop integrated commissioning and brokerage to support good outcomes



SHARED AMBITIONS

*The lives we
live*

- ❑ **Ensuring the wellbeing and independence of people**
- ❑ **People should be able to live a life free from harm, with no tolerance of abuse**
- ❑ **Communities are active and supportive**
- ❑ **To create the conditions to support and develop our workforce**
- ❑ **To actively engage people in co-production of adult social care services**



SHARED OUTCOMES

- Living the life I want, keeping safe and well
- Having the information I need when I need it
- Keeping family friends and connections
- My support my own way
- Staying in control

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*The lives we
live*



Changes to the Adult Social Care Outcomes Framework (ASCOF) for 2023 to 2024

Objectives

1. Quality of life: people's quality of life is maximised by the support and services which they access, given their needs and aspirations, while ensuring that public resources are allocated efficiently.
2. Independence: people are enabled by ASC to maintain their independence and, where appropriate, regain it.
3. Empowerment – information and advice: individuals, their families and unpaid carers are empowered by access to good quality information and advice to have choice and control over the care they access.
4. Safety: people have access to care and support that is safe and which is appropriate to their needs.
5. Social connections: people are enabled by ASC to maintain and, where appropriate, regain their connections to their own home, family, and community.
6. Continuity and quality of care: people receive quality care, underpinned by a sustainable and high-quality care market and an adequate supply of appropriately qualified and trained staff.

SHARED VALUES

The lives we live

Our values and behaviours will help us achieve our vision.



Customer-focused

- Think 'One Team' and act Council-wide
- Take ownership and do the right thing
- Keep customers up-to-date and informed
- Listen and respond to differing needs



Respectful

- Embrace and live the Council's values
- Listen to and value the contributions of others
- Share ideas and feedback at all levels
- Promote diversity and inclusivity



Efficient

- Challenge and innovate
- Be collaborative and share learning
- Be flexible, proactive and prioritise
- Seek learning opportunities



Supportive

- Build an open and sustainable culture
- Promote achievement and celebrate success
- Be caring and empathetic
- Develop yourself and others



Trustworthy

- Act with honesty and integrity
- Build effective relationships
- Do what you say you're going to do
- Be open and transparent

Our vision for North Northamptonshire:

'A place where everyone has the best opportunities and quality of life.'

- Kind and respectful
- Trusting
- Transparent, efficient and we demonstrate our behaviours
- Supporting

SHARED BEHAVIOURS

The lives we live

- Respect and understand people as individuals**
- Trust people know what's right for them. We listen and keep an open mind**
- We know and follow the law, ethics and best practice, always open to improvement**
- Be open about procedures, making them clear so people know what they can and cannot expect**
- We connect and engage well and respond in a timely manner**
- Honest about what we are going to do and say when we are going to do it , we do it.**



THE WAY WE WORK NOW - what we want to change

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Hospital

Community

Adult Social Care

Transitions Inclusion Care Home Review Team Continuing Health Care

Community Learning Disabilities Hospital Reablement

Brokerage Financial Assessments Personal Budget Support Service Payments Client Funds

Pine Lodge Day Services EADS (Employment and Disability Service) Provider Safeguarding Approved Mental Health Professionals

Thackley Green Therapy LIVE (Learning Independent Volunteering & Employment) Deprivation of Liberty Safeguards

External Provider

Making Safeguarding Personal

THE WAY WE WORK NOW – what we want to change

- Two routes of access into ASC services
- Demand continues to increase and waits for reviews continues
- No formal triage filter for conversation 1
- Hand offs between services
- Not all services are trained to focus on a strength-based approach
- Limited population needs focused /place-based approach for providers, commissioning and contracting. Reliance on historic contractual approaches with limited market capacity in many areas.
- Carer and family support and recognition limited
- Limited Information, advice and sign posting at the main routes of access
- Multiple IT systems and duplication, repetitiveness and hand offs
- Making Safeguarding Personal (MSP) is not embedded in all services consistently
- Co-production is limited



OUR POTENTIAL FUTURE STRENGTH BASED WAY OF WORKING

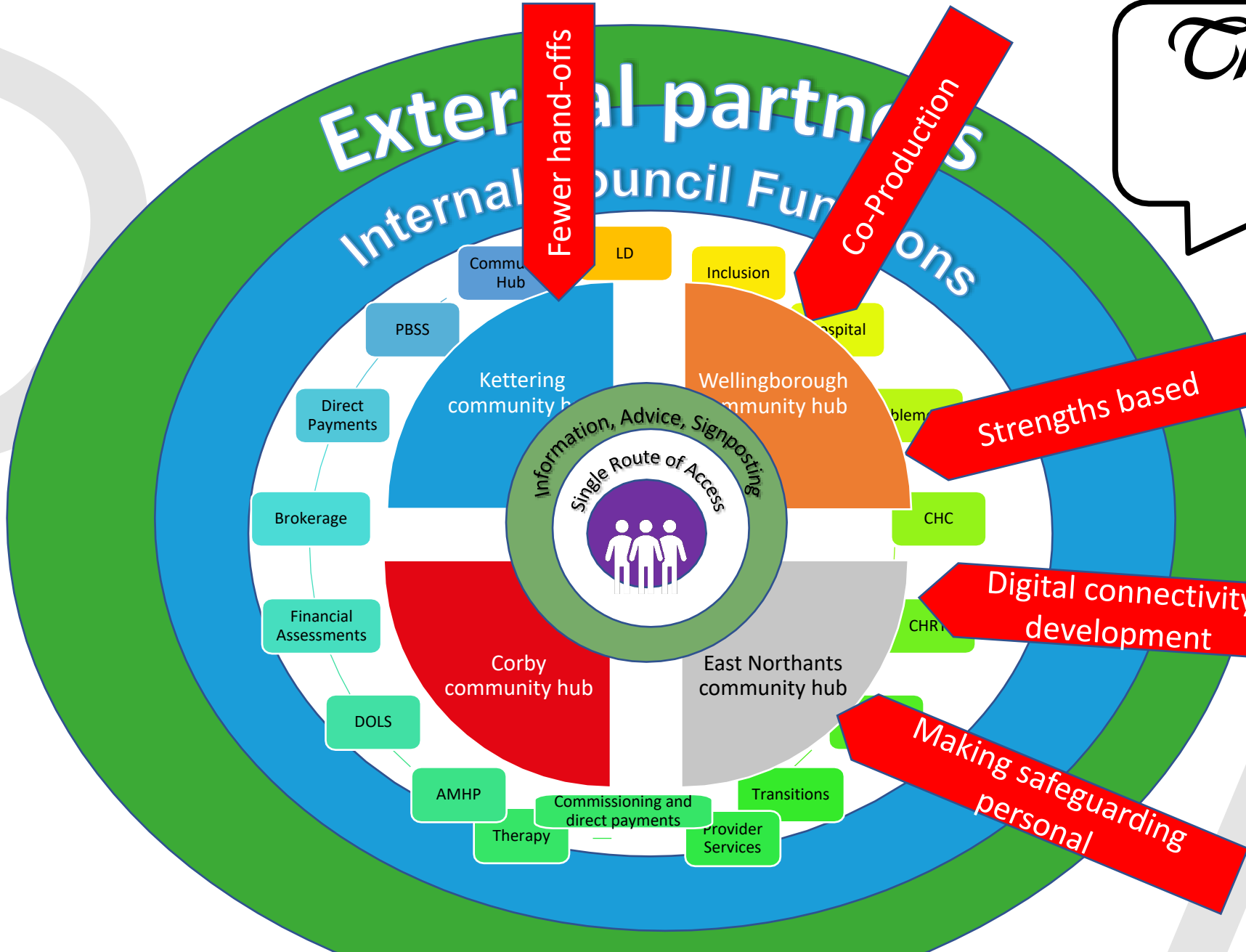
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The lives we live

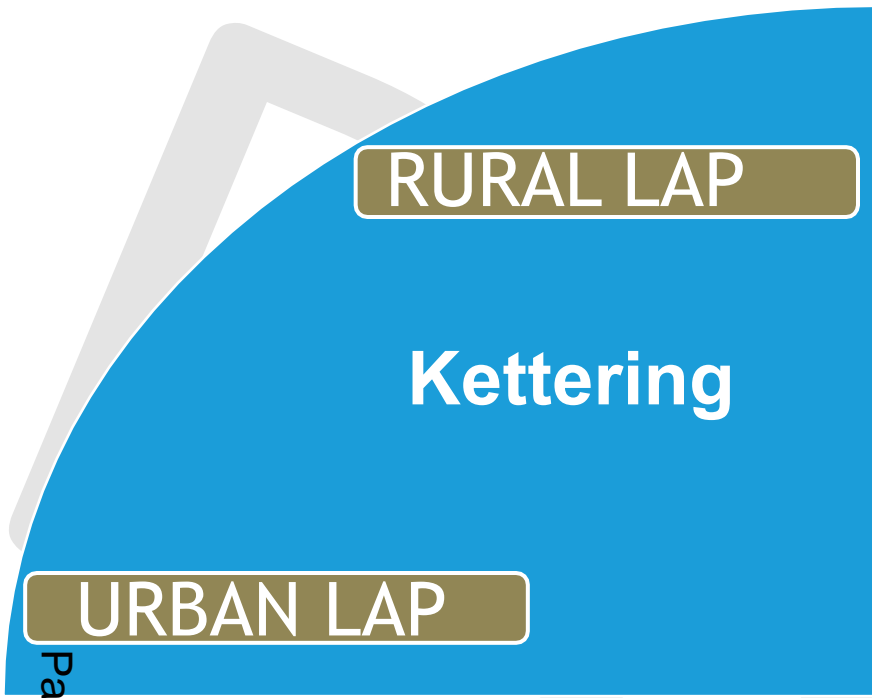


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The lives we live

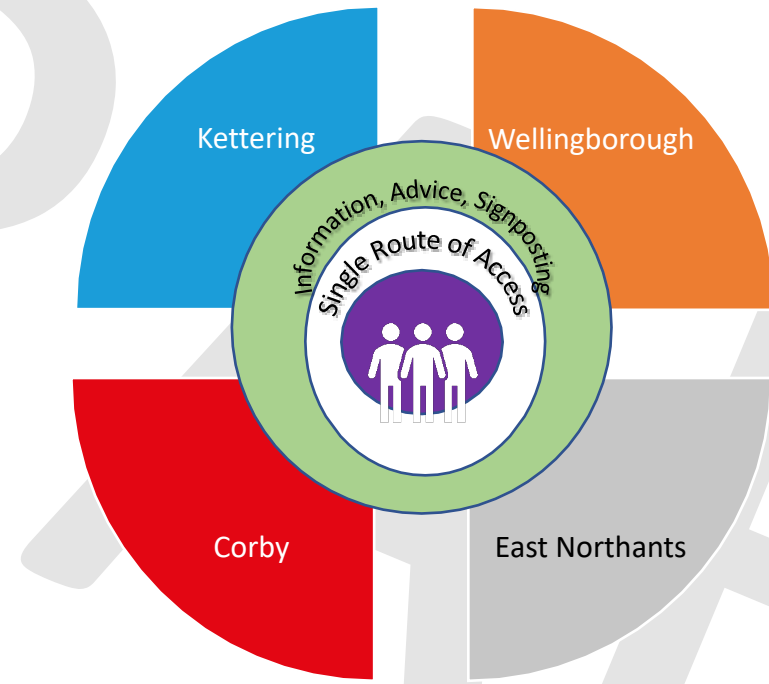


A NEW *sense* OF PLACE



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*The lives
we live*



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OUR POTENTIAL FUTURE STRENGTH BASED WAY OF WORKING

- ❑ Person centered strength-based safe care
- q Single route of access into adult social care with the right allocation to community places / hubs
- q Information, advice and signposting embedded – conversation 1
- q Carers, friends and families involved most of the time when appropriate
- ❑ Strengths based three conversations embedded with entire ASC workforce
- ❑ Co-production embedded
- ❑ Safeguarding culture owned by all to provide a person-centered outcome based on making safeguarding personal
- ❑ Reduction of handoffs between services supported by the right technology
- ❑ Appropriate and timely housing and accommodation offers
- ❑ Needs based population commissioning, contracting underpinned by integrated brokerage and commissioning based at Place

*The lives we
live*

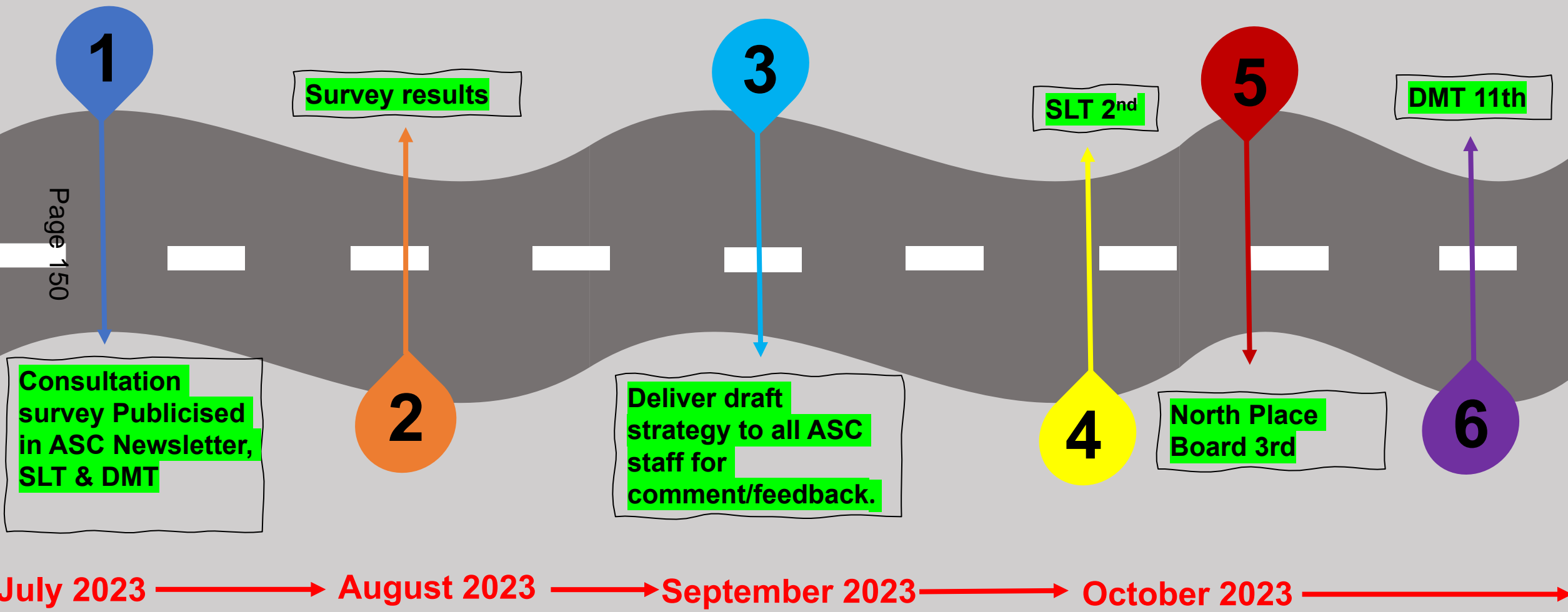


OUR POTENTIAL FUTURE STRENGTH BASED WAY OF WORKING

- Reducing demand and enabling timely reviews
- A strong market that meet the needs of the population
- Provide quality social care services through contracting , clear accountability, regulatory compliance with value for money and continuous improvement embedded
- Appropriate skill and competency of all staff with clear career development opportunities available to all in support of staff wellbeing , recruitment and retention of people
- Connected digital technology

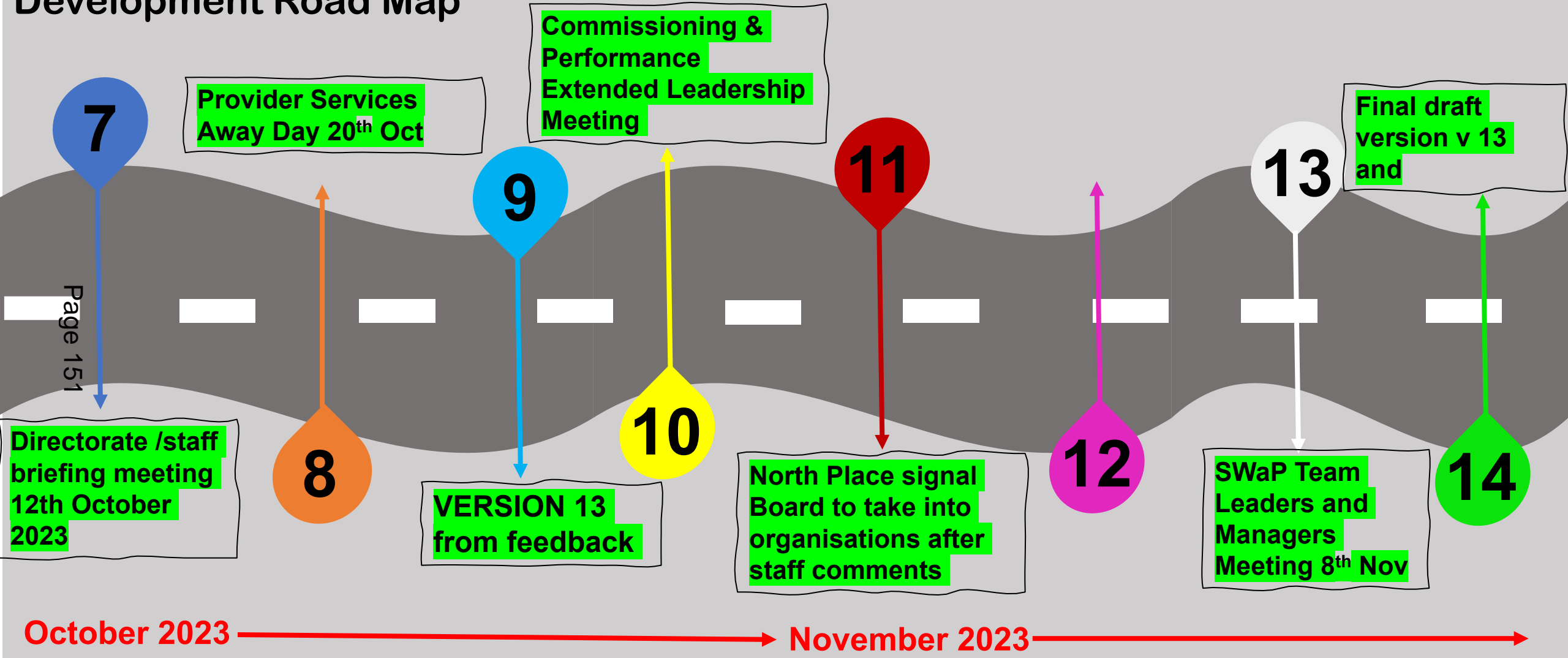


ASC Strategy Development Road Map



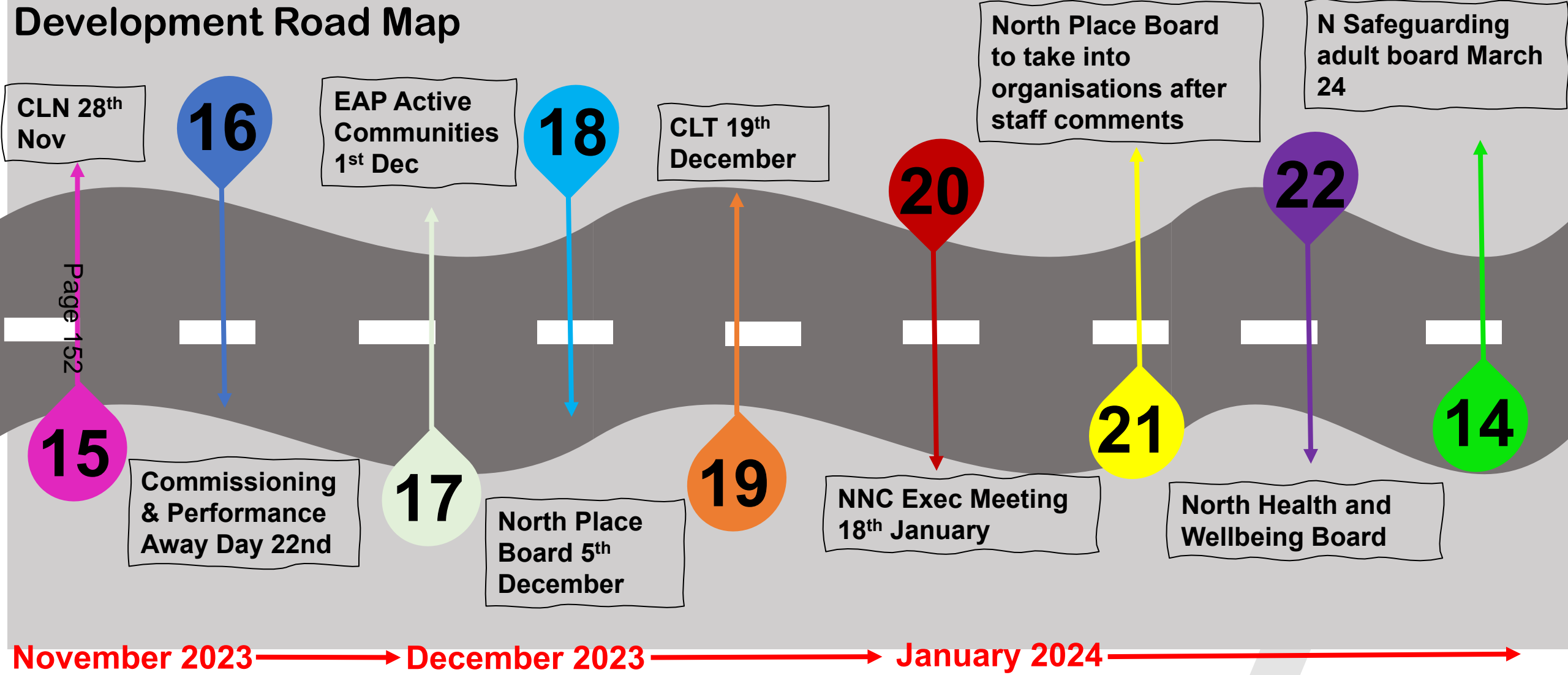
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ASC Strategy Development Road Map



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ASC Strategy Development Road Map



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November 2023 → December 2023 → January 2024 →

North Northamptonshire Adult Social Care Strategy 2023 - 2028

The lives we live



Working Draft 13



Adult Social Care Strategy 2023 - 2028

- 1. Introduction**
- 2. National context**
- 3. Northamptonshire Local context**
- 4. North Northamptonshire context - A New Sense of Place**
- 5. North Northamptonshire council (NNC)**
- 6. Our Case for change**
- 7. Shared vision, aims and ambitions**
- 8. The way we work now**
- 9. The future way of working**



The lives we live

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North Northamptonshire Adult Social Care Strategy 2023 - 2026

**The lives we
live**

VISION

AIMS

AMBITIONS

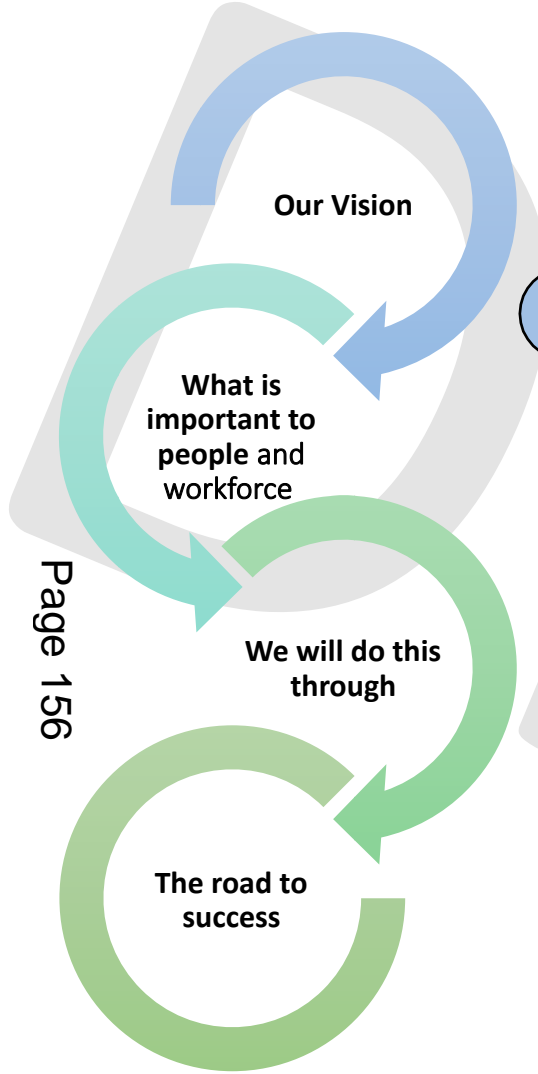
**Values –
Behaviours**

**STRENGTHS BASED PERSON CENTERED
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Knowing how well we have done

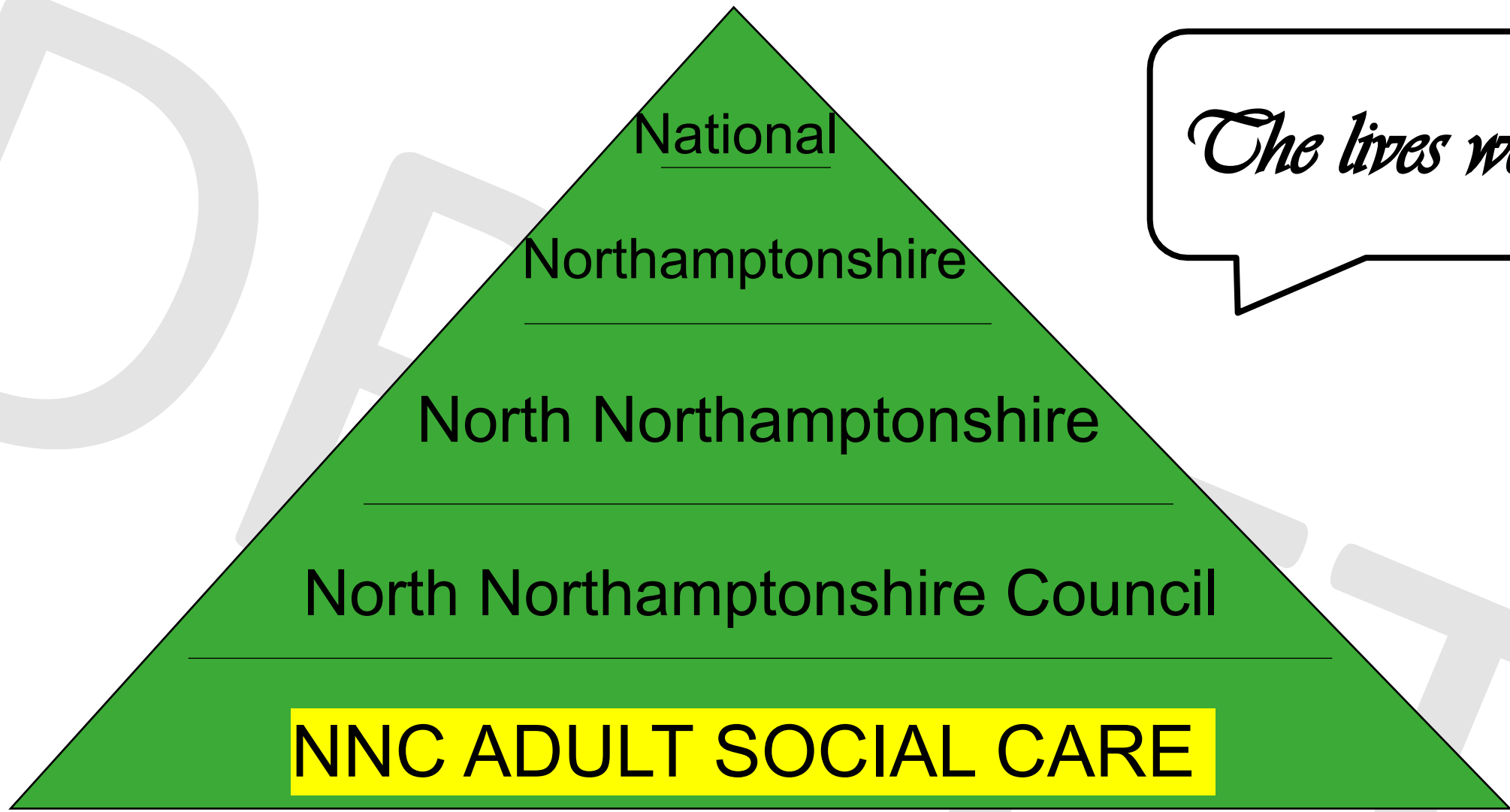
OUTCOMES

Working with other strategies and plans



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The lives we live



National Context



National



The Care Act 2014

Came into effect in 2015 and represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their care and support

An Act to make provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards; to establish and make provision about Health Education England; to establish and make provision about the Health Research Authority; to make provision about integrating care and support with health services; and for connected purposes.

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The Care Act 2014 Cont.

Health and Care Act developing integrated care systems

People at Heart of Care White paper

1. People have choice, control and support to live independent lives.

2. People can access outstanding quality and tailored care and support.

3. People find adult social care fair and accessible.



NORTHAMPTONSHIRE LOCAL CONTEXT

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Northamptonshire



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Integrated Care Northamptonshire Strategy

live your best life

Shared vision

We want to work better together in Northamptonshire to create a place where people and their loved ones are active, confident and take personal responsibility to enjoy good health and wellbeing, reaching out to quality integrated support and services if and when they need help.

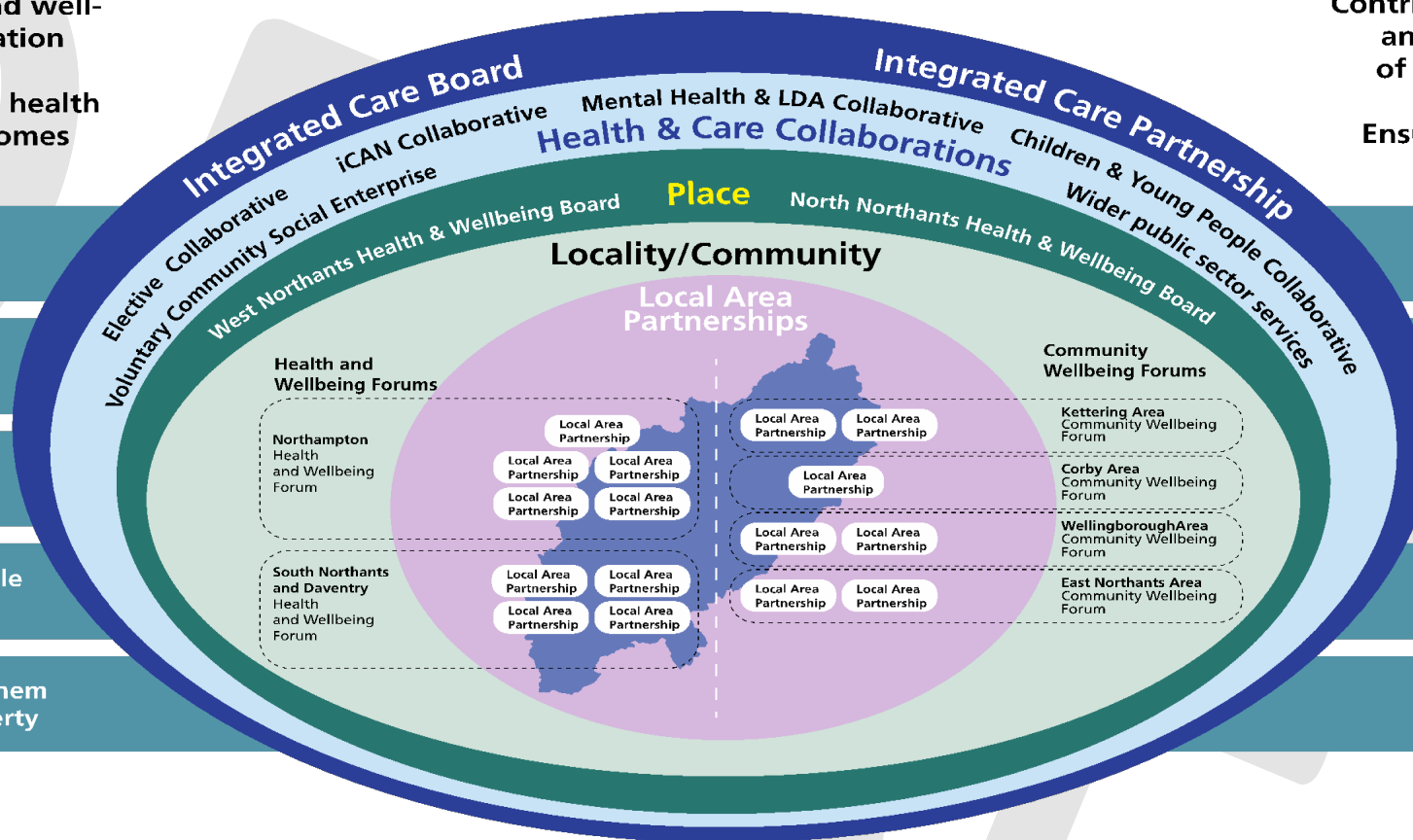
Shared aims

- 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.

Northamptonshire Integrated Care System

Improve the health and well-being of the population
Reduce inequalities in health and wellbeing outcomes

Contribute to the economic and social wellbeing of Northamptonshire
Ensure value for money



Access to health & social care when needed

Good housing in places which are clean and green

Opportunity to be fit & well

To feel safe in their homes & when out and about

Best start in life

Connected to their families

Access to the best available education & learning

To be accepted & valued simply for who they are

Employment that keeps them & their family out of poverty

Access to health & social care when needed



NORTH NORTHAMPTONSHIRE CONTEXT

59,500 people

Growth in size of 13.5% since 2011

69% live in urban areas, 31% in rural areas



North Health and Wellbeing Strategy

Provide a context, vision, and overall focus for improving the health and wellbeing of local people and reduce inequalities.

Identify an agreed shortlist of shared priorities and outcomes for improving local wellbeing and health inequalities.

Support effective partnership working that delivers improved health outcomes.

Provide a framework to support innovative approaches which facilitate necessary change, given the shifting needs of local communities in the wake of the pandemic & current economic climate

A NEW *genze* OF PLACE

North Northamptonshire Place Development

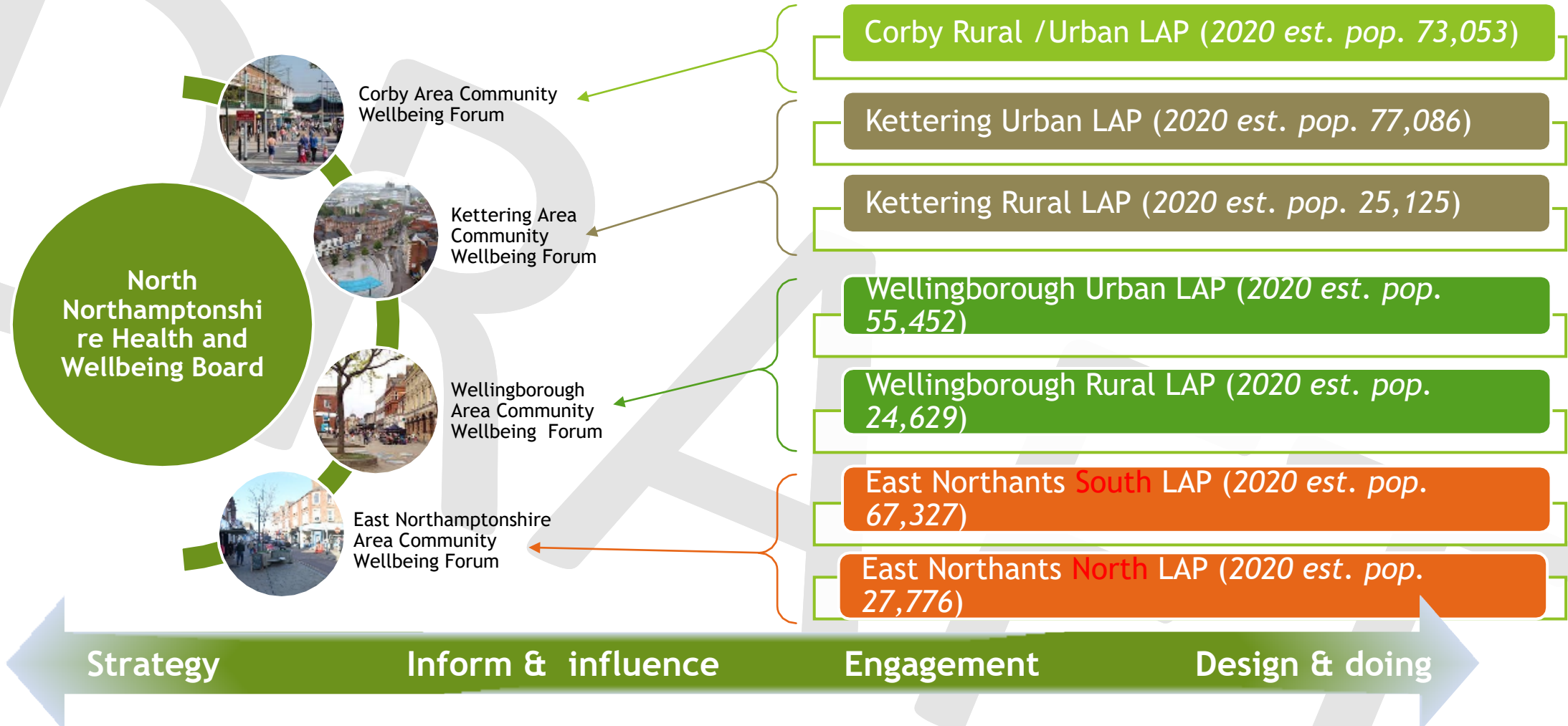
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Area Community Wellbeing Forums Local Area Partnerships

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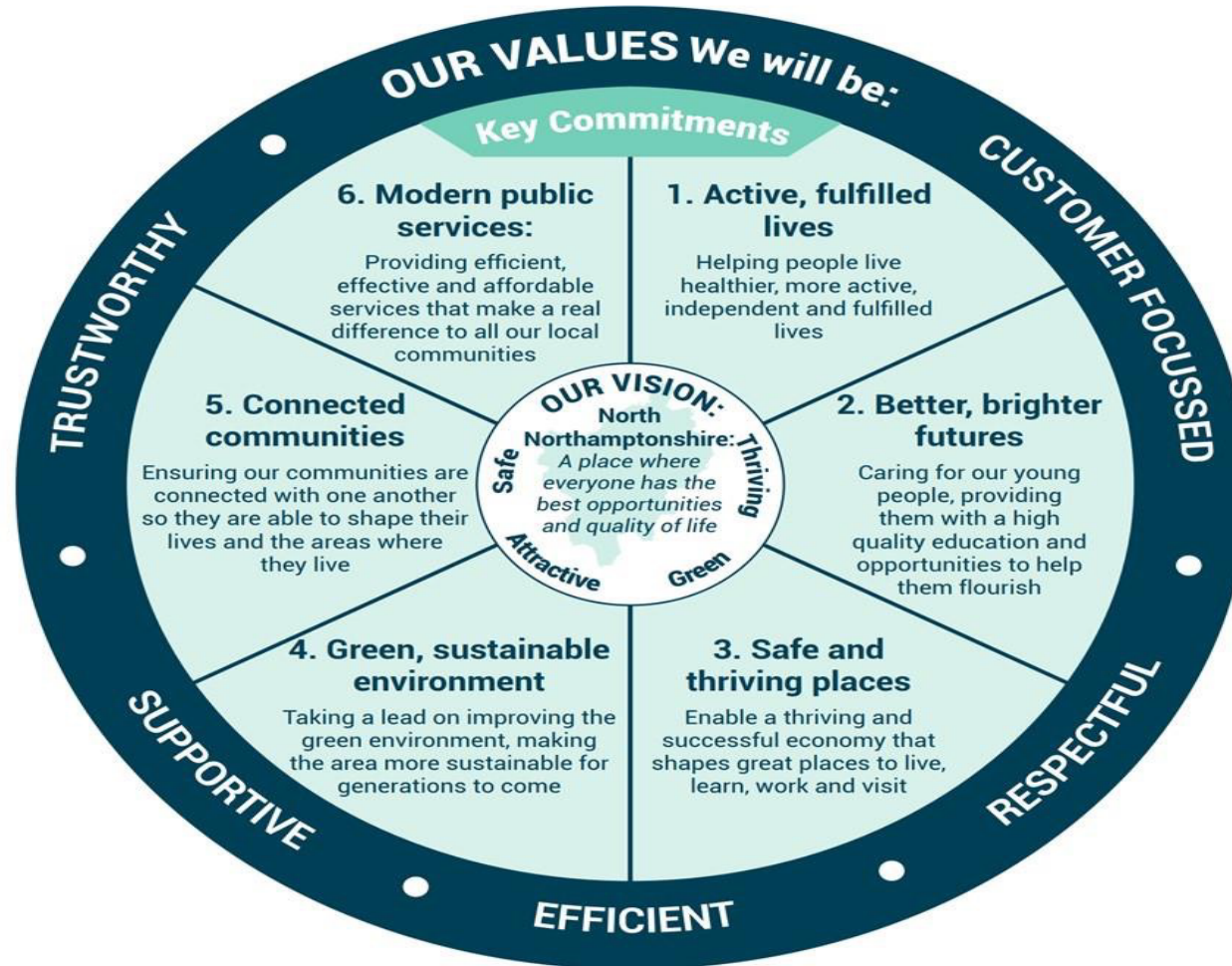


North Northamptonshire Council NNC

North Northamptonshire Cou
NNC



North Northamptonshire Council



NNC ADULT SOCIAL CARE CASE FOR CHANGE

WORKING WITH PEOPLE

PROVIDING SUPPORT

ENSURING SAFETY

LEADING THE CHANGE

NNC Adult Social Care



Operational challenges

Inconsistent strength-based person-centred service approach

Rising demand continues

Duplication between ASC services and inappropriate referrals /handoffs

Increasing waiting lists
Safe sustainable oversight management of the waiting well

Page 171

Market supply and quality gaps and some provider competition

Multiple segregated visits by different teams with non NNC providers

Variable front end public access to information, advice and sharing

Fit for purpose buildings and facilities and timely available housing



Process challenges

Limited place based /
outcomes based
contracts and
commissioning

Page
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Sustainable financial
model of care

No single payroll
platform/system has
multiple transactions
and handoffs

Limited funding policy
frameworks

Inconsistency of data
availability

Limited development of
digital and AT solution

Limited integrated
commissioning NNC,
health, VCSE, police,
PH

Limited macro and
micro commissioning
that is population needs
based



People and workforce challenges

Varying cultural appetite for change and continuous improvement

Inequitable people and carer recognition and outcomes

Workforce resilience variable and teams disconnected

Public knowledge and expectation of ASC outdated and confusing

Page 173
Further devolved responsibilities to ASC managers and professionals in communities

Co-production and safeguarding is not embedded

Continuous improvement in wellbeing and staff morale

Recruitment and retention of skilled workforce



Data Intelligence

Adult Population size
Approx 360,000 (18 plus)

ASC Budget 121 million £

ASC Performance
Andrew Lindsey scorecard 

Page 174

ASC Provider market
105 care homes, 88 care homes good or outstanding,
132 locations dom. care, 55 supported living , 5 extra care housing

ASC Demand
Andrew Lindsey scorecard 

ASC Workforce
709 headcount – 619 WTE

ASC Safeguarding 





THE VOICES OF OUR WORKFORCE

What would be important to you to see in an Adult Social Care Strategy?



What does strengths-based practice/working mean to you personally and as a team?

Theme 1
Team focus – drawing upon strengths and skills within teams to deliver the best outcomes for people. Having the right resources to do this

Theme 2
People focus – working more closely at a local level in a co-productive way with individuals. Building on people’s strengths and assets to reduce the need for social care intervention

Theme 3
Community focus – ensuring collaborative working with the voluntary and community sector and building those relationships to draw upon support for our people

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Do you believe that we have a vision for a strengths-based way of working? If yes why? If no why?

Yes - 26 responses

- Reablement have always worked in this way
- It is enforced and practiced in Adult Social Care
- 3 conversations, community based working, community hubs and LAPs are evidence of this and promote strengths based working
- Vision needs to be strengthened across NNC and Health
- Service plans and priorities are geared to improving services in that way
- Some people have the vision. Needs

No - 23 responses

- No coherent cross-partner narrative of strengths-based ways of working that is comprehensible to our wider communities
- Not for people living with dementia, services dismantled
- We are not inclusive, no easy read info etc
- Culture of providing services, no joined up working, poor links in communities, IOM's not effective, layers of process takes away from identifying strengths, short staffed, caseloads, complex work
- Cannot be effective without skill mixes in teams

How do we connect people to their communities?

Co production,
asking people with
lived experience
what they need

Local Area
Coordination model
to complement and
supplement Local
Area Partnerships

Coordinated events /
drop in sessions with a
monthly programme,
link through voluntary
sector / charities /Care
providers

Recruit dedicated
resource for
consultation and
engagement

Maximise all
communication avenues
to work together and
understand what is
available and how to
access

Means to connect
people – transport,
volunteers,
befrienders, AT
libraries, schools,
food banks

Understanding
the local
community and
what they want.
Where are the
gaps?

Invest in
community
infrastructure

Promotion/getting
out in the
communities

Central hubs

Page 179

How do we use our resources and influence to move this forward?

Processes

- Monitoring providers and measuring outcomes
- Develop a clear pathway
- Clear governance structure
- Simplify the system to improve processes
- Provide equipment and work together as a whole council to better use resources
- Adapt resources to support individuals needs, make documents more accessible
- Utilise and pool resources better. Avoid duplication

Community

- Work closely with local communities, build trust and relationships
- Influence providers to adapt services to meet identified support needs
- Fund community connector roles
- Design new services where there are gaps in community resources
- More integrated teams with community focus

Communication and Engagement

- Engagement, collaboration and co-production
- Improved communication and engagement with all stakeholders
- Promote services in weekly bulletins, local advertising and hold events at day centres

Finance

- More funding and training for all staff
- Devolvement of budgets focussed on Place-based issues. An additional emphasis on Social Value in the contract evaluation and award stages for Social Care services.



Any other comments?

General staff to complete phone assessments

Allow staff to innovate

Too much communication from different sources. It's positive but overwhelming

Making it work and the commitment of the council as a whole to ensure this happens

ASC strategy should not be depicted by financial pressures facing NNC

Some of the services that are commissioned for care delivery need to be dementia specific as the skills required and the time to provide support is significantly different

Be aware of any applications of strength-based working to help see if we are delivering on it. Also seeing a clear statement on why we should, why is it important. How does it help us deliver a comprehensive service addressing all issues.

Don't lose focus on ensuring that current services are robust and delivered with quality



Working together with the people we support and the providers that support them, all working towards the outcomes of the individual.

It means working effectively together with other professionals, agencies and people in order to achieve better outcome for people I'm working with and improve quality of services that we are delivering.

Involving those with lived experience in developing policies, practice and improvements to the services we offer.

What does co-production mean to you?

Not just consultation but having people with lived experience (experts by experience) involved in the development, running and reviewing of services.

Working together for the benefit of all

Including the 'service users' in the production of a service and legislation. Should be underpinning to everything we do.



What is your understanding of co-production?

In Adult Social Care / and or health, it's a way of working, that includes people that use the service, to enable equal partnership in developing and designing and reviewing the service. It's beyond being consulted, informed, educated or opportunity to give feedback.'

Involving people in their care journey and ensuring their voice is heard and documented, or to be involved in the development of services'

It's where you and other services, agencies, customers and families work together to achieve a better service or outcome, listening and taking on board each areas ideas.

Co-production is about listening to and valuing the views of people with lived experience equally to those with learned experience. Developing equal partnerships with people with lived experience and working jointly to find solutions. When individuals can influence and shape how support and services are received and also designed.

Co-production is where, within a business, a group of people from various services come together to influence the way services are designed commissioned and delivered. It would mean engaging with communities, providers and partnerships at the earliest stages of service design, development, and evaluation.



THE VOICES OF OUR PEOPLE

Compliments

Complaints



Compliments

Not only did K give her expert advice on what aids & equipment that would help me live independently & safer she also encouraged me to be more confident & embrace my disability. When she left I not only knew I was going to get some equipment to support me I also felt very uplifted & more confident about my disability

je 185

Daughter sends a thank you due to the securing of her Mums placement and the constant up dates from myself through the process of agreeing funding. She is delighted her Mum did not have to go through the trauma of moving when she has lived at Clanfield since 2017.

Both you and C have shown such understanding; it really has felt very reassuring. You have both listened carefully and had HH's best interests at the centre of everything. I hope you will work with us again at some point in the future.'

Mr SF the father of one of people MM's has been supporting wanted it to be noted that he is extremely happy with the support from M and the provider; noting that they have been professional and always working in his son's best interest. He has found the review process so much more fluid with M involved and praised her professionalism and the ongoing support she is giving to the whole family.



Complaints

Surely, we should have been advised about costings beforehand so that we could budget accordingly.

We have not received any communication either verbally from a Social worker or via a letter from your department stating what the Community Care Package includes.

Someone made a mistake in not informing me about anything.

At no point whatsoever were we advised that we would have to contribute towards the 'fully funded' costs.



Shared Vision
Shared Aims
Shared Ambition
Shared Values
Shared Behaviours

*The lives we
live*

NNC Adult Social Care



North
Northamptonshire
Council

Practice Framework

- ❑ A commitment:
 - ❑ How we will work with the people of North Northants
 - ❑ How we will check that we're doing a good job
 - ❑ How we will be supported to do our jobs
- Page 188
- ❑ Originally designed by the PSW in Doncaster; developed by the East Midlands PSWs and adopted by all the Councils in the region
 - ❑ Reviewed by colleagues across social care teams and OT in NNC and amended so that our vision and behaviours run through it
 - ❑ Launched by the Principal Social Worker for Adults and Service Manager for Therapy at 8 events in June 2023, the plan is to review this with colleagues and with people who access our services, in line with the development of the ASC Strategy



Adult Social Care Practice Framework

Why?	We want every person in North Northamptonshire to have the best opportunities and quality of life					
What?	Wellbeing and independence	Information and advice	Active and supportive communities	Flexible and Integrated care and support	When things need to change	Workforce
	Living the life I want, keeping safe and well	Having the information I need, when I need it	Keeping family, friends and connections	My support my own way	Staying in control	The people who support me
Who?	Everybody		People with urgent needs for support		People with longer term needs for support	
	We listen to people to understand what matters to them. We make connections and build relationships to improve people's wellbeing and independence		We don't make long term plans in a crisis. We work with people until we are sure there is no immediate risk to their safety, health or wellbeing and they have regained stability and control in their life.		If people need longer term care and support, we work with them to understand what a good life looks like for them. We make sure they have resources and support to live the life they choose and do the things that matter to them as independently as possible	
How?	We're kind and respectful	We're trusting	We're transparent, efficient and we demonstrate our behaviours		We're supporting	We're trustworthy
	We respect and understand people as individuals. We don't make snap decisions	We trust people know what's right for them. We listen and we keep an open mind	We know and follow the law, ethics and best practice. We are always open to improvement	We are open about our procedures, making them clear so people know what they can and cannot expect	We connect and engage well with people. We respond in a timely manner	We are honest about what we are going to do. When we say we are going to do something, we do it.
We know the language we use matters, we use plain, respectful and kind language						
So?	Better experiences and better lives for people		Improved morale and satisfaction for our workforce		More sustainable use of resources	

SHARED VISION

The lives we live

People will be enabled to lead the lives they wish to live, having the best opportunities to achieve the outcomes that are important to them.

As one resilient workforce

- We will work ambitiously in partnership with people and have a relentless focus on the strengths of people to ensure they develop, maintain and recover their independence.**
- We will provide and/or commission high standard personalised care and support that enables people to have the best opportunities and quality of life.**



SHARED AIMS

The lives we live

- To provide and commission strength based personalised care to meet the needs of individuals and their carers in the places they live
- To ensure equal access and support for those who need it
- To ensure the wellbeing of our workforce is good
- To safeguard to prevent harm and reduce the risk of abuse or neglect
- To develop integrated commissioning and brokerage to support good outcomes



SHARED AMBITIONS

*The lives we
live*

- ❑ Ensuring the wellbeing and independence of people
- ❑ People should be able to live a life free from harm with no tolerance of abuse
- ❑ Communities are active and supportive
- ❑ To create the conditions to support and develop our workforce
- ❑ To actively engage people in co-production of adult social care services



SHARED OUTCOMES

- Living the life I want, keeping safe and well
- Having the information I need when I need it
- Keeping family friends and connections
- My support my own way
- Staying in control

Page 193

*The lives we
live*



Changes to the Adult Social Care Outcomes Framework (ASCOF) for 2023 to 2024

Objectives

1. Quality of life: people's quality of life is maximised by the support and services which they access, given their needs and aspirations, while ensuring that public resources are allocated efficiently.
2. Independence: people are enabled by ASC to maintain their independence and, where appropriate, regain it.
3. Empowerment – information and advice: individuals, their families and unpaid carers are empowered by access to good quality information and advice to have choice and control over the care they access.
4. Safety: people have access to care and support that is safe and which is appropriate to their needs.
5. Social connections: people are enabled by ASC to maintain and, where appropriate, regain their connections to their own home, family, and community.
6. Continuity and quality of care: people receive quality care, underpinned by a sustainable and high-quality care market and an adequate supply of appropriately qualified and trained staff.

SHARED VALUES

The lives we live

Our values and behaviours will help us achieve our vision.



Customer-focused

- Think 'One Team' and act Council-wide
- Take ownership and do the right thing
- Keep customers up-to-date and informed
- Listen and respond to differing needs



Respectful

- Embrace and live the Council's values
- Listen to and value the contributions of others
- Share ideas and feedback at all levels
- Promote diversity and inclusivity



Efficient

- Challenge and innovate
- Be collaborative and share learning
- Be flexible, proactive and prioritise
- Seek learning opportunities



Supportive

- Build an open and sustainable culture
- Promote achievement and celebrate success
- Be caring and empathetic
- Develop yourself and others



Trustworthy

- Act with honesty and integrity
- Build effective relationships
- Do what you say you're going to do
- Be open and transparent

Our vision for North Northamptonshire:

'A place where everyone has the best opportunities and quality of life.'

- Kind and respectful
- Trusting
- Transparent, efficient and we demonstrate our behaviours
- Supporting

SHARED BEHAVIOURS

The lives we live

- Respect and understand people as individuals**
- Trust people know what's right for them. We listen and keep an open mind**
- We know and follow the law, ethics and best practice, always open to improvement**
- Be open about procedures, making them clear so people know what they can and cannot expect**
- We connect and engage well and respond in a timely manner**
- Be honest about what we are going to do and say when we are going to do it , we do it.**



THE WAY WE WORK NOW - what we want to change

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North
Northamptonshire
Council



Hospital

Community

Adult Social Care

Transitions Inclusion Care Home Review Team Continuing Health Care

Community Learning Disabilities Hospital Reablement

Brokerage Financial Assessments Personal Budget Support Service Payments Client Funds

Pine Lodge Day Services EADS (Employment and Disability Service) Provider Safeguarding Approved Mental Health Professionals

Thackley Green Therapy LIVE (Learning Independent Volunteering & Employment) Deprivation of Liberty Safeguards

External Provider

Making Safeguarding Personal

THE WAY WE WORK NOW – what we want to change

- Two routes of access into ASC services
- No formal triage filter for conversation 1
- Hand offs between services
- Not all services are trained to focus on a strength-based approach
- Limited population needs focused /place-based approach for providers, commissioning and contracting. Reliance on historic contractual approaches with limited market capacity in many areas.
- Carer and family support and recognition limited
- Limited Information, advice and sign posting at the main routes of access
- Multiple IT systems and duplication, repetitiveness and hand offs
- Making Safeguarding Personal (MSP) is not embedded
- Co-production is limited



OUR POTENTIAL FUTURE STRENGTH BASED WAY OF WORKING

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The lives we live



North
Northamptonshire
Council

The lives we live



ASC Vision

ASC Aims

ASC Outcomes

ASC Values and behaviours

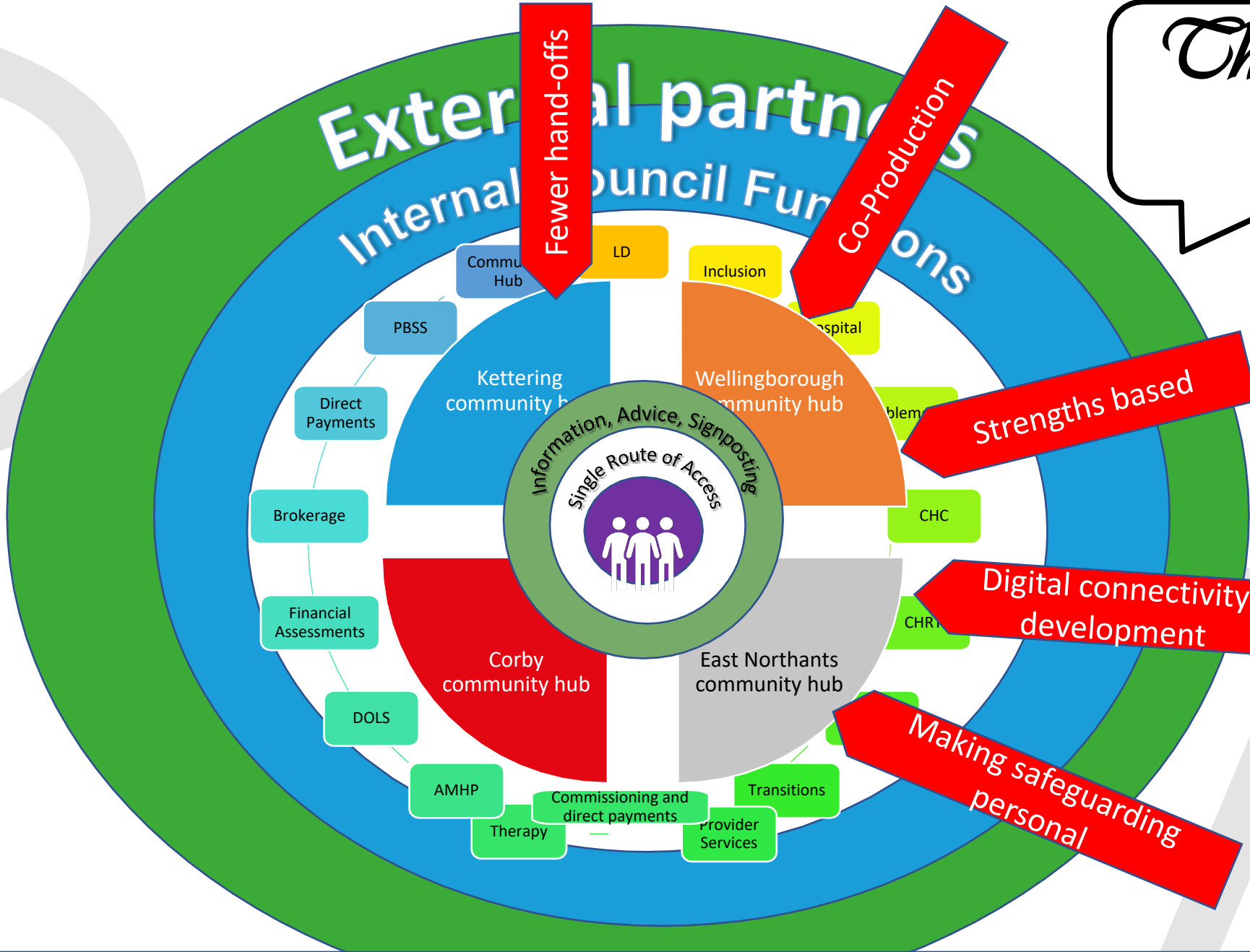
3 conversations

Strengths based

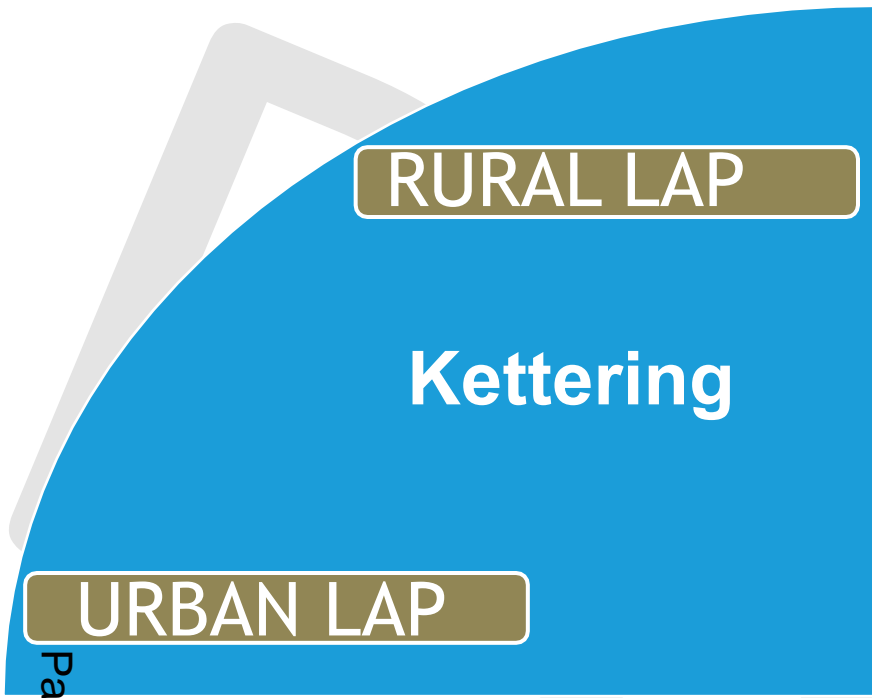
Co-Production

No hand-offs

The lives we live

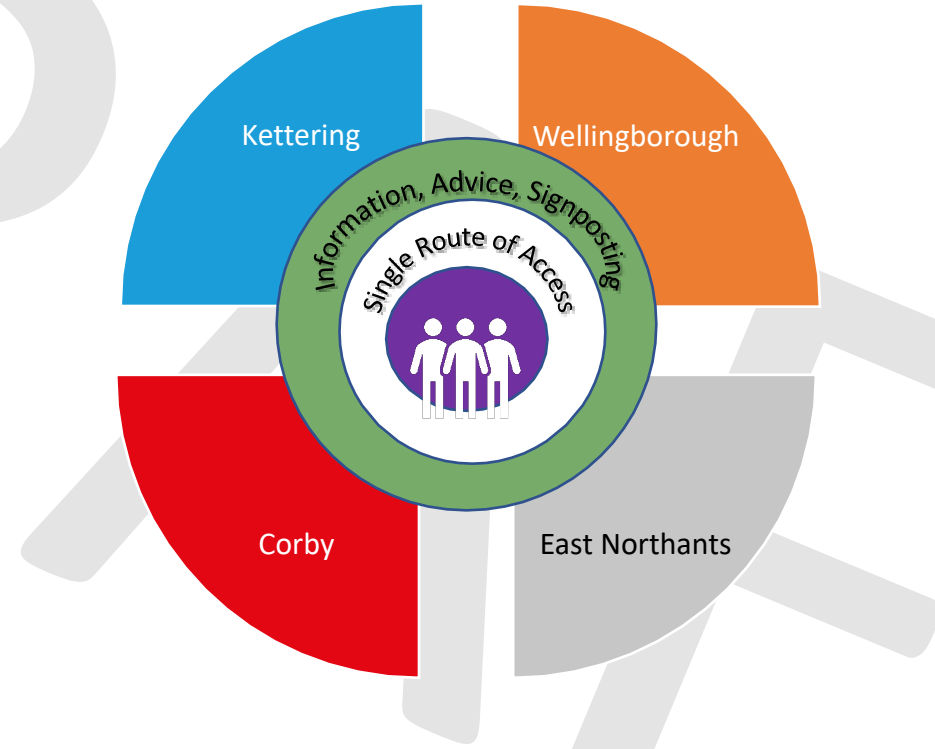


A NEW *sense* OF PLACE



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*The lives we
live*



- Corby Rural / Urban LAP (2020 est. pop. 73,053)
- Kettering Urban LAP (2020 est. pop. 77,086)
- Kettering Rural LAP (2020 est. pop. 25,125)
- Wellingborough Urban LAP (2020 est. pop. 55,452)
- Wellingborough Rural LAP (2020 est. pop. 24,629)
- East Northants **South** LAP (2020 est. pop. 67,327)
- East Northants **North** LAP (2020 est. pop. 27,776)



North
Northamptonshire
Council

OUR POTENTIAL FUTURE STRENGTH BASED WAY OF WORKING

- ❑ Person centered strength-based safe care
- q Single route of access into adult social care with the right allocation to community places / hubs
- q Information, advice and signposting embedded – conversation 1
- q Carers and families involved all the time
- ❑ Strengths based three conversations embedded with entire ASC workforce
- ❑ Co-production embedded
- ❑ Safeguarding culture owned by all to provide a person-centered outcome based on making safeguarding personal
- ❑ Reduction of handoffs between services supported by the right technology
- ❑ Appropriate and timely housing and accommodation offers
- ❑ Needs based population commissioning, contracting and integrated brokerage

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*The lives we
live*

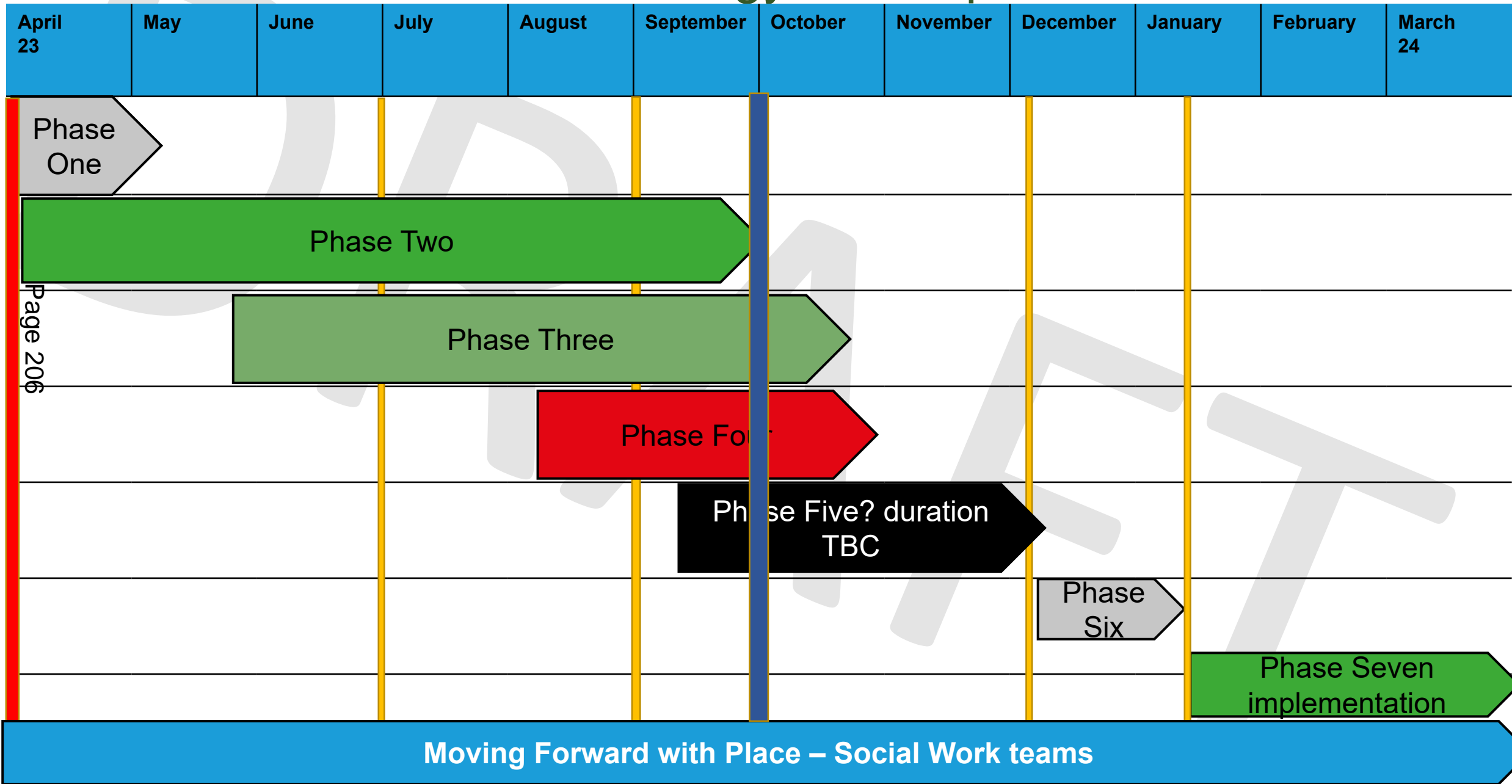


OUR POTENTIAL FUTURE STRENGTH BASED WAY OF WORKING

- A strong market that meets the needs of the population
- Provide quality social care services through contracting , clear accountability, regulatory compliance with value for money and continuous improvement embedded
- Appropriate skill and competency of all staff with clear career development opportunities available to all in support of staff wellbeing , recruitment and retention of people
- Connected digital technology



NNC Adult Social Care Strategy Development 2023/2024

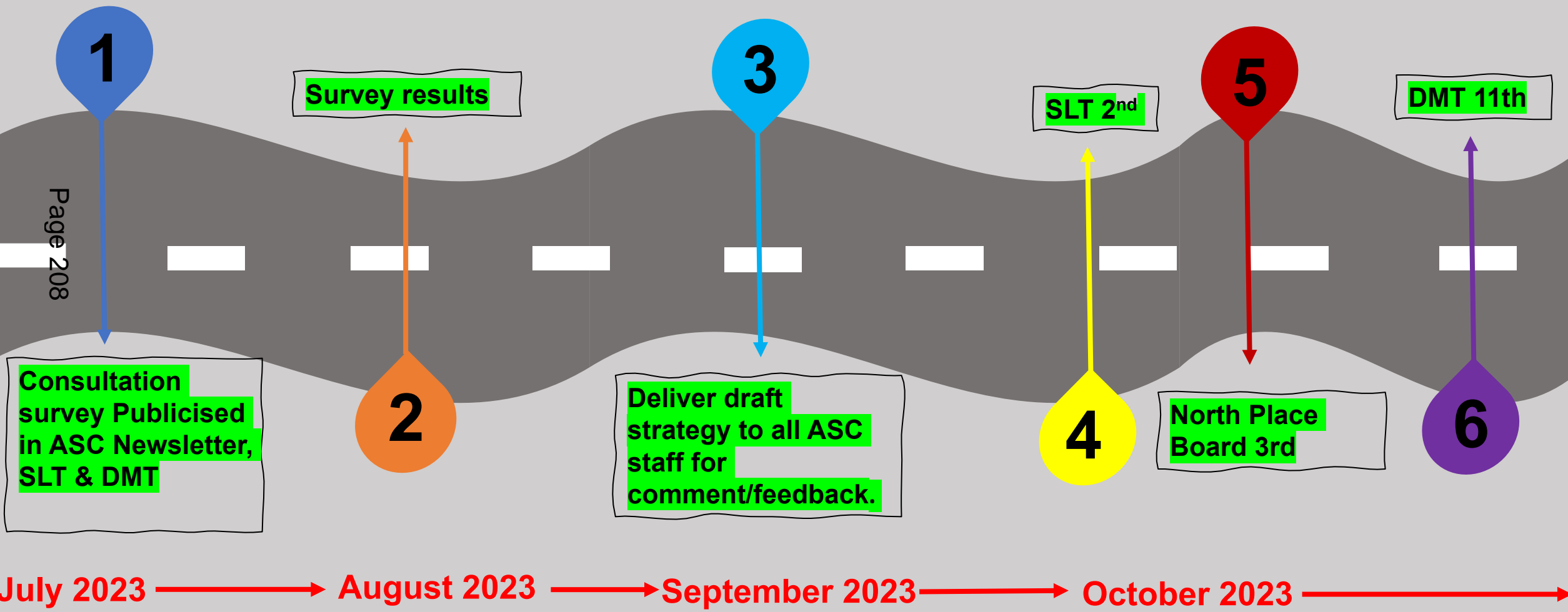


Phased Developmental Approach

- Phase 1 Research National/local strategy and best practice
- Phase 2 Developmental design of the future ASC operating model
- Phase 3 Developmental design of the future coproduction strategy
- Phase 4 Development consultation strategy / outcomes framework
- Phase 5 Consultation / engagement period
- Phase 6 Final strategy developed - NNC and system governance
- Phase 7 Embedding of the new way of working

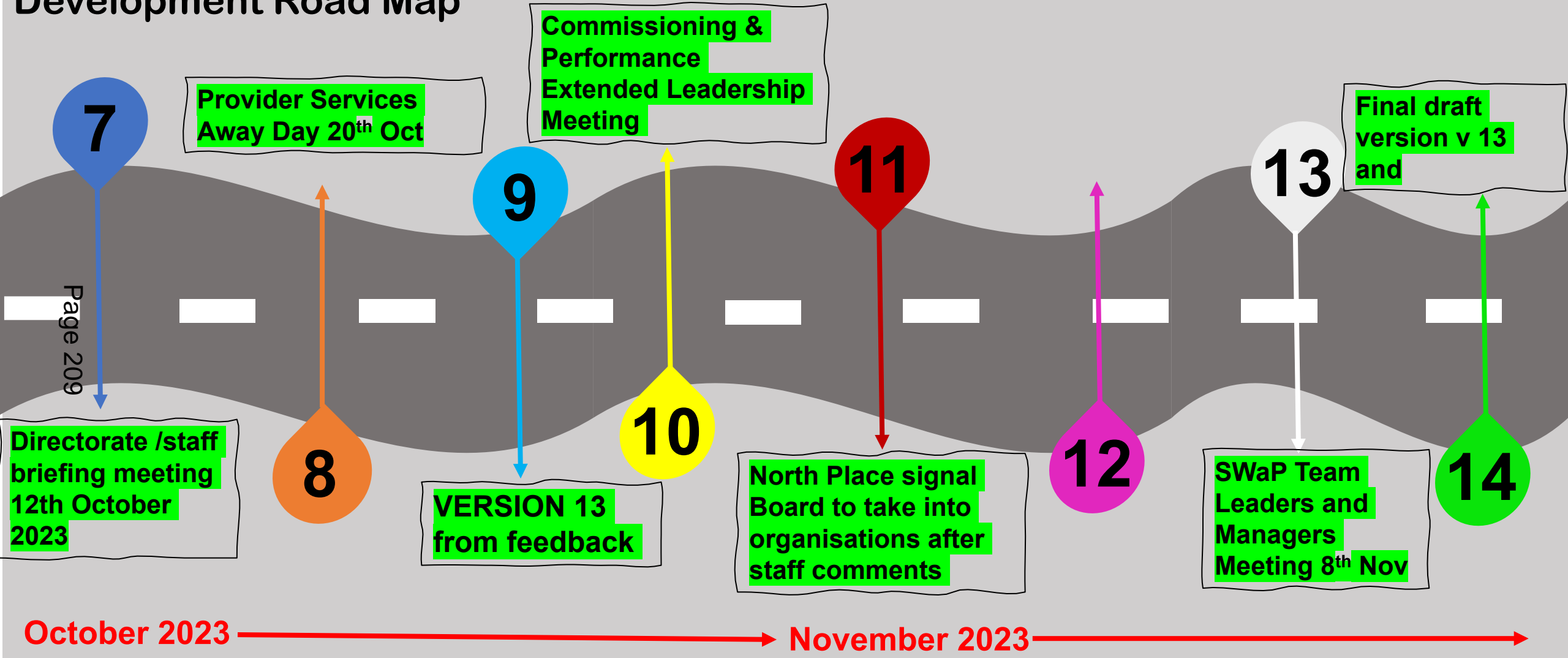


ASC Strategy Development Road Map



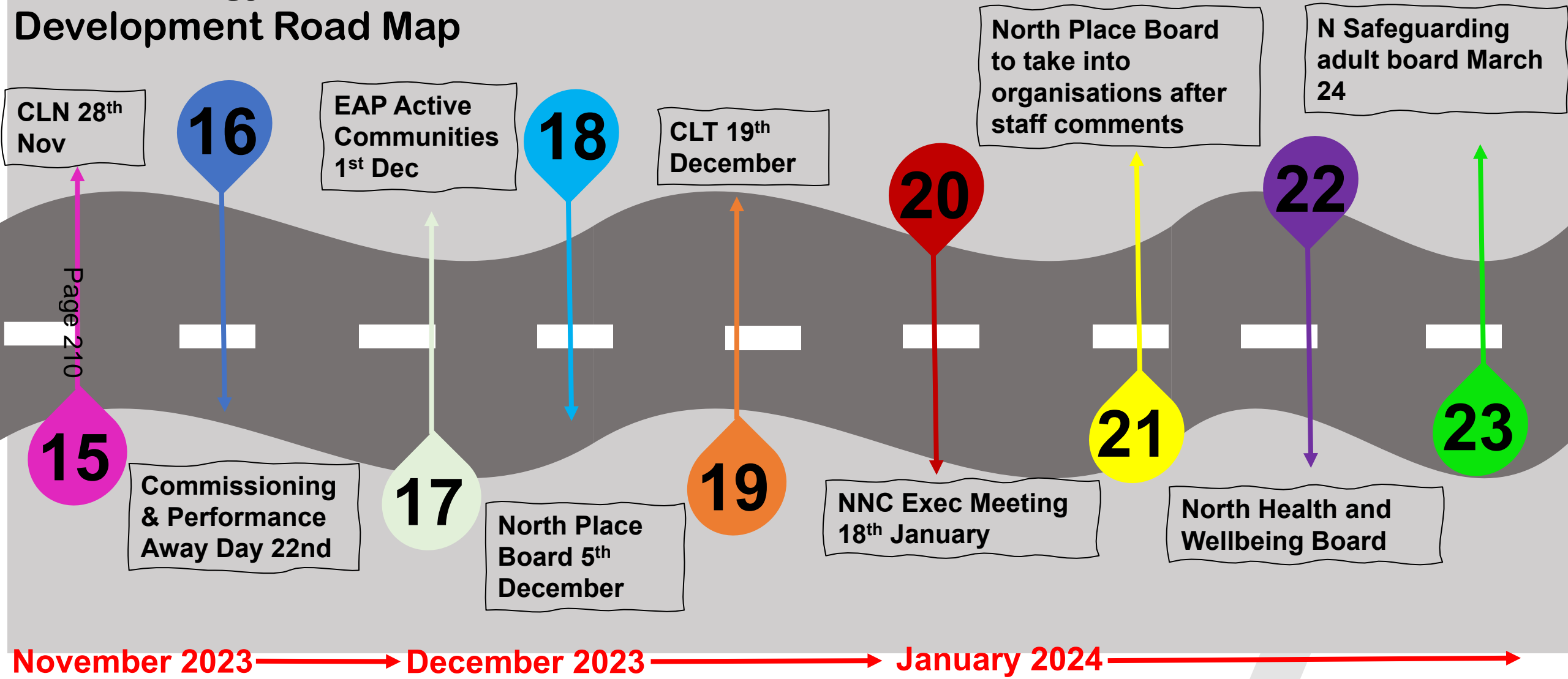
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ASC Strategy Development Road Map



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ASC Strategy Development Road Map



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November 2023 → December 2023 → January 2024 →

ASC strategy - Person Journeys & headline messages

- The draft strategy is a **framework** that brings together all current developmental work and sets a five year direction of travel for the people of North Northamptonshire
- It is a **draft strategy Version 12 developed through staff conversations** within the directorate and builds on what we need to keep doing and what we would like to change
- It is a document that **has a way of working at its heart** and will be embedded into day to day work as we move forward
- After staff feedback on version 12** – the next draft will start to move through the rest of NNC and with North system partners eg health, police, EMAS
- System partnership boards** will be used to ensure ownership of the strategy eg North place development board
- Roadmaps** of all the meetings and committees it will pass through has been developed
- Connection with the development of the **NNC housing strategy** will happen
- Implementation planning** of what this means operationally will be **developed with staff in early 2024**



Hospital

Community

Adult Social Care

Transitions Inclusion Care Home Review Team Continuing Health Care

Community Learning Disabilities Hospital Reablement

Brokerage Financial Assessments Personal Budget Support Service Payments Client Funds

Pine Lodge Day Services EADS (Employment and Disability Service) Provider Safeguarding Approved Mental Health Professionals

Thackley Green Therapy LIVE (Learning Independent Volunteering & Employment) Deprivation of Liberty Safeguards

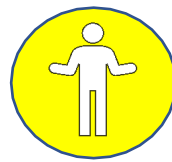
External Provider

Making Safeguarding Personal

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External Partners

Commissioning / Contracts

Complex Scenarios



Hospital

Community

Adult Social Care



Making Safeguarding Personal

Reablement with extra support required

Hospital

Community

Adult Social Care

Transitions

Inclusion

Care Home Review Team

Continuing Health Care

Community Conversation 3

Learning Disabilities

Hospital Conversation 1

Reablement Conversation 2

Brokerage

Financial Assessments

Personal Budget Support Service

Payments

Client Funds

Pine Lodge

Day Services

EADS (Employment and Disability Service)

Provider Safeguarding

Approved Mental Health Professionals

Thackley Green

Therapy

LIVE (Learning Independent Volunteering & Employment)

Deprivation of Liberty Safeguards

Making Safeguarding Personal

External Provider

Commissioning / Contracts

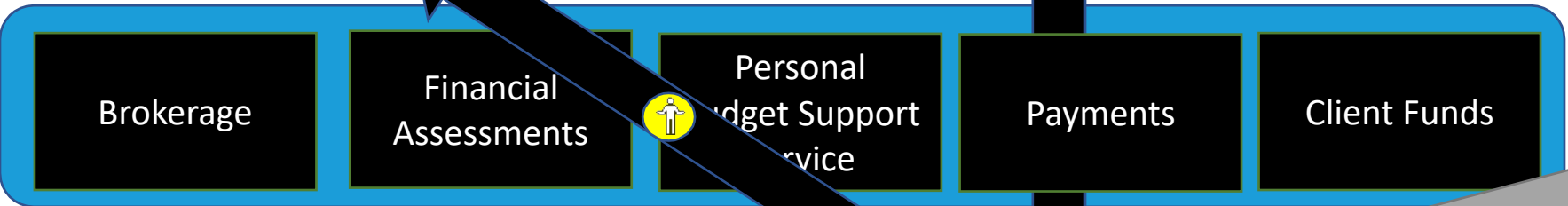
Simple Provider Safeguarding



Hospital

Community

Adult Social Care

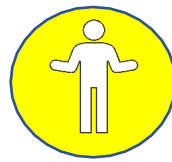


Making Safeguarding Personal

Commissioning / Contracts

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External Partners

Safeguarding - LSE



Hospital

Community

Adult Social Care

Transitions

Inclusion

Care Home
Review Team



Continuing
Health Care

Community

Learning
Disabilities

Hospital

Reablement

Brokerage



Financial
Assessments

Budget Support
Service

Payments

Client Funds



External
Provider

Pine Lodge

Day Services

EADS (Employment
and Disability Service)

Provider
Safeguarding

Approved Mental
Health Professionals

Thackley Green

Therapy

LIVE (Learning Independent
Volunteering & Employment)

Deprivation of Liberty
Safeguards

4

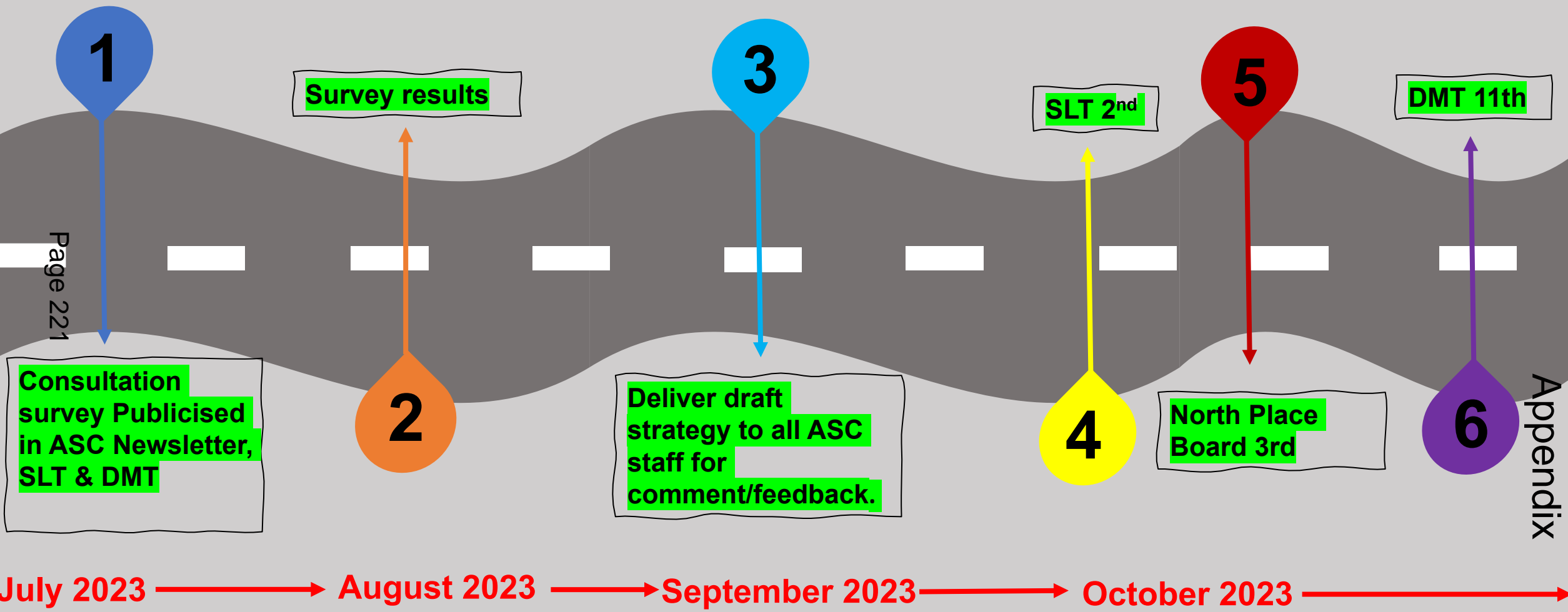
Making Safeguarding Personal

External Partners
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Commissioning / Contracts

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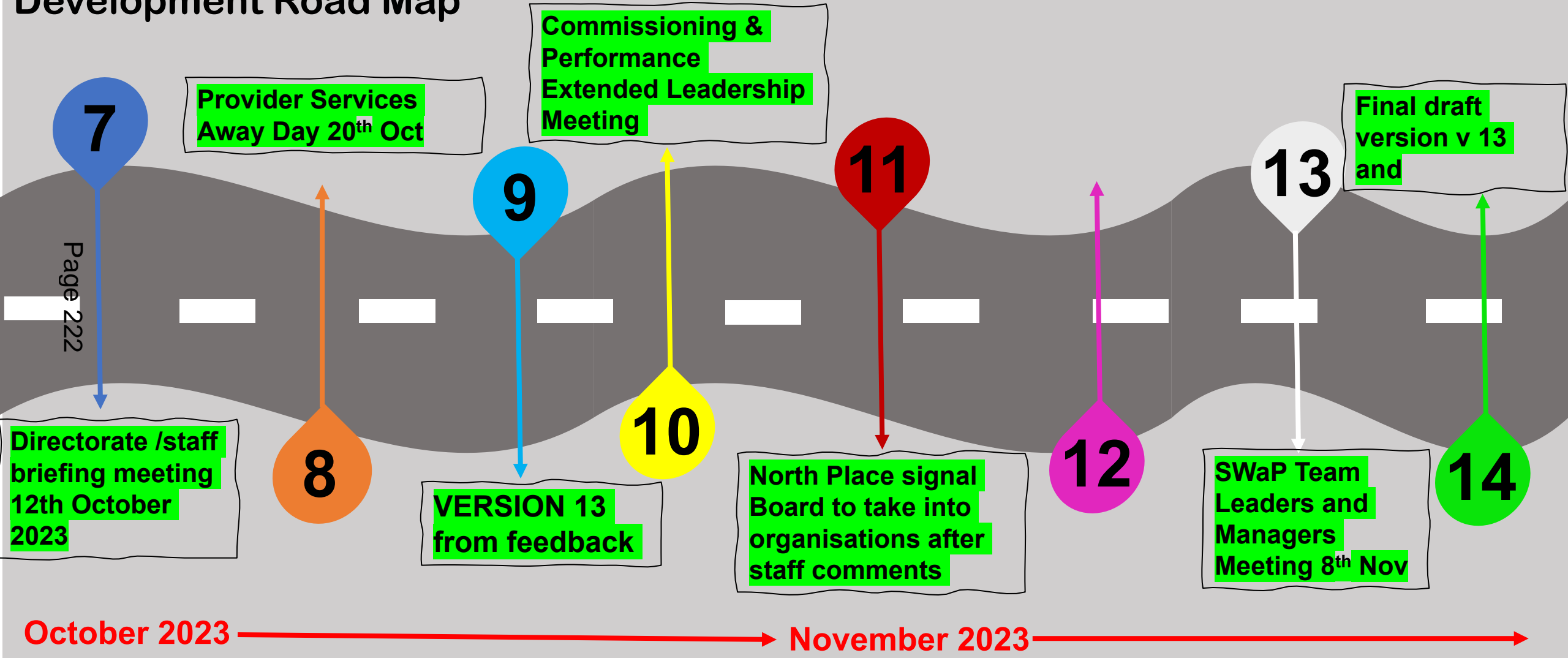
ASC Strategy Development Road Map



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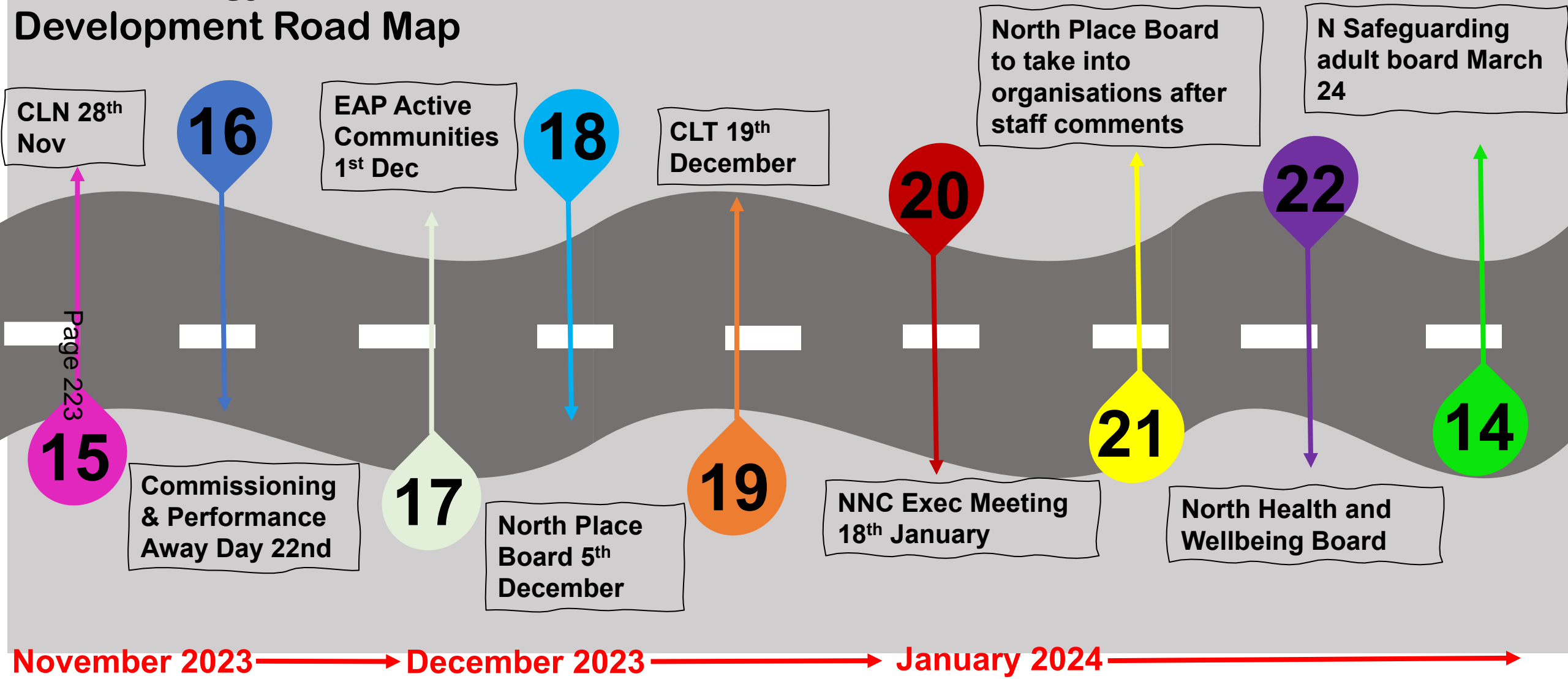
Appendix

ASC Strategy Development Road Map



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ASC Strategy Development Road Map



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Northamptonshire Safeguarding Children Partnership

Northamptonshire Safeguarding Children Partnership (NSCP)

Annual Report
April 2022 – March 2023



North
Northamptonshire
Council



West
Northamptonshire
Council



Northamptonshire
Integrated Care Board

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Independent Chairperson foreword

I am pleased to introduce the Northampton Safeguarding Children Partnership Annual (NSCP) Report for 2022-23. Many children and families have continued to face a range of challenges following the pandemic and this resulted in increased demand for support and protection across the statutory, voluntary and community sector and education settings. The NSCP fully appreciates all the hard work of staff across the children's workforce in delivering their services.

This has also been a year of development for the NSCP in order to better co-ordinate and support agencies working together to safeguard children. It has also been a time of change with the completion of the new arrangements for Integrated Care Boards confirmed for Health commissioners and providers alongside the West Northampton and North Northampton Councils. The redesign of the NSCP sub-groups and Strategic Oversight Group aims to bring greater focus on agencies working together on key areas of priority in safeguarding – Neglect; Criminal Exploitation; Domestic Abuse; and supporting schools and education settings. The NSCP also reports regularly to the Leaders, Lead Members and Chief Executives of North Northamptonshire and West Northamptonshire Councils, the Chief Constable of Northamptonshire Police & Chief Operating Officer of Northamptonshire Integrated Care Board.



In October 2022 Ofsted completed a Children's Services Inspection and the inspection report highlighted the improvements made in children's care & protection by Northampton Children's Trust, North & West Northampton Councils and the NSCP. The areas for development where multi-agency working is required form the partnership priorities for 2023-25.

The NSCP continues to offer a range of online and face to face safeguarding training for front line workers. This training programme also includes the learning from Child Safeguarding Practice Reviews covering the vulnerability of children and babies under 1 including the risks of co-sleeping; the serious risks for young people who become involved knife crime and violence; and criminal exploitation.

For 2023-25 the Partnership priorities are: working with families to address the neglect of children; addressing the impact of Domestic Abuse for children; and further developing multi-agency working and awareness in the community of Criminal Exploitation of children and young people. We also want to have greater engagement with children and families to gain their feedback on safeguarding services and increase the involvement of the voluntary and community sector in NSCP activities.

The NSCP is not complacent about the importance of continually improving safeguarding across our local area. The Partnership will continue to actively promote agencies working together to address these challenges and support the workforce to deliver services that achieve positive outcomes for children.

A handwritten signature in brown ink that reads "Jenny Coles." The signature is written in a cursive style and is positioned above a light blue horizontal line.

Jenny Coles
Independent Chairperson

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.

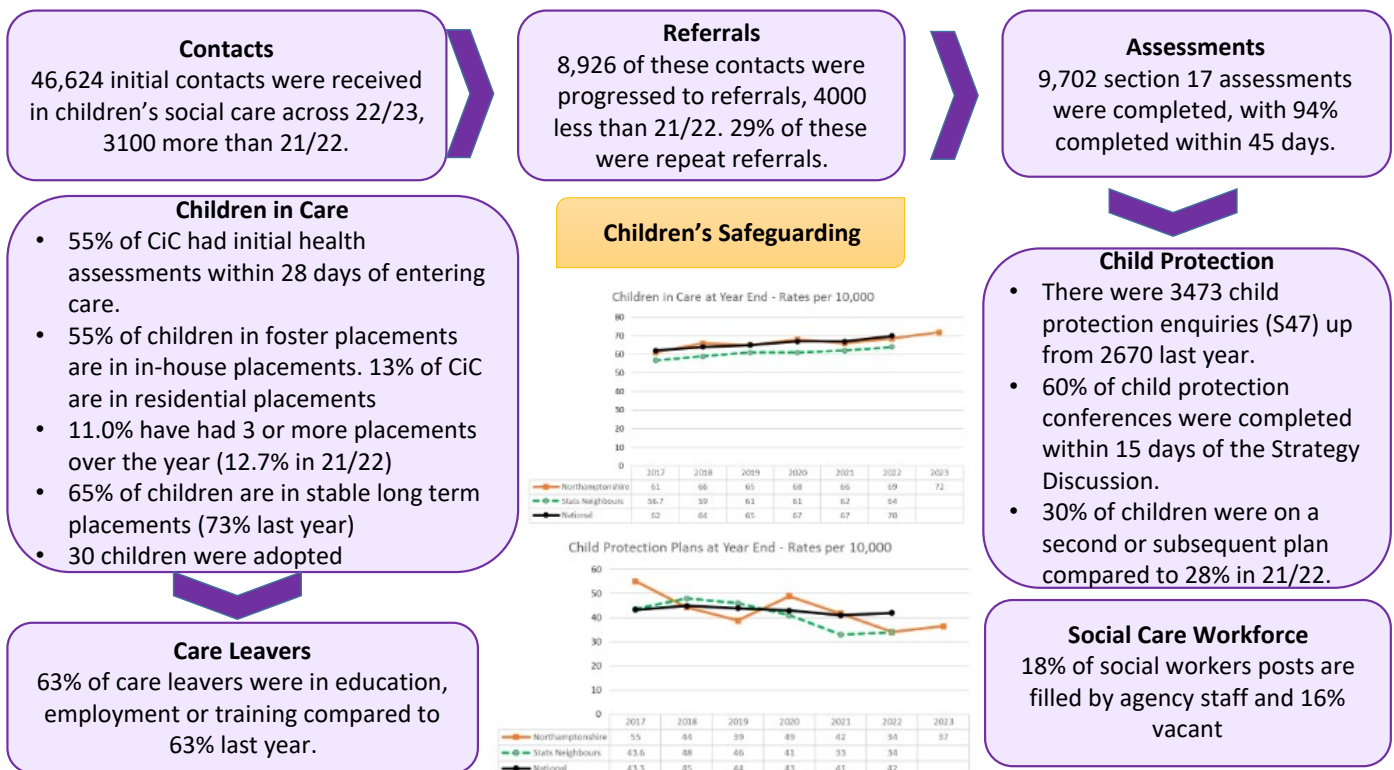
Since the previous Census in 2001 there had been an increase in non-white ethnic groups of 3.5%. It is also relevant to note a more rapid change in the number and proportion of those who describe themselves as 'White Other' becomes evident between 2001 and 2011. 'White Other' means not White British,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



2. Progress through 2022-2023

During the year, the partnership's response to safeguarding children has continued 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 an increase in the number of initial contacts received by children’s social care through 2022-23 of 3,100 on the previous year 2021-22.

Many families and children who have been managing just below the threshold for social care involvement have seen a reduction in support network and services available during the Covid 19 pandemic. Additional levels of need as a direct result of Covid-19, such as poverty, anxiety, non-school attendance, poor child and adult mental health, loss and bereavement have contributed to an increase in the number of families requiring support due to complexity of needs.

The pressure on these families has been further accentuated by the cost-of-living increase and as such they are likely to experience higher levels of need and risk and families presenting complex, multi-layered needs which are more acute. Whilst post-pandemic and cost of living increase are not specific to Northamptonshire, locally we have an underdeveloped Early Help offer which presents additional complexity in terms of availability of the support.



3. Progress of the NSCP Business Plan priorities for 2022-23:

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

Priority 1. Taking positive action early enough to protect children

Early Help

The aim is that children and families receive more appropriate help at an earlier stage, which makes a difference to their lives.

The Early Help Strategy is supported by a refreshed action plan with stronger ownership and driven by the Early Help Partnership Board. Early Help provision has been strengthened through additional staffing:

- Increased and strengthened Partnership Co-ordinator team within Multi Agency Safeguarding Hub (MASH) which supports the partnership Early Help response.
- All schools have a named link Partnership Co-ordinator from Northamptonshire Children’s Trust who communicates regularly and offers practical support with Early Help Assessment processes.
- Two Multi Agency Safeguarding Hub (MASH) Education Leads posts have been created, working directly with schools across West and North Northamptonshire, offering support and guidance

- Early Help partnership co-ordinators, Multi Agency Safeguarding Hub (MASH) senior management, and partner representatives have completed multi-agency working sessions to enhance knowledge around threshold application, ensuring the right help at the right time for children and families.

Early Help Assessments

- There has been a review of the Early Help Assessment within Northamptonshire Children’s Trust to ensure it supports the Supporting Families programme for data collection and outcomes achieved; a new closure summary was introduced, and a new Family Achievement log will be implemented during 2023-2024.
- 100% Supporting Families payment by results target achieved for 2021-2022 and 2022-2023.

Independent scrutiny: *The work of the Early Help Partnership Board is critical to drive improvements in the help that is offered to children and families at an early stage when problems are first identified. The additional staff mentioned above should help with this but it is critical that everyone understands the nature of the help needed by families when problems first emerge and what the practical and emotional support is that will make a difference. Recent Child Safeguarding Practice Reviews have shown that the necessary clarity about what should be offer at an early help stage is still a work in progress.*

Neglect

Neglect continues to be the main Abuse Category in Child Protection Plans and the highest category for why children come into care.

Given the concerns relating to Neglect across Northamptonshire a key message is that Neglect is seen as a priority for the whole partnership and support this area to develop fully as we head into 2023-2024. A Neglect Sub Group has been created to monitor the extent of neglect in the county and co-ordinate a multi-agency response. The group was formed in the last quarter of the reporting period and has established a comprehensive three-year delivery plan, with identified measures of impact, in response to the issue of neglect and has established a well-attended multi-agency group and robust working group structure. A data scorecard is currently under development.

The National Society for the Prevention of Cruelty to Children’s (NSPCC) Graded Care Profile 2 toolkit continues to be rolled out across all agencies via a suite of face-to-face training facilitated by a group of trainers within the partnership to support practitioners to use the tool appropriately and effectively. Feedback from attending practitioners has been positive.

Independent scrutiny: *The work on neglect is a fundamental part of the NSCP's work. The score card must be outcome focused so that it measures the benefits to children and families and not just internal processes.*

Turnaround programme

Northamptonshire Youth Offending Service has introduced the new Turnaround programme; this work provides support to the young people at the earliest opportunity to prevent further escalation into the criminal justice system.

Housing Protocol for 16–17-year-olds

16–17-year-olds housing protocol has been refreshed and the action plan is progressed. Training on the protocol has been delivered jointly by Northamptonshire Children’s Trust and Housing in North and West Northamptonshire; this has increased staff knowledge and improved joint working.

Safe sleeping campaign

The Northamptonshire Safer Sleeping campaign was re-run over from mid-December to 31 December 2022 through social media by North Northamptonshire Council and West Northamptonshire Council and partners. A multi-agency group oversaw this campaign which had advice on the baby’s sleeping position, planning a safe sleep space, riskier unsafe sleep situations such as parents/carers alcohol misuse and also newer advice on the cost of living and keeping warm

- Alcohol
- Drugs (both prescribed and recreational)
- Smoking
- Premature babies
- Safe Temperature

The assets were circulated on Facebook and Twitter and the following is the feedback received:

Media Platform	Reach	Post clicks	Reactions, comments
Facebook	13,467	132	23
Twitter	7,478	47	9

During the reporting period two deaths have been attributed to unsafe sleeping arrangements and the findings have been shared with the group responsible for the safer sleeping campaign to ensure messages are incorporated within the campaign.

Family Hubs

The Family Hub and Start for Life Programme is a multi-million-pound project being developed by North Northamptonshire Council to improve life chances for children, young people and their families in North Northamptonshire and is moving forward at pace.

The project – which will see networks established to boost the provision of services aimed at families - has received £4million from government between 2022 and 2025 to help families build resilience and thrive.

Key areas where support will be provided are for:

- Mental health – during pregnancy and beyond
- Parenting
- Infant feeding
- Home learning – to promote early language and literacy development

The first two networks are set to be established in Wellingborough and Corby later in 2023, while further work will take place to create networks in Kettering and East Northamptonshire over the life of the programme.

Whilst North Northamptonshire Council is taking the lead in this innovative project, many other partners who deliver services to children and young people, including Northamptonshire Children’s Trust, health partners, the Police, education settings and the voluntary and community sector are fully committed and working together to launch and embed this collaborative development.

Family Hubs in West Northamptonshire are being developed by West Northamptonshire Council and work has started about Best Start in Life (BSiL) Initiatives. Whilst West Northamptonshire was not awarded any grant funding to support this development, public health is leading on this area of development which will be a top priority for 2023-2024.

Best Start in Life BSiL initiatives and development will be aligned in West Northamptonshire Council with the Local Area Partnerships (LAPs), where placed based services will be brought together to best serve the community and meet the needs of children, young people and families. Whilst West Northamptonshire are leading on this area, specifically through Public Health, this is a partnership with other agencies including the voluntary sector. 2023-24 will develop this area significantly.

A Peer-on-Peer review by colleagues in Lincolnshire in May 22 found:

‘Clear vision for improvement for Children and Families Support Services in Northamptonshire Children’s Trust and commitment from all to work with families and partner agencies. Improved partnership working, with evidence of collaborative working’

Evidence of impact in addressing priority 1

- The number of Early Help Assessments have increased indicating our Early Help offer is improving. Schools and Children and Family Support Services are the main contributors, with around 400 more by schools during 2022-23.
- Increase in children and families supported via Early Help Assessments and stepped down to Early Help.
- Zero tolerance of young people being placed in bed and breakfast accommodation.

- Re-referrals overall across the last quarter of 2022-23 saw increases but are overall lower than this time last year. It is anticipated that the strengthened model in the Multi Agency Safeguarding Hub (MASH) and developments in Children and Family Support Services/Early Help will continue to support appropriate reductions going forward. Steps have been taken to strengthen the Early Help partnerships with Partnership Support Team (Early Help MASH) being placed in the MASH pods and a leaner step-down process.
- Both Councils have a clear vision around developing family hubs and support families.

Priority 2. Take positive action early enough to protect children, to support children, young and families who are at risk of exploitation and to effectively work as a partnership and support our staff

Through the reporting period, significant work has been undertaken to strengthen the county's response to Child Exploitation through various measures overseen and driven by the partnership's Child Exploitation Sub Group and its structure of Working Groups. Learning from local Child Safeguarding Practice Reviews has supported and informed areas for development and strengthening our response to Child Exploitation which will continue as a priority through 2023-2024.

Findings from two Child Safeguarding Practice Reviews relating to the deaths of two victims due to knife crime has supported and informed the Child Exploitation Sub Group structure, action plan and processes.

Knife Crime

Knife crime is a priority for Northamptonshire Police. A specific Force wide operation is in place to address this concern – Op Sceptre. It is vital that professionals in Northamptonshire seek to reduce the very real risk of death and injury that knives cause within our county, and what we need to do to achieve this.

Northamptonshire Police have put measures in place to help tackle knife crime:

- Every day every Op Sceptre incident is discussed to ensure the right ownership and the right direction for the most effective way of dealing with it.
- We implemented the Knife Crime NICHE (police crime record system) template to make sure we investigate every single Op Sceptre related crime in the best way we can.
- We also developed an easy-to-use 'Op Sceptre Knife Crime Investigation Guide' which outlines the minimum expectations when dealing with any Op Sceptre related incident.
- Op Sceptre 'weeks of action' have been conducted.
- The LPAs (Local Policing Areas) identify Op Sceptre nominals at the TCG (Tactical Tasking and Coordination Group) where a bespoke, longer-term prevention and intervention plan is agreed and implemented.
- We are working on a new approach with a company called Upskill. This targets individuals who will not engage with the Police.

These measures are in direct response to tackling knife crime in the county and from findings of two local Child Safeguarding Practice Reviews which sadly involved the fatalities of two young people.

Child Exploitation Hub

A Child Exploitation hub is in development with all statutory partners to co-locate agencies to address the needs of all criminally exploited children within the county, not just those at risk of or subject to Sexual Exploitation.

It is anticipated that the partnership will have a fully operational Child Exploitation Hub by the end of the next financial year and will ensure a joined up, co-ordinated response and package to these victims.



Anonymous Case Study to demonstrate good practice

MG was a young person heavily entrenched in criminal exploitation with conclusive grounds National Referral Mechanism status and deemed a victim at significant risk of harm. Despite been part of a police operation deeming him as such, he could not breach the silent code of conduct which is the unwritten rule in these contexts.

Joint visits were undertaken with the police and social care to support him and his family, however, due to fear of retribution MG showed behaviours which were consistent with trauma responses and intervention at this point to reduce risk and vulnerability was not successful due to his reaction to attempted intervention. After two arrests in a matter of days for possession with intent to supply, he had a significant amount of debt bondage. When considering 'Reachable Moments' which often occurs when a young person is in hospital from being injured or in custody following arrest, MG was visited by his Social Worker and Youth Offending Service worker who reassured him that he was now safe.

Police worked closely with services and recognised the immediate risks to MG. MG was arrested in a trap house and a significant amount of Class A and monies seized. A couple of days later MG was stopped and searched, he was alone, he had 348 wraps of Class A and cannabis located in his bedroom. He was police protected. The level of risk was high because of the amount of debt bondage. MG was inconsolable and agreed to relocate with his family, sharing that he needed to be out of the area and recognised the risks he was facing. Appropriate multi-agency professionals meetings were arranged including a complex strategy meeting.

Police, Youth Offending Service, Social Care, Barnardo's were frequently in contact, and social care funded the whole family to go to a seaside town for 12 days, having positive family time and a chance for MG to recover and reflect. Family have shared how grateful they were and mother shared that it has been emotional seeing her child being able to be a child again after being exploited for so long.

Multi-agency professionals are to discuss the future care plan and how to keep the family together once they were out of the area and MG tried to rebuild his life. Professionals are still working with parents as partners. A mentor who was funded by social care remains heavily involved and has supported MG throughout this process giving him consistency and continuity and ability to speak with his primary and significant trusted adult.

Response to Domestic Abuse

Processes have been refined to streamline how the safety of children at domestic abuse incidents is considered following their status as 'Victims' under the new Domestic Abuse Act. Under Operation Encompass, screening by Police ensures a notification is submitted, when appropriate, to schools, health services, Child and Family Support Services and Adverse Childhood Experiences (ACE) Teams where it is felt threshold for targeted Early Help is met.

***Independent scrutiny:** Assessing the impact of Operation Encompass would be helpful. Whilst information about domestic incidents is passed to agencies especially schools, the impact of this information sharing is not well known.*

Community of Practice

A forum has been developed that allows multi-agency practitioners from across Northamptonshire to build relationships and mutual understanding, promote best practice, share learning, and build expertise in Child Exploitation across the system.

This forum uses the Tackling Childhood Exploitation (TCE) Practice Principles Partnership reflective tool to begin considering the extent to which these are already present within our local response to child exploitation and extra familial harm with a review to strengthening responses and multi-agency relationships.

Lydia's story

A video has been developed to tell Lydia's story, a child sexual exploitation (CSE) survivor. Lydia provides a candid account of how she experienced child sexual exploitation as a child, and her thoughts and feelings towards

professionals. The video was split into two edits:

1. A public facing recording with Lydia's identity protected, to educate parents on spotting the signs of child sexual exploitation, and
2. An internal training tool, where Lydia has waived her anonymity in order to take part in an interview with professionals, to speak frankly about her experiences and the kinds of behaviours that professionals should be looking out for when dealing with young people at risk of child sexual exploitation.

Child Exploitation Film

A new film focussing on child exploitation is being developed and filmed and due to be launched in early summer 2023. The video, primarily aimed at parents, has been specially commissioned for NSCP with funds from the Department for Education (DfE).

The film aims to highlight the signs of child criminal exploitation (CCE) and child sexual exploitation (CSE) by sharing the stories of two young people who are being criminally exploited.

It is important to understand that young people who are caught up in this type of activity often do not see themselves as victims - as those who are exploiting them make them feel important, respected, and looked after. Parenting is difficult and child criminal exploitation is complex. We want to give parents greater understanding to help them spot any possible signs of exploitation and provide details of where to access help and support.

Northamptonshire Police has led on its creation on behalf of the partnership. The video is to be promoted widely via social and digital media channels, and through NSCP and partner websites.

In addition, the film will be shared with professionals and with schools and colleges in the county, an education pack will also be developed.

Hotel Watch

Continues to educate hoteliers across Northamptonshire on how to identify and report child exploitation.

Vulnerable Adolescent Panel (VAP)

During 2022, a Vulnerable Adolescent Panel Co-ordinator was appointed and the role of VAP has continued to strengthen.

The Vulnerable Adolescent Panel, won the Centre for Child Protection's 2022 Collaboration Award and was also awarded an NHS England Safeguarding Star, for its collaborative work in tackling child exploitation.

Panel feedback:

"The Vulnerable Adolescent Panel is an impressive nomination with strengths in child protection, creativity, collaboration, and impact. The panel felt that protecting and safeguarding adolescents can be powerful when derived from a peer/community-wide approach that holds the child/children in a safe extra familial space – as this nomination evidenced.

There is strong information sharing leading to essential decision-making, important learning, communal responsibility, common vision, and shared aims linked to emerging and existing extra-familial risks for young people. This is an innovative and outstanding example of multi-agency collaboration drawing heavily on strength-based practice with huge potential to positively impact on professional development, community understanding, and keeping young people safe".

Independent scrutiny: *The work of the Vulnerable Adolescent Panel (VAP) is critical to ensure the right coordinated action is taken for those young people who are identified as being at high risk of exploitation. The external recognition of the VAP is really helpful. The case study further below on the next page shows how the VAP can be effective.*



The Vulnerable Adolescent Panel heard 124 referrals in the year to 5 April 2023.

- 51 % of these referrals were for children not open to social care
- 30% were open to a social worker and 13% were open to YOS.
- 81% referrals were for males.
- The average age of young people referred into VAP was 15 years.

Themes identified by panel have included a gendered response by professionals to criminal and sexual exploitation, a need for practitioners to understand cannabis use by young people as an indicator of exploitation and a disproportionate number of referrals for young people with neurodevelopmental disorders. A number of these themes have also been identified in a recent Child Safeguarding Practice Review and by the child exploitation peer review. These themes are reported by panel into Child Exploitation Sub Group and inform the action plan of this group. Panel continues to challenge and educate professionals about use of appropriate language and understanding of the impact of exploitation upon young people's agency.

VAP continues to have excellent representation from across the system with regular attendance from agencies including police, Children and Families Support Service, Children's Social Care, Youth Offending Service, education, health including CAMHS, Barnados, Ngage, Action for Children. Information sharing at panel facilitates a clear understanding of risk and development of effective plans for young people at risk of exploitation. Actions identified to support individual young people have included identifying appropriate disruption processes (such as child abduction warning notices) and referrals into services such as school nursing, Independent Child Trafficking Guardians, Turnaround Project, Guiding Young Minds etc. Recommendations are also made where a support need for parents/carers is identified, this has included training for care homes, referrals to Parents Against Child Exploitation and to CAMHS MBAM workshops.

VAP has made a number of case escalations and has supported Multi Agency Safeguarding Hub referrals where information shared at panel has identified that threshold has been met. Where wider contexts of concern are identified by panel, referrals are made into Community 1 groups. This may be a result of a single referral or where a theme is identified across a number of referrals and has led to disruption action directed by Community 1 such as increased police foot patrols, review of street lighting and direction of youth support resources into identified areas. Intelligence shared by VAP with Community 1 has also supported ongoing workstreams such as the arson task force. In this way, VAP is able to drive a contextual response to child exploitation in our communities as well as ensuring that individual young people at risk and their families have access to appropriate support and intervention

Anonymous Case Study to demonstrate good practice

X was a 15-year-old who is frequently missing from home and attending the address of a young adult male with a previous history of grooming young people for sexual and criminal exploitation. It is believed that this adult male is grooming X to move and sell drugs. X was not attending school and disengaged from all support agencies. As a result of information shared at panel and placed on police systems, X was police protected after being found at a property of concern. A National Referral Mechanism [NRM] referral was made which was successful. The Vulnerable Adolescent Panel recommended that a Child Abduction Warning Notice be considered, this was put in place and was effective in disrupting the relationship with the adult male of concern. Following this, support agencies were able to re-engage with X and he returned to full-time education.

Missing Children

- Development of Missing Children Steering Group working with Children's Society using Missing Children Benchmark Toolkit to review process and improve practice. This has resulted in ten workshops reviewing our intelligence led practice and operational processes against the legislation and local protocol, which will feed into a robust action plan to inform practice improvements.
- Dedicated Missing Co-ordinator role linked to Multi Agency Safeguarding Hub (MASH) and Police, and Single Service Delivery (Youth Support Team) of missing Home Return Interviews with 80% completed within 72 Hours.
- The Missing Steering Group meets every six weeks. It has strong partnership attendance, and the present focus is to quality assure our processes, systems, and consistency, using the Children's Society benchmarking (national) tool. The group has completed the relevant checklists and identified areas of strength and need. Areas of strength include Northamptonshire Children's Trust's timeliness of return home interviews and how we gain consent from parents. Priority areas for improving our response to missing children are our processes for data capture and information sharing, and how we complete and manage risk assessments. Additionally, our response to looked after children going missing, and work with children's homes also need improvement.

Evidence of impact in addressing Priority 2

- The last quarter of 2022-23 saw a sharp rise in the number of Public Protection Notices submitted by the police and a spike in knife crime related incidences. This was largely following two separate high profile knife crime incidents in Northampton and reflects the increased police provision but also the multi-agency resource and response to address this increasing issue in the county.
- There are stronger working relationships with a focus on improving outcomes for children, areas of increased collaboration include:
 - i: Commitment to get better understanding and better application of thresholds supported by refreshed threshold training;
 - ii: Partnership agreements to develop CE hub and streamline processes for Child at Risk of Exploitation;
 - iii: Agreement and plans for a review of MASH to support improved productivity and efficiency.
 - iv: Improved practice is evidenced in feed-back and compliments with some good outcomes for children who have suffered exploitation.
- Reduction in the numbers of first time entrance in the criminal justice system.

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

Training provision

The partnership contributed funding to develop and enhance the training offer available to all partners and staff. Please see Section 4 for further details.

The partnership has agreed to maintain this level of funding in 2023-24 as the requirement for bespoke training around the county's priorities is developed further.

Local Learning

Learning Summaries are completed and disseminated across the partnership following all Rapid Reviews and Child Safeguarding Practice Reviews giving practitioners local context and enhancing their knowledge.

NSCP Newsletters

Are produced bi-monthly and disseminated to a large cohort of practitioners across the county on local and national topics to increase and promote awareness of safeguarding.

Quality of supervision to staff in Northamptonshire Children's Trust

Good quality supervision and support to staff has been a priority for Northamptonshire Children's Trust in the last year. Improved quality of social care practice and management oversight is helping to keep children safe, as evidenced in Ofsted visits and inspections, peer reviews and NCT internal quality assurance.

Northamptonshire Children's Trust Ofsted Inspection outcome

The Trust has continued to improve services and achieved improved experiences and outcomes for children in the last year.

'Children in need of help and protection in Northamptonshire receive much better support than they did at the time of the last OFSTED inspection in 2019'. (Inspecting Local Authorities Children's Services (ILACS), October, 2022)

Multi-Agency Pre-birth Assessment meetings

Tracking of pre-birth cases between health and Northamptonshire Children's Trust has led to improvements in pre-birth assessments and care planning. Joint workshops enable effective working together, supports professionals and leads to better outcomes e.g. Tier 4* health needs and placements.

**Tier 4 refers to specialist services for children and families with severe and complex needs, including child protection services, inpatient child and adolescent mental health services.*

Health Summit

A Health Summit took place towards the end of the reporting period to give professionals the opportunity to come together to discuss the key priorities across Northamptonshire and consider how these will be conveyed and addressed to and by staff.

Youth Offending Service (YOS) Multi-Agency Panel

The Youth Offending Service has designed and implemented a multi-agency partnership panel to support prevention and diversion of young people who are on the cusp of offending; this panel facilitates appropriate support by the right agency. Attended by professionals from the Youth Offending Service, Police, Children & Family Support Service, Office for the Police and Fire Crime Commissioner and Voluntary agencies it ensures a collaborative response and supports diversionary outcomes.

- Close relationships have developed to continually improve service delivery, for example review of the use of Police Powers of Protection (PP) in weekly meetings between police and Northamptonshire Children's Trust enables a thorough understanding of the reasons for PP and encourages learning to be fed back into the service; this matter is also under the scrutiny of the strategic partners.
- The issues in Multi Agency Safeguarding Hub concerning productivity and efficiency associated with application of thresholds have been acknowledged e.g. too many contacts/ referrals/ assessments that end with NFA's. Work on this is ongoing.
- Children and Families Support Services continue to deliver Partnership Network events which focus on topical issues, the most recent session was about *substance misuse support across Northamptonshire* with over 300 professionals logged onto the two-hour sessions.
- There continues to be an Early Help Assessment training programme for all professionals to attend.
- Children and Families Support Services continue to support parenting programmes and facilitate the use of Reducing Parental Conflict resources and deliver training to parents and professionals.
- Children and Families Support Services staff are facilitators of the Neglect Graded Care Profile 2 training and will be involved in the roll out delivery to all professionals in support of the Neglect Priority Plan.

Evidence of impact

- The NSCP digital reach has grown in terms of the monthly number of new visitors to the website and a consistent monthly total of visitors. A very broad range of subject areas have been accessed.
- There has been a positive increasing take-up in signing up to the NSCP newsletter (an additional 700 over the reporting period) which demonstrates more staff are accessing resources, support, and guidance.
- Twitter followers have increased through the NSCP 100 days of safeguarding campaign which delivered key messages across a range of issues.
- Good training offer which includes Research in Practice and Making research count.

Independent scrutiny: *These figures demonstrate that the NSCP has got its messages out to more people in the various agencies and this is helpful. The NSCP now needs to go further and explore whether the information provided makes a difference to how practitioners do their work.*

Towards the end of the reporting period, the NSCP has refreshed and updated its governance arrangements and Business Plan with themed priorities for 2023-25, which will be taken forward in plans for 2023-24:

1.	Neglect: Taking positive action early enough to protect children and young people
2.	Exploitation: Ensure those children, young people and families who are most at risk are supported through robust multi-agency co-ordination, assessment support
3.	Domestic Abuse: Promote and implement a joined up multi-agency approach to protecting children and young people at risk of domestic abuse and violence

4. Training

E-Learning Training

During 2022-23, across the partnership there was a total of 7829 E learning courses commenced, with 5960 course completions. This course completion rate and cost per course is in line with the previous year's outturn.

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.

An annual piece of work undertaken by the Training & Development Sub Group is to review all e-learning content to ensure it is fit for purpose and aligned with the NSCP policies and procedures. This review is currently in progress. The below table indicates that Education colleagues are the biggest user of the eLearning programme with early years and schools/higher education utilising 56% of the licences. This is followed by the Voluntary Sector at 19% with other sectors having smaller usage. There is no recorded usage from the Police or Probation Service which is being explored by the partners.

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

- 98% 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.
- 93% of learners who completed an impact evaluation agreed or strongly agreed the course they had taken had a positive impact on their practice;
- 66% confirmed that they had shared the results of the learning with colleagues

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.

Examples of feedback from participants in three-month post course evaluation

We have been able to use the knowledge gained across the organisation with other key personnel also completing it. It has allowed us to become compliant with an aspect of our governing bodies requirements for safeguarding

Recognising signs of anxiety, stress, and more generally people behaving differently, and how to open conversations about what I have noticed. Communication, and understand when to speak and when to let others speak

I feel more confident in my understanding of the methods groomers use to radicalise young people as well as the signs and symptoms of a young person potentially at risk of being radicalised

Face-to-Face/virtual Multi-Agency Training

The partnership relaunched its face-to-face/virtual delivery training offer in the last two years after an extended period when no face-to-face offer was funded. Since 2021-22 the offer has expanded and now comprises the delivery of seven training courses to partners across Northamptonshire.

The courses being delivered are:-

1. Child Safeguarding Practice Review (CSPR) Author training
2. Threshold and Pathways
3. Reducing Parental conflict
4. Domestic Abuse
5. Graded Care Profile 2
6. Trauma Informed Practice training
7. Working together to Safeguard Children

During 2022-23, 1556 practitioners attended a face-to-face/virtual course run by the NSCP. This is a 50% increase on 2021-22. Out of those courses offered the highest take-up was for the Trauma Informed Practice training, followed by Thresholds and Pathways and then Reducing Parental Conflict.

Agency take-up was positive with the Education Sector accounting for 32% of places, Northamptonshire Children's Trust with 18% of places and Northamptonshire Healthcare Foundation Trust with 16% of places, followed by the Police with 13%, Early Years Providers at 7% and the Voluntary Sector at 6%. Smaller percentages were made up from the other agencies.

5. Child Safeguarding Practice Reviews (CSPRs)

The purpose of Child Safeguarding Practice Reviews 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.

Whilst no Child Safeguarding Practice Reviews have been published in the reporting period, learning from ongoing reviews has been progressed and informed work priorities.

Further information can be found under Appendix 3.

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 should be taken, including whether or not to undertake a child safeguarding practice review

Further information regarding CSPRs can be found in the government guidance document: [Working Together to Safeguard Children 2018](#)



6. Other safeguarding updates through 2022-2023

Suicide Prevention Package in schools

A school support package has been created to provide guidance for schools in Northamptonshire in the event of a suspected death by suicide in a school community. It was developed by local partners, including teachers and other staff in schools in Northamptonshire, and incorporating lessons learnt from the review of a local suicide case.

The effects of a suicide can be devastating and the impact felt by many. Schools need support to feel prepared on how to respond to a critical incident such as a death by suicide. Effective plans and actions are important to help those affected to grieve and recover and could support the prevention of further suicides.

The package offers guidance to support in decision making during this difficult time. Suicide deaths can be complex. This tailored package includes steps that can be followed in the event of suspected death by suicide in a school community. It also provides support to schools in improving emotional wellbeing and mental health of pupils in the short and longer term.

Children and young medically fit for discharge but experiencing delays in their discharge from hospital

The Children's Transformation Team within the Integrated Care Board has developed a multi-agency paediatric escalation group to improve the experience of children and young people who are medically fit for discharge but experiencing delays in their discharge from hospital. The aim of this group is to support professionals across the system where solutions to discharge were outside the scope of the usual internal and multi-agency escalation processes to find a timely resolution.

The multi-agency escalation group is made up of representatives from across the children's system with social care, community NHS providers and acute hospital staff including Safeguarding Designate and Named leads attending and focuses on those children and young people who are:

- In an acute hospital bed, but medically fit for discharge and there were barriers to discharge
- In an acute hospital for mental health reasons
- In an acute hospital for physical stabilisation of an eating disorder
- Escalating needs in the community and the young person was at risk of presenting to an acute hospital

The purpose of the group is to:

- To have a system view of children and young people experiencing prolonged delayed discharges from hospital.
- To help find solutions to help overcome challenges or blocks within the discharge pathway for individual children and young people to find a timely resolution.
- To provide a system-wide, regular, point of escalation when needed.

- To provide assurance to the relevant regulatory bodies within Northamptonshire that necessary actions were being taken to ensure children and young people were cared for within the safest and most appropriate settings to meet their needs.

Anonymous Case Studies to demonstrate Good Practice

Case 1

Young person in Care aged 17 years. The young person had been residing in hospital since August 2022. Young person had been admitted with self-harming behaviours from a placement in Northampton, which then served notice on admission as they felt unable to continue to meet the young person's needs. The young person was the responsibility of an out of area authority and there had been very little engagement with social and health care services from the originating area. The staff on the ward felt the young person was 'stranded' with no one taking responsibility for their ongoing care.

The escalation group supported the commencement of a proactive dialogue between the multi-disciplinary teams across both areas to formulate a discharge plan. The young person was discharged back to the originating area within two months.

Case 2

Child aged 2 years old who had been in hospital since birth. There had been challenges to discharge due to complexity of the care package and the family situation. The group were able to trouble shoot any barriers across social care and health to ensure there was wrap around multi-agency oversight of progression at each stage of the discharge pathway that would support child to go home.

Case 3

Child aged 10 years old with diabetes who was admitted to hospital three times over the course of months with unstable diabetic management at home. Family and young person were unable to safely manage his diabetes at home due to a variety of reasons that eventually meant the child could no longer live at home. The escalation meetings provided a forum to look at all aspects of the child's health and care support to ensure there was a multi-agency oversight and plan in place to support a safe discharge into an appropriate setting that could meet the child's complex needs.

Safeguarding Children with Disabilities

Children with disabilities receive services from all teams across Northamptonshire Children's Trust. There is also a dedicated Children with Disabilities team within Children's Social Care who support children and young people with the most profound, severe and complex needs and disabilities. The majority of children are supported under a Child In Need plan; however social workers in the team also carry out all other statutory 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.

In October 2022 Ofsted found that:

Children with SEND who are supported by the Disabled Children's Team benefit from a consistent social worker who knows them well and have skills in capturing the voice of the child.

Practice in the disabled children's team to assess and support disabled children and their families is stronger. Social workers know their children well and use a wide variety of communication styles to gain the child's voice.

Safeguarding Children with Disabilities is a priority across all team and services within Northamptonshire Children's Trust and the learning from Safeguarding Practice Reviews is shared and the learning is embedded. The Safeguarding Children with Disabilities training is promoted and the importance of practitioners attending is emphasised. Other training opportunities are available to Northamptonshire Children's Trust such as mandatory Oliver McGowan* Training and events run by partners and Northampton Parent Forum Group.

**The Oliver McGowan Training on Learning disability and Autism is named after Oliver McGowan, whose death shone a light on the need for health and social care staff to have better training and is the government's preferred training for health and social care staff.*

Ensuring that the voice of the child and children's lived experiences is captured is central to the work in Northamptonshire Children's Trust and is particularly important when supporting children with disabilities and within safeguarding. A variety of communication tools and styles are used to ensure Children's voices are heard, especially if they do not communicate verbally.

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. This requires ongoing focus as it remains an area of some challenge and Ofsted highlighted this as an area that requires further development.

The Disabled Children's Team have strong relationships with colleagues in education, and health within the Integrated Care Board and Northamptonshire Healthcare Foundation Trust including CAMHs, Community Team for People with Learning Disability (CTPLD) and partners with the local Parent Forum Group (NPFPG) and Northamptonshire Carers. The strength of this partnership approach increases the opportunities to safeguard and support children and young people with disabilities.

Northamptonshire carers are commissioned to complete parent carers needs assessments and they also they provide support to siblings of children with disabilities and young carers.

With recent rapid reviews and Child Safeguarding Practice Reviews findings, Northamptonshire Children's Trust remains focussed on ensuring that the additional vulnerabilities of children with disabilities, especially in the context of safeguarding, is a key priority and area of focus.



Children and Families Fleeing Conflict

In 2022-23 safeguarding partners have been working together to welcome and support families arriving in Northamptonshire as a result of fleeing conflict. Four Contingency Hotels have been in place for adults in the last year in Northamptonshire and several referrals were received from adults who claimed to be children (37 referrals), which resulted in a brief enquiry or age assessment being completed. Out of the 37 referrals, 8 have been assessed as being a child and have been accommodated as children in care.

The National Transfer Scheme (NTS) has been utilised for the Unaccompanied Asylum-Seeking Children (UASC) to deliver a fairer and more equitable distribution of responsibility for UASC across the UK, ensuring they receive the support and accommodation they need. Since 1st Sept 2022 until end of March 2023, the National Transfer Scheme referrals in addition to spontaneous arrivals contributed to an increase in separated children being supported in Northamptonshire (267 between the age of 14 to 24 children in care or care experienced young adults at the end of March 23). The top three countries from where the young people have fled and seeking safety in the UK are Sudan, Eritrea and Afghanistan. These young people experienced trauma of losing their families and everything they ever loved and have endured long journeys to safety on their own. Some were illegally trafficked or left in the county, all these aspects requiring a prompt and collective response from professionals and communities.

The Homes for Ukraine scheme was launched by the government on 14 March 2022. This scheme allows people living in the UK to sponsor a named Ukrainian national or family to come to live in the UK with them, providing they have suitable accommodation to offer. As part of the Government's Homes for Ukraine Schemes Northamptonshire Children's Trust undertook 1136 sponsor checks across North and West Northamptonshire and 15 social worker risk assessments in relation to the arrangements. Partners have worked together to ensure help in accessing local services, health, education and skills training, social care and learning English have been in place for these families and individual children to ensure they feel safe and settled.

Education

Schools in the county continue to work extremely hard to safeguard their pupils, even though recovery from the Covid Pandemic has made things very difficult.

It seems that the achievement gap has widened in schools with our pupils from the most vulnerable families needing a great deal of extra support to catch up. The cost-of-living crisis has added to this very complex problem, as families face serious day to day pressures to meet their children's needs.

Research from across the country shows that children from more vulnerable communities frequently come into school with less developed repertoire of cognitive and linguistic skills. The number of pupils with Special Educational Needs has risen exponentially, and the Special Schools and Academies are over capacity, which leads to mainstream school educating pupils with increasingly complex needs.

There are new challenges all the time too, for example the availability of vapes to children and the ever-changing world of internet safety.

Despite these challenges, schools staff are dedicated to do all they can to ensure that children in their care are safeguarded. Across our county, leaders, teachers and support staff continue to strive for the very best outcomes in terms of resilience, life chances and academic achievement for all of our children.

Following the publication of The Care Review Implementation Plan in January 2023, the NSCP has taken the decision to include the Education sector as the fourth Statutory partner not only in anticipation of revised legislation in due course, but also recognising that education plays a critical role in keeping our children and young people safe and their contributions must be heard through every steam of the partnership's work.

It has been agreed to create a Safeguarding in Education Sub Group and plans and draft Terms of Reference are in development for the group to be in place during 2023-24.

A key objective of this group will be to gain children and young people's voices, views and thoughts about safeguarding and across the partnership's priorities.

Safeguarding in Education which works across both Local Authorities in Northamptonshire will be disaggregated from 1st April 2023 and each Local Authority will have their own Safeguarding in Education Leads.



Elective Home Education (EHE)

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

North Northamptonshire Council

The number of parents electing to home educate their children has continued to increase since the last report from 705 recorded as of 31 March 2022 to 803 recorded as of 31 March 2023.

Whilst the reason for the increase is unclear, reasons are now being recorded in accordance with categories set by the Department for Education (DfE) and are set out as below:

Physical Health	31	Risk of school exclusion	1	Suggestion/pressure from the school	0
Mental Health	136	Difficulty in accessing a school place	2	Dissatisfaction with the school - general	91
Health Concerns Relating to COVID-19	36	Philosophical or preferential reasons	158	Dissatisfaction with the school - SEND	48
Did Not Get School Preference	21	Religious reasons	17	Dissatisfaction with school - Bullying	65
Permanent exclusion	0	Lifestyle choice	79	Parent/guardian did not give a reason	27

West Northamptonshire Council

902 children were electively home educated in West Northamptonshire at the end of March 2023. The cohort comprises 54 more children than one year ago. 37.4% of children educated at home have been educated at home for more than two years, the lowest proportion since August 2022. In broad terms, the higher the national curriculum year group, the more children are educated at home (between years 1-11). 46.8% of children electively educated at home are in national curriculum year groups 9-11. Children in national curriculum year group 2 or below account for 9.1% of the cohort.

There are a number of reasons why parents choose to educate pupils at home. West Northamptonshire is currently analysing the current data to understand and address some of the factors that are driving these decisions. There has been a recent increase in pupils who become Elective Home Education after parents state that they don't feel that schools are meeting the pupils needs. There has also been an increase in the numbers of permanently excluded pupils being removed to Elective Home Education following parents not wishing their children to attend any of the available alternative provisions. We are exploring this, along with commissioning a broader range of Alternate Provision providers to support needs. An ongoing support and monitoring programme is offered to all pupils who are Elective Home Education although there is no requirement for parents to take this up.

Children and Young People Missing Education and Children and Young People Absent from School

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

North Northamptonshire Council

Children that have not turned up to school and where school are unable to trace the family (i.e. they are absent) remains consistent year-on-year: (these have usually left county or country without giving a destination). The number recorded as of 31 March 2023 is: 120

The number of children and young people without a school place (Missing Education) due to permanent exclusion who have not yet started at an Alternative Provision has increased significantly since the previous year:

- As of 31 March 2022 - Without a school place following a Permanent Exclusion: 23
- As of 31 March 2023 – Without a school place following a Permanent Exclusion: 63

This increase reflects the current lack of availability of suitable Alternative Provisions in the county.

West Northamptonshire Council

Data up to Dec 2022 (latest data available) indicates that there was a total of 165 absent from school on the last day of December 2023. This is an improvement on the previous year's data and there are fewer children absent from school now than at any point in the two years for which figures are available. This time last year there were more

than twice as many children absent from school. Established and robust tracking procedures are in place to locate children absent from school in West Northamptonshire.

The reasons for Children missing Education are varied and can include the following:

- families newly arrived in the area (from UK or abroad) failure to take up provision offered (at 5+, or, at usual transition stages)
- parental reluctance to utilise alternative provision following permanent exclusion
- failure of a parent to ensure that a child being home educated is in receipt of suitable provision
- a child’s name being removed from a school roll in error.

It is the responsibility of West Northamptonshire Local Authority to ensure that: -

- All pupils who may be absent from school (including independent, academies and free schools) are located
- Support is given to external local authorities to locate missing children who may have moved into West Northamptonshire
- Use is made of all available database systems to track children who are absent from school.
- Reasonable enquiries are made by schools, and then by Children Missing from Education teams within the local authority to locate children who are missing from school in a timely manner

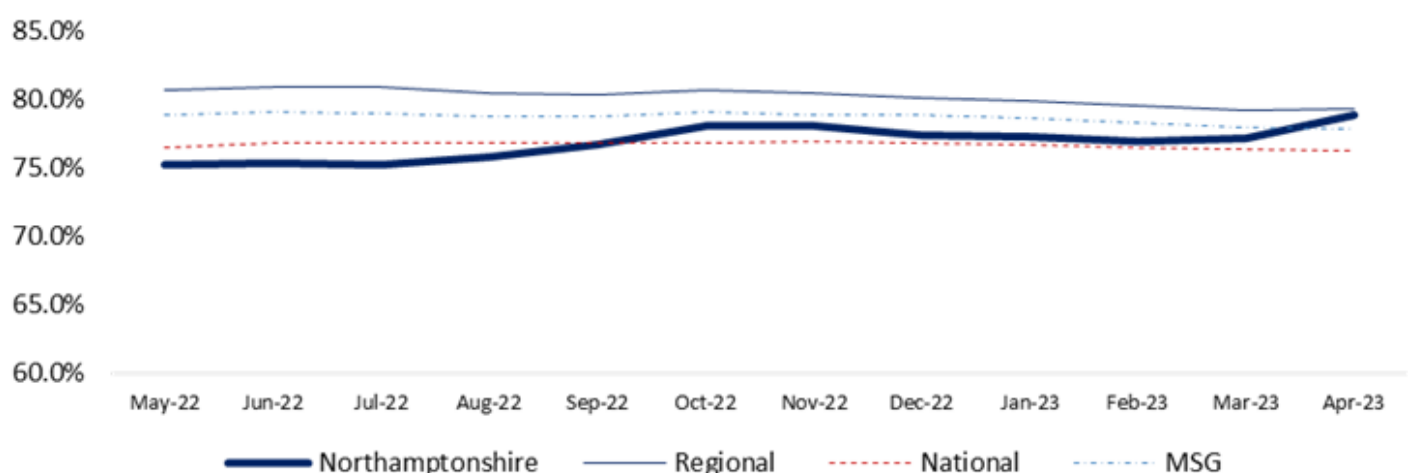
Domestic Abuse

The partnership has recognised this is an area requiring strengthening and is in discussions with North and West Community Safety Partnerships to develop a single working group to ensure there is a proactive, consistent, joined up response to Domestic Abuse, recognising children who witness domestic abuse are also seen as victims. This is a themed priority for the partnership.

Domestic Abuse demand has continued to remain below forecasted levels as in previous years and the number of incidents continue to not follow along the seasonal variation expected given past data, 10.4% below the forecasted demand in the latest 3 months of this reporting period.

Independent scrutiny: *The reasons for this below expected rate need to be explored. It is possible that it represents a reduction in domestic abuse but other reasons are also plausible including a reduction in the trust victims have to report abuse and get the appropriate response.*

The Domestic Abuse conviction rate has significantly improved and in the last three months of the reporting period, Northamptonshire Police had a conviction rate of 84.1%, 8% higher than the national average.



Based on local data:

- 2022-2023 saw 403 community resolutions for domestic abuse.
- 62-71% were for standard risk offences.

- An increased use of OC8 (Community resolution) will have come from evidential difficulties outcomes more than other positive outcomes - taking some positive action.
- Analysis being conducted as to the effectiveness of a convicted criminal reoffending for domestic abuse for OC8 compared to other outcomes and this has shown promising early findings.

Other work through 2022-2023 has included:

- Changes in legislation around Domestic Violence Disclosure Schemes (DVDS) has prompted enhanced resource and activity around the stages of these Clare's Law applications.
- After a decline in performance, Northamptonshire Police's use of DVPN/DVPOs (Domestic Abuse Protection Notices and Orders) has increased, promoting safeguarding and positive outcomes for domestic abuse cases.
- Domestic Abuse Matters training has been repeated to all officers across the force, including to all new officers in public facing roles.

Children and Young People's Voices

- In response to feed-back from the young people, the young-person friendly Inclusive Language Guidance has been developed by Northamptonshire Children's Trust; this is intended to support the use of the most respectful, inclusive, and welcoming language when speaking or writing to and about our colleagues, children, young people and families. The 2022 Equalities Survey has been used to consult with staff in the development of this language guidance and feedback has also been sought from local community groups which support inclusivity and diversity.
- New participation group developed for children subject of Child in Need and Child Protection. The feedback on social workers has been provided to the service to help them make improvements and some specific sessions have been held on the topics that young people requested: Mental Health, Trauma, Sexual Health/Relationships, LGBTQ+, Life Skills, Job/Career (Five-year plan).
- Young people took part in a 'Mystery Shopper' exercise, where they described their experience of the first 15 steps when you entered One Angel Square and the William Knibb Centre. In response to their feedback Northamptonshire Children's Trust developed and delivered training for reception staff so they are better aware of children in care and how to communicate with them, display artwork from young people in offices, and have shared their feedback with Property Services to reflect in their strategies for the buildings.
- Northamptonshire Children's Trust organised two celebration morning and afternoon events to show our children and young people how much we value them. The day was filled with activities for the children and young people to take part in, including a climbing wall, bouncy castle and arts and crafts. Each young person was also given tokens they could spend on treats such as candy floss, ice cream and doughnuts. Children and young people were also presented with certificates, which they had been nominated for by their social workers and foster carers.
'This is the best day of my life'. (Child aged 11 at Children in Care awards)
- YOS continue their good work with their Young People's forum and following the success of last year's International Youth Day an online offer has been introduced this year. The Young People's Forum helped successfully design and implemented the "end of Order questionnaire" to be more child & young person friendly. This is being extended wider to ensure the young people's voice within the Exit from custody are collated.
- Children's voices are captured well, and suite of direct work tools have been developed to achieve this by Northamptonshire Children's Trust Disabled Children's team. Good partnership working and use of multi-disciplinary team meetings to consider needs of our disabled children.
- Voice of the young people who are care experienced is heard well - Leaving Care Council, Corporate Parenting Board and Apprentices within Leaving Care Service.
- Northamptonshire Children's Trust practitioners gather young people's feedback that captures what has worked well for them and what if anything they would have changed using Signs of Safety as Practice model.

Independent scrutiny: *The projects mentioned above to capture the voices of children and young people are commendable. The NSCP is urged to continue these efforts but with a focus on hearing the voices of children and young people who have been abuse or neglected.*

Work of the Designated Officers* (DO's) within Northamptonshire Children's Trust

Designated Officers have continued to provide a responsive service for the whole of the children's workforce in Northamptonshire, with 2 FTE experienced Qualified Social Worker Designated Officers in post, supported, when necessary, by the Child Protection Chair service. Designated Officers are available for consultation by telephone and through submission of written consultation. The Designated Officers service runs a duty system to ensure availability is optimised and work in a North / West split when this is possible, whilst allowing for cross-cover (leave etc.)

In 2022/2023:

Designated Officers received 538 contacts - this is a 25% increase (n109) from 2021/2022 (n429)

- 27% (n149) contacts were managed as consultations, compared with 21% (n89) in 21/22 and
- 72% (n389) were managed as Designated Officers referrals, compared with 79% (n340) in 21/22

When the vast majority of cases from 2022/23 have concluded and a full dataset is available, findings are expected to reflect increased volume and associated consultations and referrals from the return of pupils to schools after the Covid-19 pandemic. On initial review of incomplete data for the year, timeliness of conclusion of cases continues to be positive, with most cases completed within 12 weeks. Where cases are complex or reliant on detailed criminal investigations (e.g. Police IT analysis or historic sexual misconduct claims) there is necessary and justified delay in these cases being concluded.

Increased referral and consultation volumes has put considerable strain on the Designated Officers service, concurrent with the introduction of a new IT system and changes to administrative support.

A clear pathway for consultations has been introduced, alongside a new referral process. This commenced in January 2023 and has helped to streamline the referral process. Further developments are continuing (moving consultations to a web-based form and opportunity for real-time feedback) which will be communicated to partners.

The new Designated Officers IT system ensures that referrals are easier to process and track. Whilst there have been expected initial teething problems with the new system, Designated Officers have worked closely with the Multi Agency Safeguarding Hub (MASH) to address issues and feel there is real benefit to data management – for the Designated Officers service and for referring partner agencies.

Significant areas of work for Designated Officers in 2022/2023 have included:

Children's residential homes continue to make regular referrals.

Designated Officers have identified a number of private residential children's homes referrals in connection with solo placements, where DOLs (Deprivation of Liberty) are in use for young people with significant needs. There are high staffing ratios per child for settings which have been created around the needs of a specific young person, however, Designated Officers have found that the staff employed tend to have limited knowledge and experience of care provision for children with complex needs.

Some of these agencies have a background in adult care, or through delivery of home care packages, and the placements are often unregistered. Designated Officers recognise these placements are commissioned to meet the requirement for local resources for children and young people who have high levels of needs, however, at times the commissioned agencies are not equipped to deal with this level of need.

Independent scrutiny: The NSCP is urged to explore how it should respond to these issues.

Anonymous Case Study to demonstrate Good Practice

A home was set up for a young person in Northamptonshire, placed by another authority. The agency had experience of home care packages and were registered with Care Quality Commission (CQC).

The home took on the care of a 14-year-old with complex needs including ASD (Autism Spectrum Disorder), mental health needs and with a Deprivation of Liberty Order (DOLS) in place. Local staff were recruited to support this young person. Subsequent referrals to Designated Officers highlighted staff being afraid of the young person and lacked experience to manage his needs, despite training being provided. The young person was relocated with a more appropriate care package in place; however, the agency is now under scrutiny to ensure standards of care are addressed.

Northamptonshire Children's Trust Designated Officers are involved in this process, as the service holds responsibility for allegations made in its area.

Other areas of support:

Designated Officers are working closely with Northamptonshire Children's Trust's Independent Fostering Agency to implement training on managing allegations to both Independent Fostering Agency staff and Northamptonshire Children's Trust foster carers and are working to improve referral pathways.

Designated Officers continue to offer a responsive consultation service to the wider children's workforce so that appropriate referrals are made at the right time to support effective safeguarding management in all agencies.

**A Designated Officer is the person who should be notified when it has been alleged that a professional or volunteer who works with children has: behaved in a way that has harmed a child, or may have harmed a child (possibly committed a criminal offence against or related to a child.*



7. Plans for 2023-2024

Launch of the Child Exploitation Hub

- To implement the recommendations from the peer review including launching of a Child Exploitation hub
- Strengthen multi-agency training for Child Exploitation with a good understanding of the contextual aspects, strategic and operational framework.
- Further development of mapping children with repeated missing episodes, for themes, places and people of concern and share these findings across the partnership to improve the joint approaches.
- Strengthen Data intelligence and strengthen sharing information between police, education, social care and health in relation to children who go missing and are exploited to support preventative approaches and interventions

Family Hubs

- The partnership is committed to supporting the development and launch of Family Hubs due for launch later in 2023.

- Initially starting with two key areas and then rolling out across North Northamptonshire in a phased approach. West Northamptonshire will also be developing Family Hubs as part of Better Start in Life (BSiL) initiatives.
- The Neglect Sub Group; will link with the Family Hubs around understanding the impact of early intervention, particularly in relation to neglect.
- The partnership is committed to developing further the Early Help Offer, children and families need early support to prevent crisis and prevent escalation of need.

Serious Violence Duty Partnership

- Contribute to the development of and strengthen the new Serious Violence Duty Partnership in supporting new initiatives to prevent and support children being exploited.
- There will be additional funding provided to the Youth Offending Service to focus on violence and knife crime, working closely with Police at the point of arrest or suspects.

Review of Multi-Agency Safeguarding Hub/Front Door arrangements

- A review of front door arrangements is planned to review the effectiveness of processes and identify any areas to strengthen productivity and efficiencies within the statutory framework timelines to ensure timely, proportionate and appropriate responses.
- Reduce workload to appropriate levels to focus on areas of business that are relevant for front door to statutory services and improve overall performance and ensure productivity and efficiency that is outstanding with skilled and confident staff and policies/procedures/ systems that support practice.

Launch of Child Exploitation video

- The video will be launched in June/July 2023 and will be promoted widely via social and digital media channels, and through NSCP and partner websites.
- An education pack will be developed that can be shared with professionals and with schools and colleges within the county.

Launch of Neglect campaign

- The campaign will consist of two elements that will run in parallel; public facing and to enhance professionals' knowledge.
- The campaign will continue until September 2024.

Missing Children

- Further development of mapping children with repeated missing episodes, for themes, places and people of concern and share these findings across the partnership to improve the joint approaches
- Data intelligence – shared information between police, education, social care, and health in relation to children who go missing and are exploited to support preventative approaches and interventions

Create Safeguarding in Education Sub Group

- The Safeguarding in Education Sub Group is already in development.
- A structure of Working Groups under the sub group will be developed to address specific areas the partnership wants to strengthen.
- This will include directly hearing the voices of children and young people through an ambitious phased approach initially through a survey for secondary children and young people to take part in.

Strengthening hearing Children and Young People's Voice

- Develop a mechanism, including focus by the Safeguarding in Education Sub Group, whereby all partnership meetings will start with a focus on a children/ren and young person/people – their experiences, feelings, wishes and thoughts

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.

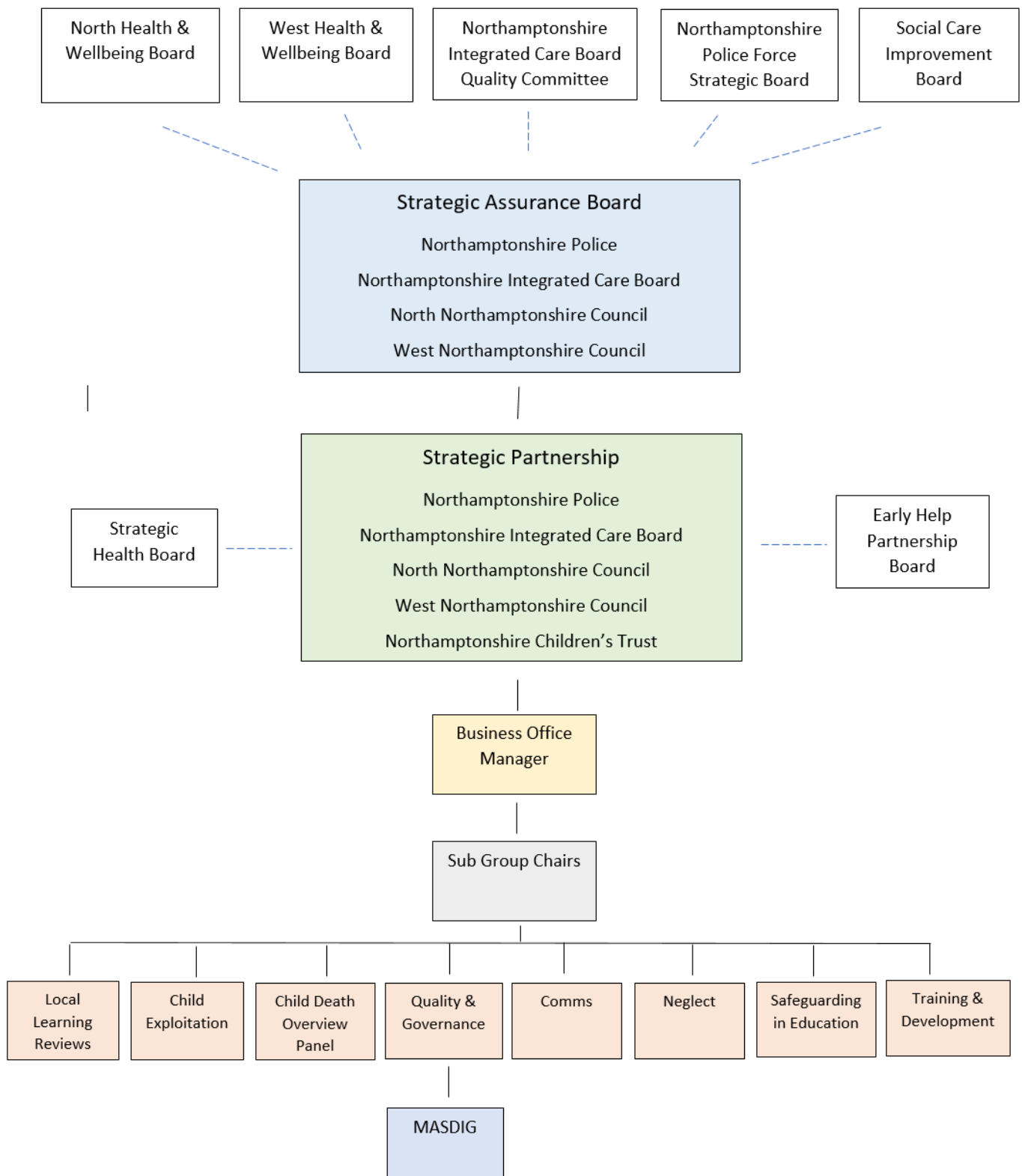
Local authorities, working with partner organisations and agencies, have specific duties to safeguard and promote the welfare of all children in their area. The Children Acts of 1989 and 2004 set out specific duties: section 17 of the Children Act 1989 puts a duty on the local authority to provide services 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



Strategic Assurance Board

The Strategic Assurance Board has been created and meets quarterly to have oversight of the partnership's activity.

The group consists of senior Strategic Leads:

- Chief Executive North Northamptonshire Council
- Chief Executive West Northamptonshire Council
- Chief Executive Integrated Care Board
- Chief Constable
- Elected members
- Strategic Leads as set out in the below Strategic Leads Group

Full Partnership

The Full Partnership is scheduled to meet twice yearly.

These meetings were postponed during the Covid-19 lockdowns and restrictions; however, meetings have now resumed and a Full Partnership meeting took place in March 2023 and the next is already scheduled for September in the next financial year.

Strategic Leads Group

The Strategic Leads Group has continued to meet on a monthly basis through the first half of this reporting period and then revised to bi-monthly for the second half of the year, which will continue for the foreseeable future.

During 2022-23, Strategic Leads representation has remained consistent:

- Director of Children's Services for North Northamptonshire Council
- Director of Children's Services for West Northamptonshire Council.
- Assistant Chief Constable for Northamptonshire Police.
- Chief Nurse for Northamptonshire Clinical Commissioning Group / Integrated Care Board
- Chief Executive, Northamptonshire Children's Trust.
- Director or Safeguarding, Northamptonshire Children's Trust

Other members of the group are:

- Deputy Director of Children's Services for West Northamptonshire Council
- Detective Chief Inspector, Northamptonshire Police
- Head of Safeguarding, Integrated Care Board
- Head Teacher, Special School
- Head Teacher, Primary School
- Representative for the Office for Police and Fire Crime Commissioner.
- Independent Scrutineer

Towards the end of the reporting period, the decision has been made to consider education as a fourth statutory partner and as we head into the next financial year, a representative of the Secondary sector will be identified to join this group.

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.

- 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.

The Independent Scrutineer is tasked with specific themed projects and towards the end of this reporting period has started a project looking at how neglect is addressed across the partnership. The findings of this review will feature in next year's report alongside the focused activity of the Neglect Sub Group.

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 2022-23, the sub group has developed a schedule of face-to-face training through classroom and/or virtual platforms, which will continue to develop and increase through 2023-24:

- Reducing Parental Conflict
- Working Together
- Domestic Abuse
- Child Safeguarding Practice Review for Authors
- Trauma Induced

E-Learning is under a more comprehensive management system, 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 focus and key achievement in the past year has been to strengthen the Rapid Review process to ensure well informed and comprehensive Rapid Review reports are created that clearly identify learning.

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

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.

The sub group has focused on agreeing a comprehensive Child Exploitation Strategy supported by an inclusive Delivery Plan and Working Group structure (that sits under the main sub group).

Neglect Sub Group

This sub group has been newly formed towards the end of this reporting period following an increase in identifying neglect from reviews and audits.

The sub group has developed a Neglect Strategy and comprehensive two-year Delivery Plan, along with a structure of Working Groups under the main sub group to monitor and progress improvements.

A public facing campaign to increase awareness of neglect is currently being planned for the next financial year.

Communication Sub Group

The sub group focuses on the publication of Child Safeguarding Practice Reviews and a review was published in March 2023.

The group is also responsible for oversight of the NSCP Website and creation of newsletters and bulletins – two areas that the group has found difficult in gaining momentum on and will be a focus of 2023-24.

Child Death Overview Panel (CDOP) – The purpose of 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.

A Joint Agency Review meeting is held for all unexpected child deaths within 72 hours of the death to allow immediate learning and support for the bereaved families to be identified and provided.

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.

Plans for 2023-24 include strengthening the administration of the process as well as providing a single point of contact for bereaved families.

Please see Appendix 4 for statistics for the reporting period.

Appendix 3 – Child Safeguarding Practice Reviews

During the current review period, seven cases have been referred to the sub group for consideration of review. Four of these were agreed to meet the criteria for a rapid review. Only one of these led to the commencement of a new Child Safeguarding Practice Review within the annual review period.

This contrasts with the previous 2021/22 review, where four new Child Safeguarding Practice Reviews were commissioned within that year. Additionally, at the start of the previous review period, there were a number of reviews which had commenced prior to April 2021 and were still being progressed. The challenges of managing this level of case review activity were highlighted in the previous annual report and these have to a large extent continued throughout the current review.

The position as of 31 March 2023 is that the overview report for the most recently commissioned review is still being finalised. All other reviews have been finalised and signed off by strategic partners although there are a number awaiting publication during 2023-2024.

The range of safeguarding issues explored in the reviews which have been completed this year include:

- Unsafe sleeping in the context of alcohol misuse and neglect
- Risks relating to fathers or partners who are not visible to agencies
- Assessing safeguarding risks in relation to conceal pregnancies
- Managing unanticipated outcomes in care proceedings
- A range of different risk issues for vulnerable adolescents

There has been focused activity around strengthening the Rapid Review process in identifying learning which is taken forward through a Composite Action Plan combining learning from Child Safeguarding Practice Reviews.

Making a difference has focused on various areas of learning:

Voice of the child

Sadly, by the nature of our work, in most of our case reviews children and young people are unable to speak directly in their own voices within our review processes.

There is an absolute expectation that the voice of the child is heard and that the child's lived experience is understood to the very best of our ability in rapid reviews and child safeguarding practice reviews. Reports are structured in such a way as to make this mandatory. We achieve this by:

- Ensuring that front line practitioners and wherever possible family members can describe from their own experience the child or young person's personality, opinions, interests and aspirations.
- Where recordings of the child or young person's own words are available, these are highlighted within the review process.
- Critical evaluation of case records within the scope of reviews, to establish whether the voice of the child is heard, and the child's lived experiences adequately explored and understood within safeguarding practice.

Making a difference: Supporting practitioners through safeguarding topic briefings

The safeguarding partnership has been producing and disseminating focused briefings on safeguarding topics for several years now. These are currently known as Tea Break Guides - with the implication that the guides can be used to support topic learning as an agenda item in team meetings or potentially in more informal discussion settings. Many of the guides have been developed by members of the LLR subgroup, based on learning from case reviews over the years.

Within the current review period the following guides were published or updated on the NSCP website:

- Cross border working
- Neglect of medical needs
- Describe non-compliance

- Cannabis

The topic guide on cannabis was updated to reflect the fact that for some young people in our communities, and the parents and adults working with them, cannabis use is very common and almost normalised. A key CSCR in progress during the current review found that there could be a lack of professional curiosity about the financial implications of significant cannabis use young person - how is the young person funding this habit, and does this put them at risk of criminal exploitation?

The updated guide on cannabis has been published in the new format which we hope is more engaging and helpful.

The LLR Sub group has recognised that we need to understand if practitioners are accessing focused safeguarding topic guidance, whether it provides them with information that helps them in their practice, and to what extent this is making a difference for children and young people that they are working with. We will be seeking feedback from practitioners to explore these issues.

Making a difference – learning from good practice

The nature of rapid reviews and Child Safeguarding Practice Reviews is that they focus on cases where typically there is a tragic outcome for a child or young person and their family, and which is immediately recognised.

Recognising effective practice and good outcomes in individual cases is harder - cases need to be monitored over time to ensure that services can engage with and support children and families, and that families can then make and sustain changes over time. Studying cases with good outcomes has a number of advantages. It is much easier to seek feedback from families and children to understand their experiences in accessing support, and what might be further improved. We can also ask practitioners what aspects of the context that they work in help them to achieve this good outcome - for example is the role designed in such a way that they can engage with families over time and build an effective working relationship? What is the impact of supervision in achieving a good outcome?

The LLR sub group has had learning from good practice as a standing agenda item for some time and several good practice cases have been presented, including some examples with contributions by young people. The subgroup will continue to encourage cases to be submitted and to support a more reflective level of analysis to better understand what works in achieving good outcomes and how this might be embedded and generalised across teams and services

Making a difference: Vulnerable adolescents

Risks for vulnerable adolescents were at the heart of two of our reviews this year. One of these reviews was partially thematic in its approach, looking at the risks for a group of young people who had been victims or perpetrators of knife crime. This has allowed reflection on the wide range of risks and issues that can interact to lead to negative outcomes for young people.

These include the impact of neurodiversity, emotional well-being and mental health needs including self-harm, complex family histories and dynamics, in some cases resulting in adolescent neglect, school exclusion, substance misuse, criminal exploitation, homelessness and financial exploitation, and a culture of carrying knives amongst young people in some of our communities.

There have been a number of initiatives across the safeguarding partnership over the past year focused on strengthening the partnership response to exploitation of vulnerable adolescents, and the findings of our reviews have fed into this. A specific piece of work already completed within the LL subgroup is the previously mentioned updated Cannabis Tea Break Guide

Appendix 4 – Child Death

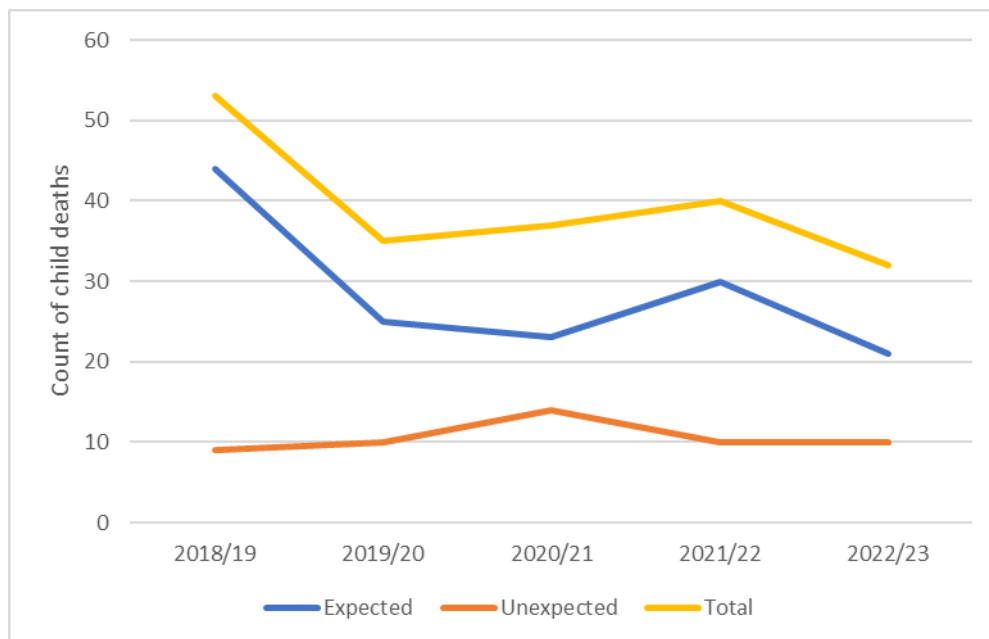
There were 32 deaths last year (2022/23), lower than the previous year and the overall trend since 2018/19 is broadly down (table 2 and figure 3). However, for unexpected deaths, the trend remains flat since 2018/19 despite increases in 2020/21 and 2021/22.

Given that there are small numbers in the data, detailed analysis and conclusions to be drawn are limited.

Table 2. Child death notifications by year

Conclusion	2018/19	2019/20	2020/21	2021/22	2022/23
Expected	44	25	23	30	21
Unexpected	9	10	14	10	10
Not known	0	0	0	0	1
Total	53	35	37	40	32

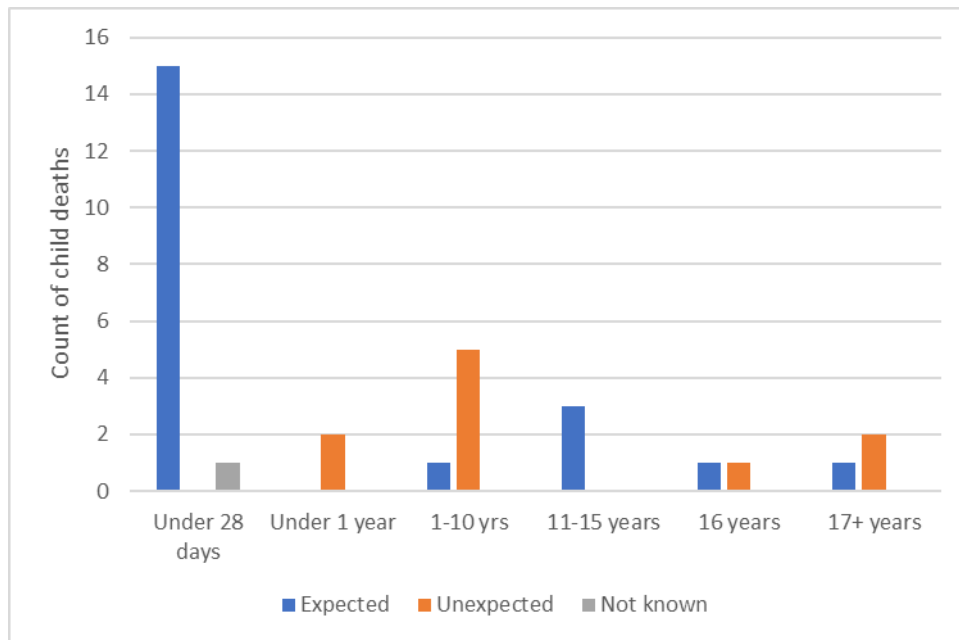
Fig 2. Five year child death notification trends



Notifications by age

In 2022-23, 50% of all child deaths across Northamptonshire occurred in the first year of life with unexpected deaths occurring more commonly in this age group than any other (fig 3). This is as seen in national figures reported by NCMD.

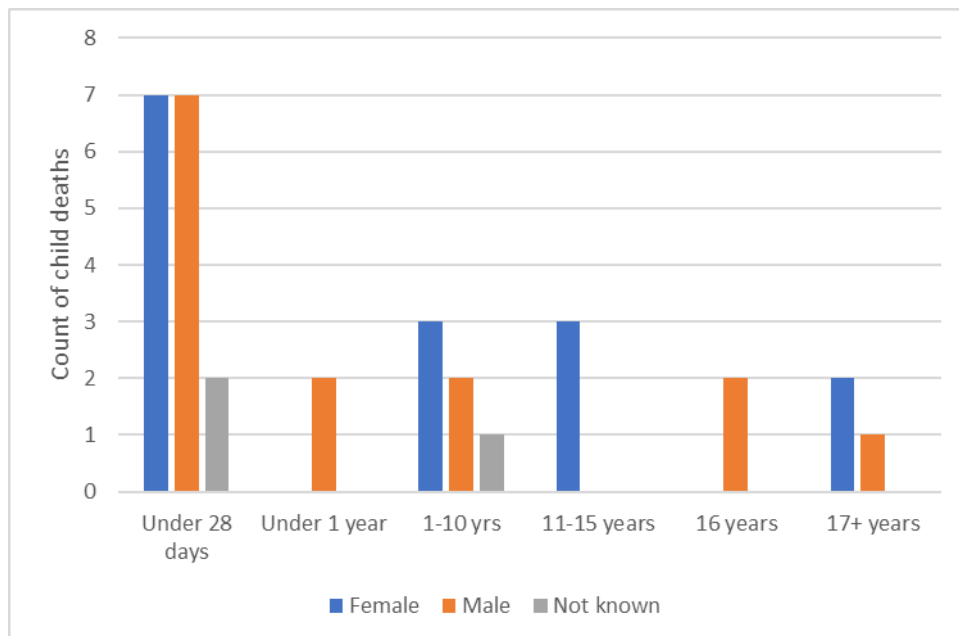
Fig 3. Child death notifications by age-range



Notifications by gender

In 2022-23, 47% of child deaths were female and 44% were male. There were 3 deaths where gender was no specified (fig 4).

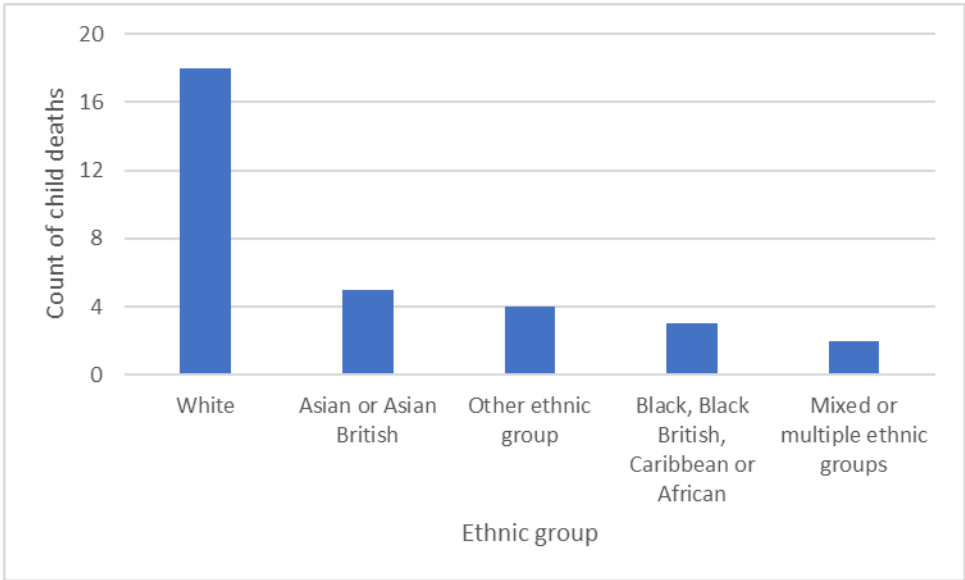
Fig. 4. Child death by gender



Notifications by ethnicity

Of the 32 deaths in 2022/23, about 56% were of White ethnicity, 16% Asian and 9% Black (fig 5).

Fig. 5. Child death by ethnicity



Appendix 5 – Partner Contributions for 2022-2023

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

North Northamptonshire Health and Wellbeing Board

5th December 2023

Report Title	North Northamptonshire Place Development	
Report Author	Ali Gilbert, Director of North Place Development Ali.gilbert@northnorthants.gov.uk	
Contributors/Checkers/Approvers		
Other Director/SME	David Watts, Executive Director Adults, Health Partnerships and Housing	

List of Appendices

Appendix A – October LAP Priorities

Appendix B – North Place Delivery Board Developmental Workshop

1. Purpose of Report

- 1.1. To provide an overview of the development of North Northamptonshire Place through an oversight of the following developments:
- A New Sense of Place – Local Area Partnerships (LAPS)
 - North Place Deliver Board Developmental thinking – ‘Looking Back-Looking Forward’.
 - Support North Northamptonshire (SNN)- Voluntary Community or Social Enterprise (VCSE) Collaborative approach.

2. Executive Summary

2.1 A New Sense of Place

Local Area Partnerships (LAPS)

The New Sense of Place development continues to focus on the development of the LAPs progressing the implementation of the following INITIAL priority areas of focus to improve community health and wellbeing as detailed in the paper:

- Community transport and impact on improving health and wellbeing.
- Engagement with youth and improving health and wellbeing.

- Multi-agency health and wellbeing service asset mapping on LAP footprints.
- An aim to reduce impact on statutory services through a collaborative focus on addressing improvements in community health and wellbeing.

The paper provides further detail on the outputs from the LAP task and finish groups.

Throughout October, the LAPs have identified additional priorities, as outlined below, with multiagency task and finish groups being established to address these.

Wellingborough West – Insufficient Access to Affordable Household Essentials

Kettering Rural – Anxiety as a Barrier in Accessing Available Services

Wellingborough East – Navigating Substance Misuse Support

Kettering Urban – Lack of Public and Professional Awareness of Available Services

East Northants North - Rural Isolation and Lack of Awareness of Wellbeing Support

Corby – Lack of Awareness of Cost of Living and Wellbeing Support and Insufficient Education Around Wellbeing and Mental Health (All Ages)

East Northants South – Lack of Support for Parents/Carers of Under 18s

Appendix A provides more detail on the October LAP priorities

The LAPS are working with the communication leads to progress co-production and public engagement further and work is underway to update the North Northants Health and Wellbeing Board – North Place section of the website.

The Community Wellbeing Forums (CWFs) have not met since the last meeting and meetings are planned for December 2023.

2.2 **North Place Delivery Board – Looking Back- Looking Forward**

In November 2023, the North Place Delivery Board held a developmental workshop to take stock of the New Sense of Place development with the aim to explore:

1. The developmental function of the board as it continues to oversee the development of North Place
2. The development of a local place maturity tool/matrix to ensure grip on the development of North Place for the future.

There is a recognition that an understanding of what success looks like, the challenges and what impact on our communities is made as we move forward in a consistent way.

The paper provides further detail agreed at the workshop and informs some early thinking of the place maturity tool.

Support North Northants (SNN)

SNN activity continues to increase with current case load to 135 as of 20/11/23. 90 cases above first quarter.

Caseload closures are under scrutiny to ensure focus on function of case co-ordination across System not simply case management and to enable increased throughput of service users.

Over 43 partners are involved in cases to date with agreed active expansion of the model with Adult Social Care Community hubs, housing associations and VCSE.

New pilots around specialist hoarding support and closer working with Social Prescribers are being developed.

The case for change under development to continue test and learn and expand into 24-25 as funding not agreed after March 2024, to be brought to Place Delivery Board in early January 2024.

3. Recommendations

3.1 It is recommended that the North Health and Wellbeing Board:

1. Notes the progression of A New Sense of Place since the last meeting.
2. Notes and discusses the emerging thinking from the November North Place Delivery Board developmental workshop 'Looking Back – Looking Forward'.
3. Notes the progress of Support North Northamptonshire (SNN) since the last meeting.

4. Report Background

4.1 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 in the Live Your Best Life strategy.

4.2 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).

This paper provides an overview of the development of North Northamptonshire Place, through an oversight of:

- A New Sense of Place model
 - North Place Delivery Board Developmental thinking – ‘Looking Back-Looking Forward’.
- Support North Northamptonshire (SNN) – VCSE Collaborative approach.

4.3 A New Sense of Place **Local Area Partnerships (LAPS)**

The New Sense of Place development continues to focus on the development of the LAPS progressing the implementation of the following INITIAL priority areas of focus to improve community health and wellbeing as detailed in the paper:

- Community transport and impact on improving health and wellbeing.
- Engagement with youth and improving health and wellbeing.
- Multi-agency health and wellbeing service asset mapping on LAP footprints.
- An aim to reduce impact on statutory services through a collaborative focus on addressing improvements in community health and wellbeing.

Some of the outputs from the LAP task and finish groups include:

All community transport operators in North Northants have formed a working group to encourage collaboration and a collective way forward to meet the local needs of people together.

A North Northamptonshire volunteer campaign. Discussion with KGH regarding sharing volunteer opportunities and using KGH Radio for advertisement.

An agreement was set up with KGH for community transport providers to use their volunteer area and to discuss possible improvements to their transport system. Encouragement of community transport providers to use the KGH meet & greet service for patient ease.

Northamptonshire Fire & Rescue service teamed up with some VCSE organisations to trial a 3-day course that delivers key life skills to young people.

Collaborating with the Police Beat bus for multiple events, bringing additional services such as MIND, Acre.

Rothwell Youth Club has been funded and established.

LGBTQ+ new group (17 to 24 years) established and funded to improve health and wellbeing peer support and to enhance navigation to the appropriate services.

Kettering Urban Youth engagement steering group established.

Supporting a Mental Health football project in Wellingborough, along with The People Project

In October the LAPS have identified additional priorities as outlined below with multiagency task and finish groups are being established to address these:

Wellingborough West - Insufficient Access to Affordable Household Essentials

Kettering Rural - Anxiety as a Barrier in Accessing Available Services

Wellingborough East - Navigating Substance Misuse Support

Kettering Urban - Lack of Public and Professional Awareness of Available Services

East Northants North - Rural isolation and Lack of Awareness of Wellbeing Support

Corby - Lack of awareness of Cost of Living and Wellbeing Support and Insufficient Education around Wellbeing and Mental Health (All Ages)

East Northants South - Lack of Support for Parents/Carers of Under 18s

Appendix A provides more detail on the October LAP priorities.

The LAPS are working with the communication leads to progress co-production and public engagement further and work is underway to update the North Health and Wellbeing Board – North Place section of the website is underway

The Community Wellbeing Forums (CWFS) have not met since the last North Northants Health and Wellbeing Board and meetings are planned for December 2023.

4.4 **North Place Delivery Board - Looking Back – Looking Forward**

In November 2023, the North Place Delivery Board held a developmental workshop to take stock of the New Sense of Place development with the aim to explore:

- 1.The developmental function of the board as it continues to oversee the development of North Place
2. The development of a local place maturity tool / matrix to ensure grip on the development of North place for the future.

There is a recognition that an understanding of what success looks like, the challenges and what impact on our communities is made as we move forward in a consistent way.

The headlines from the North Place Delivery Board workshop include:

- The board needs to be outward facing and inward facing ie. focus on LAP/CWF developed balanced with strategy and links to the Health and Wellbeing Board, Integrated Care Partnership.
- The board should set the culture required to progress maturity.
- The board should have regular oversight of the measurement and understanding of the maturing conditions of place.
- The tool emerging, based on NHS Scotland’s maturity matrix, is outlined below and further information is provided in **Appendix B**.



4.5 Support North Northants (SNN)

SNN activity continues to increase with current case load to 135 as of 20/11/23. 90 cases above first quarter.

Caseload closures are under scrutiny to ensure focus on function of case co-ordination across System not simply case management and to enable increased throughput of service users.

Over 43 partners are involved in cases to date with agreed active expansion of the model with Adult Social Care Community hubs, housing associations and VCSE.

New pilots around specialist hoarding support and closer working with Social Prescribers are being developed.

The case for change under development to continue test and learn and expansion into 24-25 as funding not agreed after March 2024, to be brought to Place Board in early January 2024

5. Recommendations

It is recommended that the North Health and Wellbeing Board:

1. Notes the progression of A New Sense of Place since the last meeting.
2. Notes and discusses the emerging thinking from the November North Place Delivery Board developmental workshop 'Looking Back – Looking Forward'.
3. Notes the progress of Support North Northamptonshire (SNN) since the last meeting.

6. Issues and Choices

- 6.1 The Integrated Care System and its requirements are requirements under the legislation laid out in the Act and therefore health and social care bodies were expected to have in place the specified governance arrangements for 1st 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.

7. Next Steps

- 7.1 To continue to implement the North Place Development programme – A New Sense of Place with the involvement of the communities and the collective approach will be integral to this phase.
- 7.2 To further develop the North Place Delivery Board Function and North Place maturity matrix development.
- 7.3 To finalise the Support North Northamptonshire case for change.

8. Implications (including financial implications)

The case for change under development is funded via three funding streams from ICB health inequalities monies, Public Health monies and National Lotter Grant funding via Connect Northamptonshire.

8.1 Resources, Financial and Transformation

- 8.1.1 Continuation of funding to embed the emerging developments will need to be considered within existing system resources.
- 8.1.2 Staffing resources to facilitate the development of North Place is being managed through existing and planned resources.

9. Legal

There are currently no legal implications

10. Risk

The development of a sustainable case for change for Support North Northamptonshire (SNN).

11. Consultation

There is currently no identification of a need for formal consultation.

12. Consideration by Scrutiny

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

13. Climate and Environment Impact

There are currently no identified climate or environmental implications.

14. Community Impact

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.

15. Background Papers

None.

LOCAL AREA PARTNERSHIP MEETING SUMMARY OCTOBER 2023

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A NEW *sense*
OF PLACE

NORTH NORTHAMPTONSHIRE

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Integrated Care
Northamptonshire



Appendix

Local Area Partnerships: Summary

- September/October 2023 saw the first round of open LAP meetings since the spring
- The aims of the meetings were to:
 - Update the wider membership on the progress of the Working Groups
 - Share progress on Asset Mapping
 - Clarify roles of LAP/CWF/Working Groups
 - Review priorities that had been identified previously from Profile Data
 - Assess current priorities in each local area
 - Ensure LAP members are aware of the drivers underpinning theme selection.

Executive Summary

We are collectively committed to delivering our shared ten ambitions and outcomes:

Ambition	Outcome	Ambition	Outcome
The best start in life	<ul style="list-style-type: none"> Women are healthy and well during and after pregnancy. All children grow and develop well so they are ready and equipped to start school. 	Connected to their families and friends	<ul style="list-style-type: none"> People feel well connected to family, friends and their community Connections are helped by public transport and technology.
Access to the best available education and learning	<ul style="list-style-type: none"> 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. 	The chance for a fresh start, when things go wrong	<ul style="list-style-type: none"> Ex-offenders and homeless people are helped back into society. People have good access to support for addictive behaviour and take it up.
Opportunity to be fit, well and independent	<ul style="list-style-type: none"> 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. 	Access to health and social care when they need it	<ul style="list-style-type: none"> 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.
Employment that keeps them and their families out of poverty	<ul style="list-style-type: none"> More adults are employed and receive a 'living wage'. Adults and families take up benefits they are entitled to. 	To be accepted and valued simply for who they are	<ul style="list-style-type: none"> 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.
Good housing in places which are clean and green	<ul style="list-style-type: none"> Good access to affordable, safe, quality accommodation and security of tenure. The local environment is clean and green with lower carbon emissions. 		
To feel safe in their homes and when out and about	<ul style="list-style-type: none"> People are safe in their homes, on public transport and in public places. Children and young people are safe and protected from harm. 		

Wellingborough West

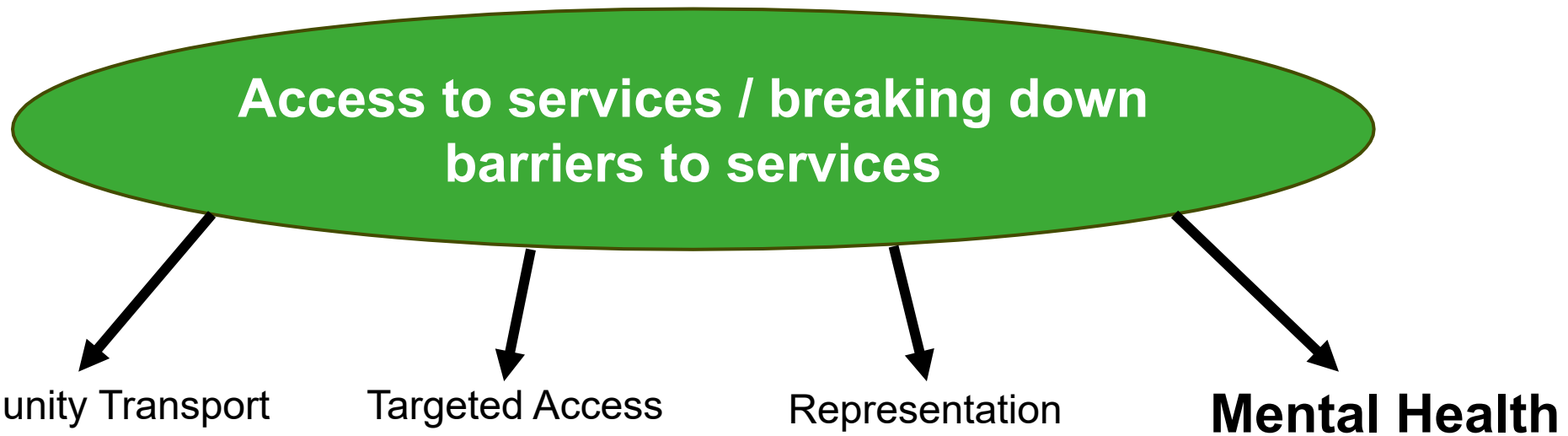
26th September, Ecton Village Hall

- 23 attendees
- Young people's services more heavily represented than other sectors; very little representation from adult services
- The themes raised for consideration were:
 - Mental health of families (not just children)
 - Exclusion from school
 - People aged 18-25
 - Stroke patient support services
 - Addiction support services
 - Anti-Social Behaviour
 - Access to basic needs – clothes, bedding, furniture, while goods
 - Rural transport

Kettering Rural

26th September, Rothwell Community Centre

- 10 attendees
- Even split of VCSE and statutory partners
- Transport and isolation for the elderly
- Substance misuse
- Mental health
- Anxiety in access to services



Wellingborough East

27th September, Finedon Community Centre

17 attended, majority have been to a LAP for this area previously

Lots of familiarity with the area and understanding of the issues from a variety of perspectives.

Themes highlighted included:

- Support for families/parents: conflict management, behaviour support
- Adult social groups to reduce isolation
- Substance abuse support
- Anti-social behaviour
- Early mental health intervention

Kettering Urban

28th September, Crescents Community Centre

- 28 attendees
- 10 VCSE partners
- Healthy eating & physical activity
- Mental health
- Community hubs
- Debt issues
- Support for International UoN students
- Issues in accessing Household Support Fund
- Marginalised groups

Priority received a vote:

Access to Services

East Northants North

2nd October, Fotheringhay Village Hall

- 16 attendees
- Group was engaged, highly critical and challenged most of the information presented, but were not forthcoming with many ideas or suggestions
- Mental Health (no specific demographic)
- Fuel Poverty
- Substance Misuse (lack of support)
- Rural Isolation, lack of footpaths and cycleways between villages
- Lack of community hub
- Lack of awareness of services
- Road casualties (data needed)

Corby

3rd October, Cornerstone Methodist Church

- 17 attendees
- Group was engaging, offering new perspectives and actively engaging in the discussions
- Group was proactive and forthcoming with many ideas and suggestions regarding new themes and priorities
- COPD and Smoking – main theme identified
- Vaping (children and young people)
- Adult Mental Health and Children and Young People's Mental Health (5 – 19 years)
- Green space accessibility (which lead to discussion of female safety in parks)
- Self-harm hospital admissions
- Alcohol misuse – services available, but lack of awareness of them
- Crime, specifically burglaries and vehicle crime
- Lack of childhood data (under 5s)
- Accessing services – signposting to correct asset
- Cost of living and lack of foodbanks in Corby area

East Northants South

4th October, Irthlingborough Community Centre

- 19 attendees, including some new faces who have not previously attended any LAP meeting.
- Highly engaged group, keen to critically interrogate and challenge the information presented
 - Proactive and very forthcoming with ideas and suggestions. Recovered a lot of ground that had been addressed at Working Group sessions previously.
- New themes to explore included:
 - Addiction services
 - Mental health of Children and Young People 11-18
 - Young people 16-30
 - Rural transport

Forthcoming LAP Dates

Wellingborough West	24 th October 10:00-12:00	Earls Barton Library and Community Centre
Kettering Rural	24 th October 18:30-20:30	Wilbarston Village Hall
Wellingborough East	25 th October 10:00-12:00	Wollaston Village Hall
Kettering Urban	26 th October 12:30-14:30	Melton Community Centre
East Northants North	30 th October 14:00-16:00	Aldwincle Village Hall
Corby	31 st October 10:00-12:00	Hazelwood Neighbourhood Centre
East Northants South	1 st November 12:00-14:00	Irthlingborough Community Centre

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NORTH PLACE DEVELOPMENT WORKSHOP NOVEMBER 2023

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Appendix

PART A

FUNCTION OF THE NORTH PLACE BOARD

- LOOKING BACK
- LOOKING FORWARD

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NN Place Development Workshop

Purpose: to share a perspective on place maturity approaches through the story of Sport England's Local Delivery Pilots.

Learning. What unlocked progress:

- Some truths about **asset based community** work
- Some truths about **place and system maturity**
- Changed **leadership behaviours/approaches** enabled
- Reflect, learn, act. **A monitoring, evaluation and learning framework/approach** at the heart which is linked and shows change is happening

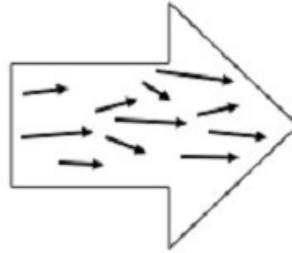
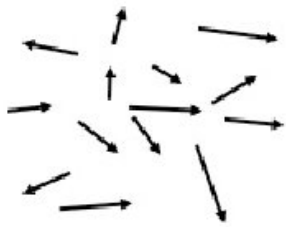
A personal leadership perspective:



- Thought this was only about behavior change in people – **it was** in myself, my team, my organisation
- In discussing place maturity you have such a positive opportunity to tell you about the changes and be **diagnostic**

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Significant change / system change is about getting better alignment – a leadership story



'progress moves at the speed of trust'

'the process we use to get to the future determines the future we get'

'real change takes place in real work.'

PART B

DEVELOPMENT NORTH PLACE MATURITY MATRIX

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Introduction and background

What are we doing?

- Refining the maturity tool to track the development of the Place based agenda.
- An interim IT solution using Citizen Space now being implemented, with procurement underway for a fully functional IT solution starting April 2024 (part of NNC system).

Why are we doing it?

- We need to evidence progress
- We need to understand what our success and challenges look like
- We need to know if our activity is achieving a positive impact for our communities

Introduction and background

Aim for today

- To explore and agree what we are measuring/tracking at three levels in broad terms. The specific focus today will be the Place Board maturity.
- We may also agree what we *will not* be tracking.

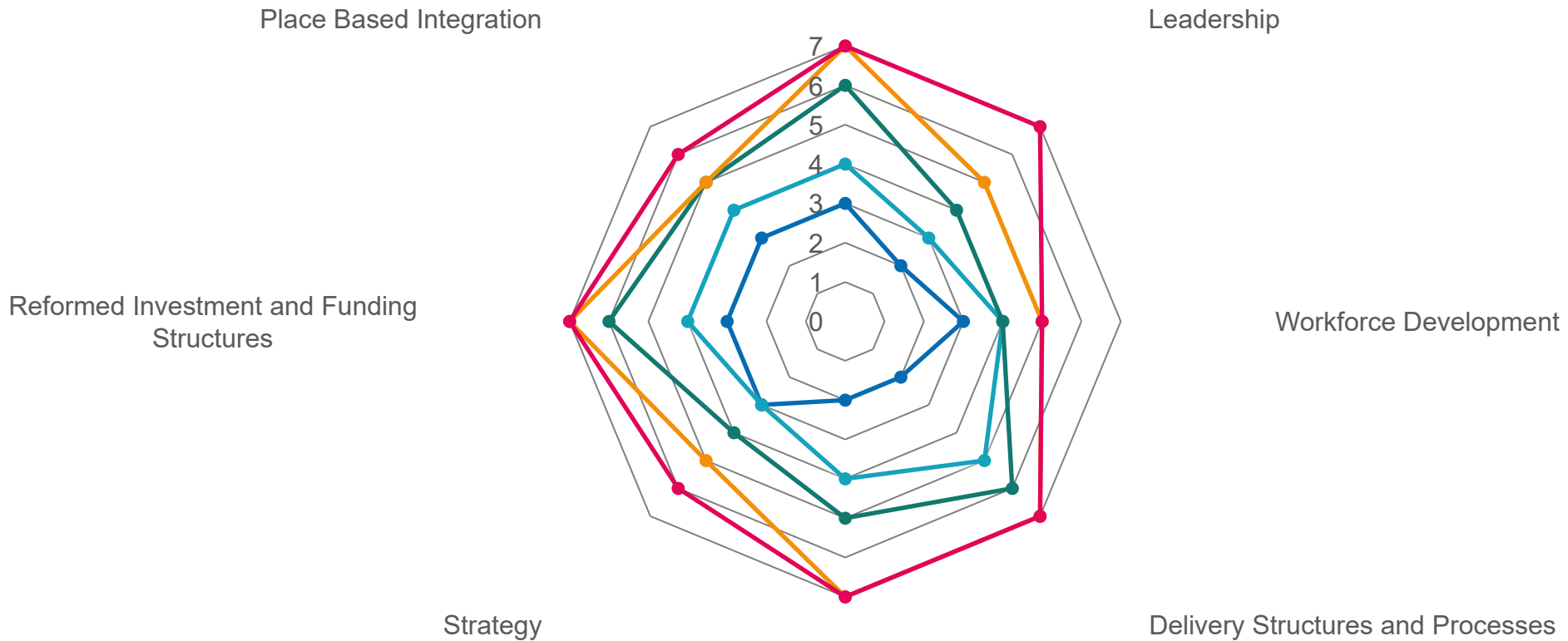
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The three levels in scope:

1. **Strategic - Place Board maturity** – what does that look like? What is important to us?
2. **Operational - Local Partners** – do we work well together? Do we agree which issues are of concern?
3. **Operational - Local Residents** – is the focus on important local issues? Is life recognisably better for the community over time? Do they think it is?

Radar Diagram 1: PLACE Board

Experience of Residents and Community

● Mar-24
 ● Sep-24
 ● Mar-25
 ● Sep-25
 ● Mar-26



Radar Diagram 1: PLACE Board
 Using ICN branding colours to display responses over the period (0 – 7 scale)

Radar Diagram 1: PLACE Board

Experience of Residents and Community

- Residents have timely access to services they need and feel safe and secure in their community,

Leadership

- Integrated Leadership, accountability, performance and governance align across the whole of the ICS Place at a corporate and local level

Workforce Development

- There is a look and feel of one public service workforce functioning together, unrestricted by role titles or organisational boundaries – working for the place and people

Delivery Structures and Processes

- All strategic plans and change programmes work towards a common goal of integrated public service delivery

Radar Diagram 1: PLACE Board

Culture

- Joint decisions can be made across organisations at each in each area with an emphasis on leading for the people and the place as opposed to purely on an organisational or functional basis.

Strategy

- Strategies will be aligned to reflect the joint priorities of organisations and the needs of the community.

Reformed Investment and Funding Structures

- A clear understanding of the full public spend in all areas from neighbourhood levels across partners and a focus on stripping out duplication and re-investing where need is greatest

Place Based Integration

- Integrated leadership, accountability, performance and governance structures reflect the geographic alignment of services and communities

Workshop Session

In your group, discuss and note on the flipchart/add post it notes:

- **Are these the right areas to measure? If not what should we measure?**
- **Are there too many or too few?**
- **How often should we check progress – annually, every six months?**

Feedback highlights of your discussion

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North Northamptonshire Health and Wellbeing Board 5th December 2023

Report Title	Better Care Fund Performance Report.	
Report Author	Samantha Fitzgerald – Assistant Director Adult Services Samantha.fitzgerald@northnorthants.gov.uk	
Contributors/Checkers/Approvers		
Other Director/SME		

List of Appendices

None

1. Purpose of Report

- 1.1. To provide the Health and Wellbeing Board with a Better Care Fund Performance Report update, showing performance against the metrics in the Better Care Fund plan for 2023 to 2024.

2. Executive Summary

- 2.1 Since 2015, the Better Care Fund (BCF) has been crucial in supporting people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. This vision is underpinned by 2 core objectives, to:

- enable people to stay well, safe and independent at home for longer
- provide people with the right care, at the right place, at the right time

The BCF achieves this by requiring Integrated Care Boards (ICBs) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB),

governed by an agreement under section 75 of the NHS Act (2006). This continues to provide an important framework in bringing local NHS services and local government together to tackle pressures faced across the health and social care system and drive better outcomes for people.

- 2.1 The Health and Wellbeing Board has a duty to monitor the performance against the Better Care Fund plan

3. Recommendations

To request the Health and Wellbeing Board note the performance update that has been submitted to NHSE.

4. Report Background

4.1 The Better Care Fund

- 4.2 The Better Care Fund (BCF) is one of the government's national vehicles for driving health and social care integration. It requires Integrated Care Systems (ICS) and local government to agree a joint plan, owned by the Health and Wellbeing Board (HWB). These are joint plans for using pooled budgets to support integration, governed by an agreement under section 75 of the NHS Act (2006).

- 4.3 Better Care Fund plan for 2023 to 2025 sets out the ambitions on how the spending will improve performance against the following metrics:

- Avoidable admissions to hospital
- People discharged to their usual place of residence
- Falls
- Admissions to residential and care homes
- Effectiveness of reablement

4.4 BCF National conditions and metrics for 2023/25

The national conditions for the BCF were:

1. A jointly agreed plan between local health and social care commissioners, signed off by the HWB.
2. NHS contribution to adult social care to be maintained in line with the uplift to ICB minimum contribution.
3. Invest in NHS-commissioned out-of-hospital services.
4. A plan for improving outcomes for people being discharged from hospital.

4.5 Metrics

North Northamptonshire Performance against the defined metrics for 2023/24 is.

4.6 Avoidable Admissions

Admission Avoidance	23 / 24 Plan	Actuals
Unplanned hospitalisation for chronic ambulatory care sensitive conditions (NHS Outcome Framework indicator 2.3i)	250	260.1

On Track to meet target.

We continue to enhance our community approaches to support self-care and management of complex long-term conditions with new Pumped Up Group in Kettering and Corby and an additional 50 patients set up with Health Remote Monitoring included number of persons with chronic COPD.

4.7 People 65+ Discharged to their usual place of residence

People 65+ discharged to their usual place of residence	Plan 23 / 24	Actuals
Percentage of people, resident in the HWB, who are discharged from acute hospital to their normal place of residence	94%	95.35%

On Track to meet target.

Monthly rates are consistent, and performance is positive with quarterly actuals above target.

4.8 Falls

Falls	23 / 24 Plan	Actuals
Emergency hospital admissions due to falls in people aged 65 and over, directly aged standardised rate per 100,000	1236.0	439.9

On track to meet target.

Successfully rolled out use of Riazer 2 Chairs across a number of care homes and for reablement staff which is resulting in significant reduction in long waits being generated and hospital conveyances being avoided.

4.9 Admission to Residential and Nursing Care Homes

Admissions to residential and care homes	23 / 24 Plan	Actuals
Long-term support needs of older people (age 65 and over) met by admission to residential and nursing care homes, per 100,000 population	564	246

On Track to meet target.

Please note: This indicator is cumulative

Population within scorecard

Q1 $(79/77,713 \times 100,000) = 102$

Q2 $(177/77,713 \times 100,000) = 228$

Num/Dom within plan is as follows $(365/77,713 \times 100,000)$

The rate increased from 127 in Q1 to 246 in Q2, which was better than expected based on our estimated monthly growth. The average monthly growth so far this year is 42.4 per 100k which is positive and suggests the year end rate will be lower than planned.

4.10 Effectiveness of Reablement

Effectiveness of Reablement	22-23 plan	YTD
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services	87.4%	84%

On track to meet target.

Q1 = 85.3% $(81/95 \times 100)$

Q2 = 73.9% $(147/199 \times 100)$

Improvements to Num/Dom are beginning to show for Q2.

Quarter 1 actual was in line with year-end target at 87% . The rate reduced slightly in July and August resulting in a lower Q2 result of 84%.

5 Issues and Choices

None

6 Implications (including financial implications)

6.1 Resources and Financial

7 Legal

None

8 Risk

None

9 Consultation

No consultation was required

10 Consideration by Scrutiny

This report has not been considered by scrutiny.

11 Climate Impact

There are no known direct impacts on the climate because of the matters referenced in this report.

12 Community Impact

There are no distinct populations that are affected because of the matters discussed in this report, however those that access care and health services more frequently than the general population will be impacted more by any improvements associated with activity undertaken

13 Background Papers

None

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