North Northamptonshire: local authority assessment

How we assess local authorities

Assessment published: 4 March 2026

About North Northamptonshire

Demographics

North Northamptonshire is a unitary local authority located in the East Midlands region of England, encompassing the towns of Corby, Kettering, Wellingborough, and East Northamptonshire. It borders Rutland, Peterborough, Milton Keynes, and West Northamptonshire, and benefits from strong transport links via the A14 and Midland Main Line, supporting its role as a growing residential and commercial hub.

In 2021, Northamptonshire's local government was restructured following the financial collapse of the county council in 2018. To improve efficiency and accountability, the UK government replaced the county and seven district councils with two new unitary authorities: North Northamptonshire Council (covering Corby, Kettering, Wellingborough, and East Northamptonshire) and West Northamptonshire Council (covering Northampton, Daventry, and South Northamptonshire). North Northamptonshire has a population of approximately 370,000. The population distribution reveals a predominance of working-age individuals, with 59.6% of residents aged 16 to 64 years. Younger residents aged 0 to 17 years make up 22.1%, while those aged 65 and older represent 18.3% of the population.

North Northamptonshire ranks 92nd out of 153 local authorities in England for deprivation, with an Index of Multiple Deprivation (IMD) score of 5 (out of 10, 10 being the least deprived) highlighting some socio-economic challenges within the borough. This ranking considers various factors such as income, employment, health, education, and crime. North Northamptonshire has a health index score of 99.2. This score is a composite measure that reflects various health-related aspects of the population, including physical well-being, lifestyle choices, and access to healthcare services. The Office for National Statistics (ONS) describes scores above 100 indicating better health, and below, worse health compared to 2015.

Ethnically, North Northamptonshire is less diverse than many urban authorities, with 90.3% of residents identifying as White, including a majority White British population. The largest minority groups include Asian (3.5%), Black (3.1%), and Mixed or Multiple ethnic groups (2.3%), with Other ethnic groups comprising of 0.8%.

North Northamptonshire is part of the Integrated Care Northamptonshire system, which coordinates health and social care across the county. Politically, North Northamptonshire Council operates under a unitary council structure. As of the May 2025 elections, the council is newly Reform UK-led, with 40 out of 68 councillors representing the party. Other parties include the Conservatives (14), Green Party (8), Labour (4), Liberal Democrats (1), and Independents (1). The council does not have a directly elected mayor.

Financial facts

- The Local Authority's estimated total budget for 2023/24 was **£487,990,000.00** Its actual spend for the year was **£518,167,000.00**, which was **£30,177,000.00** more than estimated.
- The local authority estimated it would spend **£122,354,000.00** of its total budget on Adult Social Care in 2023/24. Its actual spend was **£137,448,000.00**, which was **£15,094,000.00** more than estimated
- In 2023/24 **26.53%** of the budget was spent on adult social care.
- For 2023/24, the local authority has raised the full ASC precept with a value of **2%**.

- Approximately **4690** people were accessing long-term Adult Social Care support, and approximately **1270** people were accessing short-term Adult Social Care support in the 2023/24 period. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

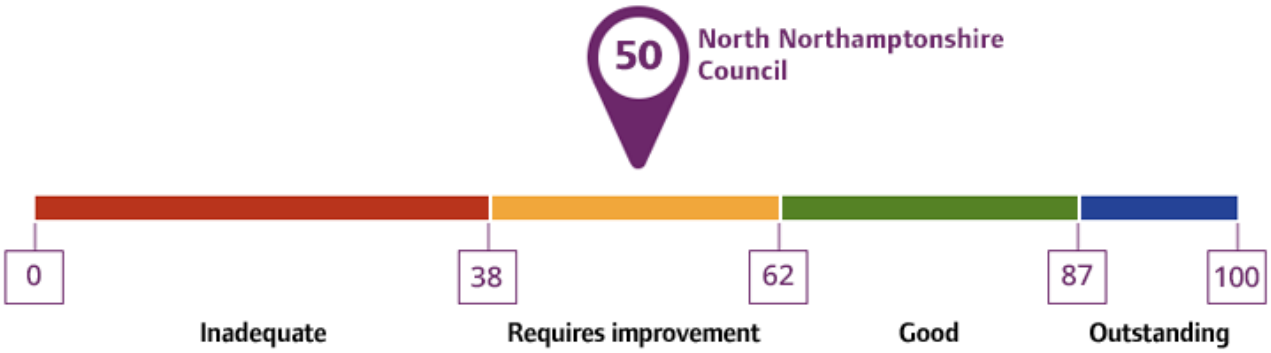
This data is reproduced at the request of the Department of Health and Social Care. It has not been factored into our assessment and is presented for information purposes only.

Overall summary

Local authority rating and score

North Northamptonshire Council

Requires improvement



Quality statement scores

Assessing needs
Score: 2

Supporting people to lead healthier lives
Score: 2

Equity in experience and outcomes
Score: 2

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 2

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 2

Governance, management and sustainability
Score: 2

Learning, improvement and innovation

Score: 2

Summary of people's experiences

Feedback gathered from people engaging with adult social care services in North Northamptonshire was mixed. People reported having regular contact with practitioners, receiving tailored support, and benefiting from clear and consistent communication. Assessments were described as comprehensive, with consideration given to risks such as social isolation.

According to the Adult Social Care Survey 2023/24, 66.37% of people in North Northamptonshire expressed satisfaction with their care and support. This figure was similar to the England average of 65.39%, suggesting broadly comparable levels of satisfaction across the region.

People raised concerns about waiting times within adult social care. People reported delays in accessing assessments, including therapy assessments which in turn led to prolonged waits for the provision of equipment. People said this had potential to impact on their ability to maintain independence and manage daily living tasks effectively.

Feedback from carers was mixed. Some described the support they received as person-centred and strength-based, with a comprehensive offer that met their needs. However, others reported challenges, particularly around contingency planning, and the accessibility of residential respite services.

Feedback regarding access to information, advice, and guidance was also mixed. Some people felt they had good access to relevant resources, others described experiencing barriers. These included limited availability of information for people whose first language was not English and a lack of adapted formats such as easy-read materials, which affected accessibility for some people.

Participation in coproduction was noted by a number of people, with some reporting involvement in specific aspects of service development. However, there was a degree of confusion regarding the nature of their role in coproduction. Some people expressed a desire for greater clarity and more opportunities to contribute meaningfully, particularly at earlier stages of service design and planning.

Summary of strengths, areas for development and next steps

Adult social care in North Northamptonshire was delivered through a strengths-based, person-centred approach that aligned with the local authority's "Moving Forward with Place" agenda. This strategic direction supported inter-agency collaboration and aimed to embed care within broader community frameworks.

Despite this commitment to personalised care, assessments and care planning were not consistently timely or up to date. At the time of review, 311 people were awaiting Care Act assessments and 1481 were awaiting reviews. The local authority recognised these delays and was actively working to reduce waiting lists and improve responsiveness.

Support for carers was provided through a commissioned voluntary, community, and social enterprise (VCSE) organisation, offering a comprehensive range of services. However, oversight of service quality and data was limited. Access to residential respite and carers' direct payments remained limited, and local authority staff lacked awareness of the carers' offer.

To prevent escalation of need, the local authority launched initiatives such as Support North Northamptonshire (SNN), a multi-agency programme designed to connect people with early support. This involved voluntary sector partners and used a strengths-based approach to guide people to appropriate pathways before statutory intervention was required. Progression workers and Age Well workers supported people regardless of eligibility status, helping to bridge gaps in early intervention.

Intermediate care and reablement services were delivered in partnership with health providers and voluntary organisations. These services aimed to promote independence and reduce reliance on long-term care. Key provisions included bed-based reablement at Thackley Green and a purpose-built facility in Corby.

People were able to access equipment and minor home adaptations to support independent living, though delays in provision sometimes impacted their effectiveness. Accessibility of services also varied. While some aspects were inclusive for people with differing support needs, this was not consistently applied for those requiring adapted communication or information in languages other than English.

The local authority had begun work to identify and engage under-represented groups, commissioning a voluntary organisation to support community-level understanding and provision. There was opportunity to strengthen evaluation frameworks to ensure equity in access and support. Further development of data integration into service delivery was required to understand and meet the needs of seldom heard and under-represented communities.

Commissioning decisions were informed by a wide range of local intelligence, including insight packs, Joint Strategic Needs Assessment (JSNA) data, and partnership profiles. These tools enabled the local authority to identify key indicators such as public health outcomes, employment patterns, deprivation levels, and demographic projections. While efforts were made to improve care provision capacity, challenges remained in meeting full demand. Recommissioning and restructuring created additional capacity, particularly in homecare, but delays persisted in residential placements, especially for hospital discharge, mental health, and dementia services.

A structured approach was in place for monitoring the quality and impact of commissioned services. The local authority used defined quality outcomes, contractual compliance measures, and a regulated framework to assess services. These arrangements were consistent across internal, external, and out-of-area contracts and were supported by proactive monitoring systems, including risk matrices, review cycles, and collaborative oversight mechanisms.

Partnership working supported shared outcomes through integrated initiatives such as the 'Home First' model and the intermediate care unit at Thackley Green. The local authority participated in collaborative forums, including the Mental Health, Learning Disability and Autism (MHLDA) Collaborative, aligning with system-wide governance structures. However, joint working arrangements were not consistently monitored or formally reviewed and lacked defined strategic frameworks.

Protocols were in place to support transitions into adulthood and from hospital settings. Dedicated workers facilitated these processes, and continuity plans were established for service disruptions and out-of-hours support. Safeguarding policies and procedures were detailed and locally tailored. The local authority worked with the Safeguarding Adults Board to identify and mitigate risks of abuse and harm, although there were challenges in the consistency and timely management of safeguarding concerns.

Governance frameworks were structured, with several strategic initiatives either newly implemented or in development. This limited the extent to which impact could be reviewed or evaluated. Strategic planning was further hindered by fragmented data infrastructure. A culture of continuous learning and improvement was evident, with support for professional development. Staff had access to ongoing training, and co-production was beginning to take shape, with a clear commitment from the local authority to embed it more fully in future practice.

Theme 1: How North Northamptonshire Council works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

The local authority's care and support services were accessible through various channels, including online platforms and self-assessment options, offering flexibility for people seeking assistance. A central business support function managed referrals and allocated them to appropriate teams. These teams operated a duty triage system, applying a strengths-based approach to determine the most suitable pathway for each case.

Feedback from people indicated the local authority provided them with a personalised approach and involvement in assessments. People reported regular contact with practitioners, tailored support, and clear communication. They said their assessments considered risks such as social isolation and addressed eligible needs across multiple domains. According to the Adult Social Care Survey 2023/24, 66.37% of people in North Northamptonshire were satisfied with their care and support which was similar to the England average of 65.39%.

Assessments and care planning were person-centred and focused on individual strengths, choices, and aspirations. This approach promoted autonomy, identified personal assets, and supported outcomes aligned with what people wanted to achieve. Pathways and processes were designed to ensure support was both planned and coordinated.

Reflective tools such as Ideal Outcome Meetings (IOM) and 'On Track Chat' supervision sessions supported multi-agency collaboration and alignment around peoples' goals. The local authority's assessment teams were equipped to carry out both general and specialist assessments, supporting a comprehensive and responsive service.

In May 2024, the local authority restructured its adult social work teams to strengthen resilience, enhance local responsiveness, and improve continuity of care. The new model established four locality-based adult social care teams aligned to Corby, Kettering, Wellingborough, and East Northants. In addition, a range of specialist teams supported assessment and care planning across the borough, including Learning Disability and Transitions teams, a Continuing Healthcare (CHC) reviewing team, and hospital-based teams. These teams were designed to reflect community-specific needs and promote effective place-based working. The impact of the restructuring had not yet been measured so it was not possible to assess its effectiveness.

This reorganisation formed part of the "Moving Forward with Place" programme, aimed at streamlining service delivery and improving outcomes for residents. Social care staff operated within integrated, multi-disciplinary settings alongside nurses, therapists, and other professionals, enabling coordinated and holistic support planning.

Timeliness of assessments, care planning and reviews

Assessments and care planning arrangements were not always timely or up to date. Local authority data indicated as of June 2025 there were 311 people waiting for care act assessments (including community teams and the visual impairment team) with a median wait time of 84 days and a maximum wait time of 456 days. As of the end of May 2025 there were 1481 people who were awaiting a 12-month review. Data from the Adult Social Care Activity Report between April 2024 and March 2025 indicated 38.25% of long-term support clients had been reviewed which was somewhat worse than the England average of 59.13%. However, the local authority told us their data indicated that as of July 2025 49% of long-term clients had been reviewed which demonstrated a positive trajectory.

People and partners expressed concerns regarding delays for assessments and reviews and the impact this was having for people waiting. Partners reported reduced regularity and consistency of reviews from the previous year but also said the local authority would prioritise reviews where critical need was identified. Some partners reported that the local authority routinely contacted them in advance of scheduled reviews, enabling proactive preparation and reducing the risk of unmet needs. They told us urgent review requests were typically actioned within a week, with care packages adjusted swiftly to reflect.

The local authority took active steps to reduce waiting times for assessments, care planning, and reviews. The Care Home Review Team contributed to this by restructuring team roles and coordinating joint visits with quality officers, which improved efficiency and reduced backlogs. Despite this progress, staff continued to report concerns about delays in reviews. Mitigation measures were introduced, including the prioritisation of high-risk cases and the implementation of targeted review days. In some areas, whole-team duty days were used to accelerate review activity; however, staff told us this approach sometimes caused disruption to other essential duties.

In managing waiting times, the local authority introduced the “waiting well” pack, which was co-produced with people with lived experience, to help people understand processes and manage expectations while awaiting assessments or support. While this was a positive step toward transparency and engagement, feedback from partners indicated that some people struggled to fully comprehend the information provided.

The application of the waiting well guidance was inconsistent across teams. Some teams were able to implement it effectively, while others reported insufficient capacity to apply it consistently. These disparities limited the impact of the waiting well process.

Assessment and care planning for unpaid carers, child’s carers and child carers

The local authority acknowledged the distinct needs of unpaid carers and arranged for their assessments, support plans, and reviews to be conducted separately from those of individuals receiving care. These responsibilities were commissioned from a Voluntary, Community and Social Enterprise sector (VCSE) provider, with no carers assessments carried out internally.

Contract review meetings were held regularly, and performance was monitored against agreed performance indicators. However, the local authority did not directly audit the quality of carers assessments. The commissioned provider conducted its own audits, but the local authority did not have oversight of these processes, limiting its ability to monitor assessment quality, statutory compliance, and access to support.

Local authority data from February 2025 showed 56 people were waiting for a carers assessment, 6 having waited longer than 6 months. The median wait was 65 days, and the maximum wait was 203 days. Data as of June 2025 indicated there were 46 people waiting for a carers assessment, with a median wait time of 15 days and a maximum wait time of 28 days. Carer review data for February 2025 was not made available. There were 87 reviews due for completion in June 2025, of those, 29 were carried out, 58 received letters/emails and 48 were not responded to. These figures indicated from February 2025 to June 2025 there was a positive trajectory in access and more timely carers assessments. However, data regarding carers reviews indicated the need for more proactive follow-up to ensure carers were supported and their needs were regularly reviewed.

Training on the strength-based approach was offered to the carers service, but documentation viewed as part of the assessment indicated this methodology was not consistently reflected in assessment practice. Staff delivering assessments had received some training; however, this did not include Care Act-specific content, resulting in a lack of clarity around how eligibility criteria were being applied.

Every carer we spoke with confirmed they had undergone a carers assessment. Feedback from carers indicated that the assessment process was a mixed experienced, with some carers reporting timely support, a sense of empowerment, and outcomes such as access to employment. Assessments were described as strengths-based and person-centred, and the commissioned carers association was reported to have offered a comprehensive and tailored support offer, including group options and young carer support.

Several carers reported concerns about emergency support arrangements, particularly in cases such as hospitalisation, which they felt had not been adequately addressed through contingency planning. They indicated that financial advice and benefit entitlement guidance were not routinely offered during assessments, and that printed materials for future reference had not been provided.

Data from the Survey of Adult Carers 2023/24 showed that 8.62% of carers in North Northamptonshire accessed training, which was better than the England average of 4.3%. Additionally, 37.29% of carers reported having as much social contact as desired, and only 18% were not in paid employment due to caring responsibilities—both figures being somewhat better than the England averages of 30.02% and 26.7%, respectively.

Further survey findings showed that 38.98% of carers felt they had encouragement and support, while 65.52% reported access to support groups or someone they could speak to in confidence. These indicators were better than the national averages of 32.44% and 32.98% respectively, with the latter figure being significantly better

Carers shared that accessing residential respite could be challenging, particularly when supporting people with learning disabilities. They said that respite was often linked to higher levels of need, and that opportunities for breaks were limited for those caring for people with less complex needs. As a result, some carers felt that their ability to take time for themselves was restricted. This was reflected in the Survey of Adult Carers 2023/24, which showed that 10.34% of carers accessed services allowing them to take a break of more than 24 hours, which was somewhat worse than the England average of 16.14%.

Adult social care staff were not responsible for completing carers assessments but played a role in broader Care Act assessments where carers' needs were relevant. We found staff lacked awareness of residential respite options, direct payments for carers, and general support available, which may have affected the advice and conversations held during assessments. Data from the Survey of Adult Carers 2023/24 showed that 33.77% of carers had received a carers direct payment, which was much lower than the England average. This suggested limited uptake of direct payments as part of the support offer.

Help for people to meet their non-eligible care and support needs

People were given help, advice, and information about how to access services, facilities, and other agencies for help with non-eligible care and support needs. The local authority applied a strengths-based assessment approach, focusing on people's capabilities rather than their limitations.

People were referred to community organisations, forums, and support programmes, which aimed to help reduce isolation and promote early access to advice and low-level support. Holistic therapies and lifestyle interventions such as gym passes were made available to some carers, allowing them to focus on self-care and improve their resilience.

The local authority implemented the Support North Northamptonshire (SNN) model to help prevent the escalation of care needs. Referral volumes increased over time, indicating stronger engagement with early intervention services. In addition, staff provided information and signposting to other forms of support including housing and benefits services. Out-of-hours teams responded to urgent situations by connecting people to appropriate support, such as the rough sleeper service. Staff reported routinely signposting people who were not eligible under the Care Act to alternative services, helping mitigate risk and promote access to information and support.

Eligibility decisions for care and support

The local authority used a transparent and consistently applied framework to determine eligibility for adult social care. Eligibility decisions were guided by statutory thresholds and delivered through structured assessment pathways supporting person-centred, strengths-based evaluations that considered peoples' needs and outcomes.

The local authority applied a consistent framework for Care Act eligibility through its twice-weekly Cost Consistency Meetings. These brought together senior managers and multi-disciplinary teams to review funding requests, ensuring decisions were lawful, strengths-based, and cost-effective. All cases requiring senior authorisation, including long-term care following hospital discharge, were discussed using standardised procedures and documented in a central spreadsheet. This process promoted oversight, quality assurance, and financial governance.

Feedback from carers and partners suggested that prior to assessment, people were often unsure of what support they could receive without meeting Care Act eligibility. There were specific references to limited public information about direct payments, pre-paid card uses, and funding options for non-eligible people, which they said created barriers to informed decision-making.

According to the Adult Social Care Survey (ASCS), the percentage of people who did not purchase additional care or pay top-up fees was 64.26%. This was used as an indicator of effective eligibility determinations. The figure was similar to the England average of 64.39% which suggested that care needs were generally met through standard provision, reinforcing the local authority's position that its eligibility decisions reflected fairness, clarity, and accessibility.

Appeal data, including outcomes and trends, was collected by the local authority and used for internal oversight, though detailed figures were not provided in this context.

Financial assessment and charging policy for care and support

The local authority demonstrated a framework for assessing and charging adults for care and support that was generally clear and person-centred.

The local authority's charging policy was largely consistent with national guidance. It included details on capital thresholds, affordability checks for top-ups, and complaints procedures. Standardised system-generated letters were used to inform people of their financial contribution and provided guidance on how to access further information. These mechanisms contributed to clarity and accessibility in the decision-making process.

Monthly tracking of financial assessment queries was maintained through a formal feedback mechanism. Local authority data indicated that approximately 300 queries were resolved each month by the local authority's financial assessment team, with positive feedback reported. As of June 2025, 254 people were awaiting financial assessments, with a median wait of 21 days. Previous data from January 2025 showed a maximum wait time of 66 days. While assessments were not always completed prior to the commencement of care, the local authority told us the financial assessment process and people's responsibilities were explained by social care workers, with a checklist and letter provided so in the majority of cases people would have an awareness of the need to contribute before their service started.

Staff described timely, person-centred assessment processes. Initial contact was made within one week, followed by a two-week window for document submission, and assessments were completed within seven days thereafter. For reassessments linked to changes in circumstance, the team operated a consistent 72-hour response standard, which further contributed to timely and proactive support.

Partners reported that the local authority, conducting assessments directly with the resident, improved clarity, and transparency. This person-centred method strengthened communication and supported informed decision-making, helping ensure that funding arrangements were clearly understood.

Provision of independent advocacy

The local authority supported people with advocacy needs through commissioned services and operational guidance. Advocacy services were delivered by a commissioned Voluntary Community and Social Enterprise partner, offering support in contexts such as Care Act assessments, safeguarding enquiries, mental health, and mental capacity decisions. Advocacy was accessible through multiple referral routes, including online forms, phone, and email, and was available for both instructed (where individuals could express their wishes) and non-instructed scenarios.

Feedback from staff and partners, and internal documentation indicated that the local authority took steps to embed advocacy across adult social care processes. Staff described timely arrangements for people with substantial difficulty in being involved in decision-making, particularly in care planning and safeguarding contexts. Staff said advocacy was used proactively in service recommissioning and transition planning, supporting inclusive approaches to care and the individual's right to representation.

Following audit activity, training was introduced to improve staff confidence in applying the Mental Capacity Act, and practical tools were implemented to support appropriate referrals. Advocacy signposting was also embedded in the "Waiting Well" guidance, helping people remain engaged during care delays.

Some partners reported concerns about poor referral quality and missing or poor quality capacity assessments, which hindered advocacy effectiveness. However, partners reported this to the local authority and said they were responsive to concerns raised.

Supporting people to live healthier lives

Score: 2

2 - Evidence shows some shortfalls

What people expect

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

The local authority commitment

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support.

Key findings for this quality statement

Arrangements to prevent, delay or reduce needs for care and support

The local authority worked with people, partners, and the local community to make available a range of services, facilities, resources, and other measures to promote independence, and to prevent, delay or reduce the need for care and support. The local authority developed its Health and Wellbeing Strategy 2024–2029 with the intention of enabling residents to lead healthier, more independent lives. Through collaboration with communities, health professionals, voluntary organisations, and system partners, the strategy focused on addressing wider health determinants and reducing inequalities. Its five priorities included tackling smoking and vaping, increasing physical activity, improving mental health, supporting children and young people, and enhancing financial resilience.

Delivery was structured through Local Area Partnerships and Place Delivery Boards, supported by dedicated sponsors. The local authority stated this was monitored via live action plans overseen by a Strategy Oversight Group. Co-production and sustainability were embedded within the strategy, though not yet fully embedded in practice. While implementation began in 2024, measurable impact had yet to be established at the time of reporting.

To prevent escalation of needs in the community, the local authority launched initiatives like Support North Northamptonshire (SNN), a multi-agency programme designed to connect residents with early support. This involved voluntary sector partners and a strengths-based approach to guide people to appropriate pathways before statutory intervention was required. Additional support included trusted assessors in locality teams, provision of equipment and adaptations, and use of assistive technology.

Strategic practice initiatives included embedding strengths-based approaches, promoting early conversations through its Practice Framework, and developing targeted roles such as Progression Workers to help working-age adults build functional skills. The Age Well Programme focused on older adults, offering befriending, appointment support, and access to assistive equipment to maintain independence. Each locality hub, of which there were 4; Corby, Kettering, Wellingborough and East, had Age Well Workers aligned to GP practices that worked with any person aged 65 and over regardless of whether they had eligible care needs. Data from the Adult Social Care Survey 2023/24 showed 94.59% of people who used services felt clean and presentable and 74.77% reported spending time doing things they value or enjoy. This was somewhat better than the England averages of 93.28% and 69.09%, respectively.

Tools like Ideal Outcomes Meetings (IOMs) supported early decision-making rooted in informal and community-based solutions. Community engagement involved public health initiatives such as Men's Shed, outdoor gyms, and gardening groups. Although, scrutiny committees identified the absence of a fully embedded strategy within neighbourhood planning. The local authority had created an Occupational Therapy Strategy to improve early intervention and co-produced care; however, this was still in draft and had not yet been implemented.

The local authority demonstrated some instances of individual impact from preventative services, such as the Support North Northamptonshire programme assisting people in navigating complex systems and accessing health, housing, and community support. These cases showed improved independence and resilience, as well as early intervention that helped avoid escalation into statutory services. There was limited evidence that the local authority consistently monitored how such outcomes aligned with Care Act wellbeing duties or contributed to reducing long-term care needs. This restricted its ability to evaluate and evidence the effectiveness of prevention across the system. Data from the Adult Social Care Outcomes Framework 2023/34 indicated that 74.55% of people who received short term support no longer needed support, this was somewhat worse than the England average of 79.39% suggesting more focus was required to enable the local authority to understand and address this.

Specific consideration was given to unpaid carers through the commissioned carer service. The local authority told us they co-produced their Carers Strategy 2024-2025 with carers and partners. Through carers strategy workshops the local authority identified key priorities for carers which included carers breaks, telling their story once, and identifying hidden carers. They found carers were not feeling recognised and carer poverty was a concern. These were also found to be themes in the Carers Joint Strategic Needs Assessment from 2020.

The Carers Strategy stated that the local authority supported carers' health and wellbeing through respite services, carer grants (e.g. for household repairs), mental health support for young carers, and social prescribing for isolated carers. There were also community asset groups for carers which included different forums supporting carers around dementia, diabetes, coronary heart disease and they were starting neuro diverse groups and acquired brain injury. They stated these interventions helped prevent carer breakdown, supported mental health, and promoted physical and emotional resilience. The strategy also recognised gaps in awareness among underrepresented groups and committed to increasing registration among carers from diverse backgrounds. It planned to create age-appropriate materials and improve accessibility across platforms. While implementation began in 2024, measurable impact had yet to be established at the time of reporting.

Carers and staff told us about a recent local 'carers marketplace' event set up to support and identify carers. However, attendance was reported to be low, which carers attributed to a late venue change and limited advertising. Feedback from carers suggested that additional outreach events could assist in identifying hidden carers and improving information access. Working carers reported challenges in accessing forums or group support due to scheduling issues and limited availability outside standard working hours. Despite these reported difficulties, data from the Survey of Adult Carers 2023/24 indicated 91.11% of carers found information and advice helpful, with 66.67% finding it easy to access information, both somewhat better than the England averages of 85.22% and 59.06%, respectively.

Provision and impact of intermediate care and reablement services

The local authority worked with partners to deliver intermediate care and reablement services that enabled people to return to their optimal independence. They worked in partnership with health providers and voluntary organisations to deliver a range of reablement and intermediate care services aimed at promoting independence and reducing reliance on long-term care. Key provision included a jointly funded (health and social care) bed-based reablement at Thackley Green and a purpose-built facility in Corby.

The Adults Services & Health Partnerships Service Plan (2024–25) emphasised proactive reablement to avoid hospital admissions, including responses to non-injurious falls. The local authority partnered in a tripartite Integrated Falls Project, which utilised the 'HelpFall' app and 'Raizer' chair to assist individuals post-fall without ambulance involvement, thereby preventing escalation and supporting wellbeing.

According to local authority data, community reablement teams achieved an 83% rate of people remaining at home with reduced or no care needs, and timely access was demonstrated through rapid caseload turnover. Data from the Adult Social Care Outcomes Framework 2023/24 indicated 2.17% of people aged 65+ received reablement/ rehabilitation services in North Northamptonshire after discharge from hospital. This was somewhat worse than the England average of 3.00%. However, of those people who received reablement 88.68% of people were still at home 91 days after discharge which was somewhat better than the England average of 83.70%.

Partners reported the local authority supported delivering timely and effective reablement services, particularly in the context of hospital discharge. They said assessments were completed promptly, often enabling next-day discharge, which helped minimise unnecessary hospital stays and supported quicker recovery at home. Partners indicated the local authority's use of intermediate care pathways was responsive and well-integrated.

Access to equipment and home adaptations

People can access equipment and minor home adaptations to maintain their independence and continue living in their own homes, however, there were delays in support which could impact the effectiveness of supporting people to maintain their independence. The Occupational Therapy (OT) service formed part of the local authority's broader adult social care and prevention strategy, with a focus on early intervention, enabling independence, and improving quality of life. The OT service delivered community-based support through assessments, provision of minor and major equipment adaptations, education, reablement, and access to assistive technology.

Referrals were typically received via the Customer Service Centre and triaged by a clinician before allocation. The draft Occupational Therapy strategy outlined performance expectations, aiming for a maximum 6-week wait for standard cases and 5 working days for priority referrals. The local authority told us, over the last 12 months, they had consistently met the 5-day target timescale for people assessed as priority. They provided data which indicated from April to June 2025 89.9% of priority 1 referrals were allocated within 5 days with a median wait of 3 days. Data also evidenced that between January and June 2025, 79.5% of referrals for priority 2 cases, and 27.6% for priority 3 cases were allocated within the 6-week target, with a median wait of 22 and 73 days, respectively. This demonstrated that the local authority was mostly meeting high priority targets but there was area for improvement in meeting lower priority targets. The local authority did not provide data to indicate the time from allocation to intervention or closure of occupational therapy referrals.

Trusted assessors within locality teams were able to order low-level equipment, increasing responsiveness at the point of need. The local authority also co-produced a "Waiting Well" pack to support people and carers awaiting adult social care input including OT services, which included guidance on the referral journey and signposting to wider resources. Additionally, the local authority highlighted the role of its Specialist Moving and Handling Team, which focused on upskilling partners in safe handling techniques.

Feedback from staff and leaders highlighted variability in access and delivery across North Northamptonshire's equipment and adaptation services. Staff reported hospital discharge teams were able to provide prompt assessments and same-day delivery of low-level equipment, enabling safe and timely transitions home. However, staff raised concerns about lengthy waiting lists for aids and adaptations in the community.

There were 223 people waiting for equipment which included referrals under OT and assistive technology. The average wait time to receive equipment post assistive technology assessment was 1 week, and post OT assessment was 4 days. This suggested the delays were associated with the assessment phase rather than the actual provision of equipment. Some staff reported there were delays in equipment delivery which they overcame by carrying basic items themselves to ensure timely support.

As of June 2025, there were 504 people awaiting an occupational therapy assessment with a median wait time 41 days and a maximum of 137 days. There were 401 people awaiting an assistive technology assessment with a median wait time of 77 days and a maximum of 145 days. Feedback from people reported significant waits for assessment and equipment, people said they felt there was inconsistent communication and limited guidance which they said left them feeling frustrated and unsupported at times.

Provision of accessible information and advice

Some people could access information and advice, though more development was needed to ensure sufficient information was available for people who need adapted or translated communications or were digitally excluded.

The local authority provided a publicly accessible Care Services Directory, offering guidance on staying independent at home, equipment, and occupational therapy. A downloadable 'Waiting Well' pack was available via the local authority's website, outlining steps following referral to adult social care and signposting to NHS and local community resources. Referral links to advocacy services were functional and easy to navigate. Online content on safeguarding, eligibility, assessment, and support planning was available and up to date as of December 2024. Targeted resources also included the Preparing for Adulthood section, which covered transitions for young people and included accessible versions of the Mental Capacity Act (2005).

The local authority (via their adult care strategy) committed to improving visibility of support services via tools such as a Carers Portal, digital directories, and co-produced information resources. However, several gaps in accessibility were noted. Key content such as finance and charging guidance lacked easy-read formats, potentially limiting access for people with additional support needs. Additionally, while the local authority's website included a translation feature to support users whose first language was not English, this function did not operate reliably. People reported that translated pages reverted to English when navigating between links, reducing the effectiveness of the tool and potentially excluding non-English speakers from accessing essential information.

Feedback from people and partners regarding accessibility of information and advice in North Northamptonshire indicated that while some people had positive experiences, notable barriers remained in ensuring equitable access in line with Care Act responsibilities. Partners reported that people frequently faced difficulties navigating the local authority's website, citing poor digital inclusion and a lack of clear, user-friendly information. Some carers felt unaware of available groups or missed support due to insufficient promotion or unclear access points, others described receiving useful signposting and advice. Some people described the website as containing jargon and acronyms that may confuse those unfamiliar with adult social care.

Data from the Adult Social Care Survey and Survey of Adult Carers 2023/24 showed 65.7% of people who used services said they found it easy to locate information about support which was similar to the England average of 67.12%. Additionally, 66.67% of carers found it easy to access advice, which was somewhat better than the England average of 59.06%.

Direct payments

There was average uptake of direct payments. People had ongoing access to information, advice, and support to use direct payments. The local authority provided guidance on direct payments for both staff and people, setting out the assessment process, eligibility, and payment options. While the documentation explained how direct payments were monitored by a dedicated team and how reconciliation was handled, there was minimal reference to considerations such as mental capacity or the promotion of direct payments to eligible individuals.

During the reporting period from February 2024 to January 2025, 116 direct payments were ended while 119 were initiated, with limited insight into the underlying reasons for either change. Feedback from the local authority noted a rise in complex employment issues among direct payment holders employing personal assistants (PAs), prompting the Direct Payments Team to seek employment law advice to support users. A number of users opted to return to framework providers, citing challenges associated with employer responsibilities. Data from the Adult Social Care Outcomes Framework and Short- and Long-Term Support 2023/24 reported the percentage of people using services receiving a direct payment was 27.99% which was similar to the England average of 25.48%. The percentage of carers receiving a direct payment was much lower than the England Average suggesting more needed to be done to promote the use of carers direct payments.

Staff reported that people retained choice and control over whether to receive direct payments, with referrals processed consistently and packages allocated promptly. However, significant challenges were noted. Staff described ongoing shortages of PAs, especially for smaller care packages, which limited people's ability to use their allocated funding effectively and impacted independence outcomes. Staff were unsure if any action had been taken to address these areas of challenge.

Equity in experience and outcomes

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

Key findings for this quality statement

Understanding and reducing barriers to care and support and reducing inequalities

The local authority was working towards understanding its local population profile and demographics. It did not consistently analyse equality data for people who used social care or use it to identify and reduce inequalities in people's care and support experiences and outcomes.

The local authority demonstrated a growing commitment to understanding and reducing barriers to care and support, with several structures in place that aligned with its Care Act duties. It launched strategic frameworks such as the Communities Strategy 2024–2027 and the Health and Wellbeing Board Strategy 2024-2029, which prioritised mental health, financial resilience, and support for children and young people; areas linked to reducing inequalities. These strategies were supported by Local Area Partnerships (LAPs) and Community Wellbeing Forums, which aimed to tailor services to local needs and improve place-based equity.

Through partnership work and inclusive strategies, the local authority made progress in identifying priority groups, investing in outreach, and embedding person-centred practice. Initiatives like Support North Northamptonshire played an important role in reaching minority groups such as Black African communities, LGBTQ+ individuals, and the deaf community.

Culturally sensitive practices were evident, with examples including tailored communication, religious observance, and age-specific support services. The use of Equality Screening Assessments and demographic tracking suggested an awareness of how different groups experienced care services, while strategies like the Adult Social Care Strategy 2024-2029 and Carers Strategy 2024-2029 showed recognition of underrepresented groups and committed to addressing inequalities through training, service adaptation, and impact monitoring. These strategies and initiatives were in their early stages and there was limited evidence for impact or review.

The local authority had initiated collecting referral information across protected characteristics such as age, ethnicity, sexuality, and disability to better understand service gaps, although further development was required with missing data evident. They have committed to improving workforce diversity and equity through neurodiversity pledges, trauma-informed training, and collaboration with universities to support ethnic minority social workers. They also signed up to the Workforce Race Equality Standard, an initiative designed to ensure that employees from ethnic minority backgrounds have equal access to career opportunities.

There was some evidence of tailored support for people with learning disabilities, including targeted wellbeing initiatives and employment inclusion programmes like the Employment and Disability Service (EADS) and Learning Independence Volunteering Employment (LIVE) service. These teams helped people with disabilities facing challenges in employment, learning and volunteering.

Some staff within the local authority demonstrated a clear understanding of the complex needs faced by people, including those experiencing homelessness, communication barriers, and disabilities. In response, creative and person-centred approaches were employed to support access and inclusion within care pathways. Staff told us policies such as the Gypsy and Traveller communication guidance promoted accessible engagement, encouraging direct visits over written materials.

Some staff reported ongoing challenges in service infrastructure and strategic oversight with regards to equality diversity and inclusion. Information technology (IT) systems were described as fragmented, affecting the availability and reliability of peoples' data and coordination, including limitations in recording ethnicity data. An example given was of difficulties experienced accessing information and services during out of hours, hindering multi-agency support provision for vulnerable people. In addition, staff said formal processes to incorporate community voice into service planning were limited, reducing opportunities for meaningful engagement with seldom-heard populations.

Equality Screening Assessments and self-assessments demonstrated an awareness of disparities and the intent to deliver inclusive care, but these were not consistently applied across adult social care. Equality Impact Assessments (EIAs) were not routinely involving people with lived experience and were infrequently published, which reduced opportunities for broader consultation and application in service design. Some proposals associated with these assessments had not yet progressed to commissioning and the corporate equality team were not directly aligned with adult social care, instead providing a more corporate function. They had little involvement in the creation of new adult social care strategies.

Engagement with equity initiatives among frontline teams was limited, particularly regarding available support for unpaid carers and identification of underrepresented or marginalised communities. There was little evidence showing that collected data consistently informed service planning and improvement. Outreach activity through Local Area Partnerships was not widely recognised at an operational level in adult social care, suggesting room for improvement in the coordination between strategic planning and understanding in operational delivery.

Review mechanisms concerning access for underrepresented groups on pathways such as hospital discharge, out-of-hours services, and therapy provision were not comprehensively developed. Variation in wait times across teams was observed. For instance, the learning disability team reported a median wait time of 217 days, compared to 38 days for the Wellingborough team which demonstrated inequity in experience.

The local authority had taken steps to proactively engage with communities where inequalities had been identified, mainly through commissioning Support North Northamptonshire (SNN), a Voluntary and Community Social Enterprise organisation (VCSE) partnership aimed at outreach and tailored support. This engagement suggested a genuine effort to connect with seldom-heard groups, gather insight on lived experiences, and address localised challenges. However, evaluation findings indicated that access to this support varied across the local authority's four localities, leading to inconsistencies in reach and impact. Preliminary findings also reported a lack of detailed objectives and that data collection hindered effective evaluation.

While SNN was focused on promoting wellbeing and resilience both closely aligned with Care Act principles there was limited evidence that these outcomes were being systematically linked to reduce inequalities. There was no framework in place to monitor how these preventative activities translated into equitable care and support across population groups. This lack of oversight meant that, despite commissioning a service capable of supporting community engagement, the local authority had not yet demonstrated how its delivery mechanisms reduced inequalities.

Inclusion and accessibility arrangements

There were some appropriate inclusion and accessibility arrangements in place so that people could engage with the local authority in ways that worked for them, however, these needed to be developed further. The local authority made notable efforts to promote access and inclusion in its adult social care services, with emphasis on co-production, accessible communication, and responsiveness to community needs. Various strategies and commissioned services demonstrated commitment to engaging people with lived experience, improving information accessibility, and identifying key barriers such as digital exclusion, language, and literacy.

The local authority co-produced key materials such as the Adult Social Care Strategy 2024-2029, the Carers Strategy 20204-2029, the waiting well pack and transition leaflets with carers, young people, and people with lived experience. The development of a dedicated Experts by Experience group further illustrated an intent to embed co-production in everyday practice. Additionally, workshops, surveys, and easy-read adaptations contributed to more inclusive consultation methods.

Information accessibility has been enhanced through updates to advocacy resources, use of visual cues in documentation, and the provision of interpreting and translation services for staff. Contracted providers, such as those delivering the supporting carers service, were required to offer information in large print, Braille, audio, British Sign Language (BSL), and translated formats including easy-read versions of assessment tools.

Intention toward co-production was articulated in documents, but evidence of early engagement with people with lived experience remained limited, and further clarity was needed on how experts by experience would be identified and involved meaningfully with regards to improving accessibility for people.

The local authority acknowledged systemic barriers, including digital exclusion, limited English for Speakers of Other Languages (ESOL) provision, poor literacy, and poverty. Scrutiny reviews recommended community-based solutions such as enhanced digital resources and communication formats which aimed to improve participation and reduce inequality of access.

Staff highlighted inclusive measures, such as the use of translation services, easy-read formats for one-page profiles, and operational adjustments for people with hearing impairments. Staff indicated that access to language interpreters was generally effective, although challenges remained in specific language coverage, examples given were for Gujarati interpretation and British Sign Language (BSL) availability. Efforts were made to address shortfalls, including managers personally sourcing interpreters when needed. Some inclusion practices such as easy-read formats were not embedded consistently across all documents, creating barriers for certain users during initial contact.

Carers highlighted practical barriers such as inaccessible timings for support groups which limited equitable access, particularly for working carers and those navigating the system independently. Carers also raised concerns that the needs of those aged 59–64 were overlooked, despite experiencing similar challenges to the 65+ age group.

Some partners acknowledged rising homelessness and praised adult social care for implementing inclusive and responsive initiatives in partnership, demonstrating awareness of emerging needs with their Adults, Health Partnerships and Housing's rough sleeper team. Some partners suggested that outreach approaches for rough sleepers could be strengthened by increasing the frequency of contact and adapting engagement methods to better reflect the realities of street homelessness.

Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

Care provision, integration and continuity

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is co-ordinated, and everyone works well together and with me.

The local authority commitment

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

Key findings for this quality statement

Understanding local needs for care and support

The local authority demonstrated an informed approach to understanding the diverse care and support needs within its population. By drawing from a wide range of local insight packs, Joint Strategic Needs Assessment (JSNA) data, and partnership profiles, it was able to explore key indicators such as public health outcomes, employment patterns, deprivation levels, and future demographic projections.

Detailed assessments of specialist needs, such as those relating to autism, physical and sensory impairments, and learning disabilities reflected a commitment to inclusive planning. The local authority considered prevalence data, service uptake, co-existing health conditions, and associated benefit profiles to shape its commissioning and target interventions. Carers' experiences and care leavers' outcomes were also clearly recognised, supported by demographic forecasts and national research which informed local service response and strategic direction.

Evidence from the 'Homelessness and Alcohol' JSNAs highlighted overlapping vulnerabilities that may contribute to wider social care needs. The local authority demonstrated awareness of how factors such as housing challenges, substance misuse, and socioeconomic inequalities could increase demand on adult social care services. Area-specific Local Area Partnership (LAP) profiles enabled a more granular understanding of community assets and challenges, ensuring local services could respond effectively to the distinct needs of different neighbourhoods.

The local authority also made use of market insight and future forecasting, including projections for autism and dementia rates. This helped ensure care provision remained sustainable and reflective of anticipated demand. Through engagement with service users, carers, and providers, the local authority strengthened personalisation and choice within its service design. While some governance arrangements were still being refined, the local authority's efforts to work within its statutory duties and promote coordinated, inclusive care were evident across its strategic documentation.

Market shaping and commissioning to meet local needs

People were able to access a selection of local support services. While a comprehensive commissioning strategy was still being developed, there were targeted commissioning activities in place for particular service areas. Staff noted that commissioning was evolving as part of the local authority's ongoing journey to embed and strengthen its practices.

Commissioning activity covered a wide range of services, including residential and nursing care, home care, day opportunities, and independent living schemes. The local authority made use of dynamic purchasing systems to increase and diversify its provider base and improve access to support across sectors. Fee structures were reviewed through annual inflationary uplifts and benchmarking exercises, which the local authority told us were informed by provider feedback and wider market intelligence, to support financial viability and recruitment where needed. Independent living schemes and Extra Care housing units provided alternative accommodation options for older adults seeking supported living environments. Where gaps were identified, such as limited evening and weekend support for younger adults, or the need for specialised accommodation, the local authority undertook planning and development activity, including consultation with assessment teams and people with lived experience to commission services to meet local needs. For example, at the time of the assessment, there were 2 new extra care schemes in development.

The local authority demonstrated some consideration for culturally specific care provision with the inclusion of several providers able to offer support tailored to diverse needs. Providers were specifically asked about specialisms during procurement which was built into a brokerage intelligence base. Brokerage teams reported that where specific cultural requirements were identified, support was sourced on a case-by-case basis, including the use of 'spot' providers where appropriate. While this flexible approach allowed some responsiveness, it was not underpinned by a dedicated commissioning framework for culturally specific services, and provision was largely reactive rather than strategically embedded.

Feedback from people, staff and partners highlighted areas where services could be strengthened. Support for younger people with learning disabilities was noted to be less available during evenings and weekends, leaving some needs unmet. Several partners expressed concern regarding access to dementia-specialist care, suggesting that in its absence, people could be placed in settings that did not fully reflect their specific support requirements. Additionally, carers shared that residential respite care options felt limited, pointing to opportunities for enhancing short-term relief provisions. This was reflected in data from the Adult Social Care Survey 2023/24 which indicated 63.16% of people who used services felt they had a choice over services; this was somewhat worse than the England average of 70.28%. Additionally, data from the Survey of Adult Carers England 2023/24 indicated the number of carers accessing supporting allowing them to take a break for longer than 24 hours was 10.34%, again somewhat worse than the England average of 16.14%.

Ensuring sufficient capacity in local services to meet demand

The data provided by the local authority suggested that they made active efforts to improve care provision capacity, but challenges remained in meeting full demand across all service areas.

The recommissioning of the homecare framework in late 2023, with 114 providers onboarded, helped increase market capacity and reportedly reduced hospital discharge delays. Similarly, redesigning reablement pathways contributed to a 7.6% reduction in residential care admissions and a 7.5% increase in people supported to live at home, indicating progress toward more preventative and strength-based approaches. Brokerage operations improved referral processing speed, with completion times decreasing from 35 to 24 days, and service availability was expanded through increased use of residential respite and block contracts. The local authority also told us they operated a priority process when brokering care which ensured people at higher risk were prioritised. There was an average wait time of 12.6 days for commissioned care.

Partner feedback indicated that delays in hospital discharge had occurred due to limited capacity, particularly in relation to pathway 3 residential services. Between January and May 2025, data from the local authority showed an average wait time of 13 days for discharge under pathway 3, compared to an average of 3 days for pathway 1 (home-based care), or 5 days for more complex cases. These figures suggested that some people may have remained in hospital longer than necessary while awaiting appropriate care arrangements, which could have implications for their ongoing health and wellbeing.

There was not always sufficient capacity for unpaid carers to access replacement care for the people they supported, in both planned and unplanned circumstances. Daytime short break options were reflected within the key performance indicators for the commissioned service showing targets were being met; however, there had been no equivalent indicators relating to residential replacement care. Staff had expressed uncertainty regarding how such care was arranged, with some unclear whether it was coordinated through the commissioned service or managed internally. This suggested there were gaps in staff knowledge that may have impacted on their ability to support carers in accessing appropriate replacement care.

Local authority data identified that 290 people had entered into service agreements outside the authority area. These arrangements were primarily associated with hospital discharges involving discharge to assess pathways located out of area, personal choice, often to be closer to family, as well as to accommodate complex needs such as acquired brain injuries or autism spectrum disorders. Partners voiced concerns regarding the availability of suitable residential and mental health services within the area. While there was limited formal evidence of a coordinated strategy to support people in returning to the locality, emerging expansion of services within the community suggested a developing commitment in this direction.

The local authority commissioned a range of services in collaboration with partner agencies, including hospital discharge pathways and reablement provision. One example was Thackley Green; a dedicated residential facility designed to offer short-term, specialist support that assisted individuals in their recovery and supported them to regain independence following acute health episodes. Local authority data indicated that the facility was well-utilised.

Ensuring quality of local services

The local authority demonstrated a clear and structured approach to monitoring the quality and impact of commissioned care and support services, both within its local area and in out-of-area provisions. They utilised a defined set of quality outcomes, contractual compliance measures, and a regulated framework to assess and review services. These arrangements were consistent across internal, external, and out-of-area contracts and were supported by proactive monitoring systems, including the use of a risk matrix, regular review cycles, and collaborative oversight mechanisms.

Where services were found to be inadequate, the local authority prioritised joint reviews with host authorities and partners ensuring swift responses to quality concerns. This reflected a commitment to safeguarding people and maintaining standards regardless of location.

Actions taken to promote quality improvement were evidenced through various strategic initiatives. Staff told us the introduction of a refreshed quality framework contributed to improved provider ratings, enabling more services to reach 'Good' or 'Outstanding' status. Additionally, the local authority's commissioning embargos on providers, triggered by concerns such as safeguarding, training deficits, and organisational governance, showed a willingness to take decisive action where standards were not met. In the past year, both homecare and residential services experienced contract suspensions, while a number of providers returned their contracts early due to structural changes and financial pressures. These instances were logged and reviewed systematically, ensuring that the impact on people was appropriately managed.

The local authority's governance infrastructure reinforced its capacity to respond to risk and support improvements. Risk registers, incident management protocols, and market sustainability plans underpinned a responsive and forward-looking commissioning approach. There was a lack of formal feedback structures between quality, safeguarding, brokerage, and commissioning, instead insights were shared informally limiting opportunity for consistent systemic improvement. However, there was a collaborative Quality and Care Assurance Board which brought together intelligence from partners and stakeholders which enabled informed and coordinated decision-making for emerging risks.

Ensuring local services are sustainable

The local authority told us they worked closely with care providers to promote transparency and fairness in the cost of care. This was achieved through provider forums and structured engagement sessions as part of its market sustainability planning. Feedback gathered from these activities via email and one-to-one meetings enabled the local authority to understand and respond to challenges around pay and conditions, financial pressure, and workforce needs.

Providers shared concerns about the timing and transparency of financial communications from the local authority, particularly around annual fee uplifts. They noted that notifications often arrived too close to the start of the financial year, sometimes after providers had already set budgets, making it difficult to plan effectively. They reported this hindered their ability to make timely decisions on staff wages, recruitment, and investment in services, which they felt undermined their efforts to deliver consistent and sustainable care. Some providers told us they had raised this issue repeatedly, requesting earlier and clearer communication to help mitigate financial risk and strengthen operational stability but had seen little change. Other providers told us the lack of prompt uplift decisions led to staff retention challenges, as providers were unable to give assurance around pay adjustments, which contributed to workforce instability and impacted on the continuity of care for people using services.

Market oversight mechanisms such as commissioning monitoring dashboards, regular data collection, and direct engagement with providers enabled the local authority timely identification of financial pressures and potential risks to service provision. The local authority told us through active dialogue they sought to understand the operational challenges providers faced within current trading conditions and offered targeted support where possible. In pursuit of market stability and equitable access, rural pricing and fair cost of care models were introduced, supporting providers to remain financially viable across different geographic areas. Despite these efforts, between February and August 2024, 9 contracted providers exited the market for reasons including financial constraints and service reconfiguration.

The local authority reported that providers could access e-learning training without cost, and they had opened up their 'in house' training offer to providers. However, some providers told us they did not know a free training offer was available and some told us they could not access local authority training. This suggested that communication around the training offer for providers could be strengthened to enable them to utilise this offer effectively.

The local authority understood its internal current and future social care workforce needs. Their staff turnover rate and staff sickness rates were similar to the England averages and local authority data indicated that staff turnover rates had improved from 2023/24 to 2024/25.

The local authority told us that a pilot project had been launched within adult services to support staff sickness. As part of this approach, mental health first aiders were made available on-site twice weekly to provide accessible support. Staff could also be referred internally to the leisure team for participation in the 'Activity on Referral' programme, and musculoskeletal assessments were offered to support physical wellbeing.

Partnerships and communities

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

The local authority commitment

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

Key findings for this quality statement

Partnership working to deliver shared local and national objectives

The local authority demonstrated a willingness to work collaboratively with both strategic and operational partners to deliver against shared priorities. Participation in the Health and Wellbeing Board enabled the alignment of adult social care goals with wider system ambitions, including improved hospital discharge pathways, preventative care, and support for unpaid carers. These actions reflected the local authority's commitment to its statutory duties under the Care Act 2014, particularly those concerning integration and prevention.

The local authority stated that its adult social care strategy and carers strategy had been co-produced with community groups, and it established forums such as the Learning Disability Partnership Board and Making It Real Board. These structures were designed to allow people with lived experience to shape service design, potentially enhancing relevance and responsiveness. Furthermore, the Principal Social Worker's annual report described a co-produced improvement plan, developed in collaboration with staff, partners, and people who draw on care and support.

Initiatives such as Ideal Outcome Meetings (IOMs) showed the local authority's efforts to work jointly with housing teams, mental health services, substance misuse teams, and voluntary partners to support vulnerable people, particularly those experiencing homelessness. These arrangements reflected alignment with shared system goals. Similarly, a remote monitoring project developed collaboratively with health and voluntary sector organisations delivered positive outcomes in care settings and received positive feedback from people using the service, further supporting person-centred collaborative work.

In addition, the local authority took part in pilot projects with health partners designed to improve discharge planning and test innovative approaches to joint working. Feedback from some partners suggested that the local authority approached these pilots with openness and a willingness to learn. However, other partners reported they had rarely been proactively engaged with for shaping local objectives and only experienced engagement when issues were escalated. Partners felt this limited the local authority's ability to co-produce solutions and respond to changing needs.

The local authority collaborated with partners to identify and support hidden carers utilising the Accelerated Reform Funding (ARF) to deliver services including rural pop-up hubs, mental health support, and wellbeing activities tailored to diverse carer groups. These initiatives demonstrated a creative and responsive approach to co-developing carer-focused services, helping the local authority meet its responsibilities around carer support, prevention and the integration of care.

The local authority had taken some steps to engage people with lived experience in shaping local objectives, however, this was not yet consistent or embedded across all adult social care sectors. People who had participated in public engagement groups described limited opportunities to share their views and said they would welcome more consistent involvement. Some said they would value meeting regularly with adult social care staff to exchange information about available support from both the local authority and voluntary organisations. This suggested that the local authority recognised the importance of listening to people and took steps to collaborate with them, but more consistent and inclusive engagement was needed.

The local authority integrated elements of its discharge arrangements, including 'Home First' and discharge to assess pathways. These involved community health services, occupational therapists and social care teams, helping to support safe and timely transfers of care. Some staff reported barriers that limited the local authority's ability to deliver integrated, person-centred services in full alignment with its partners. Examples included a lack of a shared Information Technology (IT) platform between health and social care which staff felt posed a significant challenge and challenges with communication between health and social care which they said could create delays in hospital discharge and result in extended hospital stays for some people. Staff described escalation processes as reactive rather than systemic, with underlying barriers such as differing organisational cultures, and limited shared understanding between services. Furthermore, partners felt that adult social care needed to be more embedded as an equal participant in system-wide initiatives, with greater consistency, communication and inclusivity in engagement across all levels.

Arrangements to support effective partnership working

The local authority demonstrated its intent to promote integrated working through its participation in the Health and Wellbeing Board and utilisation of the Better Care Fund (BCF). While overarching governance structures were established, such as the Adults Services and Health Partnership Board and the monthly quality board, evidence of the local authority's own review and accountability mechanisms remained limited. This lack of evaluative oversight limited the local authority's ability to demonstrate the effectiveness of its partnership arrangements.

Participation in collaborative forums, including the Mental Health, Learning Disability and Autism (MHLDA) Collaborative, supported alignment with system-wide governance, including the Integrated Care Board and Health and Wellbeing Board. The local authority did not present evidence that it had evaluated the impact of these partnerships on outcomes for people, particularly as some collaboratives remained in early development stages.

The local authority told us they had jointly developed a place-based model that led to the creation of seven local area partnerships, following engagement with stakeholders such as primary care, voluntary sector organisations, and the public. The local authority restructured social work teams to align with these local areas, supporting front-line integration.

The local authority's involvement in fortnightly partnership boards helped reinforce strategic alignment between health and social care, and some partners reported effective connectivity via structured interface meetings. Concerns were raised by staff and partners regarding the effectiveness of these partnerships. In addition, some partners also reported a lack of formal mechanisms to assess partnership effectiveness which they felt resulted in a lack of oversight in partnership working arrangements. Some leaders corroborated this and told us partnership arrangements were informal and underdeveloped, other leaders described strong working relationships with the Integrated Care Board and place-based partners, though these were not consistently evidenced.

The local authority made use of the Better Care Fund to support strategic collaboration, commissioning jointly funded services such as reablement programmes, virtual wards, falls prevention initiatives and hospital discharge pathways. There were clear arrangements in place to monitor the Better Care Fund and regular quarterly reports demonstrated governance arrangements.

Impact of partnership working

The local authority had only just begun to embed formal mechanisms for evaluating the effectiveness of partnership arrangements. As a result, there was limited available evidence regarding the impact of these initiatives. The local authority had started to develop their data systems to enable them to better monitor and review partnership working and impact for people. An interim evaluation report for a commissioned Voluntary and Community Social Enterprise (VCSE) organisation highlighted that limited access to quantitative data at the time constrained the ability to comprehensively assess outcomes. Additionally, the absence of a clearly defined performance framework was identified as a barrier to tracking progress effectively. Nonetheless, the report drew on available qualitative insights to evidence some positive contributions from the partnership. These included improved health and wellbeing, greater independence, and enhanced social connectedness among those supported.

Leaders acknowledged that although community engagement had taken place, it was not yet embedded or consistently sustained across services. However, there were clear intentions to strengthen this area of work including the recruitment of a dedicated coproduction link worker.

Staff feedback on the impact of partnership working varied. Some reported strong collaborations with other teams and external partners that they felt improved the timeliness and quality of support provided to people. For example, staff said coordinated work with assistive technology services, equipment providers, and informal carers helped people to remain safe, supported, and independent within their communities. Others highlighted examples of effective crisis response, such as when police and health professionals worked together to support people in mental health distress by seeking appropriate support. However, some staff described fragmented or inconsistent collaborations, which they said could cause delays in access to care.

Working with voluntary and charity sector groups

The local authority demonstrated a mixed approach to working with the Voluntary, Community, and Social Enterprise (VCSE) sector. There were examples of successful joint working, and several organisations described positive operational relationships and effective referral processes. Overall strategic coordination and longer-term sustainability of these partnerships remained at an early stage of development. Some VCSE groups highlighted challenges including variable engagement, limited opportunities to shape service design, and gaps in funding support. These reflections suggested that while the local authority valued collaboration with the VCSE sector, current arrangements had not yet consistently enabled shared planning, innovation, or co-production. Further work was planned to build a more joined-up partnership model.

The local authority demonstrated the potential for constructive collaboration with voluntary organisations through targeted partnerships. For instance, joint initiatives between public health and adult social care teams with a community organisation focused on wellbeing and homelessness prevention were noted as positive examples. Another example was the commissioning of a VCSE organisation to act as a link between the local authority and other VCSE organisations in supporting the community. These were new arrangements and had yet to be fully evaluated in terms of impact.

Some voluntary sector partners reported strong and well-established relationships with the local authority, marked by regular performance reviews and open dialogue around service delivery. However, these practices were not widespread, and several partners expressed concerns about limited support and inconsistent engagement with some partners stating they continued to deliver vital services despite no longer receiving direct local authority funding. Other partners recognised the value of existing referral networks and instances of productive collaboration, though they felt these efforts lacked consistent strategic backing or financial investment.

Strategic documents from the local authority acknowledged these challenges. The Adult Social Care Strategy 2024–2029 recognised the need to strengthen partnerships with the voluntary sector and outlined intentions to support community empowerment. Further references to co-production were evident in the Principal Social Worker's report and the 2024–25 service plan, including the development of engagement forums such as the Learning Disability Partnership Board.

Theme 3: How North Northamptonshire Council ensures safety within the system

This theme includes these quality statements:

- Safe pathways, systems and transitions
- Safeguarding

We may not always review all quality statements during every assessment.

Safe pathways, systems and transitions

Score: 2

2 - Evidence shows some shortfalls

What people expect

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

Key findings for this quality statement

Safety management

The local authority had foundational processes and guidance in place to support key transitions, including hospital discharges and young people moving into adulthood. These were facilitated through locality-based teams and specialist sub-teams such as Age Well, providing targeted support across different service areas. The overall structure of care pathways was not clearly defined, which made it challenging to understand the routes people might follow throughout their care journey. Variations in practice were evident across teams, influenced by the approaches of individual practitioners, and staff expressed surprise upon learning how different teams operated. This highlighted an opportunity for greater consistency and clarity in pathway documentation and guidance.

The local authority had a risk register in place, which outlined priority concerns within its operational framework. Notably, the absence of out-of-hours Approved Mental Health Professionals (AMHPs) was recorded as the highest risk, followed by limited review capacity. The risk register did not consistently articulate the potential impact of these risks on people, nor did it detail sufficient mitigating actions. For example, the suggested approach to address the shortfall in review capacity involved senior leadership teams identifying priority areas for focused attention, a valuable step, though not a direct mitigation measure. A 'waiting well' protocol existed that could have supported risk mitigation, but it was not consistently applied across all teams. As a result, while the presence of the risk register demonstrated a recognition of challenges, it was not effectively utilised as a robust tool for managing risk.

The local authority did not share an out-of-hours (OOH) policy or guidance, and there was limited awareness among the workforce of any such documentation. The local authority did have a lone working policy which was embedded in some system documents, however, staff indicated they were not adhering to this including the use of risk assessments and lone working training for staff.

Staff explained that governance for OOH services remained under the remit of the Children's Trust, which influenced the training programme to focus predominantly on children's services. As a result, adult-specific training was described as infrequent and limited in scope. Staff also shared that lone night shifts presented particular challenges, including reduced capacity to conduct face-to-face visits after 1am, due to the presence of only 1 worker responsible for managing referrals and monitoring incoming calls.

These circumstances occasionally created challenges in responding promptly to urgent safeguarding or mental health situations, which could result in delays in assessments and support for people at risk. Staff also highlighted the need for greater support for AMHPs, reporting that formal supervision was infrequent and needed to be more consistent. Additional concerns included the absence of real-time IT support during out-of-hours periods, with some systems described as not meeting operational needs. In such instances, staff reported experiencing feelings of isolation and increased pressure when making decisions, particularly when technical systems were unavailable.

Despite these pressures, staff highlighted effective multi-agency working with police, ambulance, and housing services, and the use of mapping tools to improve referral accuracy. Statutory Mental Health Act assessments were conducted during out-of-hours, and the safeguarding process was used to appropriately prioritise urgent cases.

Following the assessment the local authority told us the OOH service moved from the children's service to North Northamptonshire Council on 1st September 2025, and the team now works to local guidance and procedures including specific guidance for working out of hours, with access to a full learning and development offer.

Safety during transitions

From age 14, the local authority began preparing young people for adulthood by attending school reviews, engaging with families, and coordinating across agencies. Multi-agency forums such as the Transitions Operational Group oversee referrals and planning, helping ensure that young people with complex needs were supported early and consistently. Protocols like the Preparing for Adulthood Framework, created in partnership with neighbouring local authorities, clearly defined referral routes, timelines, and expectations, placing young people at the heart of decisions.

Dedicated transitions workers supported young people throughout their journey, attending Education Health Care Plan (EHCP) meetings and liaising with families and education teams. Despite efforts to ensure continuity, some workers told us they experienced overwhelming caseloads, which occasionally led to delays in care planning. Some people shared concerns, with examples including a family in a transitional move from one area to North Northamptonshire describing the move as challenging and difficult to access services, resulting in a period where they felt unsupported. Other people told us their experience of transitioning to adulthood was positive. Some providers reported inconsistent communication from the local authority during transitions, which they said impacted young peoples' confidence.

Hospital discharge practices included daily virtual meetings for discharge planning and contributed to responsive discharge support. The local authority undertook assessments in people's homes, which they reported allowed for better understanding of individual needs and environments. They felt this supported more accurate care planning and helped reduce unnecessary admissions to residential settings.

Partners reported receiving detailed discharge paperwork ahead of transitions from hospital, which enabled smoother coordination of services. Partners reported reablement pathways were effective, with some patients discharged the day after assessment. However, partners also raised concerns about the lack of consistent weekend services and delays in Care Act assessments for externally commissioned care packages, which meant people sometimes remained in hospital longer than necessary, with increased risks to wellbeing due to being in hospital longer than required.

Escalation processes were in place, including daily system calls involving a senior member of the adult social care team. Staff reported that these processes were not always fully embedded and were sometimes used in a more reactive manner. They also highlighted ongoing communication challenges between health and social care services during hospital transitions. Partners told us the escalation and complaints processes within adult social care were not always clearly understood, which they felt made it more difficult to report issues during transitions from hospital.

Contingency planning

The local authority had developed tailored business continuity plans for individual teams, outlining specific mitigation strategies and operational guidance for managing service disruptions. In addition, a structured Care Home, Supported Living & Community Support Provider Closure Protocol was in place, setting out a collaborative framework for responding to provider failure or closure across a range of care settings.

The protocol clearly assigned coordination responsibilities to the Quality and Provider Assurance Team, who were expected to lead the development and implementation of action plans in partnership with providers and system partners. It also included practical tools such as templates for documenting action plans, sharing information, recording meeting minutes, and tracking progress. This approach reflected a commitment to managing provider-related risks in a planned and coordinated manner, supporting service resilience, and contributing to the continuity of care expected under the Care Act.

The local authority proactively undertook an audit of eight people affected by closures and seven provider failures. The audit identified gaps in documentation and communication, as well as instances where practice had diverged from agreed protocols. Six categories of issues were outlined, and a series of recommendations were made to strengthen compliance. The local authority reported that all actions arising from the audit had been completed and that feedback gathered from people was positive.

Safeguarding

Score: 2

2 - Evidence shows some shortfalls

What people expect

I feel safe and am supported to understand and manage any risks.

The local authority commitment

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

Key findings for this quality statement

Safeguarding systems, processes and practices

Safeguarding pathways across the local authority were found to be multifaceted and complex. However, the local authority demonstrated detailed and localised guidance, flow charts, and procedural documents to support the management of safeguarding concerns. These covered a range of pathways including large-scale enquiries and those led by providers. They maintained full accountability for managing safeguarding concerns across all areas including hospitals. Safeguarding Adults Board (SAB) guidance was used to assist practitioners in applying Section 42 threshold decisions, offering structure and consistency in decision-making.

Leaders told us that the local authority had implemented a safeguarding improvement plan following a peer review, this covered clear reporting structures, performance dashboards, and joint leadership of the Safeguarding Adults Board. This strengthened safeguarding governance and improved confidence in oversight. It was observed that teams managed safeguarding concerns differently, which sometimes led to delays in support depending on the route through which a concern was processed. Principal workers in most teams held responsibility for managing concerns and applying thresholds, ensuring a level of consistency. However, in one team, this responsibility was managed by duty workers, which may have contributed to variation in practice.

Performance across teams varied in relation to key performance indicators (KPIs). While some teams successfully met their targets, others experienced challenges due to capacity constraints. In certain instances, concerns were progressed through to the next stage of safeguarding without the necessary information to properly support the decision, suggesting that workflow may have been driven by KPI requirements rather than safeguarding needs.

Quarterly safeguarding audits were conducted to review practice and inform quality assurance. However, the response rate was notably low. In 2024, fewer than 20 of the 80 audits sent to practitioners were returned, and in August 2024, only two responses were submitted. This limited the local authority's ability to develop a representative understanding of safeguarding performance. Leaders acknowledged the issue and had planned actions to improve future audit participation and data quality. While the audit forms addressed aspects such as making safeguarding personal, they did not capture whether communication and outcomes had been shared with the original referrer or the individual at risk, representing an area for future consideration.

The local authority worked closely with the Safeguarding Adults Board (SAB) and a wide range of partners to deliver a coordinated and strategic approach to adult safeguarding across the region. The SAB held six strategic meetings during the year, maintaining strong attendance from statutory members such as the local authority, police, and Integrated Care Board, while also engaging health services, probation, public health, and voluntary sector organisations. This reflected a broad and committed multi-agency partnership.

Clear governance structures were in place, including operational delivery boards and subgroups focused on communication and engagement, quality, and performance, learning and development, and safeguarding adult reviews. The Principal Social Worker chaired the Learning and Development subgroup and led initiatives such as safeguarding learning weeks and practice audits to promote cross-sector development.

Responding to local safeguarding risks and issues

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. Lessons were learned when people experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice.

The local authority demonstrated a proactive and collaborative approach to understanding and responding to safeguarding risks. Following recent Safeguarding Adults Reviews (SARs), teams from Adult Social Care and Housing across the local authority worked together to develop and deliver training focused on supporting people experiencing Multiple Exclusion Homelessness. In addition, the Principal Social Worker, along with a neighbouring authority, jointly designed and provided training under the “Think Family” initiative, which aimed to promote a more holistic view of safeguarding across family units.

The Safeguarding Adults Board (SAB) Annual Report presented detailed safeguarding activity, including data and analysis related to SARs. Referral levels remained high, and the associated information was made transparent to partners and stakeholders. While improvements in safeguarding outcomes were recognised, the report also highlighted areas requiring further attention from the local authority. These included enhancing feedback mechanisms, improving engagement with people who had lived experience of safeguarding, and addressing delays in service pathways. Additional challenges were noted around data sharing, equitable access to services, and the local authority's understanding of safeguarding needs among underrepresented groups.

In response to the findings of SARs, the local authority developed composite action plans that outlined clear responsibilities for implementing recommendations. These plans included expected improvements, risk mitigation strategies, actions taken, timescales, and outcomes achieved. A RAG (Red, Amber, Green) rating system was used to monitor progress and support continuous improvement.

Responding to concerns and undertaking Section 42 enquiries

The local authority demonstrated a clear understanding of what constituted a safeguarding concern under Section 42 of the Care Act 2014, and when a statutory enquiry was required. However, this understanding was not always applied consistently or in a timely manner across all teams. While practitioners were supported by guidance issued by the Safeguarding Adults Board and supplemented by localised protocols outlining responsibilities for managing different aspects of enquiries, the operational detail varied significantly between teams. This variation impacted the local authority's ability to monitor and report on key performance metrics, particularly the time taken from receipt of a concern to its initiation and completion.

Safeguarding concerns were managed differently across teams, with some held in principal workers' folders, others in duty inboxes, and some in individual workers' inboxes. This fragmented approach made it difficult to maintain a consistent and transparent overview of workflow and timeliness.

Between April 2024 and January 2025, data provided by the local authority indicated that over three quarters of concerns were triaged either on the day they were received or the following working day. Furthermore, 90% of concerns were triaged within one working week. For the remaining 10% that were triaged after five days, the median time to triage was 12 days, and the mean was 17 days. The median time for concerns to be completed was 10 days, with a mean of 19 days. In contrast, Section 42 enquiries showed significantly longer completion times, with a median of 110 days, a mean of 123 days and the longest open case was 389 days. These figures fell short of the authority's own Key Performance Indicators (KPIs), which set targets of 24 hours for triaging a concern, five days for making a threshold decision, and 28 days for completing an enquiry. The local authority applied its waiting well approach to people awaiting support and this included the safeguarding team, however, this was not consistently applied across all teams.

The local authority established clear standards and quality assurance arrangements for the completion of Section 42 enquiries, to support in ensuring safeguarding processes were both effective and accountable. These arrangements included oversight by principal workers within teams, as well as the use of case discussion meetings and regular audits to monitor practice and outcomes.

Relevant agencies were not always informed of the outcomes of safeguarding enquiries when necessary to support the ongoing safety of the person concerned. Partners reported inconsistent experiences with the local authority's safeguarding processes. They stated referrals were often met with minimal response, ranging from no follow-up to brief acknowledgements, with limited feedback on outcomes. Partners described the process as unclear and difficult to navigate, while others noted missed opportunities for collaboration due to poor communication. However, partners also reported that safeguarding advice and support was always available by telephone.

The local authority maintained structured oversight of Deprivation of Liberty Safeguards (DoLS), using RAG rating tools and regular data reporting to prioritise cases. Local authority data indicated 701 people were awaiting DoLS authorisation from 2023, rising to 703 by May 2024, with 519 rated high. The total number assessed as needing DoLS stood at 727, with 23 awaiting allocation and 19 waiting since May 2022. To address delays, the local authority planned to recruit two Best Interests Assessors and continued using independent BIAs. The Association of Directors of Adult Social Service (ADASS) prioritisation tool supported triage and legal compliance. Process improvements included new prioritisation protocols and monthly legal reviews of pending cases. Mental Capacity Act/Deprivation of Liberty Safeguard training compliance was 44.94% which was somewhat better than the England average of 37.58%.

Making safeguarding personal

Safeguarding enquiries were carried out sensitively, but not always without delay. The local authority pathways and procedures were clear in expectation and prompts for making safeguarding personal and recording people's aspired outcomes. The local authority emphasised the importance of involving people in decision-making and ensuring their preferences were respected throughout the safeguarding process. This approach aimed to promote dignity, build trust, and ensure that safeguarding interventions were person-centred.

According to the local authority's audit, evidence of Making Safeguarding Personal (MSP) was present in 79% of cases in 2023, which decreased to 47% in 2024. An additional 41% of cases in 2024 showed partial evidence of MSP, and the proportion of cases with no evidence of MSP declined from 21% to 12%. These findings indicated positive movement in some areas, while also highlighting opportunities to further strengthen person-centred safeguarding practice across the workforce.

The audits also identified areas for improvement, including the need to strengthen professional curiosity and ensure consistent application of the Mental Capacity Act. Notably, evidence-based recording improved significantly, rising from 64% in 2023 to 88% in 2024, indicating positive progress.

The local authority acknowledged that people were not always asked about the outcomes they wanted from safeguarding enquiries. In response, it committed to improving communication and raising awareness of MSP principles. Strategic documents such as the Adult Social Care Strategy (2024–2029) and the Practice Framework reinforced this commitment, stating that safeguarding interventions should be guided by peoples' views and desired outcomes. According to data from the Safeguarding Adults Collection 2023/24 84.21% of people in North Northamptonshire lacking capacity were supported by an advocate, family or friends, this was similar to the England average of 83.38%.

Feedback from people and partners indicated the local authority could enhance its engagement with people who have lived experience of safeguarding, particularly in capturing and incorporating their voices. Leaders recognised this as an important area for development and expressed a clear commitment to strengthening involvement. Plans were in place to increase opportunities for people to contribute to safeguarding processes and pathways, with the aim of learning from lived experiences and continuously improving practice.

Theme 4: Leadership

This theme includes these quality statements:

- Governance, management and sustainability
- Learning, improvement and innovation

We may not always review all quality statements during every assessment.

Governance, management and sustainability

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

Key findings for this quality statement

Governance, accountability and risk management

The local authority had a multi-layered governance framework that supported oversight of adult social care. Senior leaders maintained regular reporting structures through the Senior Leadership Team, improvement boards, and quarterly assurance meetings with elected members. The Director of Adult Social Services (DASS) met fortnightly with the Executive Team and acted as the internal auditor, ensuring that audit findings were integrated into governance processes. Strategic assurance meetings were held quarterly to review themes and risks, such as financial pressures and debt. The corporate plan was being refreshed to align with council priorities, and adult social care was embedded within the overarching Big 50 vision which was the local authority's long-term strategy to shape the future of the region by the year 2050; a 25-year initiative designed to make the local authority a proud, prosperous, and proactive place to live, work, and thrive.

Following what the local authority called its vesting day on 1 April 2021 (when it became a unitary authority), the local authority began its transition into a unitary council. Leaders described the organisation as being "on a journey," acknowledging the early stages of its development. Since that time, efforts have been made to implement strategies and policies that reflect local priorities and needs.

Progress was evident in the introduction of several new strategies, including the Adult Social Care Strategy 2024–2029. While strategic documents had been produced, there were limited accompanying process plans or review benchmarks to support their implementation and evaluation and implementation appeared to take several years. In some areas, such as commissioning, key strategies were still under development. For instance, although individual placement frameworks were being established, there was no overarching strategy to guide the integration and alignment of these systems. Staff feedback indicated that resource constraints impacted on the ability to plan proactively. As a result, much of the work was described as reactive, which posed challenges for long-term strategic planning.

At the time of reporting, there was no dedicated scrutiny panel for adult social care. Oversight of adult social care matters was instead conducted through the existing health scrutiny panel. It was noted that political leaders, both longstanding and newly appointed, required additional support to deepen their understanding of the complexities, responsibilities, and associated risks within the adult social care system.

Many staff reported that the existing information technology (IT) systems had presented barriers to carrying out their roles effectively. These limitations were found to impact communication, compromise data accuracy, and disrupt overall workflow. The concerns raised were acknowledged by leaders, who confirmed that a new IT system was in development. The intended improvements included enhanced operational flow, more reliable data recording, and better support for timely decision-making. The full implementation of the new system was not expected until 2027.

Data governance had been strengthened through the introduction of a clear strategy with defined workstreams and the establishment of a dedicated adult social care performance team. Staff reported that analysts were assigned to key service areas, enabling better oversight and early identification of risks. A local authority Information Governance Framework was in place, although the information asset register was still under development, which limited full visibility of data holdings.

Mobilisation documents frequently identified risks such as budget shortfalls, safeguarding concerns, and Key Performance Indicator (KPI) misinterpretation, but did not always demonstrate how these issues were resolved in collaboration with partners before implementation. Some partners reported variable engagement, with several expressing uncertainty around support initiatives or confusion regarding changes to funding models, suggesting that communication and change management could be strengthened.

Strategic planning

The local authority demonstrated a strategic and evidence-informed approach to adult social care by actively using information about risk, performance, and inequalities to shape its strategies, allocate resources, and deliver targeted actions.

The Adult Social Care Strategy 2024–2029 (“The Lives We Live”) set out a vision for people to “live well, age well and stay well,” underpinned by commitments to improve review activity and monitor care effectiveness and complimentary initiatives such as the “Moving Forward with People” workstream. The strategy aligned with the Practice Framework and included the restructuring of social work teams to enhance resilience and better reflect local geographies.

Through the “Moving Forward with Place” transformation programme, the local authority addressed waiting lists and workforce sustainability, with a particular focus on rural areas and preventative support. Data from hospital discharge pathways, performance dashboards, and demand modelling was used to ensure service capacity and flow were monitored and responsive. Analysis of out-of-hours activity shaped a business case for Approved Mental Health Professional (AMHP) consolidation. Community feedback and learning from the Levelling Up Scrutiny Commission helped tailor recommendations to local priorities, while insights from Carers Conversations supported long-term planning.

Leaders told us, in response to a £11 million overspend in 2023/24, they committed to tighter budget control and more strategic financial planning. Business Continuity Plans (BCPs) were developed across multiple teams to identify corporate risk scenarios and critical functions, although the level of detail varied in terms of activation protocols and checklists.

Carers service mobilisation plans included auditing patient and carer flow, offering potential for strategic data generation. However, some plans lacked clarity on integration with local authority systems, posing risks to real-time performance monitoring. Strategic opportunities such as shared GP codes and ICB partnerships were identified, but there was limited evidence of their system-wide adoption.

Despite notable progress, the local authority faced ongoing challenges in fully aligning systems and staff around shared strategic goals. Strategic planning efforts were hindered by fragmented data infrastructure, with key information such as waiting lists and review data still maintained in spreadsheets outside of formal case management systems. An integrated reviews dashboard was in development, but it had yet to deliver real-time oversight, limiting its immediate impact on operational decision making. Staff also reported the persistence of legacy processes inherited from predecessor local authorities’, which contributed to inconsistencies in practice and slowed the adoption of unified approaches.

Information security

The local authority had established a number of controls and governance arrangements to maintain the security, availability, and confidentiality of personal information. These included a system-wide information governance framework, use of two-factor authentication for system access, and mandatory data protection training for staff.

Internal data handling and security protocols were robust. Staff told us that two-factor authentication, password protections, and restricted access were in place, with policies shaped and monitored by the Information Management Board. Staff also reported that a Cyber Security Manager post had been established and that the governance framework defined roles, responsibilities, and security standards. These were confirmed in staff presentations to CQC and reflected ongoing efforts to strengthen the information security infrastructure across adult social care and corporate IT systems.

All staff were reported to have completed annual data protection training, and the Information Management Board monitored compliance. This supported a high level of awareness and reduced the likelihood of breaches. In line with national best practice, the local authority stored key contingency and emergency planning documents on secure government platforms.

Learning, improvement and innovation

Score: 2

2 - Evidence shows some shortfalls

The local authority commitment

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Key findings for this quality statement

Continuous learning, improvement and professional development

There was an inclusive and positive culture of continuous learning and improvement and support for continuous professional development. Although this could be inconsistent. Local authority staff had ongoing access to learning and training to support them in delivering Care Act duties safely and effectively.

The local authority developed a comprehensive social work career pathway designed to support apprentices, newly qualified social workers, and Approved Mental Health Professionals (AMHPs). This initiative aimed to strengthen workforce capability and retention by offering clear progression routes and targeted support. The Principal Social Worker's Annual Report for 2023–24 highlighted the use of reflective supervision sessions, tailored training pathways, and innovative learning formats such as theatre-based training to engage Practice Educators. Practice frameworks incorporated feedback loops, group supervision, and accessible learning tools to help teams reflect and adapt to emerging challenges. Practice audits were used to identify areas for improvement, with responses refined into actionable insights. Resources such as the "Tea Break guide to advocacy" and planned training videos from the Safeguarding Adults Board further demonstrated the local authority's commitment to accessible and engaging learning.

The local authority's designation as a Teaching Partnership, achieved in collaboration with the University of Northamptonshire and regional partners, enabled the development of additional cohorts of Practice Educators, and supported research into the experiences of social work students from global majority backgrounds. This partnership reinforced the local authority's focus on inclusive education and professional development.

Feedback from staff regarding access to training was varied. Several staff members reported positive experiences, noting good access to mandatory training and structured time for online learning. Apprenticeship pathways were described as well-embedded, and a culture of peer support and shared learning was evident. Staff also reported participating in informal but structured reflection sessions following significant events, such as provider closures, which facilitated learning and service improvement. Access to a range of training modules, including those related to the Care Act and bespoke courses, was confirmed. Staff noted that when additional training needs were identified, the local authority responded effectively.

Staff reported access to learning opportunities was not consistent across the workforce. Some staff reported limited access to adult social care-specific training for out of hours training and noted that AMHP supervision sessions were limited. Additionally, some staff indicated that they received minimal structured training on advocacy or safeguarding, which impacted their ability to fully support people with communication or capacity challenges.

There was emerging evidence that co-production was beginning to influence both strategic and operational decision-making within the local authority. Staff reported involving people with lived experience in shaping service specifications, particularly for services supporting people with autism and learning disabilities. Additional feedback indicated that carers had been invited to review and contribute to strategic documents, demonstrating a growing recognition of the value of inclusive planning. However, carers reported being involved after documents and strategies had been created, rather than being included in its development.

Co-production was not yet consistently embedded across all areas of adult social care. People with lived experience noted that they were not regularly invited to participate in service planning, and staff acknowledged that engagement often occurred late in the process. This observation was supported by the Principal Social Worker's Annual Report for 2023–24, which identified the need for earlier and more structured involvement.

In response, the local authority developed a new "Working Together" agreement aimed at strengthening co-production practices. This agreement outlined a commitment to involving experts by experience in key activities such as senior recruitment, recommissioning, budget planning, and strategic reviews, with implementation planned from mid-2025. The appointment of a Co-production Lead and the stated intention to broaden representation of lived experience across services reflected meaningful progress toward embedding co-production more systematically.

Digital innovation was beginning to support service transformation. The local authority piloted tools like Magic Notes and Co-Pilot to streamline assessments and care planning. Staff reported that Magic Notes improved clarity, consistency, and efficiency, allowing more time for direct engagement and person-centred care. The tool also enhanced transparency and made case records easier to navigate.

Learning from feedback

The local authority took steps to embed learning from feedback, drawing on contributions from people using services, staff, and partner organisations. In some areas, this approach led to tangible service improvements and helped foster a culture of reflective practice. Staff engaged in activities such as debriefs following care home closures and participated in peer learning through established staff networks. These practices were valued and supported ongoing development.

Processes for collecting, analysing, and acting on feedback varied, which limited the extent to which service improvements were systematically informed by lived experience or frontline insight. Staff noted that while their feedback was sought, it often occurred after decisions had already been made, rather than during the early stages of service development which was also reflected in feedback from people with lived experience.

To support service improvement, the local authority commissioned external peer reviews. These reviews contributed to the planned development of a new access model and informed updates to safeguarding processes. Feedback from people with lived experience was gathered through annual surveys and integrated into quality assurance and audit activities. People expressed a desire for more active involvement in shaping services and influencing service development.

Partners highlighted the absence of structured processes for gathering feedback from people and using it to drive meaningful learning and change. They also reported that learning from incidents is rarely shared with them.

The local authority collated detailed complaints data, which highlighted recurring issues, particularly around financial assessments and charging policies. In response to these concerns, changes were introduced, including the addition of explanatory letters with support plans. This demonstrated a commitment to addressing common themes and improving clarity for people receiving services.

Data from the Local Government and Social Care Ombudsman (LGSCO) for the period 1 April 2023 to 31 March 2024 showed that only two detailed investigations were undertaken, which was half the average for comparable authorities. Both investigations were upheld, resulting in an uphold rate of 100%, which was higher than the national average of 71.86%. The local authority achieved a 100% compliance rate, with no late remedies or incidents of late compliance.

Additionally, the local authority responded constructively to recommendations from the LGSCO. In January 2024, the local authority issued a formal letter detailing two key recommendations and the resulting learning for staff and providers. A meeting was held involving Adult Social Care, Quality Assurance, and the Adult Social Care Complaints Officer to discuss how to strengthen processes for handling complaints related to care providers. This demonstrated a responsive approach to improving service quality and learning outcomes following complaints. They also published accessible online advice for people using services, including improvements to its complaints and compliments pathways.
