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**North
Northamptonshire
Council**



**West
Northamptonshire
Council**

Meeting: Shared Services Joint Committee
Date: Wednesday 17th January, 2024
Time: 2.00 pm
Venue: Council Chamber, Corby Cube, George Street, Corby, NN17 1QG

To members of the Shared Services Joint Committee

Councillor Jonathan Nunn (Co-Chair), Councillor Jason Smithers (Co-Chair), Councillor Adam Brown, Councillor Lloyd Bunday, Councillor Mike Hallam and Councillor Helen Harrison

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Items requiring a decision			
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Urgent Items			
To consider any items of business for which notice has been given to the Proper Officer prior to the meeting and which the Chair considers to be urgent pursuant to the Local Government Act 1972			
09	Close of Meeting		

Adele Wylie, Monitoring Officer
North Northamptonshire Council



Proper Officer
9 January 2024

This agenda has been published by NNC Democratic Services.

Committee Administrator: Louise Tyers

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Members are reminded that they should continue to adhere to the Council's approved rules and protocols during the conduct of meetings. These are contained in the Council's approved Constitution.

If Members have any queries as to whether a Declaration of Interest should be made please contact the Monitoring Officer at – monitoringofficer@northnorthants.gov.uk

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29. Learning and Development Apprenticeship Disaggregation

The Joint Committee received a report which sought approval on the disaggregation and next steps regarding the North hosted Apprenticeship Service.

The North hosted the apprenticeship function which was due to be disaggregated by 31 March 2024. As well as delivering a hosted service to WNC through the Inter Authority Agreement, the function also delivered apprenticeship services to Northamptonshire Children's Trust and Milton Keynes Council (MKC), through separate service level agreements; and maintained schools across NNC, WNC and MKC.

The NNC Apprenticeship service comprised of two key operational areas:

- An in-house Apprenticeship Training Provider team, who delivered a limited number of apprenticeships internally; and
- An Apprenticeship DAS team, who managed the levy accounts, procured, and sourced external apprenticeship courses, and quality assessed learner experience and providers.

To deliver apprenticeships 'in-house', it was a legal requirement that all apprenticeship providers be officially recognised by the Register of Apprenticeship Training Providers (RoATP). NNC's Apprenticeship RoATP status was renewed in April 2022 which meant it was able to continue delivering in-house apprenticeships until the academic period 2026-2027. However, there was currently no option available for WNC to become an apprenticeship training provider due to the register remaining closed indefinitely for new providers. However, it was possible to disaggregate the Apprenticeship DAS team (including Quality) between North and West as this service did not require registration.

Following a financial appraisal of the whole apprenticeship service (In-house Training Provider function and the DAS function), the Apprenticeship Training Provider function, in its current form, was deemed to be non-viable and unsustainable as it was not currently delivering value for money.

A number of options had been considered for the way forward:

- **Option 1** – Do Nothing and remain as a Hosted Service.
- **Option 2** - Disaggregate both Apprenticeship functions with a 50/50% split.
- **Option 3** – Disaggregate the hosted DAS Apprenticeship Service and withdraw the delivery of in-house apprenticeships within the HR service. Consideration would need to be given to the delivery of existing SLA commitments as part of the disaggregation process.
For NNC only, this option would be accompanied by a recommendation to transfer the Apprenticeship RoATP number and the ability to deliver apprenticeships to an internal and external market, to NNC Adult Learning Services (ALS).
- **Option 4** - Cease the Apprenticeship Training Provider function and disaggregate the DAS Apprenticeship function.

Officers were recommending that Option 3 be taken forward.

RESOLVED:

- (i) To approve the disaggregation of the L&D Apprenticeship DAS team by 31 March 2024.
- (ii) To approve the withdrawal of the Apprenticeship Provider Service within the HR Service*
*(*WNC are not legally able to continue this provision; For NNC, refer to resolution iii)*
- (iii) For NNC only, to approve the transfer of the management of the NNC Apprenticeship ROAPT status to Adult Learning Services by 31 March 2024.
- (iv) For NNC only, to note the Council's commitment to continue to deliver Service Level Agreements to Milton Keynes Council and Northamptonshire Children's Trust.
- (v) To grant delegated authority to the Monitoring Officers for North and West Northamptonshire Councils to put into place a deed of variation to the Inter Authority Agreement (IAA) for the service to exit the IAA.
- (vi) To approve that both WNC and NNC will act in accordance with Service Plans and Exit Plans agreed by both WNC and NNC service leads and approved by Monitoring Officers until such time as a formal Deed of Variation has been completed.

Reason for decision

- To ensure the safe and legal disaggregation of Learning and Development functions, in line with the Local Government Reform Blueprint.
- To enable each authority to tailor their apprenticeship provision to their organisational/corporate priorities and service delivery model.
- For NNC only, to enable the NNC Apprenticeship Training Provider function to be financially self-sustaining.
- To ensure that any changes to the Inter Authority Agreement arising from disaggregation are correctly enacted with proper authority.

Alternative Options Considered

- Option 1 – Do Nothing, Remain as a Hosted service.
- Option 2 – Disaggregate both Apprenticeship functions with a c50/50% split.
- Option 4 – Cease the Apprenticeship Training Provider function and disaggregate the DAS function (including Quality)

30. Close of Meeting

The Chair thanked members and officers for their attendance and closed the meeting.

The meeting closed at 2.07pm.

Chair

Date

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Agenda Item 6



SHARED SERVICES JOINT COMMITTEE

17th January 2024

Report Title	Commissioning Healthwatch in Northamptonshire
Report Authors	Hayley McKagan (WNC) & Andrew Machaeson (NNC)
Executive Member (NNC)	Cllr Helen Harrison
Cabinet Member (WNC)	Cllr Matt Golby

Key Decision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the decision eligible for call-in by Scrutiny?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there public sector equality duty implications?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information (whether in appendices or not)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Applicable paragraph number for exemption from publication under Schedule 12A Local Government Act 1974	

Appendices

Appendix 1 – Online Consultation

Appendix 2 – Responses to the Consultation

1. Purpose of Report

- 1.1 To outline the intention to separate the countywide Healthwatch service and for each authority to develop and commission their own Healthwatch models for West Northamptonshire Council (WNC) and North Northamptonshire Council (NNC) respectively.
- 1.2 The contract expired on 31st October 2023 and a 5-month waiver was put in place until 31st March 2024 to allow enough time for the service to be recommissioned. Both councils were looking to do this after the next contract, so it is accelerating that decision.
- 1.3 To allow enough time to for North Northamptonshire Council and West Northamptonshire Council to develop and commission their own local model, an additional 12-month waiver from 1st April 2024 to 31st December 2024 will be requested.

2. Executive Summary

- 2.1 West Northamptonshire Council and North Northamptonshire Council jointly commission a local Northamptonshire Healthwatch organisation. The existing contract is due to expire on 31st March 2024.
- 2.2 Both Authorities want to develop and commission their own Healthwatch service to make it more local to their respective area, as per the national guidance.
- 2.3 Healthwatch is a statutory duty for each local authority. Councils have a responsibility under the Health and Social Care Act 2012 to make arrangements to establish and maintain a local Healthwatch service.
- 2.4 The current contract value is £195,000 per annum. It is divided proportionately as follows:
 - North Northamptonshire Council: £94,770 (48.6%)
 - West Northamptonshire Council: £100,230 (51.4%)
- 2.5 Under the joint contracting arrangements, a commissioning project has been underway to plan, design and procure a new Healthwatch specification, in line with Healthwatch England's recommendations and incorporating their quality framework.

The following consultation was carried out by commissioners but at a time when both councils were looking to contract another joint model:

- An online consultation survey across Northamptonshire seeking the views of people living in Northamptonshire.
- Discussions with the following:
 - Regional lead for Healthwatch
 - North Northamptonshire Council
 - West Northamptonshire Council
 - Public Health
 - Integrated Care Board's (ICB) Head of Public Engagement

Consideration was made for incorporating funding from the ICB for projects for Young Healthwatch to undertake, as part of the contract. However, they could not commit to more than a year's finances.

- 2.6 Benchmarking against other local Healthwatch organisations was carried out.
- 2.7 Each Authority will now revise the project that has been underway to align to their own local footprint and seek the views of local people and stakeholders in their respective area.

3. Recommendations

3.1 The Shared Services Joint Committee are being asked to consider and agree the following recommendations.

3.2 It is recommended that the Shared Services Joint Committee delegate authority to the Cabinet Member for Adult Social Care and Public Health and the Executive Member for Adults, Health and Wellbeing in consultation with the Executive Director of People Services and Director of Public Health & Wellbeing to:

- Commission a separate more local North Northamptonshire Healthwatch and a West Northamptonshire Healthwatch service, that will have the interests of its own population served.
- Each authority reviews their service specification to include Healthwatch England's current recommendations and any revised national quality framework.
- The guidance states that local authorities should establish a contractual arrangement with an independent organisation that should be a social enterprise that delivers Healthwatch activity. Social Enterprises are defined as:

Community Interest Companies (CICs), Industrial and Provident Societies (IPSS) or Limited Liability Partnerships (LLPs).

- The recommended financial model for Healthwatch asks councils to provide additional funding to bolster the core grant. A 12-month waiver would offer each authority time to re-assess the contract value as they develop their own model.

3.3 Alternative Options Considered:

- The only alternative would be the existing model, that both councils had the intention of moving away from.

4. Report Background

4.1 The current contract has been in place since 1st November 2021 for a 2-year period and an extension has been extended by waiver for 5 months until 31st March 2024.

4.2 The total annual cost is £195,000 which is split 48.6% North Northamptonshire Council and 51.4% West Northamptonshire Council.

4.3 A 5-month waiver was required to cover the period of 1st November 2023 to 31st March 2024. This was to allow for the online consultation to run for the recommended period. Without this waiver the councils would have been unable to adhere to TUPE period, recommendations and regulations.

- 4.4 The incumbent provider, Connected Together CIC, has held the contract for a number of years and was the only bid the last time the service was commissioned.
- 4.5 A Healthwatch Organisation acts as an independent consumer champion for people who use health and social care services. They ensure local voices are heard and that people's views and experiences are used to improve existing services and to help shape future services.
- 4.6 Their main statutory functions are to:
- Promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.
 - Obtain the views of people about their needs and experience of local health and social care services. Local Healthwatch make these views known to those involved in the commissioning and scrutiny of care services.
 - Make reports and make recommendations about how those services could or should be improved.
 - Provide information and advice to the public about accessing health and social care services and the options available to them.
 - Make recommendations to Healthwatch England to advise the CQC to carry out special reviews or investigations into areas of concern.
 - Make the views and experiences of people known to Healthwatch England, helping them to carry out our role as national champion.
- 4.7 North and West Northamptonshire Councils receive the Local Reform and Community Voices (LRCV) grant.
- This is a non-ringfenced grant that lists what the funding should be used for
 - Each year Department of Health and Social Care (DHSC) sends the Local Authorities a letter confirming the LRCV grant funding available to Local Authorities for commissioning Healthwatch. This letter has been known as the local authority social services letter (LASSL)
 - The letter setting out LRCV allocations for the 2022-23 financial year was not released by DHSC until 16th February 2023
 - This is a significant issue meaning an eleven-month delay in disbursement to Local Authorities and the letter for the 23-24 financial year has not yet been received.
- 4.8 West Northamptonshire Council receive £208,502 from the Local Reform and Community Voices grant and North Northamptonshire Council £180,856 respectively.
- 4.9 Local Reform and Community Voices (LRCV) Grant Received:

	LCRV Grant received	41% LCRV Grant allocated for Healthwatch
WNC	£208,502.00	£85,485.82
NNC	£180,856.00	£74,150.96

4.10 The total annual cost is £195,000 which is split 48.6% North Northamptonshire Council and 51.4% West Northamptonshire Council:

	Current spend based on split 48.6% NNC and 51.4% WNC
WNC	£100,230.00
NNC	£94,770.00
Total	£195,000.00

4.11 The following activities have been conducted in reviewing this contract during the first waiver period:

- Incumbent consultation
- Review of the funding
- Internal and Healthwatch England specification review.
- Public consultation online.
- The service specification has been benchmarked against the Healthwatch England and other Healthwatch areas specification criteria.

5. Issues and Choices

5.1 This pre-procurement work has identified a series of pressures and opportunities. The pressures include:

- No interest was received from other providers for the previous tender period
- There are limitations on which providers can fulfil this service. The organisation should either fall into one of the following three categories:
 - Companies limited by guarantee and registered as a charity
 - Community Interest Companies (CIC)
 - Charitable Incorporated Organisations (CIO)

Or have a constitution which:

- Ensures that over 50% of its distributable profits in each financial year will be used for Healthwatch activities

- Contains a statement or condition that the local Healthwatch is carrying out its activities for the benefit of the community in England
- Contains specified provisions relating to the distribution of assets if the body is dissolved or wound up.

5.2 Commissioning a local NNC and WNC footprint offers the opportunity for:

- Improve the funding to meet levels set by national guidance
- Stimulate the market and attract the interest of other suitable providers
- Review the role of Healthwatch locally and its role in providing a patient voice in our health and social care system
- Maximise the interest in the re-procurement by exploring alternative models with national sign-off
- Develop a local communications plan with all stakeholders to better inform the respective local authorities population of the Healthwatch model and how to access its services across Health and Social care
- Review the KPI's to include specific data, demographics and demand from each local authority area with a potential to include Local Area Partnerships (LAPs) data.
- Generate a new invigorated Healthwatch as part of a vibrant core of resident and patient engagement in public services.

6. Next Steps

6.1 Seek a further 12-month waiver.

6.2 Each authority review their own service specification and seek the views of partners and stakeholders before commissioning a more local model.

6.3 Notify Healthwatch England of the change of commissioning model

6.4 Seek comment on the respective service specifications with Healthwatch England

7. Implications (including financial implications)

Resources, Financial and Transformation

7.1 Each authority to undertake their own financial review of the model and whether they increase the funding to the levels of the nationally recommended guidance

7.2 Legal and Governance

- The councils have a statutory duty under the Health and Social Care Act 2012 to provide a local Healthwatch service.

- A Healthwatch Organisation acts as an independent consumer champion for people who use health and social care services. They ensure local voices are heard and that people's views and experiences are used to improve existing services and to help shape future services.

7.3 **Relevant Law, Policies and Plans**

- Local Government and Public Involvement in Health Act 2007
- Health and Social Care Act 2012
- Care Act (2014)
- Health and Care Act 2022
- NHS England and NHS Improvement plan
- Healthwatch strategic plan of; Our future focus, What we want to achieve by 2026
- Commissioning an effective local Healthwatch (Healthwatch 2023)
- Local Healthwatch Funding 22-23
- Department of Health, Local Reform Community Voices Grant 2022-2023
- Healthwatch Quality Framework (2022)

7.4 **Risk**

- Providing a local Healthwatch service is a statutory duty for the local authority.
- Limited tender submissions could lead to a non-competitive tender.

7.5 **Consultation**

- An online consultation of Healthwatch was completed and shared across Northamptonshire when commissioners were considering another joint model.
- The online responses received was 120. This is made up of 72 fully completed responses and 48 incomplete responses. Incomplete means that the respondent has worked through some of the survey but did not reach the point at which they can submit.
- 71 individual responses were made and 1 on behalf of an organisation or community group.

- The results from the online consultation, shows throughout the consultation that a limited number of people have heard of or know what Healthwatch do or who they are. The responses from people who have heard of Healthwatch comment that there is not widely known, service needs to be promoted and established across the public in Northamptonshire wider.
- Appendix 1 shows a copy of the online consultation.
- An overview of the questions around contacting Healthwatch and their experience is shown as a brief summary below:
- The results of 72 completed responses of some of the survey questions; Have you heard of Healthwatch Northamptonshire before now?
 - 44 (61.1%) No
 - 25 (34.7%) Yes
 - Not answered/do not know (4.2%)
- 12 people responded to have contacted Healthwatch previously
- How would you describe your experience of Healthwatch Northamptonshire?
 - Good 1
 - Neither good nor poor 2
 - Poor 2
 - Very good 7
- What was the reason for contacting Healthwatch Northamptonshire? - Reason for contact

Do not know	1
To get information and advice about health and care services	1
No	58
Not Answered	45
Other	7
To help improve health and care services by sharing my experience and knowledge	4
To make a complaint or raise a serious issue about a health or care service	2
Not Answered	1
Yes	12
Other	1
To get information and advice about health and care services	3
To help improve health and care services by sharing my experience and knowledge	6
To make a complaint or raise a serious issue about a health or care service	2
- 57 people answered the following question as a yes and we had 55 comments; Do you think Healthwatch Northamptonshire could improve awareness of its services to local people? The responses are all ideas

around promoting and advertising the services, signposting in all different Health Settings.

- **Appendix 2** shows the responses of the consultation in details.

7.6 Consideration by Executive Advisory Panel

7.6.1 The proposal has not yet been considered by the Executive Advisory Panel as this paper is only to inform the board that each council will commission their own service and in order to do that, a further waiver will be required. When each council develops their own service specification, the executive advisory panel will be engaged.

7.7 Consideration by Scrutiny

7.7.1 The proposal has not yet been considered by scrutiny as this paper is only to inform the board that each council will commission their own service and in order to do that, a further waiver will be required. When each council develops their own service specification, Scrutiny Committee will be engaged.

7.8 Equality Implications

- Current service data indicates that the pre-dominant population engaged through Healthwatch is a white female cohort. Targeted engagement work does pick up the needs of some different communities.
- The assessment undertaken also identified a high degree of non-declaration of personal characteristics which means make specific conclusions are very difficult to make.
- The re-procurement of the service will address these points for:
 - more consistent monitoring
 - clarity on why data is collected
 - target engagement of populations that do not traditionally engage with Healthwatch about their health and social care experiences.

7.9 Climate and Environment Impact

- There are no direct Climate and Environment impacts because of this proposal.

7.10 Community Impact

- As an independent voice for residents across both North and West Northamptonshire, Healthwatch is a crucial part of how the communities of the two Authorities can engage with and be supported in expressing their thoughts on their experiences in accessing health and social care service.
- The continuation of the service through this re-procurement means this support can continue and be developed at a more local level and aligned to each authorities own strategic priorities.

7.11 **Crime and Disorder Impact**

- There are no direct crime and disorder impacts because of this proposal.

8 Background Papers

8.1 The following background papers can be considered in relation to this report:

Appendix 1 Consultation

Appendix 2 Consultation Response document

Commissioning of Healthwatch Northamptonshire consultation 2023

Overview

On behalf of Healthwatch Northamptonshire we would like to understand how you feel about health and social care services in Northamptonshire.

Background

Healthwatch is an independent consumer champion for people who use health and social care services. Its job is to ensure that local voices are heard and that people's views and experiences are used to improve existing services and to help shape future services. Where issues are identified they will ensure that NHS leaders and other decision makers listen and use feedback to improve care.

Local authorities are required by the Health and Social Care Act 2012 to make arrangements to establish and maintain a local Healthwatch organisation in its area. Healthwatch Northamptonshire has been established since 2013 and its current contract Ends 31 October 2023.

West Northamptonshire and North Northamptonshire Councils are re-commissioning Northamptonshire's Healthwatch services, with the new service being live from 1 November 2023. We would like to hear your views to help us explore and shape how Healthwatch in Northamptonshire will look in the future.

After the consultation has ended, we will consider the views of local people and organisations along with any other relevant information and will use these to develop the best model for Healthwatch in Northamptonshire going forward.

We will be looking for regular feedback over the next two years in which there will be chance to be part of further consultations to continually review and develop Northamptonshire's Healthwatch services.

How to provide your views

We welcome your views and comments and ask that you complete a short survey, this should take approximately 10 to 15 minutes. It is very important to gain this feedback as it helps to shape future design and focus of health and social care services.

Please give us your views by completing the online survey using the link below.

Your feedback will be part of a report with many other people's feedback, so you will not be personally identified.

You do not have to answer all of the questions. If you don't want to answer a question, or don't know the answer, then move on to the next question.

If you have any queries, comments or would like a copy of this survey in another format (including paper, easy read or large print) you can contact us by email, post or telephone. Our contact details are as follows:

Email address: [DETAIL]

Telephone: [DETAIL]

Postal address: [DETAIL]

Q1. Are you responding to this questionnaire as an individual or an organisation?

- As an individual
- On behalf of an organisation or community group

Individual questionnaire

Your experience of Healthwatch Northamptonshire

Q2. Have you heard of Healthwatch Northamptonshire before now?

- Yes
- No (please go to question 7)
- Don't know (please go to question 7)

Q3. Have you ever contacted Healthwatch Northamptonshire?

- Yes
- No (please go to question 7)
- Don't know (please go to question 7)

Q4. What was the reason for contacting Healthwatch Northamptonshire?

- To get information and advice about health and care services
- To make a complaint or raise a serious issue about a health or care service
- To help improve health and care services by sharing my experience and knowledge
- Other (please state)

[Free text]

Q5. How would you describe your experience of Healthwatch Northamptonshire?

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know

Q6. Please provide a reason for your answer and let us know if there is anything Healthwatch Northamptonshire could have done differently to improve your overall experience?

[Free text]

Providing feedback on Health and Care Services

Q7. How would you prefer to share your experiences of health and care services or report concerns? (select all that apply)

- Organised events
- Confidential telephone line
- Through existing forums or groups I
- am involved with
- Postal questionnaires / paper
- feedback forms
- Online questionnaires / online
- feedback
- Online blogs / forums
- Social media (for example, Facebook / Twitter)
- With a health or care professional
- Other (state below)

[Free text]

Q8. Do you think Healthwatch Northamptonshire could improve awareness of its services to local people?

- Yes
- No
- Don't know

If you answered 'Yes', how do you think Healthwatch Northamptonshire could improve awareness of its services to local people?

[Free text]

Q9. The following is a list of the different services that Healthwatch Northamptonshire is expected to provide. Which of these would be of most value to you? (select all that apply)

- Provide information and support people to find the right health and care service.
- Gather the views of local people on health and care services and use these to influence and improve services.
- Support people to give feedback on local health and social care services.
- Provide ways for local people to monitor the quality of local health and care services.
- Where concerns have been raised, make recommendations to national organisations for investigation or special review.
- Work with national organisations (e.g. NHS England, Care Quality Commission) to influence local and national health and care issues.

Q10. Do you feel there is anything that Healthwatch should be doing that is missing from the above list?

- Yes
- No
- Don't know

If you answered 'Yes', please tell us what else should be included:

[Free text]

Healthwatch Northamptonshire in the future

Q11. To what extent do you agree or disagree that the following are important to ensure an effective, local Healthwatch?

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly Disagree	Don't know
Well known and trusted in local communities.						
Works positively and in partnership with local people and commissioners.						
Reaches out to individuals and groups who find it difficult to express and communicate their views and choices.						
Works closely with other local organisations for mutual benefit.						
An active organisation which is recognised as a statutory route for patients and the public to express their views.						
Has a good understanding of the local NHS, public health and social care priorities, and is sensitive to local issues.						
Demonstrates that it can get things done and get things changed for the better.						
Is able to influence decision makers.						
Has local knowledge and relationships and is						

able to reach out to individuals and groups cross Northamptonshire.						
Is seen as independent from health and social care planners/commissioners and providers.						

Q11a. If you feel there is anything missing from the above list, please tell us below:
[Free text]

Further comments

Q12. Please provide any other comments you would like to make about Healthwatch Northamptonshire
[Free text]

About you

Q13. Please tell us in what capacity are you completing this questionnaire?

- I currently / have used health or social care services in Northamptonshire
- I am a friend, relative, or carer of someone who currently / has used health or social care services in Northamptonshire
- I am a volunteer with Healthwatch Northamptonshire
- I am a volunteer with another organisation
- I am an elected Councillor
- Other (state below)

[Free text]

Q14. Which area of Northamptonshire do you live in?

- Corby Area
- Daventry Area
- East Northamptonshire Area
- Kettering Area
- Northampton Area
- South Northamptonshire Area
- Wellingborough Area
- Other (state below)

[Free text]

[Equality questions]

Organisation questions

Q1) Please tell us the name of your organisation and your job title/role:

Name of organisation: [Free text]

Job title/role: [Free text]

Your experience of Healthwatch Northamptonshire

Q2) Prior to this consultation have you heard of Healthwatch Northamptonshire?

Please tick (✓) relevant answer

- Yes
- No
- Don't know

Q3) If applicable, how would you describe your experience(s) of working with Healthwatch Northamptonshire?

Please tick (✓) relevant answer

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know
- Not applicable

Q4) Please provide a reason for your answer and let us know if there is anything Healthwatch Northamptonshire could do differently to improve the impact of their work with your organisation?

[Free text]

Q5) Do you think Healthwatch Northamptonshire could improve awareness of its services?

Please tick (✓) relevant answer

- Yes
- No
- Don't know

If you answered 'Yes', how do you think Healthwatch could improve awareness of its services, both within your organisation and to local people?

[Free text]

Healthwatch Key Functions

Q6) The following is a list of the different services that Healthwatch Northamptonshire is expected to provide. Which of these are most valuable in helping your organisation to deliver an effective service?

- Provide information and support people to find the right health and care service.
- Gather the views of local people on health and care services and use these to influence and improve services.
- Support people to give feedback on local health and social care services.
- Provide ways for local people to monitor the quality of local health and care services.

- Where concerns have been raised, make recommendations to national organisations for investigation or special review.
- Work with national organisations (e.g. NHS England, Care Quality Commission) to influence local and national health and care issues.

Q7) Do you feel there is anything that Healthwatch should be doing that is missing from the above list?

Please tick (✓) relevant answer

- Yes
- No
- Don't know

If you answered 'Yes', please tell us what else should be included and how it would be of benefit:

[Free text]

Q8) What can your organisation do to support the development of Healthwatch Northamptonshire and ensure it has a positive impact on health and care services?

[Free text]

Healthwatch Northamptonshire in the future

Q9)

To what extent do you agree or disagree that the following are important to ensure an effective, local Healthwatch?

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Disagree	Don't know
Well known and trusted in local communities.						
Works positively and in partnership with local people and commissioners.						
Reaches out to individuals and groups who find it difficult to express and communicate their views and choices.						
Works closely with other local organisations for mutual benefit.						
An active organisation which is recognised as a statutory route for patients and the public to express their views.						

Has a good understanding of the local NHS, public health and social care priorities, and is sensitive to local issues.						
Demonstrates that it can get things done and get things changed for the better.						
Is able to influence decision makers.						
Has local knowledge and relationships and is able to reach out to individuals and groups cross Northamptonshire.						
Is seen as independent from health and social care planners/commissioners and providers.						

Q9a) If you feel there is anything missing from the above list, please tell us below:
[Free text]

Q10) Do you have any other comments you would like to make about Healthwatch Northamptonshire?
[Free text]

Commissioning of Healthwatch Northamptonshire consultation 2023 Results

Online responses: There are 120 online responses as of a download completed this morning. The above is made up of 72 fully completed responses and 48 incomplete responses. Incomplete means that the respondent has worked through some of the survey and not reached the final point where they can submit.

Q1. Are you responding to this questionnaire as an individual or an organisation?

As an individual-	71
On behalf of an organisation or community group	1

Individual questionnaire Results

Your experience of Healthwatch Northamptonshire

Q2. Have you heard of Healthwatch Northamptonshire before now?

Yes	21
No (please go to question 7)	44
Don't know (please go to question 7)	1
Not answered	1

Q3. Have you ever contacted Healthwatch Northamptonshire?

<input type="checkbox"/> No	58
<input type="checkbox"/> Yes	12
<input type="checkbox"/> Don't know	1

Q4. What was the reason for contacting Healthwatch Northamptonshire?

<input type="checkbox"/> To get information and advice about health and care services	4
<input type="checkbox"/> To make a complaint or raise a serious issue about a health or care service	4
<input type="checkbox"/> To help improve health and care services by sharing my experience and knowledge	10
<input type="checkbox"/> Other (please state)	8
<input type="checkbox"/> Not Answered	45

[Free text]

have never contacted Healthwatch

Never heard of it

Haven't used it

I didn't know of the organisations role

Silly question with respect to the 2 answers above

Volunteering

Not contacted

Not used

Q5. How would you describe your experience of Healthwatch Northamptonshire?

<input type="checkbox"/> Very good	7
------------------------------------	----------

- Good 2
- Neither good nor poor 14
- Poor 2
- Very poor 3
- Don't know 21
- Not Answered 22

Q6. Please provide a reason for your answer and let us know if there is anything Healthwatch Northamptonshire could have done differently to improve your overall experience?

[Free text]

- 1 Not aware of the service therefore cannot comment.**
- 2 Don't know about Healthwatch**
- 3 have never contacted Healthwatch**
- 4 I don't know anything about it??**
- 5 I was not aware that Healthwatch Northants existed. So am not able to answer many of these questions.**
- 6 Unaware of Healthwatch at GP surgery and its potential role in seeking to have a senior practice partner reprimanded for unsafe patient care.**
- 7 My views were put into a report.**
- 8 I have never heard of it before now. Perhaps letting people know about it would be a start**
- 9 I thought they would help to identify issues with a care home in Raunds**
- 10 Be more proactive in the community to ensure that residents understand and aware of its duties, responsibilities and function. That it has powers to take action if necessary to change matters for the better.**
- 11 Need to make the general public aware of your existence**
- 12 Thought about the questions being asked**
- 13 I haven't really thought about this kind of service. Just checked the Healthwatch Northamptonshire website and it looks like a good source of information on what is going on in Northamptonshire.**
- 14 I struggle to see independence from the top of the organisation.**
- 15 I have not known much about Health Watch and to date have not had cause to be in contact**
- 16 I needed assistance with some information regarding my GP surgery and the lady was very helpful and gave me the right information to help get my matter sorted**
- 17 My local experience, as an individual Town Cllr, is that the consultations & cooperation between the NHS ICBs, GP Fund-holding practices and local planning authorities need streamlining to improve the very necessary delivery of generally effective services - in areas where significant housing increases require increases in the size of GP Fund-holding practices' premises. Such requirements should be identified early on in the Planning processes. They were not so identified in Oundle.**
- 18 haven't contacted Healthwatch**

19 The staff are dedicated to getting as much customer feed back as possible to help advise health and social care givers what works well, what needs to be changed and what new needs to be introduced.

20 The independent work they do is invaluable to the people of Northamptonshire

21 Offer free BSL video chats - via such as SignVideo or Sign Live to communicate with deaf customers using BSL.

Make it clear on their website that they may/may not have any deaf awareness training to be able to communicate with deaf customers. Is there a text (SMS) service available?"

22 I got the impression that Healthwatch was happy to give information but reluctant to challenge, and was pretty toothless.

23 Not seemed interested in doing anything to improve existing NHS process

24 Greater viability for underrepresented communities and people with known poor health outcomes- i.e. Adults with Learning Disabilities, Elders from Black and Asian communities

25 It takes hours (2.10) on hold to get in contact with the surgery and when you do you get told there are no appointments left, then told to make appoint on line yet these are only for smears.

26 More information available to users of health care of its availability

27 This is the first I have heard of Healthwatch

28 Very prompt response, which was also a considered response. They knew who to speak to, which was very helpful. They did speak to the relevant people and then came back to me with further information. I don't think that they could have actually done anything different, but I think it would have helped them to help me if they had more people and resources, they don't seem to have much money.

29 The signposting was helpful, background information was good.

30 They seem to be able to get answers about council services to questions, when as an individual I can not.

Providing feedback on Health and Care Services

Q7. How would you prefer to share your experiences of health and care services or report concerns? (select all that apply)

- Organised events **14**
- Confidential telephone line **25**
- Through existing forums or groups I am involved with **12**
- Postal questionnaires / paper feedback forms **15**
- Online questionnaires / online feedback **53**
- Online blogs / forums **1**
- Social media (for example, Facebook / Twitter) **4**
- With a health or care professional **22**
- Other (state below) **9**

[Free text]

- 1 Through a complaints procedure
- 2 An online report form - that an issue can be reported or commented on
- 3 With the provider i.e Doctors Surgery manager/Hospital management
- 4 Enter and view is sometimes the only way to reach the elderly and those suffering with health challenges
- 5 Qualified person who knows how to communicate with deaf people
- 6 with an independent person/organisation that had resources to act, and that was prepared (and empowered) to challenge poor practice
- 7 An accessible website where comments can be recorded under headings of different headings, so as to highlight by the number of comments where changes are needed
- 8 I want to be able to report to someone independent, to take the necessary action. I think this is what Healthwatch is.

Q8. Do you think Healthwatch Northamptonshire could improve awareness of its services to local people?

- Yes **57**
- No **3**
- Don't know **10**
- Not answered **1**

If you answered 'Yes', how do you think Healthwatch Northamptonshire could improve awareness of its services to local people?

[Free text]

- 1 Let people know it exists, and what it can do for people?
- 2 Raise their profile
- 3 I don't think anybody knows about it
- 4 By doing leaflets informing them doing what you propose
- 5 Via the Parish & town councils - NCalc - and via the Health services (inc GPs operating in the county).
Perhaps provide regular updates to parish and town councils for them to publicise in their websites and communications with the local population.
Keep NCalc in the loop as they do a weekly update to their councils.
An idea to consider is to post details to everyone, not everyone has internet access and in this way you guarantee reaching everyone. This maybe something you do once a year as a general update.
Website with updates and a lot of people use social media - facebook in particular.
People are desperate to give feedback on the services - some it if v poor (GPs especially where I live - Oundle).
- 6 More advertising on GP websites, or hold events in GP services, I was aware of healthwatch, before covid but since then thought they had folded
- 7 Promote their role better
- 8 Big posters in hospitals, GP surgeries and pharmacies.
- 9 Had never heard of it

10 It needs to be funded properly so that it can employ more staff and be able to promote what it does.

11 More sharing via social media and perhaps an information stall in town centres

12 By highlighting results of their research, bad and good.

13 By letting people know of it's existence

14 Be more proactive in the community with leaflets placed on notice boards eg in all Doctors Surgeries, Libraries and every Council Buildings. Have its own web page and facebook page.

Write a piece in the annual information given out with the residential rate demands.

Go regularly on local Radio explaining your role and actions that you have taken recently that has changed the way healthcare provision has been improved.

Help residents gain treatment with National Health Dentists."

15 Via email addresses held by councils and /or local parish councils for those without such facilities.

16 Informing people about the organisation

Overseeing an independent complaints reporting system

17 Maybe regular press releases in free and paid newspapers (digital and paper), an article in (Council) Partnership Housing Associations newsletter, leaflets in libraries, care homes, and GP appointments waiting rooms. Attending local fairs and shows.

18 Meet people at local level. Including residents groups and our voluntary sector for older people services.

19 Media coverage

20 By letting more people know of it's existence and what it does. Until taking this survey I had never heard of it despite living in the area since 1998.

21 More focus on people who do not have computers at home ie The disadvantaged and the elderly

Information at elderly centres and groups and such places as educational in areas where parents visit for parents"

22 Needs to be a campaign to bring Healthwatch Northamptonshire into public awareness - I am a regular social media user & did not know of its existence

23 Most people that I mentioned this to had never heard of healthwatch

24 Via flyers, Facebook, notices in the appreciate places.

25 Listen to clients

26 By regularly reminding people that Healthwatch Northamptonshire exists.

27 I have never heard of it and I have lived in Northampton over 10 years,

28 Send posters and or leaflets to Doctors Surgeries, Dental Practices, Opticians, Charities that Support People, Libraries etc.

29 in what ever way is going to be the most effective and cost effective

30 Social media

Email alerts

31 I was completely unaware of the service.

Maybe more promotion through social media, posters at pharmacies and surgeries would make the service more high profile.

32 With additional funding they could launch a publicity campaign.

33 There needs to be much more publicity, including large and varied posters. Also potentially targeting groups - like patient forums at GPs if they don't already. Could also have questionnaires available in hospital for those using that - or doctors' surgeries.

34 Advertise locally

35 have stands at public events and shopping centres

36 Articles in local magazines and newspapers eg Jigsaw

37 Since I had no knowledge of Health watch or it's service a general information pamphlet delivered to doors would be of use .

38 Local press.
Leaflets in GP surgeries, dentists and other providers and public places.

39 Social media
Intranet/Internet
GP surgeries noticeboards
Part of local brochures such as Duston magazine

40 Just about anything to alert patients and members of the public ghat it exists, and that it will represents them in putting forward their concerns. Information in hospitals, health centres, council offices, etc, articles in local papers, magazines, etc
By doing stuff that makes a difference, and word will get around from people's good experiences

41 Wasn't awareness it existed

42 Posters in prominent public places.

43 Posters in the facilities they monitor

44 I had never heard of this before and currently have no idea what it actually does or has already done in specific terms so some kind of summary on exactly what it does and what it doesn't do as well would be helpful

45 Have regular slots or surgeries on local radio BBC Radio Northampton and Inspiration FM
Monthly Drop ins at Northampton Hub at West Northampshire Council buildings

46 Oxfordshire Healthwatch is very engaged but I have heard nothing from Northamptonshire. As a councillor for Middleton Cheney all my constituents get their services from Oxford and I am not aware of any communication from Northamptonshire Healthwatch looking after our services.
The present Healthwatch seems totally Northampton centric.

47 Logo and access link to website on all partner web/app pages (front page)

48 Better marketing, never heard of you before.
Ensure all Gp Surgeries display your details as a route for concerns/ complaints"

49 Do a letter drop.

50 I have never heard of it. We live in Deanshanger, right at the bottom of West Northants and are sometimes missed out on information.

51 information given out in leaflet form whenever someone uses healthcare

52 Parish Magazines

53 I think they need the money to be able to have a bigger team. There is a lot for them to do, and a lot of people to support and they don't seem to have much money. They do seem to do very well with what little they have, so I think a bit more would them and a lot.

54 By including information about Healthwatch on Council Tax demands which are sent to every household.

55 I understand the money the government allows for Health Watch is not ring fenced so I know they do not have the money to do what I believe will help, spending more time at community events and putting news in the local papers about the work they are doing.

Q9. The following is a list of the different services that Healthwatch Northamptonshire is expected to provide. Which of these would be of most value to you? (select all that apply)

- Provide information and support people to find the right health and care service. **52**
- Gather the views of local people on health and care services and use these to influence and improve services. **58**
- Support people to give feedback on local health and social care services. **52**
- Provide ways for local people to monitor the quality of local health and care services. **45**
- Where concerns have been raised, make recommendations to national organisations for investigation or special review. **55**
- Work with national organisations (e.g. NHS England, Care Quality Commission) to influence local and national health and care issues. **50**

Q10. Do you feel there is anything that Healthwatch should be doing that is missing from the above list?

- Yes **24**
- No **17**
- Don't know **26**
- Not answered **4**

If you answered 'Yes', please tell us what else should be included:

[Free text]

- 1. All?**
- 2. Budget awareness and raise profile of priorities**
- 3. Make organisations accountable: If they have set out a plan for better healthcare make sure that the plan is followed through**
- 4. Make it a separate point to monitor the quart of local GP services.**
- 5. Reward and shame poorly performing GPs and GP practices.**
- 6. Ensuring NHS England deliver the health and care that residents require.**
- 7. Overseeing an independent complaints reporting system**
- 8. Independently investigate any health care complaints**
- 9. Listen to the replies**
- 10.help people to make complaints**
- 11.more public engagement but I know they do not have enough staff to do this.**
- 12.Publicise the results of any monitoring exercises**

- 13.more public engagement but I know they do not have enough staff to do this.
- 14.Investigate the growing difficulty in obtaining timely local NHS dental services
- 15.Ability to impact all types of people and how this is communicated to them
- 16.pro-actively seeking people's views
- 17.Acting in a way that empowers patients and get things changed
- 18.Check accessibility of local health and care services (accessible information, physical access, ease of getting to location etc, translation options including common languages spoken in West Northamptonshire and BSL
- 19.Work with the health providers to improve services. What about the LAPs
- 20.Power to step in and investigate
- 21.How to reach the elderly who do not use the internet/Get the Healthservice to use wide use of email.text and emails to inform all organisations about peoples issues at the moment the patient ambulance service cannot send a text to say when the patient is actually on the way from the hospital.
- 22.I think that they should support kids in schools to help them understand the services which are available, and also to learn from them which services need improving or are missing.
- 23.Work with local health and care organisations to improve local services.
- 24.more public engagement but I know they do not have enough staff to do this.

Healthwatch Northamptonshire in the future

Q11. To what extent do you agree or disagree that the following are important to ensure an effective, local Healthwatch?

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly Disagree	Don't know
Well known and trusted in local communities.	34	15	8	2	2	8
Works positively and in partnership with local people and commissioners.	35	15	6	2	1	9
Reaches out to individuals and groups who find it difficult to express and communicate their views and choices.	35	12	8	2	2	9
Works closely with other local organisations for mutual benefit.	28	18	9	2	2	8
An active organisation which is recognised as a	38	13	6	1	38	7

statutory route for patients and the public to express their views.						
Has a good understanding of the local NHS, public health and social care priorities, and is sensitive to local issues.	7	1	0	1	1	1
Demonstrates that it can get things done and get things changed for the better.	6	1	0	0	1	1
Is able to influence decision makers.	40	7	5	3	3	9
Has local knowledge and relationships and is able to reach out to individuals and groups cross Northamptonshire.	5	2	0	0	1	1
Is seen as independent from health and social care planners/commissioners and providers.	42	4	8	0	4	9

Q11a. If you feel there is anything missing from the above list, please tell us below:
[Free text]

1. **Raise awareness of their existence**
2. **Get the main bit right and concentrate on other issues later. You have to make that positive impact immediately - people are crying out for what you can offer and support them.**
3. **As I know nothing about Health Watch Northamptonshire I have had to say don't know to everything**
4. **Who are you?**
5. **See above comments**
6. **Listen to the answers**
7. **Is Healthwatch really necessary and cost effective?**
8. **Is properly funded (ring fencing the money provided for Health Watch by the government)**
9. **It nerfs to show it is acting on one major issue at a time, interim updates and final outcome. Otherwise patients will, if they know it even exists, decide it's another useless costly excuse to fob customers off**
10. **It is not clear to me what real influence this body can have as it appears to be advisory only with no real powers**
11. **Needs to reach across borders**
12. **Whilst all are important, I do not think that Healthwatch locally is effective**

Further comments

Q12. Please provide any other comments you would like to make about Healthwatch

Northamptonshire

[Free text]

1 Need more doctors

2 It sounds good but can it deliver?

People are desperate to provide effective feedback on our health services - in particular the local GP services which have dropped dramatically in terms of quality of service. also, they do not listen to local people and so having a body that can directly get involved with them would make a tremendous difference. I would suggest prioritising the GP services in local communities as a priority - I think people are generally happy with the emergency services

There is also the issue of long-term care and cancer and other critical illnesses. I have had issues with my eyes and had a very good service from Kettering Hospital's eye clinic. so there are good stories to tell and we should remember to praise where it is due and highlight the areas where a good service is being demonstrated.

Communication is the key and today it crosses a wide range of areas - twitter and facebook are extremely popular - first of all use the most used media and expand as you get used to doing social media posts. Talk to some councils - we have an excellent social media person at Oundle Town council - talk to NCALC - they are excellent at gaining opinions and spreading the word.

I think it is a great idea, much needed but you have to prove yourself first.

Is that OK?

3 Who are you and how do you operate?

4 Need to enhance quality of GP service and provide effective vehicle for complaint. Currently GP partners can act with impunity and disregard patient concerns especially when the partner is the source of the problem.

5 I believe Healthwatch Northamptonshire has done the best that it can considering that the local authority has decreased its annual budget year on year since 2013. Its statutory remit and expectations have remained the same but no consideration has been given to cover inflation, which has resulted in office moves and reduced staffing. The population of Northamptonshire has also grown considerably and staff and volunteers are still expected to be the voice of everyone without the supporting resources e.g. increased costs in volunteer and staff support, training and expenses. It has been an award winning Healthwatch and the first to get Investing in Children recognition for its Young Healthwatch too. It also holds Investing in Volunteers and Cyber Essentials accreditation, which supports its ambition to be a quality service, a difficult thing to achieve and maintain without proper funding.

6 Never heard of it. Why haven't I? Surely something like this should be more widely known of?

7 In my experience the service is not recognised by receptionists at GP surgeries resulting in rudeness by these individuals.

8 I believe that Healthwatch Northamptonshire should be more proactive in the community as I have never heard or seen anything about this organisation , which in my 40 years plus experience of local authorities throughout the County is somewhat strange to say the least,

9 How aware is this organisation about consultants lying to patients? And then GP's covering it up?

How aware is this organisation about GP's not giving feed back to patients about rests that have been done?

Why are people being recorded by GP's as dead when they are still alive - and what happens about that?

How come my younger partner is offered preventive medicine before me their elder partner

10 This may be covered elsewhere - but I am generally highly satisfied with my local health provision - BUT there are important "tweaks" & fine tuning to improve provision - I would hope that Healthwatch Northamptonshire could be that portal

11 1st time i heard of this

12 ever contacted Healthwatch....that I know of!

13 Never heard of Healthwatch before. Concerned that this might be another quango formed to present questionnaires such as this, that ultimately makes no difference and the funding would be better used elsewhere. Most people know how the public feels about NHS provision and the difficulties within it.

14 My only comment can be, that as someone who has been unaware of the service until now, I feel that somehow, better promotion of the service needs to undertaken.

15 As a Health Watch volunteer for several years, I have noticed we are doing less and less enter and view visits, due to lack of proper funding, there are not enough staffing hours to cover organizing and reporting the visits at the same rate as previously.

Getting in to care homes and having private one to one conversations is the only way to establish exactly what type and what quality of care is actually being received by the service users.

16 Not enough information in the public domain!

17 If they had all the funding government allocated to them, they would be able to do far more. you can only abuse volunteers so much before they say no this is asking too much.

18 Provide more information via all methods.

19 I am 82 years old, living with my 84 year old husband. We manage although my health is poor. I have never heard of your organisation but I imagine that you would be overwhelmed if you made yourself more public. Many people of our age worry about what will happen when we fall ill and we haven't got a clue who to contact to help us. This is in spite of me taking note of any health information and being aware of current situations

20 To do an effective job, it needs resources

It does seem that this is currently the case

How does Healthwatch demonstrate what it does and how it provides value to the public

I suspect that service providers and government do not want a strong independent advocate, a cheaper figleaf is their preferred option

21 Just that until I read this email, I had never heard anything about Healthwatch.

22 Just to confirm it's currently toothless paper tiger

23 Is it going to split between west northants and North northants. Public health and Integrated care need a more local and engaged focus.

- 24 Unless you have a grievance and search it out, it is invisible.
- 25 All GP surgeries should have an answer phone after 3 minutes. Hospital phones should all have voicemail not say Goodbye.
- 26 I think that they do some great work, and the people they have are very kind and considerate and responsive. I wish they had more, to be able to do more.
- 27 It is unfortunate that the 2 councils were not able to agree to having 1 organisation for Healthwatch Northamptonshire, as the costs are greater with having a West and a North Healthwatch, rather than a Healthwatch Northamptonshire.
- 28 I feel up to this point Health Watch has been trying to give a high quality service with less and less income in which to do it, I know this because I read the annual reports. I fear if this starvation of funding is not sharply turned around they could end up unfit for purpose, with so few staff they would be unable to for-fill their obligations.

About you

Q13. Please tell us in what capacity are you completing this questionnaire?

- | | |
|---|-----------|
| <input type="checkbox"/> I currently / have used health or social care services in Northamptonshire | 33 |
| <input type="checkbox"/> I am a friend, relative, or carer of someone who currently / has used health or social care services in Northamptonshire | 15 |
| <input type="checkbox"/> I am a volunteer with Healthwatch Northamptonshire | 2 |
| <input type="checkbox"/> I am a volunteer with another organisation | 6 |
| <input type="checkbox"/> I am an elected Councillor | 5 |
| <input type="checkbox"/> Other (state below) | 7 |

[Free text]

1. I am a Northamptonshire resident
2. Being a member of North Northamptonshire Panel.
3. I live in Northamptonshire but get my healthcare support from Market Harborough, Leicester , and Kettering hospital
4. received questionnaire as email
5. Just a resident
6. I am a spouse carer (unpaid)
7. Just an interested and curious citizen

Q14. Which area of Northamptonshire do you live in?

- | | |
|--|-----------|
| <input type="checkbox"/> Corby Area | 2 |
| <input type="checkbox"/> Daventry Area | 1 |
| <input type="checkbox"/> East Northamptonshire Area | 28 |
| <input type="checkbox"/> Kettering Area | 8 |
| <input type="checkbox"/> Northampton Area | 11 |
| <input type="checkbox"/> South Northamptonshire Area | 6 |
| <input type="checkbox"/> Wellingborough Area | 14 |
| <input type="checkbox"/> Other (state below) | 1 |

[Free text]

Oundle

[Equality questions]

Organisation questions

1 questionnaire was completed

Q1) Please tell us the name of your organisation and your job title/role:

Name of organisation: [Free text] **SENDS 4 Dad**

Job title/role: [Free text] **Founder**

Your experience of Healthwatch Northamptonshire

Q2) Prior to this consultation have you heard of Healthwatch Northamptonshire?

Please tick (✓) relevant answer

- Yes **1**
- No
- Don't know

Q3) If applicable, how would you describe your experience(s) of working with Healthwatch Northamptonshire?

Please tick (✓) relevant answer

- Very good
- Good
- Neither good nor poor
- Poor
- Very poor
- Don't know
- Not applicable **1**

Q4) Please provide a reason for your answer and let us know if there is anything Healthwatch Northamptonshire could do differently to improve the impact of their work with your organisation?

[Free text]

On an organisational level, there has been no work between us. We would be more than willing to work with them as we feel dads and male carers views are often overlooked especially those with child/adult with special educational needs and/or a disability.

Mental health services are much needed to be improved especially in the areas of disability and we will be fast approaching a serious matter if these are not looked into.

We have use of a facility every Sunday 11am to 12 pm in the Eastern district that could be used reaching out to not just dads but also an area that has high deprivation.

Q5) Do you think Healthwatch Northamptonshire could improve awareness of its services?

Please tick (✓) relevant answer

- Yes **1**
 No
 Don't know

If you answered 'Yes', how do you think Healthwatch could improve awareness of its services, both within your organisation and to local people?

[Free text]

Get out in person, drop-ins in local areas, work with more of the grass roots community groups and charities that really get the true reflection of what is happening, go out to places where families frequently go to, make better use of social media and other electronic methods

Healthwatch Key Functions

Q6) The following is a list of the different services that Healthwatch Northamptonshire is expected to provide. Which of these are most valuable in helping your organisation to deliver an effective service?

- Provide information and support people to find the right health and care service. **1**
 Gather the views of local people on health and care services and use these to influence and improve services. **1**
 Support people to give feedback on local health and social care services. **1**
 Provide ways for local people to monitor the quality of local health and care services.
 Where concerns have been raised, make recommendations to national organisations for investigation or special review. **1**
 Work with national organisations (e.g. NHS England, Care Quality Commission) to influence local and national health and care issues.

Q7) Do you feel there is anything that Healthwatch should be doing that is missing from the above list?

Please tick (✓) relevant answer

- Yes **1**
 No
 Don't know

If you answered 'Yes', please tell us what else should be included and how it would be of benefit:

[Free text]

More work on mental health.

Q8) What can your organisation do to support the development of Healthwatch Northamptonshire and ensure it has a positive impact on health and care services?

[Free text]

Can feedback throughout this process, work on a form of partnership, provide drop in services, help to gather input from Dads and male carers.

Healthwatch Northamptonshire in the future

Q9)

To what extent do you agree or disagree that the following are important to ensure an effective, local Healthwatch?

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Disagree	Don't know
Well known and trusted in local communities.	1					
Works positively and in partnership with local people and commissioners.	1					
Reaches out to individuals and groups who find it difficult to express and communicate their views and choices.	1					
Works closely with other local organisations for mutual benefit.	1					
An active organisation which is recognised as a statutory route for patients and the public to express their views.		1				
Has a good understanding of the local NHS, public health and social care priorities, and is sensitive to local issues.	1					
Demonstrates that it can get things done and get things changed for the better.	1					
Is able to influence decision makers.	1					
Has local knowledge and relationships and is able to reach out to individuals and groups cross Northamptonshire.	1					
Is seen as independent from health and social care planners/commissioners and providers.	1					

Q9a) If you feel there is anything missing from the above list, please tell us below:
[Free text]

Shows an active presence in the community

Q10) Do you have any other comments you would like to make about Healthwatch Northamptonshire?

[Free text]

Need a greater presence. Very few people know of Healthwatch Northamptonshire

SHARED SERVICES JOINT COMMITTEE
17th January 2024

Report Title	Options Appraisal for Recommissioning Public Health Services for Children and Young People and Integrated Sexual Health Services
Report Author/s	Jane Bethea, DPH North Northamptonshire Sally Burns, DPH West Northamptonshire
Executive Member (NNC)	Cllr Helen Harrison
Cabinet Member (WNC)	Cllr Matthew Golby

Key Decision	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is the decision eligible for call-in by Scrutiny?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are there public sector equality duty implications?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Does the report contain confidential or exempt information (whether in appendices or not)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Applicable paragraph number for exemption from publication under Schedule 12A Local Government Act 1974	3 – Appendix 1 only

List of Appendices

Appendix 1 – Financial Information (Exempt)

1. Purpose of Report

The purpose of this report is to seek approval from Share Services Joint Committee members to approve the recommissioning approach of:

- The 0-19 Health Visiting and School Nursing Service
- Strong Start Service
- Northamptonshire Integrated Sexual Health and HIV Service (NISHH)
- Youth Counselling Offer (REACH)
- Oral Health Promotion Service
- Dental Epidemiology Survey

This report is seeking an initial decision regarding if the North and West contracts (total estimated annual value of £17.4m, North £8.5m West £8.9m and currently hosted by North), should be contracted separately from 01/04/25 following disaggregation. These contracts are currently funded from Public Health Grant by each local authority as set out in more detail in this report under 4.1.

2. Executive Summary

- 2.1 This report provides a summary on information relating to Six public health grant funded contracts, namely:
- 0-19 Health Visiting and School Nursing Service
 - Strong Start
 - Northamptonshire Integrated Sexual Health Service and HIV service (NISHH)
 - REACH children and young people youth counselling offer
 - Oral Health Promotion Service
 - Dental Epidemiology Survey
- 2.2 The 0-19 Health visiting, Strong Start, Sexual Health, and REACH service contracts have been jointly commissioned between North and West Northamptonshire local authorities (NNC and WNC) since 2019, with an agreement (in 2023) for them to be extended for a further two years ending 31st March 2025. Therefore, any new contracts will commence on 1st April 2025.
- 2.3 The Current Dental Epidemiology Survey contract is currently jointly commissioned (by NNC and WNC) for the period 1st April 2022-31st March 2024, with an option to extend by 1 year. This contract will be extended by one year so that it ends on 31 March 2025, so it can then be commissioned to the same timescale as the other services listed above.
- 2.4 The Oral Health Promotion Service is jointly commissioned and is part of the NHS England Community Dental Services (CDS) contract with the latest contract variation covering the period 1 April 2022-31 March 2024. This can be extended further in line with the planned extension of the CDS contract.
- 2.5 Both NNC and WNC officers are working closely with the providers to regularly review the contracts and assess them against service improvement plans (SIPs) as a mechanism for driving up performance and monitoring progress.

3. Report Background

3.1 Historical Context

- 3.2 In April 2021, all Northamptonshire Councils were abolished, and 2 new unitary councils were created (North Northamptonshire Council (NNC) and West Northamptonshire Council (WNC)). Several Public Health grant funded contracts were agreed to be jointly commissioned as part of this arrangement, and an agreement was reached as to a lead commissioner arrangement, with either NNC or WNC leading on the contract monitoring for an individual contract on behalf of both organisations. The host authority operated under a MoU arrangement, although financial accountability was still the responsibility of each organisation.
- 3.3 The Children and Young People contracts were due to come to an end on 31 March 2023. However, further executive approval was granted to extend the current arrangements for a further two years, so that the contracts will now end on 31 March 2025. This was to allow time for Needs Assessments to be conducted and detailed discussions to take place within NNC and WNC to ensure the best possible recommissioning of the services to start on 1 April 2025.

3.4 **Service Specific Details**

3.5 ***Service one: 0-19 Children and Young People Services.***

3.6 These services are provided by Northamptonshire Healthcare NHS Foundation Trust and include:

- Health Visiting,
- School Nursing,
- Infant Feeding,
- Home Visiting, and
- Young Parents services aged under 19 (up to 25 if special educational needs are present) providing mandated visits, assessments and clinical safeguarding services.

3.1 ***The Health Visiting Element***

3.2 This service supports families from the antenatal period up to school entry (0-5 years). It delivers 5 nationally mandated universal visits to the child and their family, but also further support/visits based on need. Mandated visits provided by health visiting services are:

- Antenatal health promoting contact and new birth visits
- New-born check (10-14 days)
- 6-8 weeks check
- 1-year check
- 2-2.5-year check

3.3 Each visit includes an assessment of critical development milestones. Trusted and expert advice is provided. If a family is assessed as vulnerable due to physical, mental, or social reasons, more support is available. The service includes specialist outreach teams that proactively engage with families in temporary housing, refuges, and also includes support for perinatal mental health, and breastfeeding. The mandated visits made by health visitors are critical for early identification of developmental delays which may indicate a child has an additional need or disability. These visits deliver interventions that can improve outcomes for those children and can also result in referrals to more specialist assessment and care. Children with additional health and social needs are transferred from the health visiting service to the school nursing service as they enter school. Health visitors and school nurses also contribute to Educational, Health and Care Plans (EHCPs).

3.4 **School Nursing Service Element**

3.5 This service supports children aged 5-19 (and up to 25 if there are any special educational needs) to improve their health and wellbeing. School nurses deliver the National Child Measurement Programme (NCMP) which is a nationally mandated assessment of the Body Mass Index (BMI) of children. This generates intelligence about children who are underweight or overweight/obese and offers further support as necessary. The assessments also identify children and families who would benefit from advice, information, or referral, including the involvement of safeguarding services if appropriate.

3.6 ***Infant feeding Service***

3.7 This service supports mothers to develop positive attitudes toward infant feeding and assists and supports mothers who wish to breastfeed.

3.8 ***Family Nurse Partnership service***

3.9 This service provides an intensive home visiting service for vulnerable young mums aged under 19 (or 25 in the case of children with SEND or disabilities). This will also include working with their families from pregnancy until the child is 2 years old. The Family Nurse Partnership service is a nationally licensed programme and is delivered as part of the 0-19 offer.

3.10 ***Service Two: Strong Start***

This is a 0-5 universal non-clinical early years childhood service that works across North and West Northamptonshire. The service is provided by WNC in-house services which are based in West Northamptonshire Council libraries but operate across North and West. It provides health information, training and employment services to assist children, parents and prospective parents and includes:

- safe sleep
- introducing children to solid food
- toilet training
- child behaviour
- child oral health
- child safety

3.11 ***Service Three: Northamptonshire Integrated Sexual Health Service and HIV Service (NISHH)***

3.12 Both NNC and WNC currently jointly have a contract in place with NHS England through a Section 75 arrangement for the delivery of the Integrated Sexual Health and Human Immunodeficiency Virus (HIV) Service. (Section 75 of the Health and Social Care Act 2012, allows local authorities and NHS bodies to pool resources or delegate certain NHS or local authority health related functions to the other partner.)

3.13 The current services are provided by Northamptonshire Healthcare NHS Foundation Trust (NHFT). This is an open-access service and includes:

- **Genitourinary Medicine (GUM) Services** which provide a comprehensive range of services relating to Sexually Transmitted Infections (STIs), their identification and management.
- **Long-Acting Reversible Contraception (LARC)** including the provision of coils and hormonal implants. This service is subcontracted to primary care. NHFT oversees the finance, clinical staff registration, and competencies to provide this service in a safe and effective way.
- **Emergency Hormonal Contraception (EHC)** is a service which is subcontracted via pharmacies to prevent unwanted pregnancies (also known as the morning-after pill).

- **HIV self-sampling.** Provides a service that sends out home testing kits and returns to identify HIV and onward advice and treatment.
- **HIV treatment and drug services** is currently paid for by NHS England and NHFT invoice NHS England directly for the drugs. The Block contract provides the screening for HIV.
- **Pre-Exposure Prophylaxis (PrEP)** forms part of a combination of HIV prevention alongside health promotion, behavioural support, and regular testing for high-risk groups. The service helps reduce the risk of getting HIV. PrEP works by stopping HIV from getting into your body, to prevent the acquisition and further transmission of the virus.

3.14 **Service Four: *REACH***

3.21 This is a Young People’s Counselling Service in Northamptonshire provided by a collaboration between different providers. This ‘Collaborative’ of Providers delivers services that build on people’s existing capabilities empowering young people to become active in taking charge of, and improving, their own and others’ wellbeing. The aim of the collaborative is to offer a single contact number, a single online booking system, and a referral management process offering all young people a choice of service delivery points. The service is offered to young people aged 11-19 (up to 25 if the young person has special educational needs and/or disabilities) if they are accessing education in mainstream state-funded schools or colleges. The support on offer includes the following:

- Digital offer – relevant help online
- Community offer- Providing young people with the opportunity to get support outside of the school environment but face-to-face.
- School-based offer – This could include counselling in schools, assessments, and referrals to Child and Adolescent Mental Health Services (CAMHS), where appropriate, and literacy programmes for young people, teachers, and parents.

3.22 **Oral Health Services**

3.23 Two commissioned services sit under the umbrella of oral health. These are the Oral Health Promotion Service and the Dental Epidemiology Survey. These contracts were for 24 months from 1 April 2022 – 31 March 2024. They will be extended by one year so that they end on 31 March 2025 and can then be commissioned to the same timescale as the other services.

3.24 **Service Five: The Northamptonshire Oral Health promotion service**

3.25 The Northamptonshire Oral Health Promotion Service is provided by NHFT, and focuses on the following services:

- A supervised tooth brushing (STB) programme across early years settings - targeting areas where children under 5 years are at greatest risk of poor dental health
- An Oral Health education, training, and support programme to the vulnerable children’s workforce and vulnerable adult workforce

- Work in partnership with local organisations and professional groups, including pharmacies, to promote national and local awareness-raising campaigns and target high-risk communities.

3.26 **Service Six: Dental Epidemiology Survey** is a National Dental Epidemiology Programme oral health survey that takes place annually. OHID has responsibility for coordinating these surveys in England as part of the National Dental Epidemiology Programme of annual surveys and works to BASCD standards, which helps to ensure the generalisability of the findings. Responsibility for commissioning the surveys lies with upper-tier local authorities, as set out in Statutory Instrument 3094 (2012). Local authorities that participate in this survey commission dental providers to undertake the fieldwork according to a national protocol.

4. **Financial Information**

This information is contained within Appendix 1 and in accordance with Paragraph 3 of Schedule 12A of the Local Government Act 1972, this information is exempt and the press and public may be excluded from the meeting if it is to be discussed.

5. **Issues and Choices**

5.1 Option appraisal is a crucial process in decision-making, especially in the commissioning of services. It enhances decision quality, reduces risks, optimises resource allocation, and ensures that the chosen option aligns with each authority's objectives and key decision-maker interests.

5.2 Options Appraisal for Recommissioning (Fig. 2)

Fig 2.

Commissioning Arrangements	Advantages	Disadvantages	Mitigations
<p>Jointly</p> <p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 49</p>	<ul style="list-style-type: none"> • Pooling of budget to share resources, funding, and expertise leading to more comprehensive and effective service. • Diverse perspectives and skills that lead to innovative solutions and a more holistic approach to addressing complex issues • Better co-ordination amongst various services, preventing gaps and overlaps and ensuring a seamless service and experience for service users. • Bring in efficiencies and effectiveness around the needs of CYP services on a county-wide level 	<ul style="list-style-type: none"> • Coverage will be on a wider Footprint (Northamptonshire) rather than specific local targeted areas. • Complex decision-making with key stakeholders potentially slowing down the process and increasing bureaucracy. • Compromising autonomy in decision-making can be difficult for entities operating collaboratively. 	<ul style="list-style-type: none"> • Whilst a wider footprint gives rise to better economies of scale and greater negotiating power of larger commissioning footprint. • Collaboration between stakeholders building trust and strong relationships supports effective and swift decision making.
<p>Separately</p>	<ul style="list-style-type: none"> • Each LA has the autonomy to make decisions independently, allowing flexibility in service design, delivery, and adaptation to meet needs. • Quicker response to emerging and changing needs. 	<ul style="list-style-type: none"> • Potential lack of efficiency, with reduced economies of scale • Increased financial budget, staffing cost • Increase duplication or gaps in services. 	<ul style="list-style-type: none"> • A competitive tender process should give rise to competitive pricing • Collaborative working with commissioners in NNC and WNC should minimize duplication

Commissioning Arrangements	Advantages	Disadvantages	Mitigations
<p style="writing-mode: vertical-rl; transform: rotate(180deg);">Page 50</p>	<ul style="list-style-type: none"> • Innovation and modernization lead the development of diverse service models and approaches to address various needs. • Localised and tailored service with local footprints to better meet localised population needs and target resources where it's needed the most. Service that's flexible to need and demand and uses local community assets/resources. • Better alignment of other services e.g., Family Hubs and youth offers being developed separately in North and West – these contracts are integral parts of the system that need to be joined up • More control over quality, costs, and deliverables 	<ul style="list-style-type: none"> • Lack of clarity – Services users may have become accustomed to the idea that services are identical across NNC and WNC 	<p>and eliminate the risk of gaps in services</p> <ul style="list-style-type: none"> • Clear communication around the service offer to residents. • Recharge model adding to specification to ensure that service users can freely use services between NNC and WNC. • Service specification to be built around the needs of the population – close working with WNC and NNC commissioners to ensure services are as similar as possible but meeting the needs of the population.

6.0 Recommendations

The Shared Services Joint Committee is recommended that:

- (i) For services described in this paper that are currently commissioned jointly by NNC and WNC, to continue to be commissioned in this way until 31 March 2025
- (ii) For joint commissioning arrangements to cease on 31 March 2025, with both NNC and WNC commissioning and procuring services independently from this point onwards.

6.1 Reasons for Recommendations:

- 6.2 The separate recommissioning of these services will ensure that the process meets the statutory duties of both NNC and WNC and provides an opportunity to improve and transform the current services and target more resources locally where they are needed, especially in those areas most in need.
- 6.3 Both NNC and WNC both have sufficient commissioning staff and time to increase market interest, by carrying out soft market testing creating competition, and opening up dialogue with current, new, and emerging providers through market engagement events. These may be different in NNC compared to WNC.
- 6.4 Commissioners will ensure that engagement and involvement of current service users, families, practitioners and providers are considered to develop the service model and pathway for Children and Young People services.
- 6.5 Commissioners will ensure that the Children and Young People services are better aligned with current services in different parts of Northamptonshire (e.g. integrated Family Hub ambitions (hub and spoke) and the youth offer).

7 Next Steps

- 7.1 This report will be presented to SSJC on 17th January 2024 to agree the disaggregation on the joint arrangement currently in place.
- 7.2 Commissioners will work with procurement to establish a procurement and commissioning timeline.
- 7.3 Commissioners will develop a wide range engagement and consultation plan.
- 7.4 Commissioners will develop task and finish groups/working group to develop and agree the service models that are fit for purpose on a local level.
- 7.5 Commissioners will recommission all six contracts to commence on 1st April 2025 through an open and competitive tendering process.
- 7.6 As part of the recommissioning process, commissioners may reduce the number of contracts contained within these separate contracts, for these services, offering a more robust, needs-led holistic, and responsive service model, that meets underserved (hard-to-reach) communities/neighbourhoods including the rural and disadvantaged communities that exist in NNC and WNC.

8 Implications (including financial/legal implications)

8.1 Resources, Financial, and Transformation

This report is seeking an initial decision regarding if the North and West contracts above Grand Total estimated annual value of £17.4m, North £8.5m West £8.9m (currently hosted by North) should now be contracted separately from 01/04/25. The funding for the above is currently all funded from the Public Health Grant funded by each local authority as set out under 4.1.

8.2 Four of the 6 contracts are fully funded by each Council's ringfenced Public Health Grant, and the current contract value reflects the budget allocated to each service in both Councils' public health budgets. The two Oral Health contracts are partly funded by ring-fenced grants received from Northamptonshire ICB, with the remainder funded by the respective Council's Public Health Grant.

8.3 Legal implications

8.4 The joint commissioning arrangement between NNC and WNC can continue until 31 March 2025. This complies with the Inter Authority Agreement between NNC and WNC dated 30 March 2021 which allows the joint commissioning arrangements.

8.5 Since the joint commissioning arrangement ends on 31 March 2025, NNC and WNC should engage the procurement team's as soon as reasonably possible to start working on the re-procurement of the services, to ensure that the services are procured in compliance with the Public Contract Regulations 2015 (as amended).

Risks

Fig.3

Risks	Mitigations	Residual Risk
Performance issues in current contracts	Service improvement is looking at key areas of performance to increase delivery this will take place to ensure service delivery and quality is maintained	Medium
Commissioning and procurement	The commissioners will pull together a working group to ensure the progress is on track and that the model is designed to take into account the findings from various needs analysis and outcomes of engagement with key stakeholders. To ensure the project is tabled at relevant governance boards to get approval to ensure the procurement processes start by February 2024 with a procurement timeline drafted.	Medium
The market is not vibrant enough	The intention is to engage with a wider market to stimulate interest and bring in new entrants.	Medium

9. Consultation

- 9.1 A children's needs analysis has been carried out to understand where the gaps in services are, which will support the recommissioning of the service model/pathways for children and young people services.
- 9.2 A sexual health needs assessment has also been carried out to inform sexual health service recommissioning.
- 9.3 This report will also be shared with the Children's Trust to gain their views.
- 9.4 Further consultation and engagement with users of services, practitioners' offices, and providers will form part of the recommissioning and remodelling process and working groups will be set up to take forward the service specification and model work.
- 9.5 As part of the re-modelling as well as commissioner-led work, there will be robust engagement with key stakeholders including residents/service users. Each service will undertake a service review to inform models and service provision. The CYP services review will support modelling and procurement.

10. Consideration by Executive Advisory Panel

- 10.1 Both NNC and WNC commissioners have engaged in prior discussion and engagement with elected members and have included their views and feedback within the report.
- 10.2 A Joint Executive Board meeting was also held on 20th December which also provided a further opportunity for review and feedback, and agreement to progress to Shared Services Joint Committee in early January 2024.

11. Equality Implications

- 11.1 These contracts will maintain service delivery consistent with the Equality Act 2010.

12. Climate and Environmental Impact

- 12.1 The Council will work with providers to ensure that support is offered in locations local to residents to minimise travel and reduce carbon footprint.

13. Community Impact

- 13.1 These services will maximise community impacts through local employment, apprenticeship, training, and development opportunities within primary care and community-based services to bring social value impact/economic growth where possible.

13.2 Background Papers

- None

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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Shared Services Joint Committee Wednesday, 17th January 2024

Report Title	Inter Authority Agreement – 2023 / 2024 Quarter 2 Performance Report
Report Author	Sarah Reed – Executive Director – Corporate, West Northamptonshire Council Report author: Philip Bavister – WNC Performance and Governance (<i>on behalf of West Northamptonshire and North Northamptonshire Councils</i>)
Executive Member	

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

List of Appendices

Appendix A – Draft IAA Quarterly Performance Report – Quarter 2 2023/24

1. Purpose of Report

- 1.1. To provide the Joint Officer Board with the draft quarter four performance report for services delivered via the Inter-Authority Agreement (IAA) arrangements between North Northamptonshire Council (NNC) and West Northamptonshire Council (WNC) (see section 8. Background Papers).

2. Executive Summary

- 2.1. This report provides Members an overview of performance for those services delivered via the Inter-Authority Agreement in place between North Northamptonshire Council and West Northamptonshire Council. The report covers the period between July and September 2023 inclusive (Quarter 2).

3. Recommendations

- 3.1. It is recommended that the Board:
- a) Note the Quarter 2 performance report shown in Appendix A.

4. Report Background

- 4.1. Performance indicators included in the report have been approved by the Shared Services Joint Committee as part of the development of IAA schedule 3 service plans.
- 4.2. Each agreed schedule 3 service plan includes a suite of performance indicators that will be used to measure the service delivered to the receiving authority by the providing authority.
- 4.3. On a quarterly basis a performance report will be produced to provide Members with assurance that services are being delivered in line with the previously agreed target measures. Where performance has not met agreed targets an overview of the reasons why, along with any mitigating actions taken, will be presented by a senior officer from the associated service.
- 4.4. Table 1, below, details the services which are included within the Quarter 2 performance report, split by providing authority.

Table 1: Services reported within the Q2 IAA Performance Report

Services provided by NNC to WNC:
<ul style="list-style-type: none">➤ Approved Mental Health Providers➤ Countywide Traveller Unit➤ Digital Infrastructure➤ Household Waste Recycling Centres➤ Learning and Development➤ Minerals and Waste Planning➤ Northamptonshire Archaeological Resource Centre➤ The Virtual School➤ Public Health Intelligence➤ Adult Learning

Services provided by WNC to NNC:

- | |
|--|
| <ul style="list-style-type: none">➤ Archives and Heritage, including Historic Environment Records and Portable Antiquities Scheme➤ Assistive Technology➤ Library Support Services➤ Streetlighting➤ Visual Impairment |
|--|

5. Issues and Choices

5.1. There are no issues or choices to consider.

6. Next Steps

6.1.1 None.

7. Implications (including financial implications)

7.1. Resources and Financial

7.1.1 Performance and Service area resources are required to produce the associated quarterly performance reporting, set out within this report. This is being delivered within existing resource across both West and North Northamptonshire Councils and there are no resources or financial implications arising from the proposals.

7.2. Legal and Governance

7.2.1 The Shared Service Joint Committee are responsible for “Reviewing the performance of the services and initiating additional/remedial action where appropriate”.

7.3. Relevant Policies and Plans

7.3.1. The Administrative Agreement between West Northamptonshire Council and North Northamptonshire Council for the Hosted / Lead Provision of Functions and Services between the two authorities dated 30 March 2021. A link to this document can be found in section 8.1 of this report.

7.4. Risk

7.4.1 There are no risks arising from the recommendations within this report.

7.5. Consultation

7.5.1 No consultation activity is required because of this report/activity.

7.6. Consideration by Executive Advisory Panel

7.6.1. No consideration by scrutiny has been requested.

7.7. Consideration by Scrutiny

7.7.1. No consideration by scrutiny has been requested.

7.8. Equality Implications

7.8.1. There are no equality implications associated with this report.

7.9. Climate Impact

7.9.1. There is no anticipated climate impact because of this report.

7.10. Community Impact

7.10.1 There is no anticipated community impact because of this report.

7.11. Crime and Disorder Impact

7.11.1. There is no anticipated crime and disorder impact because of this report.

8. Background Papers

8.1. Administrative Agreement -

<https://northnorthants.moderngov.co.uk/documents/s1068/7.%20Appx%20B%20-%20IAA%20and%20Schedules.pdf>

8.2. [Shared Services Joint Committee - Wednesday 15th December, 2021 2.00 pm](#) – Item 8 (Appendix C) -

<https://northnorthants.moderngov.co.uk/ieListDocuments.aspx?CId=152&MIId=498&Ver=4>

8.3. [Shared Services Joint Committee - Wednesday 23rd March, 2022 2.00 pm](#) – Item 7b (Appendix A) -

<https://northnorthants.moderngov.co.uk/ieListDocuments.aspx?CId=152&MIId=501&Ver=4>

8.4. **Shared Service Joint Committee, List of Meetings -**

<https://northnorthants.moderngov.co.uk/ieListMeetings.aspx?Committeed=152>

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**North
Northamptonshire
Council**



**West
Northamptonshire
Council**

Inter-Authority Agreements Quarterly Performance Report Quarter 2 2023/24 (July to September 2023)

Report collated on behalf of North Northamptonshire Council and West Northamptonshire Council by the WNC Performance and Governance team.

Introduction

This report provides an overview of performance for services delivered via Inter-Authority Agreements (IAA). This report covers the quarter 2 reporting period for 2023/24 (July to September 2023).

The report is split into two key sections:

Section 1: Performance information for services provided by North Northamptonshire Council to West Northamptonshire Council.

Section 2: Performance information for services provided by West Northamptonshire Council to North Northamptonshire Council.

The tables below outline the services for which Q2 performance information has been, or is due to be, reported:

Section 1: Services provided by North Northamptonshire Council to West Northamptonshire Council
Approved Mental Health Providers
Countywide Traveller Unit
Digital Infrastructure
Household Waste Recycling Centres
Learning and Development - partially disaggregated.
Minerals and Waste Planning
Northamptonshire Archaeological Resource Centre
The Virtual School
Public Health Intelligence
Adult Learning

Section 2: Services provided by West Northamptonshire Council to North Northamptonshire Council
Archives and Heritage (including Historic Environment Records and Portable Antiquities Service)
Assistive Technology
Library Support Services
Streetlighting
Visual Impairment



Section 1: Services provided by NNC to WNC



Q2 KPI overview - services provided by North Northamptonshire Council to West Northamptonshire Council

The table below provides an overview of the KPI outturns across ten NNC service areas who deliver services to WNC via an Inter-Authority Agreement. Of the 47 measures reported to date for Q2, 31 have met or exceeded target. In addition there were a further 16 measures that recorded no activity or were not due to be reported during quarter 2.

NNC Service Area	Outturn			No activity or Not due
	G	A	R	
Approved Mental Health Providers	3			2
Countywide Traveller Unit	3			
Digital Infrastructure	2			
Household Waste Recycling Centres	3			2
Learning and Development				4
Minerals and Waste Planning	2			1
Northamptonshire Archaeological Resource Centre	3			3
The Virtual School	3			1
Public Health Intelligence	7			1
Adult Learning	5			2
Total:	31	0	0	16

Approved Mental Health Professionals (AMHPs)

[Return to summary](#)

KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
KPI01	Completion of return to advise on the number of people subject to Section 7 guardianship	National/ Statutory	Annual	Return Submitted within timescale	N/A	N/A	N/A	N/A	N/A
AMHP1	Respond to referrals within 3 hours of receipt (and agree action plan with referrer)	Local	Quarterly	95%	98.9%	98.2%			
AMHP2	Provision of resource to fully staff the AMHP rota and ensure appropriate shift cover on a weekly basis	Local	Quarterly	23 Shifts Per Week	24.8 Shifts	25 Shifts			
AMHP3	Numbers of new AMHPs trained and warranted per year.	Local	Annual	4	N/A	N/A	N/A		
AMHP4	AMHP quarterly service review meeting to take place.	Local	Quarterly	Service Review Meeting Held	Not Held	Service Review Meeting Held			

Supporting commentary

KPI01 - NHS England has paused this data collection and it is being reviewed.

AMHP4 - Service review meeting held on 22nd September 2023.

Countywide Traveller Unit

[Return to summary](#)

KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn		
					Apr to Sept 2022	Oct 2022 to Mar 2023	YTD
NTU01	% of new encampments to be visited within one working day of notification; unless operational difficulties prevent this	Local	Six-monthly	95%	100%		
NTU02	% of enquiries dealt with a contact within 3 working days	Local	Six-monthly	90%	100%		
NTU03	Advise partner agencies of current encampment status on a weekly basis	Local	Six-monthly	95%	100%		

Supporting commentary:

NTU01 - 100% encampments were visited within 1 working day of notification (43 during first 6 months of 2023/24).
 NTU02 - 234 enquiries were responded to within 3 working days of receipt.
 NTU03 - 25 weekly encampment status reports were sent to partner agencies throughout the first 6 months of 2023/24.

Digital Infrastructure

[Return to summary](#)

KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
DI1	Overall Superfast Northamptonshire project (RAG) status as at end of quarter	Local	Quarterly	Green status	Green Status	Green Status			
DI2	A project update report on all Digital Infrastructure projects and activity (excluding Superfast Northamptonshire project) is provided to WNC within 20 working days from end of quarter	Local	Quarterly	Report provided	Report provided	Report provided			

Supporting commentary

The trajectory for full fibre and gigabit broadband coverage in Northamptonshire continues upwards. At the end of Q2, the availability of gigabit capable broadband infrastructure had reached 91.3% in West Northants, compared to 79% in England. West Northamptonshire also continues to perform strongly for full fibre broadband availability - this is the optimum broadband technology, capable of providing the fastest of broadband speeds. At the end of Q2 full fibre coverage had reached 88.2% of premises in West Northants, compared to 56.2% in England. Premises in West Northants impacted by the slowest of download broadband speeds (sub 2Mbps) stood at 0.1% compared to 0.21% for England. Options for these premises until other solutions are available include mobile broadband and satellite. Availability of superfast broadband (download speeds above 30Mbps) stood at 99.3% of premises in West Northants compared to 98% in England.

BDUK published its latest Project Gigabit Update in September (go to www.superfastnorthamptonshire.net to find out more). BDUK still expect to award the contract for Lot 12 (Northants, Milton Keynes and Bedfordshire) before Christmas. Lot 11 (Leicestershire and Warwickshire, including some northern parts of West Northants) is expected to be awarded by January 2024. How many of the premises in Lot 11 and Lot 12 which fall within West Northants is not published.

Telecoms network providers including Openreach and VirginMedia are continuing work across the UK to decommission the copper telephone network (Public Switched Telephone Network (PSTN)) - this is something happening across the world. The aim is to complete the move from analogue to digital networks by the end of 2025. For many with landlines, this will simply involve unplugging the lead from the back of your telephone and re-plugging it into the back of your broadband modem to receive voice services (Voice over Internet Protocol (VoIP)). However, equipment needs to be Internet Protocol (IP) compatible. The switch will also impact a wide range of other devices in the community and business, including healthcare pendants, emergency call buttons in lifts, some security and door entry systems, EPOS and CCTV for example - many will require new IP compatible devices or systems to be installed. VoIP will still work over any remaining copper telephone lines for those living in homes which don't benefit from a digital connection (fibre) and who still want or need a landline. To find out more about the PSTN switch off got to <https://www.ofcom.org.uk/phones-telecoms-and-internet/advice-for-consumers/future-of-landline-calls> or <https://www.futureofvoice.co.uk/>.

Source of coverage data www.ThinkBroadband.com

E-Scooter trial - Latest data for Q2 indicates over 107k users with 4.6m rides undertaken across Northampton since the start of the trial. Monthly online safety events available. Summer campaign to raise awareness of road users: <https://www.westnorthants.gov.uk/news/councils-and-police-urge-road-users-help-keep-each-other-safe-while-roads>.

Starship Delivery robot trial - trial continues to be a success. Delivery robots have served 210k households saving 21,000 kg Co2 since launch in Northamptonshire. Fleet size and geography remain unchanged from Q1 2023-24.

Household Waste Recycling Centres

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KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
HWRC1	% of payments made to Urbaser Ltd within agreed contractual timescales for services received	Local	Quarterly	100.00%	100%	100%			
HWRC2	Number of monthly contract monitoring meetings attended by relevant NNC representatives	Local	Annually	10	N/A	N/A	N/A		
HWRC3	Provision of the following key contractual information monthly: • Audit information (if required) • Monthly revenue financial forecasts • Contractual performance data.	Local	Monthly	Yes	Yes	Yes			
HWRC4	Provision of annual tonnage figures for the previous year by August to enable WNC to calculate the annual growth forecast figures by September of each year.	Local	Half Yearly	Forecast provided	N/A	Forecast provided	N/A	N/A	
HWRC5	Provide any required data for WNC Corporate performance dashboards by agreed dates	Local	Quarterly	Data provided within deadline	WNC now manages all its own data (HWRC data is checked by NNC Waste Performance Officer(HWRC)) and can provide own data for any dashboards from Waste Data Flow/local data				

Supporting commentary

HWRC5 - None Requested - WNC now manages all its own data (HWRC data is checked by NNC Waste Performance Officer(HWRC)) and can provide own data for any dashboards from Waste Data Flow/local data
May need to review this KPI as no longer relevant due to changes in IAA and data management.

Learning and Development

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KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
LD1	Completion and submission of Individualised Learner Record (ILR) return for WNC	National	Quarterly	ILR submitted	ILR submitted	Not Reported			
LD2	Apprenticeship Public Sector Target	National	Annual (Q4)	2.3%	N/A	N/A	N/A		
LD3	Annual Apprenticeships self-assessment report and quality improvement plan produced and submitted to Ofsted	National	Annual	Report and Plan submitted	Report and Plan submitted	N/A		N/A	
LD5	% of WNC apprentices that start qualification who go onto successfully complete	Local	Quarterly	75%	100.0%				

Supporting commentary

LD4 & 6 - These indicators are no longer reported as this area has now disaggregated.

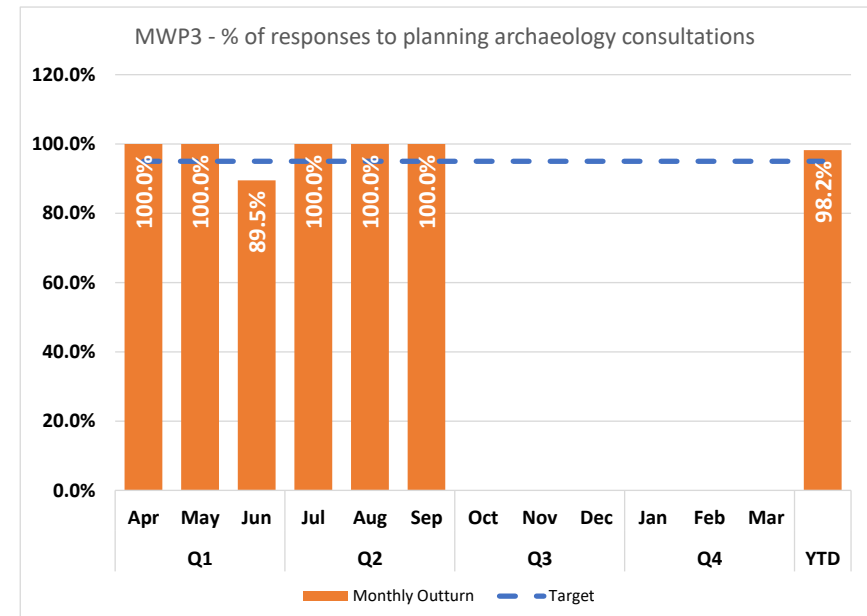
Minerals and Waste Planning

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KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
MWP1	% of County Matter planning decisions made within required timescales	Local	Quarterly	95%	100%	100%			
MWP2	% of responses made in relation to Duty to Co-operate matters with other minerals and waste planning authorities within time period requested	Local	Quarterly	95%	100%	None Requested			
MWP3	% of responses to planning archaeology consultations from the area planning offices of NNC/WNC within timescales	Local	Quarterly	95%	96%	100%			

Supporting commentary:

MWP1 - 3 County Matter planning decisions were made during the second quarter.
MWP2 - During quarter 2 no Duty to Co-operate with other minerals and waste planning authorities were requested.
MWP3 - During quarter 2 67 responses to planning archaeology consultations from the area planning offices of NNC/WNC were made, all 67 of these were made within agreed timescales giving a quarterly outturn of 100%.



Northamptonshire Archaeological Resource Centre (ARC)

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KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
ARC1	Standards associated with ACE Museum Accreditation Scheme (applicable from the date of joining the Scheme)	Local	Quarterly	ACE standards met	<i>ARC as CHE has not yet applied for ACE Museum Accreditation. Likely will be in 2023. However, ARC is following ACE standards for loans/accessions/storage.</i>				N/A
ARC2	Provision of a report to WNC detailing the number of visits to the ARC split by: 1. Academic visits, and 2. Other visits	Local	Quarterly	Report provided to WNC	Report provided to WNC				
ARC3	Provision of a report to WNC on the number of new accessions	Local	Quarterly	Report provided to WNC	Report provided to WNC	Report provided to WNC			
ARC4	Provision of a report to WNC indicating the number of total archive boxes in the ARC identified by origin	Local	Quarterly	Report provided to WNC	Report provided to WNC	Report provided to WNC			
ARC5	An annual survey to capture user net satisfaction with service (5-point scale)	Local	Annual	TBD	<i>Initial survey to be conducted in 2022/23 as benchmark. The satisfaction scale to be used will range from very satisfied to very dissatisfied.</i>				
ARC6	An annual survey to capture user perception of VfM of service (5-point scale)	Local	Annual	TBD	<i>Initial survey to be conducted in 2022/23 as benchmark. The satisfaction scale to be used will range from very satisfied to very dissatisfied.</i>				

Supporting commentary:

ARC1: The wider Chester House Estate has not submitted an application to the ACE Museum Accreditation Scheme. This is expected to take place in the second half of the 23/24 financial year. The ARC however is following ACE standards in its documentation etc.

ARC2: 4,727 total visits during quarter 2.

ARC3: 38 sites accessioned, 251 boxes during quarter 2.

The Virtual School

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KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
VS1	Number of Learning, Skills and Education performance scorecards produced and presented to the Director of Children's Services and their Senior Leadership Team on a monthly basis	Local	Termly	3 per term	3	3			
VS2	Provision of relevant information to NCT to facilitate the completion of the Corporate parenting performance scorecard which is produced and presented to the Corporate Parenting Board on a bi-monthly basis	Local	Quarterly	Bi monthly CPB performance report produced and presented	Bi monthly CPB performance report produced and presented	Bi monthly CPB performance report produced and presented			
VS3	A Virtual School Head Annual Report is produced and presented at WNC Senior Leadership Team and the joint Corporate Parenting Board and published on the Virtual School website within agreed timescales.	Local	Annual (February)	Annual report produced and published	N/A	N/A	N/A		
VS4	Performance updates are presented to the Virtual School Advisory Panel (VSAP) on a termly basis and made available to the Corporate Parenting Board.	Local	Termly	Performance updates presented	Performance updates presented	Performance updates presented			

Supporting commentary:

VS4 - Meeting scheduled for 12th October 2023.

Public Health Intelligence

KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
PHI-1	Statutory return submitted for Health Checks dataset	National	Quarterly	Data return fully submitted within OHID deadline	Data return fully submitted within OHID deadline	Data return fully submitted within OHID deadline			
PHI02	Statutory return submitted for National Childhood Measurement Programme dataset	National	Annual Q2	Data return fully submitted within OHID deadline		Data return fully submitted within OHID deadline			
PHI03	Statutory return submitted for Early Years (Health Visitor) dataset	National	Quarterly	Data return fully submitted within OHID deadline		Not Reported			
PHI04	Statutory return submitted for Adult Weight Management dataset	National	Quarterly	Data return fully submitted within OHID deadline	Data return fully submitted within OHID deadline	Data return fully submitted within OHID deadline			
PHI05	Agreed data and information for inclusion within the Public Health section of the corporate performance report for North and West is provided on monthly basis within agreed timescales.	Local	Quarterly	All data provided within agreed deadlines	All data provided within agreed deadlines	All data provided within agreed deadlines			
PHI06	Quarterly data and intelligence reports to support the development of the Joint Strategic Needs Assessment (JSNA) are completed in line with the JSNA annual work plan.	Local	Quarterly	All planned quarterly data and intelligence reports produced within agreed timescales	All planned quarterly data and intelligence reports produced within agreed timescales	All planned quarterly data and intelligence reports produced within agreed timescales			
PHI07	Performance information and supporting data is collated and provided on a quarterly basis to support the preparation of the Director of Public Health's annual health report	Local	Quarterly	All planned quarterly information and data provided on a quarterly basis (as per agreed plan)	All planned quarterly information and data provided on a quarterly basis (as per agreed plan)	All planned quarterly information and data provided on a quarterly basis (as per agreed plan)			
PHI08	All agreed performance dashboards and other required reports are produced and provided to relevant forums in line with the agreed quarterly work plan	Local	Bi annual	All dashboards or reports are produced in line with agreed quarterly work plan	All dashboards or reports are produced in line with agreed quarterly work plan	All dashboards or reports are produced in line with agreed quarterly work plan			

Supporting commentary:

PHI03 - Submission window for this has only just opened from October 16th to 24th November. Also, this submission is now 6 monthly rather than quarterly so the current submission is for Q1 and Q2 2023/24.

PHI06 - NNC and WNC are currently in the process of redeveloping new JSNA's independently. Work is ongoing to support the development of these with provision of data and intelligence.

Adult Learning

KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
AL01	ompletion and submission of ILR record (ILR) to ESFA on a monthly basis	National	Monthly	ILR return submitted	ILR return submitted	ILR return submitted			
AL02	Self-Assessment report (SAR) produced and submitted to OFSTED within the required timescale	National	Annual Q3	Report produced and submitted to OFSTED within timescale					
AL03	A Performance Board is held on a termly basis to provide oversight of NNC delivery of Apprenticeship training and the Adult Learning Service.	Local	Termly	Meeting Held	Meeting Held	Meeting Held			
AL04	An Adult Learning performance report (which includes data dashboard) is produced and presented to Performance Board three times a year	Local	3 times a year	Report produced and circulate	Report Produced	Report Produced			
AL05	An Adult Learning strategy (underpinned by ESFA contract and aligned to Public Health outcomes) is developed for both authorities and approved by Performance Board.	Local	Annual	Strategy developed and approved by Performance Board					
AL06	% of learners who achieve qualification for accredited courses funded by ESFA skills funding allocation	Local	Annual	75.00%	94.0%	82.0%			
AL07	OFSTED rating for regulated provision to be at least 'Good'.	Local	Annual (through SAR)	Maintain at least Good rating	Good	Good			

Supporting commentary:

AL03 - Performance review board planned for Friday 29th Sept. Updates on strategy, outcomes and finance expected.

AL04 - Data produced ready for circulation to the board. ALS is amending the reporting structure to make for easier accountability and challenge. New reports will be live for Q3 onwards.

AL05 - Produced and reported to board. Reviewing layout for start of academic year 23/24.

AL06 - Please note: percentage data above is based on current in year retention and therefore best case scenario. Expected to decline in Q2 when exam results are published with target still above the 75%. Total learner numbers is consecutive. Data review taking place ready for Q3 so data reporting may change but will be more accurate.



Section 2: Services provided by WNC to NNC



Q2 KPI overview - services provided by West Northamptonshire Council to North Northamptonshire Council

The table below provides an overview of the KPI outturns across five WNC service areas who deliver services to NNC via an Inter-Authority Agreement. Further details for these measures can be found by viewing the service specific page within the report. Of the 19 measures reported for Q2, all 19 have met or exceeded target. In addition there were a further 12 measures that recorded no activity or were not due to be reported during quarter 2.

Service	Outturn			No activity or Not due
	G	A	R	
Archives and Heritage (including PAS and HER)	2			7
Assistive Technology	5			
Libraries Support Services	3			3
Streetlighting	6			2
Visual Impairment	3			0
Total:	19	0	0	12

Archives and Heritage (including Historic Environment Records and Portable Antiquities Service)

[Return to summary](#)

KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn					
					Q1	Q2	Q3	Q4	YTD	
AH1	Accredited status with The National Archives	National	To be reported in 2023	Accredited	<i>To be reported in 2023 following application to The National Archives</i>					N/A
AH2	Provision of a report to NNC detailing quarterly activity, including: 1. Number of visits to County Archive 2. Number of enquiries responded to 3. Number of website hits 4. Number of outstanding TNA/HE recommendations	Local	Quarterly	Report provided to NNC	Not Reported - See Notes	Not Reported - See Notes				
AH3	An annual survey to capture user net satisfaction with service (5-point scale)	Local	Annual	Survey completed	N/A	N/A	N/A			
AH4	An annual survey to capture user perception of VfM of service (5-point scale)	Local	Annual	Survey completed	N/A	N/A	N/A			
PAS1	Compliance with PAS MOU with the British Museum	Local	Annual (Q4)	Full compliance	N/A	N/A	N/A			
PAS2	Number of Finds 'Surgeries' and outreach events held across the year (Countywide).	Local	Annual (Q4)	10 per annum	11					
HER1	Historic England audit status	National	Quarterly	Satisfactory audit status	Next Audit due 2024					
HER2	Percentage of commercial and non-commercial enquiries processed promptly (within 10 working days)	Local	Quarterly	95%	100%	100%				
HER3	To ensure all grey literature is included on the HER database promptly (within three months)	Local	Quarterly	95%	100%	100%				

Supporting commentary

AH1 - Staff sickness and gaps in staffing caused by a key member of staff going on maternity leave have further delayed progress with the application. However, the Conservation Officer has been able to complete a full conservation assessment of a sample of the collections, from which meaningful data can be extracted. Work has also been done on disaster planning and preparedness which are things that the assessment team would be looking for on any inspection visit.

AH2 - The service was able to put on a good offer for visitors on Heritage Open weekend. Numbers were limited, as tours behind the scenes were offered, but those who attended said they found it very interesting and informative.

PAS2 - 9 surgeries were held in this quarter.

HER1 - A key part of the audit is the expectation that the HER should be able to demonstrate that it is planning for the future. The key change for local authorities is that the provision of an HER will become a statutory obligation as part of the Levelling Up and Regeneration bill, expected to become law in the spring. The relevant professionals will draft a briefing note in the next quarter. This service is well prepared in having already met HE audit requirements and having just appointed an assistant role to provide extra capacity to undertake whatever extra responsibilities may result.

HER2 - All the enquiries received are processed within ten working days.

Assistive Technology

[Return to summary](#)

KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
AT1	Average response time (working days) to standard referrals received	Local	Quarterly	7 working days	0.9 days	0.1 days			
AT2	Average response time (working days) to urgent referrals received	Local	Quarterly	2 working days	0.1 days	0.03 days			
AT3	Number of referrals to be processed by assistive technology team (excluding customer contact centre) which are open as at quarter end	Local	Quarterly	<150	34	11			
AT4	Provision of a quarterly service performance report to be presented at a quarterly review meeting. <ul style="list-style-type: none"> • Number of installations completed • Number of people supported by AT rentals • Establishment review and any proposed changes. • Policy and procedure changes. 	Local	Quarterly	Quarterly report provided	Quarterly report provided	Quarterly report provided			
AT5	Number of services users awaiting Adult Social care Lifeline response utilization (Social care response)	Local	Quarterly	Zero	Zero	Zero			

Supporting commentary

Library Support Services

[Return to summary](#)

KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
LIB01	Annual CIPFA return completed and submitted for North Northamptonshire Local Authority area within required timescale (31st July)	National	Annual (Q2)	Return submitted	N/A	Return submitted	N/A	N/A	
LIB02	% of book stock deliveries completed against planned schedule	Local	Quarterly	95%	100%	100%			
LIB03	Number of Northamptonshire BIPC interventions supported	Local	Annual (Q4)	170	26	35			
LIB04	Number of new businesses started with support from the BICP Northamptonshire	Local	Annual (Q4)	25	2	3			
LIB05	Number of sessions/activities/ workshops accessible in the North Northamptonshire area	Local	Annual (Q4)	60	26	23			
LIB06	% of annual SLA Reviews completed for each Community Managed Library (within NNC area)	Local	Quarterly	100%	None Reported	100%			

Supporting commentary

LIB03 - The new UKSPF Build your business programme launched in September and we will see a large up turn in interventions across the coming weeks of Q3. We are confident that we will achieve the annual target. Take up of BIPC services is always seasonal.

LIB04 - This is a seasonal indicator. We have just launched the UKSPF funded programme. The majority of new businesses always fall in Q3 & 4.

LIB05 - We are well on track to exceed the targeted number as the bulk of the Build your Business delivery is happening in Q3 & 4

LIB06 - All SLA reviews carried out, remaining ones due in Q3 and scheduled with Community Managed Libraries.

Streetlighting

[Return to summary](#)

KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn				
					Q1	Q2	Q3	Q4	YTD
SL1	% of payments made to Connect Roads within contractual timescales for services received	Local	Quarterly	100.00%	100%	100%			
SL2	Number of monthly contract monitoring meetings attended by relevant WNC representatives	Local	Quarterly	3 per quarter	3	3			
SL3	Quarterly Network Board meeting attended by relevant WNC representatives	Local	Quarterly	Quarterly meeting attended	Quarterly meeting attended	Quarterly meeting attended			
SL4	Provision of key contractual information within required timescales: Audit information (as required) / Monthly revenue financial forecasts / Annual growth forecasts	Local	Quarterly	Provided	Provided	Provided			
SL5	Provision of an updated asset register on an annual basis to inform charging for the next financial year	Local	Annual	Asset register provided	N/A	N/A	N/A		
SL6	Reports on the average length of time for lamp repair in North Northamptonshire	Local	Quarterly	5 days	1.4 days	1.4 days			
SL7	Reports on the number of occasions on which lighting points are not in light during the Lighting Up Period in North Northamptonshire (excluding intentionally switched-off lights)	Local	Quarterly	N/A - for info	180	180			
SL8	Percentage of lights in Light during the Lighting Up Period in North Northamptonshire	Local	Quarterly	99%	99.7%	99.7%			

Supporting commentary

Visual Impairment

[Return to summary](#)

KPI ID	KPI	National or Local KPI	Reporting Frequency	KPI Target	2023/24 Performance Outturn			
					April to September		October to March	YTD
VI01	% of Certified Visually impaired receivers added to the visual impairment register once user consent received	National	Six-monthly	100%	100%			
VI02	% of referrals responded to within agreed timescales (5 working days)	Local	Quarterly	90%	100%	100%		
VI03	Visual Impairment quarterly service review meeting to take place	Local	Quarterly	Service review meeting held	Service review meeting held	Service review meeting held		

[Supporting commentary](#)

Report collated on behalf of North Northamptonshire Council and West Northamptonshire Council by the WNC Performance and Governance team.

