Public Document Pack

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Wednesday 17 August 2016

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Reception Room - Town Hall, Huddersfield** at **2.00 pm** on **Thursday 25 August 2016.**

The items which will be discussed are described in the agenda and there are reports attached which give more details.

Julie Muscroft

Assistant Director of Legal, Governance and Monitoring

Kirklees Council advocates openness and transparency as part of its democratic processes. Anyone wishing to record (film or audio) the public parts of the meeting should inform the Chair/Clerk of their intentions prior to the meeting.

The Health and Wellbeing Board Members are:-

Councillor Viv Kendrick (Chair)
Councillor Donna Bellamy
Councillor Kath Pinnock
Councillor Shabir Pandor
Councillor Erin Hill
Rory Deighton
Dr David Kelly
Carol McKenna
Dr Steve Ollerton
Richard Parry
Rachel Spencer-Henshall
Fatima Khan-Shah
Sarah Callaghan
Priscilla McGuire

Agenda
Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

This is where members who are attending as substitutes will say for whom they are attending.

Contact: Jenny Bryce-Chan, Tel: 01484 221000

2: Minutes of previous meeting

1 - 8

To approve the Minutes of the meeting of the Board held on 30 June 2016

Contact: Jenny Bryce-Chan, Tel: 01484 221000

3: Interests

9 - 10

The Board Members will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interest.

4: Admission of the Public

Most debates take place in public. This only changes when there is a need to consider certain issues, for instance, commercially sensitive information or details concerning an individual. You will be told at this point whether there are any items on the Agenda which are to be discussed in private.

5: Deputations/Petitions

The Board will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

6: Public Question Time

The Board will hear any questions from the general public.

MATTERS FOR CONSIDERATION

7: Child and Adolescent Mental Health (CAMHS) Transformation Plan

This report updates the Board on the CAMHS Transformation Plan outcomes and priorities submitted as part of the Local Transformation Plan requirements.

Contact: Tom Brailsford, Joint Commissioning Manager & Matthew Holland, Head of Children's Trust Management & Development Tel: 01484 221000

8: Integration of Health and Social Care in Kirklees Council

This paper sets out the current position and potential areas for the next stage of the journey to fuller integration of health and social care commissioning.

Contact: Phil Longworth, Health Policy Officer Tel: 01484 221000

9: Update on Right Care, Right Time, Right Place

51 - 54

To update the Health and Wellbeing Board on the progress made in relation to public consultation and set out the work that the CCGs will be progressing in order to undertake post-consultation deliberation

Contact: Jen Mulcahy, Programme Manager- Right Care, Right Time, Right Place Programme

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10: West Yorkshire Sustainability and Transformation Plan (Healthy Futures)

55 - 58

To provide the Board with an update on progress in developing the West Yorkshire Sustainability and Transformation Plan (STP), (Healthy Futures).

Contact: Lucy Cole, Programme Manager (Interim) Healthy Futures

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11: Kirklees Better Care Plan 2016/17

59 - 102

To present to the Board for information the final Kirklees Better Care Plan approved by NHS England.

Contact: Keith Smith, Assistant Director, Commissioning and Partnerships and Phil Longworth, Health Policy Officer, Tel: 01484 221000

12: Minutes of CSE & Safeguarding Member Panel

103 - 116

To receive the minutes of the CSE and Safeguarding Member Panel meeting held on 7 April 2016 and 2 June 2016

Contact: Helen Kilroy, Principal Governance Officer Tel: 01484 221000

13: Date of next meeting

To note that the next meeting of the Health and Wellbeing Board will be on the 29 September 2016, Council Chamber Dewsbury Town Hall.

Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 30th June 2016

Present:	Councillor Viv Kendrick (Chair) Councillor Donna Bellamy Councillor Shabir Pandor Rory Deighton Dr David Kelly Carol McKenna Dr Steve Ollerton Richard Parry Fatima Khan-Shah
Apologies:	Councillor Kath Pinnock Councillor Erin Hill Rachel Spencer-Henshall Sarah Callaghan
In attendance:	Phil Longworth, Health Policy Officer, Kirklees Council Jenny Bryce-Chan, Governance Officer Natalie Ackroyd – Business Performance Reporting and Planning Manager Greater Huddersfield CCG Keith Henshall – Head of Health Improvement – Kirklees Council Tom Brailsford – Joint Commissioning Manager – Kirklees Council Tony Cooke - Head of Health Improvement – Kirklees Council Mercy Vergis, Consultant in Public Health Medicine – Public Health
Observers:	Matt England – Mid-Yorkshire Hospital NHS Trust Chief Inspector Marianne Huison – West Yorkshire Police Chris Reeve - Locala Catherine Riley – Calderdale & Huddersfield Foundation Hospital Trust Dawn Stephenson – South West Yorkshire Partnership Foundation Trust

1 Appointment of Chair

Adrian Lythgo, Chief Executive commenced the meeting by explaining the current position with regard to the appointment of an executive for Kirklees Council. The Board agreed that Cllr Viv Kendrick, Cabinet portfolio holder for Adults, Health and

Activity to Improve Health be appointed Chair of the Health and Wellbeing Board for 2016/17 and that this be recommended to Council for approval.

2 Membership of the Board/Apologies

The following Board member substitutions were noted:
Gill Ellis for Sarah Callaghan
Sarah Muckle for Rachel Spencer-Henshall

Apologies for absence were received from: Cllr Kath Pinnock, Cllr Erin Hill, Sarah Callaghan, Rachel Spencer-Henshall and Kathryn Hilliam.

3 Minutes of previous meeting

RESOLVED – That the minutes of the meeting held on the 28 April 2016 be agreed as a correct record.

4 Interests

No interests were declared.

5 Admission of the Public

That all agenda items be considered in public session.

6 Deputations/Petitions

No deputations or petitions were received.

7 Public Question Time

Mr P Claydon and Ms C Hyde asked the Board 3 questions in relation to the Sustainability and Transformation Plan. Carol McKenna, Chief Officer, Greater Huddersfield CCG responded to the questions on behalf of the Board.

8 Kirklees Joint Strategic Assessment

Sarah Muckle, Consultant in Public Health attended the meeting to present the KJSA to the Board advising that it had previously been considered by the Board at a briefing session and was now being presented formally for sign off.

Questions were raised by the Board in respect of the information on the age range and health of carers. In response the Board was advised that the information being

presented was only a summary and that the website provides more detailed information. The Board was further advised that the information did not include paid only unpaid carers as the proportion of carers getting an allowance was relatively small.

The Board discussed the use of bus routes as an indicator and commented that using bus routes as an indicator of life expectancy may not be the most effect way of presenting the information. The Board was advised that the use of bus routes was intended to illustrate the inequalities in life expectancy between the most and least deprived parts of Kirklees. It was agreed that this indicator would no longer be used.

The Board questioned how it could be assured that the strategy was making a difference to the health of the Kirklees population. In response the Board was advised that the document was an assessment of need, however more importantly was how services respond and address those needs. Each organisation should take aspects and embed it into their own plans with the Health and Wellbeing Board having the overarching responsibility for overseeing the implementation of the strategy. It was suggested that when reports are being presented to the Board, the report author must ensure it reflects the JSA and updates should provide examples of links to the JSA.

RESOLVED -
(a) That the Board endorses the development of the Kirklees Joint Strategic Assessment subject to the removal of bus routes as an indicator.

(b) That the Kirklees Joint Strategic Assessment overview 2016 be approved by the Board.

9 Sustainability and Transformation Plan

The Board was advised that the date for submitting the Sustainability and Transformation Plan had changed from the 30 June to a date to be advised in September. The revised timescale gives an opportunity to work on the plan using feedback from the West Yorkshire Plan and scrutiny on the place based plan.

One strand of the development of the STP was the Scenario planning event held on the 26 April 2016. The event brought together senior leaders from across the Council, NHS and other partners. Key actions and principles from the event are woven into the STP.

The Board was advised that Healthy Futures will be the brand name for the West Yorkshire level STP and Rob Webster Chief Executive South West Yorkshire Partnership NHS Foundation Trust is leading on the West Yorkshire STP. Regular links are being maintained between primary STP and the West Yorkshire STP.

Caroline Alexander, Programme Director, Healthy Futures is responsible for making sure the different parts of the system across West Yorkshire connect up and that there is agreement of aims and principles.

The Board was informed that Carol McKenna and Merran Mcrae are involved in the governance arrangements and how it is going to work however it is still in the early stages. An STP progress report will be brought to the July meeting and in August work with the Board to prepare for the final submission in September.

RESOLVED -

(a) That the progress and next steps in developing the Healthy futures and Kirklees Sustainability and Transformation Plan be noted.

(b) That the key actions and potential principles that emerged from the Scenario Planning event be noted.

(c) That the final draft of the Kirklees Sustainability and Transformation Plan be received by the Board prior to the final submission date set by NHS England.

(d) That delegated responsibility for sign off and the Sustainability and Transformation Plan be given to specific name Board members, if required.

10 Healthy Child Programme

Tom Brailsford and Keith Henshall attended the meeting to provide an update on progress with developing the Healthy Child Programme (HCP). In January 2014, the Board had discussed a range of activities aimed at transforming services for children and young people, including the CAMHS Transformation Plan and the Disabled Children's Strategy.

The HCP aims to be an integrated life course approach to improving outcomes for Children & Young People aged 0-19 their families and communities and up to 25 if they have additional needs. It will have a focus on mental and emotional health and wellbeing. The outcomes are for children and young people to be healthy and stay safe it is about giving every child the best start in life. This represents an opportunity to take a more integrated whole family approach.

The potential new model for the programme will be a tiered approach which will include, community, universal, universal plus, universal partnership plus. It will require a workforce that will advocate, mediate and facilitate. It is being developed with Early Intervention & Prevention and Care Closer to Home in mind.

The procurement process will include sharing the specification with the Children with Additional Needs Group as this is about services which were not previously commissioned by the council.

The Board asked questions in respect of the length of the contract and was advised that options being considered were a five year contract with an option to extend for

a further two years, instead of the three year contract with a two year extension. The key milestones and timescales will be for the contract to start on the 1st April 2017.

RESOLVED -
(a) That the Board endorses the vision for an integrated approach to the Healthy Child Programme.

(b) That the Board supports the use of the Healthy Child Programme as a catalyst to change practice.

11 A Community Wellness Model of Health Improvement for Kirklees

Tony Cooke, Head of Health Improvement attended the Board meeting to present a report on the Community Wellness Model of Health Improvement. The Board was informed that plans were being developed to move towards commissioning an integrated wellness model of health improvement. This will be a radical redesign and integration of a number of services and interventions covering health improvement, self-care and long term conditions. In developing the model, conversations had taken place with the Clinical Commissioning Group's, Public Health and NHS England.

In summary the Board was advised:

- Areas that require health improvement are that people in Kirklees are less physically active
- Overweight and obesity
- Over 64's mental health
- Type 2 diabetes

One in five people have three plus long term conditions and in Kirklees there are a number of interventions.

The current position is that there are thirteen public health contracts many of which are single issue based. Practice Activity Leisure Scheme (PALS) is very successful.

Design principles - Improved health and wellbeing, what might be included?

- Diet and nutrition
- Physical activities and exercise on prescription
- Weight management & diabetes prevention
- Tobacco/smoking cessation
- Alcohol early prevention
- How it links to the wider system

The next stage is for a pilot by the end of next financial year with a clear project plan and timescales.

The Board commented that consultation with stakeholders does not mention pharmacies and stated that there is an obligation to consult with pharmacies. In

response the Board was advised that as part of developing the model a Health Pharmacy Board would be established.
The Board also asked that the health and wellbeing of carers also be taken into consideration.

RESOLVED - That the Board note the paper and support the development of an integrated wellness model for Kirklees.

12 Health Protection Board Update

Mercy Vergis, Consultant in Public Health Medicine advised the Board that the Health Protection Board would provide an update on three areas.

- TB screening
- Screening & Immunisation
- Antimicrobial Stewardship

At the last update the Board was advised that the TB strategy recommends latent TB testing and treatment for those aged 16-25 who had recently arrived in England from countries where the incidence of TB is high. Kirklees Clinical Commissioning Group's received funding from NHS England and started testing people eligible for this programme in February 2016. The two CCGs were notified that this funding will continue for 2016/17.

The TB Control Board serving Kirklees covers Yorkshire and Humber and North East of England and Greater Huddersfield Clinical Commissioning Group is the lead on this board.

A screening and immunisation improvement plan has been developed for Kirklees. The Kirklees improving coverage action plan includes priorities:
- To improve HPV immunisation uptake in Kirklees
- To improve the engagement of Primary Care with the Breast, Bowel and Cervical Cancer Screening Programmes

In April 2015, a multi-disciplinary working group across Calderdale, Kirklees and Wakefield was set up to develop an antibiotic campaign starting in September 2015. This aimed to reduce unnecessary prescribing of antibiotics by raising awareness of the risks of over-prescribing and antimicrobial resistance.

RESOLVED -
(a) That the Health Protection Board update be noted by the Board

(b) That partner organisations continue to work together on the priority issues such as antimicrobial stewardship

13 Health and Wellbeing Board Position Statement Re: Service Changes

Phil Longworth, Health Policy Officer advised that there had been a number of major health and social care service change proposals presented to the Board over the last 12 month and the Board needed to develop a position statement in response to these changes.

The Board was asked to consider and comment on a draft statement that had been prepared which aims to provide a framework within which it can apply '4 tests' to proposals for major services changes that are presented to the Board.

The Board agreed to adopt the statement subject to a minor amendment to point 3 of the proposals.

RESOLVED - That the position statement be adopted subject to a minor amendment to the document.

14 Better Care Fund

Phil Longworth gave a brief update on the Better Care Fund. The Board was advised that the 30 June 2016 was the deadline for the Section 75 Pooled Fund Budget however formal notification had not yet been received. The Board will be notified as soon as formal notification had been received.

RESOLVED - That the update on the progress of the Better Care Fund be noted.

15 Re-establishment of the CSE Safeguarding Member Panel for 2016/17 Municipal year

The Board considered a report seeking formal agreement for the re-establishment of the Child Sexual Exploitation and Safeguarding Member Panel for the 2016/17 municipal year and agree the Kirklees Council representation.

RESOLVED - That the CSE Safeguarding Member Panel be re-established for the 2016/17 municipal year, with 5 members as set out in section 3.2 of the report.

16 North Kirklees Clinical Commissioning Group - Annual Report

The Board considered and noted the North Kirklees Clinical Commissioning Group, Annual Report.

RESOLVED - That the North Kirklees Clinical Commissioning Group – Annual Report be noted by the Board.

17 Greater Huddersfield Clinical Commissioning Group Operational Plan

The Board considered and noted the Greater Huddersfield Clinical Commissioning Group Operational Plan.

RESOLVED - That the Greater Huddersfield Clinical Commissioning Group Operational Plan be noted by the Board

18 Date of Next Meeting

That the date of the next meeting be noted.

KIRKLEES COUNCIL

COUNCIL/CABINET/COMMITTEE MEETINGS ETC
DECLARATION OF INTERESTS
HEALTH AND WELL BEING BOARD

Name of Councillor

Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: …… **Dated:** ……

NOTES

Disclosable Pecuniary Interests

If you have any of the following pecuniary interests, they are your disclosable pecuniary interests under the new national rules. Any reference to spouse or civil partner includes any person with whom you are living as husband or wife, or as if they were your civil partner.

Any employment, office, trade, profession or vocation carried on for profit or gain, which you, or your spouse or civil partner, undertakes.

Any payment or provision of any other financial benefit (other than from your council or authority) made or provided within the relevant period in respect of any expenses incurred by you in carrying out duties as a member, or towards your election expenses.

Any contract which is made between you, or your spouse or your civil partner (or a body in which you, or your spouse or your civil partner, has a beneficial interest) and your council or authority -

- under which goods or services are to be provided or works are to be executed; and
- which has not been fully discharged.

Any beneficial interest in land which you, or your spouse or your civil partner, have and which is within the area of your council or authority.

Any licence (alone or jointly with others) which you, or your spouse or your civil partner, holds to occupy land in the area of your council or authority for a month or longer.

Any tenancy where (to your knowledge) - the landlord is your council or authority; and the tenant is a body in which you, or your spouse or your civil partner, has a beneficial interest.

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
(a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
(b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or
if the share capital of that body is of more than one class, the total nominal value of the shares of any one class in which you, or your spouse or your civil partner, has a beneficial interest exceeds one hundredth of the total issued share capital of that class.

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	**25/08/16**
TITLE OF PAPER:	**CAMHS Local Transformation Plan Update.**

1. Purpose of paper

The paper is coming to the Health and Wellbeing Board for discussion and update on the Transformation Plan outcomes and priorities submitted as part of the Local Transformation Plan requirements.

The Board has a clear defined role and responsibility in relation to the development, implementation and monitoring of Local Transformation Plan's. Therefore the paper has attached to it the most recent monitoring returns to NHS England.

2. Background

The Health Select Committee held an inquiry into Children and Adolescent Mental Health Services (CAMHS). The committee heard evidence from experts who described a national picture of services with inadequate data, multiple commissioners, reductions in funding, growing demand and a historic tier system that is out of step with current initiatives to modernize, develop and deliver a more flexible, personalized NHS.

The national CAMHS Taskforce, led by Jon Rouse, Director General, Social Care, Local Government and Care Partnerships, was launched to make recommendations to improve commissioning and mental health services for young people and their families. The national report called 'Future in Mind' was published in March 2015. The report has made wide reaching recommendations in order to transform provision across all tiers of need.

Guidance issued by The Department of Health to Clinical Commissioning Groups in August 2015 required that a Local Delivery Plan to transform services was developed. This Transformation Plan was submitted on the 16th of October 2015 to the joint NHS England and Department of Education assurance process. It is a 5 year plan with a focus on ambitions for culture change over the whole time period, priorities and year 1 actions. The Kirklees plan was classified as receiving full assurance by NHS England, and held up as an example of national good practice.

The funding was released in 2015/16 to start implement the year 1 agreed priorities, funding has been released in 2016/17 to continue the implementation of the far reaching systemic changes required locally. As part of the monitoring of implementation of Local Transformation Plans a quarterly assurance process is undertaken by NHE England to update on the implementation of local priorities and to account for the budget required to transform provision. To date there has been a return required for Q3 and Q4 for 2015/16. The process for 2016/17 is under review so a brief summary for Q1 has been requested until NHS England issue further guidance in relation to the process for Q2 2016/17. For information the 2015/16 Q4 return is attached.

3. Proposal

The Board should receive a quarterly update on the implementation of the plan in order to monitor and support the implementation of transformation plan priorities. In October 2016 there will need to be a refresh of Local Transformation Plans which the Health and Wellbeing Board will need to support and approve prior to submission.

4. Financial Implications

Greater Huddersfield CCG	£577,000
North Kirklees CCG	£469,000
Total allocation	£1,046,000

5. Sign off

Any report that is presented to the Board must be signed off by the appropriate senior officer (*note 5*). At least one Board member or invited observer should be involved.

Include details of who signed off the report and when.

6. Next Steps

- 2016/17 Quarter 1 assurance will be submitted on 22nd of August 2016, this return will be brought to the Health and Wellbeing Board after the submission date.
- The new Quarter 2 assurance process will be outlined by NHS England in the quarter 2 period and will be communicated to the Health and Wellbeing Board.
- A refresh of the transformation plan will be brought to Health and Wellbeing Board prior to October 2016 submission date.

7. Recommendations

The Health and Wellbeing Board are asked to :

- Note the quarterly returns attached in relation to progress made and risks identified.
- Agree to receive future quarterly reports for information and/ or discussion.
- Agree a process to sign off the transformation plan refresh prior to 31st of October 2016.

8. Contact Officer

Tom Brailsford
Joint Commissioning Manager
Tom.Brailsford@northkirkleesccg.nhs.uk

2015 – 2020

Progress Update

Quarter 4 - 2015 - 2016

Kirklees Future in Mind Transformation Plan

Children and Young People's Mental Health and Wellbeing

NHS Greater Huddersfield Clinical Commissioning Group

NHS North Kirklees Clinical Commissioning Group

Kirklees Council

Kirklees Future in Mind Transformation Plan - Children and Young People's Mental Health and Wellbeing

Index

Additional separate documents

a. NHS North Kirklees CCG tracker template

b. NHS Greater Huddersfield CCG Tracker template

1 Progress update for Q4 period of 2015 – 2016

1.a General plan implementation progress, including progress against local priority streams (LPS).

Activities during this quarter have focused on delivery of the priorities identified in our published Transformation Plan and two tracker templates for NHS North Kirklees CCG and NHS Greater Huddersfield CCG.

The following have been the priority focus for this quarter:

1. Schools link approach – We have begun the planning and implementation of our local schools link pilot.
2. Establishing and operationalising our new Single Point of Access which went live on 1 of April 2016.
3. Invested in increasing front line capacity across the CAMHS system including establishing a waiting list reduction initiative.
4. The creation of Tier 2/3 provision for vulnerable children and young people who are most vulnerable e.g. LAC/CSE/YOT. This has included investment in the pillars of parenting approach across of residential children homes and plans to roll out to our foster carers.
5. Eating Disorders - Establishing a regional approach which meets the new waiting times standards and national guidance.
6. Redesigning our Tier 2/3 provision in line with Thrive Elaborated model and aligning and recommissioning the provision alongside the Kirklees Healthy Child Programme (Health Visiting and School Nursing).

The Kirklees Local Transformation Plan (LTP) consists of 29 priorities; many of these are longer term transformational changes over a 2, 3, 4 or 5 year period. The Kirklees LTP high level summary identified 12 outcomes during Year 1 which we proposed to progress by March 2016. (See Page 23 for original high level summary document).

These 12 outcomes overarch a number of the LPS areas and clusters them together, having detailed actions and KPIs which underpin them. This report mirrors aspects of our Quarter 3 submission by retaining a focus on those 12 original outcomes. To help identify the outcomes and associated LPS numbers these clusters are included below in brackets.

The in year spend identified in the tracker templates for both CCGs for Quarter 4 2015/2016 are in line with our submission with the exception of LPS 15 and LPS 16.

The planned spend for this quarter was re-profiled to support **LPS 6** to increase front line capacity within Tier 2 and Tier 3 provisions in order to reduce waiting times in order improve access for children and young people. This is reflected in the tracker templates for both CCGs. The spend was re-profiled as the regional approach to LAC provision is no longer progressing as a priority for 10 CC, and it has transpired the stronger families link and access can be achieved without further resource allocation.

Appendix A, details our first year outcome priorities and the remaining local priorities detailed in both CCG tracker documents. We are particularly pleased that all of our

year 1 priorities are either partially or fully implemented.

Appendix A also includes the status of implementation reached during Quarter 4 and those projected/anticipated positions by 31 March 2016.

The appendix identifies priorities that were not intended for implementation until 2016/17. This information is cross referenced by the two updated trackers submitted with this progress update.

2 Areas of most challenge in implementation.

The Quarter 3 report included three risks to delivery, one of these LPS 7 related to the provision of a comprehensive eating disorder service across Kirklees, Calderdale, Barnsley and Wakefield. Effective regional partnership functions ultimately ensured that the service was in place to target timescales with the provider meeting NICE guidance and waiting times standards.

Appendix B provides details of continuing risk for LPS 3 and LPS 7 and new potential risk for LPS 1. The appendix includes the challenges and mitigating actions to the delivery of our CAMHS transformation plan within year.

3 Finance and activity review.

The tracker submissions for NHS Greater Huddersfield CCG and NHS North Kirklees CCG shows the spend for this quarter. The 2015/16 allocations have been fully utilised in meeting our local transformation plan priorities. The 2016/17 allocation is also fully committed to local transformation plan priorities.

This report includes activity information to substantiate the status of progress towards delivery including our longer term KPIs. It is also worth noting that the additional investment made across all priorities has resulted in a total of 13.7 FTE posts being established and a projected 296 more children and young people receiving a service in 2016/17.

4 Review of partnerships

4a NHS North Kirklees CCG continues to be the communications lead for the transformation plan working in partnership with the Local Authority Communications Team, including agreeing an interagency communication strategy.

Appendices C – relates to the most recent Transformation Plan Implementation Partnership Group meeting. The minutes include detail of approaches intended to keep stakeholders up to date.

4b Initial stakeholders are still involved in ongoing assurance processes and are kept informed of any progress and current partnership activities. Our local Chief Officers Group, Health and Wellbeing Board and the Children's Trust receive regular updates and contribute to its alignment with other priorities and initiatives.

During this Quarter involvement of schools has included presentations and feedback from SENCOs and school heads from across Kirklees.

A range of stakeholders are involved through a Transformation Plan Implementation

Partnership Group this includes Public Health representation. This group currently continues to meet monthly.

The most recent meeting was on Monday 14 March 2016, the minutes from that meeting are attached as Appendix C.

5 Eating Disorders

The model has been developed between the commissioners and providers to establish a seamless multi-disciplinary approach eating disorder service for Wakefield (Provision for model will cover Barnsley, Calderdale, Kirklees and Wakefield).

The model is based on evidence based practice and is reflective of that outlined in the National Guidance; Access and Waiting Times Standards for 'C&YP with an Eating Disorder' National Guidance. Implementation is under way and progress has been made with recruitment, and working towards the implementation of the waiting time standards.

Commissioners and providers continue to have regular meetings to ensure mobilisation of the service is progressing.

The tracker templates for NHS North Kirklees CCG and NHS Greater Huddersfield CCG have been update accordingly.

6 Publication of the Local Transformation Plan

Work is ongoing to maintain communication approaches with the public as outlined in point 4a. An "easy read" version of our LTP is being finalised for publication on the Transformation Plan webpages. See Appendix C. This easy read will look to respond to feedback from Quarter 3 regarding providing suitable information for young people.

Submitted by:

Tom Brailsford
Joint Commissioning Manager – CAMHS Transformation Lead Officer
26 April 2016

Local Priority Scheme (LPS) progress for Q4 – 2015/2016 **Appendix A**

Year 1 priorities including associated overarching cluster links				
LPS number	**Priority Description**	**Implementation status for Q4 2015/16**	**Expected position by 30 June 2016**	**Implementation not intended until 2016/17.**
1	Redesign and implementation of a school nursing service that is more focused on emotional health and well-being, and provides an early intervention function across all educational settings. *(Cluster links: LPS 1, 3 and 5)*	A Healthy Child Programme (HCP) 0-19 Integrated Commissioning Project Board established in Q3 continues to undertake service re-design. This is following governance arrangements, in engagement and specification redesign. Including CAMHS SPA, Tier 2 and Tier 3. Project commissioning plan, governance process and project timeline to inform re-tendering put in place during this Quarter.	Development phases to facilitate a competitive tender to be ready for publication in June 2016. Full HCP recommissioned service will start delivery in April 2017.	
2	Implement clear joint working arrangements and clear pathways between schools and emotional health and well-being provision. The provision will be based on presenting need and linked to the Social, Emotional and Mental Health Difficulties (SEMHD) Continuum work that is being developed. *(Cluster link: LPS 2, 6, 8 and 9)*	Schools link pilot and proposed training programme developed between Tier's 2, 3 CAMHS and Education Psychology Service, including integrated relationships with continuing SEMHD development together with other interactions with schools to inform implementation. SENCO and school leadership engagement meetings in February 2016 identified potential schools for involvement in pilot.	Pilot being rolled out with nominated schools during Quarter 1 2016/17 to include named CAMHS lead in schools and links with CAMHS staff and the SPA with evaluation processed being developed from April 2016.	**Yes**
3	Establish emotional health and well-being provision that is collaboratively commissioned with educational settings. *(Cluster links: LPS 1, 3 and 5)*	Mapping of schools spend on EHWB and identified still needs completing. Community Hub concepts being developed to inform redesign and co-commissioning of Healthy Child Programme.	Ongoing consultation under Healthy Child Programme re-commissioning to enable provisions in place April 2017.	**Yes**
5	Redesign the specification for Tier 2 and Tier 3 CAMHS provision transforming services to provide a "tier free" new service model that is based on the "thrive" approach. *(Cluster links: LPS 1, 3 and 5)*	As priority 1.	As priority 1.	

LPS number	Priority Description	Implementation status for Q4 2015/16	Expected position by 30 June 2016	Implementation not intended until 2016/17.
6	Increase front line capacity within Tier 2 and Tier 3 provisions in order to reduce waiting times and improve access for children and young people. *(Cluster links: LPS 2, 6 and 11)*	Additional investment arrangements in place this includes investment in Tiers 2 and 3 CAMH service provisions and waiting list initiative in place. Tier 2 involvement has initially reduced waiting times from 16 weeks to an average of 11.5 weeks. SPA looks to provide positive outcomes against priority. Impact on reduced waiting time and improved access will not be evident until Quarter 1 2016/17. However previous investment in offering crisis provision has resulted in Tier 3 'choice appointments' being offered within 28 days, and average partnership waiting time is reducing.	Single point of access (SPA) in place for 1 April 2016 will be monitored during this quarter to address unmet needs. Further reductions in waiting times across Tier 2 and Tier 3 provision.	
7	Provide a comprehensive eating disorder service across Kirklees, Calderdale, Barnsley and Wakefield in line with best practice and issued guidance.	Regional Commissioning Group has co-produced a service model. Initial contract will be for 2016/17 whilst longer term procurement options are developed. Contract currently being agreed to enable implementation of a model that will be compliant with Eating Disorder guidance.	ED service in place provider working towards NICE guidance and waiting times standards.	
8	Implement Tier 2 and Tier 3 CAMHS Link workers to directly liaise with and support Schools, primary care and other universal provision. This will be developed in line with SEMHD continuum of support. *(Cluster links: LPS 2, 8 and 9)*	As priority 2.	As priority 2.	
9	Implement a joint training programme to support the link roles within primary care, schools, Tier 2 and Tier 3 CAMHS provision and to support joined up working across services. This will be developed in line with SEMHD continuum of support. *(Cluster links: LPS 2, 8 and 9)*	As priority 2.	As priority 2.	

LPS number	Priority Description	Implementation status for Q4 2015/16	Expected position by 30 June 2016	Implementation not intended until 2016/17.
10	Have in place a single point of access model for advice, consultation and assessment and coordination of provision. *(Cluster links: LPS 1, 2, 6 10 and 11)*	A single point of access model and service specification developed to ensure the service is delivering to project timeframe. See Appendix D	Service operational from 1 April 2016, will be monitored during Q1 2016/17 to address unmet needs.	
11	Provide a one stop shop approach providing advice and support, that has been collaboratively commissioned with the voluntary and community sector. *(Cluster links: LPS 2, 6 10 and 11)*	Single Point of Access service once live will respond to responses to the KPI and identify best practice approaches to inform longer term commissioning approaches and how the voluntary sector will be involved. See Appendix D	SPA in place from April 2016. Pathways developed for one stop shop, will be monitored during Q1 2016/17 to address unmet needs.	
13	Invest in and implement a flexible multiagency team to address the emotional health and wellbeing needs looked after children, children in the youth offending team, children experiencing CSE and children on child protection plans. *(Cluster links: LPS 13 and 17)*	Agreement with Tiers 2 and 3 CAMHS providers and Education Psychology Service. Contracts to be varied to reflect the increased investment. Interim arrangements have enabled procurement of private psychological interventions to establish early support. Providers' currently recruiting substantive posts and a short term provision has been procured through private provider to provide an interim service.	Ongoing arrangements to enable recruited team to be in place by June 2016. Work ongoing to enable longer term achievement of KPIs by March 2017 which will deliver a flexible multi agency team comprising of a FTE psychologist, psychotherapist and Tier 2 worker.	
17	Work with Kirklees Safeguarding Child Board to undertake a "deep dive" into the way in which vulnerable children and young people experience the CAMHS system, and use the learning to inform the development of our discrete provision for vulnerable children. *(Cluster links: LPS 13 and 17)*	Consultant identified and commissioned to undertake the work. Research has begun, Safeguarding Children's Board are overseeing the work. Ongoing work to commission discrete provision continuing.	Findings to be presented June 2016 to inform future service modelling	

LPS number	Priority Description	Implementation status for Q4 2015/16	Expected position by 30 June 2016	Implementation not intended until 2016/17.
18	Implement lead commissioning arrangement for all CAMHS provision covered within the transformation plan, discharged through the Joint Commissioning Manager who is jointly funded by North Kirklees CCG, Greater Huddersfield CCG and Kirklees Council. *(Cluster links: LPS 18,19, 20 and 21)*	Agreements completed though the relevant commissioning structures for both North Kirklees and Greater Huddersfield CCGs and Kirklees Council. Pooled budget planning arrangements to include Tier 2 and 3 CAMHS. Formal Section 75 agreements will delegate the Tier 3 budget and contract to the Local Authority.	Arrangements agreed, monitoring ongoing.	
19	Use the Transformation plan as the basis for our commissioning priorities over the next 5 years. *(Cluster links: LPS 18,19, 20 and 21)*	Integrated Commissioning Executive has agreed priorities. Transformation Plan Implementation Group met twice during this quarter. Health and Wellbeing Board updated in January 2016.	Ongoing to 2020	
20	Embed the responsibility for overseeing the commissioning intentions within the Health and Wellbeing Boards work plan and oversight function. *(Cluster links: LPS 18,19, 20 and 21)*	Quarterly updates to Integrated Commission Executive, Integrated Commissioning Group, Children's Trust and Health and Wellbeing Board. Next updates during Quarter 4 January 2016.	Ongoing to 2020.	
21	Ensure the integrated commissioning group is overseeing the implementation of the future in mind detailed operational commissioning plan. Ensuring that commissioned services are evidence based and that NICE guidelines are implemented throughout the service provision. *(Cluster links: LPS 18,19, 20 and 21)*	Integrated Commissioning Group and Executive provided with updates on progress. Ongoing review of relevant NICE guidance and future priorities.	Ongoing to 2020.	
29	Work with local Systems Resilience Group to Design and implement all age psychiatric liaison provision in line with the "Core 24" service specification. Where appropriate work on a regional basis across acute footprints develop collaborative approaches	As priority 12 – work still required to develop regional basis across acute footprints and collaborative approaches.	Liaison provision in place by May 2016	

Other LPS priorities				
LPS number	**Priority Description**	**Implementation status for Q4 2015/16**	**Expected position by 30 June 2016**	**Implementation not intended until 2016/17.**
4	Collaboratively design with young people peer education programmes for children and young people that promote resilience, and assist with early identification of emotional health and wellbeing issues.	Pilot of peer education programmes is ongoing to identify best practice approaches to inform the Healthy Child Programme and re-commissioning of appropriate service. This will form the basis for part of the tender model which will be about building community capacity including peer education approaches.	Ongoing evaluation to inform long term achievement of KPI.	
12	Provide a local crisis model that ensures assessment within 4 hours and is in line with the Crisis Care Concordat, and utilises our redesigned psychiatric liaison service.	Being developed in line with SRG bid. In Greater Huddersfield the psychiatric liaison age limit has been dropped to 16 years. Pump Prime funding and increased investment in providing a local crisis model.	Specialist discrete crisis team in place to enable longer term achievement of KPI by March 2017.	
14	Provide the CAMHS link and consultation model within the range of provision across Kirklees for the most vulnerable children.	To be developed in line with Priority 13 – to enable longer term achievement of KPI by March 2017.	Ongoing arrangements.	
15	Ensure rapid access to CAMHS interventions for those children who are part of Stronger Families programme.	Processes being developed to identify referral processes and families to access CAMHS, to enable longer term achievement of KPI by March 2017.	Ongoing arrangements and rapid access arrangements developed within existing provision.	
16	Provide cohesive CAMHS provision on a regional basis for LAC who are placed within the 10 CC (West Yorkshire Clinical Commissioning Groups, Commissioning Collaborative) footprint	10 CC have not taken this recommendation forward therefore spend re-profiled as per narrative report above.	Ongoing arrangements.	
22	Ensure integrated commissioning group closely monitor CAMHS minimum dataset and waiting time's standards, whilst developing a rigorous outcome based dataset to monitor and improve performance across the system.	Awaiting the first report on CAMHS minimum dataset. Currently exploring outcome based dataset through Healthy Child Programme retender. IAPT developments and session by session outcome monitoring.	Ongoing work to enable longer term achievement of target by March 2017.	

LPS number	Priority Description	Implementation status for Q4 2015/16	Expected position by 30 June 2016	Implementation not intended until 2016/17.
23	Implement clear and transparent outcome monitoring supported by membership of CORC, and the implementation of session by session outcome monitoring across CAMHS provision.	Provider working towards developing implementation to achieve longer term out comes by March 2017. Tier 2 services providing quarterly outcome monitoring reports from young people and parents.	Ongoing arrangements. Cluster link to LPS 22	
24	Receive quarterly service feedback from children, young people and families in all performance reporting to the integrated commissioning group.	Discussions begun with both CCG Patient Involvement Services and young people engagement via IYCE. Tier 2 services provide quarterly outcome monitoring reports and feedback from young people and parents, Tier 3 have established a service user forum which will from part of feedback mechanisms	Ongoing arrangements.	
25	Ensure Tier 2 and Tier 3 providers are fully participating in CYP IAPT core curriculum in 2016/17.	Calderdale and Kirklees 'Light Touch' IAPT Steering Group established to oversee the Light Touch IAPT feedback, implementation of the full IAPT process in September 2016 providing a consistent and robust approach to children and young people IAPT process to ensure a unified compliance exists.	Ongoing arrangements.	**Yes**
26	Ensure Tier 2 and Tier 3 provider managers are involved in the introduction to CYP IAPT in 2015/16.	Calderdale and Kirklees 'Light Touch' IAPT Steering Group established to oversee the Light Touch manager involvement.	100% of managers trained by April 2016.	
27	Ensure that where required staff and parents receive appropriate training and continuing development opportunities to enable them to deliver relevant evidence based interventions. *(Cluster Links: LPS 2, 6, 8 and 9)*	Ongoing arrangements to develop training to complement existing Mind ed resources, Tier 2 CAMHS training and SENCO network events.	Ongoing arrangements.	

LPS number	Priority Description	Implementation status for Q4 2015/16	Expected position by 30 June 2016	Implementation not intended until 2016/17.
28	Develop a comprehensive workforce development strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported, and implemented.	Not yet developed. 0-19 Healthy Child Programme review has established a workforce sub-group to support development to a workforce strategy.	Ongoing arrangements Implementation 2016/17.	**Yes**

CAMHS Transformation Plans – Issues and risks to delivery Q4 2015/16

Please complete for any issues of risks to the delivery of your CAMHS transformation plans within year

NHS North Kirklees CCG and NHS Greater Huddersfield CCG.				
LPS Number	**Description of local priority scheme**	**Description of issue of risk to delivery of 2015/16 plan**	**Mitigating Actions**	***Date expected to deliver**
1	Redesign and implementation of a school nursing service that is more focused on emotional health and well-being, and provides an early intervention function across all educational settings. (Cluster links: LPS 1, 3 and 5)	Progress and implementation is directly influenced by the ongoing commissioning review and proposed re-tender of the 0-19 Healthy Child Programme. Project plan and full risk log in place to ensure programme is delivered on time.	Healthy Child Programme Project Manager in place to ensure delivery to timescales.	November 2016
3	Establish emotional health and well-being provision that is collaboratively commissioned with educational settings.	The fragmented nature of schools and their pyramids creates levels of complexity in securing universal agreement for a collaboratively commissioned offer that will support a consistent approach towards tierless model.	Currently piloting approaches with school community hubs to consolidate resources and demonstrate to schools what an enhanced and collaborative commissioned provision would give them.	April 2017
7	Provide a comprehensive eating disorder service across Kirklees, Calderdale, Barnsley and Wakefield in line with best practice and issued guidance.	Timescales to establish service and recruit staff	Use of existing resources and agency staff as appropriate	1 April 2016

Appendix C

Kirklees CAMHS
Transformation Plan Implementation
Partnership Group Meeting
MINUTES

Monday 14 March 2016
Kirkgate Buildings – Training Room

Attendees:

Tom Brailsford	**TB**	Joint Commissioning Manager, CAMHS Transformation Plan Lead (Chair)
Matthew Holland	**MH**	Head of Children's Trust Management & Development
Carl Mackie	**CMa**	HIPA, Public Health
Carol Lancaster	**CL**	Children and Young People - Learning and Skills
Mandy Cameron	**MC**	Deputy Assistant Director, Vulnerable Children and Groups
Alan Laurie	**AL**	Commissioning Manager – Joint Commissioning

Apologies:

Bev Paris	**BP**	Head of Corporate Parenting
Linda Patterson	**LP**	Service Manager Corporate Parenting
Clare Mulgan	**CMu**	Head of Stronger Families Programme
Roger Clayphan	**RC**	Integrated Children's Services Manager
Julie Walker	**JW**	Operations & Development Manager - IYCE
Helen Severns	**HS**	Head of Transformation and Integration, NHS North Kirklees CCG
Karen Poole	**KP**	Head of Children's Commissioning - NHS North Kirklees and Greater Huddersfield CCGs

Minutes:

1. Matters arising - previous meeting 25 January 2016

Minutes from previous meeting had been circulated to all group members together with an invitation for comments/issues for agenda inclusion at this meeting. No items had been received.

a. Quarter 3 report - covering October to December 2015/16 was submitted in line with submission deadlines. No feedback requiring immediate action had been received.

b. Easy read version - of the full Transformation Plan is being finalised by North Kirklees CCG. This is a collaboratively produced document between the CCGs, Local Authority, the local parents Group (PCAN) and a number of young people.

This document will look to respond to initial Quarter 3 feedback on the expectation of areas to ensure availability of accessible information specifically for young people. The intention is to publish the easy read in April 2016.

c. **The Kirklees Health and Wellbeing Board** - received a progress update on the 28 January 2016 and agreed the reporting arrangements for ongoing implementation of the Plan.

d. **Financial tracker sheets -** for both CCG's will be confirmed for this quarter. The Q4 report, tracker documents and risks report need to be submitted by 29 April 2016.

Action: *No suggested revised priorities were received prior to this meeting. Year 2 priorities and associate budget availability needs including on agenda for the next meeting in April. Q4 tracking and report may help inform future direction for 2016/17.*

e. **Communication plan** – it has been agreed that North Kirklees CCG (NKCCG) Communications Team will take lead responsibility on all communications for Future in Mind and the Transformation Plan. To maximise spread of information across all sectors they will be supported by the Local Authority team as and when necessary. A communication plan is being formalised by NKCCG.

f. **A simplified spreadsheet** - has not been developed. Agreed to await any revision or direction from NHS England for Q4 or any process changes for Q1 of the 2016/17 period.

g. **Stakeholder involvement -** Presentations on the Transformation Plan including actions to date and future proposals have been delivered to SENCo and Senior School leads. This included progress on the schools CAMH pilot, Thrive Elaborated and a consolidation report providing a summary of survey responses submitted by Kirklees Schools. To enable those not present and whole schools to be informed the presentations and supporting information has been published in relevant circulation opportunities. eg 'Head's up' and uploaded as electronic documents onto the one hub schools information system.

An information update on the Transformation Plan and proposed implementation of the new single point of access was provided at the Children's Emotional Well-being Network (ChEWN) by the 3rd Sector Provider in March 2016. Membership of this group is drawn from a cross section of the public, parent groups, professionals and 3rd sector providers with the group being open to anyone working to improve children and young people's emotional wellbeing.

Action**:** *AL to ensure there are joined up communications approaches with the ongoing review work for the 0 -19 Healthy Child Programme.*

h. **Clinical input** – relevant information is already shared with the Mental Health Lead GP. Agreed that this would continue with minutes being provided to enable relevant contributions. To include open invite to attend meetings.

Action: *TB to share minutes with GP lead. TB asked to review attendee membership for future meetings.*

2. Progress update

1. Single point of Access Pilot

Pilot is on target to go live 1 April. Set up has involved developing and agreed a service specification, staffing of the service and partnership working between Tier 2

and Tier 3 to ensure the administrative delivery systems will be in place.

Working title will be ASK CAMHS (**A**ccess and **S**upport for **K**irklees - **C**hild and **A**dolescent **M**ental **H**ealth **S**ervices). Northorpe Hall as the lead Service provider is developing information sheets and publicity posters to inform the public and professionals of the new service and how to access it.

A draft allograph pathways document was discussed at the meeting. This document was initially developed to respond to a request from the Kirklees CAMHS Scrutiny Panel to set out the changes the Transformation Plan will bring to CAMHS in terms of the connections with other agencies and how the tierless approach is intended to work in the longer term. The document looks to give clarity how agencies will link together, and connections at various stages of intervention.

CL suggested final document needs to ensure people are aware of what underpins some of the community hubs and other support options. Work is ongoing to complete this document to support wider public communication approaches.

Action: *documents will be incorporated into communication plan and information sharing processes by the CCG, Local Authority and ASK CAMHS provider.*

2. **Schools Link Pilot**
   Outline structure and implementation has progressed between the Council, Tier 2 and Tier 3 providers. Input is ongoing with Education Psych Team to identify enhancement options. This includes identification of at least 10 potential schools and development of a training programme and support mechanisms. Number of schools identified following presentation to SENCO network and Senior School leads. Options to encourage cluster approach to enhance the offer have been included in development discussions.

   Action: *MC advised the pilot needs to be linked into the SEMHD (Social, Emotional & Mental Health Difficulties) continuum of activities to ensure the model is joined up with the schools model.*

   Action: *ensure SEMHD is referenced in the pilot project documentation.*

3. **Eating Disorder Service**
   Development/implementation activities have continued. Service is in place now and will be fully functional across the region by April to meet national waiting time standards.

4. **Vulnerable Children's Team|**
   Development/implementation activities ongoing at Riverbank. Team comprises of 3 workers who will focus their work on LAC, CSE and YOT. Recruitment of staff required, SOCATES covering in the interim to ensure sufficient timescales for appropriate staff to be recruited. Buying in Ed Psych support to pilot new approaches within service capacity.

5. **IAPT**
   IAPT 'light touch' manager training now been resolved for full completion.

6. **Pooled Budget Arrangements**
   CCGs have agreed S75 pooled budget arrangements to formally delegate budget with

the local authority.

7. **Review of year 1 priorities**
   Action: *options need developing regarding collaboration with schools and named CAMHS lead in schools*.

3. Budget allocation/Indicative allocations

Budget allocation for this quarter has been shared previously in the tracker reports and discussed as part of the Q3 report preparation.

2016/17 CCG budget allocation sheets had been circulated to group members prior to the meeting. These identified indicative allocations for Greater Huddersfield CCG of £577,000 and North Kirklees CCG at £469,000. Year 1 funding was ring-fenced, concerned expressed by group of the risk that the CCG would put into their baseline budgets. Challenge will be to ensure this funding is kept as Transformation Plan delivery.

Action: *Recommended the group continues to share progress updates and the budget with the ICG Executive secure signed off by the Health and Wellbeing Board.*

Action*: C.Ma further discussions are needed regarding future budget allocations and association with Healthy Child Programme delivery.*

4. Year 2 priorities

Discussion deferred to next meeting to enable review based on Q4 progress and any new directives. Activates may need to be realigned against priorities and available budgets.

Action: *Aim to have draft Q4 report prepared for discussion at next meeting (18 April), prior to submission on 29 April.*

Ongoing activities
Administrative activities and future developments of the Transformation Plan include discussions with Children's Safeguarding Board, young people and CAMHS pathway services.

5. Any other business

None.

6. Date of next meeting:

18 April 2016 15:30 – 17:00. Kirkgate Buildings – Training Room

CALL ASK CAMHS ON

01924 492183

TO TALK ABOUT YOUR CONCERNS

GETTING IN TOUCH

Call ASK CAMHS on 01924 492183
Lines are open 9am-5pm, Mon–Fri

Northorpe Hall Child & Family Trust is open Mon-Thur till 8pm and Saturday till 1.30pm. When we're open, we'll happily take messages for ASK CAMHS as required.

You can fax ASK CAMHS anytime (01924 850490) or send us a message via the Trust's website **www.northorpehall.co.uk/contact-us**

If a child or young person is already been referred or is in touch with CAMHS or ChEWS please contact the service directly.

ASK CAMHS
Young People's Mental Health – Start the Conversation

Northorpe Hall
Child & Family Trust

Northorpe Hall Child & Family Trust · 53 Northorpe Lane · Mirfield
West Yorkshire · WF14 0QL
Telephone 01924 492183 · www.northorpehall.co.uk

Worried about the mental and emotional health of a Kirklees young person?

ASK CAMHS

CALL ASK CAMHS ON

01924 492183

TO TALK ABOUT YOUR CONCERNS

ASK CAMHS
Young People's Mental Health – Start the Conversation

ASK CAMHS IS THE INITIAL CONTACT POINT FOR THOSE WHO HAVE CONCERNS ABOUT A CHILD OR YOUNG PERSON'S EMOTIONAL OR MENTAL HEALTH IN KIRKLEES.

EXPERIENCED WORKERS WILL LISTEN TO YOUR CONCERNS PROVIDING INFORMATION, ADVICE AND SELF-HELP RESOURCES WHERE THEY CAN.

IT IS ALSO THE POINT OF ACCESS FOR CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS).

In Kirklees CAMHS are delivered by South West Yorkshire Foundation Partnership Trust and ChEWS (Children's Emotional Wellbeing Service) at Northorpe Hall Child & Family Trust.

These services provide support for children and young people:

- **Who are aged between 5-18**
- **Who are registered with a Kirklees GP**
- **Whose emotions are impacting on their daily functioning**

Both services are accessed through ASK CAMHS.

THE RIGHT SUPPORT

Information is taken over the phone. We will ask for consent to speak with those at home, school and other professionals involved. We will also speak with the young person themselves, where appropriate. This will help ASK CAMHS to really understand what's going well, what's not going so well and what might be helpful.

ASK CAMHS will inform the family and referrer what support can be offered and what other services and resources may be useful.

WHO CAN CALL?

Anyone can contact us to discuss concerns and we particularly welcome calls from families and young people themselves as you know best about what is going on for you.


Worried about the mental and emotional health of a Kirklees young person?
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TO TALK ABOUT YOUR CONCERNS
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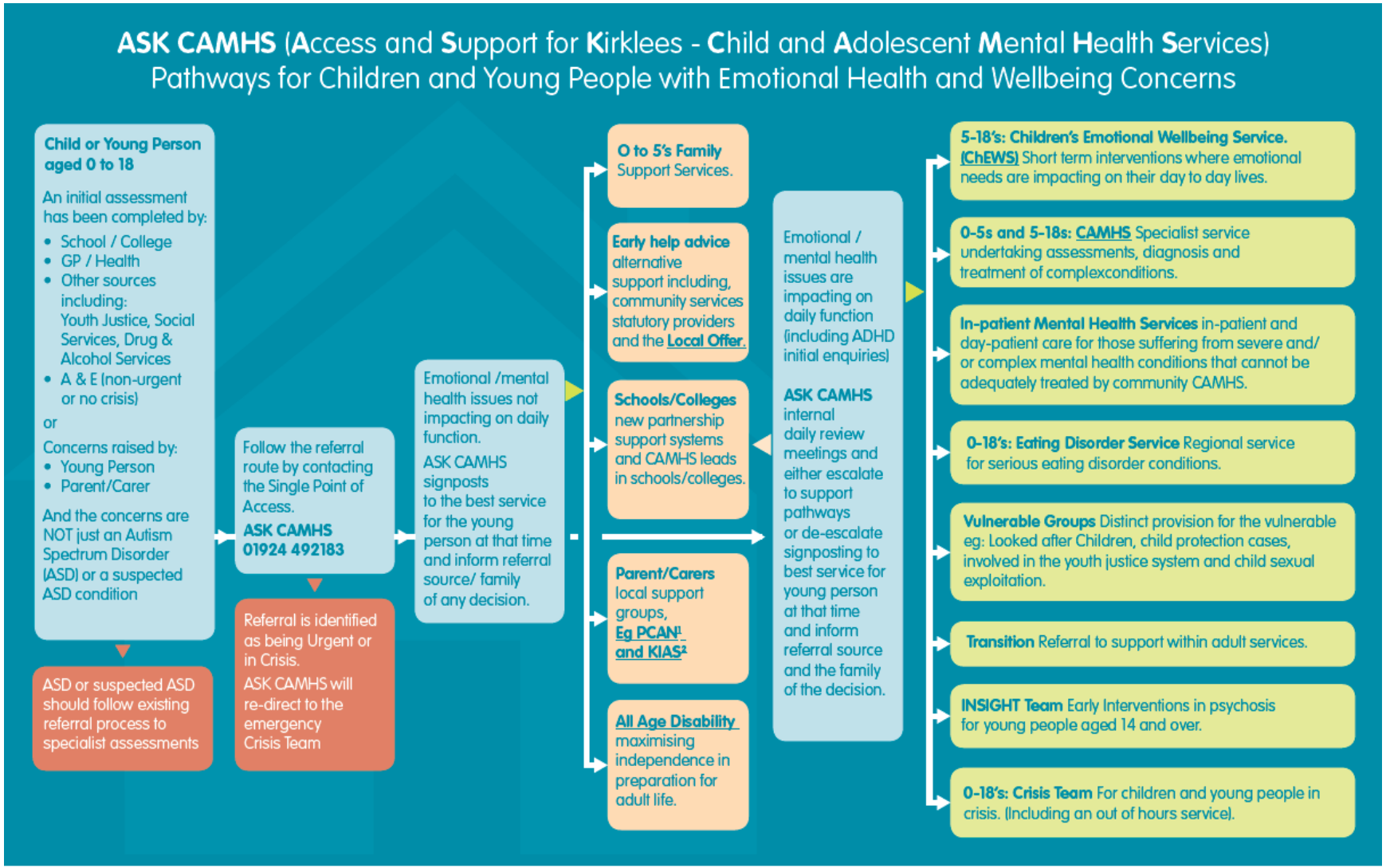

NHS Greater Huddersfield Clinical Commissioning Group
NHS North Kirklees Clinical Commissioning Group
Kirklees Council

ASK CAMHS (**A**ccess and **S**upport for **K**irklees - **C**hild and **A**dolescent **M**ental **H**ealth **S**ervices)
Pathways for Children and Young People with Emotional Health and Wellbeing Concerns

Telephone Referral and Support Workers are available 9am-5pm Monday to Friday to take calls.
Support requests with ASK CAMHS can be logged with the administration team between their operational hours of 9am and 8pm Monday to Thursday, 9am – 5pm on Friday and on Saturday mornings between 9:30am and 1:30pm by ringing 01924 492183.
Referrals can also be sent by secure electronic forms at any time, using AnyComms or NHS.net accounts ONLY.

ASK CAMHS does not provide a weekend or out of hour's duty service. Outside of operational hours a voicemail system will offer appropriate emergency advice or ring back information during appropriate times.

The Crisis Team is not part of the ASK CAMHS service. The Crisis Team emergency service is only accessible thought referral by Accident and Emergency Departments. The Crisis Team will work with ASK CAMHS and other services to ensure the appropriate pathways to support are available.

Underpinning principles to achieve CAMHS transformation by 2020*.

- The right support is offered quickly with reduced waiting times, in the right place for children, young people and families.
- Support is offered based on need and eligibility where tiers of provision do not get in the way of accessing the right support.
- Schools and primary care will have close working relationships with CAMHS, including any other relevant support provided in schools.
- Vulnerable children will have discrete multi-agency CAMHS support.
- Staff will be trained to help them to get involved earlier and provide ongoing advice and support.
- Services will be adequately funded and resourced by shared budgets.
- Communication between those involved will have improved.
- Staff will be working within The National Institute for Health and Care Excellence (NICE) national guidance which will help improve health and social care outcomes for children and young people.

*The flowchart outlines proposed support routes, adaptations will be made to meet local need. ASK CAMHS will clarify any questions around this process

PCAN[1] - Parents of Children with Additional Needs Making a Difference in Kirklees
KIAS[2] - Kirklees Information Advice and Support Service

NHS Greater Huddersfield Clinical Commissioning Group
NHS North Kirklees Clinical Commissioning Group
Kirklees COUNCIL

Annex 1: Kirklees High level summary - Local Transformation Plans for Children and Young People's Mental Health

Q1. Who is leading the development of this Plan?

North Kirklees CCG is the lead accountable commissioning body for children and young people's mental health. The lead commissioner for Future in Mind across Kirklees is a joint post across Greater Huddersfield CCG, North Kirklees CCG and Kirklees Council. This ensures that although North Kirklees CCG is the accountable body, there is, and will be close collaboration across the partnership in the development and delivery of our Transformation Plan.

There is Chief Officer support for our local Transformation Plan priorities from Kirklees Council, North Kirklees CCG and Greater Huddersfield CCG, through the Health and Wellbeing Board and support from lead portfolio elected members.

We have in place a number of arrangements that also include strategic planning and involvement with a number of partners across Kirklees. Through both our Children's Trust and Health and Wellbeing Board arrangements, we have strong partnerships in place with the voluntary and community sector, police, probation, CCGs, across council departments, a range of providers, parents and children and young people.

The development of the local Transformation Plan has been a testament to the partnerships in place. This has ensured that the plan has an ambition that involves whole system redesign to improve emotional health and wellbeing, that all partners understand their role in transforming provision in Kirklees, are fully committed to the objectives of the plan and we will hold each other accountable for the delivery.

Any queries in relation to the application should be directed to :

Tom Brailsford
Joint Commissioning Manager
Tom.Brailsford@northkirkleesccg.nhs.uk
Tom.Brailsford@Kirklees.gov.uk
07947 123160

Q2. What are you trying to do?

The scope of the Kirklees CAMHS Transformation Plan brings together core principles and requirements, considered fundamental to creating a system that supports the emotional wellbeing and mental health of children and young people in Kirklees.

The plan covers the whole spectrum of services from health promotion and prevention work, to support and interventions for those with existing or emerging mental health problems, as well as transitions between services. This will make it easier to access the support they need, when and where they need it by providing a continuum of care.

This means our offer will ensure that:-

- Children, young people and their families/carers can access the right support at the earliest possible opportunity to prevent escalation of emotional health and wellbeing issues.
- The right support is offered quickly with reduced waiting times, and is in the right place for children, young people and families first time.
- Support is offered based on needs, and eligibility criteria and tiers of provision do not get in the way of access to the right continuum of support.
- Universal provision including schools and primary care will have closer working relationships with wider CAMHS provision, as well as a good understanding of emotional health and wellbeing issues. This will ensure universal provision can support children, young people and families in a co-ordinated timely manner.
- Support offered will be evidence based, collaboratively commissioned and cohesive. This will include clear specifications, monitoring and accountability from the lead commissioning organisation.
- The most vulnerable children will have discrete multi-agency CAMHS support to meet their needs and reduce the impact on their emotional health and wellbeing.
- Staff will be trained in delivering evidence based interventions through the IAPT programme, and wider health, social care, education staff and parents/carers will be trained to deliver appropriate care and support.

Q3. Where have you got to?

In Kirklees we have made some progress towards developing our local offer in line with the Future in Mind recommendations. We have developed our Transformation Plan Year 1 priorities based on our self-assessment against the 49 recommendations and have a clear commitment to the delivery of our commissioning intentions. To date we have:-

- Redesigned our psychiatric liaison provision reducing the upper age limit from 18 to 16 years old.
- Invested significantly in our local Tier 3 crisis CAMHS provision in order for children and young people to receive rapid access to support and assessment in line with the crisis care concordat.
- Undertaken a review of our CAMHS LAC provision for those children and young people out of area, with a clear commissioning recommendation to address the presenting needs.
- Invested in some discrete provision locally for LAC using pupil premium funding.

- Developed and implemented the pillars of parenting programme for our local children's home residential staff and are now extending this to our local foster carers.
- Undertaken a review of those children experiencing or at risk of CSE and the emotional health and wellbeing support they need. This has resulted in resource being dedicated locally to meet this need.
- Agreed and started to implement a model of Social, Emotional and Mental Health Difficulties (SEMHD) Continuum of need across our local schools on which our CAMHS offer will also be based.
- Started to develop a single point of access model between our Tier 2 and Tier 3 provision locally.
- Ensured that the development our local integration arrangements between CCGs and Kirklees Council have the integration of emotional health and wellbeing provision as a core priority.

Q4. Where do you think you could get to by April 2016?

Following the assurance process in October 2015 some of the changes that we will implement by April 2016 have been cross referenced with elements of our tracker Local Priority Stream (LPS) numbers which show partial implementation and working towards progressive longer term KPI completion.

- Capacity will have been increased in our current Tier 2 and Tier 3 provision to reduce waiting times for intervention. (LPS6)
- We will have started the delivery of our new eating disorder provision across Kirklees, Calderdale, Wakefield and Barnsley. (LPS7)
- We will have in place a single point of access between our Tier 2 and Tier 3 provision. (LPS10)
- We will have re-specified our Tier 2 and Tier 3 provision in line with a tier less approach based on the thrive model. (LPS5)
- We will have re-specified our healthy child programme 0 -19 to be more integrated and focused on emotional health and wellbeing. (LPS1)
- We will have in place discrete provision for the most vulnerable children in Kirklees. (LPS17)
- We will be piloting the CAMHS link model with a number of schools in Kirklees and primary care, despite being unsuccessful in our bid to NHS England. (LPS2)
- Our governance arrangements and reporting arrangements will be in place in relation to the delivery of our Future in Mind objectives. (LPS21)
- We will have drafted a pooled budget arrangement for emotional health and

wellbeing funding across Kirklees. (LPS21)

- We will have begun collaborative commissioning with schools in relation to emotional health and wellbeing provision. (LPS3)
- There will be identified CAMHS link workers to liaise with schools and primary care. (LPS8)
- We will have started to design and implement an all age psychiatric liaison provision in line with the "Core 24" service specification on a regional basis. (29)

Q5. What do you want from a structured programme of transformation support?

In Kirklees our programme our transformation is wide reaching and ambitious and we will need support locally for all our partners, but will also require support from NHS England in a number of areas. This will include support:-

- To develop and implement the delivery of a tier less CAMHS system across Kirklees. Good practice examples and specifications in this area would be particularly welcome.
- Access to training both for commissioners and providers in relation to evidence based practice and outcome monitoring.
- Challenge and oversight in relation to progress on the identified local objectives in our Transformation Plan.
- Improved datasets nationally in relation to national outcomes monitoring for CAMHS provision, and improved data reporting e.g. for example based on the substance misuse provision model.
- Early indication of supportive best practice evidence to enable appropriate implementation of the right mix of specialist community health services which will enable staff to have the relevant skills and support the development of a tier less triage model.
- Clarity of funding beyond year two to support longer term planning to 2020.
- Examples of effective collaborative arrangements between educational establishments in pyramids and clusters.
- Support for change programme across the system to embed new and different ways of working in support of the transformation (getting people to think and work together to deliver the change).
- Provide other infrastructure support with aspects such as IT systems and interfaces between systems and organisations.

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	**25th August 2016**
TITLE OF PAPER:	**Update on Integration of Health and Social Care in Kirklees**

1. Purpose of paper

This paper sets out the current position and potential areas for the next stage of our journey to fuller integration of health and social care commissioning. Options for developing greater integration of operational delivery (for example between the Council and Locala or with primary care) will be the subject of a further paper. Integration of operational delivery works most effectively when it is complemented by integrated commissioning.

2. Background

The Joint Health and Wellbeing Strategy sets out a clear direction of travel to more integrated commissioning and delivery of health, social care and public health. There is a long and strong history of joint working across the 2 CCGs in Kirklees and Kirklees Council, and between these organisations and others in the region. This joint working spans a wide range of activity and includes both formal and informal arrangements.

National planning guidance makes it clear that 'every area to have an agreed plan by March 2017 for better integrating health and social care'. This plan needs to set out how we will achieve better integration of health and social care (the detail of which awaits national guidance) by 2020. This plan will need to reflect the vision and principles set out in the Joint Health and Wellbeing Strategy, and reflect the emerging Sustainability and Transformation Plan for Kirklees and West Yorkshire.

Ambition

Over recent months there has been extensive national debate about integration. Two reports have been published recently which provide useful summaries of what needs to be put in place to ensure integration of health and social care is as successful as possible. The LGA, NHS Confederation, Association of Directors of Adult Social Services and NHS Clinical Commissioner published 'Stepping up to the place' in May 2016. The key actions are summarised in Appendix 1. This builds on an earlier report by the Kings Fund on developing place-based systems of care[i].

'Stepping up to the place' recognises that many places around the country are already demonstrating the potential to do things differently. Some examples of what we are doing in Kirklees are set out below. The report signatories are clear that 'it is time to change gear' and that 'the status quo is no longer an option, and everyone must innovate and transform on a scale and at a pace not yet seen'. Having reviewed the available evidence, they set out 10 key components of integrating care (see Appendix 1).

They propose that local leaders focus, not on organisational structures, but on a number of fundamental questions which are common to all areas embarking on integration, including;

- Are local political, clinical, commissioning and community leaders clear on why and how integration will improve their citizens' health and wellbeing, and how their shared commitment will support transformation locally, irrespective of national requirements and imperatives?

- Is our vision grounded in promoting wellness, supporting citizens and the whole community to be more able to lead happy, safe, independent, fulfilled lives? Does it include appropriate allocation of resources to support them in this way?
- Do governance structures have the appropriate accountability and authority to take decisions on integrated planning, commissioning and oversight?
- Are all system leaders authentically committed to taking responsibility for decisions about service change to improve health outcomes beyond their own organisational boundaries?
- Are local leaders able to ensure that resources are directed to their shared priorities, and are sustainable in the long term? Do legal and reporting requirements allow this freedom and flexibility?

Principles

Local experience has already highlighted a number of principles that should inform our approach.

Integration and the associated joint working arrangements are not an end in themselves. They exist to achieve a number of objectives including a more joined up approach for the public or for providers, greater resilience in the system for a given capacity, better access to a diverse range of skills, reduced duplication/costs and to accelerate transformation and learning across the system.

This means that it is important to consider the arrangements on an issue-by-issue basis. For example, there is little value in North Kirklees CCG, Greater Huddersfield CCG and Kirklees Council working together to jointly commission in-patient care as there is very limited common ground given that it is delivered by different acute trusts in each CCG footprint and Kirklees Council has no commissioning responsibilities for inpatient care.

By contrast, the Healthy Child Programme involves a number of areas of activity (health visiting, school nursing, Tier 2 and 3 CAMHS etc.) that will most benefit local children if they are developed and delivered in a co-ordinated way. This requires the current commissioners (NKCCG, GHCCG and Kirklees Council) to work together and this is best facilitated by one organisation taking a lead, in this case, Kirklees Council with a supporting pooled budget.

The same is true of direct service delivery, an integrated approach to delivering community based health and social care services makes sense – but not integrating around inpatient hospital services.

Joint working across organisations relies on the same principles as matrix management approaches within organisations.

Joint working arrangements also need to be supported by the appropriate formal governance arrangements. If these are established properly, then they support effective joint working and provide clarity about the role and accountability of each partner. There is also recognition that existing capacity is already extremely stretched and we have a responsibility to our staff not to increase workload unduly but expecting 'similar but different' approaches when providing reports etc. into our governance arrangements.

One approach that is already working successfully in a number of areas is where partners delegate decision making for specific areas of responsibility, and the associated budget, to a formally constituted joint body/committee.

Equally important are the behaviours and attitudes that individuals and organisations display. These can include clear declarations of interest, transparency, all parties feeling that an individual is acting in their collective interests, good levels of engagement by individuals across all organisations and a commitment to the spirit of joint working.

These behaviours and attitudes build confidence and mean that, if potential conflicts do arise, they are readily dealt with.

Current position

The Council and both CCGs have recently begun mapping the formal joint working arrangements in the following areas:

- Lead Commissioning arrangements where one organisation is taking formal responsibility for commissioning services on behalf of other organisations
- Pooled fund arrangements where there is a Section 75 pooled fund agreement in place or being developed
- Governance arrangements where one organisation has responsibility for managing the arrangements necessary for the partners to meet their statutory responsibilities
- Joint posts where one organisation is employing a post which is jointly funded to manage a programme of work on behalf of partners.

This work is still in development. Appendix 2 shows the functions we have already identified and provides a sense of the current scale of the joint working in these areas that is already in. These arrangements have proved successful to date, particularly in a context of financial pressure, capacity gaps to drive transformation and the need to maintain organisational resilience.

On a West Yorkshire footprint, there are also a number of arrangements within the NHS that are bringing organisations together and the CCGs have recently agreed to delegate some of their responsibilities upwards and create a single joint committee of all 11.

There are also a range of emerging areas that will need to be developed in due course, for example, commissioning for the proposed wellness service and health-related worklessness, intelligence, research governance, schools as commissioners and there will undoubtedly be others.

In addition to these arrangements there are also a range of examples of joint service delivery (see Appendix 3). The focus of strengthening our integrated service delivery will include locality working, which is being piloted in Batley and Spen, a single point of contact for community based health and social care, and intermediate care services.

Developing Future Joint Working Arrangements

Whilst there is not likely to be, at least in the near future, a move to large scale mandated re-organisation with the NHS, there is an emergent, and accelerating, trend of organisations sharing staff teams and creating joint ventures. There is no universal model and the arrangements in Kirklees are probably more extensive than the norm.

There is likely to be further guidance in the Autumn on the national planning requirement to have a plan for better integrating health and social care by March 2017.

This plan needs to set out how we will achieve better integration of health and social care (the detail of which awaits national guidance) by 2020. This plan will also need to reflect the vision and principles set out in the Joint Health and Wellbeing Strategy, and reflect the emerging Sustainability and Transformation Plan for Kirklees and West Yorkshire.

It will be important that this plan is clear about the purpose of integration, the outcomes that will be achieved and avoids falling into the trap of focusing on organisational form rather than

function. Local clinical and political leadership will be an important element of this.

For the purpose of this paper, these arrangements are most likely to be about place shaping within Kirklees, whilst recognising that there will be value in developing similar arrangements with organisations outside Kirklees where there are shared interests.

3. Proposal

1. Agree a roadmap for developing the March 2017 plan and the subsequent journey to integration, drawing on the principles set out above and the national evidence and guidance.
2. Continue to identify tactical opportunities for joint working (e.g. pooled fund for people with a learning disability, co-location of continuing health care staff alongside social workers, unified approach to supporting care homes etc).
3. In the shorter term, as vacancies arise, consider developing joint working arrangements on a case-by-case basis. Where there are capacity gaps or a need to get greater focus and traction on issues, consideration should be given to re-arranging existing portfolios of work to enable this and to reduce duplication of input/effort.
4. Focus on removing the practical barriers to joint working arrangements such as use of IT, office space etc. Recent HSCIC approval for an N3 connection will assist this this.

4. Financial Implications

The high-level financial implications will be identified through the process of developing the Integration Plan by March 2017. Each specific proposal will also identify the detailed financial implications of moving towards a more integrated approach.

5. Sign off

Richard Parry, Director for Commissioning, Public Health and Adult Social Care

Carol McKenna, Chief Officer, Greater Huddersfield CCG

7. Recommendations

That the Board

1. Comment on the progress to date with joint arrangements.
2. Comment on and endorse the proposed approach to the further development of integrated health and social care commissioning
3. Identify further opportunities for improving integration and joint working.

8. Contact Officer

Phil Longworth phil.longworth@kirklees.gov.uk
Directorate for Commissioning, Public Health & Adult Social Care

[i] Place-based systems of care: A way forward for the NHS in England. The Kings Fund. November 2015 link

Appendix 1

Stepping up to the place
The key to successful health and care integration

May 2016

link

What do we need to make integration happen?

Shared commitments:

1. A shared commitment to improving local people's health and wellbeing using approaches which focus on what is the best outcome for citizens and communities.
2. Services and the system are designed around the individual and the outcomes important to them, and developed with people who use or provide services and their communities.
3. Everyone – leaders, practitioners and citizens – is committed to making changes and taking responsibility for their own contribution to improving health and wellbeing.
4. A shared and demonstrable commitment to a preventative approach, which focuses on promoting good health and wellbeing for all citizens.

Shared leadership and accountability:

5. Locally accountable governance arrangements encompassing community, political, clinical and professional leadership which transcend organisational boundaries are collaborative, and where decisions are taken at the most appropriate local level.
6. Locally appropriate governance arrangements which, by local agreement by all partners and through health and wellbeing boards, take account of other governance such as combined authorities, devolved arrangements or NHS planning requirements.
7. A clear vision, over the longer term, for achieving better health and wellbeing for all, alongside integrated activity, for which leadership can be held to account by citizens.

Shared systems:

8. Common information and technology – at individual and population level – shared between all relevant agencies and individuals, and use of digital technologies.
9. Long-term payment and commissioning models – including jointly identifying and sharing risk, with a focus on independence and wellbeing for people and sector sustainability.
10. Integrated workforce planning and development, based on the needs and assets of the community, and supporting multi-disciplinary approaches.

Appendix 2: Current lead commissioning, pooled fund, governance arrangements and joint posts

Issue/Stream	Lead org	On behalf of	C/dale CCG	GH CCG	NK CCG	W/field CCG	Kirklees Council	West Yorkshire
Lead Commissioning arrangements								
MYHT	Wakefield CCG	All CCG associates	X	X	X	X		X
Locala	GHCCG			X	X			
CHFT	GHCCG	All CCG associates	X	X	X	X		X
111/WYUC (YAS & LCD)	GHCCG	23 CCGs in Y&H	X	X	X	X		X
Community Equipment	Kirklees Council	KC & 2 CCGs		X	X		X	
VCS commissioning (Community partnerships)	Kirklees Council	KC & 2 CCGs		X	X		X	
Continuing Healthcare – home care (Rachel Barratt)	Kirklees Council	2 CCGs		X	X			
CAMHS/Transformation Plan	NKCCG/Kirklees Council	KC & 2 CCGs		X	X		X	
Adult social care partnership commissioning board support	Kirklees Council	KC & 2 CCGs		X	X		X	
Pooled fund arrangements:								
Healthy Child Programme	Kirklees Council	KC & 2 CCGs Police		X	X		X	
BCF (includes KICES)	Kirklees Council	KC & 2 CCGs Police		X	X		X	
Governance:								
Health and Wellbeing Board	Kirklees Council	KC & 2 CCGs		X	X		X	
Health Protection Board	Kirklees Council	KC & 2 CCGs		X	X		X	
Safeguarding Adults Board	Kirklees Council	KC & 2 CCGs Police		X	X		X	
Children's Safeguarding Board	Kirklees Council	KC & 2 CCGs Police		X	X		X	
Calderdale and Kirklees Child Death	Shared – chair	KSCB	X	X			X	

Overview Panel	alternates between Calderdale and Kirklees. Panel accountable separately to CSCB & KSCB	CSCB						

Joint posts:									
Function	**Employing Organisation**	**Works on behalf of**	**C/dale CCG**	**GH CCG**	**NK CCG**	**W/field CCG**	**Kirklees Council**	**Wakefield Council**	**West Yorkshire**
Chief Officer	Kirklees Council				X		X		
Chief Operating Officer	WCCG				X	X			
Children's Health	NKCCG			X	X				
Continuing Healthcare	NKCCG			X	X				
Mental Health Care	GHCCG			X	X				
Learning Disability	GHCCG			X	X				
CAMHS	NKCCG			X	X		X		
Older People	Kirklees Council			X	X		X		
PDSI	Kirklees Council			X	X		X		
KICES	Kirklees Council			X	X		X		
Infection Prevention And Control	Kirklees/Wakefield Council			X	X	X	X	X	
Contracting - 999, NHS111 & WYUC	GHCCG	999&111 - 23 Y&H CCGs WYUC - 10 WYCCGs	X	X	X	X			X
Contracting & Procurement	GHCCG			X	X	X			
IFR	GHCCG			X	X				
Pharmacy									
Medicines Management	NKCCG			X	X				

Joint posts:									
Area Prescribing Committee	GHCCG	+Bradford CCGs	X	X	X	X			
Quality/Safety	GHCCG		X	X	X				
Safeguarding	GHCCG	+CCCG		X	X				
Serious Incidents	GHCCG		X	X	X	X			
Business Intelligence	NKCCG		X	X	X				
IM&T	CCCG		X	X	X	X			
Comms	NKCCG			X	X				
Information Governance	CCCG		X	X	X				
Equality & Diversity	CCCG		X	X	X	X			
HR	CHFT		X	X	X				

Appendix 3: Current examples of service delivery joint working

Integrated Community Care Teams

Locala and the Council have been working closely together for a number of years to develop Integrated Community Care Teams (ICCTs), bringing together health & social care services. The model was initially implemented on a 'pilot' basis with a full review/audit taking place in 2014 which helped shape the further development of an integrated model.

The early stages of implementation of the ICCTs was managed through a joint programme management structure with key people from across Locala & Adult Social Care. Whilst a great deal has been achieved in terms of delivering services in a more co-ordinated way and minimising duplication there is still work to be done to improve, including the operation of the Integrated Night team which is made up of nursing and social care staff delivering unplanned and some planned interventions.

This work in now being led by the Integration Board, which has officers from the Council, CCGs, Locala and South West Yorkshire Trust. The aim is to further develop ICCTs, linking the Care Closer to Home contract, and the Council's Early Intervention & Prevention programme. The current focus is on developing a 'pilot' locality team in Batley and Spen.

Reablement service

Council staff work alongside physiotherapists and OTs to support people for a period of up to six weeks to relearn daily living skills and regain abilities and confidence in their own home. The aim is to reduce avoidable hospital admissions, support timely discharges and prevent re-admissions.

Intermediate care

Based in Moorlands Grange, Netherton and Ings Grove, Mirfield the intermediate care services is delivered by Council and Locala staff following an assessment by a health or social worker at home or in hospital people who have mobility, dietary or emotional needs and who need support to help them regain or adapt their day-to-day living skills. The aim is to make sure that people who would otherwise be admitted to hospital, or who need to be in hospital for a long time, remain as independent as possible, reducing or delaying the need for long-term care.

Hospital avoidance team

Based in each of the main hospital sites the Hospital Avoidance Team work with emergency department staff and community nurses to ensure people presenting at A&E have a pathway to services to avoid admission (where medically appropriate) after treatment/ exploratory tests. Social care assessments are also available seven days a week to support discharge from hospital and intermediate care.

Mobile response service

The Mobile Response service supports Carephone users by providing an alternative response to Telecare alerts when Carephone officers are unable to get in touch with family or named emergency contacts, or where family are unable to respond. Operating 24/7, responders intervene in circumstances where it is considered that the request for help does not require any of the emergency services to attend.

Kirklees Integrated Community Equipment Service

The service is jointly commissioned by the Council and both CCGs and provides a truly integrated approach to ensuring frontline staff from across health and social care can ensure their clients are getting the equipment they need as quickly as possible.

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KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: **25th August, 2016**

TITLE OF PAPER: **Right Care, Right Time, Right Place: Consultation deliberation**

1. Purpose of paper

The purpose of this paper is to update the Health and Wellbeing Board on the progress made in relation to public consultation and set out the work that the CCGs will be progressing in order to undertake post-consultation deliberation in preparation for the CCGs' Governing Body meeting in parallel on 20th October.

2. Background

The Right Care, Right Time, Right Place programme is the commissioners' response to the case for change that was developed as part of the Strategic Services Review undertaken in 2013. From this case for change and the feedback from our engagement, we know that significant changes are required in order to ensure health and social care services are fit for the future. There are three interlinked pieces of work: Calderdale Care Closer to Home Programme; Kirklees Care Closer to Home Programme; and the Hospital Services Programme. Collectively, these programmes have developed proposals for what the future community services in Calderdale and Kirklees and the future hospital services in Calderdale and Greater Huddersfield could look like.

In January 2016, the Governing Bodies of Calderdale Clinical Commissioning Group (CCG) and Greater Huddersfield CCG decided that they were ready to proceed to public consultation and anticipated that, pending the successful completion of the Pre-consultation Business Case (PCBC), the Consultation Plan and Consultation Document, they could be ready to commence consultation in early February, 2016.

The PCBC was completed in January, 2016. The Consultation Plan was presented to the Calderdale and Greater Huddersfield Joint Health Scrutiny Committee (JHOSC) at their meeting in January 2016 and updated to reflect feedback from the Committee. In particular, the CCGs: changed the timing of the public meetings so that they were delivered in the evening; changed the timing of the information sessions so that they ran into the evening and at weekends; and extended the proposed consultation period to 14 weeks.

The Consultation Document, Consultation Survey and other consultation materials were completed in March 2016. The Consultation document and Consultation Survey incorporated feedback from JHOSC.

The CCGs commenced public consultation on 15th March, 2016. Public consultation finished on 21st June, 2016.

This report sets out the progress made in relation to consultation and the work which needs to be done during the post-consultation deliberation period.

3. Proposal

3.1. Public Consultation

The consultation was conducted in line with the agreed Consultation Plan with two main adjustments. The number of Information Sessions was increased from 15 to 17 to reflect requests received that identified a geographical gap in coverage and the number of Public Meetings was increased from 2 to 3 to reflect the additional demand in Greater Huddersfield. The mid-point review with the Consultation Institute took place on 6th May

During the period of public consultation, together with colleagues from Calderdale and Huddersfield Foundation Trust (CHFT), the CCGs also attended 5 JHOSC sessions; each session covering a different element of the proposed changes. These sessions were held in public.

The independent company is in the process of analysing all the responses submitted to the consultation and producing The Consultation Report of Findings.

3.2 Post Consultation deliberation.

The post consultation deliberation period is when the CCGs:

- Consider the Report of findings and their response to the issues and concerns that have been raised.
- Identify any Equality and Health inequality implications that have been identified as a result of the consultation.
- Consider the response to the consultation from the Calderdale and Huddersfield Joint Health Scrutiny Committee and their response to the issues and concerns that have been raised
- Consider the response from Healthwatch and their response to the issues and concerns that have been raised.

3.2.1 Consultation Report of findings

As identified above, the independent company is currently analysing all the responses to the consultation. In total, 7,584 surveys were returned.

The Report of Findings takes into consideration all feedback provided during the consultation. This includes consideration of all letters, comments and ballots and petitions.

The CCGs will use the report to understand and assess the impact of the consultation response on the proposals and understand and consider the issues and concerns raised.

In addition, the programme has scheduled a further stakeholder event to enable stakeholders to consider the findings from consultation and provide their contribution to the CCGs' deliberation process. This event will take place on 13th September.

The Report of findings will be published by the end of August and considered by the JHOSC when they meet on 7th September.

3.2.1 Equalities and Health Inequalities Impact Assessment (EHIIA)

In order to identify any Equality and Health inequality implications that have been identified as a result of the consultation, the Programme will undertake an Equalities and Health Inequalities Impact Assessment (EHIIA). This report will comprise an Equality Impact Assessment and a Health Inequality Impact Assessment. It will provide an assessment of the potential impact on both equality and health inequalities and therefore enable commissioners to pay due regard to their Equality and Health Inequality duties when making their decision on the proposed future arrangements for hospital and community services.

The EHIIA will identify any potential trends in responses, determining if a particular protected characteristic group would experience the proposed changes differently, whether negatively or positively. This analysis would also support the on-going considerations of decision makers and influence any changes or mitigation introduced to

minimise potential negative impacts.

This report will be completed by the end of August.

3.2.3 Response from the Calderdale and Huddersfield Joint Health Scrutiny Committee (JHOSC)

When the CCGs wrote to the Joint Chairs of Scrutiny on 26th February in line with the obligation on Commissioners under regulation 23 of the Local Authority (Public Health, Health and wellbeing boards and Health Scrutiny) Regulations 2013, they advised that they required the JHOSC to provide comments in response to the consultation by midnight on Monday 12th September, 2016. Following the public consultation, the CCGs have reconsidered their position in relation to the date by when they would require the JHOSC to provide comments and have subsequently advised that the CCGs now require the JHOSC to provide comments in relation to the consultation by midnight on 3rd October, 2016.

It is anticipated that this response will be provided within the deadline.

3.4 Response from Healthwatch

Healthwatch have undertaken a separate consultation process in relation the consultation. We expect to receive their report by the end of August.

4. Financial Implications

There are significant financial implications associated with the proposals. These have been outlined in the Pre-Consultation Business Case.

5. Sign off: Carol McKenna, Chief Officer, Greater Huddersfield Clinical Commissioning Group.

6. Next Steps: The report is for information

7. Recommendations

The Health and Wellbeing Board is asked:

1. To note that the public consultation on proposed future arrangements for hospital and community health services closed on 21st June.
2. To note the work required to undertake post-consultation deliberation together with the other known key dates and events within the same timescale.

8. Contact Officer: Jen Mulcahy, Programme Manager, jen.mulcahy@calderdaleccg.nhs.uk

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THE WEST YORKSHIRE STP: UPDATE

Update for Boards August 2016

Health and care partner organisations across the NHS and Local Government in West Yorkshire have been planning together to develop the five year West Yorkshire STP (WYSTP) for four months now. The WYSTP is formed from the six local place-based plans and a set of supporting West Yorkshire programmes.

As the WYSTP (both the local plans and the WY level programmes) develop, updated versions have to be submitted to a group of national bodies including NHS England, NHS Improvement and the Local Government Association. There have been two such checkpoint submissions so far, the most recent was on 30 June 2016.

We will work towards agreeing a final WYSTP during July & August, seeking approval from all our Health & Well Being Boards, CCG Governing Bodies and provider Trust Boards in September/October 2016, once the submission process and timescales are finalised by NHS England. Local Authority partners have also agreed to have a one-off meeting of all Health and Wellbeing Board Chairs and Council Leaders to discuss any collective view on this before final submission.

This is a five year plan and the focus is on providers and commissioners collectively returning a currently unsustainable health and care system to long-term sustainability by 2020/21. Our planning for the WYSTP is therefore emerging as we understand better how we collectively deliver sustainability, and our submissions to date represent checkpoints on how our plan is evolving.

Improving Outcomes

The focus of all planning across the WYSTP is firmly based around improving benefits to and outcomes for our population based on our understanding of:

1. their needs through local and West Yorkshire joint needs assessment and the wider determinants of health, and
2. where there are gaps (variations) in outcomes in peoples' health & well-being, the quality and care they receive as patients and service users, and the funding available to deliver that care.

Planning across all services and all 'places' in the West Yorkshire footprint is complex and will take time to get right so that we target interventions and programmes of transformation where they are needed most (improving outcomes) and have the greatest impact on closing gaps and reducing variation.

Principles

There is clear recognition of the principle of subsidiarity and that planning and transformation should take place at the most appropriate level. The vast majority of transformation to improve outcomes is being delivered at a local level with our populations, communities and the services supporting them, with self-care and providing care wrapped around their homes. This is defined in each of the six local place-based plans, tailored to meet the needs of their local populations.

We are also working to establish a shared and honest analysis of the problems, issues and challenges we face in West Yorkshire and how we do our work once as a system, in order to minimise conflict and the resources we use.

Governance & Engagement

Our success will depend on *collectively understanding* the WY system and *making decisions jointly* as a system and *at all levels* – local CCGs and Health and Well-Being Boards, across provider Boards, across Local Authorities, and as a West Yorkshire Leadership Team (which has representation from all partner organisations).

A significant amount of effort, for example, has been spent on establishing the relationships and governance required by all health partner organisations to augment their current statutory authority and allow them to come together collectively to make recommendations and decisions. This has included developing new ways of working with regulatory bodies and exploring how the system can assure itself collectively that it is working towards reducing the current gaps, and manages risks to sustainability.

The Leadership Team are supported by the Clinical Forum and are now coming together for Leadership Days every month to progress planning and discuss the challenges and possible solutions as a system.

We continue to engage daily with our partners and engagement around the emerging WYSTP will start with our local communities and workforce as priorities and plans are agreed collectively by our Boards.

Our work to date

Year one (2016/17) and planning to date as a system has been about jointly understanding gaps and variations in outcomes, the pressures on services which are making them unsustainable and the contribution that collaborative programmes and local place-based plans can make to close these gaps and improve outcomes. This will provide an agreed foundation from which we can effectively plan and prioritise the transformation required over five years to address these gaps.

There are currently a number of priority West Yorkshire workstreams planning and delivering collaborative programmes of work at a West Yorkshire level. These augment transformation being delivered through local place-based plans, and provide an opportunity to share best practice and deliver transformation at scale to improve outcomes for our population in a way we cannot do locally. These West Yorkshire workstreams include: prevention at scale, cancer, mental health, urgent and emergency care, specialised commissioned services, stroke, primary and community services (focused on sharing local innovation and best practice) and sustainable acute services (with a strong link to mental health, cancer, stroke, and urgent and emergency care).

Key Dates:

2 August 2016: Leadership Day: meeting of the Clinical Forum and Leadership Team

31 August 2016: informal submission of the finance template to regional NHS England Team

6 September: Leadership Day: meeting of the Clinical Forum and Leadership Team – approval key content of the WYSTP and draft communications and engagement strategy

16 September 2016: submission of final finance template / plan to national team within NHS England

September / October 2016: approvals process with all partner Boards across West Yorkshire

October 2016 (date TBC): submission of final West Yorkshire STP.

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MEETING:	**KIRKLEES HEALTH AND WELLBEING BOARD**
DATE:	**THURSDAY 25 AUGUST 2016**
TITLE OF PAPER:	**KIRKLEES BETTER CARE PLAN 2016/17**

1. Purpose of paper

Further to the report agreed by the Board on 31 March 2016, attached for information is the final Kirklees Better Care Plan approved by NHS England.

2. Background and Key Points

2.1 On 31 March 2016 the Board received a report here setting out the national requirements for the content, assurance and approval of updated, for 2016/17, Better Care Fund Plans. The Board noted that the guidance setting out these requirements was not published until 23 February here. The requirements included the submission, by 25 April, of high level narrative BCF Plans signed-off by Health and Wellbeing Boards that build on 2015/16 plans and demonstrate that local partners have collectively agreed the following:

- The local vision for health and social care services – showing how services will be transformed to implement the vision of the NHS Five Year Forward View here and moving towards integrated health and social care services by 2020, and the role the BCF plan in 2016/17 plays in that context;
- An evidence base supporting the case for change;
- A co-ordinated and integrated plan of action for delivering that change;
- A clear articulation of how they plan to meet each national condition; and
- An agreed approach to financial risk sharing and contingency.

The guidance also included two new national conditions added to the six existing conditions here.

2.2 The Board noted that the work taking place, led by the CCG and Local Authority members on the Integrated Commissioning Executive who developed the 2015/16 BCF Plan, to update the Plan and prepare the high level narrative submission to meet all the NHS England requirements was proving to be complex and time consuming and that it would not be possible to submit it to the Board for approval prior to submission to NHS England. The Board therefore delegated authority to the Director for Commissioning, Public Health and Adult Social Care in consultation with the Chair of the Board and nominated CCG members to agree the final version of the updated Kirklees Better Care Plan.

2.3 The updated Kirklees Better Care Fund Plan was submitted to NHS England as required by their revised date of 3 May. The outcome of the regional and national moderation process is that the rating for the Kirklees Plan is “fully approved”.

2.4 Although the Kirklees BCF Plan and others received full approval, in mid-July NHS England issued a revised template which local areas were asked to check and amend if necessary for return by 19 August. The attached Kirklees Better Care Plan 2016/17 incorporates the revised NHS England template which was submitted on 17 August.

2.5 The Better Care Fund Implementation Plan, which sets out the actions taking place to deliver the aims and objectives set out in the Plan, forms Appendix 1 to the attached Plan.

3.	**Proposals** That the Board receives the Kirklees Better Care Fund Plan 2016/17 and notes that work will continue on the actions set out in the Better Care Fund Implementation Plan.
4.	**Financial or Policy Implications** There are no financial or policy implications arising from the agreement of the proposals set out in this report.
5.	**Sign off** Richard Parry, Director for Public Health, Commissioning and Adult Social Care.
6.	**Next Steps** Work will continue on the actions set out in the Better Care Fund Implementation Plan.
7.	**Recommendations** That the Board: 7.1 Receives the Kirklees Better Care Fund Plan 2016/17. 7.2 Notes that work will continue on the actions set out in the Better Care Fund Implementation Plan.
8.	**Contact Officer** Keith Smith, Assistant Director for Commissioning and Health Partnerships, 01484 221000.

Appendix 1 BCF Narrative Plan – see separate document

Appendix 2 BCF Planning Template – see embedded document

Better Care Fund
2016-17 Planning Ter

Kirklees Better Care Fund Plan 2016/17

Kirklees Council
Greater Huddersfield CCG
North Kirklees CCG

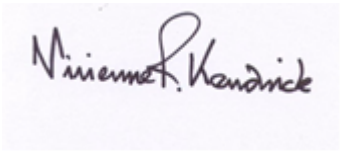
1. Authorisation and sign off

At the Kirklees Health and Wellbeing Board meeting on 31st March 2016 the Board agreed that delegated authority be given to the Director for Commissioning, Public Health and Adult Social Care in consultation with the Chair of the Board and nominated representatives from the CCGs to agree the final version of the updated Kirklees Better Care Plan.

Signed on behalf of the Council

Richard Parry, Director of Commissioning & Health Partnerships
3/5/2016

Signed on behalf of the Health and Wellbeing Board



Cllr Viv Kendrick, Chair
3/5/2016

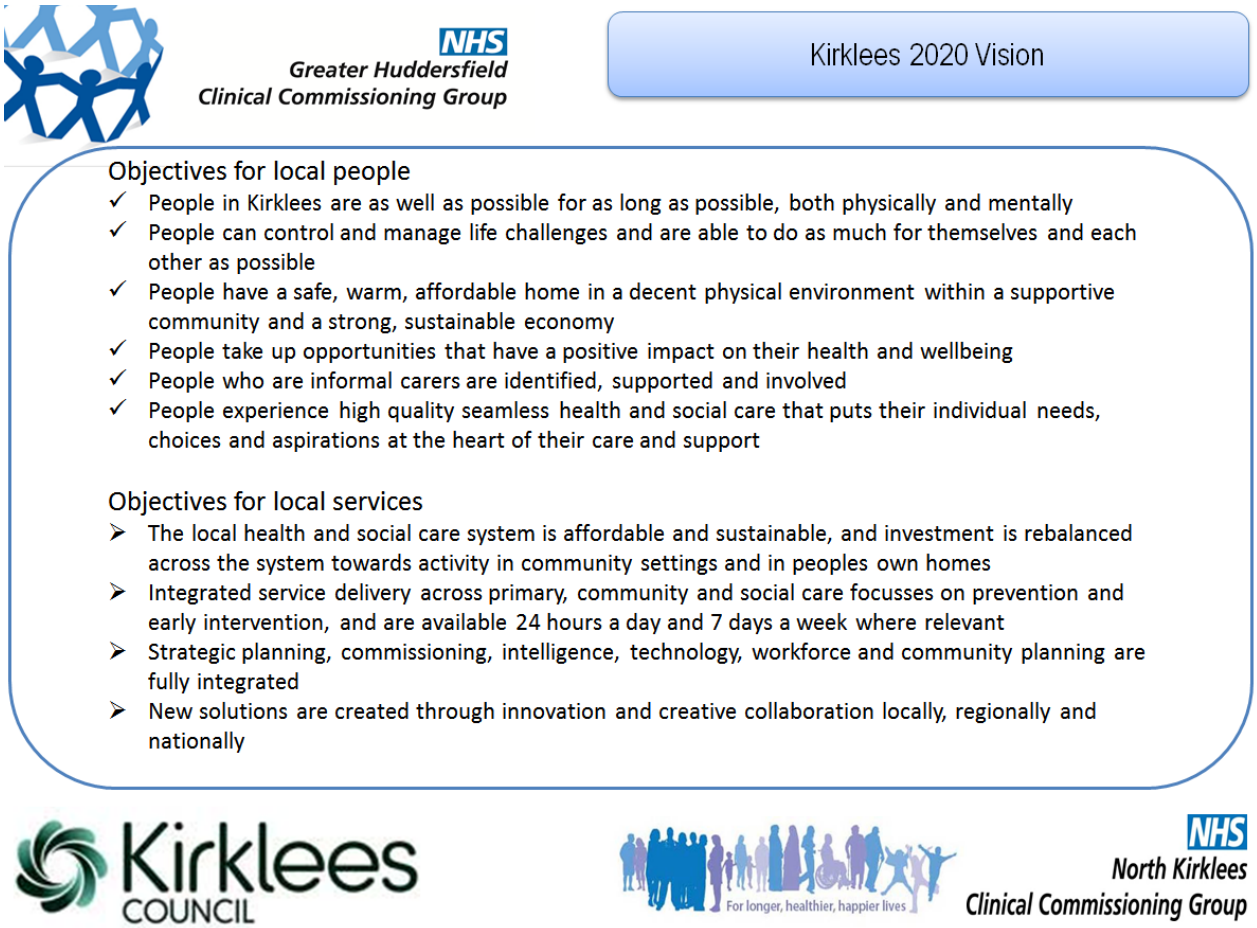
2. Key local documents

Kirklees JHWS	link
Kirklees STP	To add
NKCCG Operational Plan	link
GHCCG Operational Plan	link
Vision for Adult Social Care & Support in Kirklees	link

3. Vision for Health and Care Services

Our overall vision as set out in the Joint Health and Wellbeing Strategy (link) is that for everyone who lives in Kirklees – "By 2020, no matter where they live, people in Kirklees live their lives confidently, in better health, for longer and experience less inequality."

The JHWS recognises that whilst there have been overall improvements in local health and wellbeing there are still significant health and care challenges set out in the JSNA (link). The most recent refresh of the JHWS has sharpened the focus on creating an integrated health and social care system that is capable to responding to these challenges. The Health and Wellbeing Board is leading the development of the Kirklees Sustainability and Transformation Plan. The draft objectives are shown in Fig 1, and these draw on the objectives we set out for our first BCF Plan in 15/16 and the NHS 5 Year Forward View.



The overall population outcome we are aiming to achieve through the BCF plan is:

"People with health and social care needs feel supported and in control of their condition and care, enjoying independence for longer."

This overall outcome is underpinned by four specific person centred outcomes:

- People who need support are in control of high quality, personalised support in their own home or community that enables them to stay safe, healthy and well for as long as is possible
- People who need care that can only be provided in a specialist setting are admitted and receive good quality specialist care only for as long as is clinically necessary
- People who have received care regain, as far as possible, their skills, abilities and independence through enhanced reablement and rehabilitation support
- People with ongoing support needs manage their condition/needs as well as possible

The key performance measures we will use to measure our progress are:

1. Non-elective admissions
2. Permanent admissions of older people (65 and over) to residential and nursing care homes
3. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
4. Delayed transfers of care from hospital
5. Dementia diagnosis (locally agreed measure – quality premium measure for GHCCG and NKCCG)
6. Patient / service user experience Everyone Involved in my Care knows my Story:
   (i) Improvement in response Rate on completion of care episode,
   (ii) Increase in % of patients/carers reporting satisfaction about the level of information services have about them on transfer NB as this is a new measure there is currently no baseline data.

Each of the specific schemes within the Better Care Fund has been selected on the basis of their contribution to delivering these outcomes, their strategic fit and their impact on our key performance measures.

Over the next 5 years primary, community and social care teams will be commissioned to work together in an increasingly integrated way, with co-ordinated, holistic assessments and rapid and effective joint responses to identified needs, provided in and around the person's home and community. By improving the way we work with people to manage their conditions, we will reduce the demand not just on acute hospital services but also on nursing and residential care.

In 2016/17 the BCF will be used to build on the joint work already taking place. Specifically the BCF pooled budget will be used to fund the following 8 schemes that form part of our overall strategy to deliver these changes:

1. Preventative Services
   - continuing to invest in community based prevention and early intervention activities delivered by voluntary and community organisations that support people with their health and social care needs
   - building on Kirklees' track record as a leader in self-care, including the development of an innovative web based 'hub' which will transform the way self-care information, support and resources are accessible to a wide range of people
   - continuing to support specialist alcohol nurses working in hospitals to reduce alcohol related admissions and repeat presentations for health and care services.
   - providing people with long-term conditions who are at risk of hospital admission or needing additional care services with short term support to build their confidence to manage their needs at home

2. Intermediate care (including Reablement Services, Bed Based Intermediate Care Services, Mobile Response Services)
    - enhancing investing in and redesigning community based domiciliary services to support admission avoidance and hospital discharge arrangements and integrated crisis and rapid response services to avoid unplanned admission to secondary care services.
    - investing in and redesigning where necessary our community bed base to facilitate early supported discharge and/or reduce need for admission to hospital if care can be provided closer to home. This includes additional investment in palliative and end of life care services.
3. Aids to daily living
    - our new Integrated Community Equipment Service went live in April 2014, and will work alongside activity on undertaking minor adaptations to property to ensure people are able to stay in their own homes as long as possible
4. Carers Support Services
    - investing in carer related support including respite care/short break activity and specified schemes for dementia related care etc.
5. Additional Community Health Services
    - Additional investments into Care Closer to Home services enabling patients to remain within their own homes for as long as possible and facilitate their return to their own home as soon as possible should they be admitted to hospital.
6. End of Life
    - increasing access to specialist high quality, responsive and holistic service palliative and end of life care for individuals, their carers and families to support personal preferences
7. Psychiatric Liaison Services
    - ensuring adults experiencing mental health problems who attend the acute hospitals are sign-posted to the most appropriate care; receive parity of care for physical and mental health needs; are not admitted into hospital just to avoid breaching the emergency care target; and receive on-going psychiatric assessment so that they are ready to be discharged once medically fit.
8. Protecting Social Care
    - Ensuring that those people with social care eligible needs can receive the care and support they need to maintain or regain their independence and reduce the risk of hospital admission, recognising that as more people have receive care out-of-hospital they will need additional social care support
    - Implementing the Care Act, including the predicted increased volumes of assessments, carers assessment and associated packages of care

(the financial allocations for each scheme are set out in Section 6)

By offering integrated high quality services at times required to meet the needs of the community Kirklees wishes to reduce reactive, unplanned care and do more planned care earlier. The benefits that patients and their carers will see as a result of the changes and how these will impact on emergency attendances and hospital admissions. People will receive care which is more timely and organised to meet their specific needs. The services they need will be co-ordinated across providers where necessary; ensuring care is co-ordinated and seamless as one coherent package with a focus on helping recovery and promoting independence.

4. Case for Change

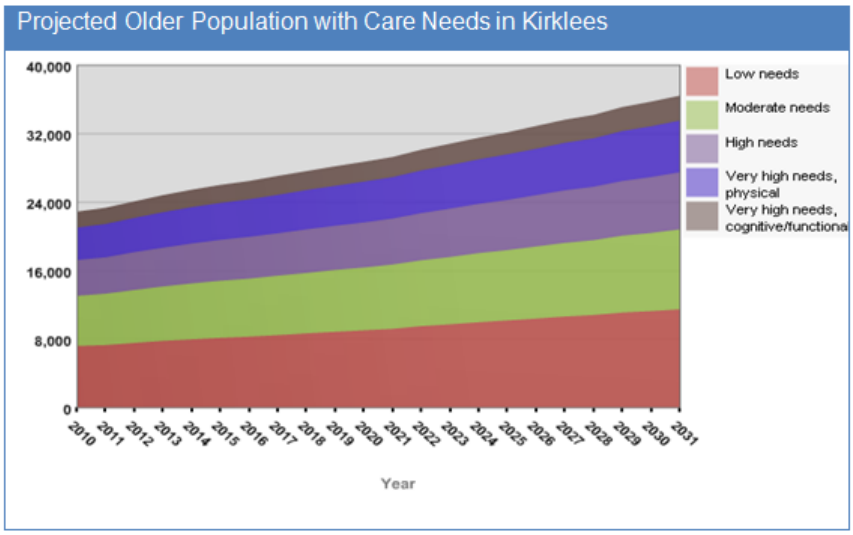
The growing demand for services at a time of diminishing financial resources creates unprecedented need for change. The case for change is built upon several well-known pressures:

- Diminishing financial resources across the whole system
- Current Service models not always delivering desired quality and performance outcomes
- prevalence of long term conditions and the rising burden of demography

Long term conditions are estimated to affect more than 126,000 people aged over 18 in Kirklees, with 30% of the population reported to have one long term condition, 13% reported to have two long term conditions and more than 10% reported to have 3 or more long term conditions.

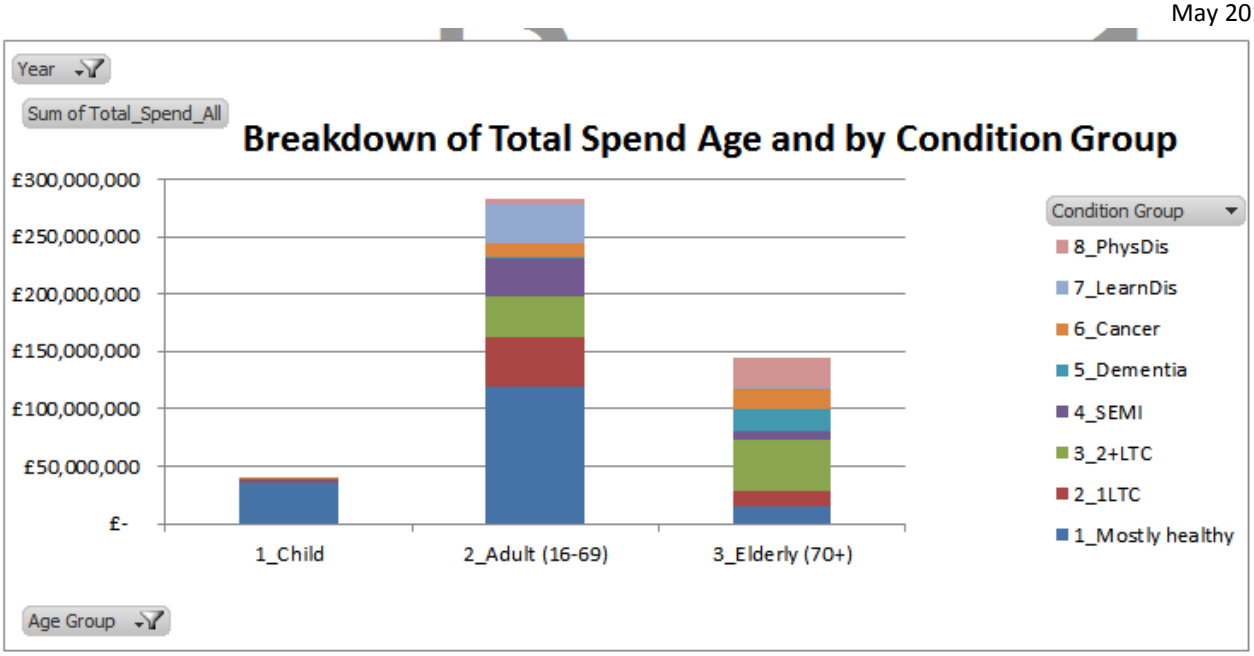
As the older population increases, the numbers of people with mental and physical health related problems is projected to increase. The graph below shows how the need for social care in Kirklees is expected to rise in line with this population growth.

Almost 50% of people aged 70 and above report having one or more long term conditions, this with the expected substantial increase in the number of older people in Kirklees (an increase of almost 54% by 2030) means one of the major challenges facing Kirklees in terms of population groups is tackling the frail and elderly and those people with long term conditions.



Population Segmentation

We have utilised the recently published Monitor Care Spend tool to provide us with an indicative segmentation of our population. The exhibit below is an example output from this tool, showing the breakdown of estimated total spend on health and social care in Kirklees by age and by condition group.



This highlights that although people aged 70 and above represent almost 15% of the total Kirklees population, a significant proportion of expenditure equating to almost £150m (30% of total spend) is allocated to this age group. Similarly, almost 30% of health and social care expenditure in Kirklees is for people with one or more long term conditions – with people aged 16 to 69 accounting for 58% of total spend on long term conditions. This further emphasises our case for change proposals.

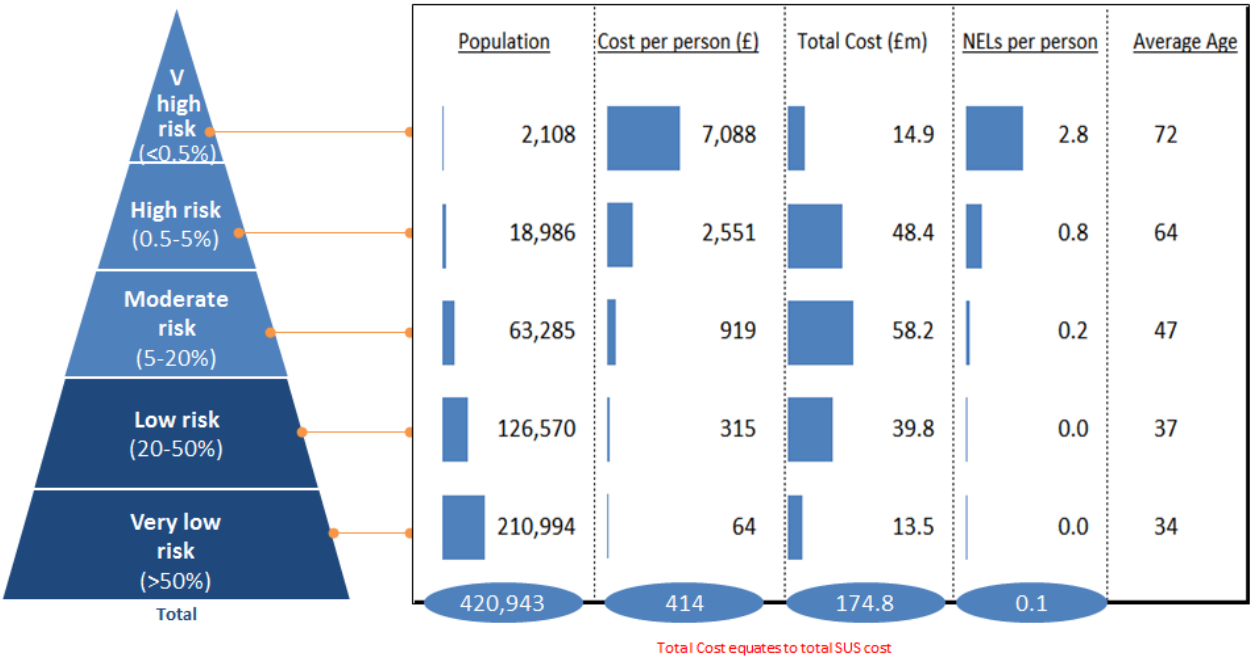
Emergency Admissions

Our analysis of emergency admissions during 2013/14 indicates that in total emergency admissions in Kirklees cost £76.7m. Data shows that £15.3m of spend (20%) on emergency admissions could be considered avoidable. Of this, £5.5m of spend (36%) related to the over 65s.

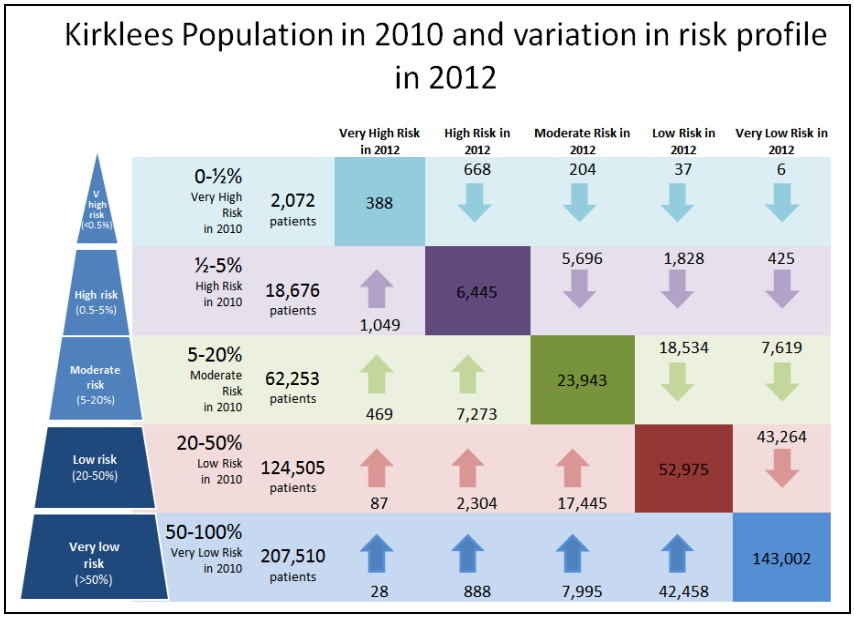
Risk Stratification

Risk stratification in Kirklees has been utilised since 2010, initially with a Combined Predictive Model and now with an Adjusted Clinical Grouper (ACG) model. Uptake has always been good with 98.8% of the population stratified, and we have recently reached 100% coverage in August 2014. This has primarily been used for case finding within GP practice and supporting multi-disciplinary team meetings (GP and community staff). It has also been key to specific incentives such as a vulnerable adult scheme run within one CCG, prompted medicine reviews, comparative analysis and benchmarking between practices, clusters and localities as well as supporting our inclusion within the Year of Care Funding Model pilot in years 1&2 (which evidence the existing good work in Kirklees on integration).

The exhibit below shows how the Kirklees population is grouped across the various risk strata, note the average age of those within the 'Very High' and 'High' risk strata in Kirklees is 72 and 64 respectively, with a significant 'cost per person' and a high rate of non-electives across these groups.



Further to the above, our historical analyses of risk stratification data enables us to map how patients over time have moved up or down in terms of their risk of unplanned emergency admission. This is shown in the exhibit below:



This along with our other evidence highlights that in Kirklees over the years we have already seen some success through our approach to integration. The evidence is clear that patients who are empowered, knowledgeable and supported, utilise services less and have better health outcomes. Kirklees is already seeing some benefits of integration and is following a tried and tested model which we can build on through the Better Care Fund. Our plans for the Better Care Fund have therefore been designed accordingly to build on our existing good work on integration.

5. Plan of Action

The 2015/16 BCF Implementation Plan and Risk Log have been updated to reflect the progress we have made in implementing the specific BCF schemes and the key developments that will deliver the national conditions and our local strategies for creating an integrated health and social care system.

See Appendix 1 Kirklees BCF Implementation Plan

See Appendix 2 Kirklees BCF Risk Log

6. BCF funding

A split of contributions and schemes is shown in the table below

Summary of Partner Contributions and Schemes

	Greater Huddersfield CCG £k	North Kirklees CCG £k	Total CCGs £k	Kirklees Council £k	Total Pool £k
Contributions					
Minimum Revenue	14,726	11,878	26,604		26,604
Additional Revenue				1,692	1,692
Total Revenue	14,726	11,878	26,604	1,692	28,296
Disabled Facilities (DFG capital)				2,483	2,483
Total Pool	**14,726**	**11,878**	**26,604**	**4,175**	**30,779**
Schemes					
Health	5,844	4,458	10,302		10,302
Social Care (revenue)				17,994	17,994
Social Care (DFG capital)				2,483	2,483
All Schemes	**5,844**	**4,458**	**10,302**	**20,447**	**30,779**

There is a very small increase in the minimum revenue contribution (derived from CCG allocations) of £49k, this increasing from £26,555k in 2015/16 to £26,604k in 2016/17. In addition, the capital allocation for disabled facilities (Disabled Facilities Grant – DFG) paid to Kirklees Council has increased significantly from £1,362k to £2,483k.

£1,036k was received by Kirklees Council in 2015/16 for social care capital. This allocation has been discontinued from 2016/17 onwards.

The partners have agreed in principle that it is important that the schemes contribute materially to the objectives of the Better Care Fund. Some adjustments have therefore been made to the schemes included in the 2016/17 plan whilst broadly maintaining the aggregate split between health and social care. Schemes will be reviewed in the first half of the year to determine whether any further adjustments should be made, though recognising that there will be continuing contract and funding commitments that will impact on the timing of any changes.

An aggregate amount equivalent to the 2013/14 NHS funding transfer to local authorities is subsumed within the schemes.

A maximum of £2.45m was available through the P4P arrangements in 2015/16 (though the projected amount as at quarter 3 was £2m which is to be retained by the CCGs to attribute to acute activity). £2.5m has been set aside in the 2016/17 plan for "local NHS risk share" targeted at acute service pressures.

The 2016/17 plan includes £8.2m for NHS commissioned out-of-hospital services which is in excess of the minimum amount for local share of ring fenced funding of £7.56m. £1.55m has been allocated to implementation of the Care Act which is in excess of the indicative amount from the £138m allocated nationally. £988k has been allocated in support of carers.

When compiling the 2016/17 plan, and taking into account the relative success of the schemes' contributions to the Better Care Fund's objectives, consideration has also been given to the impact of changes on continuing service provision.

Changes have been limited. Working together across the system we see the BCF as enabling system integration. As part of this we are reviewing services to ensure that they are meeting the needs of our most vulnerable patients, reducing the inequality gap, improving wellbeing and that the services are efficient and value for money. North Kirklees CCG has evaluated the 15/16 BCF Scheme - Over 75s Health Checks. The CCG and BCF Partnership Board agreed with the recommendation from the evaluation that the Over 75s Health Check is viewed as an additional preventative tool alongside the national NHS Health Check which is available for patients aged 40-74. The two services should form the basis of a practice's planned prevention activities and be tied to patient education programmes offering clear lifestyle advice, brief intervention and support for patients to access other health and wellbeing support services before they develop long term conditions. In addition, due to a delay in the start of the pilot the clinical care-co-ordinators which was funded through the BCF in 15/16 this will continue with support from North Kirklees CCG until final evaluation and recommendation in May 2016.

	Original BCF allocation £k		**Additional Partner contribution £K**	
Scheme 1 - Preventative Services				
(a) - Support to the Voluntary and Community Sector	400			
(b) - Generic Workers	571			
(c) - Self Care Hub	98			
(d) - Secondary Care Alcohol Nurses	168			
Total Preventative Services		**1,237**		
Scheme 2.1 - Intermediate Care	7,499			
Total Intermediate Care		**7,499**		
Scheme 3 - Aids to Daily Living				
(a) - Integrated Community Equipment Service	2,192		1,692	
(b) - Assistive Technology	250			
(c) - Adaptations Service	2,483			
Totals Aids to Daily Living		**4,925**		**1,692**
Scheme 4 - Carers Support Services		**988**		
Scheme 5 - Additional Community Health Services – GHCCG	2,963	**2,9643**		
Scheme 6 -End of Life	350	**350**		
Scheme 7 - Psychiatric Liaison Services	1,356	**1,356**		
Scheme 8 - Protecting Social Care		**7,267**		
Local NHS Risk Share	2,502	**2,502**		
Total BCF allocation		**29,087**		
Total additional partner contributions				**1,692**

The process for developing the schemes used a clear set of criteria, that schemes

1. reflect the broad aims and scope of the BCF
2. will impact on the BCF metrics within a timescale that reflects the need to deliver the agreed system changes e.g. acute service reconfiguration
3. are critical to meeting the national conditions and commissioning of the schemes can be directly influenced by Health and Wellbeing Board through the Integrated Commissioning Executive.

In developing these criteria and applying them to the BCF schemes we have assumed at least a 1:1 return on investment on each area of investment, unless we already have local data to show a different level of return.

7. Overarching governance arrangements for commissioning integrated care

The Health and Wellbeing Board has established a robust set of integrated commissioning arrangements in Kirklees. A 'Memorandum of Understanding' between the Council and the CCGs was agreed in summer 2013. At the heart of this was a commitment to use the 'Partnership Commissioning Cycle' and 'Joint Commissioning Principles' that we have developed locally.

The BCF programme is being managed by the Integrated Commissioning Executive (ICE) on behalf of the Health and Wellbeing Board.

The ICE brings together the senior officers responsible for commissioning health and social care and public health across the Council and CCGs. It is chaired by the Assistant Director for Commissioning and Health Partnerships. In view of the scale of the BCF it was agreed to set up a BCF Partnership Board as a part of the integrated commissioning arrangements to oversee the further development and implementation of the Kirklees BCF plan.

The ICE:

- provides strategic direction to the overall BCF programme
- ensures that the BCF continues to develop in a way that is integrated with the wider development of care closer to home, the implementation of the Care Act and changes in hospital services
- receives quarterly reports from all schemes highlighting progress, risks and outcomes
- escalates risks to appropriate decision making bodies in the CCG, Council and other partners including the Health and Wellbeing Board

The BCF Partnership Board:

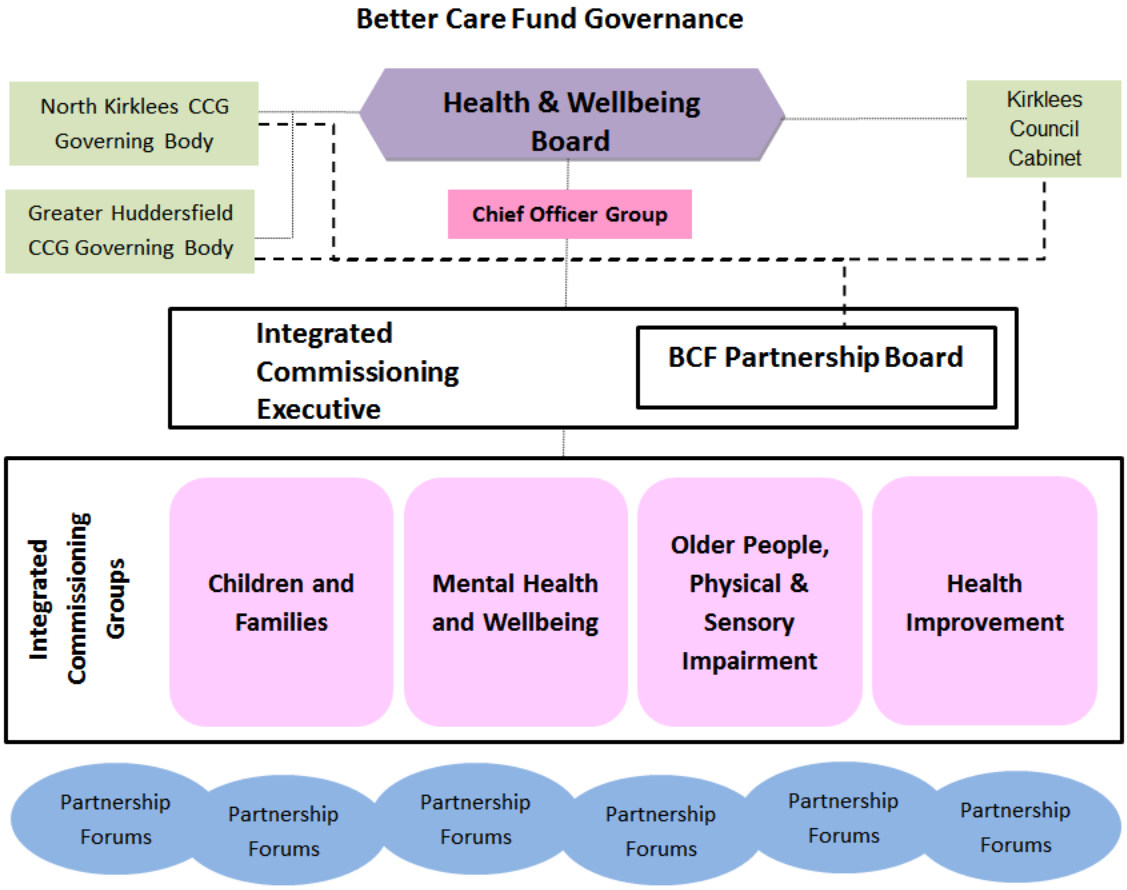
- provides strategic direction on the individual BCF schemes;
- receives the financial and activity information;
- reviews the operation of the Individual Schemes and make worthwhile recommendations to the Lead Commissioners;
- oversaw the national BCF Payment for Performance regime and any local performance payment arrangements during 2015/16;
- makes recommendations for use of any underspend or inclusion of additional schemes for endorsement by relevant decision-making bodies in the Council and CCGs;
- identifies new opportunities to meet the stated aims of the BCF.

The Partnership Board membership is drawn from the ICE membership and the meetings run consecutively. There are direct links through members of the Board into the programme structures for the JHWS, CCGs, social care, public health and the other key local programmes – especially CC2H Integration Board, Calderdale & Huddersfield Right Care, Right Time Right Place programme, Mid Yorkshire Meeting the Challenge programme and the two local System Resilience Groups.

See Appendix 3 - Terms of Reference for the Kirklees Better Care Partnership Board

All the BCF schemes have management and reporting arrangements in place. There are dedicated finance and performance officers responsible for ensuring the flow of information between the schemes, their existing management arrangements and the ICE.

The governance diagram below shows the relationship between the key bodies.



8. Risk and Contingency

Kirklees BCF have agreed to retain the former performance related funds in the scheme as part of a local risk sharing agreement to be held by CCGs. The reduction in emergency admissions and the associated costs were not fully achieved in 2015/16 and CCGs have had to include this activity in their baseline plans with acute providers in 2016/17. To fund this and also commission additional out of hospital services would not be financially sustainable for the CCGs and would cause additional pressures to the CCGs being able to maintain financial balance. As a consequence the former performance related funds will be utilised to fund acute hospital care in 2016/17. We believe this is consistent with the planning requirements to ensure financial balance of the health economy.

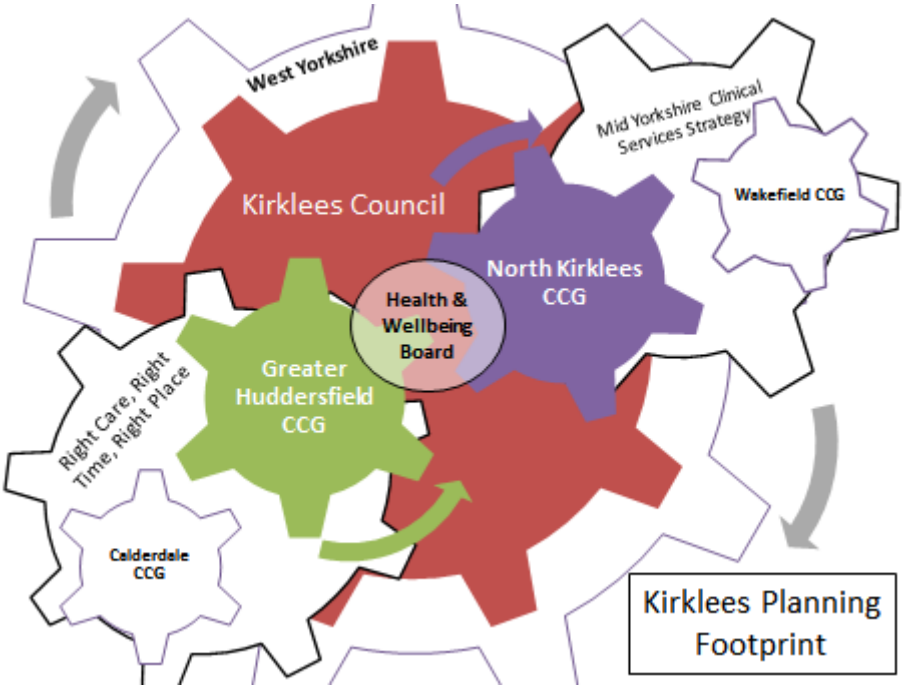
9. How BCF plans align with other initiatives related to care and support

The BCF provides a key opportunity to reinforce and accelerate the changes that the Council and CCG partners have identified in existing and emerging strategic plans and processes. There are several inter-locking strands to this work which are set out below. However it is important to note the complexity of the Kirklees planning footprint.

The Kirklees planning footprint

The Council and CCGs are co-terminous and the positive working relationships across the organisations have been developed over many years. Whilst the two CCGs each have distinctive identities and focus which reflects the needs of their populations they are in close dialogue. As key commissioning partners, with Calderdale and Huddersfield Foundation Trust and Mid Yorkshire Hospitals Trust as their main acute service providers and South West Yorkshire Partnerships Trust as the mental health service provider, they are also working closely with their neighbouring CCGs – Calderdale and Wakefield. The CCGs and Council are working together on the major transformation programmes focussing on acute reconfiguration at the two acute hospitals footprints – Right Care, Right Time, Right Place in Calderdale and Huddersfield, Meeting the Challenge in North Kirklees and Wakefield.

At the same time the Council is also undergoing a major change programme – to become a 'New Council'.



The diagram above illustrates the complexity of the Kirklees planning footprint, showing how the different planning and commissioning strands dovetail to ensure that high quality services are commissioned for the citizens of Kirklees. The timelines for these inter-related strands is a particular challenge for not only the Council and CCGs, but also for local service providers and service users and their carers.

In accordance with the 2016/17 NHS England Planning Guidance the Kirklees planning footprint will be developing a Sustainability and Transformation (STP) for Kirklees in the coming months. Integration across this footprint which is enabled through the pooled budget arrangements in the Better Care Fund will be a key feature within this plan.

The Kirklees primary STP will link into an umbrella secondary STP across West Yorkshire 'Healthy Futures'. This arrangement will link the work which is been undertaken at a Health and Wellbeing

Board level into work which is being progressed at a regional level to ensure wider system sustainability.

Kirklees Health and Wellbeing Board

A key role of the Health and Wellbeing Board is to bring this complex tapestry of strategies, geographies and timelines together to ensure that the whole health and social care economy is working together effectively to achieve our overall vision for the future. The Board is chaired by the Portfolio Holder for Health, Wellbeing and Communities and has been meeting since mid-2011. The first Joint Health and Wellbeing Strategy was agreed in Autumn 2012, and has recently been refreshed. The refreshed JHWS has a much stronger emphasis on delivering integrated community based health and social care.

All the major local providers of health services and the police are invited observers on the Board. This has enabled all the major partners to participate in the strategic discussions at the Board about the future direction of health and social care in Kirklees.

BCF plan alignment with existing CCG operating plans for 2016/17 and STP

In 2014/15 a 5 strategic plan was developed across Kirklees with both CCGs also developing operational plans to support implementation of the strategic vision. Better Care Fund was a key enabler which runs through each of the progammes of work both within the strategy and operational plans.

Systems are required to come together over a specific footprint in 2016/17 to develop an STP, this approach to planning is inclusive of providers, commissioners and Local Authorities. CCGs are also required to develop one year operational plans which set out the local deliverables within the first year of the STP. The Kirklees STP and operational plans will build on the vision outlined in the Kirklees 5 year strategic plan and progress the transformation programmes which were detailed as supporting deliver the strategic vision. Within the STP and operational plans there are a number of strategic priorities which will ensure that we maintain sustainable health and social care services in Kirklees. These are identified as;

- Care at or closer to home
- Acute services transformation
- Transformation of primary care
- Transformation of planned care pathways and use of clinical threshold management to support new ways of working
- Integration and collaboration

Better care fund will continue to be a key enable which runs through each of these transformation programmes.

BCF plans alignment with plans for primary care co-commissioning

North Kirklees and Greater Huddersfield CCGs have embraced the co-commissioning agenda as a means to improve outcomes for our local populations.

Our aspirations and aims are:

- A more holistic approach to commissioning services for local people
- supporting greater integration of health and care services, in particular more cohesive systems of out-of-hospital care that bring together general practice, community health services, mental health services and social care to provide more joined-up services and improve outcomes;
- raising standards of quality (clinical effectiveness, patient experience and patient safety) within general practice services, reducing unwarranted variations in quality, and where appropriate, providing targeted improvement support for practices;

- enhancing patient and public involvement in developing locally-tailored community based services; and
- providing 24/7 primary care

North Kirklees CCG remain at a status of greater involvement which enables some influence over GP contracting decisions with the responsibility and accountability remaining with NHS England as the contract holders. Locally North Kirklees CCG will work to progress the co-commissioning agenda.

Greater Huddersfield CCG have full delegated authority.

It is anticipated that co-commissioning will provide us with levers to implement our care at or closer to home plans more effectively in particular in relation to the role of primary care in the service model.

10. Protecting social care services

It is accepted by all partners on the Health and Wellbeing Board that all aspects of health and social care are interdependent and of equal value and importance – any change in one part of the system can have an impact on another. The partners on the Board are committed to not taking action as a single commissioner that will have a potentially detrimental impact on the whole health and social care system, without prior consultation and engagement with all partner organisations. The Board have signed up to a set of joint commissioning principles. Through adhering to these principles in all our joint planning work, we aim to ensure that social care, along with all other parts of the health and social care system are protected.

The BCF will seek to protect identified services that impact on the key BCF outcomes set out in our Vision. This will make a significant contribution to ensuring funding is in place for the local authority to sustain its commissioning and delivery of key social care services – and the future developments necessary to deliver the Care Act duties.

We will focus on improving outcomes for people, particularly through prevention and early intervention and reducing pressures on services later in the care pathway – for example focusing on reablement and active rehabilitation which should reduce the net impact on residential and nursing home placements and release resources. We will use the BCF in new and innovative ways to enable us to implement the Care Act. A working sum for implementation has been identified in line with national allocations. Our Better Care Plan acknowledges within the overall priorities, the design of specific schemes and overall financial allocations the need to sustain local services that will best impact upon our system and current demand pressures.

The BCF will contribute towards supporting social care across the three domains of the Care Act - ‘prevent, reduce and delay’. The key areas of investment include:

- support to Voluntary and Community Sector Partners
- development of self-care support
- improving reablement, hospital avoidance and mobile response teams
- bed based intermediate care
- integrated equipment service, assistive technology, adaptations
- support for carers
- packages of support including ‘self-directed support’, residential placements, home care
- care management

11. 7 day services in health and social care

This commitment is clearly articulated in both CCGs operational plans, the Council's Vision for Adult Social Care and will be a key deliverable within the Kirklees STP. Continuing further the development of 7 day services in health and social care will be progressed through the further implementation of care closer to home, plans for acute services reconfiguration and implementation of the primary care strategies which have been developed by both CCGs.

A range of schemes have already been put in place, including;

- Implementation of an integrated model of care for community services through re-commissioning of the community services contract. This includes urgent and routine community nursing work streams, a single point of contact for both adults and children and a more holistic approach to care through better integration with mental health and GP practices.
- 24 hour mobile response for care phone users to reduce transfers to Emergency Department and hospital admissions
- Additional resource to support Hospital Avoidance including rotational working in the Emergency Department from community based staff
- 7 day assessment and discharge facilitation for social care in hospital and in intermediate care facilities
- Transformation of the Continuing Health Care Team to provide continuing care nurses in our acute hospitals to facilitate timely Decision Support Tools are completed and discharge is supported to prevent delays.
- Support to a number of additional primary care schemes to improve access to primary care services at weekends. These schemes aim to reduce unnecessary admission and pressure on the urgent care system.
- Over pressured times, such as winter, support to intermediate care through additional capacity in step up/step down provision and immediate and on-going support to vulnerable adults working with voluntary agencies, for example, Age UK.
- Additional specialist palliative care provision including the availability of 7 day access to beds and a 24 hour helpline

The Mid Yorkshire SRG have identified through their work with the ECIP 8 high impact changes which will be fully in place by 2017 when the final Meeting the Challenge changes are implemented, this includes

- Consultant led morning ward rounds should take place 7 days a week so that discharges at the weekend are at least 80% of the weekday rate and at least 35% of discharges are achieved by midday throughout the week. This will support patient flow throughout the week and prevent A&E performance deteriorating on Monday as a result of insufficient discharges over the weekend.

In addition to the schemes detailed above Greater Huddersfield CCG have implemented the following:

- 7 Day Therapy: enhancing the Physiotherapy and Occupational therapy ward staffing in order to provide a robust 7 day service across all critical care, Respiratory, AE, MAU, SSU, Medical and complex care ward areas at both CRH and HRI.
- Physician in A&E: a senior medical doctor between the hours of 10am and 6pm together with an MAU senior nurse at the front door of A&E. The senior medical doctor grade and experience of working on MAU will enable them to make decisions about discharging patients.

- Virtual Ward: The Virtual Ward team are a dedicated multi-disciplinary team designed to identify and support those patients who are at high risk of readmission following a discharge from hospital.

The national clinical standards for 7 day services are being progressed by the Systems Resilience Groups which are operational across each respective acute trust footprint. Action plans are in place to achieve three of the standards by March 2017. Mid Yorkshire Hospitals NHS Trust have been selected as an early implementer of this programme.

12. Data sharing

Kirklees has an established information governance and information sharing framework which covers both NHS and Local Government IG requirements (through the West Yorkshire Wide Information Sharing Protocol) and we are committed to ensuring all developments take place within established guidelines. The West Yorkshire wide Protocol provides the framework for sharing of data across health and social care partners in Kirklees and has supported our local work so far in integrating care in Kirklees.

Within our Better Care Fund plan we will continue to ensure that IG does not act as a barrier to delivery of integrated health and social care. Our BCF plan, along with our existing governance arrangements for data/information, will support the culture change required to encourage the sharing of relevant personal confidential data among registered and regulated health and social care professionals where there is a legal basis, as highlighted within Caldicott 2.

We recognise the importance of information sharing to support the integration of services; as a result Commissioners and providers in Kirklees, including the Council, are using the NHS Number as the key identifier for correspondence across all health and care services. As part of our ambition to integrated commissioning intelligence across the pathway of care (through CareTrak) we are working closely with HSCIC DSCRO to ensure that data flows are in line with Caldicott 2 and have a number of data sharing and data processing agreements in place. However, there are acknowledged challenges around delivering IG for integrated working, especially shared data (and the specific legal basis for flows of data from HSCIC), shared systems and common care processes. Therefore, within our BCF plan we propose to establish a Kirklees wide Informatics Board to strengthen the locality wide approach to information governance and joint data flows.

NHS Number

Use of the NHS number is a key enabler that will support the local health and social care system in meeting the growing challenge of an increasing elderly population and a demand for health and social care that cannot be met by doing more of the same. In Kirklees, adopting the NHS number as the primary identifier for all social care records affects 150,000 social care service users, current and historic, from people receiving low level support through to those service users receiving intensive social care. In excess of 100,000 enquiries for social care support and 30,000 referrals for social care assessments are made each year, which adds to the affected population

Kirklees Council has proactively invested over the years in partnering with our CCGs to ensure all social care records are matched to an NHS number. Via several ‘data matching’ attempts we have successfully matched almost 150,000 social care service users to an NHS number which equates to around 80% of social care records. All matched NHS numbers are routinely uploaded to our core social care IT system to ensure the NHS number remains as the primary identifier for service users.

As more people live with long-term medical conditions, it will become increasingly important to find ways of taking earlier action to support people with preventive care aimed at promoting independent living. The ability to identify these people in both social and health domains, via the

use of the NHS number and the joining up of health and social care records, will enable targeted, effective support and preventive care aimed at promoting independent living. To this end our intention is to integrate social care records as part of our approach to the risk stratification of the Kirklees population enabling a more holistic view of the patient across the health and social care system.

Open APIs

Supporting the development of more open and connective systems through the use of open APIs is a key part of Kirklees' integrated offer. Open APIs is also integral to our preparations for the Care Act, we anticipate that interoperability will enable information to be easily accessed and shared between systems utilised by the Kirklees health and social care economy.

Universal adoption of the NHS number is crucial for interoperability to be effective. However, alongside this is the requirement for standardisation of health and social care information to enable data to remain portable across organisational systems. To this end we are engaged with the HSCIC in the national changes to social care data and returns with a view to ensuring national standardisation of key social care data.

Although Kirklees is committed to Open APIs this requires an assessment of cost and requires collaborative dialogue with system suppliers. In social care, system suppliers are actively engaged via the national ADASS Information Management Group on the tasks required within local authority adult social care informatics community to support implementation of the Care Act (and the Better Care Fund) – this includes local changes required to core social care IT systems to ensure APIs are both technically and commercially open to facilitate efficient integration of different systems.

The issue of legacy system publication of APIs remains a challenge in some areas. Older legacy systems are an area where obtaining APIs can be difficult. Some of these systems are based on non-current database technologies and/or non-current application/programming technologies. We have set up an Informatics workstream to support our preparations for the Care Act. An assessment of the systems across Kirklees has been carried out as part of this work and although Open APIs might not be available for all systems, it is felt that there are credible, safe, and secure mechanisms through which data can be accessed despite this.

Part of the work to support our approach to informatics is assessment of providers' internal systems to identify APIs. Where these are not available the alternate methods for data exchange are to be identified. It is recognised that some data items may not be available in real time, but rather a batched or cached version of the data would be held. Further assessment of these data items is part of our work on Informatics to support both the BCF and the Care Act

Information Governance (IG) Controls

Kirklees is working together as a health and social care community to develop and implement system-wide best practice information policies and protocols to support the sharing of patient/service confidential information. We have made some progress over the years on integrating health and social care systems and data. For instance, use of internal cross-organisational access to systems in key parts of care provision is providing a mechanism for access to shared information where systems aren't joined up. Matching and recording of NHS Number across social care systems is in place and ongoing via direct entry or batch tracing of NHS number. We have already used the national Demographic Batch Service to match almost 80% of current social care records to NHS numbers and uploaded these back to our core social care system CareFirst. This work is progressing, but there is still further work to be done, particularly on matching those records that do not return with a positive identification. Kirklees Council is also IGSOC compliant and utilises GCSX secure protocols when sharing data with Health partners.

Supporting our work is the use of contractual arrangements for employment and confidentiality, information sharing agreements and the overarching West Yorkshire wide Information Sharing Protocol which is used to facilitate and govern the effective sharing of data where relevant. The West Yorkshire wide protocol is supported with individual organisational policies across our partners.

In Kirklees there is a commitment to develop an IG framework for Integration and we are committed to maintaining data protection principles. Services will be enhancing current IG controls based on the recently published IG guidance by the HSCIC, this includes the 5 Confidentiality Rules and the Secure Email Specification (currently out for consultation). Local health and social care services will ensure that the requirements of the ISB0086 Information Governance Toolkit are complied with to provide the strategic assurance needed.

As part of our work in this area thus far a standardised consent form was developed jointly by the Council and the CCGs to be shared across all providers to support the process of gathering explicit and informed consent and enable sharing of person identifiable data across multiple providers. Supporting this was accompanying guidance and privacy notices to public and care professionals along with ICO recommended Privacy Impact Assessments. However, due to the national media profile of the care.data programme a board level decision was taken to postpone any further work in consent capture. We are hopeful however of using the BCF as a means of renewing our work to support the sharing of relevant information to realise our vision for the delivery of integrated care.

To ensure this work is driven forward in a co-ordinated way we are establishing an **Informatics** Group to oversee a range of key developments including:

- Information Governance arrangements
- NHS number as the universal unique identifier
- Integrated data flows and data sharing
- Risk stratification and demographic and behavioural segmentation
- A coherent set of dashboards
- Use of open APIs

13. Joint assessment and accountable lead professional for high risk populations

Kirklees has a well-established process for risk-stratification which enables us to risk stratify the whole population – all GP practices in Kirklees are engaged with this process and those at the highest risk are the subject of a Multi-Disciplinary Team (MDT) approach. From 1 April 2014 we will increase the threshold from the 1.5% most at risk to 2%, and the data is refreshed monthly.

This ensures that the system supports accountable lead professionals to work in a more proactive and preventative way, identifying patients before deterioration of health and ensuring they have a personalised care plan in place.

The risk tool currently utilised in Kirklees is the Adjusted Clinical Grouper model (algorithm from John Hopkins University), which is a positive progression from the Combined Predictive Model we have used over the last 3 years. The tool enables historical data to be presented in a patient centred manner, enabling a visual representation of all key primary, secondary and A&E related health activity against a patient timeline, we are working towards exploring the sharing of this directly with patients on a trial basis to further engage with patients as part of their care.

As one of eight early implementer sites for the National Year of Care funding model, we are working towards making our current joint working across health and social care more holistic and valuable to all the professionals involved, including trying to weight mental health and social care

users so that services are equitably balanced on the holistic needs of the patient (risk stratification is primarily focused on physical health indicators).

Kirklees have continued to ensure this work remains within an approach which is robust and compliant with data protection and information governance. We have recently taken Legal advice on the sharing of patient level data across the Kirklees health and social care system, with legal approval for the sharing of risk scores and risk segments (non-sensitive data) across health and social care. To support our work towards further integration and better targeted support, we are currently exploring ways in which Kirklees health and social care partners can obtain informed and explicit consent from patients and service users for the sharing of potentially sensitive care data.

Accountable lead professional

Locally we have agreed that a person's GP will be the default 'accountable lead professional'. The over 75 practice population across GHCCG and NKCCG is 30,400. However we also recognise that for some people in certain risk groups it will be more appropriate for another professional to be the accountable lead professional:

- community matrons for adults with severe long term illnesses or a complex range of conditions. (24 community matrons with a current caseload of 1,500, 217 over 75's are on Continuing Health Care and 323 on Funded Nursing Care)
- community psychiatric nurses for adult with ongoing, complex mental health and social care needs subject to Care Programme Approach. So far this year 2,600 people have received support through CPA.
- social workers for adults with complex on going social care needs, social workers also care manage people in receipt of Continuing Health Care (128 Social Workers and Senior Practitioners supporting around 6,000 people aged 65 and over and 3,000 18-64 year olds in the community and 2,000 adults/older people in residential and nursing care)

We have identified that embedding a coherent and consistent approach to assessment and care planning and co-ordination with a named lead is a major challenge that needs further work, and this has been highlighted in our BCF performance return as our only outlier against the national conditions.

We want our approach to embed the self-care principles that are at the heart of our BCF plans and it must therefore reflect the different needs and capabilities of individuals and their carers, and the skills and capacity of key health and social care staff.

Our successful bid to the regional Local Implementation Support Fund will enable u to bring in dedicated expertise to review the existing processes and support the community health service provider, Council, primary care and other partners to develop our local approach and ensure it reflects the principles set out in our BCF Plan.

The expertise will be provided by Attain under the CCG Lead Provider Framework. They provided support to the local system throughout the process of procuring the new community health services contract that went live in October 2015. As such they have detailed knowledge of the local system which makes them well placed to 'hit the ground running' and deliver this project.

As part of our BCF plan we are also piloting a suite of integrated commissioning intelligence via the CareTrak solution provided by PI Care and Health. This draws on both health and social care data and enables us for the first time to understand their journey across health and social care. The first tranche of analysis will be available in January 2016 and we want to use this to identify patient cohorts that would benefit from better care planning. The use of Caretrak data will also enable us to track the change in activity for the cohort that have used the new care planning, and compare this with historic data.

14. Local action plan to reduce delayed transfers of care (DTOC)

Many hospital beds are occupied by patients who could be safely cared for in other settings or could be discharged. Locally we have agreed that the two System Resilience Groups will lead on local plans to reduce delayed transfers of care, by ensuring that sufficient discharge management and alternative capacity such as discharge-to-assess models are in place to reduce the DTOC delayed days rate to 2.5%. This will form a stretch target beyond the 3.5% standard set in the planning guidance. Both SRGs have been working with the Emergency Care Improvement Programme (ECIP), and are committed to using the High Impact Change Model to inform the local action planning and implementation.

The following analysis has been developed in consultation with the NHS England DTOC Analytical Team to shows the local 2015/16 baseline and the 2016/17 full year rate to achieve the 2.5% provider targets.

Provider Targets	2015-16 YTD Delayed Days	2015-16 YTD Occupied Bed Days	2015-16 YTD Rate	2015-16 YTD Delayed Days KIRKLEES	% of Delayed Days in Kirklees	2016-17 Target Rate	Delayed Days Required to Achieve Target	Target days applied to Kirklees proportion
BARNSLEY HOSPITAL	824	114495	0.7%	69	8.4%	2.50%	2862	240
BRADFORD TEACHING HOSPITALS	2904	163184	1.8%	101	3.5%	2.50%	4080	142
CALDERDALE AND HUDDERSFIELD	12013	223911	5.4%	6095	50.7%	2.50%	5598	2840
CAMBRIDGE UNIVERSITY	15624	284898	5.5%	20	0.1%	2.50%	7122	9
HULL AND EAST YORKSHIRE	5134	318692	1.6%	3	0.1%	2.50%	7967	5
LEEDS TEACHING HOSPITALS	28339	522883	5.4%	28	0.1%	2.50%	13072	13
MID YORKSHIRE HOSPITALS	15036	312696	4.8%	2518	16.7%	2.50%	7817	1309
SOUTH WEST YORKSHIRE PARTNERSHIP	4342	157015	2.8%	1587	36.5%	2.50%	3925	1435
TOTAL	**84216**	**2097774**		**10421**			**52444**	**5992**

KIRKLEES RATES PER 100,000 Population	Numerator	Denominator	Annualised Rate
15/16 YTD Actual	10421	337499	3368.4
15/16 YTD To Achieve 2.5% Provider Targets	5992	337499	1936.9
16/17 FULL YEAR Rate to Achieve 2.5% Provider Targets	6581	339751	1936.9

Mid Yorkshire SRG High Impact Changes

Key outcomes within the DTOC action plan include;

- Staff understand the relevance of accurate DTOC reporting in relation to targets and returns
- A thorough process is in place to accurately identify all delays across MYHT
- The reporting process is in line with national reporting guidelines and a localised System Operating Plan (SOP) ensures partner organisations work collaboratively.

- A process is in place to demonstrate effective management of existing and new cases and this is accurately recorded and monitored.
- Complex cases are managed effectively from a multi-disciplinary and case management approach.
- Issues identified regarding potential inaccurate recording will be managed in a timely manner by ensuring staff are effectively trained in the coding and reporting process.
- Enablers to facilitate the moving on of delays, such as management of patient expectation, the moving on policy and the engagement with community partners on alternatives to acute beds, is in place.
- Staff are educated on how to effectively complete assessments.
- The principles of the Safer Care Bundle underpin timely discharge planning.
- A "Home First" approach is adopted across MYHT

Current Work:

- Commissioned new service model as part of CC2H which will put in place both admission avoidance services, services at the entry point at A/E, and support and pull for discharge. The Services are easily available through a single point of access and responsive within a period of 2 hours 24/7 where needed.
- Hospital discharges are supported to transfer as soon as the patient is medically optimised and assessed for further care within their own home by the most appropriate professionals.
- This is monitored as part of the contract for CC2H with KPIs.
- We are working with the CC2H provider and the LA to develop a new model of a flexible bed base, part of which is discharge to assess to ensure that people are supported and assessed in the most appropriate environment to meet their needs. This will include enhanced support at home, to services and beds in other locations.
- The new model also ensures best practice in all areas of delivery across mental and physical health and demonstration of person centred coordinated care.
- MYHT are part of the Delayed Transfers of Care Improvement Programme. The preparatory visit took place on 08/03/16 and the development of the PDSA cycles on specific areas will be put in place and monitored by the SRG

Calderdale & Huddersfield SRG High Impact Changes

The Calderdale and Greater Huddersfield SRG has developed an action plan – 'Implementing high impact changes – managing delays in the transfer of care from hospital beds'. The Action Plan provides an overview of the planned work for 2016/17. Whilst the SRG have developed action plans separately for Calderdale and Greater Huddersfield which reflect the operational differences that exist, one of the key principles is to ensure consistency of approach wherever possible, particularly at the interface with hospital care.

See Appendix 4 Calderdale and Greater Huddersfield SRG: Implementing high impact changes – managing delays in the transfer of care from hospital beds.

15. National Metrics

Non-elective admissions (General and Acute)

The NEA trajectory for 2016/17 is based on a capacity plan which has been agreed with providers through contract negotiations. This plan takes into account growth, other national conditions and is informed by the delivery of our local transformation plans and the impact of 2016/17 QIPP challenge.

Admissions to residential and care homes

Planned 2016/17 rate of admissions accounts for growth in older people population. Note also that there is a new ASCOF definition for this metric from 2016/17 onwards which now includes admissions of older people funded fully by Health. Planned trajectory does not yet account for this change in definition (i.e. plans are based on the current ASCOF definition) as the new requirements are currently being refined locally.

Effectiveness of reablement

Given the growth in NEA admissions during 2015/16, along with increasing complexity of need in older people at the point of discharge (data also indicates a growth in live discharges for older people in Kirklees) our forecast suggests performance against the indicator will be below plan. However, through BCF 2016/17 we anticipate increasing maturity of our BCF schemes, this along with improved flows of pathway data equates to a more confident forecast of 94.8% during 2016/17

Delayed transfers of care

See Section 14

Estimated diagnosis rate for people with dementia

Kirklees Dementia Strategy was agreed by the Health and Wellbeing Board in November 2015. Increasing the diagnosis rate is a key feature of the associated implementation plan.

Patient Experience

Everyone Involved in my Care knows my Story:
(i)Improvement in response Rate on completion of care episode
(ii) Increase in % of patients/carers reporting satisfaction about the level of information services have about them on transfer

This is a new measure and the baseline data is now being collected.

16. Engagement

All health and social care partners are committed to using statutory and local structures and processed for ensuring that the views of local people are effectively represented in our planning and decision making:

- The Health and Wellbeing Board have been actively engaged as we jointly develop our integrated community service models.
- The Overview and Scrutiny Panel for Well-Being and Communities have taken a very active role in helping shape and challenge local plans for health and social care (link), including a Joint Scrutiny Panel with Wakefield on the Mid Yorkshire Hospital proposals (link).
- Our local HealthWatch actively seeks the views of local people on a wide range of issues including those related to our BCF proposals.
- Patient and carer panels, eg as part of the CC2H process and to inform our implementation of the Care Act
- Targeted engagement activity with specific user groups in service areas where major change is possible.
- public events at which public, patients, carers and stakeholders will be asked for views and opinions about changes to community based services

The North Kirklees CCG and Greater Huddersfield CCG undertook consultations on their joint Care Closer to Home (CC2H) programme which focuses on the development of integrated, community-based healthcare services across Kirklees which support people to stay healthy and live independently for longer.

The Greater Huddersfield CCG together with Calderdale CCG are undertaking a major consultation on the future shape of the healthcare services at Huddersfield Royal Hospital and Calderdale Royal Hospital link.

The Mid Yorkshire Hospitals Clinical Services Strategy undertook a substantial 'Meeting the Challenge' consultation on their reconfiguration of services (link). A major plank the engagement activity throughout the implementation phase was 'Our Street' link . Our Street is a virtual street with typical houses and residents. The street's residents are used to explain and engage people in the service provision and changes through their health and social care issues

The Council's innovative "Time to Talk" engagement programme (link) enables members of the public to find out about and inform the Council's Budget process. The challenges facing health and social care have been and continue to be an integral part of this conversation.

The Council also has well established mechanisms to enable the voice of users, carers and the wider public to be incorporated into proposals for service development / redesign which include:

- Membership of the Partnership Boards referred to above and their sub-groups, the Carers' Strategy Group, and the new carers service, 'Carers Count'.
- Consultation on specific service developments/changes, e.g. the Kirklees Integrated Community Equipment Service
- On-line tools, including social media and Community Conversations (link)

NHS Foundation Trusts and NHS Trusts

Our on-going engagement with key stakeholders has included the acute trusts locally.

Acute trusts were identified as a key stakeholder in the commissioning of the care closer to home model and engagement activities were undertaken to ensure they had the opportunity to contribute to its development.

The Better Care Fund aligns directly to our Operational Plans which were developed with contribution and engagement from both acute trusts. Our plans are currently being developed and will be presented to Acute Trusts as part of the ongoing engagement process.

Acute Trusts have been identified as being key stakeholders in the development of the Kirklees STP and as a consequence will be involved in the development and implementation of this.

Implications for acute providers

Across both Greater Huddersfield CCG and North Kirklees CCG areas the volume of emergency and planned care activity in hospitals will reduce through alternative fully integrated community-based services. This will enable a reduction in acute beds.

As described above the timescales for the two strategic reviews will have a major influence on the implementation of the BCF.

North Kirklees are now in year 3 of the implementation phase of the Mid Yorkshire Clinical Services Strategy and the outline business case has identified a number of evidence based opportunities for reducing admissions and length of stay for people in the North Kirklees area. North Kirklees CCG has proposed schemes to manage the acute hospital demand down from the expected 3% to 1% and this has been assumed within the Mid Yorkshire full business case. The plans also include interim schemes that support the discharge process and aim to reduce the number and effect of delayed discharges within the hospital and support people to be cared for closer to home for example increased specialist nurses to support patients with COPD and heart failure and increased access to community nurse provision over 2016/7.

The schemes are described in a series of Business Cases that have been developed and approved by North Kirklees CCG. Each of the schemes were chosen to assess how the improvements in service quality and service access could achieve a reduction in 9,600 (20% stretch 11,520) emergency bed days (No. of Admissions X Length of Stay = Bed Days).

A number of these schemes have already been put in place and are part of the BCF, these include:

- Additional specialist community nurses and increased capacity to respond to crisis.
- Additional resource for the Hospital Avoidance Team including rotational working in the Emergency Department
- Provision of a Continuing Care Nurse in Mid Yorkshire Hospitals Trust to ensure Decision Support Tools are completed in a more timely way.
- Additional specialist palliative care provision including the availability of 7 day access to beds and a 24 hour helpline.
- 7 day assessment and discharge facilitation for social care in hospital and in intermediate care facilities.
- 24 hour mobile response for care phone users to reduce conveyance to Emergency Department and hospital admissions.

North Kirklees Schemes	Current schemes	20% stretch
Admission Avoidance Schemes		
HAT (hospital avoidance service)	1,301	1,561
Community capacity (additional hours of teams, Specialist nurses, technology, MDT)	3,456	4,147
Hospice schemes	495	593
Total for admission avoidance	5,251	6,301
Supported Discharge Schemes	4,349	5,219
Total by end of 2016/17	9,600	11,520

North Kirklees CCG are in the process of assessing the additional benefits of the implementation of the care closer to home model and the impact this will have in contributing to reducing non-elective admissions and improving early supported discharge.

In addition the urgent care transformation programme is being delivered alongside the clinical service strategy for Mid Yorkshire Hospitals Trust. North Kirklees CCG is committed to ensuring a vibrant urgent health care environment at Dewsbury and District Hospital, recognising the opportunity to strengthen the offer through the integration of 24/7 primary care provision. Plans are being developed to move towards a more integrated emergency department model with primary care support at the 'front end' in line with the Keogh recommendations.

The Calderdale & Greater Huddersfield Right Care, Right Time, Right Place is a key vehicle for driving forward significant and radical transformational change across the system and delivering £167m of efficiency savings over next five years. The work is aimed at integrating health and social care services through the collaboration between its seven partners - to shift the balance from unplanned hospital based care to planned community based services coordinated around General Practice where appropriate. The seven partners are formally committed to this collaboration and the approach to realising system efficiencies which are critical to system change.

Our CCG 5-Year Plan assumes, taking account of 1% demographic growth, a 3% reduction in acute activity per annum which is the basis on which we have set our improvement trajectories in our Better Care emergency admission metric.

The anticipated improvement trajectories we are working to are as detailed below:

Greater Huddersfield	Non Elective	Emergency
2014/15	24934	4790
2015/16	25183	4646
2016/17	25435	4507
2017/18	25690	4372
2018/19	25946	4241

We can confirm that CHFT would recognise the content of this section of template and would be comfortable with the approach outlined.

The Right Care, Right Time, Right Place is now at a key stage. Three providers – Calderdale and Huddersfield NHS Foundation Trust, Locala, and the South West Yorkshire Partnership Foundation NHS Trust – have produced a Strategic Outline Case which sets out their response to the shared vision of all the Strategic partners. The CCG is now undertaking a widespread engagement process which will enable us to confirm any options for a future public consultation.

At the same time, the providers are producing an outline business case which will set out in more detail the modelling assumptions used, including our shared understanding of the likely

implications of the Better Care Fund. The OBC will reflect work already done to identify scope for improvement in areas such as length of stay, discharge management and bed usage already highlighted through the Trust's Interserve programme of work.

While this work progresses, we are using existing mechanisms such as the Urgent Care Working Group and established contract management groups to maintain a dialogue with providers about the Better Care Fund, to ensure there are 'no surprises'.

Primary care providers

In addition to the activities outlined above we have undertaken specific engagement activities with our GP membership to involve them in the ongoing development and implementation of the care closer to home model and the acute service transformation proposals, which are key in achieving the desired outcomes of the better care fund. Our GP membership were also key in the development of the 2 primary care strategies and are signed up to the implementation plans which have been put in place to operationalise these.

We recognise that primary care providers are key stakeholders in delivering and supporting the functions identified in our community models. On a regular basis we have presented proposals and requested feedback at GP forum meeting and GP cluster meetings and they have also participated in wider stakeholder engagement across Kirklees.

Both CCGs have developed strategies for transforming Primary Care. The principles for transforming primary care across Kirklees are;

- Improving access to a broader range of primary care services, including enhancing the range of diagnostics in primary care
- Reducing dependency on hospital services and shifting the balance of care from unplanned to planned. This will be particularly valuable for vulnerable patients with long term conditions and complex needs.
- Responding to the urgent care agenda with aspirations for 24/7 primary care provision through extended hours and demand and capacity analysis
- Reducing variation in services and improving quality
- Enhancing the services offered to patients by optimising the use of NHS resources, including the use of technology and referral management systems
- The central role of general practice and community based teams in the management of patients with long term conditions
- Services wrapped around the registered populations of our practices
- Practices working collaboratively to deliver services at scale
- Supporting patients and carers to manage their own health and care

We have placed particular focus on improving patient access to primary care services, providing primary care at scale, improving quality and reducing clinical variation and ensuring we have a sustainable workforce for the future. A central theme will also be working closely with primary care to ensure integration into the care at home models.

17. Appendix 1 Kirklees BCF Implementation Plan 2016/17

Action	Lead	Timescale
1. **Mobilisation of Care Closer to Home** Programme (CC2H), including piloting of Locality Teams	CC2H Integration Board	ongoing
2. Implement **plans for the individual BCF Schemes**	BCF Partnership Board	ongoing
3. **Review all BCF schemes** for impact against BCF outcomes and value for money (making use of CareTrak outputs). Programme of reviews to be agreed at BCF Partnership Board.	BCF Partnership Board	May 2016
4. Review and refine current approaches to **assessment and care planning** across health and social care (based on the outputs from the BCF Local Improvement Scheme funded project)	Integrated Commissioning Executive (ICE)	June 2016
5. Review current pattern of investment across **intermediate care, reablement and rehabilitation** and develop proposals to maximise impact and value for money. Proposed approach to be agreed at ICE	ICE	August 2016
6. Develop **an integrated Care and Nursing Home Support Team** to deliver the new Care Home Strategy, starting with a team development and action planning event.	ICE	May 2016
7. Develop and agree an **integrated approach to managing continuing care**	ICE	June 2016
8. Develop an **integrated strategy for 'Aids to Daily Living'** covering community equipment, assistive technology and adaptations	ICE KICES Board	December 2016

Action	Lead	Timescale
9. Continue development of **self-care approach and roll-out of MyHealthTools**	Health Improvement ICG Self Care Board	ongoing
10. Reprocure the **Drug & Alcohol service**	Health Improvement ICG	April 2016
11. Implementation of **Kirklees End of Life Strategy**	OPPSI ICG/CCGs	Ongoing
12. Incorporate **Mental Health Voluntary and Community Sector contracts** into the BCF Section 75 Agreement	Mental Health ICG	Sept 2016
13. Develop a whole system approach to **medications support for people receiving domiciliary care**	OPPSI ICG	Sept 2016
14. **Integrated workforce development plan** to support the new delivery models in place	ICE	Sept 2016
15. Develop **models of patient flows** along key health and social care pathways to inform pathway change/redesign using outputs from CareTrak	ICE/Informatics Working Group	June 2015
16. More coherent **arrangements for joint intelligence** across CCGs, Social Care and Public Health in line with the New Council Integrated Intelligence Hub and Spoke Model	Integrated Intelligence Group	March 2017

Action	Lead	Timescale
17. Establishment of a **Kirklees Wide Informatics Board**, supported by a Local **Informatics Working Group** to oversee development of:		
17.1. The Kirklees Local Digital Roadmap – in partnership with the CCGs and providers, move towards a paper free point of care by 2020 in line with the Governments Five Year Forward View	Digital Roadmap Group	Ongoing
17.2. In collaboration with NHSE and LGA, pilot the Social Care Digital Maturity Assessment to support national work on identifying the digital and informatics needs of the social care sector		June 2016
17.3. Develop integrated data flows and data sharing, starting with mapping of all key internal and external data flows	Integrated Intelligence Group	Sept 2016
17.4. Risk stratification model incorporating a comprehensive range of health and social care data		Sept 2016
17.5. Demographic and behavioural segmentation tools making best use of local data being used routinely by commissioners and service planners		Sept 2016
17.6. Information Governance arrangements – compliance with IGTK Level 2 standards as well as undertaking a cost/benefit analysis of achieving ASH status	Information Governance Board	Dec 2016
17.7. NHS number as the universal unique identifier and all necessary agreements are in place to share individual data for care planning and service planning		Jan 2017
17.8. Dashboard which links to other Dashboards, eg Urgent Care Board, System Resilience Groups	Integrated Intelligence Group	
17.9. NHS Open Standard Contract compliance – use of open APIs Potential use of APIs in Council contracts	BCF Performance Group	Jan 2017 March 2017
18. Agree the respective roles of the **Integrated Commissioning Executive (and BCF Partnership Board) and two System Resilience Groups**, especially in relation to DTOC.	ICE	May 2016
19. Ensure that the development of the **Sustainability & Transformation Plan**, the Councils **early intervention and prevention** approach and the BCF Plan are consistent	ICE	June 2016

18. Appendix 2 Kirklees BCF Risk Log

Risks	*Likelihood x impact =* Overall risk			Mitigating Actions	Responsibility	Timescale
1. Shifting of resources to fund joint interventions and schemes will destabilise current service providers, particularly in the acute sector – (across both the GHCCG / CHFT & the NKCCG / MYHT geographical patches)	3	5	15	1.1 Our current plans are based on the agreed strategies for Calderdale & Greater Huddersfield CCGs as agreed in the Right Care, Right Time, Right Place which includes all 7 health & social care agencies in the locality; and the North Kirklees & Wakefield CCGs as agreed in the Mid Yorkshire Hospitals Clinical Services Strategy which includes the 8 health & social care agencies in the locality. 1.2 The development of our plans will be conducted within the framework of both the Strategic transformation programmes, allowing for a holistic view of impact across the Kirklees landscape and putting co-design at the heart of this process.	CCGs Ongoing	Complete Ongoing
2. GH & NK CCG QIPP plans fail to realise the levels of savings required to establish the fund.	3	5	15	2.1 The CCGs QIPP Programmes have been carefully planned to meet the level of savings required to release funding flows. 2.2 Our savings programmes will take into account the target reduction in emergency admissions 2.3 We have established an integrated commissioning executive with escalation to our Health & Wellbeing Board which will drive through implementation of the Better Care Fund.	CCGs CCGs ICE	Complete April 2016 Ongoing
3. Improvements in the quality of care and in preventative services will fail to translate into the required reductions in acute and nursing / care home activity , impacting the overall funding available to support core services and future schemes.	3	5	15	3.1 We have modelled our assumptions using a range of available data, including metrics from other sources such as the West Yorkshire 10CCG collaborative and each of our Strategic Transformation programmes.	CCGs	Ongoing

Risks	*Likelihood x impact =* Overall risk			Mitigating Actions	Responsibility	Timescale
4. Community and social settings may be unable to pick up increased demand as care moves from acute settings.	4	3	12	4.1 All partners are committed to shifting resources where possible to increase capacity in community and social settings.	ICE	Ongoing
5. Workforce plans do not align with changes in skill set required to deliver our planned changes.	3	5	6	5.1 Partners are committed to making the capacity to support organisational and workforce development available. 5.2 Senior commissioners and workforce leads to develop an overarching workforce development plan	CCG/Council ICE	Ongoing Sept 2016
6. Work outlined may not adequately ensure the Protection of Adult Social Care services.	2	3	6	6.1 The Protection of Adult Social Care Services has been fundamental to the development of proposals and of Kirklees' wider ambition of a high quality and sustainable health and social care system. The focus has been on protecting existing spend whilst developing an investment pool to invest to reduce overall health and social care spend.	Council	Ongoing
7. Misalignment of commissioning plans for primary care services in Kirklees as these are dependent on NHS England Area Team Specialist Commissioning plans.	2	4	8	7.1 Develop more robust relationships with NHS England through co-commissioning	CCG NHS England	Ongoing
8. The number and complexity of providers and lack of alignment of organisational approaches, e.g. different approaches to procurement and contracting	2	3	6	8.1 Creation of a partnership vehicle to manage and deliver contracts and/or procurement	ICE	tbc

Risks	*Likelihood x impact =* Overall risk			Mitigating Actions	Responsibility	Timescale
9. Lack of information sharing and access to data between health, social care and wider stakeholders	3	3	9	9.1 We have made significant progress on this as part of the CareTrak project, and will be further developed through the Informatics Board	ICE/ Informatics Board	tbc
10. BCF schemes do not deliver the planned reduction in emergency admissions resulting in higher costs to the CCGs	3	5	15	10.1 We have aligned our BCF schemes with our CC2H commissioning intentions & have invested during 2015/16 in a number of business cases which are complementary to our BCF programme, identified within QIPP & Non recurrent programmes, which will contribute to the total reduction in emergency admissions on a wider system basis.	CCG	ongoing
11. Section 75 agreement not in place by June 2016	2	3	6	11.1 Critical path agreed by the BCF Partnership Board, recognising that this is a continuation of the 15/16 Section 75 Agreement.	BCF Partnership Board	June 2016

19. Appendix 3 Terms of Reference for the Kirklees Better Care Partnership Board

1. Membership

1.1 **GHCCG**

- Head of Strategic Planning & Service Transformation
- Chief Financial Officer

or a deputy to be notified to the other members in advance of any meeting

1.2 **NKCCG**

- Head of Strategic Planning & Service Transformation
- Chief Financial Officer

or a deputy to be notified to the other members in advance of any meeting

1.3 **The Council**

- Assistant Director, Commissioning & Health Partnership
- Head of Commissioning & Quality
- Consultant in Public Health

or a deputy to be notified in writing to Chair in advance of any meeting and the substitution will be recorded in the minutes.

1.4 The CCG Chief Officers and the Director for Commissioning, Public Health and Adult Social Care shall be able to attend any Board meeting.

2. Role

The Partnership Board shall:

a) Provide strategic direction on the Individual Schemes;

b) receive the financial and activity information;

c) review the operation of the Individual Schemes and make worthwhile recommendations to the Lead Commissioners (subject to Clause 30.2);

d) Oversee the national BCF Payment for Performance regime and any local performance payment arrangements;

e) Make recommendations for use of any underspend or inclusion of additional schemes for endorsement by relevant decision-making bodies in the Council and CCGs;

f) Identify new opportunities to meet the stated aims of the Better Care Fund;

3. Partnership Board Support

3.1 The Partnership Board will be supported by officers from the Partners from time to time.

3.2 Although not mandatory, it is anticipated that at least one finance officer and one performance officer will attend every Partnership Board meeting to provide relevant finance and performance input on the operation of the Pooled Fund and the Schemes.

3.2 The Council, as Host, will provide sufficient administrative support to ensure the effective operation of the Partnership Board.

4. Meetings

4.1 The Partnership Board will be chaired by the chair of ICE or his nominee. In the absence of such a person attending a meeting, a chair for the meeting will be nominated from those present.

4.2 The Partnership Board will meet at least quarterly at a time to be agreed following receipt of each Quarterly report of the Pooled Fund Manager. It may meet more often.

4.3 Agendas and supporting papers will be sent to members of the Board five working days before the meeting.

4.4 The quorum for meetings of the Partnership Board shall be a minimum of one representative from each of the Partner organisations.

4.5 The Partnership Board has no power to make decisions and is not an entity in its own right but for the avoidance of doubt any matters requiring resolution within the role of the Partnership Board shall be resolved unanimously.

4.6 No Partner shall be subject to any commitments above those which are set out in this Agreement at 1 April 2015 unless that Partner expressly agrees to them in writing.

4.7 Minutes of all meetings and declarations of conflict of interest shall be kept and copied to the Authorised Officers within seven (7) days of every meeting.

5. Delegated Authority

The Partnership Board is not a decision-making body and has no delegated authority. Any recommendations will be taken through the appropriate governance mechanisms of the Partner organisations.

6. Information and Reports

The Pooled Fund Manager shall supply to the Partnership Board on a Quarterly basis the financial and activity information as required under the Agreement.

7. Further Reporting Arrangements

7.1 The minutes of the Partnership Board will be presented to the Chief Officers Group (which consists of the chief officers of each of the CCGs, the Chief Executive of the Council, the Director of Commissioning, Public Health and Adult Social Care, the Director of Childrens Services, and the Director of Public Health).

7.2 A Quarterly report will be presented to:

- Kirklees Council's Cabinet as part of the corporate performance report
- GHCCG's Finance & Performance Committee
- NKCCG's Quality, Performance & Finance Committee
- Chief Officer Group

7.3 The CCGs' Chief Financial Officers and the Council's Director of Finance will be invited to attend the Chief Officer Group meetings which receive the Quarterly Reports to ensure an appropriate level of 'financial stewardship'.

7.4 Reports on specific issues will be prepared for consideration by the Council's Cabinet, the CCGs' Governing Bodies, and the Health & Wellbeing Board, as appropriate.

20. Appendix 4 Calderdale and Greater Huddersfield SRG: Implementing high impact changes – managing delays in the transfer of care from hospital beds

Change 1: Early Discharge Planning.

Greater Huddersfield/Kirklees footprint	
Current Rating and rationale	Level 2: whilst we have plans as a system to improve discharge planning we do not currently have joint pre-admission discharge planning in place. Not all emergency admissions have a discharge date set within 48 hours of admission. We have primary care discharge nurses working with several practices in Greater Huddersfield. The whole hospital is not currently focused on discharge dates for those admitted non-electively. The delivery of integrated health and social care teams is being developed as part of Vanguard/CC2H but as yet is not provided at scale.
Actions to be taken	a) Complete development of an integrated discharge model business case and agree with all partners including strengthening the role of primary care b) SRG to agree case and funding (Q1) c) Implementation Plan for new model agreed by DTOCB (Q1) d) Begin implementation of relevant recommendations from the January 2016 ECIP report (Q1) e) Implementation of operational SAFER bundle activity in CHFT and with partners as necessary (Q1) a) Ensure all partners are sighted on plans to integrated health and social care teams to support discharge (Q1)
Leadership	TOC Board
Measurement	• Provisional discharge dates set upon admission (non-elective care) - % to be locally agreed. • 100% of discharge dates are set prior to admission for (elective care) • Patient experience KPIs to be confirmed • Delivery of KPIs in business case for integrated model • Delivery of KPIs/ECIP recommendations

Change 2: Systems to Monitor Patient Flow

Both footprints	
Current Rating and rationale	Level 1: this level describes well the current issues in our system. We have started work to understand capacity and demand issues, but this is at a very early stage and does not currently include; calculations of capacity needed to meet demand on different pathways or analysis of bottlenecks and the changes in practice needed to make the changes sustainable. We need improvements in real-time data capture as well as a more robust system-wide approach to planning capacity to meet demand.

Actions to be taken	a) Continuation of work to strengthen flow information in advance of an agreed system (Q1) b) Further development of proposals to new system to manage flow – as discussed at SRG (Q1) c) Agreement on system BI and informatics support needed for current and future system (Q2) d) Being implementation of relevant recommendations from the January 2016 ECIP report (Q1)
Leadership	TOC Board
Measurement	• Performance data available for DTOCB and SRG • New system in place and supporting improvement

Change 3: Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector

Greater Huddersfield/Kirklees footprint	
Current Rating and rationale	Level 2: Multi-agency MDTs Monday to Friday during periods of surge but not standard practice daily at other times with ASC attendance in HRI. Development of model of 'roving MDT' being developed. Discharge to assess models only used where patient meets re-ablement criteria, not standard practice and do not fully utilise community-based opportunities including third sector. Work to do on 'trusted' discharge plans. However, we do deliver some elements of Level 4 - in Continuing Care, most DST's generated are now completed following discharge from hospital especially where transfer to a care home is required. To facilitate discharge to the appropriate placement prior to DST completion, a pragmatic decision is made as to whether the individual requires a nursing placement; the CCG agree to fund the Funded Nursing Care element until the DST is completed. Plans are in place to provide further training between health and social services to support the CHC assessment process, this will improve efficiency in both the acute and community settings. The Continuing Care Team has a designated Lead Nurse at HRI and DDH and this continuity enables a good working relationship between health and Social Services. There is also a buddy system to share good practice.
Actions to be taken	a) Build on current processes are in place for tracking and action planning the number of outstanding assessments; the list should reflect new cases daily and how many days existing cases have been waiting and how many cases were completed and taken off list previous day (Q1) b) Ensure process in place to tackle long waits an integrated health and social care focus group and action plan for each case with clear discharge dates as a matter of priority (Q1) c) Complete development of an integrated discharge model business case and agree with all partners (Q1) d) SRG to agree case and funding (Q1)

	e) Implementation Plan business case agreed by DTOCB (focus on initiation of MDTs and Discharge to Assess) (Q2) f) Commence delivery of relevant recommendations from the January 2016 ECIP report (Q1) a) Implementation of operational SAFER bundle activity in CHFT and with partners as necessary (Q1)
Leadership	TOC Board
Measurement	• Number of joint MDTs taking place • % patients covered by joint MDT working • % MDTs with community/third sector involvement • No/% of patients discharged to assess

Change 4: Home First/Discharge to Assess

Greater Huddersfield/Kirklees footprint	
Current Rating and rationale	Level 3 – Joint reablement services in place, improvements in number of people admitted permanently to care homes. The only caveat for this assessment is the fact that we are not currently meeting the target for care home assessment in 48 hours. Currently the majority of people do not return home prior to their assessment and we do not deliver care home assessments within 24 hours (see caveat for this element of the assessment above)
Actions to be taken	a) Continue work to strengthen current joint reablement services, including strengthening KPIs, response times and capacity and demand analysis (Q2) a) Confirm SRG views on involvement in the national programme "Shared Lives" (Q1) b) Further work to be done with care homes who are unresponsive to requests to speed up assessments in hospital – linked to contractual levers where possible (Q1) a) Pilot discharge to assess with care homes in Calderdale (Q2)
Leadership	TOC Board Care Homes work-stream in Kirklees
Measurement	% people discharged into joint reablement services and no. of days taken for discharge to take place % people in receipt of joint reablement still at home 91 days after discharge %care home assessments undertaken in hospital within 48 and 24 hours of agreement to discharged % assessments undertaken at home/care homes rather than hospital % people discharged home % people admitted into permanent residential/nursing care

Change 5: Seven-Day Service

Greater Huddersfield/Kirklees footprint	
Current Rating and rationale	Level 1: Plans for 7DS being developed with NHSE, some hospital departments are available at evenings at weekends and plans are being developed to expand this further. However it is recognised that the current configuration of acute care does not facilitate this happening at scale currently. We do not have new 7 day working patterns across health and social care, and hospital departments are not widely available 24/7. We do not have contracts currently for assessment and restarts over 7 days, and staff contracts enable choice of working over 7 days rather than more formal commitments.
Actions to be taken	a) Confirm current 7DS offer locally through local stakeholder event delivered by NHSE Improvement Team (Q2) b) Confirm progress with negotiation of staff contracts for health and social care (Q2) c) Confirm progress on provider negotiation on homecare assessment and re-starts at weekends (Q2) d) Full action plan to be agreed to delivery on 7DS national expectations, with recognition of current acute site constraints (Q2) a) Take learning from public consultation on acute configuration (CHFT footprint) and agree the future care model (Q3)
Leadership	SRG agreement on governance and leadership required
Measurement	• Contractual monitoring of 7DS delivered across a range of providers • Response time for 7DS already in place • KPIs and timelines developed within system plan • KPIs and timelines developed for hospital change programme in line with consultation

Change 6: Trusted Assessors

Greater Huddersfield/Kirklees footprint	
Current Rating and rationale	Level 1: Hospital avoidance team to undergo training on the Calderdale framework tool. ASC developing online assessment This is confirmed by the recent ECIP report recommendations in that wards are reporting that there were regular delays to patient discharge due to waits for staff attending the ward to carry out assessment of patients. A number of Trusts across England are now developing alternative arrangements for assessment which involves nursing or therapy staff in the Trust becoming accepted as 'trusted assessors' for a number of agreed Nursing Homes in the area. This is a model which the Trust may wish to explore. Further details, in the form of a case study will be available on the ECIP website shortly.

Actions to be taken	(a) Agreement to develop to "trusted assessor" arrangements based on good practice elsewhere (Q1) (b) Implementation timelines agreed and shared with SRG (Q2)
Leadership	TOC Board
Measurement	To be agreed with the TOC Board as part of implementation plan

Change 7: Focus on Choice

Greater Huddersfield/Kirklees footprint	
Current Rating and rationale	Level 3: New Discharge Policy developed, agreed and being embedded to ensure a fully integrated approach. Jointly agreed information shared with patients and their families, local choice policy agreed across the SRG and included in the policy document. Infrastructure contracts in place with voluntary sector and strengthening the links with acute care, voluntary sector providing some support to patients prior/on discharge, however they are not currently integrated within discharge teams and this approach needs to be scaled up. New Seamless Home from Hospital (SHFH) Service funded recurrently across Calderdale and Greater Huddersfield.
Actions to be taken	(a) DTOC Board to keep a watching brief on Policy implementation and issues and escalate to SRG as needed (Q1) (b) Develop SOP confirming expectations around the pace of delivery interventions for those whose discharge is delayed – this will be updated regularly with latest guidance codes and will reflect changes in daily weekly and monthly reporting recommendations (Q2) (c) Strengthen links between CHFT and voluntary sector who can support post/on discharge and ensure staff are fully aware of offers – via CC2H plans (Q2) (d) Update on SHFT to SRG as part of evaluation of winter schemes (Q1) (e) Feedback to SRG on implementation of new Discharge Policy, including impact on LOS (Q2) (f) Ensure third sector play a key role in the development of emerging new care models (Q2)
Leadership	TOC Board CC2H Contract Board
Measurement	• LOS for medical patients • Reductions in long lengths of stay • No of third sector organisations involved in integrated discharge planning/% patients covered • KPIs for patient and family satisfaction with discharge • Reductions is SIs related to poor discharge planning

Change 8: Enhancing Health in Care Homes

Greater Huddersfield/Kirklees footprint	
Current Rating and rationale	Level 3: Care Home Pilot in place Stimulating the market and creating resilience is currently a challenge for Local Authorities and CCGs and we have capacity issues in step-up/step down/intermediate care beds and nursing and EMI beds. Agreed focus locally includes the need to also strengthen the home care market in order to support flow. *Caveat on level 3 is the need to test quality and safeguarding plans are in place within care homes*
Actions to be taken	(a) Ensure shared learning across the two different care home models (Q1) (b) CCG and CHFT working to establish any joint opportunities to develop a new approach to community beds (Q1) (c) SRG work-stream is established but there is a need to strengthen planning, reporting and challenge (Q1) (d) CCG working with CMBC working at a place-based level to develop a short, medium and long-term plan to strengthen the care home and home care markets. Implementation Plan to be agreed SRG (to include other elements of this plan including discharge to assess and improving speed of assessments (Q2)
Leadership	SRG through Care Home Work-stream CC2H Board for place-based work
Measurement	• Care Home Pilot dashboard • Variation in admissions by individual care homes • Patient experience improved • Reductions in care home SIs

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Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

CHILD SEXUAL EXPLOITATION AND SAFEGUARDING MEMBER PANEL

Thursday 7 April 2016

Present: Councillor E Hill (in the Chair)
Councillors Ahmed, Allison, Holmes, K Pinnock, Bellamy (Observer)

In attendance: Sarah Callaghan, Director for Children and Young People
Nicole Hutchinson, Area Manager for Yorkshire (Children's Society)
Abdou Sidibe, Business Development Lead (Children's Society)
Osman Khan, Superintendent (West Yorkshire Police)
Ian Mottershaw, Detective Inspector (West Yorkshire Police)
Helen Kilroy, Principal Governance and Democratic Engagement Officer

Apologies: Carly Speechley and Pauline Martin

1 Minutes of previous meeting

The Panel considered the Minutes of the meeting held on Thursday 3 March 2016.

AGREED:-
That the Minutes of the meeting on 3 March be agreed as a correct record.

2 Update Report on Historic CSE Cases (Including Progress) and Prosecution of Perpetrators of CSE

The Panel welcomed Osman Khan, Superintendent (West Yorkshire Police) and Ian Mottershaw, Defective Inspector (West Yorkshire Police) to the meeting and considered an update on historic cases of CSE.

The Panel noted that the West Yorkshire Police had followed the same format of the report on historic CSE cases as previously produced by Ged McManus. The Panel noted that the information within the report provided by the West Yorkshire Police was restricted and could not be shared beyond the Panel.

Legacy Investigations

A legacy investigation was defined by West Yorkshire Police as one where the offence was more than 12 months old and the victim was now aged over 18. There were currently 4 significant legacy investigations taking place within Kirklees and these investigations were supported by a dedicated team of investigators, who were in place following a decision to support this work by the Police and Crime Commissioner. Osman Khan and Ian Mottershaw gave a confidential summary of the significant legacy investigations currently taking place within Kirklees.

The Panel was informed that a lot of work goes into the preparation for interviews with victims and support from other agencies was brought into help. Social care was the first port of call for victims. Ian Mottershaw explained that it was essential to build up a good rapport with the victim and have the right support in place to help them. The Panel were

informed that some victims were able to be strong and resilient and get on with their lives following abuse, however some individuals were badly affected and the abuse would impact them into their young adult life and beyond.

Ian Mottershaw advised the Panel that no male victims were as yet on the historic list of CSE cases.

Ian Mottershaw explained that Kirklees Safeguarding Children's Board had commissioned an audit specifically around the experiences of parents and carers of CSE victims when their child has been involved in CSE and what support/guidance was offered and disclosed to them at the time of their experience. The Panel were informed that this work was part of the 7 Point CSE Strategy.

Ian Mottershaw advised the Panel that all investigations were undertaken at the pace of the victim, which is why some cases could be slow in progressing. The Panel were informed that taking evidence from whoever was involved with the child at the time of their abuse was essential as part of the investigations.

The Panel was informed that there was no specific trend in individual circumstances, where and when victims were being targeted and potential opportunities. Ian Mottershaw advised that incidents of CSE do not necessarily happen at the first point of contact. The Panel acknowledged that one of the challenges of investigating historic cases was that people had often moved on and attempts to get back in touch with them could be a challenge.

Osman Khan advised the Panel of the Problem Analysis Triangle:- Victim – Offender – Location and confirmed that the Police will be looking at what it is about victims that attracts the offender.

Ian Mottershaw advised the Panel where victims of historic CSE live out of the area they would not be expected to come to Kirklees, instead the Police would attend a location of the victim's choice to undertake interviews. Ian Mottershaw further explained that it was essential that the Police built up a good relationship with the victim. It was also critical that the right officer undertook the interview and strived for continuity with that victim, ensuring that good relationships were in place. All future contact with the victim would be undertaken through the same officer. Ian Mottershaw further explained that preparation work prior to the interview was crucial in building confidences, to ensure that the victim felt they could share their personal experiences. If the same officer was not always available, every effort would be made to ensure a comfortable transition for the victim.

Osman Khan advised the Panel that all 5 Districts in West Yorkshire now had dedicated CSE Teams and all officers within those Teams had a qualified Detective. If victims requested a female officer then that would be arranged. All officers within the CSE Team had received the proper safeguarding training.

Live Investigations

Osman Khan gave a confidential summary of individual cases currently being investigated in Kirklees. A live investigation was defined where the offence had taken place within the last 12 months and the victim was aged 18 or younger. There were currently 14 live CSE investigations taking place within Kirklees and often these enquiries took many months to complete as they needed to be supported by forensic evidence and telecommunications data which could take significant periods to obtain and interpret. Most suspects were on

bail whilst enquiries continued or charging decisions were awaited from CPS who could take significant periods to review this type of case.

Completed Investigations

The Panel was informed that there was no actual crime of child sexual exploitation, offenders could be charged with a range of offences for example, rape, inciting sexual activity or abduction. Providing accurate figures in relation to the number of CSE related cases had historically been difficult, however, West Yorkshire Police had carried out an audit for the last 2 years to identify CSE related crimes. The national definition of CSE was the sexual exploitation of children and young people under 18 “involves exploitive situations, contexts and relationships where young people (or a third person or persons) receive ‘something’ (eg. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities.”

Osman Khan advised the Panel that over the previous 12 months (March 2015-2016), Kirklees District had recorded 114 CSE related crimes. The Panel was informed that 34 of these crimes had occurred within the last 12 months (live crimes), with the other 80 relating to historic offences. Osman Khan gave a confidential summary of a number of completed investigations. The Panel was informed that West Yorkshire Police were now recording all CSE related crimes, for example a teenage pregnancy is recorded as a crime and, if a Looked after Child goes missing that was also recorded as a CSE related crime.

Sarah Callaghan discussed trend analysis opportunities and comparative data with the Panel and made reference to the Goddard Report regarding institutional abuse and advised that the Council was looking at how prevalent this was within Kirklees.

Osman Khan advised the Panel that Detective Inspector Vanessa Smith had undertaken a Force wide analysis of cybercrime within West Yorkshire and that Kirklees had the highest figures. The Panel were informed that 25% of residents within Kirklees allowed their children to communicate with strangers over computer consoles, for example PlayStation and Xboxes. Osman Khan agreed to bring an update on cybercrime to a future meeting of the Panel.

The Panel were informed that ‘end to end’ encryption was being undertaken to make it more difficult to trace and gather evidence from electronic equipment. The Panel acknowledged that examples of cybercrime today could be different tomorrow due to the pace of development and that the West Yorkshire Police had to continue to explore and monitor this area.

Osman Khan updated the Panel on the “Sexual Harm Prevention Order (SHPO)” which could be placed on suspects enforcing conditions on them and how they could behave. The SHPO gave the Police more powers over the suspect, for example, a suspect could not be near a 16 year old girl or they would be arrested, or that person could not have unsupervised access to children or be outside schools at certain times. The Panel recognised that this Order gave the Police more powers in dealing with an individual and if necessary bring them back into custody to interview and prosecute. Ian Mottershaw went on to explain that suspects could be summoned to the Civil Court and challenged regarding an SHPO and if evidence was provided that they had broken certain conditions, this would be classed as committing an offence called “breech of SHPO”. The individual could receive a custodial sentence without the Police having to prove that a CSE related crime actually took place.

Osman Khan agreed to provide future updates on progress of historic CSE cases, including cybercrime.

AGREED:-
(1) That Osman Khan and Ian Mottershaw from the West Yorkshire Police be thanked for attending the meeting and that the update on historic CSE cases within Kirklees be noted.
(2) That the Panel continue to receive future updates and progress on historic CSE cases within the Kirklees District, including cybercrime within Kirklees.

3 Update from Children's Society on the West Yorkshire CSE School Prevention Service

The Panel welcomed Nicole Hutchinson, Area Manager for Yorkshire (Children's Society) and Abdou Sidibe, Business Development Lead (Children's Society) to the meeting and considered an update from the Children's Society on the West Yorkshire CSE School Prevention Service, including potential development of new work in Kirklees schools.

Nicole Hutchinson advised the Panel that the Children's Society West Yorkshire Preventative Programme had been developed in line with the organisations national service model. The Programme aimed to raise awareness about CSE and associated risks, which would help with the early identification of grooming or vulnerability for sexual exploitation and therefore contribute to better responses for children and young people at risk of sexual exploitation, ideally before any abuse took place.

The Panel were informed that the programme offered the following services;

- Targeted group work for children and young people (flexible programme of sessions including topics such as CSE, grooming, online safety, consent and healthy relationships);
- Awareness training for school professionals (bespoke workshop sessions covering topics such as grooming, various 'models' of CSE, risks and indicators and support strategies).

Nicole Hutchinson advised the Panel that the programme was under contract with Calderdale Borough Council, funded through the West Yorkshire Police and Crime Commissioner and delivered to the 5 Local Authorities within West Yorkshire. Each Local Authority had identified 5 schools within their region which they felt would benefit from the programme. Within Kirklees the identified schools were Colne Valley High, Manor Croft Academy, Westborough High, Upper Batley High and Moor End Academy. The programme to date had been well received by all the schools in the area with 3 schools having received professional training – Manor Croft Academy, Upper Batley High and Colne Valley High. The workshops could be tailored to the school's individual needs and delivered over a 1 hour, 30 minute or 3 hour session.

Feedback

The total number of professionals trained from the schools was 28, who had provided the following feedback;-

- 28 (100%) reported to have improved knowledge of the risks and indicators of CSE;
- 27 (96%) reported to have improved their knowledge of affective strategies to support children and young people;
- 27 (96%) reported to feel better equipped and more confident to support children and young people vulnerable and affected by CSE.

The Panel was informed that to date, Moor End Academy and Manor Croft Academy had received the 6 Young People's Sessions, both reporting positive feedback. Colne Valley was receiving a Young People Session and feedback would be reported at a later date.

Nicole Hutchinson advised that the number of young people who had attended the sessions was 9 and the feedback provided was as follows;-

- 9 (100%) reported to feel better informed by the risks of CSE;
- 9 (100%) reported to feel able to make better choices;
- 0 (0%) had been identified as being at higher risk and referred for more intensive support.

The Panel was informed that the training for the young people had been made more interactive and the use of a DVD had helped the children to learn about consent.

Nicole Hutchinson advised the Panel the feedback in general from all professionals across West Yorkshire, who had been part of the programme, had been very positive. A quarterly report would be submitted to Calderdale at the beginning of May which would include an update on the Programme. The Panel agreed to receive a copy of this report.

Further work in Kirklees and West Yorkshire

Nicole Hutchinson informed the Panel that there had been substantial interest from other schools and services within Kirklees requesting CSE preventative work with staff, young people and parents. One of these schools was Thornhill Community Academy Trust (Dewsbury) and the school had requested that if they were not to be included within the programme, could they receive costing information of the service. The report from the Children's Society outlined the other schools and services from across the region who had requested further preventative work and training.

Nicole Hutchinson explained that The Children's Society's Safe Hands CSE Service covering Calderdale had seen an increase in the number of referrals for support and that as part of the programme evaluation, the Children's Society would request referral numbers to CSE services from all Local Authorities.

The Panel was informed that in relation to boys and young men, there remained an under reporting issue and low referral numbers. The Children's Society was in the process of recruiting a CSE Development and Outreach Worker (marginalised communities specialism) for West Yorkshire for a period of 12 months, who would explore this area further. This area of work would be looked at again in 3-6 months' time to evaluate if referrals from young men or boys had increased.

Nicole Hutchinson confirmed that the Children's Society had funding for the Preventative Project across the 5 West Yorkshire Local Authorities until the end of August and that details on future funding had not been confirmed. Further details were likely to be delayed until after the elections for the Police and Crime Commissioner.

The Children's Society advised that they were looking at education and training programmes focussing on safeguarding young people with learning difficulties, from Roma communities, migrants, etc. Councillor Hill advised the Panel that schools within Kirklees were looking at trying to develop their own programmes for vulnerable young people and the Panel agreed that it would be interested in looking at this area further.

Nicole Hutchinson advised that the Children's Society were currently looking at resources and interventions with young people to enable them to develop a tool kit of training that could be adapted for different groups of young people and professionals (including parents and carers) and that further work would be undertaken on this matter over the next few months.

In response to a question regarding the issue of immigration and whether this was showing any concerns, the Panel discussed diverse communities and different cultural beliefs, for example contraception and the age of consent for any form of sexual activity. The Panel agreed that there needed to be more work in terms of education for certain groups within the community on what was not appropriate. Nicole Hutchinson confirmed that the Children's Society was having conversations with partners such as BLAST and meeting with their lead teams in Bradford and Leeds to discuss this issue. The Panel acknowledged that differences in cultural beliefs were a huge challenge in preventing CSE related crime.

Abdou Sidibe advised the Panel that trafficking had increased within West Yorkshire and for people who are seen to have 'no status' there was a danger they could be exploited for sexual favours. The Panel was also informed that the age of consent did not exist within some cultural beliefs, but that when people arrived within the UK the right sort of education and support needed to be provided to help protect them from any form of exploitation.

Nicole Hutchinson circulated a document entitled "A guide to our work in Yorkshire – supporting vulnerable children and young people"

Nicole Hutchinson confirmed that the Children's Society would be keen to continue to work within Kirklees. Councillor Hill and Sarah Callaghan, Director of Children and Young People, agreed to meet with Nicole Hutchinson to discuss future working within Kirklees.

AGREED:-
(1) That Nicole Hutchinson and Abdou Sidibe are thanked for attending the meeting and that the update from the Children's Society on the West Yorkshire CSE School Prevention Programme, including development of work within Kirklees be noted.
(2) That Councillor Hill and the Director for Children and Young People continue to work with the Children's Society with regard to future preventative work within Kirklees.
(3) That the Panel receive a copy of the Children's Society Quarterly Report, which would include an update on the West Yorkshire CSE Schools Preventative Programme.

4 CSE Management Information

The Panel considered an update on CSE Management Information.

AGREED:-
(1) That the update on Management Information be noted.

5 Review of Work Programme of CSE and Safeguarding Member Panel in 2015/16 and Future Work Programme for 2016/17

The Panel considered a review of the work programme during 2015/16 and discussed the work programme for 2016/17.

The Panel suggested that the future format of reports from the West Yorkshire Police on historic CSE cases be provided in such a format that would allow some information to be shared with the Political Groups.

The Panel agreed that they had covered a good range of areas since the establishment of the Panel in December 2014 and had achieved their specific remit of the Panel as set out in the Terms of Reference.

Members agreed that a cross party challenge on the issues of CSE reduced the risk of complacency and that they were not be in a positon where the work of the Panel had come to a conclusion. Members felt that the Panel should continue as long as there was further work for the Panel to undertake and agreed that they would take into account work of Scrutiny and other Committees on the issue of CSE within Kirklees. The Panel agreed that its future focus should be a role of oversight, overview and holding to account.

Sarah Callaghan circulated a flowchart to the Panel entitled 'Objectives – What is the Panel aiming to do' and explained the rationale.

The Panel agreed to look at the following issues within the 2016/17 work programme;-

- Future focus of Panel and Terms of Reference
- Feedback from the OFSTED Thematic report
- L Goddard enquiry and Kirklees response
- Safeguarding within children's residential unit and how Looked After Children are being supported
- Historic CSE cases (progress and updates on investigations) to include cybercrime
- Child sexual exploitation victim and at risk individual strategy – update following implementation
- Trends and opportunities to be further explored with the West Yorkshire Police
- CSE related crime within the home and support to parents and carers
- National context – regular updates on key issues
- Casey report – evaluation and measurement of Kirklees position in terms of impact and what changes and improvements have been made, for example taxi licensing, training in schools, and safeguarding in children's homes.
- Referral rates – Who is making them? What is the profile of victims?

Councillor Hill and Sarah Callaghan, Director of Children and Young People, agreed to work up a future focus and work programme for the Panel and present this to the next meeting in June 2016.

Councillor Hill advised the Panel that the revised Whistleblowing Policy would be submitted to the Corporate Governance and Audit Committee on 22 April 2016 to seek approval on the changes to the Policy and the recommendations from the CSE and Safeguarding Member Panel.

AGREED:-
(1) That the work programme of the CSE and Safeguarding Member Panel for 2015/16 be noted.
(2) That Councillor Hill and the Director of Children and Young People draft a proposal on the future focus of the Panel, including agenda items for the 2016/17 municipal year and present to the Panel in June 2016 for consideration.

6 Date of next meeting

The Panel considered future dates of meetings in the 2016/17 municipal year.

AGREED:-
(1) The Panel agreed to the dates for future meetings in the 2016/17 municipal year which were as follows:-

2nd June 2016
7th July 2016
5th August 2016
2nd September 2016
7th October 2016
4th November 2016
2nd December 2016
6th January 2017
3rd February 2017
3rd March 2017
7th April 2017

All meetings to be held in Meeting Room 1, Huddersfield Town Hall at 10.30am till 12.30pm

Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

CHILD SEXUAL EXPLOITATION AND SAFEGUARDING MEMBER PANEL

Thursday 2 June 2016

Present: Cllrs K Pinnock (Sub for A Marchington), Ahmed, Allison, Holmes, Bellamy (Observer)

In attendance: Carly Speechley, Interim Assistant Director (Family Support & Child Protection)
Nicole Hutchinson, Area Manager for Yorkshire (Children's Society)
Helen Kilroy, Principal Governance and Democratic Engagement Officer

Apologies: Cllr A Marchington and Sarah Callaghan

1 Membership of the Panel

The Panel noted that Cllr Andrew Marchington had replaced Cllr Kath Pinnock on the CSE and Safeguarding Member Panel for the 2016/2017 municipal year.

In the absence of a Chair (Cabinet Member with statutory responsibility), the Panel elected Cllr Pinnock as Chair for the duration of the meeting.

AGREED:-
(1) The Panel noted the Membership of the Panel for the 2016/2017 municipal year.

2 Minutes of Previous

The Panel considered the Minutes of the Meeting held on Thursday 7 April 2016.

The Panel agreed to an amendment to the Minutes under Section 5 "Review of work programme of CSE and Safeguarding Member Panel in 2015/16 and future work programme of 2016/17", as follows :-

Members felt that the Panel should continue as long as there was further work for the Panel to undertake and agreed that they would take into account the work of Scrutiny and other committees on the issue of CSE within Kirklees.

AGREED:-
(1) That the Minutes of the Meeting on 7 April 2016 be agreed as a correct record.
(2) That the Panel continue for the 2016/17 municipal year and agreed that they would take into account the work of Scrutiny and other committees throughout the year on the issue of CSE within Kirklees.

3 Children's Society – Quarterly Report

The Panel welcomed Nicole Hutchinson, Area Manager for Yorkshire (Children's Society), to the meeting and considered an update which was based on the Children's Society Quarterly Report to Calderdale on the West Yorkshire CSE

Preventative Programme and work within Kirklees. Nicole Hutchinson gave an update on the key highlights from the report, as follows:-

- The Children's Society had delivered seven young people's targeted group work courses to 36 young people and provided CSE professional training to 97 professionals in 10 of the 25 identified schools;
- CSE prevention work had been very well received by both the young people and professionals, with flexibility of the service offer proving popular;
- One young person at Manor Croft Academy had been identified at higher risk and had been referred for more intensive support from the local CSE service.

Nicole Hutchinson confirmed that the wider pot of funding from the Police and Crime Commissioner for year 2 was available, but it was yet to be agreed how this would be commissioned and will be discussed as part of the programme review on the 24th June 2016.

Nicole Hutchinson confirmed that the lateness of identifying schools had led to some delays in the delivery and booking of some of the sessions, although it did allow time to design and develop the sessions and training resources. A number of schools in Kirklees had requested that their sessions took place in early autumn 2016 and the Children's Society had therefore submitted a request to the PCC to extend the programme to October half term in order to allow the sessions to be booked in. Nicole Hutchinson further explained that if they were to run this programme again they would begin their communication earlier with the schools.

Nicole Hutchinson advised the Panel that the Thornhill Academy in Dewsbury, who had not been selected as part of the West Yorkshire programme, had heard about the project and had requested work in their school if possible in the future. The Panel was informed that the Children's Society was in contact with the Thornhill Community Trust Academy with regard to the possibility of delivering the programme within their school and were looking at potential options of how this could be funded.

Nicole Hutchinson advised the Panel that the Children's Society wanted to develop and adapt their programme to enable them to work with young people with learning disabilities, asylum seekers and refugees and this would also include supporting the professionals in these settings.

Nicole Hutchinson advised that if they were to run this programme again, they would combine the roles to deliver both elements of the training (for young people and professionals), the aim of which would be to ensure consistency and make appropriate connections.

The Panel noted that that Children's Society was looking at how they could adapt their training so that it could be delivered to parents.

The Panel discussed looked after children and how they were being supported. Carly Speechley advised the Panel that Kirklees was currently reviewing safeguarding for looked after children within Kirklees, so that the service was more robust. The Panel agreed to look at the issue of looked after children in the broader sense, but to include foster care and residential children's homes and an update on the review of the service and how Kirklees would provide a more robust response and support to this vulnerable group.

Safeguarding children and young people with learning disabilities

Nicole Hutchinson advised on a conference being hosted by the PCC and West Yorkshire Police on the 27 June 2016 on "Safeguarding children and young people with learning disabilities at risk of CSE". The Panel was informed that 10 places had been made available to each of the 5 West Yorkshire Local Authorities, including Kirklees, and agreed to give consideration to sending a Member of the Panel to the event. Carly Speechley agreed to follow this up with the Safeguarding Children's Board to check who was attending the event from Kirklees on the 27th June 2016.

Review of West Yorkshire wide CSE Schools Project

Nicole Hutchinson confirmed that the Children's Society and GW Theatre, as providers, had been invited to a meeting on the 24th June 2016 by Stuart Piper from the West Yorkshire Police and Crime Commissioner (WYPCC) and Julia Redgrave, Calderdale Council as the lead authority. The Panel was informed that representatives from the 5 West Yorkshire Local Authorities, including Kirklees, had been invited to jointly review the West Yorkshire wide CSE Schools Project to date and next steps. Nicole Hutchinson further explained that at the Review meeting on 24 June, the providers would put forward their case to receive funding to deliver a second year of the CSE Preventative Programme. The Children's Society would also put in a request to extend their programme to October 2016, to enable the work with the remaining Kirklees schools identified, to be completed.

Feedback from Panel

The Panel agreed that the West Yorkshire CSE Preventative Programme within Kirklees had been an important piece of work and fully supported the Children's Society bid for further funding to the PCC to enable them to roll out the programme to other schools within Kirklees. The Panel agreed to receive details of which other schools within Kirklees had been identified for the West Yorkshire CSE Preventative Programme.

Cllr Masood Ahmed made reference to the fact that people did not always think CSE could happen to boys and advised that he was working with BLAST in his officer role at Bradford Council with regard to the grooming of young boys.

Cllr Masood Ahmed advised that Mosques and Madrassahs within the borough would benefit from and would welcome the training from the Children's Society in terms of the safeguarding and protection of the children that attended.

Nicole Hutchinson welcomed the comments from the Panel on the areas to be further explored and agreed to feed this back into the Review meeting on the 24th June 2016. The Panel agreed to receive an update on the outcome of the West Yorkshire Review meeting from a Kirklees perspective, to a future meeting of the Panel.

Cllr Lisa Holmes raised the issue of safeguarding of children who were home educated and the Panel agreed to give further consideration as to whether there were any issues with these groups. Carly Speechley advised the Panel that Kirklees was required to undertake checks of children that were educated at home.

The Panel agreed to receive a report to the next meeting in July 2016 on the broader issue of support to children at risk of CSE, including looked after children, foster care and residential children's homes. The report would include an update on the review of the service to children at risk of CSE and how Kirklees would provide a more robust response and support to this vulnerable group.

The Panel were informed that the Chief Executive was leading on an approach called "Out of Sight" which was regarding children that go missing from home and noted that a report on this issue would be provided to the Panel in September 2016.

AGREED:-

(1) That Nicole Hutchinson from the Children's Society be thanked for attending the meeting to give an update on the West Yorkshire CSE Preventative Programme within schools in Kirklees.
(2) That the Panel's comments on the West Yorkshire CSE Preventative Programme within schools in Kirklees be fed back to the West Yorkshire Review meeting on the 24th June 2016, and that the Panel receive a future update on the outcome of the Review meeting from a Kirklees perspective.
(3) That the Panel receive a report to the next meeting in July 2016 on the broader issue of support to children at risk of CSE, including looked after children, foster care and residential children's homes. The report would include an update on the review of the service to children at risk of CSE and how Kirklees would provide a more robust response and support to this vulnerable group.
(4) That the panel give consideration to sending a Member of the Panel to a conference hosted by the Police and Crime Commissioner on the 27th June 2016 on "Safeguarding Children and Young People with Learning Disabilities at risk of CSE".
(5) The Panel agreed that the West Yorkshire CSE Preventative Programme within Kirklees had been an important piece of work and fully supported the Children's Society bid for further funding to the Police and Crime Commissioner to enable them to roll out the programme to other schools within Kirklees.
(6) That the Panel give future consideration to the issue of safeguarding of children who were educated at home within Kirklees.

4 Future Focus and work programme for 2016/17

The Panel considered the future focus and work programme of the Panel for 2016/17 municipal year.

The Panel discussed safeguarding training for Members of Kirklees and agreed that it should be pertinent to their work as a councillor, for example, what signs should Members look out for when 'out and about' in their Wards and what was not appropriate, etc. The panel agreed to receive information to a future meeting advising on the following:-

- Details of safeguarding training currently available within Kirklees – including course content and whether it was fit for purpose for Ward Councillors
- Contact details for training officers

The Panel agreed with the proposed work programme for 2016/17 and determined that the item on 'Prevention of CSE including awareness raising in schools' due to

be presented to the Panel in September 2016 should include an update on the 'Out of Sight' report.

AGREED:-

(1) That the work programme of the CSE and Safeguarding Member Panel for 2016/17 be agreed.
(2) That the item on 'Prevention of CSE including awareness raising in schools' to the Panel in September 2016, include an update on the 'Out of Sight' report.
(3) The panel agreed to receive information to a future meeting advising on the details of safeguarding training for Members currently available within Kirklees, including course content, whether it was fit for purpose for Ward Councillors and contact details for training officers.

5 CSE Management Information

The Panel considered an update on CSE management information. Carly Speechley advised the Panel that the narrative on key performance issues would be included in future management information presented to the Panel.

The Panel was informed that the risk assessment tool used by Kirklees to assess the risk of an individual, was not as robust as it could be. Carly Speechley confirmed that the risk assessment tool was being reviewed to make sure that any child at risk of CSE was being captured in the data.

AGREED:-

(1) That the update on management information be noted and that future updates would include narrative on key performance issues to explain the data.

6 Date of Meetings in 2016/17

The Panel considered the following proposed schedule of dates for meetings in 2016/17:-

7 July 2016
2 September 2016
7 October 2016
4 November 2016
2 December 2016
6 January 2017
3 February 2017
3 March 2017
7 April 2017

AGREED:-

(1) That the proposed schedule of dates for 2016/17 be agreed and that all meetings will be held at 10.30 am till 12.30 pm in Meeting Room 1, Huddersfield Town Hall.
(2) That the Panel meeting on the 5th August 2016 be cancelled.

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