

Public Document Pack



Meeting: Health Scrutiny Committee
Date: Tuesday 9th January, 2024
Time: 7.00 pm
Venue: Council Chamber, Corby Cube, George Street, Corby, Northants, NN17 1QG

The meeting will be available for the public to view live at our Democratic Services' YouTube channel:

<https://www.youtube.com/c/DemocraticServicesNorthNorthantsCouncil>

To members of the Health Scrutiny Committee

Councillor Charlie Best (Vice-Chair), Councillor Graham Lawman, Councillor Scott Brown, Councillor Jon-Paul Carr, Councillor Bert Jackson, Councillor Anne Lee, Councillor Dorothy Maxwell, Councillor Zoe McGhee and Councillor King Lawal

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Adele Wylie, Monitoring Officer
North Northamptonshire Council



Proper Officer
22nd December 2023

This agenda has been published by Democratic Services.

Committee Administrator: Raj Sohal

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Minutes of a meeting of the Health Scrutiny Committee

Held at 7.00 pm on Tuesday 14th November, 2023 in the Council Chamber, Corby Cube, George Street, Corby, Northants, NN17 1QG

Present:-

Members

Councillor Graham Lawman (Chair)
Councillor Scott Brown
Councillor Jon-Paul Carr
Councillor Bert Jackson

Councillor Charlie Best
Councillor Anne Lee
Councillor Dorothy Maxwell
Councillor Zoe McGhee

Officers

Jane Bethea
Caroline Goulding
Matthew Jenkins
Trevor Shipman
Jayne Skippen

Director of Public Health
Head of Primary Care Services
Assistant Director – Commissioning and Performance
KGH – Vice-Chair/Senior Independent Director
KGH – Director of Nursing, Midwifery and Allied
Health Professionals
Head of Democratic Services
Democratic Services Officer
KGH – Chief Finance Officer

14 Apologies for Absence

No apologies were received.

15 Members' Declarations of Interest

No declarations were made.

16 Notification of requests to address the meeting

No requests were received.

17 Minutes of the meeting held on 12 September 2023

RESOLVED that: The minutes of the meeting held on the 12th September 2023 be approved as an accurate record.

18 Kettering General Hospital Annual Report

The Committee considered a report by representatives from Kettering General Hospital (KGH), outlining its annual report for 2022/23.

During discussion, the principal points were noted:

- Members queried whether an issue of capacity existed for KGH, regarding the significant population growth within Kettering.
- Members queried why KGH's system plan was not aligned with NHS England's bed occupancy target of 93%.
- Members expressed concern regarding the 31-day waiting time for first treatment.
- Regarding the staff vacancy rate of 11.7%, members queried what could be done to increase recruitment.
- One member queried whether the representatives believed that KGH's buildings were to the correct standard to deliver healthcare services.
- Members requested information regarding KGH's group plans and collaborative working.
- Members queried what KGH's budget deficit was at the time of meeting.

In response, the representatives from Kettering General Hospital clarified that:

- Four beds had been closed since Decemeber 2022, due to safety reasons. KGH had looked at its Pediatric Assessment Unit to determine how children may be assessed in a different way, rather than be placed in hospital beds. Opportunities for virtual appointments and to work more closely with primary care also existed.
- The primary challenge regarding bed occupancy existed around discharging complex patients from hospital and capacity issues.
- The rate of vacancies at the time of meeting was as follows: registered nurses - 9.87% (135 full time equivalents), healthcare assistants - 10.93% (74 FTEs), midwives - 15% (24 FTEs). The vacancy rate had improved significantly and staff recruitment was viewed at strong.
- KGH was able to accommodate all procedures it delivered on-site. The most important factor was to ensure that the correct clinical staff were in place to deliver services. The hospital was dependent on national funding to rebuild/refurbish its buildings.
- In 2020/21, KGH and Northampton General Hospital began talks regarding collaborative working as two separate legal entities. 'Fragile' services had been identified to determine how different system models may be implemented to improve these services. An 'academic strategy' was employed to support staff in order to enable them to continue with research and education around providing care.
- KGH had experienced financial challenges as a result of the COVID-19 pandemic, as well as costs of industrial action. The deficit position was in the process of being re-forecasted following the month six period. Work was being carried out alongside system partners to determine the most effective way to

manage the deficit, while maintaining patient safety and access to urgent emergency care.

RESOLVED that: The report be noted.

19 Dentistry Availability and Performance (Verbal Update)

The Committee considered a presentation by the Head of Primary Care Services (East Midlands ICBs), which provided information regarding NHS primary care dental services within North Northamptonshire.

During discussion, the principal points were noted:

- Members queried whether work had been carried out to determine why a disparity existed regarding children with abscesses between North and West Northamptonshire.
- Members queried whether issues remained regarding access to dental services for children in care under the provision of the Northamptonshire Children's Trust (NCT).
- Members queried whether issues of social class impacted rates of tooth decay and how this situation could be improved.
- Members queried how the access rate of 22% listed in the report compared with the national average, as well as that of the wider East Midlands region.
- Members acknowledged that several dentists within North Northamptonshire had returned their NHS contracts and queried what could be done to increase NHS provision. One member expressed concern that overall oral health could decline as a result of the cost-of-living crisis and a lack of NHS capacity to deliver dental services.

In response, the Head of Primary Care Services clarified that:

- 2.2% of children in North Northamptonshire had experienced issues with abscesses and ulceration, whereas this figure was 1.3% in West Northamptonshire. Nevertheless, this remained lower than the national average. Work was being carried out through the needs assessment to further decrease this number.
- Task and finish groups had been established across the East Midlands to assess services and ensure that looked-after children had clear and easy access to dental care.
- A correlation existed between rates of tooth decay and social class and deprivation. Detailed analysis and mapping was carried out at ward level to determine which areas experienced higher levels of tooth decay in children.
- The national rate of access to dental services was 23.96% therefore, North Northamptonshire was below the national average. Nevertheless, the position was comparable to the average of the wider East Midlands region.

- Residents were able to locate their nearest NHS providers through the 'find my NHS dentist' mechanism. Other local authorities had utilised their legislative position to write to central government to articulate the challenges their constituents experienced in accessing NHS dental services.

RESOLVED that: The report be noted.

20 Close of Meeting

The Chair thanked the Committee for their attendance and closed the meeting at 9:10pm.

The next meeting of the Health Scrutiny Committee would be held on the 9th January 2024.

Kettering New Hospital Programme

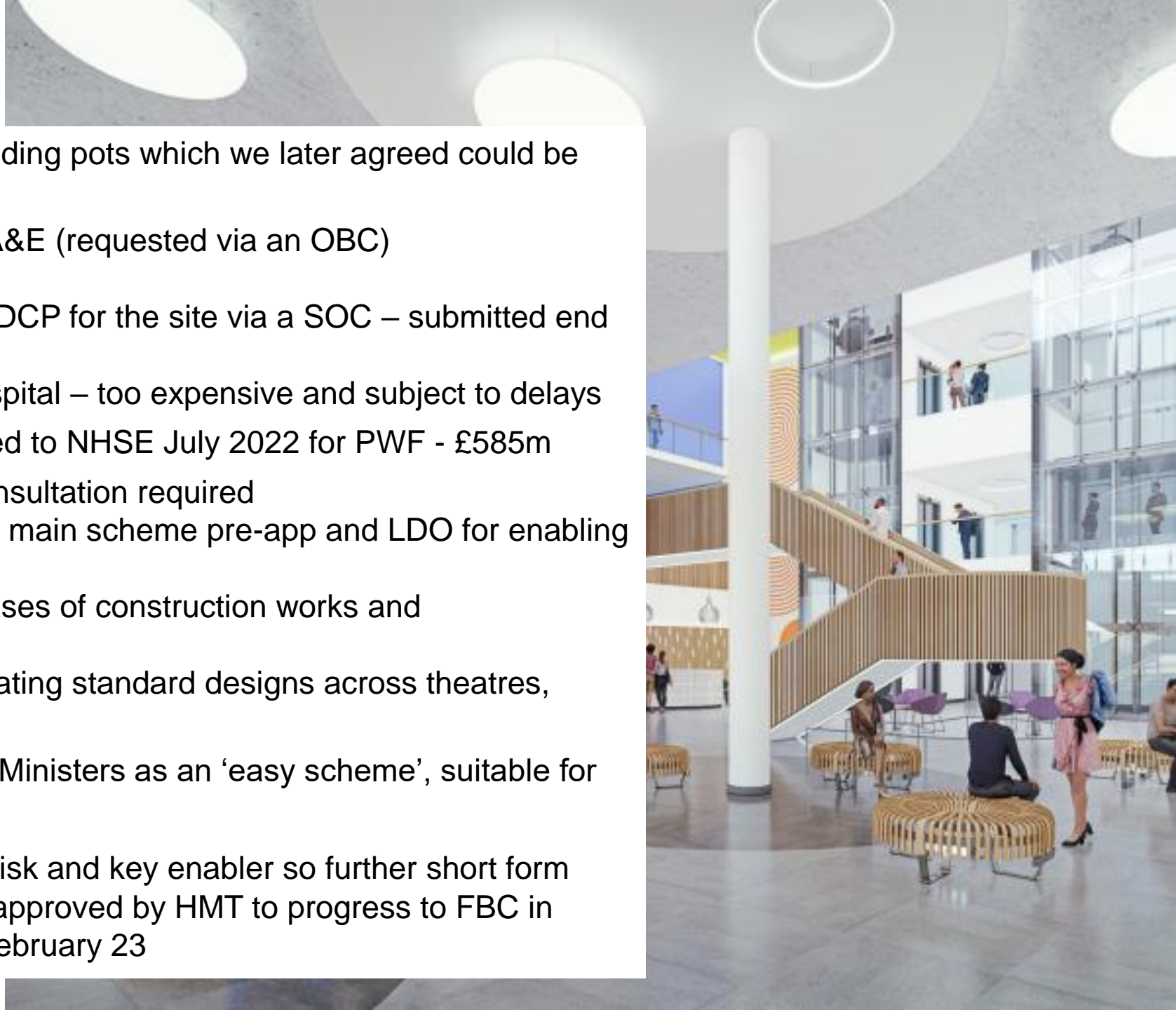
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Agenda Item 6

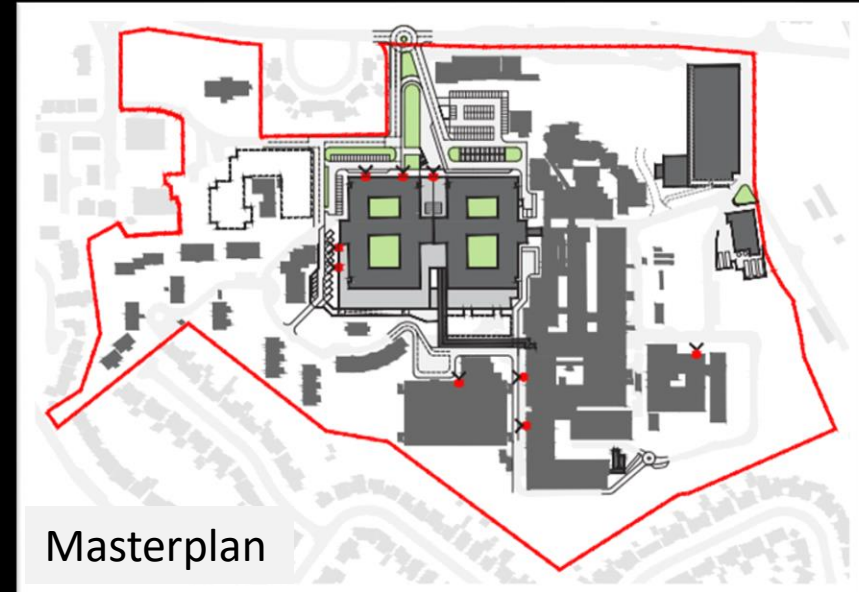
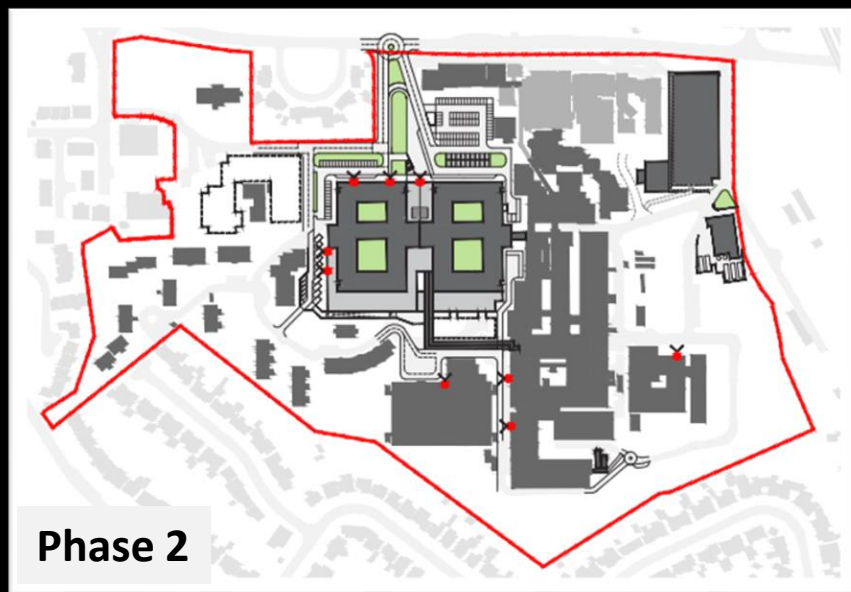
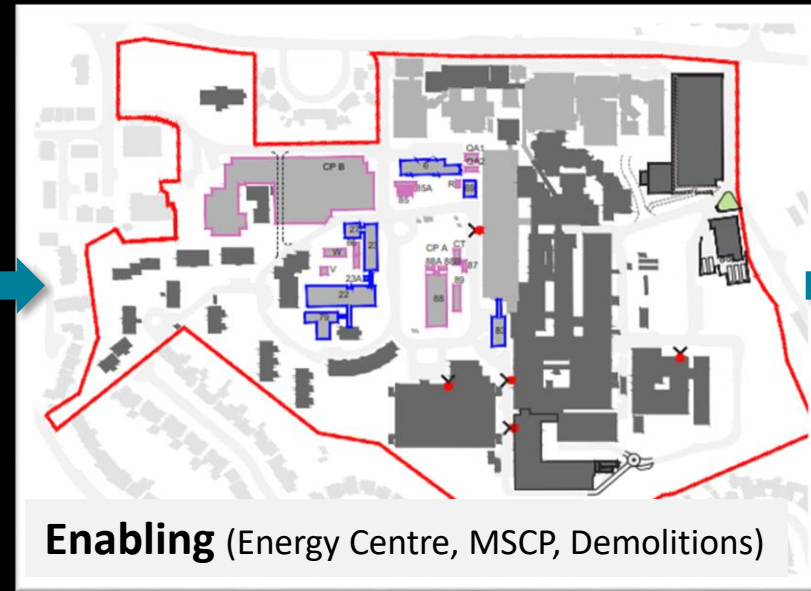


Background

- KGH announced in Oct 19 for two funding pots which we later agreed could be merged:
 - STP wave 4b - £49m for a new A&E (requested via an OBC)
 - HIP2 - £350m (
- Early 2020 started a Masterplan and DCP for the site via a SOC – submitted end 2020.
- Ruled out a greenfield whole new hospital – too expensive and subject to delays
- OBC (RIBA stage 2 designs) submitted to NHSE July 2022 for PWF - £585m
 - No land acquisition or public consultation required
 - Local planning support in place; main scheme pre-app and LDO for enabling works
 - Can be delivered in defined phases of construction works and decant/demolition
 - Large opportunities for incorporating standard designs across theatres, wards and critical care
- Consistently recognised by NHP and Ministers as an ‘easy scheme’, suitable for regular annual slippage
- Energy Infrastructure known as high risk and key enabler so further short form business case submitted for £38m – approved by HMT to progress to FBC in October 22 – funding only received February 23



An overview of the Kettering Scheme



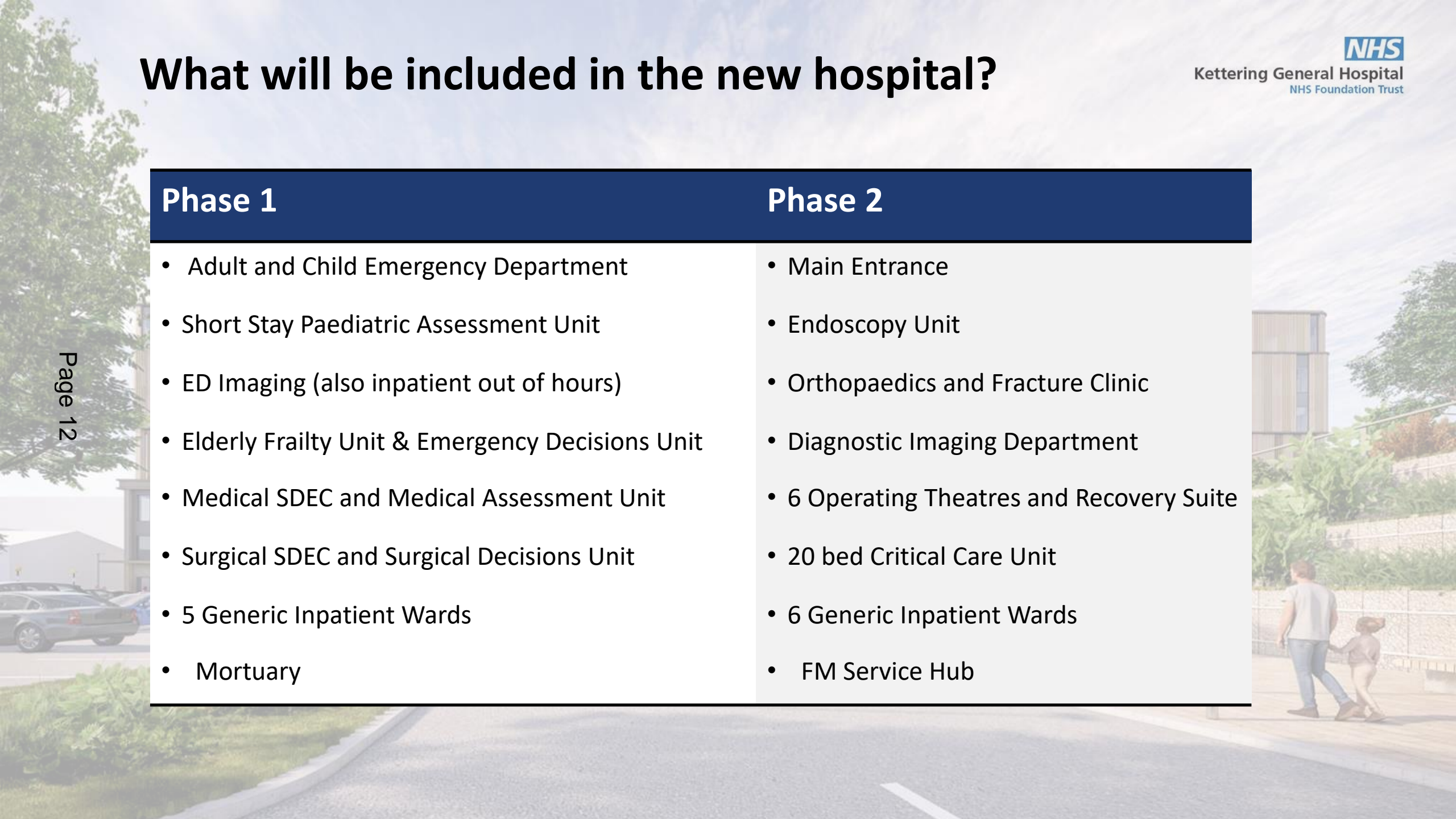
What will be included in the new hospital?

Phase 1

- Adult and Child Emergency Department
- Short Stay Paediatric Assessment Unit
- ED Imaging (also inpatient out of hours)
- Elderly Frailty Unit & Emergency Decisions Unit
- Medical SDEC and Medical Assessment Unit
- Surgical SDEC and Surgical Decisions Unit
- 5 Generic Inpatient Wards
- Mortuary

Phase 2

- Main Entrance
- Endoscopy Unit
- Orthopaedics and Fracture Clinic
- Diagnostic Imaging Department
- 6 Operating Theatres and Recovery Suite
- 20 bed Critical Care Unit
- 6 Generic Inpatient Wards
- FM Service Hub





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Where are we now...

- **Energy Infrastructure**

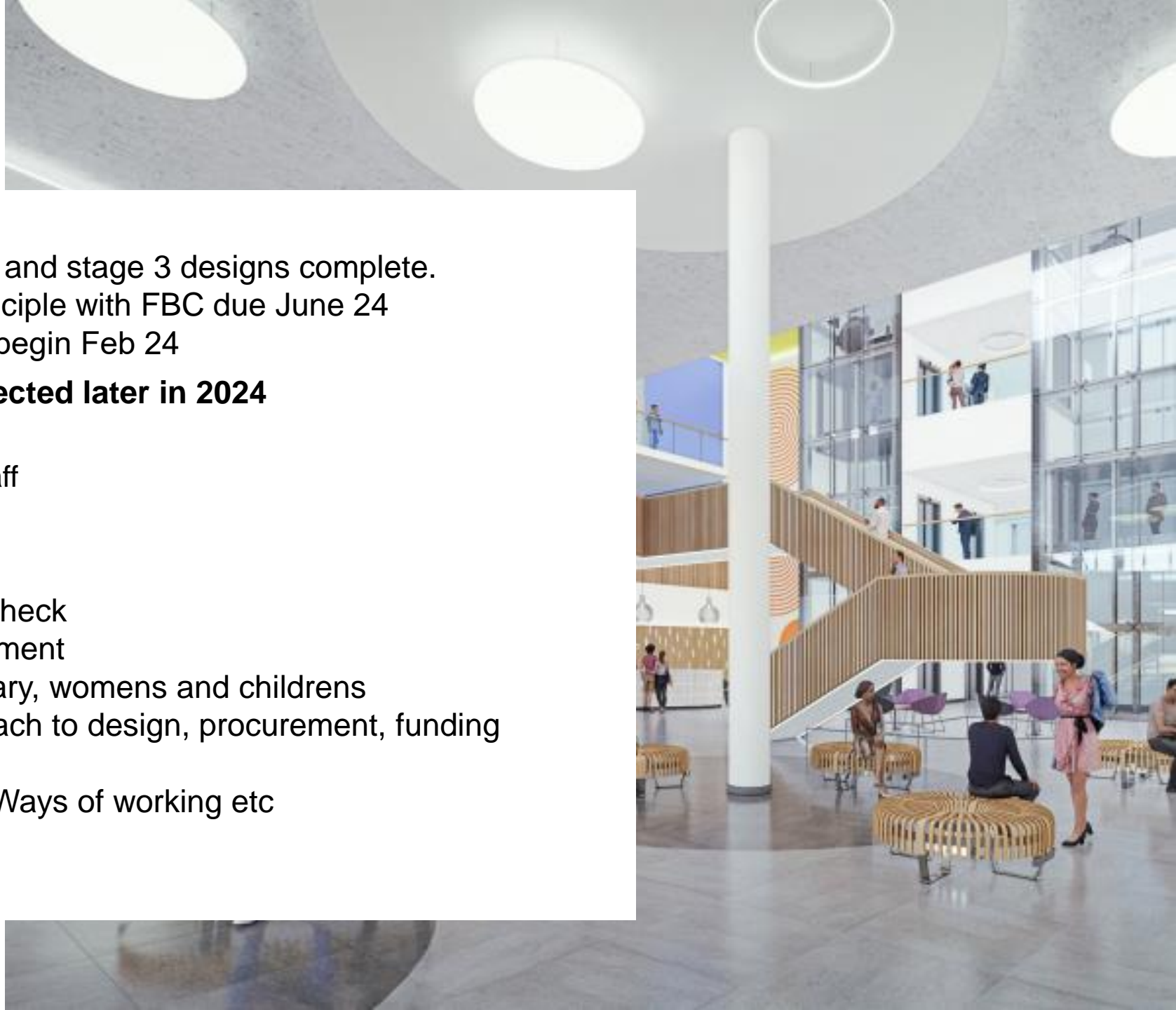
- Construction partner now in place and stage 3 designs complete.
- £49m investment approved in principle with FBC due June 24
- But....work on electrical intake to begin Feb 24

- **Other key enablers – approvals expected later in 2024**

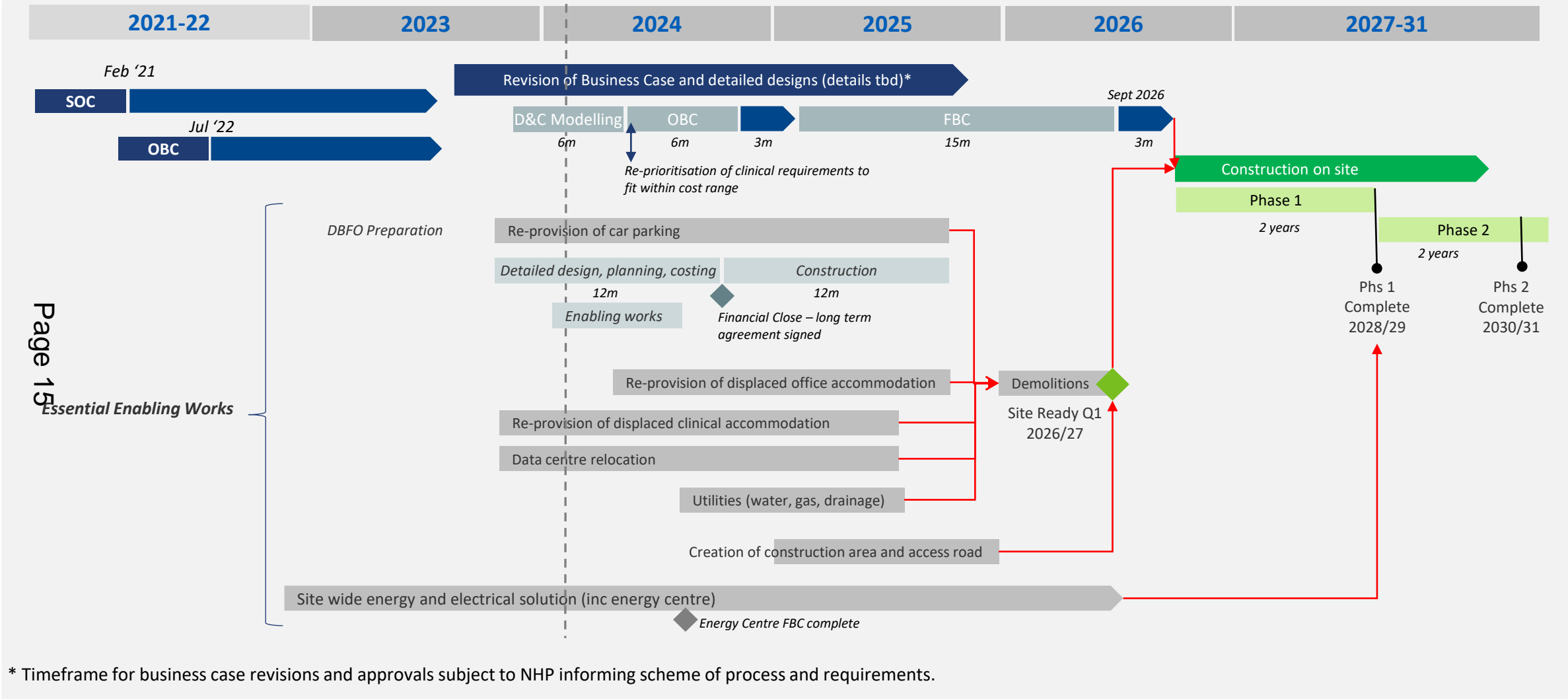
- Multi-Storey carpark
- Moving some services and office staff
- Demolition of corporate buildings

- **Main Scheme:**

- Demand and capacity modelling/check
- Organisational Readiness assessment
- Clinical re-prioritisation incl.mortuary, womens and childrens
- Working within the national approach to design, procurement, funding envelopes etc.
- Internal Transformation – Digital, Ways of working etc
- Interim carparking and wayfinding
- Earliest build start 2026



High Level Timeline

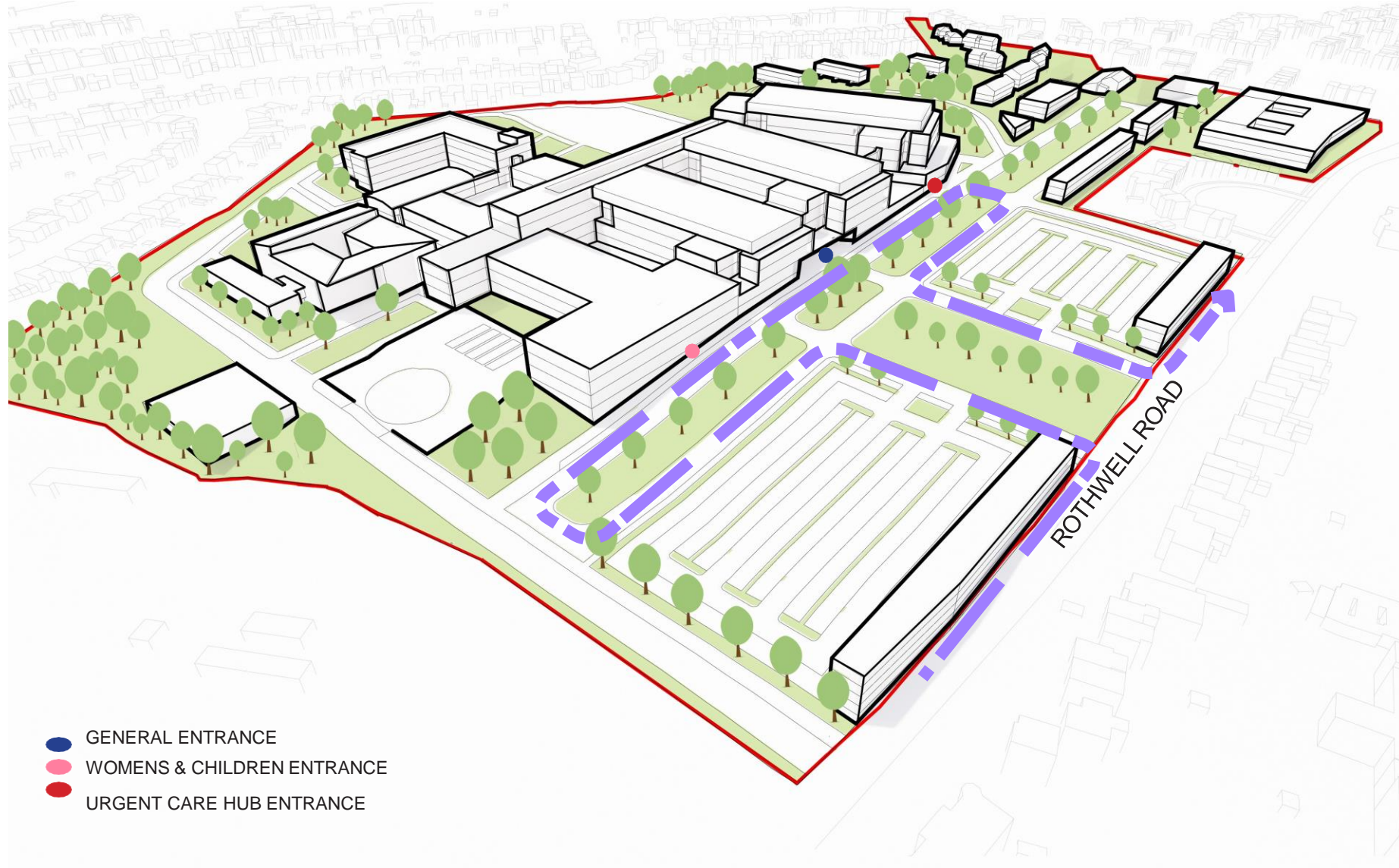


* Timeframe for business case revisions and approvals subject to NHP informing scheme of process and requirements.

Essential Enabling Works:

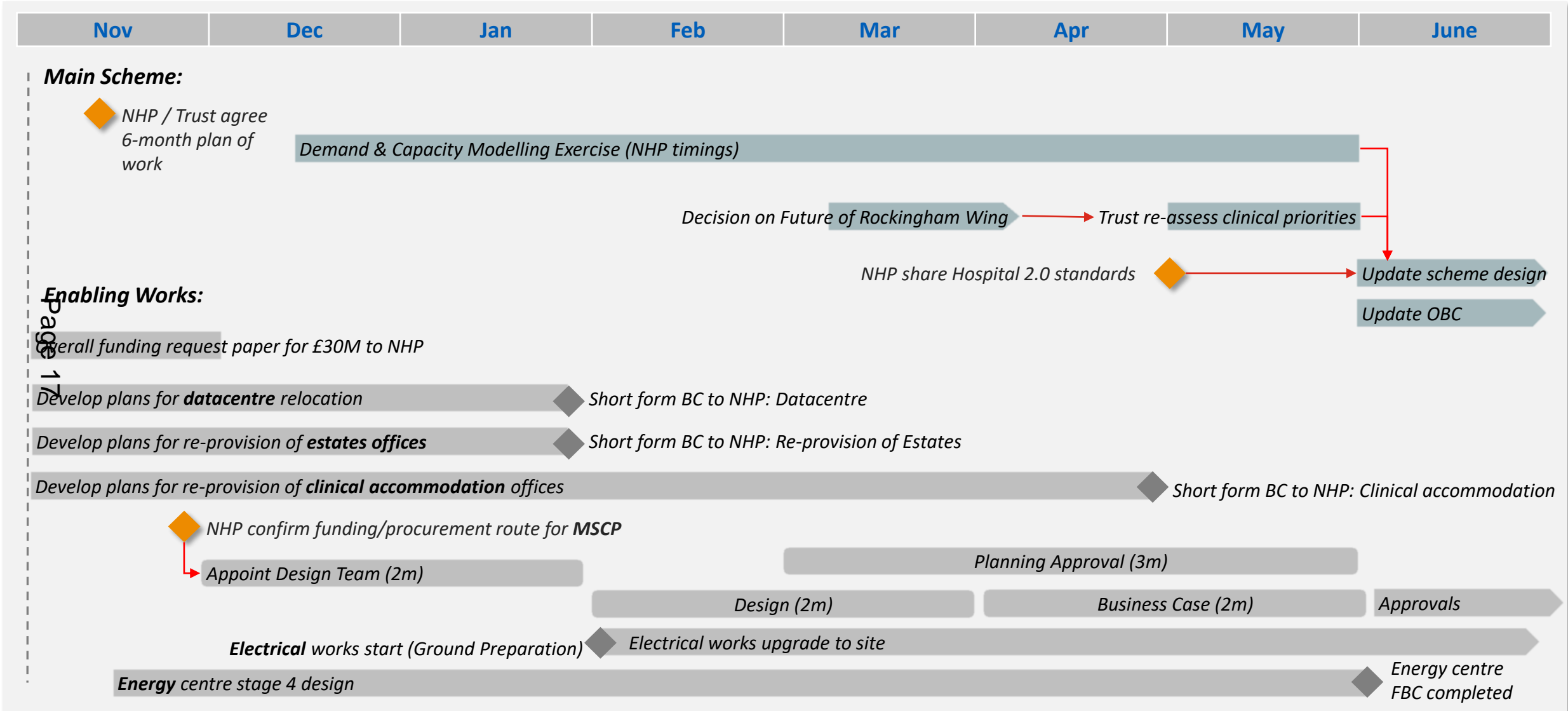
Single stage cases being prepared with expected completion Jan '24

Proposed 3D Massing



- GENERAL ENTRANCE
- WOMENS & CHILDREN ENTRANCE
- URGENT CARE HUB ENTRANCE

6-Month Timeline



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North Northamptonshire Health and Wellbeing Board

5th December 2023

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

List of Appendices

Appendix A – October LAP Priorities

Appendix B – North Place Delivery Board Developmental Workshop

1. Purpose of Report

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

2. Executive Summary

2.1 A New Sense of Place

Local Area Partnerships (LAPS)

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

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

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

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

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

Wellingborough West – Insufficient Access to Affordable Household Essentials

Kettering Rural – Anxiety as a Barrier in Accessing Available Services

Wellingborough East – Navigating Substance Misuse Support

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

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

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

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

Appendix A provides more detail on the October LAP priorities

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

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

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

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

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

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

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

Support North Northants (SNN)

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

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

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

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

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

3. Recommendations

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

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

4. Report Background

4.1 The North Place Development, overseen by the North Health and Wellbeing Board, is a key component of the ICS operating model which will support the delivery of the strategic ambitions and improvement outcomes required in the Live Your Best Life strategy.

4.2 At the heart of this model are our communities and the services that indirectly influence health and care improvements through the development of the Local Area Partnerships (LAPs) and Community Wellbeing Forums (CWFs).

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

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

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

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

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

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

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

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

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

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

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

Rothwell Youth Club has been funded and established.

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

Kettering Urban Youth engagement steering group established.

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

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

Wellingborough West - Insufficient Access to Affordable Household Essentials

Kettering Rural - Anxiety as a Barrier in Accessing Available Services

Wellingborough East - Navigating Substance Misuse Support

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

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

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

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

Appendix A provides more detail on the October LAP priorities.

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

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

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

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

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

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

The headlines from the North Place Delivery Board workshop include:

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



4.5 Support North Northants (SNN)

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

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

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

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

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

5. Recommendations

It is recommended that the North Health and Wellbeing Board:

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

6. Issues and Choices

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

7. Next Steps

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

8. Implications (including financial implications)

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

8.1 Resources, Financial and Transformation

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

9. Legal

There are currently no legal implications

10. Risk

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

11. Consultation

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

12. Consideration by Scrutiny

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

13. Climate and Environment Impact

There are currently no identified climate or environmental implications.

14. Community Impact

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

15. Background Papers

None.

LOCAL AREA PARTNERSHIP MEETING SUMMARY OCTOBER 2023

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A NEW *sense*
OF PLACE

NORTH NORTHAMPTONSHIRE

northplacedevelopment@northnorthants.gov.uk

Integrated Care
Northamptonshire



Appendix

Local Area Partnerships: Summary

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

Executive Summary

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

Ambition	Outcome	Ambition	Outcome
The best start in life	<ul style="list-style-type: none"> Women are healthy and well during and after pregnancy. All children grow and develop well so they are ready and equipped to start school. 	Connected to their families and friends	<ul style="list-style-type: none"> People feel well connected to family, friends and their community Connections are helped by public transport and technology.
Access to the best available education and learning	<ul style="list-style-type: none"> Education settings are good and inclusive and children and young people, including those with special needs, perform well. Adults have access to learning opportunities which support them with work and life skills. 	The chance for a fresh start, when things go wrong	<ul style="list-style-type: none"> Ex-offenders and homeless people are helped back into society. People have good access to support for addictive behaviour and take it up.
Opportunity to be fit, well and independent	<ul style="list-style-type: none"> Children and adults are healthy and active and enjoy good mental health. People experience less ill-health and disability due to lung and heart diseases. 	Access to health and social care when they need it	<ul style="list-style-type: none"> People can access NHS services and personal and social care when they need to. People are supported to live at home for as long as possible and only spend time in hospital to meet medical needs. Services to prevent illness (e.g. health checks, screening and vaccines) are good, easy to access and well used.
Employment that keeps them and their families out of poverty	<ul style="list-style-type: none"> More adults are employed and receive a 'living wage'. Adults and families take up benefits they are entitled to. 	To be accepted and valued simply for who they are	<ul style="list-style-type: none"> People are treated with dignity and respect, especially at times of greatest need like at the end of their lives. Diversity is celebrated. People feel they are a valued part of their community and are not isolated or lonely.
Good housing in places which are clean and green	<ul style="list-style-type: none"> Good access to affordable, safe, quality accommodation and security of tenure. The local environment is clean and green with lower carbon emissions. 		
To feel safe in their homes and when out and about	<ul style="list-style-type: none"> People are safe in their homes, on public transport and in public places. Children and young people are safe and protected from harm. 		

Wellingborough West

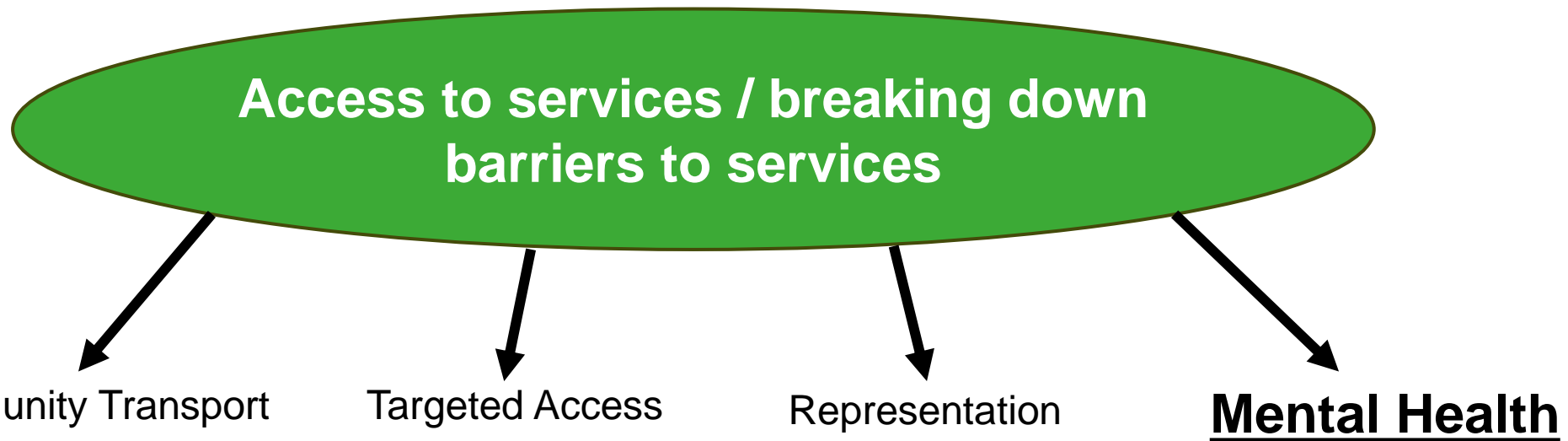
26th September, Ecton Village Hall

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

Kettering Rural

26th September, Rothwell Community Centre

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



Wellingborough East

27th September, Finedon Community Centre

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

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

Themes highlighted included:

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

Kettering Urban

28th September, Crescents Community Centre

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

Priority received a vote:

Access to Services

East Northants North

2nd October, Fotheringhay Village Hall

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

Corby

3rd October, Cornerstone Methodist Church

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

East Northants South

4th October, Irthlingborough Community Centre

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

Forthcoming LAP Dates

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

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NORTH PLACE DEVELOPMENT WORKSHOP NOVEMBER 2023

A NEW *sense*
OF PLACE

Integrated Care
Northamptonshire



PART A

FUNCTION OF THE NORTH PLACE BOARD

- LOOKING BACK
- LOOKING FORWARD

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A NEW *sense*
OF PLACE

Integrated Care
Northamptonshire



NN Place Development Workshop

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

Learning. What unlocked progress:

- Some truths about **asset based community** work
- Some truths about **place and system maturity**

Page 42 Changed **leadership behaviours/approaches** enabled

Page 42 Reflect, learn, act. **A monitoring, evaluation and learning framework/approach** at the heart which is linked and shows change is happening

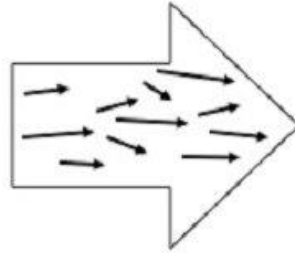
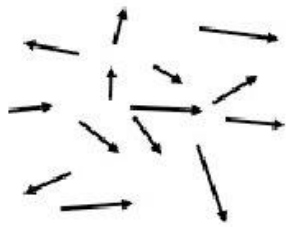
A personal leadership perspective:



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

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



‘progress moves at the speed of trust’

‘the process we use to get to the future determines the future we get’

‘real change takes place in real work.’

PART B

DEVELOPMENT NORTH PLACE MATURITY MATRIX

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A NEW *sense*
OF PLACE

Integrated Care
Northamptonshire



Introduction and background

What are we doing?

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

Why are we doing it?

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

Introduction and background

Aim for today

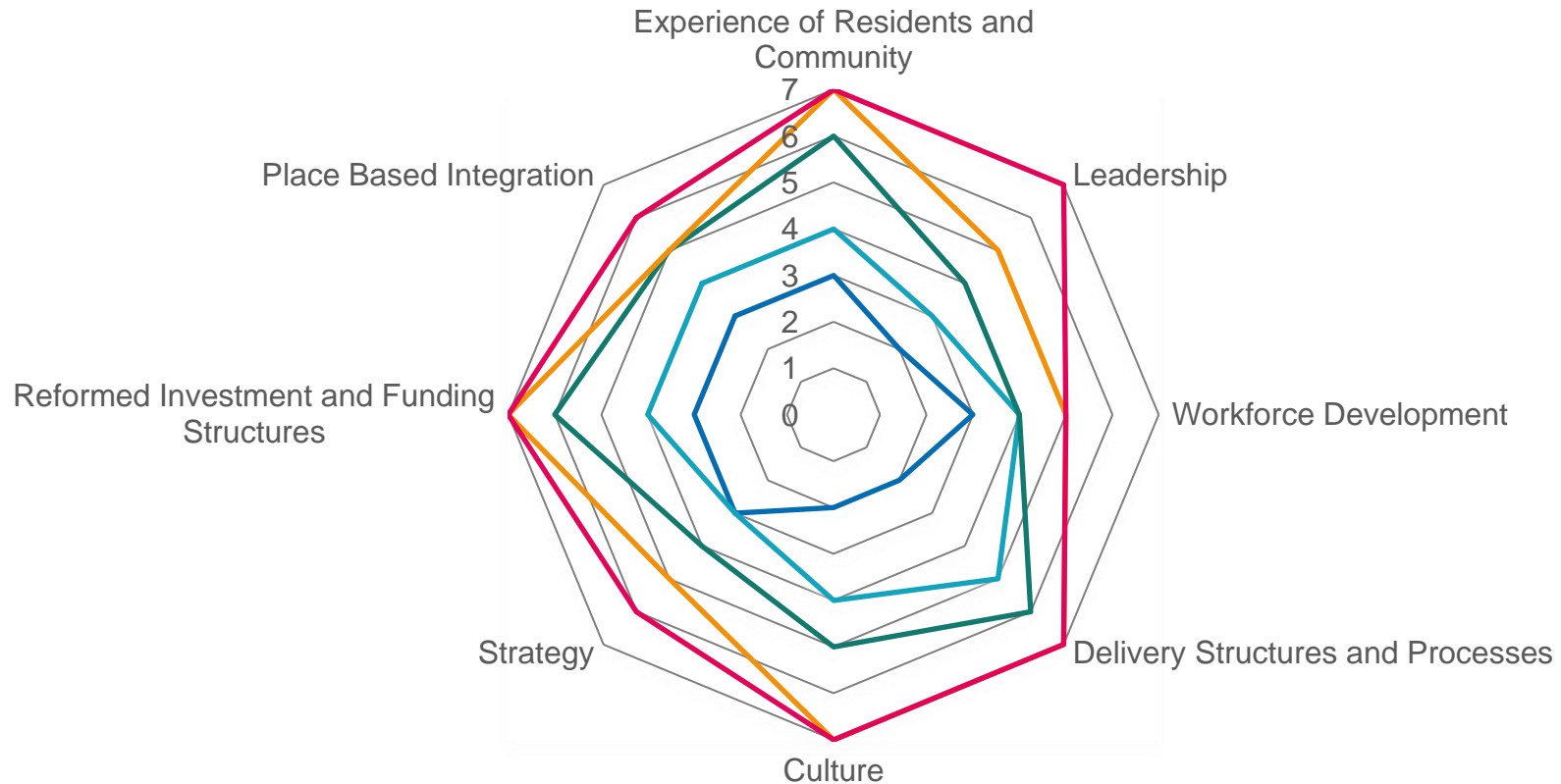
- To explore and agree what we are measuring/tracking at three levels in broad terms. The specific focus today will be the Place Board maturity.
- We may also agree what we *will not* be tracking.

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The three levels in scope:

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

Radar Diagram 1: PLACE Board

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



Radar Diagram 1: PLACE Board

Using ICN branding colours to display responses over the period (0 – 7 scale)

Radar Diagram 1: PLACE Board

Experience of Residents and Community

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

Leadership

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

Workforce Development

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

Delivery Structures and Processes

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

Radar Diagram 1: PLACE Board

Culture

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

Strategy

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

Reformed Investment and Funding Structures

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

Place Based Integration

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

Workshop Session

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

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

Feedback highlights of your discussion

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Agenda Item 8



EXECUTIVE 18th January 2024

Report Title	Specialist Drug and Alcohol Treatment Services for individuals rough sleeping or at risk of rough sleeping
Report Author	Suzanne Jackson, Housing Policy and Performance Manager Suzanne.jackson@northnorthants.gov.uk Amina Begum, Head of Public Health Commissioning Amina.begum@northnorthants.gov.uk
Lead Member	Cllr Helen Harrison, Executive Member Adults, Health, and Wellbeing

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

Contributors/Checkers/Approvers

Approver	Officer Name	Date Officer Approved Report
North MO	Adele Wylie	CLT – 24/10/23
North S151	Janice Gotts	CLT – 24/10/23
Other Director/SME	Jane Bethea	CLT – 24/10/23
Portfolio Holder (Pre-Briefing Sign-off)	Cllr Helen Harrison	12/10/23

List of Appendices

Appendix A – Proposed model of the new Drug and Alcohol Service in North Northamptonshire

Appendix B – Rough sleeping data for North Northamptonshire

Appendix C – Northamptonshire Combatting Drugs Partnership High Level Draft Action Plan 2023/24

1. Purpose of Report

- 1.1. To agree the use of North Northamptonshire Council (NNC) Public Health Reserves to fund activities up to £600,000 for specialist drug and alcohol treatment services for people rough sleeping or at risk of rough sleeping until 31st March 2026.

2. Executive Summary

- 2.1 In December 2020 extra help was made available for individuals sleeping rough with drug and alcohol dependency by the Office for Health Improvement and Disparities (OHID). The Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG) was made available to local areas to implement evidence-based drug and alcohol treatment and wrap around support for people sleeping rough or at risk of sleeping rough, including those with co-occurring mental health needs.
- 2.2 In the absence of the RSDATG in North Northamptonshire Council, the Director of Public Health has proposed to fund similar activity through the Council's Public Health Reserves up to £600,000 to underpin evidence-based drug and alcohol treatment for people sleeping rough including wrap around specialist outreach support.

3. Recommendations

- 3.1 It is recommended that the Executive:
 - a) Approve the use of the Council's Public Health Reserves in the absence of a Rough Sleeping Drug and Alcohol Treatment Grant (RSDATG), to fund activities and new roles up to £600,000 to underpin Rough Sleeping Drug and Alcohol Treatment services.
- 3.2 Reasons for Recommendations:
 - Approval will allow the Public Health Team and Housing Team to develop an evidence-based support service for individuals rough sleeping or at risk of rough sleeping with drug and alcohol dependency in North Northamptonshire. The funding will prevent significant harm and risk of death amongst people

sleeping rough and the findings will be used to establish the new service model for 2026 when the drug and alcohol service will be recommissioned.

3.3 Alternative Option Considered:

- Decline the use of Public Health Reserves to provide evidence-based drug and alcohol treatment and specialist wrap around support for people sleeping rough or at risk of sleeping rough, including those with co-occurring mental health needs.

4. Report Background

- 4.1 The purpose of RSDATG grant is to support local areas to implement evidence-based drug and alcohol treatment and wrap around support for people, including those with mental health and/or past traumas to be addressed by the service to achieve an improved impact of the service delivery.
- 4.2 The RSDATG was designed to enable specialist roles, interventions, and pathways to be developed in conjunction with Rough Sleeping Teams by supporting individuals sleeping rough or at risk of sleeping rough to engage in drug and alcohol treatment and maintain this support and as result achieve better outcomes for vulnerable individuals.
- 4.3 Currently the Council does not have dedicated specialist treatment support for individuals sleeping rough with drug and alcohol dependency in North Northamptonshire. The Director of Public Health has proposed to fund activity through Public Health Reserves up to £600,000 to underpin new additional support activity to address this gap in the rough sleeping pathway.
- 4.4 The new service will also enable the Council to gather an evidence base on the needs of the rough sleeping population locally and prepare and use the findings to fund the new service model for 2026 when the drug and alcohol service will be recommissioned.
- 4.5 The development of the proposed service model in Appendix A and budget management associated with this will be led by the Council Housing Team with professional advice and support from the Public Health Team. The model has been designed taking on learning from the services established in other areas and will complement existing activities funded by the Department for Levelling Up, Housing and Communities (DLUHC) through the Rough Sleeping Initiative (RSI) in North Northamptonshire.
- 4.6 The service will be underpinned by effective multi-agency partnership working with partners learning from each other and sharing challenges when they arise. Along with working towards the same goal of delivering an inclusive service for those who are in the highest need locally. All the new funded roles will be additional capacity dedicated to this cohort and it is proposed the roles remain within the lead partner organisation for the specialist support to retain professional supervision and appropriate access to services.

- 4.7 The new outreach service aims to deliver robust and crucial wraparound support for vulnerable groups out in the community, which will help get individuals into treatment faster and build clear and stronger links between existing services. The new service will work directly with the Council's well-established Rough Sleeping Team who conduct assertive outreach day and night and provide in reach support to individuals affected by rough sleeping who are being supported in accommodation.
- 4.8 The rough sleeping baseline data provided in Appendix B evidences the need for these additional specialist roles to help reduce the current barriers faced and gaps in the pathway. A significant number of individuals experiencing rough sleeping have complex support needs so through a new holistic service designed to increase engagement and support this will aim to achieve better outcomes for vulnerable individuals in North Northamptonshire.
- 4.9 The data highlights the local need with 52% of the individuals engaged and supported by the Council's Rough Sleeping Team during the whole of 2022/23 had drug / alcohol support needs, and 35% suffered with their mental health. This high level of support needs of individuals being supported continues to be seen throughout 2023/24.
- 4.10 In addition the Council are required by DLUHC to monitor a Target Priority Group (TPG) who are individuals that have been sleeping rough in two or more years out of the last three, or in two or more months out of the last twelve. Since April 2023, the Rough Sleeping Team have identified 33 individuals that meet these criteria. All of which are not working with services to meet their support needs or infrequently engaging and therefore highlighting the need to take the services out in to the community to make a significant difference to service delivery.
- 4.11 The service will be targeted, and person centred, placing the individual at the forefront of the service and will promote equality of access for those who have often not received an effective service in the past due to their circumstances and level of engagement. The prevention and early intervention will help to improve the quality of life for individuals affected by rough sleeping and help to move them away from a life on the streets.
- 4.12 Once the new service is embedded and making a difference to lives of individuals on the streets or people at risk of rough sleeping, the service will focus on upstream prevention and look at how the service can support people before they get to crisis point to try and make rough sleeping rare, brief, and non-recurring across North Northamptonshire.

5. Issues and Choices

- 5.1 Use of Reserve funding in this way meets the conditions for the Public Health Grant.

- 5.2 This cohort of people is one of the most vulnerable in society and providing additional support and intervention may prevent significant harm and risk of death. It will also help to impact other areas including reducing crime, stopping the revolving door, and reducing the number of people being supported in crisis and will also achieve savings and reduce pressures within other areas of the system including local Health Services.
- 5.3 The proposed project is in line with the National Drug and Alcohol Strategy: From Harm to Hope (2021) which is a ten-year plan to cut crime and save lives by delivering high quality treatment and recovery systems to break the cycle of addiction.
- 5.4 The proposed project also aligns to the Northamptonshire Combating Drug Partnership high level strategy 2023/24 and the high-level action can be found at **Appendix C**.

6. Next Steps

- 6.1. The Public Health Team and Housing Team will set up a multi-agency project steering group. This will be established to develop an evidence-based service model utilising existing sector learning, guidance, and best practice and to monitor service delivery and outcomes.
- 6.2. The Public Health Team will work with the Housing Team to ensure that the necessary evaluation process is established, and learning is embedded in the future service model and contract.
- 6.3. Regular steering group meetings will be held with all organisations supporting the model to monitor service delivery and ensure any issues or barriers experienced can be addressed together when needed.

7. Implications (including financial implications)

7.1. Resources, Financial and Transformation

- 7.1.1. Public Health reserves will be used to fund this project of £300,000 in 2024/25 and £300,000 during 2025/26. These funds are available within the overall public health grant reserves and will not impact on the Council's baseline budget.
- 7.1.2. The project is to cover roles in North Northamptonshire area only and will be funded as per the following table:

Funding	2023/24	2024/25	2025/2026
NNC Public Health Reserves	N/A	£300,000	£300,000
DLUHC Rough Sleeping Initiative	£41,200	£42,400	N/A
TOTAL	£41,200	£342,400	£300,000

7.1.3. Additional funding has been secured through the Rough Sleeping Initiative Government grant funding to cover mental health roles initially and these will aim to be introduced in the last quarter of 2023/24 with the remainder of the roles to begin in April 2024.

7.1.4 The Public Health and Housing Team will work to ensure that there is a sufficient exit strategy in place for this model and that the new roles will be embedded within the re-commissioning process. Also work will be undertaken to identify future opportunities for joint commissioning where appropriate along with identifying other mainstream funding to support the continuation of this service past the proposed funding timeline identified in the table.

7.2. Legal and Governance

7.2.1. There are no legal implications arising from the proposals. The Public Health and Housing Team will enter into a Service Level Agreement to take this project forward and agree appropriate key performance indicators to monitor service delivery.

7.3. Relevant Policies and Plans

7.3.1. This use of Public Health Reserves supports the North Northamptonshire vision to help make communities safer, improve the health and wellbeing of residents, reduce health inequalities, and protect our most vulnerable people.

7.4. Risk

7.4.1. The Public Health Team and Housing Team will work closely together to ensure the use of Public Health Reserves is appropriate and in line with the use of the Public Health grant conditions. The Service Level Agreement will ensure appropriate use of funding.

7.5. Consultation

7.5.1. The project steering group will be multi-agency to ensure a wide range of stakeholder views are considered to help shape the service including those with lived experience. This project will link into the Combating Drug Partnership Subgroup responsible for delivering a world class treatment and recovery system.

7.6. Consideration by Executive Advisory Panel

7.6.1. This proposal was discussed at the Active Communities Executive Advisory Panel on 28th April 2023 as part of a wider conversation on drug and alcohol treatment and recovery services. The proposal was welcomed by panel members.

7.7. Consideration by Scrutiny

7.7.1. This paper will be considered at Health Scrutiny on 9th January 2024 as requested by the Corporate Leadership Team following presentation of the report at their meeting.

7.8. Equality Implications

7.8.1. A comprehensive Health Needs Assessment has been completed to inform the development of the local Combating Drug Partnership Strategy for Northamptonshire. This includes future commissioning of drug and alcohol treatment and recovery services to support people at significant risk of harm or death from untreated drug and alcohol dependencies.

7.9. Climate and Environment Impact

7.9.1. There are no specific climate or environment impacts relating to the recommendations in this report.

7.10. Community Impact

7.10.1. The community will benefit significantly by focusing on the most vulnerable, and those affected by substance misuse. The proposed project supports the Council's Public Health agenda to increase health and wellbeing within the community, as well as corporate priorities and will also help to reduce homelessness and levels of rough sleeping locally.

7.11. Crime and Disorder Impact

7.11.1. The proposed project encourages more people to enter treatment and to improve continuity and quality of care in order that more people remain in treatment and successfully complete treatment with good outcomes. As well as an improvement in health outcomes and reduction in deaths, it also seeks to reduce crime, harm, and lower cost to the criminal justice system.

8. Background Papers

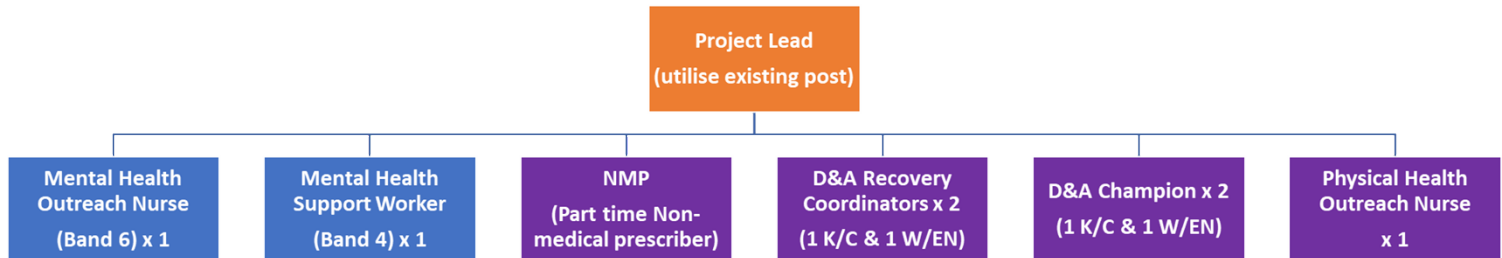
8.1 From Harm to Hope: A 10-year drugs plan to cut crime and save lives
<https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

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Appendix

Appendix A - Proposed model for the new Drug and Alcohol Treatment and Recovery Service in North Northamptonshire

The following structure chart identifies the proposed specialist roles within the new service to work alongside the existing Rough Sleeping Team in North Northamptonshire. This will help increase engagement and provide wraparound support out in the community to individuals affected by rough sleeping to enable them to engage and receive support and treatment quicker to meet their needs.



The proposed model is for the new dedicated specialist roles to be line managed within each partner organisation to increase accessibility to support services. The mental health roles will be managed by Northamptonshire Healthcare NHS Foundation Trust (NHFT) and the drug and alcohol support roles will be managed by Change Grow Live (CGL).

The table below provides further detail regarding the estimated costs associated with implementing these new roles during 2024/25 and 2025/26 that will be dedicated to supporting people sleeping rough or at risk of rough sleeping.

Ref	Proposed new role	FTE	Estimated salary & on costs per annum	Additional information
1.	Project Lead	0	N/A	Proposal to utilise existing post
2.	Mental Health Outreach Nurse (Band 6)*	1	£97,502	Costing provided by NHFT – proposal for roles to be managed by NHFT
	Mental Health Support Worker (Band 4)*	1		
3.	Physical Health Outreach Nurse	1	£47,392	Costings provided by CGL – proposal for roles to be managed by CGL
4.	Drug & Alcohol Recovery Coordinators	2	£72,219	
5.	Drug & Alcohol Champions	2	£60,450	
6.	Non-medical prescriber- Part Time	0.5	£36,478	
TOTAL		7.5	£314,041*	

*Rough Sleeping Initiative funding of £41,200 is available in 2023/24 and £42,400 in 2024/25 will be used towards the costs of the mental health roles.

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Appendix

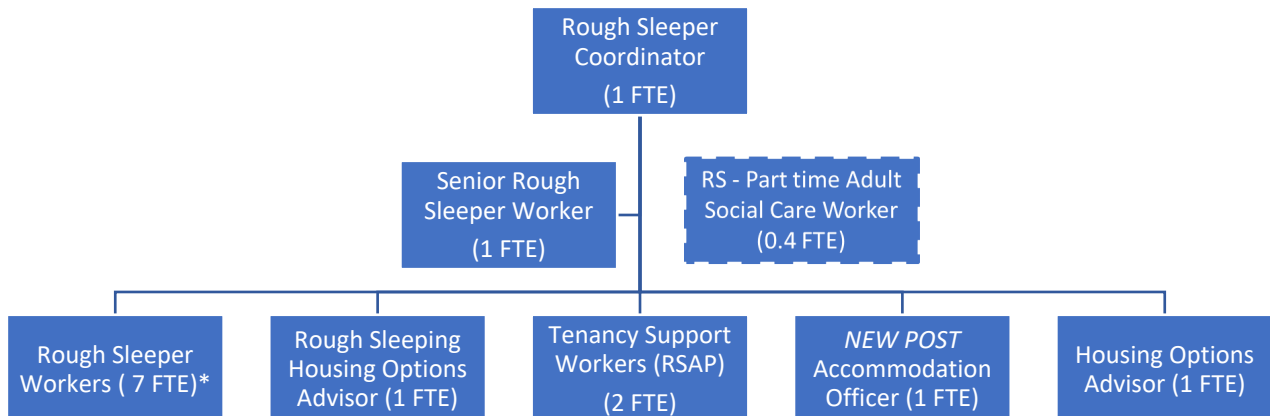
Appendix B - Rough Sleeping data to support specialist Drug and Alcohol Treatment Services for people sleeping rough or at risk or rough sleeping in North Northamptonshire

1. North Northamptonshire Rough Sleeping Service

The Rough Sleeping Team structure chart provides an overview of the current Rough Sleeping Initiative (RSI) funded posts within North Northamptonshire Council. The Rough Sleeper Coordinator leads the team of Rough Sleeper Workers who cover dedicated areas alongside a Senior Rough Sleeper Worker who oversees complex cases and a dedicated Housing Options Advisor solely for supporting rough sleeper cases. The team is now well established and offering an effective and efficient rough sleeping service across North Northamptonshire.

Additional RSI funding has recently been secured to further develop the service offer which will fund a new Accommodation Officer to help develop relationships with Supported Accommodation providers and a part time Adult Social Care Worker that will be managed within the Adult Social Care Team at the Council but work directly with the Rough Sleeping Team and cohort to improve timely access to support.

Having access to drug & alcohol, and mental health services on the ground will expedite the offer of support, allowing the team to build trusting working relationships, helping this vulnerable cohort, often with complex needs, to access the appropriate support and treatment and help to work towards ending their rough sleeping.



2. Single night snapshot of rough sleeping numbers

Table A provides data on the numbers of individuals seen rough sleeping each month across North Northamptonshire on a single night snapshot broken down by location and gender since April 2022. The Rough Sleeping Team carry out regular night-time outreach to build intelligence and provide rapid interventions where required. On a chosen night each month across all areas of North Northamptonshire a snapshot figure is taken to give the total number of individuals seen rough sleeping which is then reported to Department of Levelling Up Housing and Communities (DLUHC).

Since the expansion and alignment of the Rough Sleeping Team across the Council there has been an increase in the numbers of rough sleepers seen on night-time outreach locally. One of the reasons for this may be due to the introduction of regular assertive outreach sessions in areas where this may have not been happening previously, along with improved understanding and links to access the

service and partnership working with voluntary, community and faith centres. This has allowed the team to work with individuals who may have been sofa surfing for many years or on and off rough sleeping and being able to provide support to prevent individuals who are one step away from long term repeat rough sleeping.

Table A – Single night snapshot of rough sleepers across North Northamptonshire

Month	Number sleeping rough on single night in NN	Kettering	Corby	Wellingborough	East Northants	Male	Female
Apr 22	13	5	2	5	1	12	1
May 22	11	6	1	3	1	9	2
Jun 22	12	1	6	4	1	10	2
Jul 22	26	5	10	9	2	23	3
Aug 22	20	2	11	6	1	18	2
Sep 22	18	3	6	8	1	18	0
Oct 22	18	5	8	3	2	17	1
Nov 22	16	3	6	5	2	15	1
Dec 22	14	3	5	4	2	12	2
Jan 23	12	3	3	4	2	11	1
Feb 23	20	7	5	7	1	18	2
Mar 23	20	5	6	7	2	19	1
Apr 23	18	4	6	7	1	17	1
May 23	23	7	9	6	1	21	2
Jun 23	16	3	7	5	1	15	1
Jul 23	13	4	4	3	2	12	1
Aug 23	12	1	4	5	2	10	2
Sept 23	13	2	6	4	1	11	2
Oct 23	19	7	4	4	4	16	3
Nov 23	9	3	3	2	1	9	0

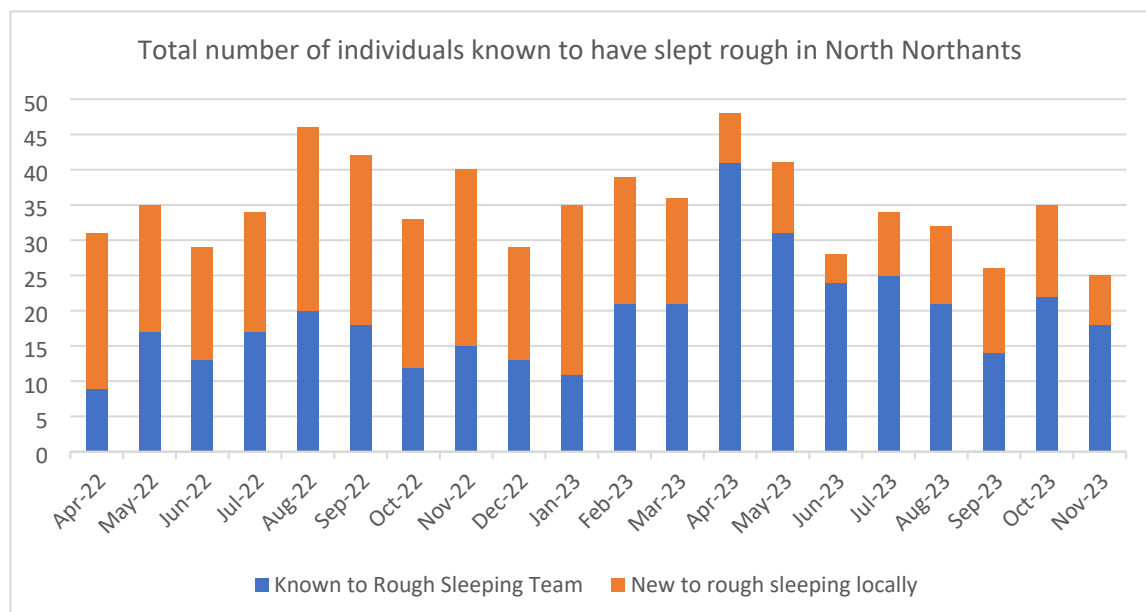
The data shows that the number of people rough sleeping on a single night does fluctuate month on month which can be influenced by warmer weather but there has recently been a decrease in numbers with the team now at full capacity. The gender breakdown shows that rough sleepers are predominantly male in North Northamptonshire, although the team are seeing an increase in female rough sleepers through working with the Police and the Women’s Centre in Kettering to help try and support the hidden homeless including sex workers.

3. Total monthly number of people rough sleeping

Along with the single night snapshot figure the Council also monitors the monthly total of people seen rough sleeping across the month which is provided in **Chart 1**. This is the total number of individuals seen bedded down across the whole area by the Rough Sleeping Team when conducting outreach sessions. The data also indicates the number of rough sleepers who are new to the team, along with anyone who is already known to the team.

The number of new rough sleepers has reduced since the new Ending Rough Sleeping Data Framework was introduced by DLUHC at the start of 2023/24 in which a new rough sleeper is now defined as an individual who has not been seen rough sleeping in the area during the past 5 years. Overall, like the single night snapshot, the numbers seen across the month does fluctuate and remains high in North Northamptonshire and can be due to multiple reasons.

Chart 1 – Monthly total of rough sleepers seen across North Northants



4. Support needs of individuals affected by rough sleeping

To help understand the support needs of the cohort the Rough Sleeping Team record this for everyone they have supported. **Table B** provides a breakdown of support needs for people seen rough sleeping each month across 2022/23 which highlights that out of the 199 individuals, 52% had drug and / or alcohol support needs which were either combined or single support needs.

Table B – Support needs of rough sleepers seen in North Northants during 2022/23

Total of RS seen over the year 2022/2023	Alcohol /Drugs	Drugs	Alcohol	Mental Health & Drugs	Mental Health & Alcohol	Mental Health, Drugs & Alcohol	Mental Health	Unknown	None
199*	22	9	22	15	3	34	18	43	33
100%	11%	5%	11%	8%	2%	17%	9%	22%	17%

**Please note this total figure will appear lower than the breakdown of monthly figures, due to individuals being seen multiple times across the year.*

The Rough Sleeping Team already work closely with Change Grow Live (CGL) to encourage individuals rough sleeping to attend drop-in surgeries, but this is challenging both when they are on the streets or accommodated within discretionary temporary accommodation. Being able to respond and carry out assertive outreach to bring the services to rough sleepers in the community would be a beneficial development. This will reduce the level of non-engagement with services and allow the team to build effective rapport to support this vulnerable cohort to access the appropriate treatment and support services to meet their needs.

In addition, 35% of the 199 rough sleepers supported by the Rough Sleeping Team suffered with their Mental Health. The main barriers the team face is supporting and diagnosing mental health support needs of rough sleepers particularly when the individual is not already working with services in the area. Mental Health along with substance misuse often run hand in hand for individuals affected by rough sleeping, and the cohort who suffer with dual diagnoses is much harder to engage with and are less likely to accept help and attend appointments. Introducing dedicated specialist support roles that can work on the ground with these individuals to address their support needs will allow the team to immediately assess their needs accurately, intervene by helping to remove vulnerable individuals off the streets and ultimately save lives.

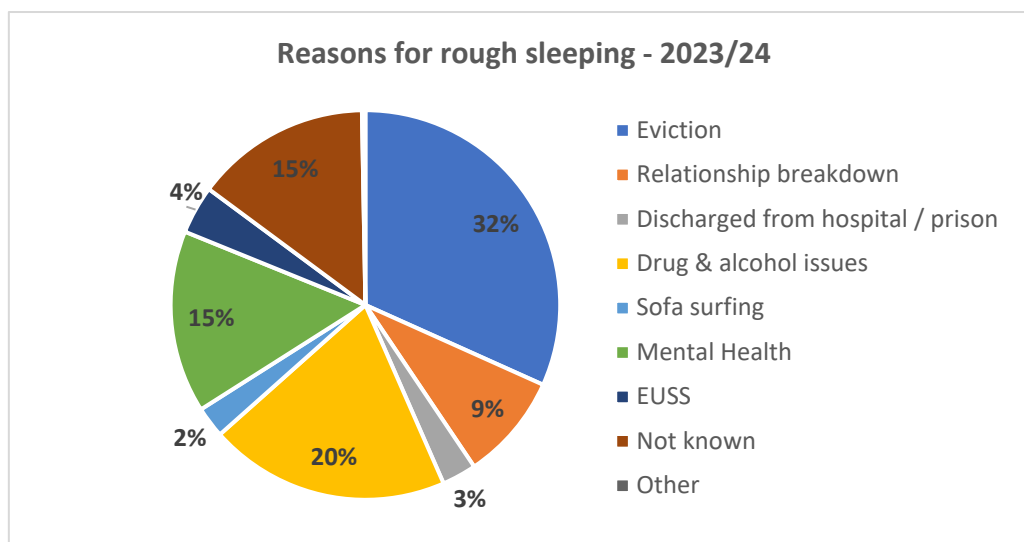
During 2023/24 the main support needs of rough sleepers seen in North Northamptonshire continues to be mental health, drug and alcohol misuse and individuals experiencing multiple exclusion homelessness.

5. Reasons for rough sleeping

Looking at the reasons for rough sleeping since April 2023 the data shows that evictions are the highest reason for rough sleeping (32%), followed by drug and alcohol issues (20%) and mental health (15%).

Please note individuals may have multiple reasons for rough sleeping which can be interlinked but for monitoring purposes a main reason has been provided. Again, this data highlights the need for additional tailored services to support individuals with complex needs.

Chart 2 – Reasons for rough sleeping in North Northants during 2023/24



6. Target priority group (TPG)

The Council are required by DLUHC to identify a Target Priority Group which is made up of individuals who have been seen sleeping rough in two or more years out of the last three, or in two or more months out of the last 12.

Within North Northamptonshire the team have identified a Target Priority Group of 33 individuals since April 2023. As it stands, out of the 33 identified, 27% are Rough Sleeping, 67% are in

accommodation (Supported Accommodation, Social Housing, staying with friends or accommodated within the RSAP properties), and unfortunately 6% have died (two long-term rough sleepers).

Out of the individuals who are still rough sleeping, 66% have drug and alcohol support needs, and are infrequently engaging with services, 34% have mental health support needs, and all of which are not working with services so are unable to get diagnosed. These individuals are entrenched rough sleepers who have no trust in services and are reluctant to attend drop-in sessions when arranged. This is a main barrier within the rough sleeping pathway at the Council and has been for a long time in terms of getting individuals the required support to meet their complex needs. Having a dedicated support service as part of the rough sleeping pathway across the area provided through outreach will allow the team to access timely support for the most vulnerable rough sleepers and those placed in temporary discretionary accommodation.

7. Transient rough sleepers

Out of the 199 rough sleepers that were found bedded down in 2022/23 on nighttime outreach sessions across North Northamptonshire, 34 individuals were transient rough sleepers and therefore not supported by the team. This means that they were only seen once or twice and did not want to engage with the team for help and support and then were never seen rough sleeping again in that same period in the area. Some individuals were known to the team for being sofa surfers, but they were only seen once, and not repeat rough sleeping during that time. This is another group of individuals that could be targeted by the new service to try and increase engagement on the streets.

During 2023/24 the number of transient rough sleepers seen was less than 10% each month showing that they are a small proportion but a group of individuals that could be targeted.

8. Veterans

The number of veterans rough sleeping in North Northamptonshire is low and during 2022-2023 the Rough Sleeping Team only worked with one veteran who is a long-term rough sleeper. This individual was provided with accommodation between February 2022 to September 2022. This was a discretionary temporary accommodation placement provided by the Rough Sleeping Team and after a short while unfortunately the individual stopped staying at the property and has not been seen rough sleeping in the area since September 2022. There have not been any known veterans rough sleeping since in North Northants.

9. Repeat rough sleeping

A repeat rough sleeper is defined by DLUHC as someone returning to rough sleeping again after no contact for 2 or more quarters (180) days, whichever is shorter, measured from when the person was last seen rough sleeping.

Out of the 199 rough sleepers seen by the team over the course of 2022-2023, 15% were classed as repeat rough sleepers. They were individuals that the team may have known to have slept rough within the past 5 years, or they were individuals who have been supported more recently into supported accommodation but then they have failed their tenancy.

Within this repeat rough sleeping cohort 80% had either a drug or alcohol, or both support needs, and were using substances regularly whilst rough sleeping, showing the impact these support needs have on individuals trying to remain successfully within their accommodation.

Table C – Repeat rough sleepers seen in North Northants during 2023/24

2023/24	Total number of people returning to rough sleeping
April 23	4
May 23	13
June 23	6
July 23	5
August 23	5
September 23	4
October 23	8
November 23	7

Between April 2023 and November 2023, there has been 52 individuals that meet this criterion by returning to rough sleeping based on the DLUHC definition and therefore indicating that their support needs have not effectively been met. The new proposed service will be able to intervene and support these individuals to ensure they do not return to rough sleeping by offering the appropriate treatment and wraparound support to ensure they can sustain a housing solution.

**Northamptonshire Combating Drug Partnership
Board**
Action Plan January 2023 to March 2024

In July 2022, the Joint Combatting Drugs Unit published guidance for local drug strategy partnerships, including the national outcomes framework. This action plan has been developed in collaboration with partners who recognise the current challenges across Northamptonshire based on the strategic priorities contained within the national strategy.

Contents

1. Contents	1
2. Introduction	2
3. Partnership Structure and Governance	3
4. Performance and Delivery Framework	4
5. Action Plan	5 - 15

Introduction

In July 2022, the Joint Combatting Drugs Unit published guidance for local drug strategy partnerships, including the national outcomes framework.

The successful delivery of the government's drugs strategy, 'From Harm to Hope', relies on co-ordinated action across a range of local partners including in enforcement, treatment, recovery and prevention. This guidance sits alongside the Drugs Strategy to outline the structures and processes through which local partners in England should work together to reduce drug-related harm.

This action plan has been developed in collaboration with partners who recognise the current challenges across Northamptonshire based on the strategic priorities contained within the national strategy.

The three priorities are:

- Break drug supply chains
 - Make the UK a significantly harder place for organised crime groups to operate, addressing all stages of the supply chain, reducing the associated violence and exploitation, and protecting prisons.
- Deliver a world class treatment and recovery system
 - The focus is to treat addiction as a chronic health condition, breaking down stigma, saving lives, and substantially breaking the cycle of crime that addiction can drive.
- Achieve a generational shift in demand in drugs
 - Changing attitudes in society around the perceived acceptability of illegal drug use.

The localised plan sets out our agreed priorities which recognises the importance of a system wide approach to reduce the harm caused to individuals and to society by the misuse of alcohol and drugs across Northamptonshire.

Partnership Structure and Governance

The Combating Drugs Partnership Board (CDP) is led by Public Health and is organised to provide good governance and co-ordinated delivery. The Partnership is responsible for delivery of the national strategy and is accountable to central government. Members of the Partnership will provide the link with other local Boards and Partnerships, informing and co-ordinating work programmes as required. The local Boards and Partnerships include:

- Health and Wellbeing Boards (North and West)
- Integrated Care Partnerships (North and West)
- Community Safety Partnerships (North and West)
- Northamptonshire Safeguarding Adults Board
- Northamptonshire Children's Safeguarding Board
- Reducing Reoffending Board
- Community Sentencing Treatment Requirement Board

The thematic subgroups will be operationally linked to the Northamptonshire Combating Drugs Partnership (CDP). They will provide oversight of the delivery of the action plan against the localised priorities and reassurance to the Partnership. They will have specific terms of reference and act as an expert reference groups and forums to resolve problems, support planning and provide challenge across the whole system. Cross cutting themes outside the agreed local priorities may require strategic direction and governance by the Partnership. The subgroups will provide metrics to show progress towards outcomes, monitor change, engage with the wider related system to the Partnership.

Performance and Delivery Framework

The National Combating Drugs Outcomes Framework will provide the Partnership single mechanism for monitoring local progress against the delivery of the commitments and ambitions contained within the 10-year drugs strategy.

The six overarching strategic outcomes that demonstrate successful delivery of the 10-year drugs strategy are:

- 1) To reduce drug-use
- 2) To reduce drug-related crime
- 3) To reduce drug-related deaths (DRD) and harm
- 4) To reduce drug-supply
- 5) To increase engagement in treatment
- 6) To improve drug-recovery outcomes

The data and intelligence thematic subgroup will focus on collating the data and information under six overarching outcomes contained in the outcome framework. They will provide quarterly progress and monitoring reports to the Partnership depending on the availability of the data and information.

Action Plan 2023 to 2025

1. Breaking drug supply chain

Strategic Priorities	Intervention / Delivery
<p>Shared understanding of the demand for Class A drugs across Northamptonshire</p> <p>Shared knowledge of people involved in gangs</p> <p>Shared understanding of the people at risk of exploitation</p>	<ul style="list-style-type: none"> • To develop an effective monitoring and performance system through the Data and Intelligence subgroup • Improve intelligence sharing between Police and Partners with continued efforts to increase the use of Partnership Intelligence Forms
<p>1.1 Targeted community intervention to better understand the working of gangs, drug lines, county lines operating within Northamptonshire and prevent further recruitment of young and / or vulnerable people</p>	<ul style="list-style-type: none"> • Evidence based interventions targeted at schools to prevent recruitment at a young age, with schools where drugs exclusions are high being prioritised • Evidence based / best practice lesson plans to educate children and young people on gangs, violence and drug harm • Develop and improve community intelligence to help understanding emerging risk groups/gangs • Educate people about the impact of their behaviours, especially on their families
<p>1.2 Continued engagement with partners, providing support and training to encourage community intelligence submission</p>	<ul style="list-style-type: none"> • Provide training and support to all partners to ensure understanding of the Proactive Crime and Intelligence Function and signs of drugs exploitation to improve intelligence submissions

	<ul style="list-style-type: none"> • Ensure all designated Safeguarding Leads at Northants Schools have a police contact and access to the Partnership Intelligence Submission Forms • Retain police presence at partnership meetings and community forums <p>Consider intelligence gaps as a standing agenda item at community and other relevant joint meetings / forums, with the Chair to review and group to devise collaborative solutions regarding barrier to intel submissions</p>
1.3 Encourage the use of appropriate ancillary orders, including SCPOs, DDTROs and Slavery & Trafficking Prevention Orders, to disrupt criminal activity of OCGs / Violent groups	<ul style="list-style-type: none"> • Positive media campaigns to be circulated once orders are approved to generate wider public knowledge • Collaborative working with partners to generate more information to support applications of orders
1.4 Reassess the intelligence sharing within the partnership to gain a better understanding of nominals and locations involved in drug supply and production as well as early intervention and prevention	Intelligence development to understand the nominals and organisations involved in firearms and drug criminality to prevent serious, violent crime
1.5 Targeted intervention in Town Centres to disrupt nominals using recreational drugs in the night-time economy	<ul style="list-style-type: none"> • Implement targeted interventions to disrupt recreational drug use in night-time economy
1.6 Work with all partners, including the community and businesses, to gather intelligence and restrict the supply of illegal drugs in town centre locations.	<ul style="list-style-type: none"> • Engage with communities to build strength and resilience at a local level, and work in partnership, including with the community, to promote safe drinking and prevent the use of drugs, using appropriately targeted campaigns and licensing powers as appropriate

	<ul style="list-style-type: none"> • The night-time economy to take a zero-tolerance approach to drug use on the premises • Increase awareness of what support is available including services and community support • Targeted community engagement days with targeted Western Balkan Communities to allow NPT to build positive relationships with individuals, to better understand the lifestyle and generate reliable streams of intelligence. • Work together to change cultural and social norms in relation to drugs and alcohol
<p>1.7 Work collaboratively as a Partnership to tackle County and Local Drug Lines and protect vulnerable youths/adults from exploitation, cuckooing and harm. Utilise the knowledge and expertise of internal and partner contacts to determine suitable early intervention techniques to reduce drug use and supply in young people</p>	<ul style="list-style-type: none"> • Intervene with younger children identified as being at risk of substance misuse, poor sexual health, poor or abusive relationships and teenage pregnancy to prevent problems escalating • Improve links between all services to inform data and intelligence sharing between police and partner systems. This includes improving data quality and collective response to threat, risk and harm

2. Delivering world class treatment and recovery services

Strategic Priorities	Intervention / Delivery
<p>2.1 Improve the treatment of those with both mental ill health and substance misuse</p>	<ul style="list-style-type: none"> • Address the needs of those with dual diagnosis across young people’s and adult services. This includes a joined-up referral pathways between specialist mental health and substance misuse services
<p>2.2 Increase the capacity of specialist treatment and recovery services, addressing the increasing complexity of cases</p>	<ul style="list-style-type: none"> • There continues to be a high level of unmet need for treatment in Northamptonshire, particularly for alcohol, and this has remained unchanged over time. Cases are becoming more complex, with the pandemic contributing to increased trends of more problematic substance misuse Stakeholders report the increasing complexity of cases, with lack of capacity and skills in certain areas contributing to high caseloads and provider burnout • Service provision needs to be expanded to address the unmet need and complexity. Regional and national collaboration on care pathways for complex cases may be beneficial. Supporting a more client focused approach and Trauma Informed Care and establishing a Complex Needs Forum would help • Use additional grant resources to improve treatment capacity and quality through increased drug and alcohol workers in treatment services to reduce caseloads and

	<p>targeted treatment for priority and vulnerable groups. Complex needs workers will be employed to help management the increased complexity of cases</p> <ul style="list-style-type: none"> • Development of treatment-based group work and enhanced psychosocial interventions • Develop a local pathway to better deal with high-risk complex cases involving young people
2.3 Improve the promotion and branding of treatment services to make them more visible and acceptable to those in need. Develop clear referral pathways for professionals	<ul style="list-style-type: none"> • Develop and implement communication plan to raise the awareness amongst professionals, public services and VCFSE of treatment services and referral pathways • Develop and implement a stigma awareness campaign to address negative portrayal of substance misuse services
2.4 Address the geographical access and improve access for clients who are less engaged currently	<ul style="list-style-type: none"> • Improve service delivery in rural areas and provide assertive outreach to underrepresented groups in treatment services • Improve equity of access to treatment and recovery services
2.5 Earlier identification, support and treatment of those with problematic substance misuse	<ul style="list-style-type: none"> • Design, develop and implement evidence-based alcohol brief intervention and early intervention across primary, secondary and social care services

	<ul style="list-style-type: none"> • Implement an evidence-based approach to identifying cases in non-specialist settings addressing other related risky behaviours, e.g., sexual health and smoking • Implement trauma-informed approaches across all partner services
2.6 Improve provision for young adults, including the transition for young people moving to adult substance misuse services	<ul style="list-style-type: none"> • Develop a specialist YP offer with increased capacity with a specialist worker
2.7 Address areas in treatment and recovery where outcomes could be improved, and where the service offer is unclear	<ul style="list-style-type: none"> • Develop and implement a systematic review care and treatment plans in recovery services • Rapid review of alcohol treatment and recovery to improve outcomes and address high dropout rate • Clarify referral pathways into treatment and recovery services • Re-establish access to and use of the regional residential rehabilitation and detox consortia to enhance existing capacity. Increase use of placements with dedicated worker in adult treatment service • Investment in harm reduction equipment to address ageing cohort of opiate users • Improving knowledge and skills of staff in non-specialist services in relation to harm reduction

	<ul style="list-style-type: none"> • Develop and implement a holistic approach to addressing the health needs of older service users in treatment and recovery • Develop an assertive outreach service for young people, identifying key target groups and targeting the night-time economy • Developed an enhanced needle and syringe programme, naxolone provision, adult outreach and pharmacy liaison • Improved care pathways between criminal justice settings and drug treatment
<p>2.8 Continue to strengthen the harm reduction offer provided by specialist treatment services, and knowledge of harm-reduction in other organisations</p>	<ul style="list-style-type: none"> • Investment in harm reduction equipment to address ageing cohort of opiate users • Improving knowledge and skills of staff in non-specialist services in relation to harm reduction • Develop and implement a holistic approach to addressing the health needs of older service users in treatment and recovery • Develop an assertive outreach service for young people, identifying key target groups and targeting the night-time economy • Developed an enhanced needle and syringe programme, naxolone provision, adult outreach and pharmacy liaison

	<ul style="list-style-type: none"> • Improved care pathways between criminal justice settings and drug treatment
2.9 Reduce substance misuse related deaths	<ul style="list-style-type: none"> • Review our approach to the monitoring, review and learning from alcohol and drug related deaths to identify opportunities for early intervention to prevent such deaths
2.10 Develop lived experience and engagement	<ul style="list-style-type: none"> • Develop and implement an engagement strategy to target rough sleepers, sex workers, females, non-English speakers, steroids, spice & chemsex clients, LGBT+ populations, young people, BAME communities, prison leavers, veterans and mental health clients. (taken from 2.4 above) • Establish means of lived experience
2.11 Clear pathways/criteria MH & CAMHS for substance misuse	<ul style="list-style-type: none"> • Need to develop clear care pathways generally across the system but specifically implement dual diagnosis pathway

3. Achieving the shift in generational demand for drugs

Strategic Priorities	Intervention / Delivery
<p>3.1 Support children and young people at high risk of problematic substance misuse to break the generational cycle, particularly those with adverse childhood experiences</p>	<ul style="list-style-type: none"> • Implement a trauma informed approach across education settings and young people’s services targeted at those young people who have multiple adverse childhood experiences (ACEs) • Implement evidence-based resilience programmes to support young people experiencing ACEs
<p>3.2 Starting before birth and focusing on the early years, supporting the most vulnerable parents</p>	<ul style="list-style-type: none"> • Implement a review of services for pregnant / post-natal women who misuse drugs and / or alcohol • Encourage pregnant women who misuse drugs and/or alcohol to seek early antenatal care
<p>3.3 Healthy communities and settings (schools and workplaces) will protect the next generation from substance misuse</p>	<ul style="list-style-type: none"> • Develop a way of working with the emerging Local Area Partnerships to identify community assets and asset-based approaches to improving resilience and supporting protective factors against substance misuse • Develop knowledge and skills across schools and workplaces around risk factors for substance misuse (including ACEs and trauma informed approaches) and support development of policies to reduce risk

	<ul style="list-style-type: none"> • Build on existing skills and capabilities of housing options teams around supporting those with complex needs to identify risks earlier. Develop a holistic approach among front-line workers toward identifying and addressing risk of substance
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4. Cross cutting recommendations

Strategic Priorities	Intervention / Delivery
Strengthening stakeholder relationships and collaboration between services	<ul style="list-style-type: none"> • Develop networking opportunities to bring together service users, services and commissioners from across the system • Develop a local directory of services
Pooling intelligence, working towards real-time surveillance to improve the agility. Improve information and data sharing for clients	<ul style="list-style-type: none"> • Establish a data and intelligence subgroup to collate routine data from national and local data sets • Identify metrics to show progress towards outcomes, monitor change, engage with the wider related system to address any gaps in data and information to progress • Ensuring data agreements are in place to enable data and information sharing between agencies • Establish client / service user passports

	<ul style="list-style-type: none"> • Contribute to appropriate health needs assessments (HNAs), Joint Strategic Needs Assessment (JSNA), commissioning and service redesign functions • GDPR training for staff and increasing partnership working • Establish links to academic partners
<p>Strengthening workforce planning across the system</p>	<ul style="list-style-type: none"> • Build capacity of substance misuse workforce • Invest in training to develop skills and knowledge of workforce including operational / system leadership • Improve emotional health and mental wellbeing of the workforce • Review workloads of specialist staff and competing demands



East Midlands
Ambulance Service

NHS Trust



North Northamptonshire Health Scrutiny Committee

EMAS Update - January 2024



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Michael Jones - Divisional Director
Martin Claydon - Head of Operations

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Who are we?



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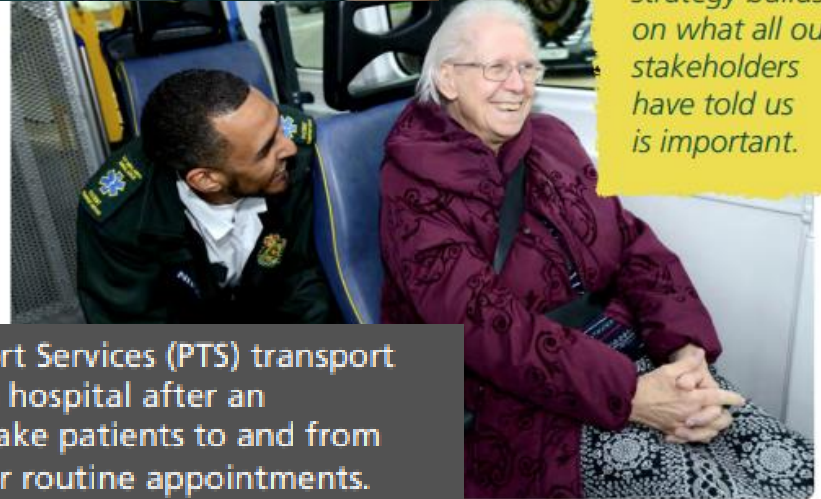
EMAS delivers care for **4.8 MILLION** people across **6,452** sq miles



We take nearly **3,500 calls a day**, one every 25 seconds and provide nearly 2000 face to face ambulance responses a day.



Our patients will always be central to all that we do, and our strategy builds on what all our stakeholders have told us is important.



Our Patient Transport Services (PTS) transport patients home from hospital after an inpatient stay and take patients to and from hospital or clinics for routine appointments.

Our year in numbers 2022 to 2023

You can find more information in our Annual Reports and Quality Account for 2022/23 at www.emas.nhs.uk

3,927 staff

- 52% female and 48% male.
- 48% response rate on the NHS Staff Survey.
- 81.6% of staff had the flu vaccine.
- 132 community first responder volunteer schemes.



1,315 public compliments

- 1,985 internal compliments.
- 125 complaints.
- 2 patient stories presented at Trust Board.



21 Freedom to Speak Up referrals

- 13 Learning from Events staff virtual sessions.
- 100 Serious Incidents investigated, supporting learning and improvement.

303,331 NEPTS journeys

- 234,808 calls for Non-emergency Patient Transport (NEPTS).
- 100% of Derbyshire NEPTS cars fully electric.
- 4,925 journeys by volunteer car drivers.



720 operational vehicles

- 110 new emergency ambulances with updated features based on staff feedback.
- 54 new NEPTS ambulances in Derbyshire.



642,437 face-to-face responses

- Average of 1,760 face-to-face ambulance responses a day.
- 179,467 hours lost to pre-hospital handover delays.
- 43.74% of patients cared for without the need for an emergency department.



Expansion of our 4 staff networks

- 100% of frontline staff offered 'Just B' health and wellbeing check-in.
- 1 annual EMAS virtual men's health awareness event.
- 5 Pride events attended across the East Midlands.



£275.4 million turnover

- 12 additional electric vehicle charging points installed.
- Secured £607,000 in charity grants to launch new volunteer projects.
- Funded 126 new public access defibrillators.

3,414 calls a day

- 1 every 25 seconds.
- 200 emergency medical advisors.
- 94 dispatch officers.
- 12 hours a day senior doctor support.
- 7 whole-time equivalent mental health specialists.



350th issue of staff and volunteer newsletter

- 7+ long service and recognition events, and an EMAS wide awards event.
- 70% of staff joined our new engagement platform in first year.
- 35,000 followers on Twitter, 43,000 on Facebook, and 4,000 on Instagram.



An overview of Northants:

- We provide urgent and emergency care, alongside telephone clinical assessment services for a population of 786,000
- North Northants population went from 317,000 in 2011 to nearly 360,000 in 2021.
- South Northants population went from 375,000 in 2011 to nearly 426,000 in 2021.
- This is a growth of 13.5% in these 10 years*



Northants (EMAS)

460 Staff

- 39% Male & 61% Female
- 54.7% response rate on the NHS Survey
- 65% of staff had a Flu vaccine



- We have 8 Ambulance stations across the county.
- We put out between 17 and 42 double crewed ambulances and between 5 and 10 fast response vehicles each day.



- Every day we receive around 465 calls from members of the public who have rang 999.
- On average we receive a new emergency call every 3 mins.
- Approximately 42% of these calls we do not send an ambulance and the caller are directed to other forms of help.



OUR VISION

Responding to patient needs in the right way, **Developing** our organisation to become outstanding for patients and staff and **Collaborating** to improve wider healthcare.



OUR AMBITIONS

1



We will deliver outstanding patient care by developing new, innovative clinical practices and by working in collaboration with our partners and the public.

2



We will be an attractive employer of choice, developing and retaining highly skilled, engaged and diverse people reflective of our local communities.

3



We will deliver improved outcomes for our patients through the most appropriate equipment, technology, vehicles and facilities.

4



We will deliver safe, effective, compassionate care for patients, embedding a culture of compassion, continuous improvement and productivity.

5



We will work in partnership to reduce health inequalities and improve the health of our population, and ensure sustainability.

CORE VALUES

Our core values embedded in all we do:



RESPECT



INTEGRITY



COMPASSION



TEAMWORK



CONTRIBUTION

What does our strategy mean for our patients

OUR PATIENTS

- Page 91
- ✓ I will be able to access the appropriate urgent, emergency and patient transport services and be supported to access other services based on my needs; and will be **supported to access the right care in the right place at the right time.**
 - ✓ I will receive the care that I need in a **timely way** to ensure the best possible outcome.
 - ✓ I will receive safe, effective and compassionate care centred around my **individual needs and choices.**
 - ✓ I will only have to **tell my story once**, as services will work together to support my care.
 - ✓ I will receive my care in the **most appropriate setting**, as close to home as possible.
 - ✓ I will be able to **share my views and experiences** of EMAS services to inform improvements.



OUR PARTNER ORGANISATIONS

- ✓ We will have good relationships with EMAS and feel like we are **all part of a single team** working to make best use of our shared resources and support patients' needs in the right setting to improve patient outcomes.
- ✓ We will **better understand each other**, recognising and valuing the role of ambulance services in keeping patients at home as well as delivering and supporting them to access emergency care.
- ✓ We will be able to work together with EMAS and other health and care partners to **solve shared problems and identify new opportunities**.
- ✓ We will be able to **better share information, resources, and expertise** as part of an integrated system.
- ✓ Our services will be **more resilient** because of more joined up care, people, systems and processes with EMAS and other providers.

Clinical Strategy 2023 to 2028

Our commitment

	Major incidents	Emergency care	Urgent care	Non-emergency patient transport				
Our clinical aims	<p>Deliver critical clinical response in collaboration with urgent response partners</p>	<p>Deliver the best possible life chances for patients</p>	<p>Support patients with complex care needs, delivering a clinically appropriate and timely response in collaboration with local organisations</p>	<p>Meet patients needs in a safe, timely and compassionate manner</p>				
Our clinical model	<ul style="list-style-type: none"> collaborate with other category 1 providers respond to the incident appropriately and with the resources required deliver the best possible outcomes for surviving patients 	<ul style="list-style-type: none"> rapidly assess critical health needs and use most appropriate resources to respond deliver rapid intervention make safe for transport to most appropriate location 	<ul style="list-style-type: none"> determine the most appropriate response signpost to/work in partnership with services support access to personalised care closer to home 	<ul style="list-style-type: none"> assess patient eligibility plan and book appropriate transport to ensure the needs of the patient are met transported in a timely manner 				
Fundamental principles	Equity	Care closer to home	Joined up care	Consistent and Timely	Improved clinical outcomes	Safe and effective care	Reducing health inequalities	Personalised care

Our key measures – what our clinical strategy will deliver

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Safe, effective, and compassionate care

Right care, right place, right person

Co-ordinated care

Improved Patient outcomes

Increased Preventative healthcare

Reduced Health inequalities

Improved Response times

Reduced Inappropriate ambulance dispatch

How is the Clinical Strategy different to our current provision?

- increase our 'hear and treat' and 'see and treat' contacts, shifting away from always providing an ambulance and taking patients to hospital
- increase the skill mix of our workforce to achieve better patient outcomes for all clinical and population groups
- increased proactive, preventative approach to support the demand on the whole health and care system
- Increased focus on improving clinical outcomes

OUR KEY MEASURES

↓ Response times 

↑ Safe, effective and compassionate care

 ↑ **Staff wellbeing**

 ↑ **Patient experience and involvement**

↑ Diverse workforce

↑ **On scene care** 

↑ Staff training and progression 

↑ **Efficiency**
↑ Continuity of care

 ↑ Staff satisfaction

☆ **Outstanding CQC** ☆

Improved partnerships

Improved **patient outcomes**

 Integrated IT 
Integrated delivery

 ↓ Health inequalities

↓ **Carbon footprint**

↓ Variation across the region 

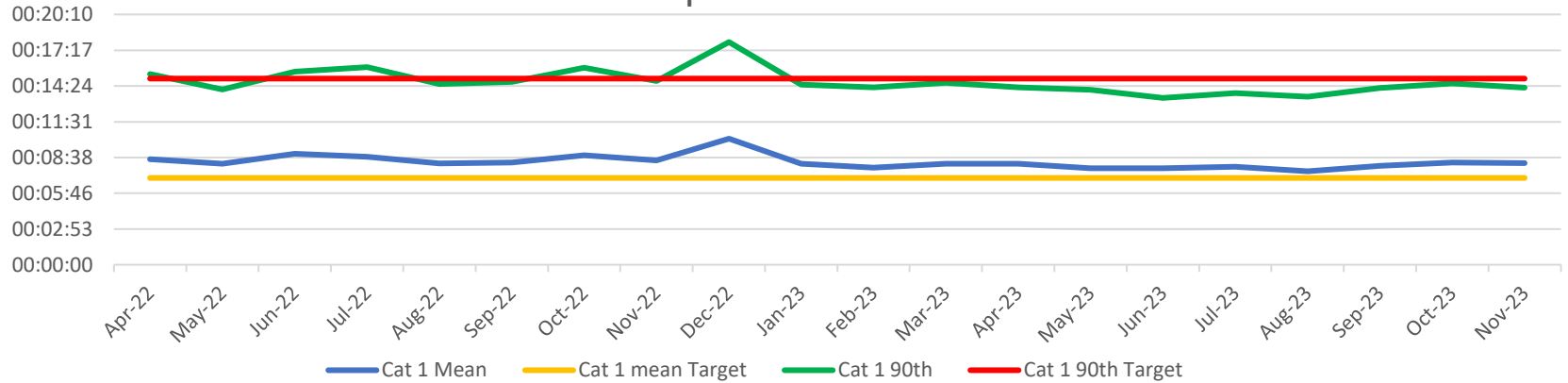
Definition of ARP Standards

The chart below describes categories 1 to 4 and the national average response targets for each category.

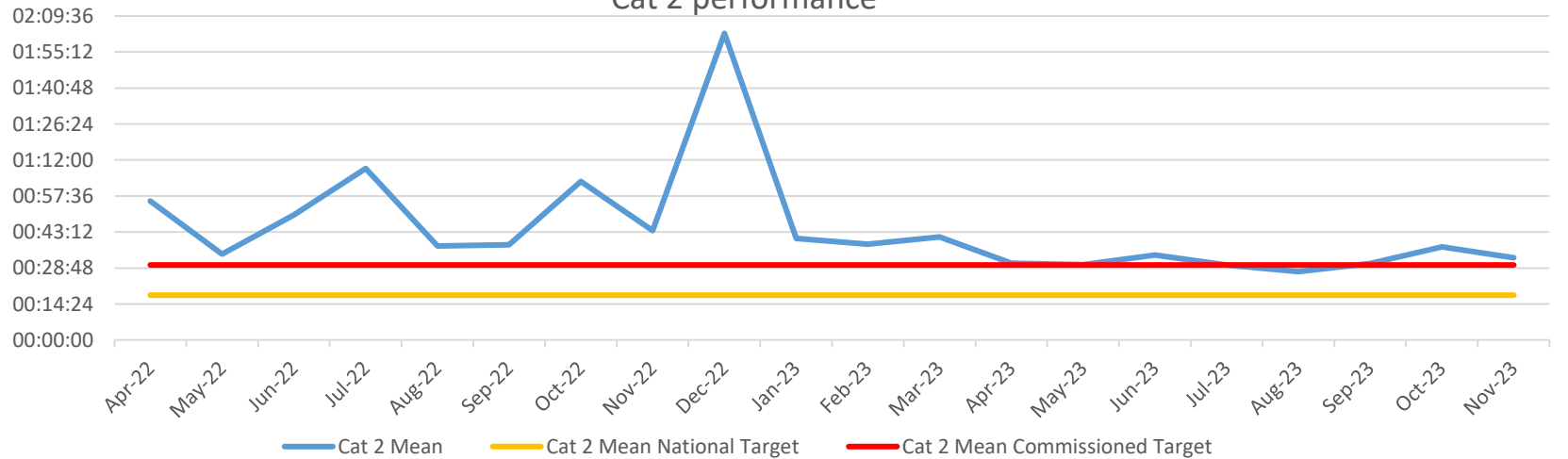
Category	Headline Description	Sub Description	Average Response Targets	90 th Percentile Response Target
1	Life Threatening	A time critical life- threatening event requiring immediate intervention or resuscitation.	7 minutes	15 minutes
2	Emergency	Potentially serious conditions that may require rapid assessment and urgent on-scene intervention and/or urgent transport.	18 minutes	40 minutes
3	Urgent	An urgent problem (not immediately life threatening) that needs treatment to relieve suffering and transport or assessment and management at the scene with referral where needed within a clinically appropriate timeframe.	None (Mean indicator of 60 minutes)	2 hours
4	Less Urgent	Problems that are less urgent but require assessment and possibly transport within a clinically appropriate timeframe.	None	3 hours

Performance

Cat 1 performance

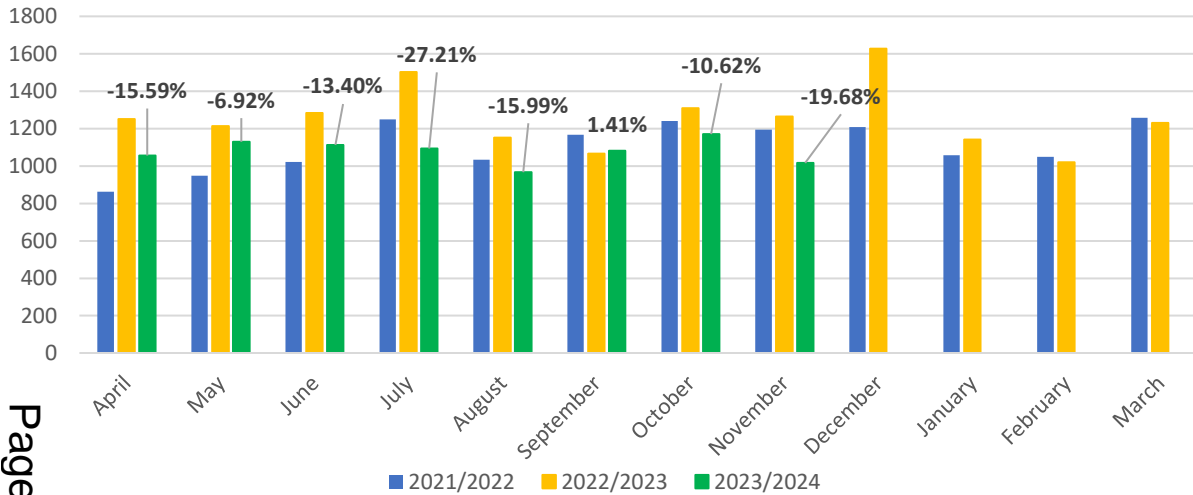


Cat 2 performance

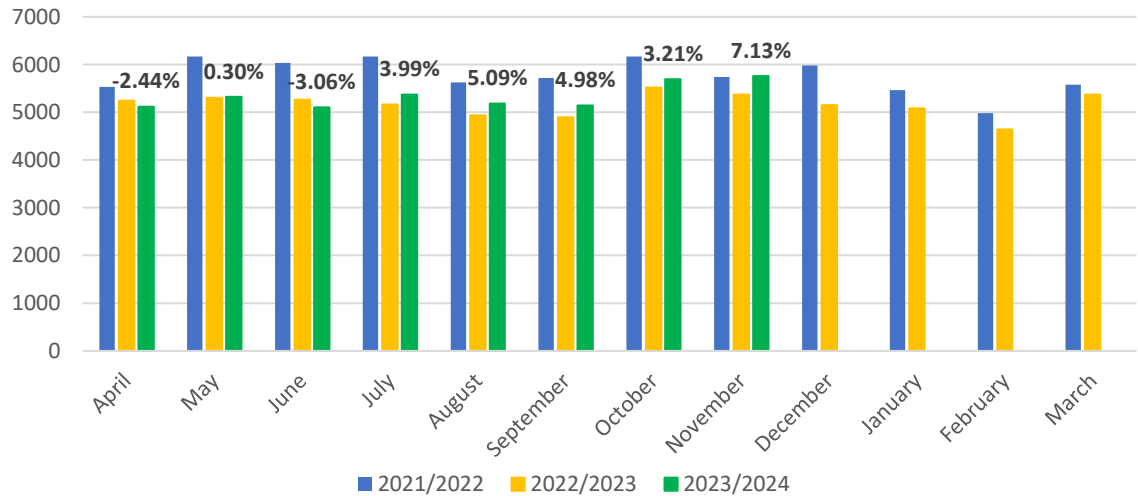


Northants Activity – 3 year comparison

Cat 1 response activity year on year



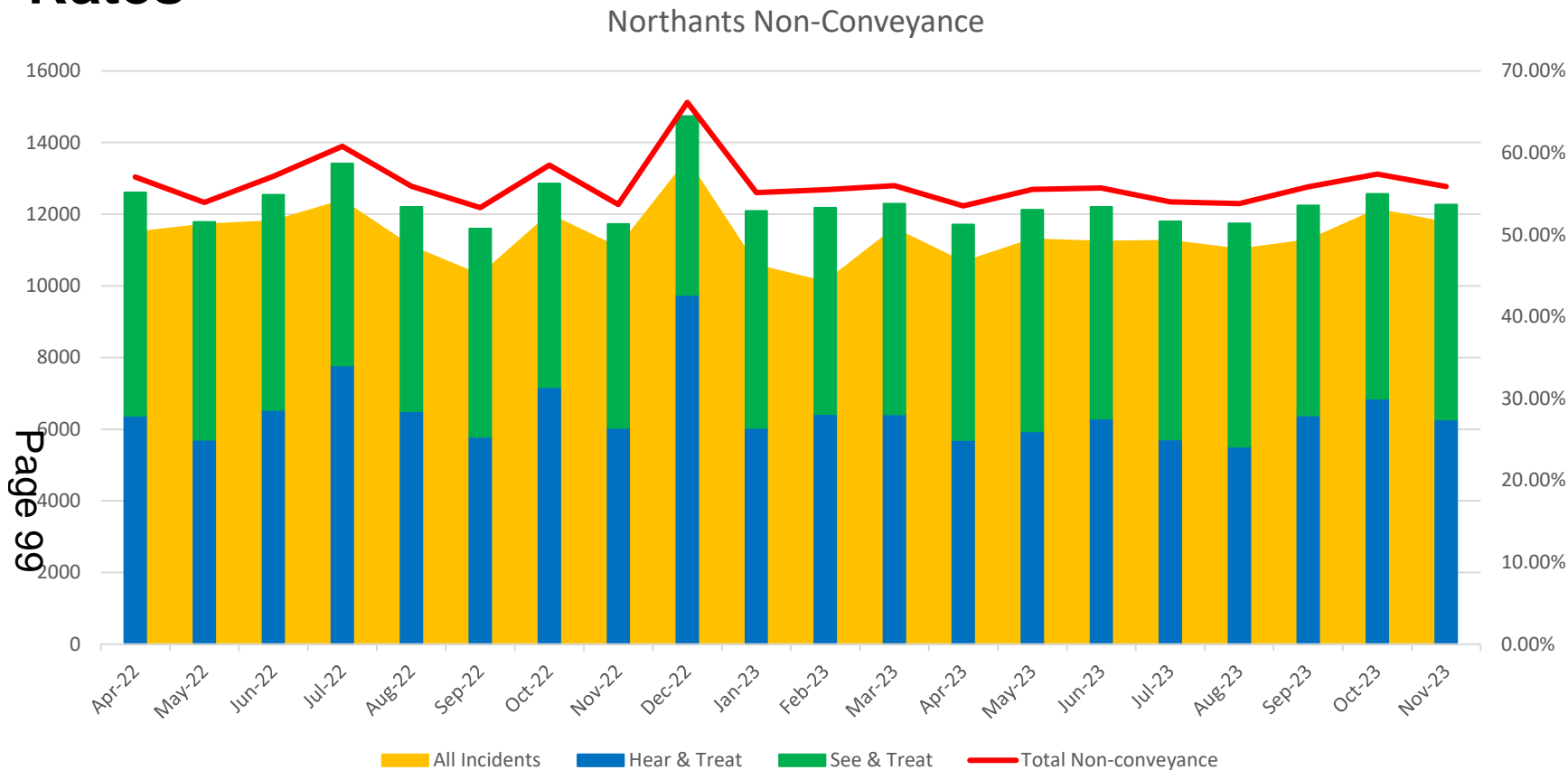
Cat 2 response activity year on year



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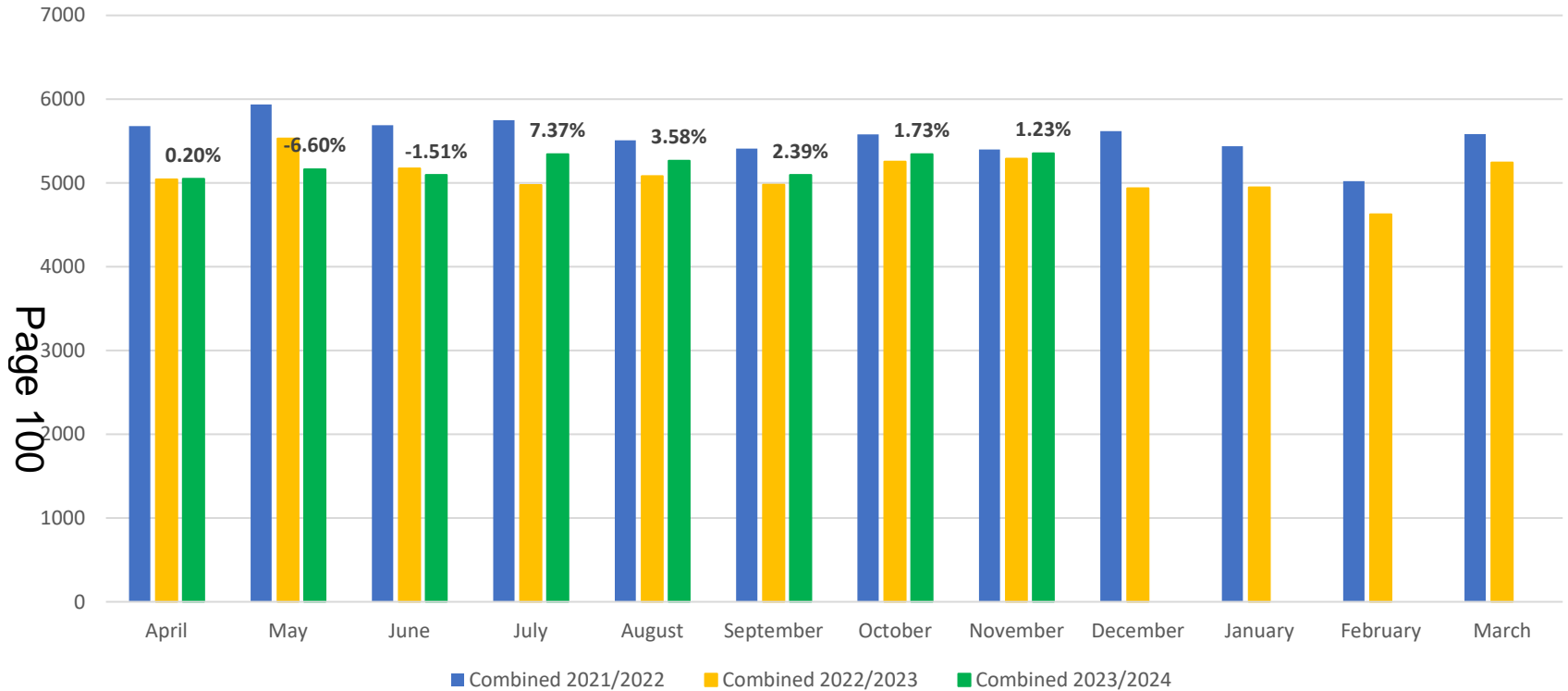
With the introduction of a new triaging system, 'Pathways' into the 999 call centre in November, we expect to see changes in the number of calls that are categorised as Cat 2

EMAS Performance – Activity Trends and Conveyance Rates



Northamptonshire continues to drive higher rates of non-conveyance when compared to pre-pandemic activity, supporting the local health care system capacity, with the current average sitting at 55.25%

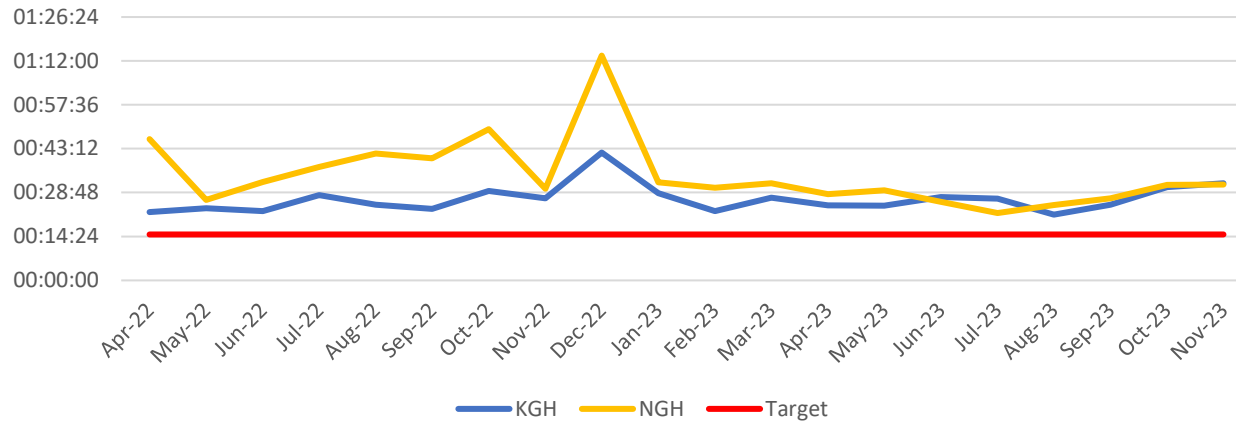
Northamptonshire Acute Attendances



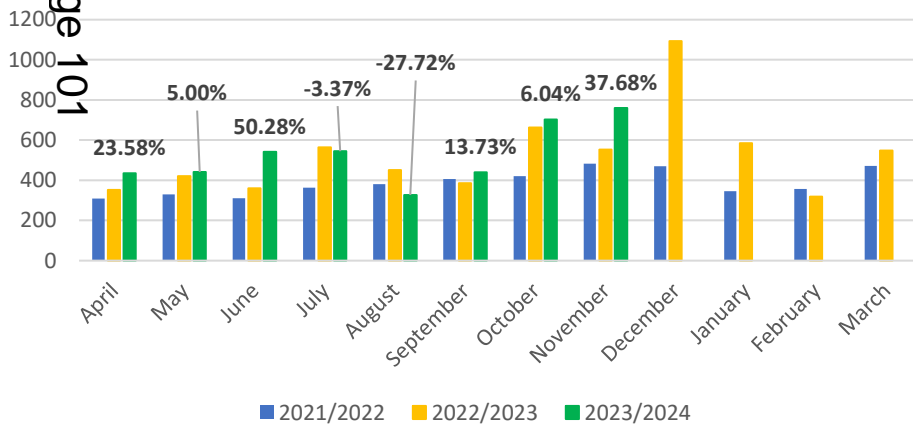
Acute attendances are up by on average 1%, this is on the back of an 1.2% increase in response activity

Northamptonshire Pre-Handovers

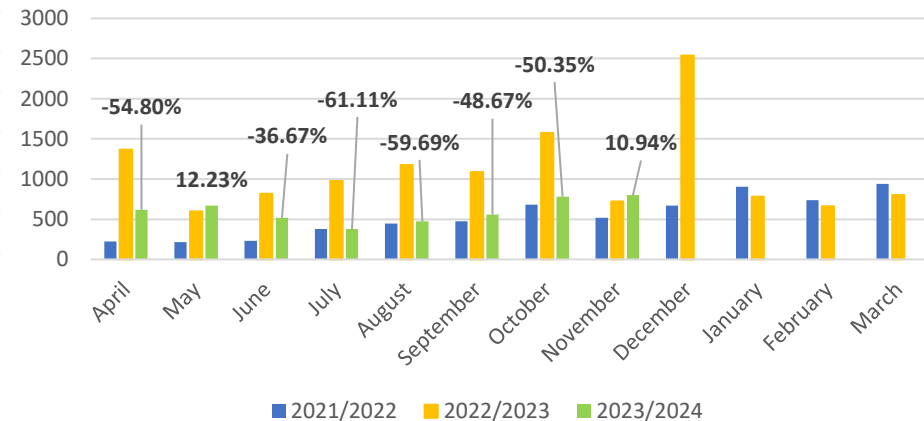
Average Pre-handover



KGH - Lost time- Pre-handover
3 year comparison



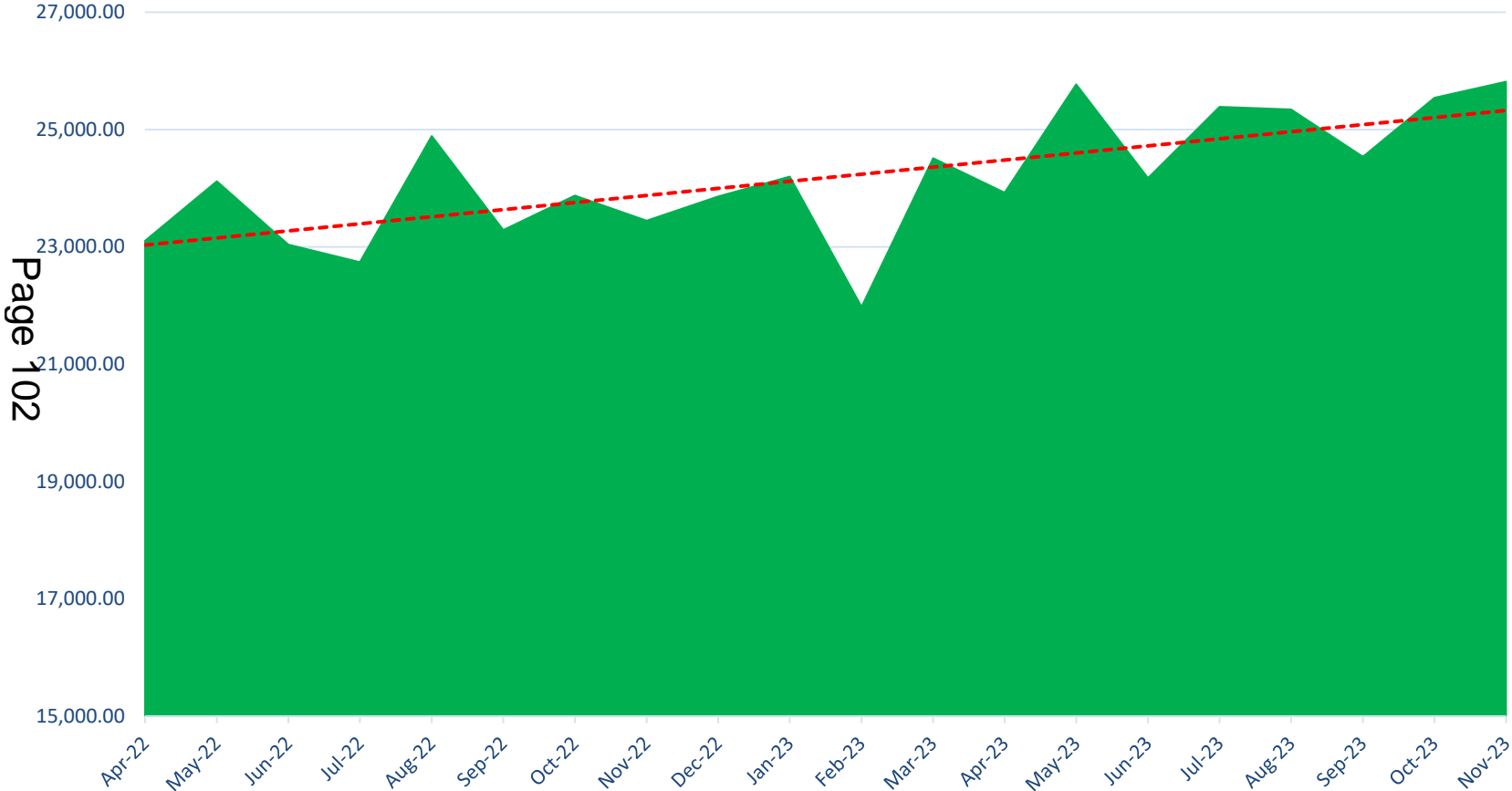
NGH - Lost time- Pre-handover
3 year comparison



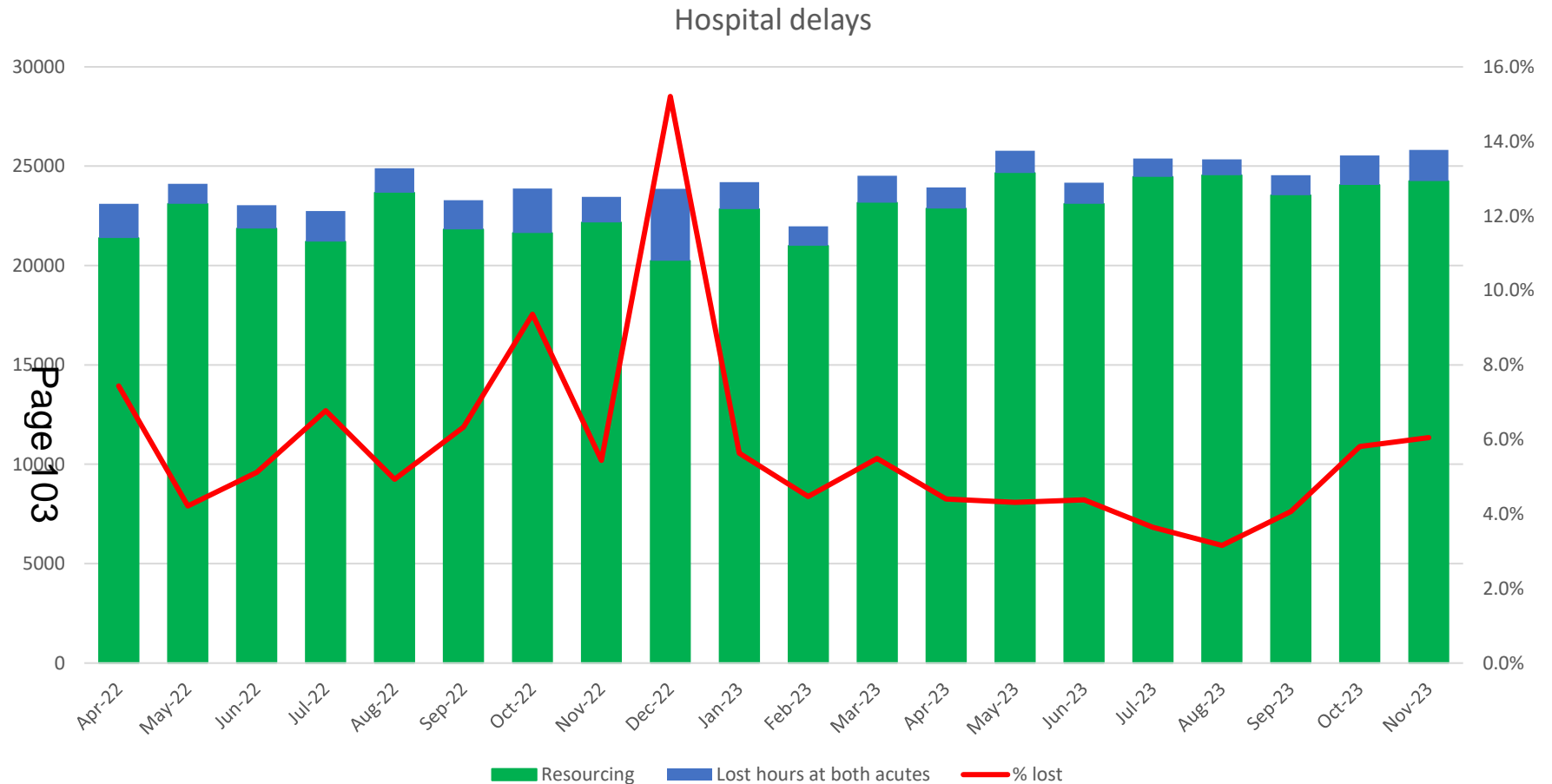
Between April – Nov 2023, Emas lost 75699 hours in pre-handover delays across all acutes, Northants lost 4800 hours, which equates to 6.3% of the total lost hours

Resourcing output

Resourcing output hours



Lost hours pre-handover to resourcing output



Between (Apr – Nov 23) we lost 4.5% of the resourcing output hours to pre-handover delays, however this peaked last year in Dec at 15.2%.

Prolonged handovers at acutes

- To maintain patient safety at the acutes and in the community we have worked with the acute units to ensure.
 - Minimum care standard for patients waiting on vehicles at acutes
 - Access to a rapid handover bed to allow a response to the high acuity patients in the community.

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We undertake harm reviews for long waits in the community and long waits outside an acute unit.

Thank you

Any Questions ?

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**North
Northamptonshire
Council**

Adult Care and Health Overview and Scrutiny Committee
9th January 2024

Report Title	Update on Redesign of Short breaks and Respite for Children with Disabilities
Report Author	Sharon Blount - NCT Commissioning Manager Sarah Burr – NCT Commissioning Service Manager Jane-Amanda Stephenson-Glynn – ICB Head of CYP Transformation
Executive Member	Cllr Scott Edwards

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	

List of Appendices

Appendix A - Council for Disabled Children – Engagement Report Autumn 2021

Appendix B – 6 Week Engagement Report April / May 2023

Appendix C – 6 Week Consultation Report Oct / Nov 2023

Appendix D – You Said – We Did

1. Purpose of Report

The purpose of the report is to update the Scrutiny Committee of work and public consultation completed to date to develop a new model for short breaks and respite for children with disabilities.

2. Executive Summary

The Short Breaks redesign project is collaboration between Northamptonshire Children's Trust (NCT) who commission the services on behalf of West Northamptonshire Council (WNC) and North Northamptonshire Council (NNC), Northamptonshire Integrated Care Board (NICB), service providers, and families. The primary goal is to enable children and families to access the right support at the right time by significantly enhancing access to non-residential short break services for children with complex health and social care needs.

The proposed model, developed through collaboration with parents and practitioners, features a Lead Provider overseeing both residential and non-residential short breaks within a budget

cap of £2,686,200 (WNC&NNC £2,019,200, ICB £667,000). This streamlined approach aims to enhance resource utilisation and provide families with a broader range of choices and support.

The report details the short breaks redesign background, public consultation and engagement, the redesigned model, next steps to enable the redesigned service to be operational from 1 November 2024.

3. Recommendations

The Scrutiny Committee is asked to:

- 3.1. Note the results of the consultation undertaken October / November 2023 to develop the redesign of short breaks services
- 3.2. Note the proposed new model of short breaks services
- 3.3. Note the next steps to be taken to commission the new model of short breaks services by November 2024.

4. Report Background

4.1 What are Short Breaks?

Short Breaks are breaks for children and young people who have a disability giving them rich opportunities while also allowing carers to have a break from caring to carry out other vital activities they otherwise would not be able to do. Whilst short breaks do not have to be overnight, residential short breaks are offered to families with higher needs to give them a longer break. Short breaks can prevent families from reaching crisis point and requiring admission to hospital or care.

Short breaks benefit children and young people with disabilities by supporting:

- Peer socialisation
- Confidence, resilience, and self-esteem
- Independence
- Exploration of new activities and challenges
- Relaxation and enjoyment

For parents and carers, short breaks provide:

- A convenient respite from caregiving
- Confidence and reassurance about their child's well-being
- Assurance that the service can address their child's emotional, behavioural, physical, and medical needs
- Confidence that their child is engaged in positive and enjoyable activities supporting growth and development.

4.2 Legislation

There are important duties on both Local Authorities and Integrated Care Boards (ICB) as part of the **Children Act 1989 section 17** and **The Children & Families Act 2014** to arrange for the provision of services or facilities for any children and young people who have special

educational needs or who have a disability. Additionally, each ICB has a duty under section 3 of the NHS Act 2006.

Additional legislation can be found in the:

Breaks for Carers of Disabled Children Regulations 2011 section 4.
Children Act 1989 paragraph 6 of schedule 2.

Key statutory duties can be found within the following legislation:

Chronically Sick and Disabled Persons Act 1970
Children Act 2004
Equality Act 2010
Care Act 2014 (in relation to transitions)

In the West Northants Council (WNC) area, 8,175 children (8% of those aged 0-24) are estimated to have disabilities. North Northants Council (NNC) area is estimated to have 7,405 children with disabilities (9% of the same age group). The level of needs vary within the cohort. The Short Breaks services are part of each area's Local Offer and are intended for children and families whose level of needs mean they are not able to access mainstream and universal services without additional support.

4.3 Current provision

Currently WNC, NNC and the NICB pay for a range of different breaks to meet this need. These are currently delivered by several different organisations. These include residential (NHFT) and non-residential short-breaks (Action for Children), personal care and support, holiday clubs, sensory impairment services (Northamptonshire Association for the Blind and Deaf Connect) and sleep support (Scope).

With no viable bidders for the residential short breaks tender in 2020 an agreement was reached between NHFT, NCT, WNC, NNC and NICB for NHFT to continue delivery of the residential short breaks service for disabled children from 1st April 2021 under a 4-year contract with the proviso that the service was re-designed and transformed.

Residential Short Breaks – There are two units, currently run by NHFT, which are open 7 days a week, John Greenwood Shipman Centre in Northampton for children who have Autistic Spectrum Condition and/ or have learning disabilities; and Squirrels in Rushden which is for children with complex health / medical needs. John Greenwood Shipman can support up to 8 children at any one time and Squirrels up to 6. Each setting supports children from across Northants.

Non-Residential Short Breaks – Action for Children currently run this service. There are weekly Saturday clubs in Corby, Daventry, Kettering, Northampton and Wellingborough. During the school holidays they run holiday clubs in the same areas. Youth groups are delivered in the evenings in Daventry, Northampton and Wellingborough. Action for Children sub-contract Greenpatch to run activities in Kettering and they deliver an afterschool club, Saturday club and holiday clubs at their allotment site.

The Sleep Service – Scope currently run this service and offer support by telephone to families with a child with special educational needs and disabilities (SEND) who need help to sleep at night. They deliver a 6-week intervention on an individual family level. Training is given to other practitioners so that they can offer initial support to families they are in contact with.

Sensory Impairment Services – Each service runs 7 holiday clubs each year. Additionally Deaf Connect run a basic sign language course for parents and Northamptonshire Association for the Blind offer 1:1 support to families.

4.4 Co-Production, Consultation and Engagement

Co-production has been integral to redesigning short breaks services since Autumn 2021. Throughout the lifetime of the project representatives from NPFG have been members of the Children with Disabilities Board that meets quarterly to review the performance of the Short Breaks services. Engagement with NPFG in relation to the redesign increased in 2023, with involvement in planning engagement sessions, public survey design and membership of the steering group.

The goal is to continue to enhance co-production, in line with the West Northants and North Northants SEND co-production charters, with parents / carers children and young people participating in ongoing performance monitoring and service development of the new service, collaborating closely with the provider.

North Northants SEND Co-production Charter Values and Principles	West Northants SEND Co-production Charter Values and Principles
Learning from lived experience	Communication
Working Together	Respect
Honest, Open and Transparent	Transparency
Responsive and Accountable	Working Together
Ambitious	Accountability

Three key stages of the consultation and the history are presented in the report appendices.

- History of Engagement and Shaping of the Short Breaks Model (Appendix A)
- **Phase one:** Council for Disabled Children facilitating workshops in 2021 (report Appendix B). This was followed by a partnership design phase.
- **Phase two:** Further views were sought from the public on the potential model in April/ May 2023 and validated 2021 feedback (report Appendix C).
- **Phase three:** Public consultation in October/ November 2023 shaped the final model for commissioning the new short breaks model (report Appendix D).

The majority of participants in the April/May 2023 survey supported the idea of centralising short breaks services under a singular lead organisation. Parents and carers expressed a preference for weekend availability of these services, alongside a consensus on the necessity for more proactive, early intervention services to prevent family crises.

Summary of Phase Three consultation October/ November 2023:

During the consultation there were 150 responses to the electronic survey and 134 attendances at the workshops. Overall, 104 parent responses (37%), 115 professional responses (40%) and 65 members of the public responses (23%) contributed their feedback. 6 children and young people accessing short breaks services separately gave their feedback.

There were 10 workshops held over 6 weeks in multiple locations in Northamptonshire including Corby, Kettering, Northampton, Daventry, Brackley, Thrapston, Wellingborough and 3 opportunities to join online too.

The workshops engaged with 49 parents (37%) and 85 professionals including short breaks providers (63%). Some attendees came to multiple sessions. The electronic survey was online for 6 weeks and received responses from 55 parents (37%), 7 short breaks staff (5%) 23 professionals (15%) and 65 members of the public (43%).

Organisations engaging in the workshops were North Northamptonshire Council and West Northants Council representatives, Northamptonshire Parent Forum Group (NPFPG), North and West IASS (Information Advice Support Service), Sport Northamptonshire, Action for Children, Scope, Northamptonshire Association for the Blind, Northamptonshire Healthcare Foundation Trust and Sport 4 Fitness.

Additionally, there were short breaks stands at the WNC SEND Strategy Launch marketplace event and the NPFPG Fun Day marketplace to further engage with parents / carers and practitioners.

The feedback on the proposed model was:

- The idea of a single referral pathway is good to avoid families having to tell their stories over and over.
- The majority of respondents felt that any assessment that was already in place should be used for access to the short breaks services which should include Early Help Assessments (EHA), Social Care Assessments, Continuing Care Assessments, Education Health and Care Plans, Disability Living Allowance assessments etc. Some respondents did want to keep self-referrals.
- Respondents agreed with the principle of reallocating funding from the residential short breaks unit to increase the number of non-residential short breaks services in order to avoid families going into crisis. However, they did not agree with closing the residential short breaks unit 1 day a week instead offering the alternative solution of reducing the bed capacity instead.
- Respondents shared what their preferred activities for daytime activities should be with the most preferred being swimming, activities involving animals, cooking or musical activities.
- Respondents were keen for there to be better links with activities already taking place in communities and supporting children and young people to access them rather than set up new activities if they are not needed.
- Respondents felt that the highest need to enable children to take part in activities was 1:1 or 2:1 staffing, followed by secure environments and small groups.
- Overwhelmingly respondents felt that the sleep service should not be added to the short breaks group of services. People felt that this was a health service rather than a social care service and they also felt that adding it to short breaks would be a barrier to access for those who did not need a short break. There was also huge concern for the current long waiting list and what would happen for the people on it.
- Similarly, respondents felt that the sensory impairment services should not be included within the short breaks group of services as it could be a barrier to access for those children who would not need a short break. Some felt that there are already services available to support children such as the sensory impairment service and teachers of the deaf and hearing impaired.
- Most people felt that adding personal care and support services to the short breaks group of services would be positive.
- In general respondents agreed with some parts of the proposals but not all of it.

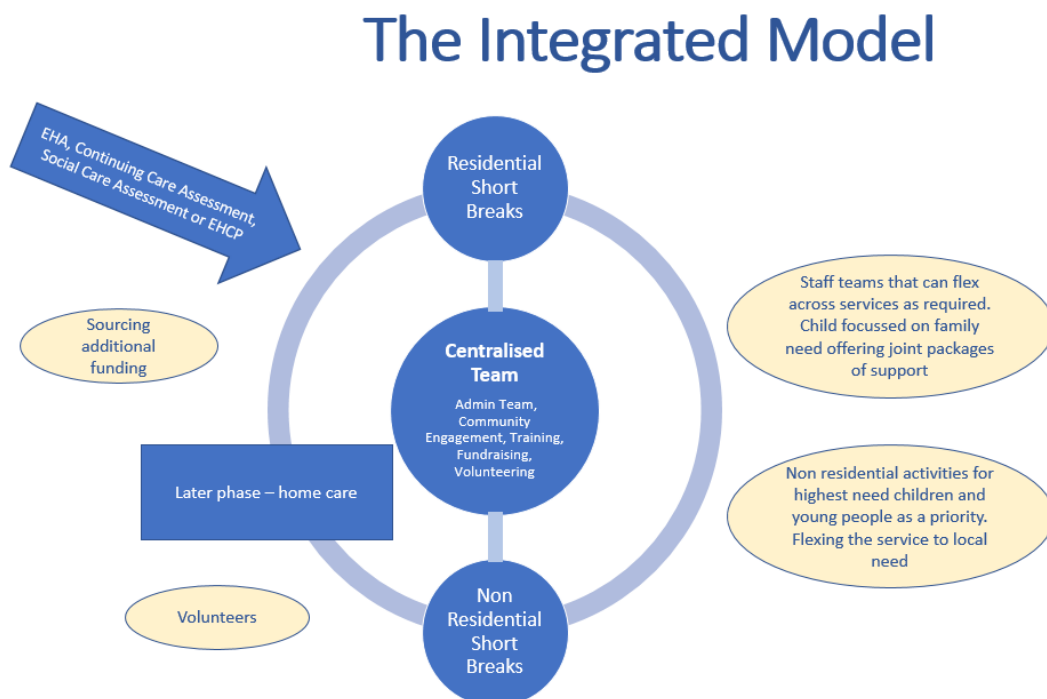
- “What is good about the proposal” comments included the joined-up referral pathway, the centralised hub and additional functions and joining up with community services for daytime activities.
- “What needed more thought” was the sleep service and sensory impairment services being included in the short breaks group of services, reducing the number of nights that residential short breaks would be open, transport to access the services, the number of secure venues in the county, ability to increase the number of volunteers.

Parents/carers also shared their experiences of having a child with disabilities and seeking support, not just in relation to short breaks. This feedback is being shared with SEND Boards in North and West Northants for further consideration.

5. The Final Redesigned Model

Following extensive feedback from various engagement sessions, the final redesigned short breaks model has been formulated. The redesign will enable services to be more family-centric, adapting to their specific needs. The proposed approach is outcome-focused, collaborative, and actively involves parents in the decision-making process.

This approach aims to streamline operations under a lead provider, enhancing resource utilisation, and providing families with a broader range of choices and support. Additionally, the model aspires to proactively allocate resources to bolster early intervention services, ensuring support is accessible before families reach a crisis point necessitating overnight breaks.



5.1 The Integrated Model intends to:

- Simplify access to support and reduce the duplication of administrative tasks by having a central hub supporting both services with a single referral and assessment pathway.

- Ensure staff work seamlessly and share skills by having a whole service, joined up and sharing of information, skills and knowledge and support that can flex to meet changing needs.
- Ensure services can develop and grow by introducing a fundraising function.
- Increase the staffing capacity within the services by having volunteer buddy co-ordination function to ensure that support staff time is freed up to maximise the number of children accessing services whilst keeping the quality of the activities.
- Develop with community relationships and partnerships ensuring that the short breaks services are well advertised and there is a good knowledge of other community services available, and work within communities to improve access to activities where needed.
- Provide information, support and guidance to parents/ carers
- Explore whether the residential short breaks units could be used to run non-residential short breaks for children requiring 1:1 or 2:1 support.
- Consider alongside commissioners the option to add home care services (Personal Care and Support Services) in the second year of the contract to further join up the services offered to families with children with disabilities.
- Offer daytime activities in different ways such as working with existing community groups to be able to offer their activities to children with more complex needs and funding individual activities.

5.2 Single Referral Point & Lead Provider model

- Referrals to both residential short breaks and non-residential short breaks would come through a single point, utilising existing assessments of children's needs (e.g. early help assessment, social care assessment, continuing care assessment, education health and care plan). Multi agency panels will be utilised to identify how best to meet the families' needs. A central record would be held for all referrals so that families do not have to keep retelling their stories. Support would be able to flex to meet changing needs.

5.3 Overnight Breaks - Residential Short Breaks

- To enable a redistribution of funding to allow children whose needs are more complex to access non residential short breaks, and to develop the central hub, bed occupancy will be reduced from 8 to 6 beds per night at John Greenwood Shipman (JGS) and 6 to 4 beds per night at Squirrels. The residential short breaks service is currently operating below full occupancy, therefore a reduction in the number of beds is likely to have minimal impact on families.
- The analysis shows that reducing the number of beds will continue to meet the need for overnight short breaks at the same level for the current service users due to the current bed occupancy levels. It is also expected that over time, the improved offer would reduce the need for residential short breaks. The consultation showed this option was favoured over reducing the number of nights that residential short breaks are available.

5.4 Daytime Activities - Non-Residential Short Breaks

- The non-residential short breaks staffing will be increased so they can support children with more complex needs. The provider would be required to understand the provision and need in each area of the county (Northampton, Kettering, Corby, Wellingborough,

South Northants, Daventry and East Northants) and develop a locally tailored offer, taking an innovative and flexible approach.

5.5 The Sleep Service

- Demand for the Sleep Service has significantly increased and there is a long waiting list for support. In response to the consultation feedback, the sleep service will not be included in the short breaks group of services and will undergo a full system review in order to ensure that going forward the sleep support given to those who need support are appropriate and sustainable. The current budget for the Sleep Service will therefore not be included in the short breaks budget.

5.6 The Sensory Impairment Services

- It is proposed not to include specific sensory impairment support within the revised model, as specialist support is available, but children with sensory needs would be able to access the new service if they require a short break.

6. Finance

The Lead Provider will oversee both residential and non-residential short breaks within a budget of £2,686,200 (with contributions from WNC & NNC at £2,019,200 and ICB at £667,000). WNC and NNC funding is transferred to NCT to commission the services on their behalf alongside ICB. This is the same as the current total budget across short breaks services, minus the Sleep Service budget as this will be reviewed and commissioned separately.

7. Risks & Mitigations

Risk	Mitigation
Delays to contract start date	Timetable set out and monitored by short breaks steering group. Oversight by Short Breaks Strategic Group
No bidders for contract when tendered	Provider engagement events prior to contract advertising to test the viability and appetite of providers delivering the model. Negotiation time built into procurement timetable before award. Encouraging collaborative bids Regular conversations continue with providers to warm up the market. FAQs to be provided, including queries regarding financial liabilities related to transfer of workforce on NHS terms and conditions and access to NHS Pensions.
Impact to current provider workforce	Regular engagement sessions in person with staff to keep them up to date with progress
Impact to children, young people and their parents/ carers	Multiple engagement exercises to gain the views of families and shape the model accordingly. Publication of feedback received through the consultation, changes made to the model as a result and next steps

	Continued participation of parents/ carers, children and young people through steering group
Impact on current provision due to change	Service delivery monitored by providers and commissioners and mitigations identified for any potential impact

8. Next Steps

The ICB Board gave approval on 21st December to proceed with commissioning the redesigned new model of short breaks and recognised the changes made as a result of the final phase consultation feedback. The following timeline has been agreed to allow sufficient time for the new service to achieve required registration.

The project will continue to be overseen by the multi- agency steering group which includes parent carer forum group representatives and a strategic group of senior officers from NNC, WNC, NCT, NHFT and ICB. Commissioners will work collaboratively with the current and incoming providers to ensure a smooth transition to minimise impact for children and families.

Action	Starts	Week Commencing
Publish consultation and advertise contract	08/01/2024	
Negotiation	19/02/2024	
Evaluations	04/03/2024	
Award Contract	18/03/2024	
Recruitment of registered Manager if required	18/03/2024	
Register with Ofsted & CQC (requires Registered Manager to be in post)	08/07/2024	
Demobilisation / Mobilisation	05/08/2024	
Transition and hand over	30/09/2024	
New service fully operational	28/10/2024	

Appendix A – Council for Disabled Children Engagement Report Autumn 2021



Appendix B - Council for Disabled Children

Appendix B - 6 Week Engagement Report April / May 2023




Appendix C - 6 Week Engagement Report A

Appendix C – 6 Week Consultation Report October / November 2023

To be added

Appendix D – You Said – We Did

Stage	Who did we engage with? 	What you said	What we did
Initial engagement Sept 21 – Oct 21	14 people responded to the survey of whom 13 were parents	<ul style="list-style-type: none"> • Need to improve transitions. • All children to be able to access support. • One referral process • More early help support. • Need flexible, responsive, forward thinking, transforming services. • A simpler pathway to access services is required. • Not enough staff to support children with 1:1 or 2:1 staffing needs. • Flexible, integrated services • Services close to home 	<p>Potential new model designed that included:</p> <ul style="list-style-type: none"> • Single service offer • Run and led by one lead organisation. <p>The redesign proposal was developed by a Partnership Design Group.</p>
Design Phase Nov 21 – Mar 23	Children With Disabilities Board and SEND Accountability Board (members included NPPG and providers)	<ul style="list-style-type: none"> • These proposals were discussed and reviewed at each Children with Disabilities Board to shape the model. 	Redesign proposal was developed and agreed by a Partnership Design Group, agreed, and approved by the Children and Young People's Transformation Board.
Second phase April 23- Jun 23	233 people from an electronic survey and 6 focus groups. 43% of respondents were parents/carers. 28% current provider staff 34% public	<p>Majority of respondents said:</p> <ul style="list-style-type: none"> • Bring residential and non-residential short breaks together. • Flexible team across services • Increasing non-residential short breaks will reduce need for residential short breaks. • One referral point and joined up assessment and reviews. • More short breaks with 1:1 or 2:1 staffing. • Additional services: <ul style="list-style-type: none"> • Fundraising • Peer support • Volunteer buddies 	<p>The proposed lead provider model will have:</p> <ul style="list-style-type: none"> • Central hub supporting all services. • Single referral and assessment pathway • Staff working across the contracts. • Grow capacity through fundraising and volunteers. • Specialists play workers to support with designing activities. • Build community relationships and links to enable greater choice of short breaks. • Advertise short break opportunities centrally. • Support families to step up and step down.

		<ul style="list-style-type: none"> • Whole family activities 	<ul style="list-style-type: none"> • Additional day care activity offered a residential short break. • Add home care services
Third Phase Oct 23-Nov 23	284 engagements from the electronic survey and 10 workshops of which 37% were parents, 40% professionals and 23% members of the public	<ul style="list-style-type: none"> • The idea of a single referral pathway is good to avoid families having to tell their stories over and over. • Any assessment that is already in place should be used for access to the short break's services. Some respondents did want to keep self-referrals. • Agreed with the principle of reallocating funding, however, they did not agree with closing the residential short breaks unit 1 day a week. • Preferred activities for daytime activities were swimming, activities involving animals, cooking or musical activities. • Better links with activities already taking place in communities and supporting children and young people to access them. • Need 1:1 or 2:1 staffing, followed by secure environments and small groups to access services. • Sleep service should not be added to the short breaks group of services. • Sensory impairment services should not be added to the short breaks group of services. • Adding personal care and support services to the short breaks group of services would be positive. • In general respondents agreed with some parts of the proposals but not all of it. • "What is good about the proposal" - the joined-up referral pathway, the centralised hub and additional functions and joining up with community services for daytime activities. • "What needed more thought" transport to access the services, the number of secure venues in the county, ability to increase the number of volunteers. 	<ul style="list-style-type: none"> • There will be a single referral route into the short break's services. • Existing assessments will be able to be used to access the short breaks services. • The residential short breaks units will not close 1 night a week but will instead reduce the bed capacity which had been suggested during the consultation as a better alternative; analysis shows this will still enable need to be met • The Sleep Service (and budget) will not be included in the Short Breaks group of services. The service will have a full review. • The Sensory Impairment services will not be included in the short breaks group of service • To consider adding PCaS services during the 2nd year of the contract after modelling the viability of this. • Feedback from the consultation will be shared across the system and with the new provider to ensure it is considered

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Report – Northamptonshire Short Breaks Co-production workshops

Council for Disabled Children Engagement Report Autumn 2021

Context

Currently, the Northamptonshire Children’s Trust (The Trust) and the Northamptonshire Clinical Commissioning Group (CCG) jointly commission the Residential Short Breaks Service which is provided by Northamptonshire Healthcare Foundation Trust (NHFT) and the Sleep Service, Sleep Right Northamptonshire, provided by Scope. The Trust separately commissions Non-Residential Short Breaks, provided by Action for Children.

The need for this service should be seen in the context of the population demographics in Northamptonshire. In 2019 there were a total of 134,966 children and young people between the age of 0 and 25. Furthermore, the number of Education, Health and Care plans (EHCP) in Northamptonshire has increased every year since 2016 with a 5% increase between 2019 and 2020 which is below the East Midlands region increase of 9%. 13.4% of school pupils have an EHCP or are receiving special educational support. This points to the need for creating better services that meet the needs of a growing population of children and young people.

These services form an essential part of the support offered to disabled children and young people and their families, enabling them to lead more ordinary lives. The Trust and the CCG recognise the important role they play in ensuring there are sufficient appropriate and accessible short breaks available across Northamptonshire which meet the needs of local families. These short breaks not only provide children and young people with opportunities to socialise and have fun, but they also provide parents and carers with necessary breaks to enable them to continue to provide care. A previous consultation on services conducted between May and July 2020, found that children, young people and their parents and carers want flexible, integrated services provided in places close to home.

Following on from this consultation, The Trust commissioned the Council for Disabled Children (CDC) to undertake further co-production sessions. These sessions took the form of half day workshops with parents, carers, SEND Board, Commissioners, Practitioners and Community Groups and engagement with children and young people to understand what short breaks are needed in Northamptonshire for disabled children and young people and their parents and carers.

Aims and objectives

Through these sessions we were seeking to take a new approach to co-designing and developing a short break's offer which meets the needs of local families within the existing capacity of The Trust. Some of the core aims of the sessions were to:

- Explore the barriers and opportunities for disabled children and young people in their local communities
- Explore the need for different types of short break opportunities including the impact of COVID-19
- Co-produce creative and innovative ideas to improve opportunities for children and young people to be part of their communities; to have positive, enriching and ambitious experiences; and for their families to be supported to continue in their caring role

All activity was underpinned by The Trust's core values which are to:

- Be child focused and work with the whole family
- Make a difference with trust and integrity
- Concentrate on the best solution
- Act with respect, kindness and compassion
- Communicate well
- Do the best job of your life every single day

Methodology

To successfully capture feedback from a variety of professionals and parent carers, we engaged with different audiences through tailored activity. By creating different opportunities, we were able to reach a wider range of participants in ways which enabled meaningful participation. For example, when we were seeking the views of children and young people we went to the spaces they already attended and felt safe in, and ran several interactive activities which enabled them to engage in a way which suited them. For children and young people who communicate non-verbally, we sought to get their views through observations in short break settings and staff feedback. In total, we met with 15 young people across sites in Kettering, Corby and Daventry.

Our core delivery was through two face-to-face workshops with frontline practitioners, commissioners and parent carers. These sessions were run over two days in different parts of the county to enable us to engage with practitioners and families in different parts of the community, with one session delivered in North Northamptonshire and one in West Northamptonshire. The locations were chosen for ease of access to ensure practitioners from all areas of the county were able to attend. These sessions were delivered face-to-face in a COVID safe way to enable more effective conversations between colleagues and parent carers, as well as a chance for networking after 18 months of virtual meetings. In total 21 participants attended these two sessions, with representatives from the local authorities, health, social care, the voluntary sector and short breaks providers.

Although a small number of parent carers were able to attend the two workshops with professionals, it wasn't easy for all parents to attend. Consequently, we developed a supplementary webinar with a linked survey to increase engagement from this group and keep them informed of the conversations we had in the workshops. The webinar and survey links were shared by The Trust directly to parent carers through local provider networks. The survey was open for a short period of time, closing on the 15th October. During this time, the webinar video received 58 views and 14 people responded to the survey of which 13 were parent carers.

Best practice examples from other areas

As part of the co-design and development process for Northamptonshire's new short breaks offer, it has been important to reflect on existing examples of best practice from across the country. It is useful to draw inspiration from other local areas who have faced similar challenges and used innovative thinking to find co-produced local solutions.

West Sussex

One example that was shared was the offer in West Sussex and their corresponding Short Breaks Statement. In this statement they set out 4 clear tiers of support available to children and young people and their families which include:

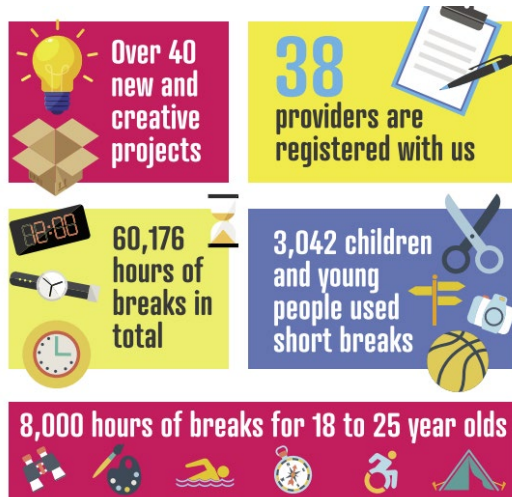
- Community-level support via the Compass Card – the Compass card offers families discounts and opportunities for bespoke, tailored disability sessions at cinemas, leisure centres, cafes, restaurants and other community-based opportunities in the local area
- Opportunities for the whole family to do things together – this tier covers supported short breaks to create different and positive experiences for the family to enjoy time together whilst still having a break from their caring responsibilities through support from a carer or provider
- Universal services – this tier focuses on supporting services in the community to be as inclusive and accessible as possible
- Targeted fun and play – this covers the specialist tier of providers offering short breaks covering socials, arts, sports and leisure activities

West Sussex also provide funds to kickstart innovation pilots to grow activity and develop new short breaks opportunities for children and young people.

The statement itself breaks down information on support available and how to access it in a clear family-friendly way. The experience of families runs through the document with observations from parent carers and children and young people referenced throughout. The document has clear information on the different provisions available, when they take place, details on how to apply and the eligibility criteria in place. Critically, they emphasis in their eligibility criteria that demonstration of 'equivalent need' is accepted in place of proof of diagnoses or benefit payments as part of their needs-led eligibility framework.

In their Short Breaks Statement, they shared some statistics on their delivery from 2019-2020. They stated that Short Breaks were available to children and young people with a wide range of additional needs and/or disabilities including wheelchair users, those with autistic spectrum conditions, profound and multiple learning disabilities and complex health needs.

They also produced a graphic detailing the support they delivered over the year and information on the children and young people who were eligible for this support.



Short Breaks services were delivered for:

- Children and young people under 18 years with additional needs and/or disabilities (up to 25 for some Short Breaks)
- Children and young people who live in West Sussex
- Children and young people who are in receipt of either the middle or high care component of Disability Living Allowance (DLA) or the standard or enhanced rate of Personal Independence Payment (PIP) or have equivalent needs.

London Borough of Bromley

Another example that was shared, was the learning from the recent Short Breaks Provider event that was co-delivered by LB Bromley and the Council for Disabled Children. The event was used to explore opportunities for how short breaks providers can help prepare disabled children and young people for fulfilling adult lives.

Initially the group shared some of their examples of current practices that could be transferred to other areas of delivery, as detailed in the graphic below.



Following on from this, the providers broke down some key areas for development to continue to evolve their delivery, including:

- Think about developing services based on 'like-minded' interest and skills rather than age ranges tied to legal or funding arrangements
- Lots of providers are thinking about PfA for young people post-16 how we can extend this down the age range
- It's important to keep a focus on fun and positive experiences and adapt them to support outcomes
- Create opportunities for providers to work together and think creatively, especially where children and young people are moving from one service to another or accessing more than one provision

These examples were shared in both the face-to-face workshops and in the online survey to encourage participants to consider whether elements of these offers should be incorporated into the future Short Breaks offer in Northamptonshire.

The sessions

Visits to current provisions

In advance of the workshops, webinar and survey, colleagues from The Trust and CDC staff undertook several visits to current providers to get the views, wishes and feelings of disabled children and young people already accessing short breaks services, as well as staff working there. During these visits, staff were able to meet young people at short breaks provisions in Kettering, Corby and Daventry. Additionally, a visit to the residential setting at Northampton was also arranged to meet with staff and see the facilities. During these visits we were able to engage with 4 young people in Kettering, 2 young people in Corby and 9 young people in Daventry.

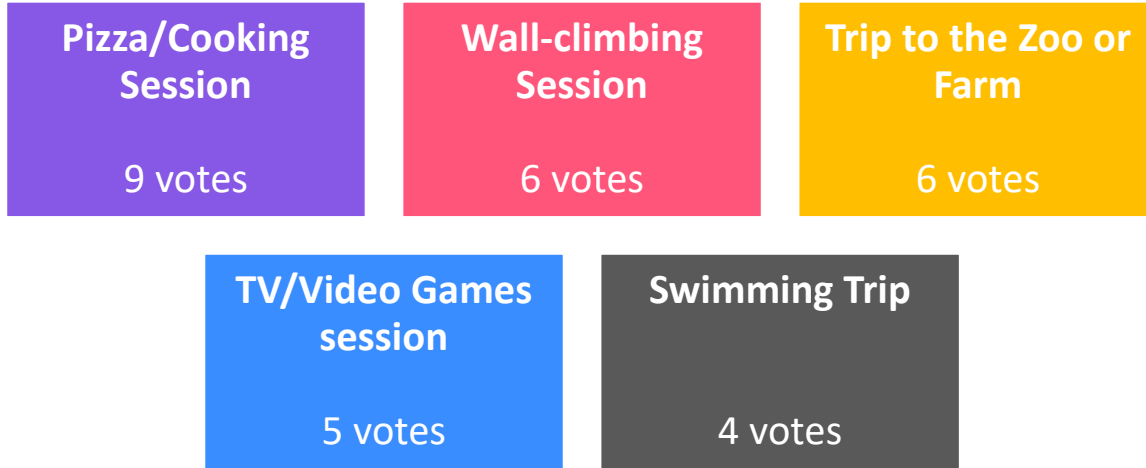
In these sessions we used a variety of different methods to get the young people's feedback including two interactive activities, informal conversations and observations for those who couldn't participate in these activities. It is important to note that the engagement in the different activities varied. 6 young people in Daventry, 3 young people in Kettering and 2 young people in Corby participated in My Perfect Day at Short Breaks but only the 3 young people in Kettering completed the My Feelings worksheet.

The first interactive activity was called My Feelings. To understand how young people feel about their short breaks we asked a series of questions and got the young people to respond by writing down or pointing to a word or colour that represents how this makes them feel. This included how they felt when they were getting ready to go to their Short Breaks and how they felt when they arrived and left. The overwhelming feedback from this activity was that children and young people really enjoyed their experience at short breaks with 100% reporting feeling happy when they arrive at their short breaks. The only negative emotions were the anxiety of getting ready to go and sadness at the point of leaving.

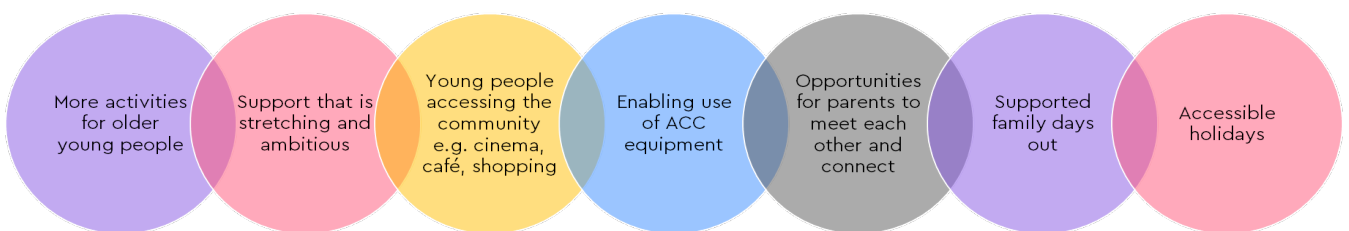


In the second activity, My Perfect Day at Short Breaks, the children and young people picked 5 different activities that would make up their perfect day at short breaks. They were given a prompt sheet with some ideas but also encouraged to come up with any

ideas of their own. There were many different ideas suggested but 5 activities were the most popular. These activities were diverse in nature but all achievable through a short breaks provision.



At one of the settings a carer shared their experiences of the opportunities for older teenagers including what was working well and what could be improved. They discussed the fact that there is a good level of support from the existing short breaks services, and that young people feel happy and safe when they are there, which mirrors the feedback from the My Feelings activity, as well as mentioning that staff know the young people well. However, they also shared some suggestions they had for older young people which should be built into any future designs for short breaks provisions:



Not all young people were able to participate directly in these activities so observations of their experience within Short Breaks were made, with further insight sought from the professionals around them. For example:

- He liked wandering around the outside area, he particularly liked watching all the volunteers doing the gardening, he was laughing a lot when it was lunch time and he was eating his food which he loves

- He loves music and being able to control his own environment. He likes playing football and said he was happy when asked how he feels about being at the club
- He likes routine and seems very happy at the short break, smiling a lot and engaging well with staff. He likes animals and going to the farm.

We were also able to get some feedback from the staff at these provisions on what they thought was most important to consider when redesigning the short breaks offer. 4 key themes emerged out of this conversation:

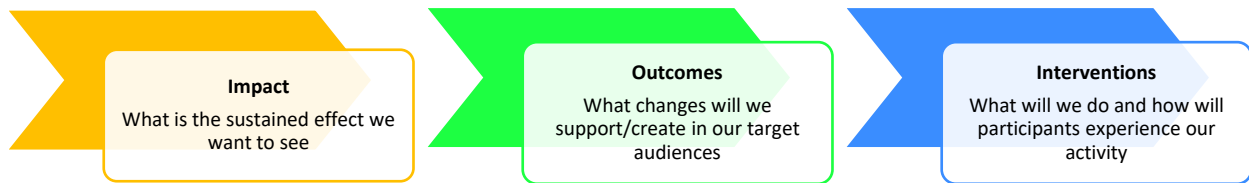
1. **Varied activities** – staff know that the likes of the children vary so much but they have identified that children would really enjoy a theatre group, trampolining, farm trips to see the animals, climbing. All of these tallies with the young people's feedback in My Perfect Day at Short Breaks
2. **Consistency** – staff acknowledge that consistency is important for most children and their parents in terms of routine, venue and staff with regard to building up relationships
3. **Socialisation** – staff have flagged that socialisation is an important part of the activities and learning how to share and consider other children
4. **High quality services** – It is important that the Short Breaks services are of high quality and that parents are confident to leave their children. A way that one setting currently supports parental confidence is by having a handover book to explain what the children have done during the session

Face-to-face workshops

The second stage of this project was the delivery of two face-to-face workshops with practitioners and parent carers to explore in depth and to begin to co-develop a short break's offer which builds on existing services and supports which are working well for families, whilst also creating a space for new and innovative approaches.

The face-to-face sessions included a summary of the legal obligations of the local authority in relation to the provision on short breaks to give a grounding of the legal framework; a review of good practice examples from West Sussex and a London Borough to see what might be possible in Northamptonshire; and the main session focused on co-developing a shared vision. The development was underpinned by the feedback from children, young people, carers and staff at the short breaks providers.

During the second part of the workshop the focus shifted from the current activity onto the longer-term goal/impact we were seeking to achieve so, where necessary, the approaches to short breaks could be redesigned to ensure that they are sufficiently focussed on progress towards the outcomes and ultimately the impact that we seek to achieve for children, young people and families. The diagram below sets out some key questions in defining this approach.

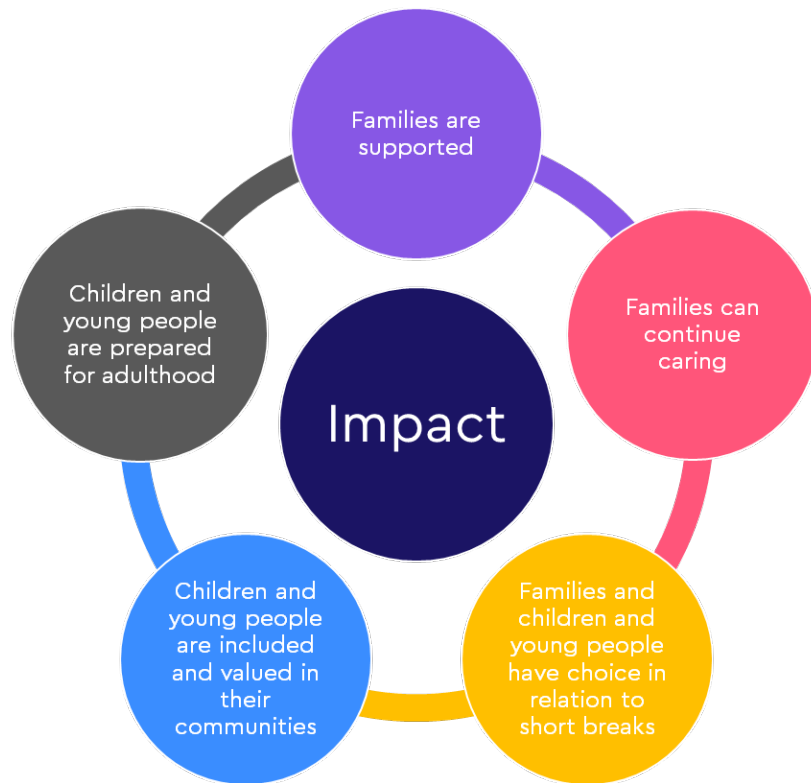


The impact

The first stage was to collectively decide the key impacts we are seeking to achieve with the short breaks provision. Practitioners and parent carers agreed that the focus should be on creating accessible, co-designed opportunities for children and young people which mirror the activities their peers can access. They also recognised that taking a whole-family approach which involves parents, siblings, and the wider family was important.

Linked to some of the feedback from staff at the provisions and the experiences of practitioners in the room, they also emphasised the need for consistent service which young people can understand. Finally, personalised approaches which focus on aspiration building and developing identity were highlighted as a core element of future delivery.

Based on this feedback, 5 key impact statements have been pulled out into the graphic below to be used to guide future planning and delivery of a short breaks offer:



The outcomes

After agreeing these core impact statements, the group moved on to discussing the outcomes they want to achieve for children and young people. There were lots of views shared around this but some of the main areas of feedback were:

- Families to have greater confidence in staff supporting their children and young people and to feel more supported
- Increase capacity in the sector by developing the infrastructure for volunteer and career pathways across the county
- Increase availability of quality support through a well-trained and supported workforce
- Improve matching of staff to maximise their capacities and broaden opportunities for young people
- Increase dynamic ways of working suited to the population by improving information sharing and creating a clear feedback loop

Leading to a series of outcomes as set out below:



Mapping existing supports

The next stage of the session was designed to explore existing interventions and map out the different provisions currently available across the county including considering how well these services meet the needs of the community.

As part of this mapping activity, attendees were asked to consider the barriers that exist, and the steps that need to be taken to ensure the activities align with the impact and outcomes set out above. In this process, participants agreed that while there are really good providers across the county there are several barriers to engaging, for disabled children and their families, that need to be overcome in order to achieve the impacts and outcomes. These barriers can be seen in the graphic below:

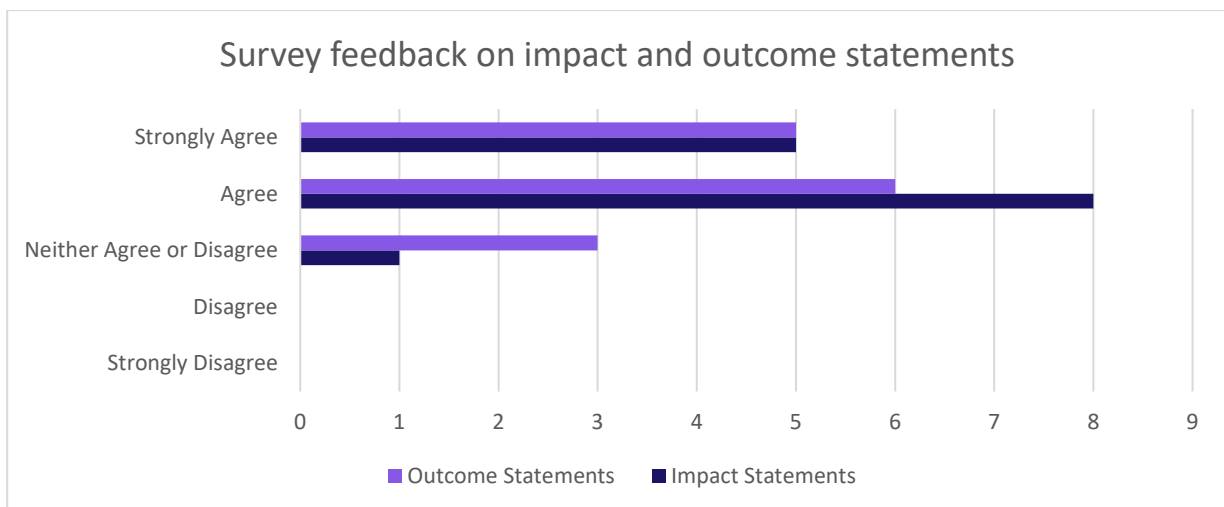


Webinar and Survey

There was limited uptake of spaces at the face-to-face workshops from parent carers, which may be due to issues with capacity and ease of access as well as the timing of the events being close to the return to school and college in September. Therefore, to ensure the views of parent carers were embedded in this co-production process a supplementary webinar with a linked survey was disseminated to capture the views of those unable to attend the workshops.

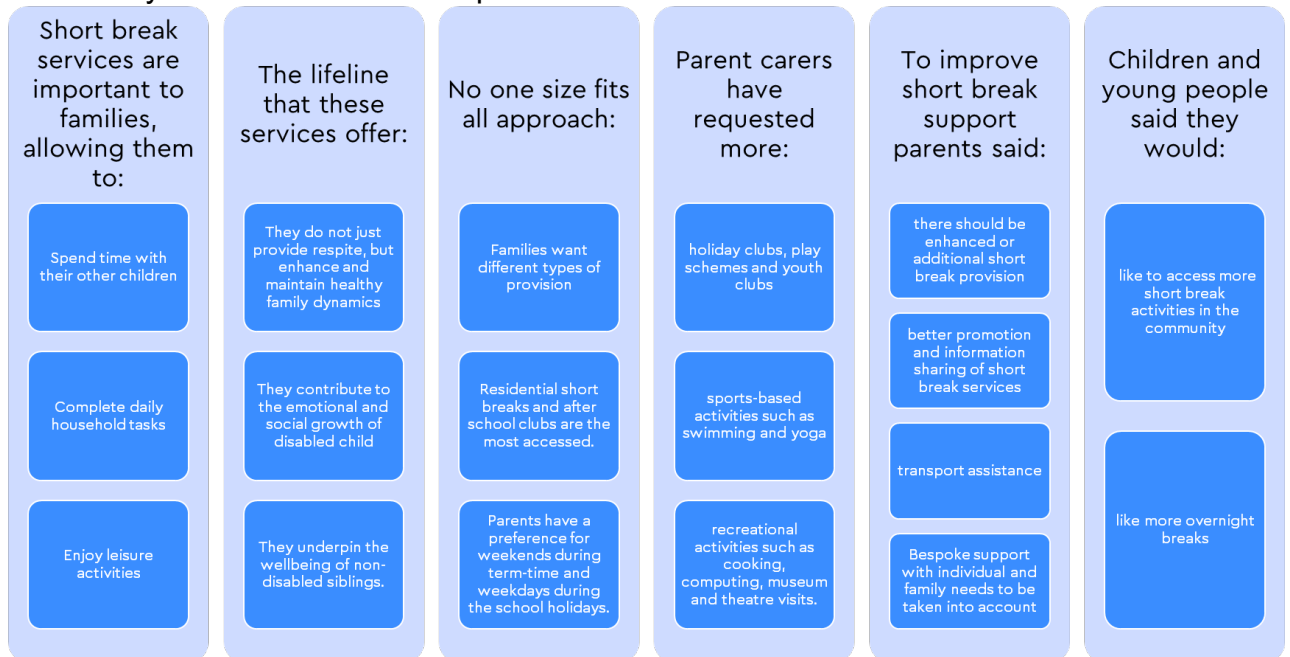
The webinar featured a summary of information on the legal framework for short breaks, examples of good practice from West Sussex and a London Borough and shared the feedback from the face to face workshops outlining the impact and outcome statements that had been developed. At this point, participants were asked to pause the webinar and go to the online survey and give their feedback on the statements that were shared.

The feedback was overwhelmingly those parents and carers responding agreed with the statements that had been created in the session with 92.8% of participants either agreeing or strongly agreeing with the impact statements and 78.6% of participants agreeing or strongly agreeing with the outcomes statements.



Once they had completed this part of the survey, participants were invited to re-join the webinar to hear the feedback that CDC gathered, during the visits to current provision, from children and young people, parent carers and practitioners at the short break services. In addition, a recap of some of the points that have been shared in previous consultation activity was also set out and can be seen in the table below:

After participants reviewed the previous feedback, participants were asked to return to the online survey and answer the final questions.



The first question was whether the current short break services are working well. There was a positive response with over three quarters of respondents (77%) saying yes.

This was accompanied by some qualitative feedback on why the services were working well:

- “This is an opportunity for her to learn new things and have friends. It’s also a nice time for her to enjoy which continues into the school holidays”
- “It is vital to these children to have the chance to get involved and socialise without feeling different, important the parents have a break too’
- “My son loves being able to access the different activities available and he loves being able to explore the outdoor area”
- “Children are happy and have a chance to take part in activities and be independent.”

However, there were also some concerns which were shared by parents who have not had a good experience of the short breaks offer:

- “Too complicated to get a referral”
- “During the pandemic we have had no outside involvement from any professional, our boy is immunosuppressant and has not been taken into consideration for anything that could have helped him or us as a family”

These comments are reflected in some of the barriers and challenges that were mentioned in the face-to-face workshops. The comment relating to the pandemic also highlights the impact of COVID has exacerbated some of the pre-existing inequalities in accessing provision and raises the question of how to ensure that all disabled children and young people can access the support they need.

One respondent to this survey was a social worker for a family-based short breaks service who also raised a concern that the Family Link service does not appear to be receiving the number of referrals they have had in previous years. In addition, recently they have been receiving referrals of children whose needs are over and above what the existing family-based service can support, including children with behaviours that challenge where children are needing 2:1 support. The existing service has a range of carers, including single carers, and this would mean being unable to meet this level of need. Similar feedback was shared in the face-to-face sessions.

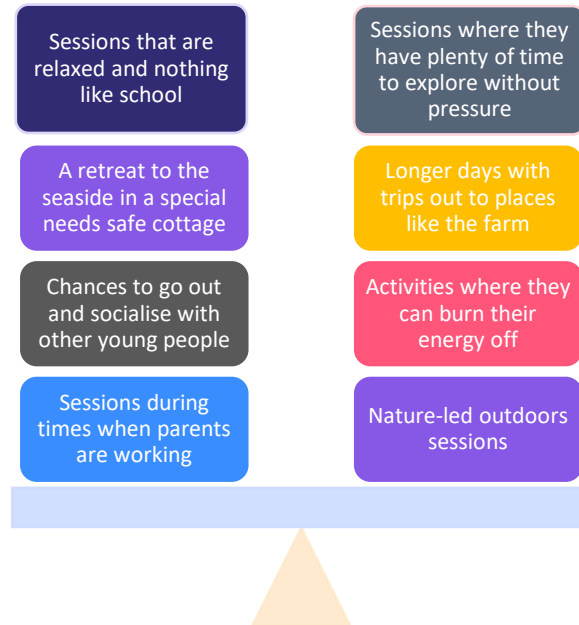
Parent carers were also asked what they would change about the short breaks offer if they could. There were some common responses with four parent carers not wanting any changes to the service they receive, two wanting a wider range of activities, two wanting an increased frequency of days and two wanting slightly longer days to be offered. However, there were also some important individual observations, including one parent wanting there to be sessions on offer nearer to where they live. Additionally, one parent wanted more feedback on what their child actually does at the short break session. They know he is happy but as he is non-verbal they do not always know what he does during sessions

There were also some more specific pieces of feedback regarding personal experiences of the system that were raised;

- One parent mentioned an issue that happened during a trip to Gulliver’s – ‘I said that my daughter does not walk long distances and requires a pushchair. It was decided to go without it but I had to collect her early due to them having to carry her. This has meant that she will now ask to be carried which is not possible as she is too heavy. It’s also the reason we have the pushchair. The repercussions of this day out caused at least a week of wanting to be carried while out on a walk’
- One parent raised that there are currently not enough staff at the provision, so they are having to stay and supervise him

- Another parent stated that they had never been able to actually access a break for their 11 year old son and felt they were having to jump through excessive hoops and red tape

Participants were also asked to tell us about how they would design the perfect short break for their child and while there were variations in the specific options suggested, several key ideas came through.



Ideas and innovation

There were a number of key areas for development identified through both the workshops and the survey feedback. These fitted broadly within three themes of ideas to continue to explore and co-produce. Some of the initial ideas are set out below and link to some of the particular barriers identified as well as to progressing towards the outcomes and impact:



Recommendations and next steps

Low cost, no cost:

- Co-develop a digital campaign to raise awareness of Short Break opportunities and how to access them and promote this through the SEND Local Offer, schools, colleges and community partners
- Establish a short break provider network of both existing and prospective providers to improve:
 - Awareness between providers of the different opportunities available to enable them to effectively sign post families
 - Communication and collaboration between providers
 - Ideas and innovation to help increase the range of activities available
- Review current volunteering infrastructure across the Trust and CCG to identify opportunities to develop this workforce:
 - Explore links with schools and colleges for work experience and volunteering placements to build the future workforce
- Co-design and deliver an information sharing event for families, providers, prospective staff and practitioners supporting families

Longer term investment/action:

- Develop the opportunity for a parent-led engagement programme to support more detailed exploration and design of the ideas set out above with co-production with families embedded in an ongoing way

- Bring together working groups of key practitioners, providers and parent carer representatives to co-design new types of service such as:
 - Buddying support particularly to enable young people to access their communities and prepare for adulthood
 - Flexible and creative opportunities that can respond to the different skills and interests of children and young people
- Build inclusive communities through working with local mainstream providers. This could include:
 - 'buddying' short break providers with mainstream providers
 - Workforce development programme for mainstream providers and staff teams to build disability awareness and inclusive cultures
 - Develop or sign up to a 'disability friendly' campaign and enable local businesses to sign up. This could include a 'compass card' style tier of support

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Short Breaks and Respite for Children with Disabilities Results of Engagement April / May 2023

Introduction

We wanted to hear the views of families, staff and other professionals on the future shape of the way short breaks are provided for children with disabilities so began a 6-week engagement campaign which took place from 18th April to 29th May 2023. The engagement was able to capture the views of 233 people from an electronic survey and 6 focus groups. This report looks at all 233 responses.

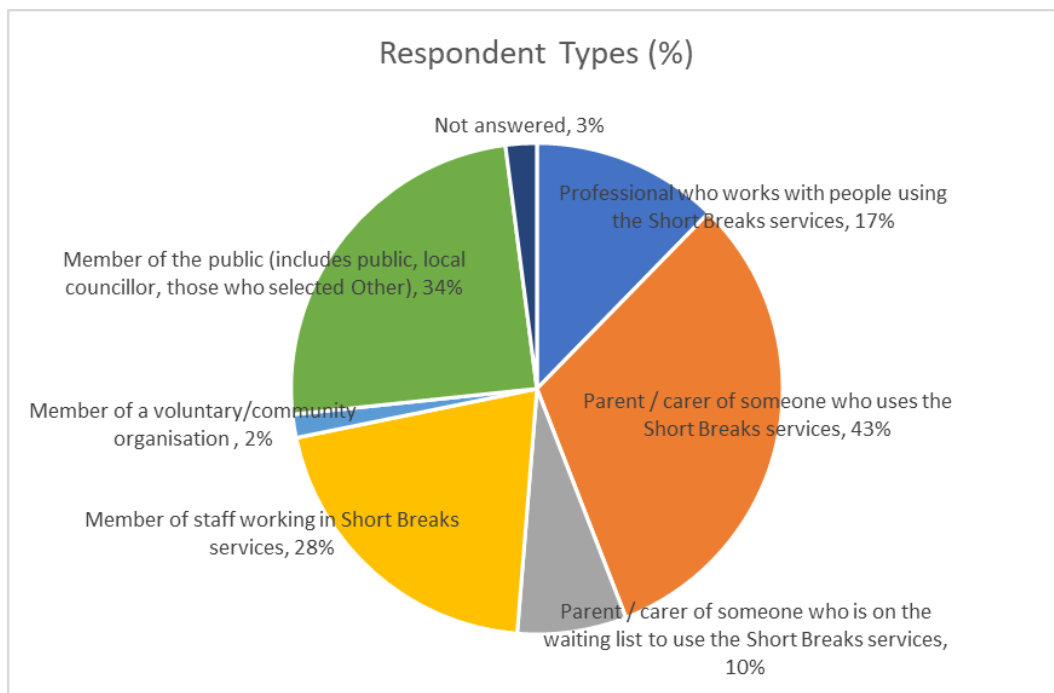
The electronic survey received 195 responses, 126 fully complete and 69 partially complete. 38 people attended the focus groups, 25 short breaks staff, 7 parents/carers and 6 practitioners.

Of the 6 focus groups 3 focus groups were with current provider staff and 3 were a mix of practitioners and parents / carers. 2 focus groups took place in Northampton, 1 in Kettering, 1 in Wellingborough and 1 in Rushden plus one virtual group. There was a range of different times and days to try and make sessions as accessible as possible.

Electronic Survey Results

Respondent Information

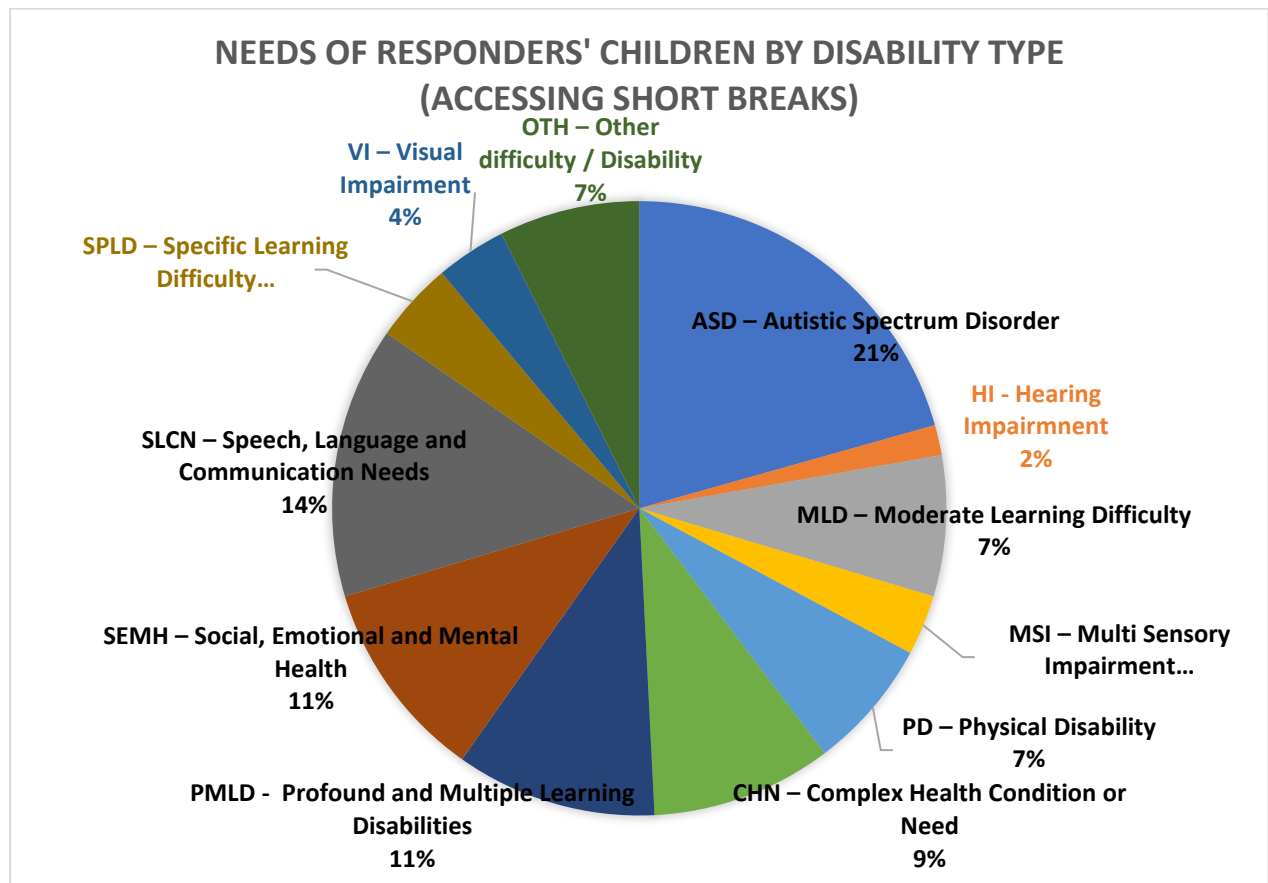
The majority of responses were from parents/carers of someone who uses the Short Breaks services (43%). This was followed by members of the public which made up 34% and staff working in Short Breaks services at 28%.



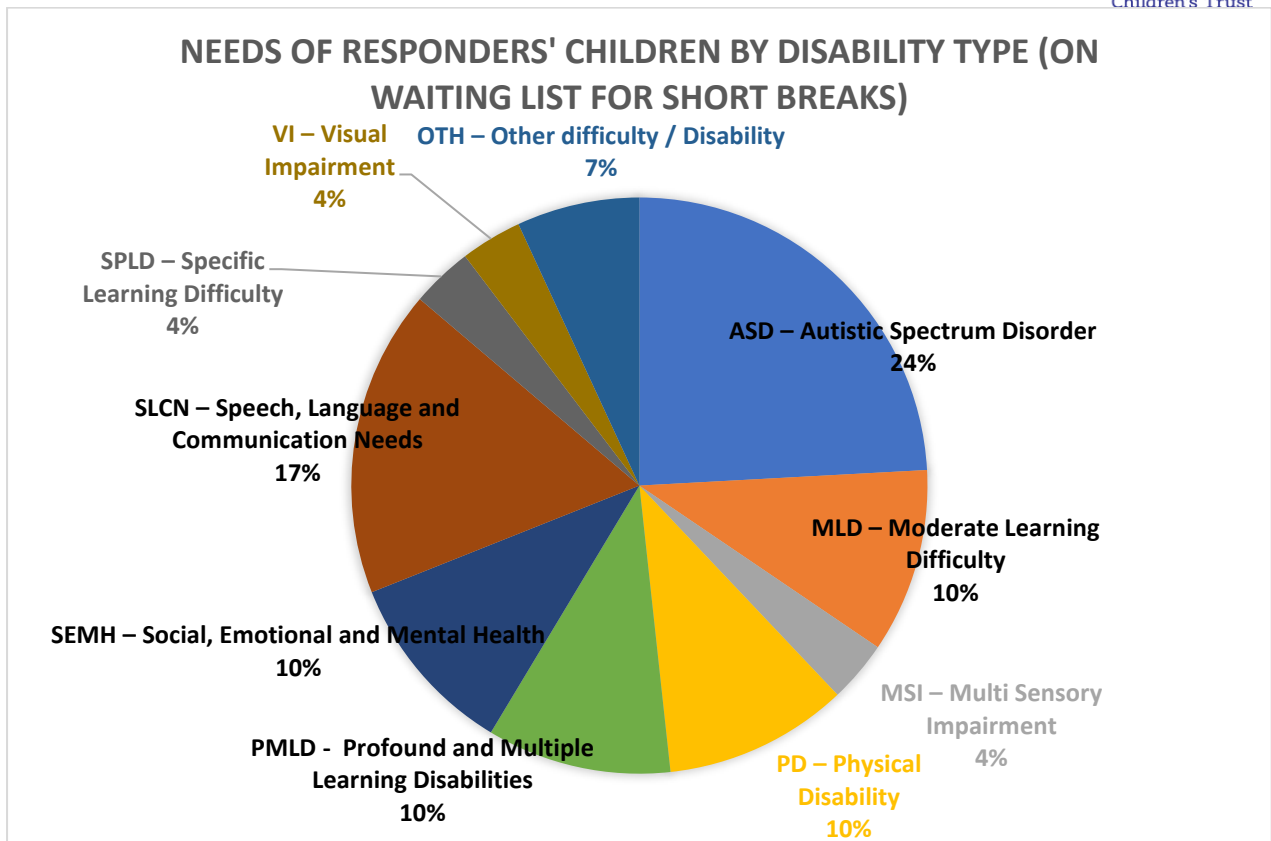
Child Information

The majority of parents responding to the survey had one child with a disability. The largest age group was young people who were 16 years old.

The highest disability type for children of the responders who access short breaks services was Autism Spectrum Disorder (ASD) at 21%, followed by Speech, Language and Communication Needs (SLCN) at 14%.



Parents / carer's children who are on the waiting list were very similar to the responders' children who were accessing short breaks, with the two highest disabilities being 24% of children who were Autistic and 17% having a speech, language or communication need.



Personal Care / 1:1 Staffing Needs

72% of responders' children required either personal care or 1:1 support.

Access information

Most of the respondents accessed either non-residential short breaks services (35.5%) or attended residential short breaks at John Greenwood Shipman (JGS 35.5%). 12% were waiting to access a service.

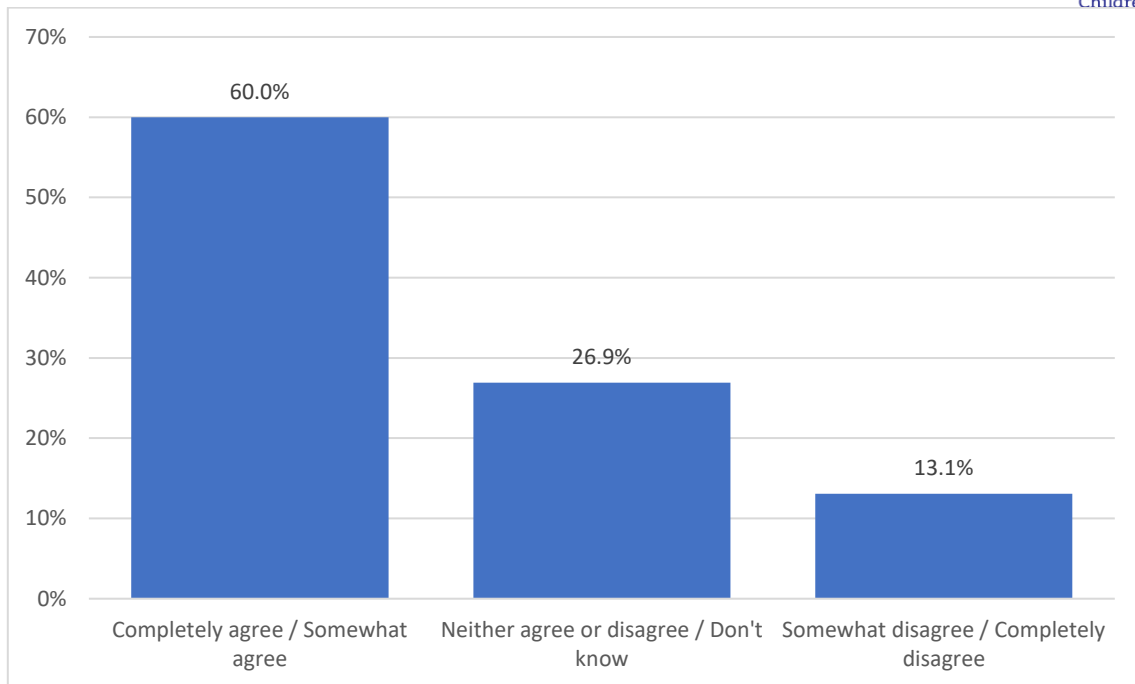
For the non-residential short breaks services most respondents attended Fernie Fields in Northampton, Daventry was the second most attended and third most attended was the commissioned service at Greenpatch in Kettering.

Other community services attended were non-commissioned Greenpatch (23%) and The Cube Disability (15%).

Activities attended were holiday clubs (28%), sports activities (15%) and arts and crafts (5%).

The Survey Questions

1. To what extent do you agree / disagree with bringing residential and non-residential short breaks services together to support the needs of children with disabilities?



60% of responses completely or somewhat agreed that residential and non-residential services should be brought together to support the needs of children and families. Those agreeing the most were Parents / Carers who had children on the waiting list and members of the public. The majority of staff either did not know or neither agreed nor disagreed. 130 people answered this question.

Some parents said there are currently not enough services to access so it would be invaluable if this meant additional services, more intervention and access to support earlier. Parents said that although they are sceptical, the current model doesn't work so they are open to change. There is the emphasis for a variety of providers, opportunities and choice needed. Some parents said that a joined-up service would be great if it was more flexible and met the needs of the child and family whilst also avoiding repeating information and form filling which families don't have time for. There was a concern that overnight short breaks would be reduced to fund other services and the quality of services will be decreased if it is combined. Some comments said that equitable access is very important and all families should be considered and assessed, it is currently very disjointed and overwhelming for families.

There were also comments that this question was ambiguous, and their response would depend on how the model is accessed and implemented.

Focus Group Feedback

Parents generally felt that it was a good idea but only as long as the Provider could deliver the model and manage the staff to a high standard of service. They wanted to be sure that the new Provider should understand the range of needs and complexities that the children accessing the service have.

Parents and staff both had concerns about the budget staying the same and wanted to know how the new model would be achieved within budget.

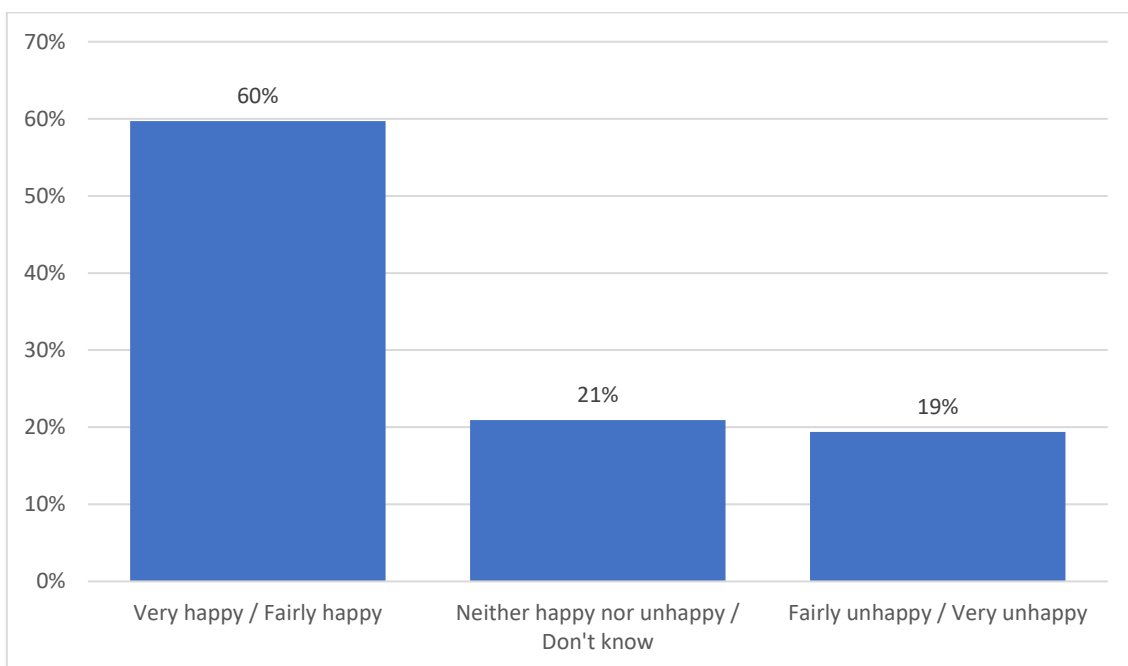
Staff had questions about how the services would be affected and how it would work such as; how long the contract will be, who could be potential providers, how will a cross county service work

with two separate unitaries. They said that it is unsettling going through this but said it did feel different to before. Staff did start identifying potential opportunities on how to join up and how to use premises / staff differently such as running non-residential groups in residential short breaks centres.

All parents and staff wanted to be regularly consulted throughout the process so that they could keep up to date. Parents wanted an ongoing forum or focus group to monitor progress.

There was generally an agreement from parents and staff that the idea of joining the services with one lead provider was a good idea in principle but were tentative about how well it would be executed in practice.

2. How would you feel about a staff team that could flex support across residential and non residential short breaks and potentially also support in the home?



60% of responses were very or fairly happy with a flexible staff team. The majority of each of the groups were very or fairly happy except Staff where the majority were very or fairly unhappy. 129 people answered this question.

Some parents say this makes sense as providing continuity of care across settings can be beneficial to ensuring that knowledgeable staff are caring for their child, with a staff team they have built a relationship with. Some parents were concerned about the training and quality of the staff, as the staff in residential short breaks are more highly trained compared to staff in other services.

Many are positive about bringing staff together and say it will help their child to feel less anxious in new environments if they know the staff around them. Some staff working in short breaks commented that they are happy in their current role and would not want to work in different environments such as in families' homes.

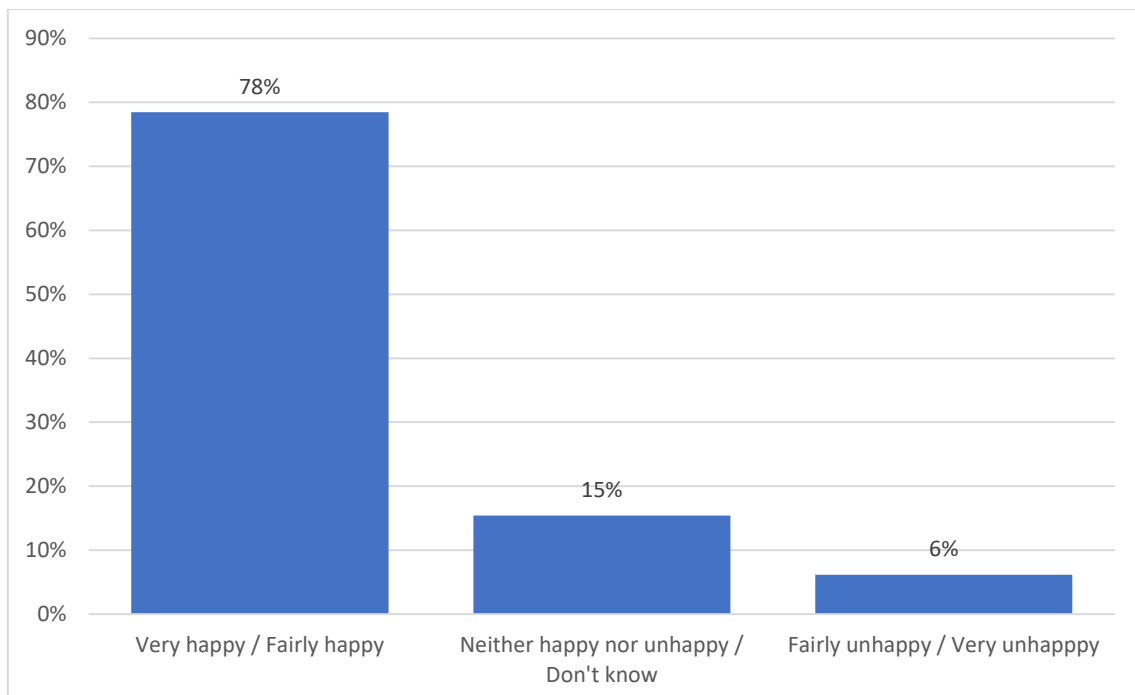
Focus Group response

Staff had more concerns about this question than parents did, but they could see the pros and cons of this approach. Questions from staff were about how their current contracts and working practice would be affected as well as Ofsted registration and the nursing staff for the residential short breaks. They liked the theory of the model but were tentative about how it would work in practice. They could see the potential to improve staff cover for annual leave and sickness absence and more opportunities to increase skills and knowledge and also working hours for those who wanted more hours. They could also see potential to be able increase opportunities to recruit apprentices and have student placements.

Concerns about the impact on families were two-fold, the positive being that children with 1:1 staffing needs could have better support to access non residential short breaks and that there could be a consistent approach of supporting children across all services. However, they also felt that children who like consistency of approach could be affected if there are too many staff changes.

The staff started to think about potential opportunities and ways to manage this such as copying what RSB do with their newsletters by having a focus on a different member of staff so that parents can get to know them a bit more. Having more opportunities for staff to be PAs for parents when they have a Direct Payment and what opportunities there would be around personal care and support services (whether they were part of the budget?). Whether the joined-up staff approach could widen out to other staff such as community nurses and behavioural teams to improve the multi-agency joint working. Finally, they felt that there would be more opportunities to build links with community services.

3. How would you feel about one referral point and joined up assessment and reviews for all of the short breaks services?



People were overwhelmingly in agreement with one referral point and joined up assessment and reviews for all short breaks services, 78% (102). 130 people answered this question.

Parents said that not having to repeatedly tell their story and child's needs to professionals would be hugely beneficial. The current system is very complicated and the simpler and more direct the better. One comment stated that a danger of one referral point means that it may be missed by families not aware. There was also a comment around data sharing and one parent made the point that they only wish to share their personal data with the service that their child is accessing.

Another point that was raised in the survey and focus groups, is that having one referral point will create a bottleneck for these services, leading to an even longer waiting time and higher criteria.

Focus Group response

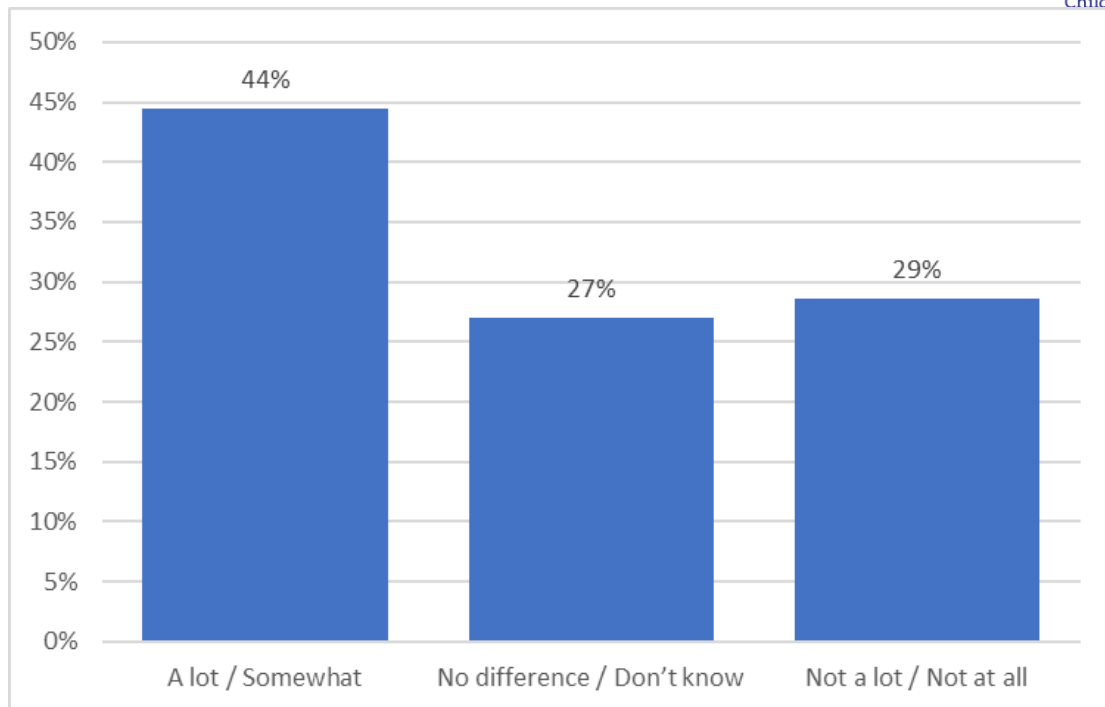
Parents said that it would be better for them, currently the only way they know about any services is talking to other parents. They felt that the current system is very disjointed and spend hours searching for activities and support. They said that they lose track of who they have spoken to and that even Social Workers do not understand the process. A single point of access would be easier for them and professionals to navigate. They asked about how this would work practically, who could refer and how it would affect the service that they receive. There were also concerns about a potential influx if it became apparent that there was an easier way to access the services. Parents said that it is such a battle to get any support and questioned whether it was deliberately hard.

Parents said we need to change the wording around inclusive because it is not - being inclusive is supporting any disability, any need which most services cannot do

Staff felt that it makes sense to have a joined-up assessment and review for all short breaks services. They felt that it would be interesting to see how it works in practice. They felt that the benefits would be that families would not need to repeat their story multiple times and reviews might be timelier. They felt that the support for the identified need may improve and gave examples of transitions such as turning 18, individual support such as buddies.

Staff felt that it would be good to have a single care plan across all services for a really joined up approach.

4. To what extent do you feel that improved access and flexibility of non-residential short breaks would reduce your need/or the need for residential short breaks?



The majority (44%) of people agreed that increasing the number of non-residential short breaks services would reduce need and reduce the need for residential short breaks. Parents on the waiting list and Other Practitioners were the groups that agreed the most. Staff agreed the least with a higher percentage not knowing or not thinking it would make a difference. (126 people answered the question).

Many families are saying that residential short breaks are so key because it gives them a good night's sleep and a proper break, which couldn't be replicated in the same way in non-residential short breaks or other services. Extended breaks are needed for many families to prevent burnout. A lot of families said that this may make a difference for other families but felt it was not the case for their family.

Focus Group response

Parents said that there is a gap between residential and non-residential services. They said that there are children who miss out as they do not fit the remit. It was noted that early help services used to be well funded during the 'Aiming High' funding days and that these services worked. They said that an overnight at JGS or Squirrels is the nearest thing that some children get to having a sleepover at a friend's house as this is something these children will never experience.

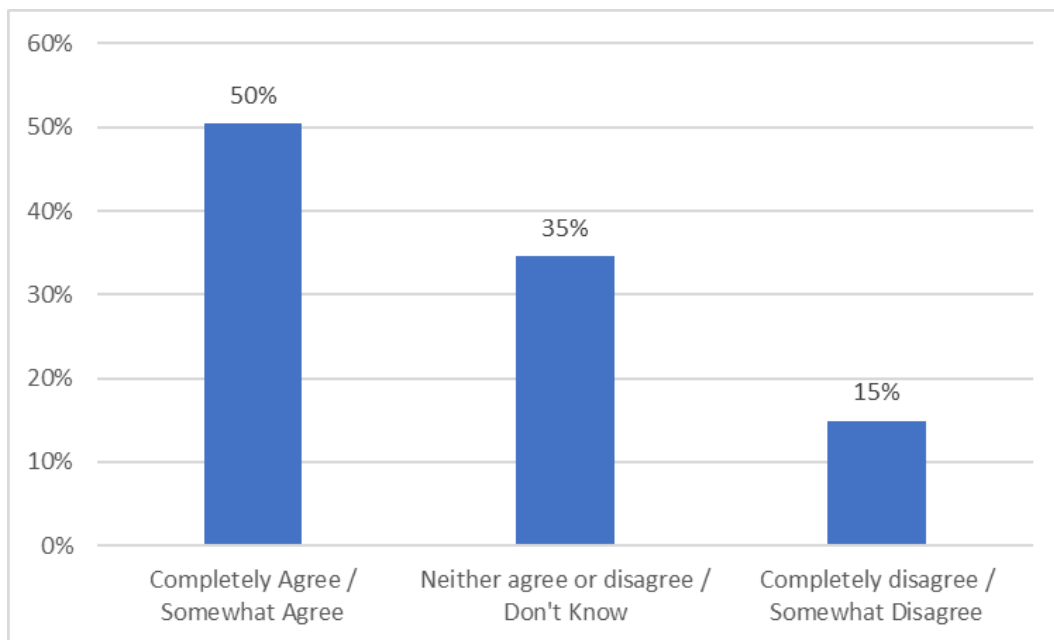
One parent said that they understand how much more overnights cost compared with non-residential services but that it might prevent crisis situations if there was more regular and frequent support. They said that for children who do not have very complex needs, overnights could be much cheaper and that her son has accessed overnights at the Lowther centre (Scout centre), and it makes a huge difference. Overnights do not have to be expensive.

Staff and parents were both quick to say that residential short breaks are still needed and are a lifeline to families. Staff did however agree that there needs to be earlier engagement with families and that we need to overcome the barriers that children needing 1:1 and 2:1 staffing currently face.

Staff were able to identify occasions when it might have been better to offer a non-residential short break. There was one case where a young person would have benefitted from a daybreak instead of an overnight break.

They said that sometimes parents need parenting classes to give parents confidence in using strategies and tools to support their child. Staff said that many children come in later (RSB) but should have come in earlier, if a young person comes in at 15 it is very hard to then manage their behaviour. This traumatic time might have been avoided if earlier support had been put in. They did say though that the threshold is too high to access services. Sometimes the issues leading to needing the support are not resolved and the parent's emotions and trauma should not be underestimated.

5. To what extent to you agree/ disagree that there needs to be an increase of non-residential short breaks opportunities to children requiring 1 or 2 members of staff, even if it means that the overall number of available places will be less frequent as a result



The majority of respondents completely agreed or somewhat agreed that there needed to be more non-residential short breaks for children requiring 1:1 or 2:1 staffing to attend services. All groups except staff had a majority agreeing with the statement. The majority of staff either did not know or neither agreed nor disagreed.

Many families agree with this statement as they say they were told their child could not access non-residential services due to the staffing levels needed. There are many comments that all children should be able to access these services, no matter their need. Some respondees commented that there should be more opportunities but not at the expense of spaces.

There was a comment that residential short breaks are the services most in demand, rather than non-residential short breaks therefore this does not make sense to increase these and reduce residential short breaks. For some children, routine is very important and infrequent support can be more disruptive than supportive.

Focus Group response

Both parents/carers and staff felt that there was a need for non-residential short breaks for children with 1:1 and 2:1 staffing needs. Both groups also had examples of children who could not attend non-residential short breaks for multiple reasons such as non residential could not support, not enough staff, cost of venues, increased challenges such as medical / behavioural, no service for children wearing pads, complexities of mixing with other children, parents having to attend or using their PA to attend.

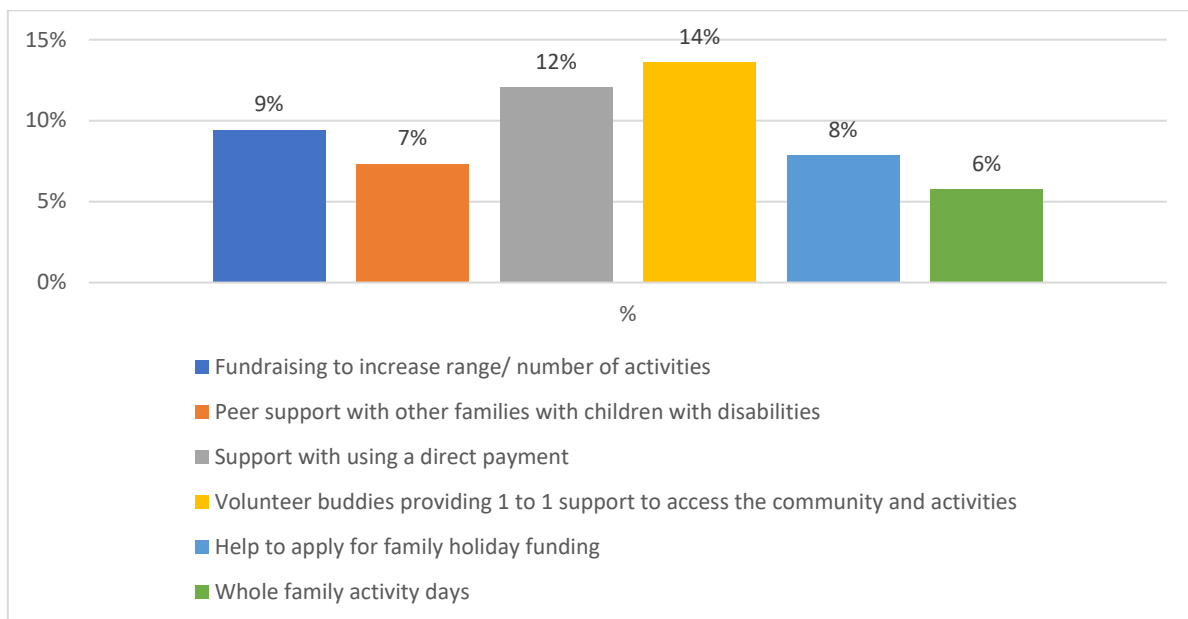
They felt the results of not being able to attend are a lack of opportunities to make friends, family breakdown, families desperately need respite, reduced services as children get older, parents do not get a break as have to attend and children don't get time away from parents.

Parents commented that there are a lot of services for children with low or moderate need but there is nothing for children with high needs.

6. Are the additional services below, suggested as part of the previous engagement sessions, still relevant?

Additional services

In the 2020 engagement, the below services were suggested to be included in future short breaks services. The survey asked which services were still relevant and would be beneficial.



Volunteer buddies providing 1 to 1 support to access the community had the highest response at 14%, followed by support with direct payments at 12%. These categories received 38-43% of their responses from parents of children who access short breaks. A fundraising Post had the highest preference from staff in the short breaks services. The service with the highest response from professionals was also for support with using direct payments.

In the survey, there was also opportunity for parents to add any other services their children with disabilities accessed, shown in the list below:

- Autism East Midlands
- Brookside Day Services

- Kingsley Special Academy
- The Cube Disability
- DISC – Disability Inclusive Sports Club
- NAB – Northamptonshire Association for the Blind
- Flipper Club
- The Green Patch
- Ups n Downs
- KTFC – Kettering Town Football Club - Multi-Disability football
- Northampton Saints Wheelchair Rugby
- Youth Inspired
- Spectrum Northants
- Disability Bowls England
- Born to Perform Dance School

There were lots of suggestions for holiday clubs to be run as part of schools, including more clubs and activities for teenagers. Some families have said it would be nice to have events for the whole family including siblings as it is positive to see other families in similar situations and to feel understood and supported by one another. Some said that it is important to tailor activities to the age and interest of children.

Comments on support to find funding for family holidays were to find features such as safe space beds and fenced in gardens. Some families said it would be beneficial if short breaks services could allow families to also go on holiday with other children in the family. Some parents also said they would benefit from support in the home with paperwork and forms.

93% attended activities specifically for people with disabilities.

54% of those attending residential short breaks received 1 night per month and 72% attending non-residential went 1 day per week.

Focus Group response

The most popular option at the focus groups was Buddies for both staff and parents with examples of children who would benefit from a service like this. Parents said that young people have personalised budgets but cannot find people in order to spend it. They also felt that it was a good opportunity to be with younger people.

A parent felt that the fundraising post is a good idea.

Staff felt that the support to get funding for holidays would be beneficial but also to help families with days out too. It was asked whether the holidays would be abroad. It was suggested that activities and holidays for children who need low noise would be good. It was noted that Northamptonshire Carers do holidays.

Parents felt that somebody to help parents find out what services are available would be beneficial, parents and carers lives are so busy that they often miss what is going on.

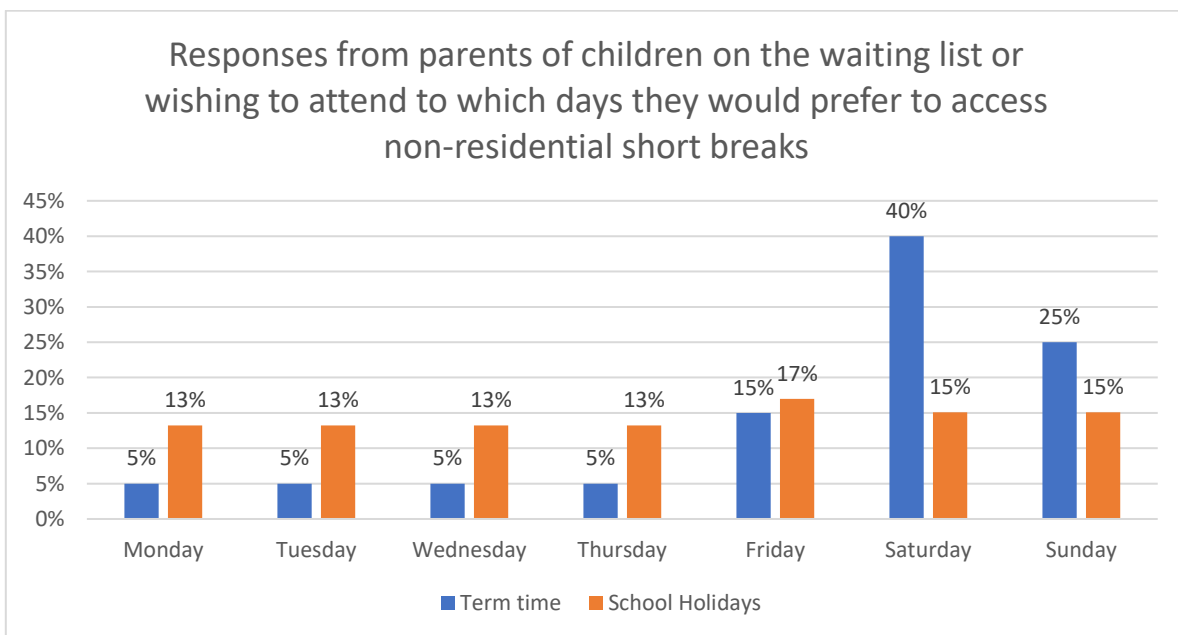
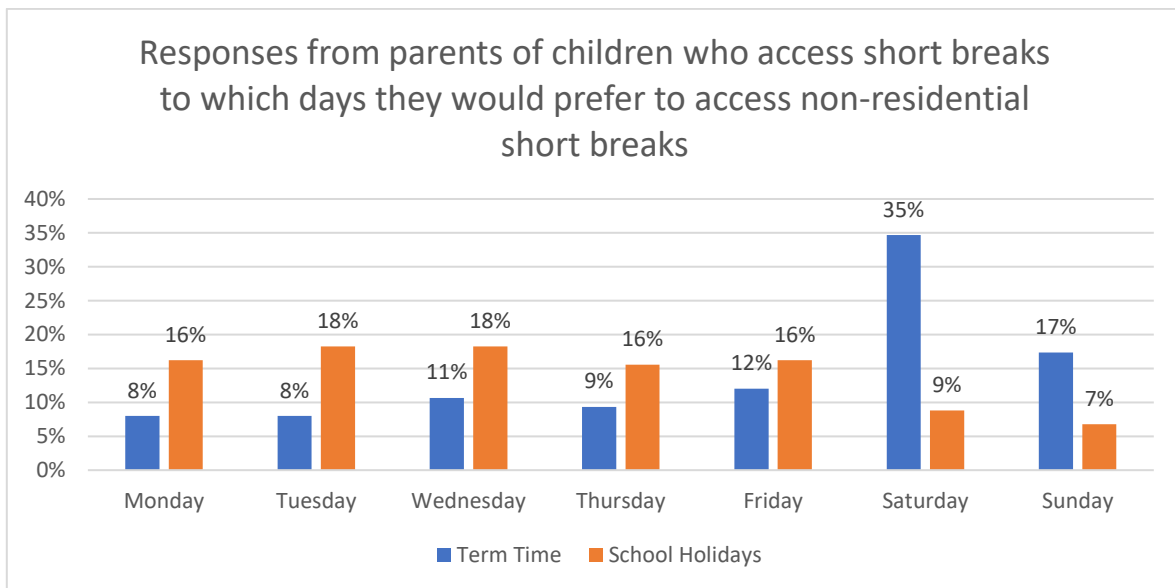
Parents commented that they do not want volunteers looking after their children.

Staff said that a gap is people to be PAs for families direct payments.

Parents suggested that services until young people were 25 would be good.

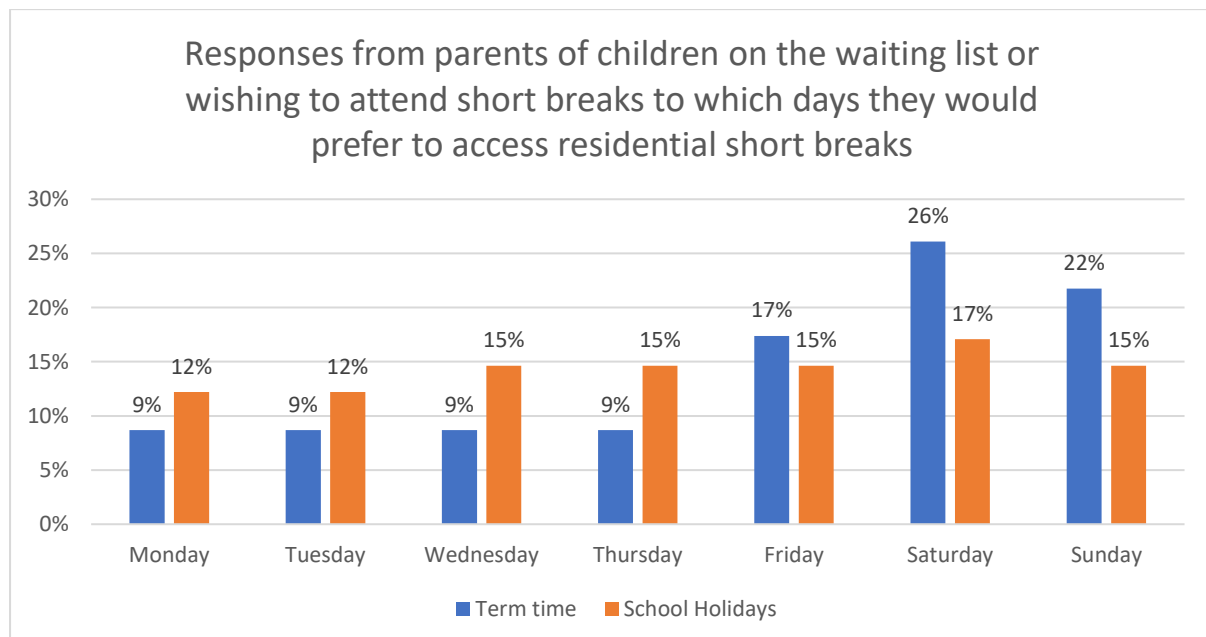
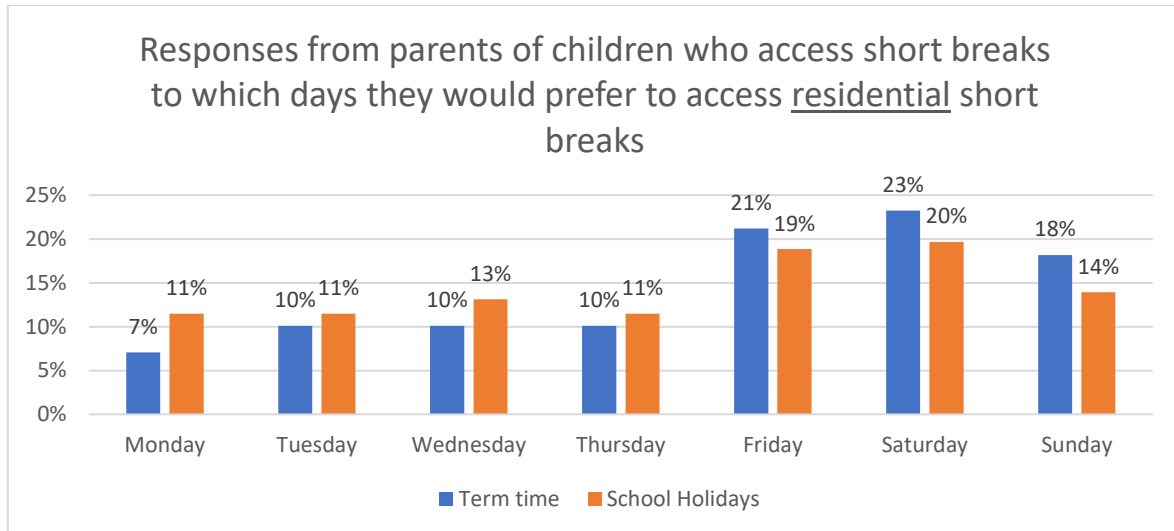
Parents / Carers were asked their preferred days to access short breaks services

Non residential short breaks - During term time, the preferred day for both groups of parents, accessing and on the waiting list, is Saturday (36% of all responses), followed by Sunday (19%) then Friday (13%). In school holidays, the preferred days for parents of children who are accessing short breaks are Tuesday and Wednesday (18%), followed by Friday and Monday (16%). For parents of children on the waiting list or wishing to attend short breaks, their preferred day in school holidays is Friday (17%), followed by Saturday and Sunday (15%).



Residential Short Breaks

Residential short breaks, the preferred day during term time for both groups of parents is Saturday (24% of all responses), followed by Friday (20%) and Sunday (19%). The least preferred day term time for both groups is Monday (7%). In school holidays, the preferred day is also Saturday for both groups (19%), again followed by Friday (18%) and Sunday (14%). The least preferred days in school holidays for residential short breaks are Monday and Tuesday (12%).



The survey allowed for parents to add additional comments about their preferred days. Parents say that school can help in the week and provide respite, but weekend respite is needed for parents to either spend time together with their other children or simply have a small break. Many parents saying that without short breaks they would be in crisis and their children would have to go into full time care.

Many commented that their children like routine and consistency, therefore, would be more suited to have the same day each week or month. Some parents said due to staffing needs their children

cannot access non-residential breaks. Parents want their children to have social interaction with others.

In the focus groups, parents did not specify a day but said that in term time they generally prefer weekends. Staff agreed that weekends tend to be the most popular days particularly Friday and Saturday.

Many parents were asking how to access non-residential and residential short breaks and what the criteria is as they have not heard about it previously.

Focus Groups

Any other comments

Both parents and staff said that good communication was very important to them and for commissioners to keep their promises. The unknown and uncertainty is unsettling for them.

Staff asked what the training would be like going forward and whether there would be training for transitions.

One parent said the local offer is not parent friendly, but another said that the Northants Local Offer is good.

Parents said that there are such long waiting lists for everything. Parents felt that you must get in crisis before you are offered any support.

There were comments about the EHCP process and that there are now too many children with an EHCP. One parent said that the LA changed her EHCP without being told.


Parents said that so many families are in crisis.

Other Services

Parents and practitioners shared details of other services that are available and will add these to the list of mapped services.

Appendix

Appendix D – You Said – We Did

Stage	Who did we engage with? 	What you said	What we did
Initial engagement Sept 21 – Oct 21	Fourteen people responded to the survey of whom thirteen were parents	<ul style="list-style-type: none"> • Need to improve transitions. • All children to be able to access support. • One referral process • More early help support. • Need flexible, responsive, forward thinking, transforming services. • A simpler pathway to access services is required. • Not enough staff to support children with 1:1 or 2:1 staffing needs. • Flexible, integrated services • Services close to home 	Potential new model designed that included: <ul style="list-style-type: none"> • Single service offer • Run and led by one lead organisation. The redesign proposal was developed by a Partnership Design Group.
Design Phase Nov 21 - Mar 23	Children With Disabilities Board and SEND Accountability Board (members included NPFG and providers)	<ul style="list-style-type: none"> • These proposals were discussed and reviewed at each Children with Disabilities Board to shape the model. 	Redesign proposal was developed and agreed by a Partnership Design Group, agreed, and approved by the Children and Young People’s Transformation Board.
Second phase April 23 - Jun 23	233 people from an electronic survey and 6 focus groups. 43% of respondents were parents/carers.	Majority of respondents said: <ul style="list-style-type: none"> • Bring residential and non-residential short breaks together. • Flexible team across services • Increasing non-residential short breaks will reduce need for residential short breaks. • One referral point and joined up assessment and reviews. 	The proposed lead provider model will have: <ul style="list-style-type: none"> • Central hub supporting all services. • Single referral and assessment pathway • Staff working across the contracts. • Grow capacity through fundraising and volunteers.

	<p>28% current provider staff</p> <p>34% public</p>	<ul style="list-style-type: none"> • More short breaks with 1:1 or 2:1 staffing. • Additional services: <ul style="list-style-type: none"> • Fundraising • Peer support • Volunteer buddies • Whole family activities 	<ul style="list-style-type: none"> • Specialists play workers to support with designing activities. • Build community relationships and links to enable greater choice of short breaks. • Advertise short break opportunities centrally. • Support families to step up and step down. • Additional day care activity offered a residential short break. • Add home care services
<p>Third Phase</p> <p>Oct 23 - Nov 23</p>	<p>284 engagements from the electronic survey and ten workshops of which 37% were parents, 40% professionals and 23% members of the public</p>	<ul style="list-style-type: none"> • The idea of a single referral pathway is good to avoid families having to tell their stories over and over. • Any assessment that is already in place should be used for access to the short break's services. Some respondents did want to keep self-referrals. • Agreed with the principle of reallocating funding, however, they did not agree with closing the residential short breaks unit 1 day a week. • Preferred activities for daytime activities were swimming, activities involving animals, cooking or musical activities. • Better links with activities already taking place in communities and supporting children and young people to access them. • Need 1:1 or 2:1 staffing, followed by secure environments and small groups to access services. • Sleep service should not be added to the short breaks group of services. • Sensory impairment services should not be added to the 	<ul style="list-style-type: none"> • There will be a single referral route into the short break's services. • Existing assessments will be able to be used to access the short breaks services. • The residential short breaks units will not close 1 night a week but will instead reduce the bed capacity which had been suggested during the consultation as a better alternative; analysis shows this will still enable need to be met • The Sleep Service (and budget) will not be included in the Short Breaks group of services. The service will have a full review. • The Sensory Impairment services will not be included in the short breaks group of service • To consider adding PCaS services during the 2nd year of the contract after modelling the viability of this. • Feedback from the consultation will be shared across the system and with the new provider to ensure it is considered

		<p>short breaks group of services.</p> <ul style="list-style-type: none">• Adding personal care and support services to the short breaks group of services would be positive.• In general respondents agreed with some parts of the proposals but not all of it.• “What is good about the proposal” - the joined-up referral pathway, the centralised hub and additional functions and joining up with community services for daytime activities.• “What needed more thought” transport to access the services, the number of secure venues in the county, ability to increase the number of volunteers.	
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Scrutiny Work Plan 2023/2024

The Scrutiny Work Plan outlines the areas of work which are expected to be scrutinised over the coming months/year by or on behalf of the Council's Scrutiny function and any Panels/Task and Finish Groups convened for review work.

Topics added to the work plan will have expected outcomes to add value to the services delivered by the Council and its partners and/or improve the quality of lives of North Northamptonshire residents. It is recognised that there is a need for flexibility in the work plan so as to allow relevant issues to be dealt with as and when they arise.

Numerous sources of information can help to inform topic selection, including:

- Concerns that have been raised by the public/stakeholders (whether they are Council service specific or wider national/local issues)
- Issues relating to Councils outcomes, objectives and priorities
- Consultations and interviews
- Underperformance
- Executive recommendations about the pertinent issues that are emerging and any opportunities or threats on the horizon
- Central government priority changes
- Forward Plan
- Budgetary analysis

Scrutiny should always link back to the Council Corporate Plan so that it is scrutinising whether the Council is meeting its strategic aims.

Scrutiny should use effective processes to select topics that will contribute towards the best possible work plan for Scrutiny. This means looking at the sources of information that may help and using them to choose the right topics. A Scrutiny Conference was attended by Scrutiny members to develop this work plan where they reviewed information to inform the work plan and then prioritised the topics.

Successful Scrutiny is about looking at the right topic in the right way and Members will need to be selective whilst also being able to demonstrate clear arguments in favour of including or excluding topics. A common pitfall for Scrutiny can be the inclusion of topics on the work plan that are unmanageable, of limited interest to the community, purely for informational purposes, have few outcomes and fail to 'add value' to the work of the Council or the wellbeing of the community. As such the selection and prioritisation of topics is critical to the effectiveness of Scrutiny as such processes can ensure clearer focus, particularly in poor or weak areas of performance or major issues of concern to the wider community. It is not possible to include every topic suggested as Scrutiny has limited time and resources and therefore workplans need to be manageable.

HEALTH SCRUTINY COMMITTEE

9 January 2024

Detailed Scrutiny Items

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
Page 156	1. Update on Kettering General Hospital Rebuild	<ul style="list-style-type: none"> To scrutinise the progress being made with the rebuild of KGH. 	Representative from KGH, TBC, Executive Member for Adults, Health & Wellbeing	
	Health Integration - Progress from the Local Area Partnerships/Community Wellbeing Forums	<ul style="list-style-type: none"> To provide an update on how some of the key local partnerships arising from Integrated Care in Northamptonshire are performing and meeting their outcomes. 	Director of Place, Executive Member for Adults, Health & Wellbeing	
	3. Specialist Drug and Alcohol Treatment Services for individuals rough sleeping or at risk of rough sleeping	<ul style="list-style-type: none"> To scrutinise NNC's use of Public Health Reserves to fund activities up to £600,000 for specialist drug and alcohol treatment services for people rough sleeping or at risk of rough sleeping until 31st March 2026. 	Housing Policy and Performance Manager	
	4. EMAS Annual Report	<ul style="list-style-type: none"> EMAS published its annual report on 21 June 2023 so to ask them to Health Scrutiny in the autumn, and schedule it 	Representative from EMAS, TBC, Executive Member for Adults, Health & Wellbeing	Originally to be considered at November 2023 meeting, however proposed for this meeting due to lack of

		earlier for next year. EMAS Annual Report 2022 to 2023		availability of external officers.
5.	Short Breaks and Respite for Children with Disabilities	<ul style="list-style-type: none"> To provide an update regarding work and public consultation completed to date to develop a new model for short breaks and respite for children with disabilities. 	Executive Director of Adults, Communities & Wellbeing	

Pre-Scrutiny of Executive Reports

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
1.	Adult Social Care Strategic Framework	Pre-scrutiny of the report being considered by the Executive on 18/01/24	Executive Director of Adults, Health Partnerships and Housing	Requested to be added to Workplan by Scrutiny Management Board on 27/11/23

HEALTH SCRUTINY COMMITTEE

12 March 2024

Detailed Scrutiny Items

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
Page 158	1. GP Performance and Availability	<ul style="list-style-type: none">To scrutinise GP appointment availability.	Director of Public Health and Executive Member for Adults, Health & Wellbeing	Proposal from Health Scrutiny Committee to bring forward from list of future items beyond July 2024.
	2. NHS Northamptonshire ICB Five-Year Joint Forward Plan 2023-28	<ul style="list-style-type: none">To scrutinise the proposals and targets of the Integrated Care Board over the next five years.	Director of Place, Executive Member for Adults, Health & Wellbeing	Originally to be considered at November 2023 meeting, however proposed for this meeting due to lack of availability of external officers.
	3. Substance Abuse	<ul style="list-style-type: none">To scrutinise strategies in dealing with substance abuse.	Director of Public Health and Executive Member for Adults, Health & Wellbeing	Proposal from Health Scrutiny Committee to bring forward from list of future items beyond July 2024.

Pre-Scrutiny of Executive Reports

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
1.	NNC Homelessness and Rough Sleeping Strategy 2023-28	<ul style="list-style-type: none">To scrutinise the proposed adoption of the new strategy by the Executive on 14th March 2024 following statutory consultation and subsequent amendments.	Director of Public Health and Executive Member for Adults, Health & Wellbeing	Proposal from Health Scrutiny meeting held on 14 November 2023.

HEALTH SCRUTINY COMMITTEE

14 May 2024

Detailed Scrutiny Items

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
Page 160	1. Northamptonshire Healthcare NHS Foundation Trust – Quality Report	<ul style="list-style-type: none">To scrutinise the annual report of the Foundation Trust	Representative of the NHS Foundation Trust, TBC, Executive Member for Adults, Health & Wellbeing	
	2.			

Pre-Scrutiny of Executive Reports

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
1.				
2.				

HEALTH SCRUTINY COMMITTEE

July 2024

Detailed Scrutiny Items

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
1.				
2.				

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Pre-Scrutiny of Executive Reports

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
1.				
2.				

HEALTH SCRUTINY COMMITTEE

Topic Areas Beyond July 2024

Detailed Scrutiny Items

	Suggested Topic	Reasons for Scrutiny	Officer, Chair and Executive Member	Notes
1.	Exclusions			
2.	Family Hubs			
3.	Disabled Facilities Grants			
4.				
5.				
6.				
7.				
8.				