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Wednesday 16 November 2016

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Council Chamber , Town Hall, Dewsbury** at **2.00 pm** on **Thursday 24 November 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.

2: Minutes of previous meeting — 1 - 6

To approve the Minutes of the meeting of the Board held on 29 September 2016.

3: Interests — 7 - 8

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: Kirklees Safeguarding Adult Board Annual Report 2015/16

9 - 72

This report presents for information the 2015/16 Kirklees Safeguarding Adults Board Annual Report.

Contact: Michael Houghton-Evans, Independent Chair of Kirklees Safeguarding Adults Board

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8: West Yorkshire & Harrogate - Sustainability & Transformation Plan (STP)

73 - 162

To provide the Board with an update on progress with developing the West Yorkshire & Harrogate Sustainability & Transformation Plan and; an opportunity to comment on the implications for Kirklees.

Contact: Rob Webster, Chief Executive, South West Yorkshire Partnership NHS Foundation Trust

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9: Developing the Kirklees Health & Wellbeing Plan 2017 - 2021

163 - 166

To provide the Board with an update on progress with developing the Kirklees Health and Wellbeing Plan 2017-2021 (formerly known as the Kirklees STP).

Contact: Phil Longworth, Health Policy Officer, Rachel Millson, Business Planning Manager and Natalie Ackroyd Business Performance Reporting and Planning Manager

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TO NOTE

10: Adolescent Mental Health Service (CAMHS) Transformation Plan

167 - 226

To present to the Health and Wellbeing Board for approval the Kirklees CAMHS
Local Transformation Plan refresh (2016)

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

11: Minutes of CSE & Safeguarding Member Panel

227 - 244

To receive the minutes of the CSE and Safeguarding Member Panel meeting held on 2 September 2016 and 7 October 2016.

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

12: Date of Next Meeting

To note that the next meeting of the Health and Wellbeing Board will be on the 26 January 2017, Huddersfield Town Hall.

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 29th September 2016

Present:	Cllr Viv Kendrick (Chair) – Kirklees Council Councillor Shabir Pandor – Kirklees Council Councillor Donna Bellamy – Kirklees Council Councillor Kath Pinnock – Kirklees Council Richard Parry – Kirklees Council/North Kirklees CCG Dr Steve Ollerton – Greater Huddersfield CCG Carol Mckenna - Greater Huddersfield CCG Patricia McGuire – Greater Huddersfield CCG Dr David Kelly – North Kirklees CCG Fatima Khan-Shah – North Kirklees CCG Rory Deighton – Healthwatch Kathryn Hilliam – NHS England
Apologies:	Cllr Erin Hill – Kirklees Council Sarah Callaghan – Kirklees Council Rachel Spencer-Henshall – Kirklees Council Adrian Lythgo – Kirklees Council
In attendance:	Phil Longworth, Health Policy Officer, Kirklees Council Natalie Ackroyd – Business Performance Reporting and Planning Manager Greater Huddersfield CCG Jenny Bryce-Chan, Governance Officer
Observers:	Matt England – Mid-Yorkshire Hospital NHS Trust Robert Flack - Locala Catherine Riley – Calderdale & Huddersfield Foundation Hospital Trust Karen Taylor – South West Yorkshire Partnership Foundation Trust

33 Membership of the Board/Apologies

The following Board member substitutions were noted:-

Tony Cooke for Rachel Spencer-Henshall.

34 Minutes of previous meeting

RESOLVED - That the Minutes of the meeting held on the 25 August 2016 be approved as a correct record subject to the following corrections: - that the

apologies from Cllr Kath Pinnock and Fatima Khan-Shah be noted, and that the minutes reflect that Karen Taylor was in attendance.

35 Interests

No interests were declared.

36 Admission of the Public

All items be considered in public session.

37 Deputations/Petitions

No deputations or petitions were received.

38 Public Question Time

No questions were asked.

39 Right Care, Right Time, Right Place - Next Steps

Carol McKenna, Chief Officer, Greater Huddersfield Clinical Commissioning Group updated the Board on the Right Care, Right Time, Right Place Programme.

Referring to the submitted cover report the Board was advised that the programme was now in the post consultation deliberation period and there were a number of pieces of work being undertaken with the Governing Bodies in readiness for the CCG's Governing Body meeting in parallel on the 20th October. The agenda papers for that meeting will be published on the 12th October 2016.

The Board was informed that a report from an independent company commissioned to analyse responses to the consultation had been shared and went into the public domain on the 25th August 2016. The Joint Health Overview and Scrutiny Committee will provide comments in response to the consultation by 3rd October.

Healthwatch had undertaken a separate consultation process and their report will be considered by the governing bodies and the Joint Health Overview and Scrutiny Committee. The Report from Healthwatch was about conversations with the public and it appears to mirror the findings of the independent research.

The governing body takes this very seriously and will meet every week for the next 3 weeks. Any equality and health inequality implications identified as a result of the consultation will be assessed for potential impact. Assurance will be given that the consultation has had sufficient reach.

The Board asked how this fits in with the STP and was informed that it is a very big part of it and partners who sit around the Health and Wellbeing Board table have been involved in the development of the STP. The STP is bringing together work that is already being undertaking.

RESOLVED - That the work required to undertake post-consultation together with other known key dates and events within the same timescale be noted.

40 Sustainability & Transformation Plan Development

Rachel Millson, Business Planning Manager presented information on developing the Sustainability and Transformation Plan (STP) advising that the Board has had received regular updates on both the Kirklees STP and West Yorkshire (Healthy Futures) STP. The Board was informed that the next submission date for the Healthy Future STP to NHS England is 21st October 2016 however this may not be the final submission and could be a stocktake to assess where things are at.

Work has been undertaken with providers and a working group which has representation from the Council, Clinical Commissioning Groups (CCG), three Health Trusts and Locala has been working on developing the local STP.

The Board was informed that there had been some suggestion that the development of the plans were not open and transparent however assurance were given that the plans would not be developed behind closed doors but would be subject to rigorous engagement processes. Regular updates would be provided to the Health and Wellbeing Board as well as at CCG public events, to governing bodies and patient reference groups the aim is to encourage people to be involved as the process develops.

The Board was informed that this is not a new plan but is building on work already done including engagement activities and public consultation on Meeting the Challenge, Right Care Right Time Right Place, Care Closer to Home and Integrated Community Model, which are all relevant to the development of STP.

The next step is for engagement to continue with Overview and Scrutiny, the Health and Wellbeing Board and CCG Governing Bodies. The working group will follow due process and will identify any gaps in the process. A communication officer has been employed and some information will be coming out shortly.

Local challenges:

Health & Wellbeing Gap – local challenges are linked to the Joint Strategic Needs Assessment priorities. More needs to be done to prevent illness and intervene earlier when people do become ill.

Care & Quality – there is data behind all of these and it highlights that people are waiting too long for diagnosis and treatment. It requires a system wide approach to address sending too many people to hospital and then staying too long when admitted. In addition, mortality rates in hospitals are high.

Finance & Efficiency – there is too much unwarranted variation which creates inefficiencies. The money available is decreasing while demand is increasing. The cost of providing out of hospital care is increasing as people are living longer however too many people are still being sent to hospital. The care home sector has 7% fewer beds and is struggling in terms of quality and there is also the challenge of maintaining the workforce.

The working group has come up with priorities to address the local challenges which include sharing resources and working more collaboratively. The Board was asked for its view on whether the right challenges were being focused on.

The Board was advised that the STP has attracted attention however every year without fail planning guidance is published. Last year's planning guidance advocated working together as a system and thinking about the scale of challenge in Kirklees as a system rather than as individual organisations. The difficulty now is having to undertake this when the scale of the challenge is as it has never been before. It is another planning exercise but in a different environment.

The Board commented that the challenge of financial cuts makes it feel like finance is really driving this, however it is important to make sure that quality is not lost whilst trying to balance the books. The Board questioned whether the right things were being done to tackle health inequality.

The Board discussed the issues presented by splitting into two groups

RESOLVED - That the process for developing the West Yorkshire STP and Kirklees STP be noted.

41 Greater Huddersfield Annual Report & Accounts

The Board received the Greater Huddersfield Clinical Commissioning Group's Annual Report and Accounts for 2015/16.

RESOLVED - That the Annual Report and Accounts be noted.

42 Minutes of CSE & Safeguarding Member Panel

The Board received for information the minutes of the Child Sexual Exploitation and Safeguarding Panel meeting held on 7 July 2016.

RESOLVED - That the Minutes of the CSE and Safeguarding Member Panel be noted.

43 Date of next meeting

It was noted that the next meeting of the Board would take place on Thursday 27 October 2016 as a STP development workshop.

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.

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	THURSDAY 24 NOVEMBER 2016
TITLE OF PAPER:	**KIRKLEES SAFEGUARDING ADULTS BOARD 2015/16 ANNUAL REPORT**

1. Purpose of paper

This report presents for information the attached 2015/16 Kirklees Safeguarding Adults Board Annual Report.

2. Background

2.1 The Kirklees Safeguarding Adults Board (KSAB) is a statutory strategic partnership which brings together the main organisations working with adults at risk of abuse or neglect. Hence, its membership includes: the Council, West Yorkshire Police, NHS organisations and West Yorkshire Fire and Rescue Service. Its core purpose is to focus on the protection of vulnerable adults within the Kirklees area. The board's work is also strengthened through having two lay members.

2.2 In 2015 the board appointed its first Independent Chair and in accordance with Care Act guidance, the Independent Chair of the KSAB reports quarterly to the Council's Chief Executive on the work of the board.

2.3 Board members take responsibility for the submission of annual progress reports to their organisation's executive management body/board to ensure that adult safeguarding requirements are integrated into their organisation's overall approach to service provision and service development.

3. Proposal

3.1 The report is being presented to the Health and Wellbeing Board (HWB) as it is the forum where key leaders from the health and social care system in Kirklees work together to improve the health and wellbeing of the local population, reduce health inequalities and tackle variances in the quality of health and social care.

3.2 As part of this role the HWB receives the KSAB Annual Report which helps to further develop a shared understanding of the board's responsibilities and priorities and promote a relationship where issues of common interest and concern are shared and challenged, in a constructive and mutually supportive way.

3.3 In fulfilling part of their role the panel receives the KSAB Annual Report.

4. Financial Implications

None.

5. Sign off

Richard Parry on 21 October 2016.

6. Next Steps

6.1 The report will be presented to the Overview and Scrutiny Panel for Health and Social Care on 10 January 2017. The panel, which is made up of democratically elected members and members of the public who volunteer to sit with Councillors on the panel, has the powers to:

- Hold decision makers to account
- Challenge and improve performance
- Support improvement that achieves better outcomes and value for money
- Influence decision makers with evidence based recommendations
- Bring in the views and evidence of stakeholders, users and citizens

6.2	Panel members have a unique role to act across the whole health and social care economy. They are responsible for holding decision makers (ie the HWB, the Council, Clinical Commissioning Groups, NHS England and providers), to account.
7.	**Recommendations** That the 2015/16 Kirklees Safeguarding Adults Board Annual Report be received.
8.	**Contact Officer** Mike Houghton-Evans, Independent Chair, Kirklees Safeguarding Adults Board.

Kirklees
Safeguarding Adults
Board

Annual Report
2015/16

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Message from the chair

I am delighted to have been appointed as the first independent chair for Kirklees Safeguarding Adults Board and to present my first annual report.

The safeguarding of adults requires organisations to work closely and effectively together. Effective partnerships are those whose work is based on an agreed policy and strategy, with common definitions and a good understanding of each other's roles and responsibilities.

A key part of my role as chair is to enable the continuous development of the board and ensure our local organisations work together closely and effectively. My role is to help the board build on its strong foundations. It is also to provide system leadership, constructive scrutiny and challenge as we focus on our primary aim to keep the people of Kirklees safe. It is vitally important to demonstrate an even handed independence and to be able to challenge poor performance wherever it arises.

Much of our work during the last year has been on repositioning the board and developing our statutory status, including;

- Developing a 3-5 year strategic plan in addition to our annual report. This year we have developed this partnership plan which lays out our shared goals and vision over the next three years

- Beginning to refresh the board's infrastructure to deliver the strategic plan

- Introducing a Safeguarding Adults Review Framework to help us ensure lessons are learned effectively where someone who is experiencing abuse or neglect dies, and if there is concern about how authorities acted together

- Becoming more outward facing – collaborating on joint areas of work across the Kirklees Children Safeguarding Board and Community Safety Partnership

- Undertaking work on hoarding and self-neglect protocols and guidelines

- We have considered how to measure our performance, which remains work in progress

This annual report will be submitted to the Health and Wellbeing Board and Overview and Scrutiny Panel. In addition, as required by the Care Act 2014, it will be shared with the Chief Executive and the leader of the local authority, the local policing body and Healthwatch Kirklees.

Mike Houghton-Evans
Independent Chair

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Kirklees

With the two major centres of Huddersfield and Dewsbury, Kirklees also encompasses the smaller towns of Batley, Birstall, Cleckheaton, Denby Dale, Heckmondwike, Holmfirth, Kirkburton, Marsden, Meltham, Mirfield and Slaithwaite. With an estimated population of around 431,020 in mid-2014 it is the eleventh largest local authority in England and Wales. It is a place where:

- The population is predicted to grow to 458,800 by 2024
- There is an ethnically diverse population of which 21% gave their ethnicity as non-white at the last census in 2011
- There is a relatively young population compared to the national average
- There is a growing older population with the current state pension age (males 65 and over and females 60 and over) increasing by 17%, which is much higher than the total population increase of 9%
- Life expectancy is increasing for residents

There are two important strategies, the Joint Health and Wellbeing Strategy (JHWS) and the Kirklees Economic Strategy (KES), developed by Kirklees Council and its partners. Strong connections have been built into developing the two strategies and both share the same aim.

The JHWS sets out the vision for improving the health and wellbeing of local people. It sits alongside the Public Health Annual Report and complements the KES, which aims to drive economic growth, wealth creation and reduce inequalities.

Both strategies seek to improve the health, wellbeing and life chances of local people during times of change, reduced public spending and difficult economic circumstances.

The 2014 Care Act requires Safeguarding Adults Boards to develop a 3-5 year strategic plan. This year the Kirklees board has produced its strategic plan, taking into account this local background and context.

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Governance and accountability

The Kirklees Safeguarding Adults Board brings together the main organisations working with adults at risk including the Local Authority, West Yorkshire Police and health agencies. Its core purpose is to help and protect adults at risk in its area.

The board has overall governance of the policy, practice and implementation for safeguarding. It also has a key role in promoting the wider agenda so that safeguarding is seen as a responsibility for everyone.

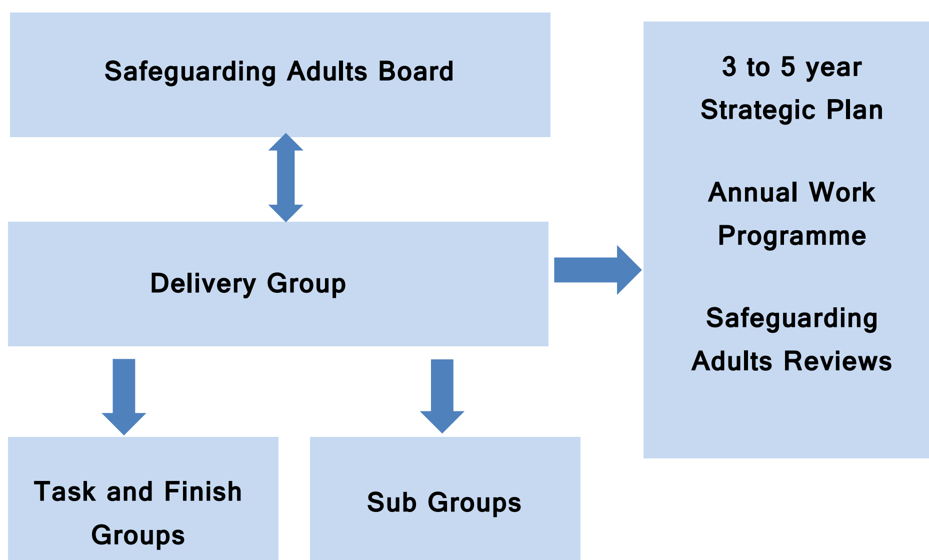
Effective governance and accountability for the work of the board is achieved through its formal relationship with the Health and Wellbeing Board and through individual members reporting through their organisations.

In accordance with Care Act guidance, the Independent Chair of the board reports quarterly to the Local Authority Chief Executive on the work of the Board.

This year the board has held four meetings and two additional development sessions.

Board members take responsibility for the submission of annual progress reports to their organisation's executive management body/board to ensure that adult safeguarding requirements are integrated into their organisation's overall approach to service provision and service development.

The board is supported by an infrastructure that oversees and enables delivery of the work programme, coordinates sub-groups and task-and-finish groups and provides analysis and intelligence for the board.



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Work this year has focussed on developing arrangements for our new Delivery Group, which will co-ordinate the development and implementation of priorities outlined in the strategic plan.

As a strategic partnership it is important that the chairing and membership of the delivery group and the sub groups is shared by the partners

Each organisation actively plans and monitors its work around safeguarding, which contributes to evidence for the board's performance framework and the board's annual challenge event. The board calls partners to account for their approach to safeguarding adults through regular reporting and through the challenge event.

Membership and attendance

The board is made up of senior officers nominated by each member organisation. They are required to sign a membership agreement which reflects the board's constitution and information sharing agreement.

Members have sufficient delegated authority to effectively represent their agency and to make decisions on their agency's behalf. They have access to those responsible for making the decision for which they do not have delegated authority. If they are unable to attend board meetings for any reason they send, with the chairs permission, a nominated representative of sufficient seniority.

During 2015-16 the following agencies and organisations were members of the Kirklees Safeguarding Adults Board:

- Kirklees Council Social Care and Wellbeing for Adults
- Kirklees Council Commissioning and Health Partnerships
- Kirklees Council Streetscene and Housing
- West Yorkshire Police
- West Yorkshire Fire and Rescue Service
- NHS North Kirklees Clinical Commissioning Group
- NHS Greater Huddersfield Clinical Commissioning Group
- South West Yorkshire Partnership NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- The Mid Yorkshire Hospitals NHS Trust
- NHS England
- Locala Community Partnerships

In addition there is a lay member on the board whose role is to critically challenge decision making and provide a lay perspective. The lay member is also on the board of Healthwatch and is able to provide useful links to that organisation. This year we have decided to strengthen our arrangements for lay membership, and are in the process of recruiting a second lay member.

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The expectation is that members attend all board meetings and despite organisational change in all partner agencies there has been excellent attendance. If for any reason members have been unable to attend their nominated deputy has usually attended.

Agency	Attendance for 2015-2016 (%)
Greater Huddersfield CCG	100
Mid Yorkshire NHS Trust	100
South West Yorkshire NHS Trust	100
Kirklees Adult Social Care	100
Kirklees Legal Services	100
Kirklees Streetscene & Housing	100
West Yorkshire Police	100
Locala	100
West Yorkshire Fire and Rescue	75
North Kirklees CCG	75
Calderdale & Huddersfield NHS Trust	75
NHS England	50
Lay member	75

The following were members in an advisory capacity:

- Kirklees Council Legal Services
- Kirklees Safeguarding Partnership Manager

During 2015-16 sub-groups of the board were:

- Safeguarding Adults Review
- Training and Development
- Quality and Performance

All of these groups have multi-agency membership. The sub-groups have met regularly in between each board meeting.

The Safeguarding Adults Network and the Dignity and Dementia Network are also sub-groups of the board. Their roles are to act as an information exchange and to share learning and good practice for a wider group of agencies across the partnership. This year three network events have been held.

The board also commissions 'task and finish' groups as required. This year there have been groups tasked at looking at self-neglect and safeguarding - as well as groups for Making Safeguarding Personal, and in partnership with other boards, Female Genital Mutilation.

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Our Vision

The Care Act 2014 aims to:

- Promote people's wellbeing
- Enable people to prevent and postpone the need for care and support
- Put people in control of their lives so they can pursue opportunities to realise their potential

Our vision is based on these fundamental principles along with the Joint Health and Wellbeing Strategy (JHWS) and the Kirklees Economic Strategy (KES)

The citizens of Kirklees, irrespective of age, race, gender, culture, religion, disability or sexual orientation are able to live with their rights protected, in safety, free from abuse and the fear of abuse.

Our focus is on creating a culture where:

- Abuse is not tolerated
- There is common understanding and belief of what to do when abuse happens embedding the principles of 'Making Safeguarding Personal'

To make this vision a reality it is essential that agencies work together to:

- Prevent harm and reduce the risk of abuse or neglect to adults with care and support needs
- Ensure that they safeguard adults in a way that supports them in making choices and having control about how they want to live
- Proactively take steps to stop abuse or neglect
- Ensure they have a competent and able workforce
- Raise public awareness recognising the value local communities can play in prevention and early intervention

We work to the recognised six safeguarding principles:

- **Empowerment:** people being supported and encouraged to make their own decisions and give informed consent
- **Prevention:** it is better to take action before harm occurs
- **Proportionality:** the least intrusive response appropriate to the risk presented
- **Protection:** support and representation for those in greatest need
- **Partnership:** local solutions through services working with their communities – communities have a part to play in preventing, detecting and reporting neglect and abuse
- **Accountability:** and transparency in safeguarding practice

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Making Safeguarding Personal

The national programme Making Safeguarding Personal (MSP) has aimed since 2010 to promote a shift in culture and practice around safeguarding. Its key focus is on developing a real understanding of what difference is wanted or desired.
This means from the outset, agreeing, negotiating and recording people's desired outcomes; working out with them (and their representatives or advocates if they lack capacity) how best those outcomes might be realised and then seeing, at the end, if those outcomes have been met.

These principles above underpin the delivery of our vision.

Key priorities

This section outlines our key priorities and summarises what we have achieved over the year.

Our priorities are to:

1) Provide strategic leadership across Kirklees ensuring effective collaborative working.

This year we said we would consolidate our arrangements as a statutory Safeguarding Adults Board and take a longer term strategic view. We also said we would work effectively with other strategic partnerships.

Our achievements include:

- ✓ Refining our key priorities and publishing a strategic plan
- ✓ Welcoming the City of York who formally adopted the West and North Yorkshire Policy and Procedures
- ✓ Holding workshops with Kirklees Safeguarding Children Board and Community Safety Partnership to develop joint work

2) Gain assurance that adults are safeguarded; there is a timely and proportionate response when abuse or neglect has occurred and individuals are supported to have choice.

We said we would make sure the board has a strong focus on protection of adults at risk and that safeguarding focusses more on outcomes and experience rather than process.

Our achievements include:

- ✓ Monitoring the uptake of appropriate use of advocacy to support an adult at risk

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- ✓ Continuing to promote the key messages of Making Safeguarding Personal across the partnership
- ✓ Auditing safeguarding situations

3) Support the development of and oversee preventative strategies that aim to reduce instances of abuse and neglect.

This year we said we would develop our focus on prevention and early intervention and continue to promote prevention of financial abuse.

Our achievements include:

- ✓ working to support and influence the Council's Early Intervention and Prevention Programme
- ✓ Evaluating the See Me and Care campaign
- ✓ Working with the Kirklees Financial Inclusion Group to promote prevention of financial abuse

4) Promote multi-agency workforce development and consider any specialist training that may be required.

This year we said we would ensure training focussed on desired outcomes for the service user and promote a service user focus.

Our achievements include:

- ✓ Developing and launching new protocols and practice guidelines on self-neglect and hoarding
- ✓ Auditing the effectiveness of our training, whether it is delivering the key messages of MSP
- ✓ Developing the Safeguarding Adults Review framework

5) Provide governance for the evaluation of the effectiveness of partners' safeguarding arrangements and any associated improvement plans

This year we said we would make sure the board's work is evidence based and the board has assurance mechanisms in place that enable it to hold agencies to account.

Our achievements include:

- ✓ Embedding the role of our independent chair and clarifying the role of the vice chair
- ✓ Continuing to hold our annual challenge where organisations are held to account for their performance
- ✓ Commencing on the revision of our performance framework

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Board activity, achievements and progress in 2015/16

This section highlights of some of the work that has been completed over the year. It is organised around the key priorities described in the previous section.

1) Leadership and collaboration

Our Independent chair says:

"As a Strategic Partnership the Board is committed to providing system leadership with key partners working collaboratively and with a common purpose."

This year the board has focussed its work on complying with the statutory requirements for local authorities to establish and run Safeguarding Adults Boards (SABs) to "help and protect" adults at risk in its area. We concentrated on refining our key priorities and developing a longer term Strategic Plan. We have reviewed our arrangements for delivering this plan. We have also focussed our attention on revising our existing Performance Framework.

Independent chair and vice chair
Although it is not a Care Act requirement, last year the local authority took the decision to appoint a chair who was independent of the local authority and partner agencies, and welcomed its first independent chair.

The chair must ensure that the Kirklees Safeguarding Adults Board operates effectively and exercises its functions according to the duties imposed by the Care Act 2014 and other related guidance and good practice, and also provide independent scrutiny, challenge, leadership and strategic vision to the board.

The members of the SAB must include the local authority, the clinical commissioning group(s) and the chief officer of police. The board appointed a member of the Clinical Commissioning Groups as the vice chair. The vice chair is appointed for a period of 3 years, and will act as deputy to the independent chair.

In the absence of the independent chair, the vice chair will chair meetings of the KSAB, make impartial decisions when these are too urgent to wait for the chair to become available, provide impartial support and advice when requested and undertake a leadership role in the continued development of our partnership work. The vice chair will also play a key part in the development of the Delivery Group by leading and chairing it.

Our Strategic Plan
In addition to an Annual Report, the Care Act required Safeguarding Adults Boards to develop a 3-5 year strategic plan. The production of this plan has been a main focus of our work this year.

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The KSAB's Strategic Plan 2015-18 sets out our shared vision and goals and a three-year strategic work programme. The focus is on the prevention of abuse and neglect with an emphasis on the protection of individuals with care and support needs whilst applying the underpinning principle of "Making Safeguarding Personal".

The plan will be updated annually to ensure a programme of continuous development and activity, achievements and progress will be provided in the future Annual Reports. It has been shared with the other Kirklees strategic partnerships and Members of the KSAB will also present it to their own governing boards. It is supported by a revised communication plan, where we will seek to promote the work of the board, highlight good practice and explore the effective use of social media.

West and North Yorkshire and York Policy and Procedures
Sometimes we need to work across Local Authority boundaries and by signing up to shared policies and procedures we make it much easier to do that and we are also more likely to have a consistent response to tackling problems of adult abuse.

New procedures developed by five West Yorkshire councils, representing five Safeguarding Adults Boards, were launched to staff and partners across the areas in April 2013. Five local councils, Kirklees, Leeds, Wakefield, Calderdale and Bradford worked hard towards the development of joint adult safeguarding policies. Since then North Yorkshire Safeguarding Adults Board have also signed up to the procedures.

This year the City of York Safeguarding Adults Board also formally adopted the West and North Yorkshire Policy and Procedures. All these Safeguarding Adults Boards are now united in a common policy.

The board has also consolidated its relationship with other strategic bodies and stakeholders as described below.

The Health and Wellbeing Board (HWB)
The HWB is the forum where key leaders from the health and social care system in Kirklees work together to improve the health and wellbeing of the local population and reduce health inequalities. It has strategic influence over commissioning decisions in Kirklees across health, public health and social care.

The HWB is made up of elected members and officers from Kirklees Council, North Kirklees and Greater Huddersfield Clinical Commissioning Groups, NHS England and Healthwatch Kirklees.

As in previous years, the HWB received the Kirklees Safeguarding Adults Board Annual Report this year, and for the first time, the board's Strategic Plan was presented to the HWB. This continues to help develop a shared understanding of each board's responsibilities and priorities. More importantly, the Chair of the HWB has played a key role in meeting regularly with the independent chair to develop shared agendas, and has actively participated in joint workshops with the KSAB, the HWB, the Safeguarding Children Board and the Community Safety Partnership (see below).

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Elected members
The board's leadership role involves demonstrating that there is recognised and active leadership by the local authority on adult safeguarding and that elected members and officers are knowledgeable about safeguarding and keep abreast of local and national developments and learning, including enquiries, safeguarding adults reviews (SARs) and reports. The Cabinet Member for Health, Wellbeing and Communities receives regular briefings around safeguarding performance and current safeguarding issues and challenges in health and social care. She also receives a monthly update report on key board activities and local and national developments.

The KSAB Annual Report was submitted to the Health and Wellbeing Board in January 2016, and the board's Strategic Plan was presented in February 2016.

Safeguarding issues have continued to be an important part of development opportunities for councillors. Since the last Safeguarding Annual Report there have been two opportunities for Councillors to attend the core safeguarding training module. Attendance brought the numbers up to approximately 80% of councillors having attended the session in the last two years. There will be a further opportunity to complete the training as part of the new councillor induction programme in June 2016.

Informed by a discussion with leading councillors, the annual refresher training focussed on the issue of human trafficking. Feedback from councillors was that the training was an interesting and informative session and councillors came away with an understanding of the law and the work that was going on in Kirklees, including reporting mechanisms.

The Health and Social Care Scrutiny Panel
This panel is responsible for holding decision makers (i.e. the Health and Wellbeing Board, the Council, Clinical Commissioning Groups, NHS England and providers), to account. It has powers to;

- Challenge and improve performance
- Support improvement that achieve better outcomes and value for money
- Influence decision makers with evidence based recommendations
- Bring in the views and evidence of stakeholders, users and citizens

Panel members are made up of democratically elected members and members of the public who volunteer to sit with councillors on the panel. They have a unique role to act across the whole health and social care economy.

In fulfilling this role the panel received the Kirklees Safeguarding Adults Board Annual Report this year and the chair of Scrutiny Panel has received regular reports on key areas of activity during the year.

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Healthwatch Kirklees
Healthwatch Kirklees is the independent consumer champion for the public in Kirklees on matters relating to health and social care. It has a seat on the Health and Wellbeing Board and contributes to feedback as part of commissioning and decision making for local health and social care services.

It is important to us to improve our understanding of community awareness of adult abuse. The Care Act 2014 requires the Safeguarding Adults Board to consult with local Healthwatch when preparing its strategic plan. Our relationship with Healthwatch continues to develop in a dynamic way and this year we broke new ground by asking them to help us evaluate how much learning had taken place in Kirklees following a Safeguarding Adults Review (see page 23). We'll continue to work with them as we fully develop our engagement strategy next year

Strategic Leadership with the Kirklees Community Safety Partnership and the Kirklees Safeguarding Children Board
The Community Safety Partnership brings together the Police, Police Crime Commissioner, Local Authority, Fire and Rescue Authority, Health and Probation to reduce crime and make people feel safer by dealing with issues such as anti-social behaviour, drug and alcohol misuse and re-offending. It has responsibility to deliver its statutory requirements and for domestic homicide reviews.

The Kirklees Safeguarding Children Board (KSCB) has a range of roles and statutory functions for how organisations and individuals work together to safeguard and promote the welfare of children, and ensure that this work is carried out effectively.

We have worked for a number of years with both partnerships but a major piece of work commenced this year on developing the strategic links between this board (KSAB), the Safeguarding Children Board (KSCB) and the Community Safety Partnership across key cross-cutting themes.

These key overlapping areas include Child Sexual Exploitation (CSE), Human Trafficking, Female Genital Mutilation (FGM), Forced Marriage, Domestic Abuse, Gangs and Restorative Justice.

It was agreed that work across these themes would be managed by:

- Identifying a lead board
- Identifying opportunities for collaborative work from both existing and any future work plans
- Ensuring that officers who sit on more than one board share information/ ideas and plans

The chairs of each board have met on a regular basis to drive forward a collaborative approach, and linking in with the Chair of the Health and Wellbeing Board.

Two workshops with representatives from all 3 boards, the Chair of the Health and Wellbeing Board and the Police and Crime Commissioner's Office were held in November 2015 and March 2016 to develop opportunities for future collaborative work:

- Female Genital Mutilation (FGM) was identified as a priority area for collaborative work to begin and a model of effective collaborative working has piloted. A FGM Policy has been produced and is in the process of being implemented
- The existing work stream on Child Sexual Exploitation was asked to widen its scope to include exploitation of adults at risk
- Early Intervention and Prevention work is shared with all 3 partnerships at an early stage, so that the boards can support this important piece of work

It was also agreed to establish an effective governance framework for these areas and that the board chairs would meet regularly.

Links with NHS England
NHS England promotes a comprehensive health service to improve the health outcomes for people in England. It does this by:

- allocating funds to, guiding and supporting Clinical Commissioning Groups (CCGs) and holding them to account
- directly commissioning primary care, specialised health services, health care services for those in secure and detained settings, and for serving personnel and their families, and public health screening and immunisation programmes

NHS England is the policy lead for NHS safeguarding, working across health and social care, including leading and defining improvement in safeguarding practice and outcomes. The Government sets out a number of objectives relating to safeguarding which NHS England is legally obliged to pursue.

These are set out in the revised Safeguarding Vulnerable People Accountability and Assurance Framework published by NHS England in July 2015.
https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf

NHS England is a member of the Kirklees Safeguarding Adults Board.

The Police and Crime Commissioner – supporting our approach to joint work
Safeguarding is a theme that runs throughout the West Yorkshire Police and Crime Plan (refreshed 2014). The Police and Crime Commissioner (PCC) has identified that areas of safeguarding have cross overs between adults and children safeguarding boards and although there are distinct differences between adult and children's boards there are also opportunities for improved working together, shared strategies and problem solving. In January 2016 the PCC held a workshop with all the West Yorkshire Safeguarding Adult and Local Safeguarding Children Boards to explore how he could better support the work of the boards and identify opportunities to develop joint working. This was to address safeguarding issues that may cross cut traditional approaches.

The PCC's office has actively supported our work with the other partnerships here in Kirklees.

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2) Assurance that adults are safeguarded and supported to have choice

Feedback from adults at risk:

"I did not want anyone to lose their job, what I care about is that lessons are learned and services will be improved for other people".

"I wanted to continue to attend services, and to do so safely. I received ongoing support to do this".

We also monitor numbers of concerns, outcomes and themes; ensuring action is taken to address identified practice concerns (more information is found at Appendix 1) and quality assure the response to the Mental Capacity Act (MCA) across the partnership.

The Safeguarding Adults Board has had for a number of years an audit schedule for auditing safeguarding cases. The audit schedule, led by the local authority is undertaken bi-monthly and looks at a random sample of cases from across Adult Social Care and South West Yorkshire Partnership Foundation Trust (SWYPFT) which has this year been updated and incorporated into its 'Achieving Excellence in Adult Social Care programme.

The audit process is undertaken through a peer arrangement, where relevant team managers audit cases, following a random selection across all services. This brings independence, support and challenge to the process.

The purpose of the audit is to establish oversight of safeguarding practice, increase confidence in the quality of practice and establish a clear mechanism for learning and improvement.

It is clear from the audit that immediate safety of the adult at risk is addressed at the earliest opportunity and in all cases it is recorded that issues of mental capacity of the adult at risk have been considered. There is evidence of good multi agency involvement at both strategy meetings and at case conferences.

This means that relevant organisations are attending and participating in the safeguarding process to support adults at risk.

On most occasions, the views, wishes and involvement of the adult at risk is recorded and has been taken into account throughout the safeguarding process and where the adult at risk was assessed as having capacity, was involved in the safeguarding process and their wishes and views taken into consideration. Some adults at risk chose to be represented at meetings by family members and this was respected.

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In addition the board conducts several additional independent reviews and this year has commissioned a review of advocacy uptake. The Care Act 2014 requires the local authority to ensure arrangements are in place for the provision of advocacy. Analysis was undertaken to establish that people were appropriately supported through a safeguarding adult's enquiry.

There is clear recording of advocacy being considered as part of the safeguarding process and rationale for decision making on who should support in all cases. The use of advocacy has increased compared to the previous year, mostly through the use of an Independent Mental Capacity Advocate. However in the main, a family member or friend tends to be the main support for an adult at risk. The decision making for these people being asked to advocate is clearly recorded in all cases.

Another independent audit was undertaken to identify whether case files for Case Conferences demonstrated that the Adult at Risk was included and the outcomes were what they desired. It showed in the main:

- Chairing of case conferences is appropriate
- The Adult at Risk is appropriately supported
- Mental Capacity is being considered
- The views of the Adult at Risk are recorded; however, what they want as an outcome needs further work

We use information from audits and the Safeguarding Adults Collection (a statutory return) to report on areas of good practice, undertake further audits and feed them into topics for network events.

Supporting individuals to have choice - Making Safeguarding Personal in Kirklees

Making Safeguarding Personal (MSP) is about making sure that people being safeguarded are better informed about what safeguarding is. The Care Act reinforced the key principles of MSP, by requiring person centred practice.

The board endorsed the key principles of MSP back in October 2014 and agreed to support the council in leading on this approach. In Kirklees we took this forward by piloting new training arrangements and approaches, ensuring that we asked the right questions at all stages of the safeguarding process and revising policy and procedures to take different approaches into account.

Much of the work this year has focussed on ensuring that the West Yorkshire and North Yorkshire and York Multi Agency Policy and Procedures were refreshed in line with the Care Act, with an increased emphasis on Making Safeguarding Personal.

In Kirklees a task and finish group ensured that guidance and procedures were Care Act compliant. A series of briefings about the key changes took place across the partnership.

Through the year another small task and finish group has focussed on:

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- Making sure adults at risk and/or their advocates are asked about what they want to happen
- Promoting multi agency training which emphasises MSP and undertaking a specific piece of work to audit its effectiveness, by asking front line practitioners how they felt their practice had changed
- Promoting the use of advocacy and auditing uptake
- Providing information in easily accessible language
- Developing case conference practice across the partnership

We are confident that practice is changing, but we know we have more work to do in ensuring MSP is understood across the wider partnership and in effectively and sensitively obtaining routine feedback from people who have experienced safeguarding. We will take this work forward next year.

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3) Preventative strategies

Feedback from our Network Event, March 2016:

"I found the event extremely useful. I will certainly be researching self-neglect and hoarding, in an attempt to further understand my role and my legal responsibilities"

Early Intervention and Prevention
The board has continued to give high profile to work on preventing abuse and neglect. By developing a series of strategies to prevent abuse or neglect we aim to improve the quality of care and prevent safeguarding issues arising in the first place.

Importantly, this year we have committed, through the work across the 3 boards, to ensure the KSAB supports the work of the council's Early Intervention and Prevention Programme (EIP).

EIP aims to address problems at the earliest opportunity before they escalate, to work in partnership to improve outcomes for everyone, and help more people in the most appropriate way with the limited amount of money available to public bodies.

Many people get invaluable support from family, friends or neighbours to find their own solutions to meet their needs. Where this is the case agencies do not want to get in the way of these arrangements. However, when additional information or guidance is needed, people need to get in touch with organisations who can help, or support, so that they can remain safe and independent in their own home and community for as long as possible.

The three board work considered how the boards can work together to support and influence this work and do things differently to help focus more on prevention as well ensuring people are kept safe. This involves supporting a redesign of the whole 'system' aimed at each part of the child, adult and family journey.

Self-neglect and hoarding
A key area of work linked to prevention has been the development of our approaches to situations of self-neglect and hoarding.

Situations where someone appears to be self-neglecting are complex and challenging but in the past there was no agreement nationally whether to automatically include self-neglect within safeguarding policies and procedures
The board considered this issue in the past in some detail and the introduction of the Care Act required us to look further. This year we approved two key pieces of work- guidance for managing self-neglect and a framework for hoarding. We are in the process of rolling out training to underpin these protocols and we will monitor their use and effectiveness.

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Evaluation of the 'See ME and Care' campaign
Our key prevention approach - The "See ME and Care" campaign (targeted at health and social care workers) was launched by Kirklees Adult Safeguarding Board in June 2013.

"See ME and Care" is about challenging poor practice in care and promoting a message for staff that is about treating people how you would want your own family and friends to be treated. It is part of the continuing work health and social care organisations are doing to promote dignity in care and to prevent the number of adults at risk being abused.

In 2014 the campaign focused on sharing good practice and was widened to include other partner agencies, re-enforced by training and awareness programmes for staff. This year a specific piece of work has evaluated the success of phase 2 of the "See ME and Care" and recommendations are in the process of being made about how to further embed the campaign.

Support for staff
It is particularly important to make sure staff members are supported when working with complex and risky situations whatever agency they work for. Focussing on this can form an important element to preventing safeguarding situations. Each partner agency has its own supervision policy and procedures, and different models of supervision and support to suit the type of organisation and the size of its workforce. The training sub group of the board, made up of representatives from partner agencies, this year drew up some good practice top tips which were circulated across the partnership.

Safer Recruitment
The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. The KSAB continues to promote the requirement for safer recruitment, and the work of the DBS, and has been planning some advice and information sessions on safer recruitment which will take place during Safeguarding Week in October 2016.

Preventing financial abuse
The KSAB has been working closely for a number of years with a wide range of partners around poverty and the prevention of financial abuse. The council's recently refreshed Tackling Poverty Strategy matches very closely the work the board already undertakes. Through our close working relationship with the Kirklees Financial Inclusion Steering Group we have been able to develop a range of programmes that support work to improve the awareness of financial abuse.

Five ways to financial wellbeing – Brass
The Brass framework brings together support and guidance around budgeting, saving, avoiding arrears and safe borrowing, spending money efficiently, keeping money safe from scams and fraud. KSAB helped develop the curriculum around scams and fraud and used the opportunity to engage a wider range of frontline staff in safeguarding procedures and protocols. The programme reached over 450 people from a wide range of organisations.

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Loan Shark campaign
Loan sharks are active in Kirklees and cause misery for families and communities. KSAB supported a hugely successful loan shark awareness campaign ran in early 2014, working with colleagues in West Yorkshire Trading Standards and the national loan shark team we were able to put together a range of activities and engage a wide range of people.

SAFER Project
The SAFER project is a West Yorkshire lottery funded project that aims to prevent and reduce scams and fraud activity against older people. The innovative project uses theatre and real life testimonials to explain how simple things can prevent doorstep crime and fraud. The financial and emotional impacts of being a victim has huge impacts, and can leave people open to further abuse and feeling isolated and unsafe in their own homes. KSAB support the project through a variety of means and are proud to see this project working so effectively in Kirklees.

Suckers List
National trading standards teams and police raided the premises of a suspected mail fraud operation in southern England. They obtained details of victims of the range of scams the criminal gang was perpetrating. This contained the details of people across the country. KSAB worked closely with colleagues to identify and support those already known in Kirklees and instigate preventative work with trading standards with others who featured on the suckers list.

Promoting safety- expansion of the Safe Places Scheme
The board has supported the ‘Safe Places Scheme’ for a number of years as part of its prevention agenda. It is a partnership arrangement across various parts of the council, the learning disability partnership board and Metro Travel. It is delivered by Mencap in Kirklees.

‘Safe Places’ are designated venues in the community where people can go if they are feeling unsafe or are experiencing what might be described as a hate crime.

The Safe Places scheme originally focussed on individuals with learning disabilities but as part of our work to learn from our Safeguarding Adults Review (see page 23) it was re-launched for all adults who might be at risk in the community, including people with dementia.

New partnerships have been encouraged and developed particularly with dementia led services including the Kirklees Dementia Action Alliance, Alzheimer’s Society and Making Space.

Membership of the scheme has steadily increased to over 400 members and the number of venues across Kirklees is now over 70. Members continue to report higher feelings of confidence, independent travel and ability to participate in their local community.

The safeguarding board continues to help support and guide the scheme through its membership on the scheme’s steering group.

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Deprivation of Liberty and understanding mental capacity
Deprivations of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. The aim of DoLS is to ensure that if a person's life is being so restricted that their liberty is taken from them there should be an independent assessment and authorisation process for the deprivation. DoLS is a lengthy and complex process which if not followed precisely can lead to individuals, particularly in care home and hospitals, being unlawfully deprived of their liberty. This is a breach of Article 5 of the Human Rights Act.

The board has had an approach for a number of years now where any work around mental capacity has been integrated into the work of its sub-groups, and any activity around Deprivation of Liberty Safeguards (DoLS) has been reported as part of the annual report.

There continues to be a significant national increase as a result of a Supreme Court Judgement which widened the pool of those who might be considered to be deprived of their liberty. The local authority, who leads on this process, has undertaken specific actions to monitor activity and risk assess the demand. The board has ensured it is regularly updated about the impact of the continuing increase in the number of Deprivation of Liberty Safeguards (DoLS) applications being received by the Council and the risks associated with this increase.

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4) Multi-agency workforce development and specialist training

Feedback from a session on learning from our Safeguarding Adults Review:

My key learning points include:

- **Encourage and support staff to consider someone's future needs more effectively (rather than just the here and now)**
- **Raise awareness of assistive technology and appropriate times in a client's dementia journey to put this in place**
- **Managers to explore/assess risks more thoroughly when staff are closing cases – this would identify if someone needs on-going professional support**

Training in 2015 – 2016
To date the safeguarding adults board training sub group has been responsible for overseeing the development of the board's training plan, ensuring that all training commissioned or delivered is consistent with safeguarding policy and promotes best practice. It also ensures that Mental Capacity Act (MCA), Deprivation of Liberty safeguards (DoLS) and human rights are integral to the delivery of all safeguarding learning events. It links to other areas of training, for example dignity in care.
It also works in partnership with the Kirklees Safeguarding Children Board training work stream on shared agenda/delivery where appropriate.

More specifically it promotes:

- safeguarding individuals in a way that support them in making choices and having control in how they choose to live their lives
- practice that focusses on achieving meaningful improvement to people's circumstances rather than just on 'investigation' and 'conclusion'
- prevention of harm and reduction in the risk of abuse or neglect to adults with care and support needs

The Kirklees Safeguarding Adults Board training plan is designed to support the Safeguarding Adults West and North Yorkshire and York Multi-Agency Policy and Procedures and the requirements of current legislation.

The training plan focusses on the delivery of high quality learning and development activities, to all levels of staff to enable them to respond to safeguarding concerns with prompt, timely and appropriate action. It emphasises preventative work, includes extensive training on Mental Capacity Act and Deprivation of Liberty and also focuses on learning from our Safeguarding Adults Reviews.

The next section summarises key safeguarding training activity for 2015 – 2016.

Key training achievements 2015 – 2016
Training continues to be developed to shift the focus from purely taught delivery to incorporate an element of reflective practice and continue to support knowledge transfer and practice development needs.

All training was updated to reflect The Care Act, and multi-agency briefings took place to prepare staff for the changes introduced by this legislation.

Last year we made sure all training that the board commissioned incorporated the key messages of Making Safeguarding Personal. This year we wanted to see what that meant in practice. We took an independent look by auditing some of the training courses currently being delivered. The audit evidenced that the delivery of the courses contained the key messages and the principles of MSP. A further audit will establish if staff members who have attended training are transferring the knowledge into everyday work practice and to make recommendations of how we can further embed a service user focus.

See Me and Care – Preventing Abuse: A Framework for Compassionate Care continues to be delivered to underpin the key messages to the See Me and Care campaign and the impact of the training was included as part of the overall evaluation of the campaign.

Developing a Learning Culture from Safeguarding Adults Reviews
Section 44 of the Care Act 2014 requires Safeguarding Adults Boards to conduct Safeguarding Adults Reviews (SARs) in certain circumstances, and to help us do that effectively the board has developed and adopted a Safeguarding Adults Review Framework. The framework sets out the criteria for when Kirklees SAB must or may commission a SAR; a menu of options for conducting SARs, guidance on how adults at risk and their families and staff involved will be supported in SARs; how learning from our SARs and from other SARs nationally will be acted on in Kirklees.

Learning from our Safeguarding Adults Review – MR F
The importance of sharing learning from SARs in order to improve practice continues to be highlighted. The board recognises the need to share learning on a regular basis across all partner agencies.

The KSAB published a report following its serious case review concerning Mr F in 2014. This would now be termed a SAR.

Mr F was diagnosed with dementia. He lived alone in his own home, supported by his family who lived elsewhere in Kirklees and had their own families and work responsibilities. They had repeated contact with the council and some partners to get help and support. Very sadly Mr F was found deceased in February 2013 after going missing from his home at night several weeks earlier.

The SAR focussed on what happened to Mr F from the time of his diagnosis with dementia to his eventual death and highlighted many areas that could be improved for other families. Each agency was responsible for acting on the recommendations in the report. This includes offering people timely information and advice, regardless of their eligibility for services, and identifying one organisation to lead co-ordinated

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communications - so that all agencies and the family are kept fully updated.
A fundamental review of the Kirklees Dementia Strategy was carried out as a result of this review so that it better reflects the needs of local people.

The KSAB carried out a series of challenge exercises to see what had actually changed as a result of this review.

Importantly, we undertook a significant piece of work by asking Healthwatch Kirklees to review 4 specific recommendations listed under the Mr F Review Action Plan that focused on improving Kirklees wide services so they are safer and more responsive for people with dementia. This is a new way of working with our Healthwatch partners.

To complete this review, Healthwatch actively sought feedback about the experiences of people with dementia and their carers. Their feedback was about the information and advice they had received; support that they were getting from the council and different NHS organisations; advice they had received about housing options, and whether they were involved in care planning. This feedback was gathered in person at activity and support groups and through an online survey. Staff and volunteers from Healthwatch Kirklees also did online research and mystery shopping activities to put themselves in the position of being a carer for someone with dementia, trying to find out answers to common questions.

Most of the feedback that came from carers was provided by people who have been caring for someone with dementia for over 2 years.

The Healthwatch recommendations indicated we still have more work to do in Kirklees. This has been built into the Dementia Challenge in Kirklees, and the Joint Dementia Strategy 2015 – 2020 action plan. The Strategy has been endorsed by the Health and Wellbeing Board and other key partners.

The board also arranged a Dignity in Care network event ‘Working together to make a Dementia Friendly community’ and over 100 people heard about the SAR and of some major initiatives in Kirklees, such as the Police ‘Herbert Protocol’, work undertaken by Dementia Action Alliance and snapshots of local practice like the ‘Forget Me Not Scheme’.

The board also arranged some briefing sessions for staff on learning from the SAR and then looked in detail at sharing the learning from this review.
Feedback was obtained to find out what changes/developments had been made following the sessions. Feedback indicates that most attendees have made positive changes to work practice following the workshops.

Learning from our Safeguarding Adults Review - OG Care Home
The board also undertook an independent review into the circumstances surrounding the sudden closure of a care home. This was published in November 2015.
The review looked at the extent to which the agencies involved with the home could have foreseen the development of circumstances which led to the closure and to

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consider if any actions could have one taken to reduce its impact and offered an alternative opportunity for the residents, and staff to contribute to the review.

The review found that partners worked well together given the complex set of circumstances, however, there were challenges in ensuring clear, consistent and timely communication. This resulted in people experiencing mixed messages which compromised the ability to plan alternative care home placements effectively. There is a series of recommendations which are contained in the report and the board is currently monitoring the agency responses to those recommendations and sharing the lessons learned. Overall the picture was that the majority of residents had settled well in their new homes.

The Safeguarding and Dignity in Care Networks

The Safeguarding and Dignity in Care Networks are now well established with regular attendees and a wide range of representation from organisations across Kirklees. The events continue to attract over 100 attendees, who enjoy the opportunity of new learning and to reflect upon their own practice.

During 2015 – 2016 two Safeguarding Adults Network events were held.

- In August 2015 the network event focused on Embedding the Mental Capacity into Practice. Speakers included Jill Manthorpe, Professor of Social Work King's College London and Sam Cox, Knowledge Officer Alzheimer's Society. Ninety six people attended the event and feedback was excellent.

- In March 2016. The event was: 'Should all self-neglect be regarded as Safeguarding? – Part two'. Professor Michael Preston-Shoot Executive Dean Faculty of Health and Social Sciences University of Bedfordshire, returned to Kirklees to help us update our thinking following the Care Act 2014 and to launch our self-neglect and hoarding protocols. One hundred and thirty people attended the event and again the feedback was excellent.

One Dignity in Care Network event was held, again with over 100 attendees – this is described on page 23 above.

The board is grateful to all those who give freely of their time to speak and on occasions, travel considerable distance, to ensure the continued success of our network events.

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5) Provide governance for the evaluation of the effectiveness of partners safeguarding arrangements and any associated improvement plan

Our Independent Chair says:

"It is vitally important to demonstrate even handed independence and to be able to challenge poor performance wherever it arises"

The Independent Chair
As described on page 10 the local authority took the step to appoint an independent chair. An Independent Chair provides additional reassurance that the Board has some independence from the local authority and other partners.

In accordance with Care Act guidance, the independent chair reports quarterly to the Local Authority Chief Executive and will also report on the work of the Board including through the annual report to the Health and Wellbeing Board and to Scrutiny Panel.

Lay membership
A lay member is a member of the public, resident in Kirklees, with an interest in safeguarding and in constructively participating in and scrutinising decisions and policies that are being made by the board. We have had active lay membership on the board for a number of years and it is fundamental to how the board works effectively. This year's work plan identified the need to recruit another lay member to provide additional scrutiny and challenge and recruitment arrangements are currently underway.

The Delivery Group
This year we have been developing our infrastructure by planning a Delivery Group, The group will be responsible, among other things for co-ordinating the development and implementation of priorities outlined in the strategic plan, implementing lessons learned from Safeguarding Adults Reviews and driving the development of good practice in safeguarding adults work. It will oversee the monitoring and reviewing of performance in Kirklees.

Performance Framework and Challenge Event
The board has a performance framework which monitors progress across the partnership and the effectiveness of procedures. It continues to form the basis of assurance processes across the partnership and has been in place since 2011.

The performance framework demonstrates how the partnership is contributing to improvements in safeguarding and acts as a means of informing the KSAB work plan. Performance standards are in place covering themes such as leadership, effectiveness of the partnership, workforce development and quality, and partners submit regular information to the board against these standards. The board monitors

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this via highlight reports 3 times per year. The 4th quarter is used for feedback and actions have been fed into next year's work plan.

This year, the board's energies have focused on refreshing the performance framework to ensure it underpins the new strategic plan. There have been a number of challenges associated with this and our board, along with others nationally, needs to move to being more outcome focussed and enable better partnership ownership of the delivery of the strategic plan. We have developed a draft framework and are still working on finalising the key areas for measuring outcomes.

The annual challenge event remains a key date in the board's calendar. Our board chair and our lay member lead in constructively challenging agencies about performance and practice. All board members play a full part in this event, where they were required to evidence areas of strong performance, areas for development and progress on themes identified from last year's challenge.

Priorities for improvement are identified from this event and partners report on this during the year and again at the challenge event.

We plan to continue to further develop our challenge event. Healthwatch are to join as panel members to provide an extra degree of external scrutiny.

Annual returns
The Safeguarding Adults Collection (SAC) is a national mandatory data collection which records information about individuals for whom safeguarding enquiries were opened during the reporting period (also referred to as adults at risk). The purpose of the collection is to provide information which can help stakeholders to understand where abuse may occur and improve services for individuals affected by abuse.

The SAC data is recorded by adult safeguarding teams based in the 152 Councils with Adult Social Services responsibilities in England. At the end of the reporting year this data is submitted to the Health and Social Care Information Centre (HSCIC).
In addition, the Deprivation of Liberty Safeguards (DoLS) return gathers information on all DoLS applications in England on an annual basis. Information collected in this return provides an estimate of the number of individuals subject to a DoLS as well as the number of active DoLS cases in England for the 2014-15 reporting year.

The board has a responsibility to ensure these returns are submitted accurately and on time.

Audit Arrangements
The board has a well-established case file audit process. This is described in detail on page 15.

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Agency Achievements

Calderdale & Huddersfield NHS Trust	We have developed our safeguarding web pages and published our safeguarding newsletter
	We have reviewed the safeguarding training requirements of all our staff groups and developed new training packages
	We have commenced a supervision audit
	We have completed 2 MCA/ DoLS audits last year
	We have delivered a masterclass to over 350 key staff on Mental Capacity Act and Deprivation Of Liberty
	We have distributed MCA/ DoLS information cards across the Trust
	We have seen a significant rise in the number of DoLS authorisations which reflects increased awareness Trust wide
	We have continued to deliver PREVENT WRAP face to face to all staff and distributed information across the Trust

North Kirklees and Greater Huddersfield Clinical Commissioning Groups	We have delivered bespoke training for GPs on Mental Capacity Act and Deprivation Of Liberty
	We have delivered a Master Class on domestic abuse
	We have agreed Safeguarding Standards for general practice
	We have obtained funding for a named GP for Safeguarding Adults
	We have agreed and are embedding safeguarding standards for our commissioned providers
	We have distributed FGM pocket guides provided by NHS England to all GP Practices along with advertising and ensuring GP Practices are aware of their responsibilities under FGM reporting
	We have distributed PREVENT pocket guides provided by NHS England to all GP Practices
	We have continued to facilitate Health Alliance meetings which now includes time for dedicated peer/group supervision
	We have distributed Safeguarding Booklets provided by NHS England to all GP Practices
	We have funded MCA/DoLS pocket guides – multiple copies of which have been delivered to commissioned providers including GP Practices across Kirklees

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South West Yorkshire Partnership NHS Trust	We have developed our supervision support to those staff working with complex cases
	We have undertaken an annual audit which includes assurance that adults we care for are safeguarded
	We have grown our capacity within the safeguarding adults team and in order to strengthen the 'Think Family' model, the Trust wide Safeguarding Children Team and the Trust wide Safeguarding Adults Team have developed close working relationships and offer specialist supervision in complex cases
	The safeguarding adult's team have developed a quarterly MARAC representative meeting which has strengthened the trust wide approach and will enhance learning through peer support and case discussions
	The Trust has embedded the PREVENT agenda around the safeguarding of those people who are vulnerable to being radicalised. There is a PREVENT Strategy in place that identifies target/focus groups of staff for specialist training. The priority target groups have been Forensic and Children's Mental Health Services. The Trust has a number of staff who deliver robust and comprehensive Prevent training, including the Specialist Safeguarding Adults Adviser and the two named Nurses for Safeguarding Children. There is also a dedicated identified representative for SWYPFT for attendance at the Calderdale Channel Panel and Community Partnership meetings

Locala	Multi agency adult safeguarding procedures are in place and are readily accessible via the intranet
	Safeguarding is embedded in corporate and service strategies across the agency
	Safeguarding NHS booklets and NHS phone 'apps' have been shared with services
	Mandatory read on Intranet for Prevent pocket guide along with distributing pocket guide within services
	Named nurses continuously embed safeguarding at every opportunity with colleagues. Technology available within Locala is enhancing this process
	Partner agency working with hoarding and Self-Neglect are in place. Panels have been established by partner agency and are attended by Locala safeguarding Named nurses
	Safeguarding attendance at Integrated Community Care Team meetings to support and empower Locala staff is well established, using as an opportunity to continuously embed MCA and sharing of pocket guides for MCA and DoLS and safeguarding reflection

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Kirklees Streetscene and Housing	We have ensured that safeguarding is widely understood throughout our workforce across Streetscene, housing and Kirklees Neighbourhood Housing (KNH)
	We have held a dedicated session looking at safeguarding with our senior management team across wider Streetscene Services and as a result a member of the team is taking the safeguarding agenda forward on behalf of those services
	Kirklees Neighbourhood Housing has approved and implemented their new Safeguarding Policy and Procedures
	A new Safeguarding Co-ordinator post was approved and appointed to by KNH in April 2016 with a comprehensive work plan to address areas needing further work
	The council's Housing Solutions Service and KNH have jointly developed a bespoke training package in conjunction with Pennine Domestic Violence Group (PDVG) around domestic abuse, for over 250 staff

NHS England	NHS England's overall roles in terms of safeguarding assurance were set out in the revised Safeguarding Vulnerable People Accountability and Assurance Framework July 2015
	Our Chief Nursing Officer is the Lead Board Director for Safeguarding and has a number of forums through which to gain assurance and oversight
	In February 2016 NHS England published Safeguarding Adults: Roles and competencies for healthcare staff - Intercollegiate Document, to be used for the training of healthcare based staff in the safeguarding of adults
	We share learning from Safeguarding Reviews through The NHS England Yorkshire and the Humber Safeguarding Network and newsletters
	We hosted a safeguarding conference on Challenges for Modern Day Safeguarding a national safeguarding leadership role

Adult Social Care	We have implemented changes required by the Care Act and Making Safeguarding Personal and EIP
	We launched our Quality Assurance Framework for Staff Achieving Excellence in Adult Social Care
	We have developed a Domestic Abuse Strategy
	We led on the development of our partnership approach to self- neglect
	We have refreshed our audit arrangements for adult safeguarding

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Mid Yorkshire NHS Trust	Our compliance with mandatory Mental Capacity Act training has continued to increase each month with high levels of completion
	Our training for all frontline staff was redesigned to cover the issues that cross-over between safeguarding children and adults, like counter-terrorism awareness, Female Genital Mutilation, Modern Day Slavery, Honour-based violence, and Domestic Abuse
	A newly developed Safeguarding Workbook (combining Children and Adults) has been sent to all Trust staff, which is equivalent to Level 1 training
	We continue to support the Local Authority in safeguarding enquiries as required and participating in Strategy Meetings and Case Conferences when requested
	We benefit from our Non-Executive Director with a special interest in Safeguarding who acts as a "critical friend" at Board level

West Yorkshire Police	We have focussed on training of mental health issues for our staff
	We look at the early identification of people at risk and who are vulnerable
	We look at Domestic abuse, FGM, forced marriage, sexual exploitation and other cross cutting agendas
	We have done a lot of work around becoming a Dementia Friendly organisation and have worked hard to embed the Herbert Protocol
	We have invested in training and resources to support our approach to risk and vulnerability

West Yorkshire Fire & Rescue Service	We have delivered refresher Safeguarding Training
	We have included Care Act requirements in our training
	We led on the development of our partnership approach to hoarding
	We have an internal audit process for safeguarding
	All front line officers have received Dementia Friends' session and all the red fleet has been marked with dementia friendly stickers

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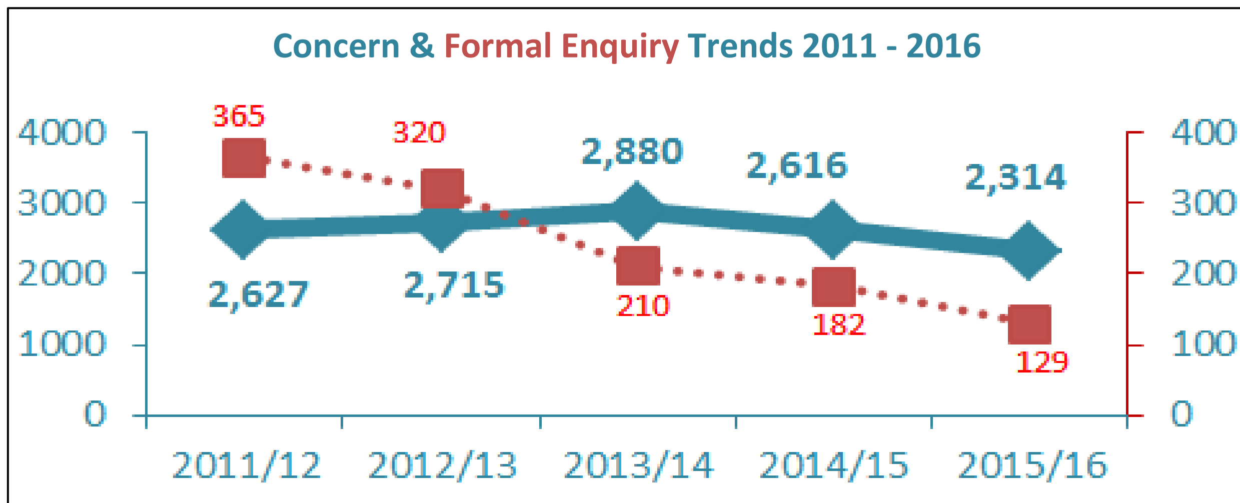
Appendix 1 – Safeguarding and Deprivation of Liberty information

Safeguarding concerns 2015/2016



We have seen some changes nationally in the terms used to describe safeguarding: A concern is a sign of suspected abuse or neglect that is reported to the council or identified by the council

Like last year, we have seen a slight reduction in safeguarding concerns compared with previous years. While continuing to make sure people are safe, we are beginning to move away from encouraging our wider partners 'to refer if in doubt' to thinking more about the reason why they may wish to raise a concern with the local authority and the best way of achieving the desired outcome for the person concerned

We have seen a decline in concerns which required a formal enquiry (previously known as investigated referral) and which concluded with a case conference. This continues a trend seen in previous years.

The reasons for this include the changes brought about by the Care Act 2014 and Making Safeguarding Personal, which require us to ask the person at risk about how they wish the situation they are in resolved. Their concern may not conclude with a case conference and may be resolved in a more proportionate way

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These are the outcomes for the 129 concluded Formal Enquiries

A formal enquiry (this used to be known as an investigated referral) is the action taken or instigated by the local authority in response to a concern that abuse or neglect may be taking place. The information below is where a formal safeguarding process has been used to deal with the concern.

Location of where risk was identified

Location	%
Care home	60%
Own Home	28%
Hospital	5%
Other	5%
Community Services	2%

Ethnicity Profile

White	Others
76%	24%

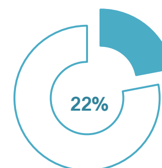
Safeguarding Enquiries - Gender Profile

47%

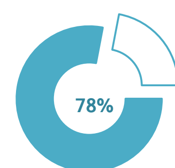
53%

Age Profile

Under 65

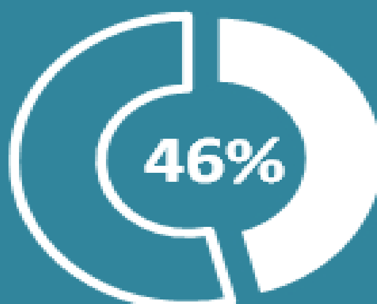


Over 65

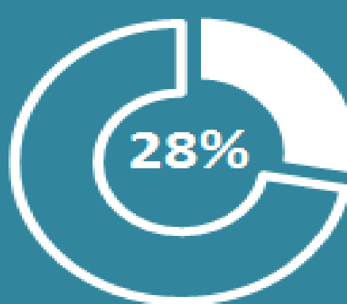


Type of Risk (Top 3)

Neglect



Physical



Psychological

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Risk Outcomes for 129 concluded formal enquiries

We are required to record what we have done about risk

Risk Removed 26%
This refers to cases where, after action has been taken to support management of risk, the circumstances which made the person vulnerable have been fully addressed and the individual is no longer subject to that specific risk

Risk Reduced 32%
This refers to cases where, after action has been taken to support management of risk, the level of risk has reduced or the circumstances which made the individual vulnerable have been mitigated. Again, there may be valid reasons why a risk is reduced rather than removed

Risk Remains 10%
This refers to cases where, after action has been taken to support management of risk, the circumstances causing the risk are unchanged and the same degree of risk remains. There may be valid reasons why a risk remains, one of these being individual choice

No Further Action Taken under Safeguarding 32%
This will usually refer to those cases where the formal conclusion recorded was unfounded, there insufficient evidence or the enquiry ceased at individuals request.

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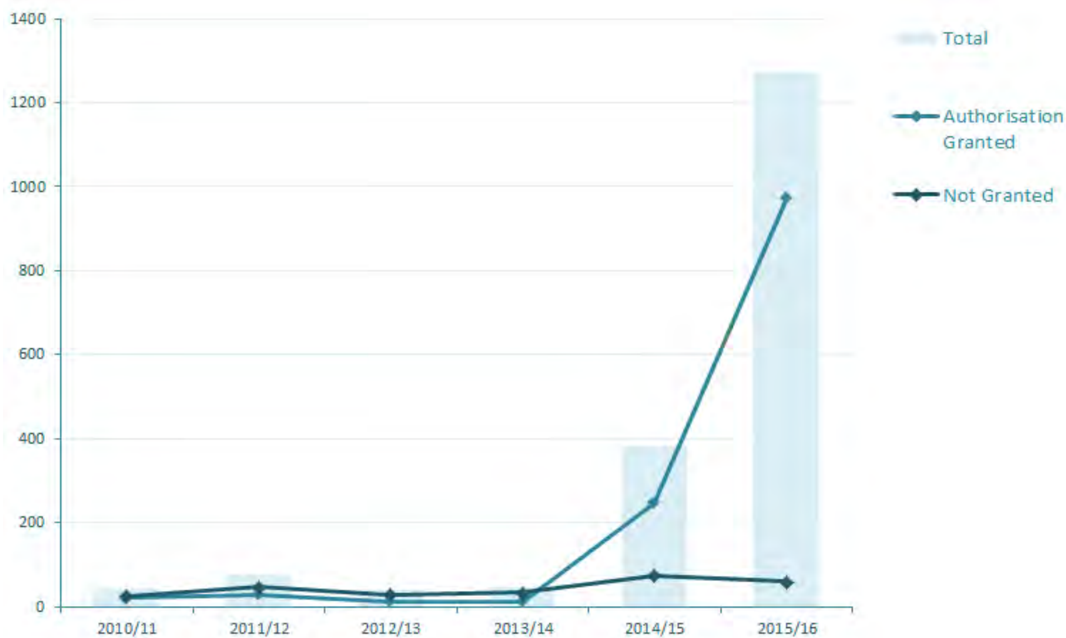
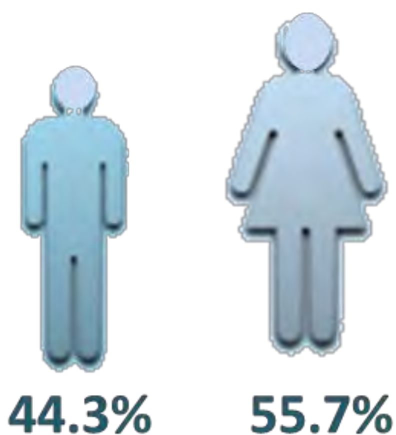
Deprivation of Liberty 2015/2016:

Year	Authorisation Granted	Not Granted	Other	Total
2010/11	20	24	NA	44
2011/12	28	46	NA	74
2012/13	11	27	NA	38
2013/14	13	33	NA	46
2014/15	247	73	62	382
2015/16	**973**	**59**	**240**	**1272**

NB: 'Other' refers to requests that were either withdrawn due to change of circumstance or where request that were awaiting sign off at the end of the reporting period. (This information was only recorded since 2014)





In keeping with the national picture, we continue to see a huge increase in requests for Deprivation of Liberty authorisations received by the Local Authority and significant challenges in meeting that demand.

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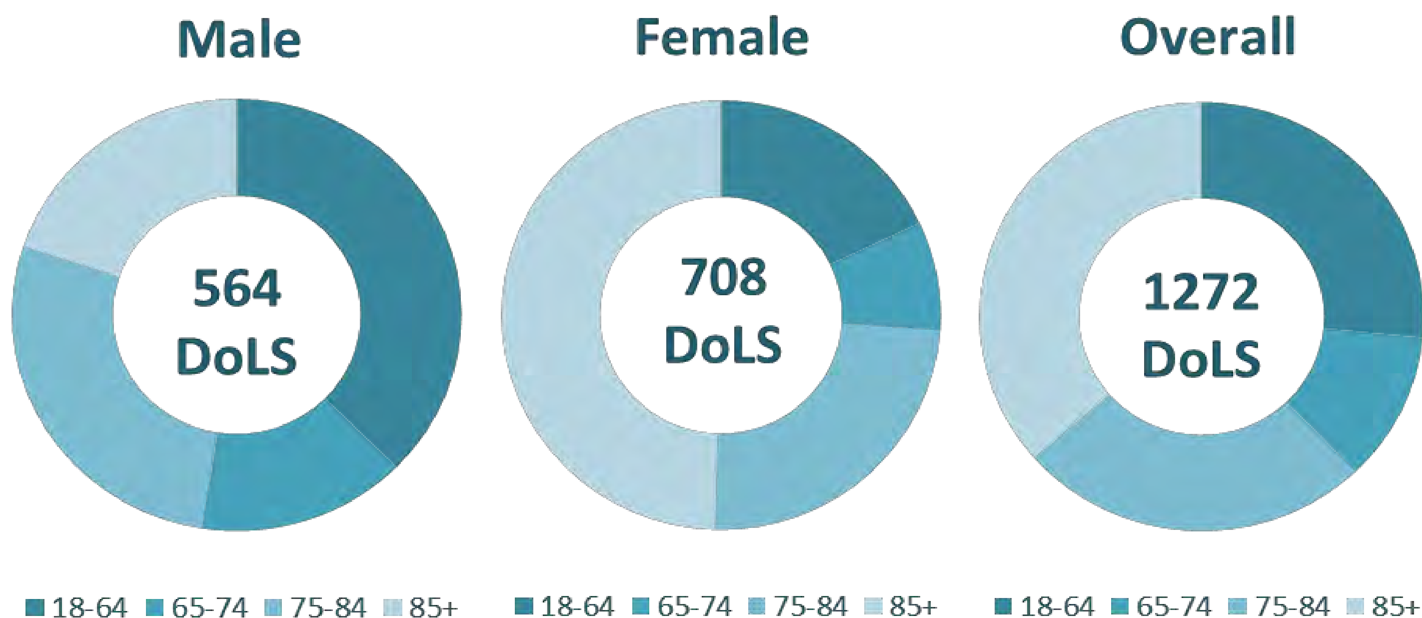
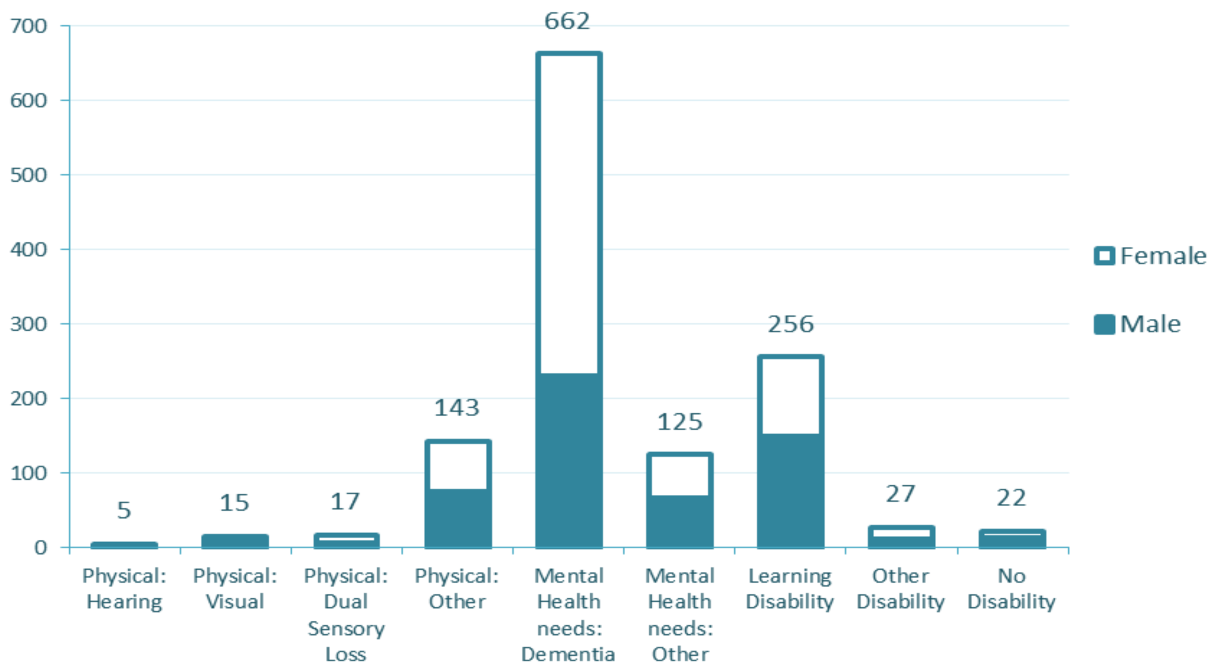


	Male	Female	All
18-64	211	127	338
65-74	85	58	143
75-84	156	172	328
85+	112	351	463
	564	**708**	**1272**
	44.3%	**55.7%**	

The figures reflect national trends- there are more females who have a Deprivation of Liberty authorised, as well as those people who are older than 85. Generally there tend to be more females than males living in care homes, and most of the requests for deprivations come from care homes



	Male	Female	All
Physical: Hearing	3	2	5
Physical: Visual	8	7	15
Physical: Dual Sensory Loss	7	10	17
Physical: Other	75	68	143
Mental Health needs: Dementia	231	431	662
Mental Health needs: Other	67	58	125
Learning Disability	149	107	256
Other Disability	11	16	27
No Disability	13	9	22
	564	**708**	**1272**

These figures follow the same patterns nationally.

Appendix 2 – Work programme for 2016-17

Priority 1	Outcome	Action	Lead	Timescale	Evidence
Provide leadership for an effective partnership across Kirklees ensuring effective collaborative working	The board and its members are accountable, visible and outward facing	• Work with the community and Healthwatch to develop an engagement strategy • Continue to engage with Police and Crime Commissioner • Continue to engage with third sector • Proactively report on the work of the Safeguarding Adults Board, highlighting areas of good practice (including use of social media) • Use social media as a way of disseminating information • The Board promotes a learning culture by undertaking Safeguarding Adults Reviews, and sharing the learning from them	Board chair	March 2017	
	The Board works effectively with other strategic partnerships	• Undertake joint partnership work with the West and North Yorkshire and City of York Safeguarding Adults Boards as required • Finalise protocols and continue to develop working relationships with Health and Wellbeing Board and with elected members • Jointly commission work with other strategic partnerships where appropriate • Work with the Domestic Abuse Strategy group to finalise a local approach to adult safeguarding and domestic abuse	Board chair Joint task and finish group with domestic abuse strategy group	March 2017	

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Priority 2	Outcome	Action	Lead	Timescale	Evidence
Gain assurance that adults are safeguarded; there is a timely and proportionate response when abuse or neglect has occurred and individuals are supported to have choice	Safeguarding is focused on outcomes and experience not process	• The Board continues to promote practices that adheres to the principles of Making Safeguarding Personal • Continue to develop training that promotes and embeds Making Safeguarding Personal • Undertake file audits and carefully conducted independent post experience interviewing	Communication work stream Training sub group Q and P sub group	March 2017 March 2017 March 2017	
	People who have experienced harm are empowered and feel outcomes are improved	• Undertake file audits and carefully conducted independent post experience interviewing	Q and P sub group	March 2017	
	Adults at risk and their families will be supported by offering appropriate advocacy	• Continue to monitor the uptake of appropriate use of advocacy to support an adult at risk (Annual audit)	Q and P sub group	December 2016	
	People who have experienced harm are enabled to access mainstream community safety measures	• there is evidence that people are supported by appropriate community safety measures	Q and P sub group		

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Priority 3	Outcome	Action	Lead	Timescale	Evidence
Support the development of and oversee preventative strategies that aim to reduce instances of abuse and neglect.	The Board develops and maintains its focus on early intervention and prevention	• The Board will actively contribute to the development of Kirklees early intervention and prevention programme	Board chair	March 2017	
		• The Board works effectively with other strategic partnerships on some areas of prevention	Board chair	March 2017?	
		• Further develop the 'See Me and Care' campaign	Delivery group	By October 2016	
	Continue to promote prevention of financial abuse	• Continue to link pieces of work to the council's anti-poverty strategy and the work of the Financial Inclusion Group • Develop closer links with West Yorkshire joint trading standards service	Training Sub-group Communication work stream Chair	October 2016	
	The Mental Capacity Act (MCA) is further embedded into practice	• Undertake specific pieces of work using the Local Government Association Improvement Tool	Training Sub-group and Q and P sub groups	March 2017	

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Priority 4	Outcome	Action	Lead	Timescale	Evidence
Promote multi agency workforce development and consider any specialist training that may be required	People who have experienced harm are empowered and feel their outcomes are improved	• Undertake focus group exercise and implement recommendations from audit of training to ensure that multi-agency training promotes a service user focus in accordance with 'Making Safeguarding Personal'	Training sub group	By August 2016	
	Learning is widely disseminated across partners in Kirklees and reflective practice is encouraged	• Develop the partnerships Learning Framework • Develop further understanding of Safeguarding Adults Reviews methodology • Disseminate findings from Safeguarding Adults Reviews, other reviews and case audits with a focus on reflective practice	Training sub group SAR sub group SAR sub group Training sub group Q and P	October 2016 March 2017 March 2017	
	The Mental Capacity Act (MCA) is further embedded into practice (file audits will demonstrate understanding of the MCA becomes routine part of practice across the partnership)	• Ensure that multi-agency training continues to focus on MCA with regular audits	Training sub group	March 2017	

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Priority 5	Outcome	Action	Lead	Timescale	
Provide governance for the evaluation of the effectiveness of partners safeguarding arrangements and any associated improvement plans	The Board has assurance mechanisms in place that enable it to hold agencies to account	• Revise the Board's Performance Framework with a focus on outcomes • Continue to hold regular Challenge events and develop them further	Q and P Chair	October 2016 September 2016	
	The Board has a strong focus on protection of adults at risk	• Regular audit activity of Partners adherence to multi agency West Yorks and North Yorks procedures	Q and P	March 2017	
	The Board's work is evidence based and concerned with outcomes	• Refine ways of analysing and interrogating data on safeguarding notifications that increase the Boards understanding of prevalence of abuse and neglect • Commission independent evaluation of effectiveness of changes introduced following safeguarding adults reviews.	Q and P Chair	December 2016	

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Appendix 3 – Detailed training information to be updated.

Kirklees Council Multi-Agency Training 1 April 2015 – 31 March 2016

Agency: Kirklees Council

Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults from Abuse formerly Safeguarding Adults Basic Awareness Refresher – **Kirklees Employees** (via MiPod Xtra & Workbook)	Staff who need to undertake their basic awareness course (which needs to be refreshed every two years)	72 – e-learning (old package) 181 – e-learning (new package 120 – workbook
Safeguarding Adults from Abuse formerly Safeguarding Adults Basic Awareness Refresher – **Independent Sector** (via Learning Pool and Workbook)	Staff who need to undertake their basic awareness course (which needs to be refreshed every two years)	5 – e-learning site closed 40 – workbook (includes 32 Shared Lives carers)
Safeguarding Adults at Risk Basic Awareness	Staff who require a basic awareness for safeguarding adults at risk and children and new starters in Kirklees Council as part of the Common Induction Programme	64
Safeguarding Adults 'See Me and Care': Preventing abuse – a framework for compassionate care for managers, care co-ordinators, residential homes and day opportunities	Staff working in residential and nursing care settings providing support for older people	Figure not available
Safeguarding Adults **Refresher** 'See Me and Care': Preventing abuse – a framework for compassionate care – residential and day opportunities staff	Staff working in residential and nursing care settings providing support for older people	147

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Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults **Refresher** 'See Me and Care': Preventing abuse – a framework for compassionate care – Generic	Staff working in care services for adults from all service user groups	94
Safeguarding Adults at Risk – Policy and Process	Staff with responsibility within the safeguarding process/specified responsibility and operational managers	34
New approach - Safeguarding Adults at Risk – Undertaking Investigations in the Workplace	Practitioners who may be responsible for conducting investigations and investigating officers who wish to develop their knowledge and skills	15
New approach – Mentoring – Safeguarding Adults at Risk – Undertaking investigations in the workplace and role of the Safeguarding Co-ordinator	Team managers, senior practitioners and level 3 social workers in order to develop their practice around undertaking investigations in the workplace and co-ordinating safeguarding investigations	Nil – training under review
New approach – Safeguarding Adults at Risk – Role of the Safeguarding Co-ordinator (previously known as Safeguarding Manager)	Practitioners/managers whose role involves co-ordinating safeguarding	20
Recording Skills for Social Workers: Recording in Safeguarding cases (2 day course)	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	9
Safeguarding Adults at Risk – Minute taking in safeguarding adults meetings for business support	Business Support staff that may be required to take minutes at Safeguarding Adults at Risk meetings	Nil (training under review)

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Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults – An Introduction to Court Room Skills	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	8
Safeguarding Adults at Risk – Participating in adult safeguarding conference skills	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	Nil – training cancelled
Safeguarding adults at risk – Domestic Abuse – Basic Awareness	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	22

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Training activity and level of training	Target staff	Number of staff trained
Safeguarding Adults at Risk and Children – Forced Marriages	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, Operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	13
Safer Recruitment in the Voluntary and Community Sector	Staff in the voluntary and community sector who have responsibility for recruitment of staff and volunteers	Nil
Safeguarding Adults at Risk - Role of the Concerns (formerly Alerting) Manager	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	35
Safeguarding Adults and Children – Elected members basic awareness	Elected members	6
Safeguarding Adults – Serious Case Reviews and undertaking internal management reviews	Operational managers, head of assessment and care managers, service Managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	30
Mental Capacity – Basic Awareness	Staff who require a basic awareness in Mental Capacity Act and new starters in Kirklees Council as part of the Common Induction Programme	210

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Training activity and level of training	Target staff	Number of staff trained
Mental Capacity Act 2005 – Applying in Practice	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	73
Mental Capacity Act – Assessing capacity and best interests decision making	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	82
Best Interest Assessor Training	Qualified Social Workers and Health professionals who are required to carry out the role of Best Interest Assessor	This is run at University of Huddersfield and Leeds
Best Interest Assessor Refresher	Qualified Best Interest Assessors	40
Deprivation of Liberty Workbook	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff and Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators	19
DoLS for professionals who work with managing authority and may come across Deprivation of Liberty	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	66
Deprivation of Liberty (DoLS) for managing authorities	Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	31

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Training activity and level of training	Target staff	Number of staff trained
Mental Capacity Act – Working with unwise decisions	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators and Operational managers, head of assessment and care managers, service managers	59
Mental Capacity Act and Support Planning for Residential Staff	Target Group - Identified Kirklees Council staff only working in Residential Homes	24
Mental Health Act and Mental Capacity Act Interface	All Social Workers and professionals who require an understanding and awareness of the interface between the MCA and MHA - Social Workers, Health Professionals and BIA's	52
Human Rights Act and Adults at Risk – e-learning	All staff who have contact with vulnerable adults e.g. care staff, domestic staff, drivers, volunteers, Elected members, housing staff, Social workers, nurses, front line managers, health and social care provider managers, adult safeguarding investigators, Operational managers, head of assessment and care managers, service managers and Head of Support services, heads of directly provided services, heads of assessment and care management services	10

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Training activity and level of training	Target staff	Number of staff trained
Network events (Safeguarding)	Open invitation to all partner organisations and care providers	206
Network events (Dignity in Care)	Open invitation to all partner organisations and care providers	106
Safeguarding Adults - Role of the Safeguarding Enquiry Office	All Safeguarding Enquiry Officers	19
Safeguarding Adults - Undertaking Enquiries in the Workplace (two days)	All Safeguarding Enquiry Officers	13

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Name of partner agency | **The Mid Yorkshire Hospitals NHS Trust**

Training 1st April 2015 – 31st March 2016

Please complete the following pro-forma detailing what training you have had delivered to your staff in the training period stated above.

Training Activity and Level of training	Target Staff	Number of staff trained
Level 1 Safeguarding Adults training- face to face & written materials	Mandatory for all Trust staff To be undertaken every 3 years	Induction – 830 Written – 1,107
Level 2 Safeguarding Adults classroom training	Mandatory for all Trust staff who have contact with adults in the course of their work. To be undertaken every 3 years (see also e-learning)	768
Level 2 Safeguarding Adults e-learning package	E-learning alternative for same staff groups as above	476
Prevent Basic Awareness – written materials	Advised for all clinical staff (not yet mandatory). Yearly refresher required	1,195
Level 3 Safeguarding Adults training	Optional training, for staff likely to be involved in SGA process, delivered by partner agencies or via bespoke tutorial when required	N/A
Prevent Wrap 3 classroom training	Advised for all clinical staff (not yet mandatory). Once in employment only	737
Level 1 Mental Capacity Act training- NHS prompt cards acknowledged and received and delivered at Corporate Induction	Mandatory for all Trust staff. To be undertaken every 3 years	Prompt Cards – 1,366 Induction - 830

Training Activity and Level of training	Target Staff	Number of staff trained
Level 2 Mental Capacity Act/DoLS classroom training	Mandatory for any staff who assess patients or who need consent for any aspect of their role. To be undertaken every 3 years (see also e-learning)	1,355
Level 2 Mental Capacity Act e-learning package	E-learning alternative for same staff groups as above	494
Level 3 Mental Capacity Act/DoLS classroom training	Mandatory for senior staff who are decision-makers. To be undertaken every 3 years.	286

Key Achievements:

First Quarter

The compliance figure for Level 1 Safeguarding Adults training at the beginning of Quarter 1 was 100% which met the Trust target of 100%. This figure continued throughout April, May and June 2015 as 100% and so far exceeds the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) which at this time is 95% (reduced for 2015/16 from the previous target of 100%). This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department has made a commitment to resend updated written materials in September 2015 to all Trust staff although the method of recording the compliance figure will change so we envisage a potential drop in compliance. This training requires refreshing every 3 years and the materials were last sent to staff in Sept/Oct 2012.

The compliance figure for Level 2 Safeguarding Adults training at the beginning of Quarter 1 was 83%. Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training compliance targets which was set for 90% for the end of March 2015. This target had not been met at the end of March 2015. For 2015/16 the Trust lowered the compliance target, for role specific mandatory training, to 85%. The compliance figure for end April 2015 was 82%, for end May 81% and for end June 84%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets

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to meet. Level 1 MCA compliance was 86% at the beginning of Quarter 1, and although compliance had not met the 100% target at end March 2015 compliance did meet the target set at 80% for this subject, and compliance was 90% end April 2015, 92% end May and for end June was 93%. This figure is achieved through new staff attending at Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 25% at the end of Quarter 1 (target was 19% by end March 2015) and continued to increase through April (38%), May (49%) and June (58%). This figure is achieved through either classroom training or e-learning. Level 3 compliance was 52% at the beginning of Quarter 1, which did not meet the target of 64% for end March 2015, and continued to rise through April (53%) and May (71%) although compliance did fall during June (64%). Level 3 MCA figures are achieved via classroom learning only.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. Wrap3 will be incorporated into Level 3 safeguarding Children training from August 2015 and all staff will receive basic awareness in September 2015 which should be refreshed annually. It was decided to incorporate PREVENT into the childrens training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Second Quarter

The compliance figure for Level 1 Safeguarding Adults training was 100% at the end of July, August and September 2015 and is so far on course to exceed the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) of 95% This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department has made a commitment to resend updated written materials in September 2015 to all Trust staff although the method of recording the compliance figure will change so we envisage a potential drop in compliance. This training requires refreshing every 3 years and the materials were last sent to staff in Sept/Oct 2012.

Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training Compliance Targets which has been set for 85% for the end of March 2016. The compliance figure for end July 2015 was 83%, for end August 82% and for end September 2015 81%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets

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to meet. Level 1 MCA compliance was 92% end July 2015, 95% end August and for end September was 94%. This figure is achieved through new staff attending at Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 65% end July, 69% end August and 71% end September 2015. This figure is achieved through either classroom training or e-learning. Level 3 compliance was 66% at end July 2015, 64% at end August and 74% at end September 2015. Level 3 MCA figures are achieved via classroom learning only. Both Level 1 and 2 MCA are either on, or above, trajectory for their specific compliance figures. Level 3 MCA is currently behind trajectory.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. Wrap3 was incorporated into Level 3 safeguarding Children training from August 2015 and all staff will receive basic awareness in September 2015 which should be refreshed annually. It was decided to incorporate PREVENT into the children's training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Third Quarter

The compliance figure for Level 1 Safeguarding Adults training was 67% at the end of October, 79% at the end of November and 82% at the end of December 2015 and is so far not on course to meet the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) of 95%. This change in compliance rates is due to the changes made in the way that compliance is now recorded for this training- previously once the written materials were sent out to a staff member they were recorded as compliant. The decision was made to ask staff to return a sign off slip upon receipt and reading, of these materials, and these slips are being returned slowly. This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department sent out the written materials in September 2015 and they will next be due for resending September 2018 as this training requires refreshing every 3 years.

Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training Compliance Targets which has been set for 85% for the end of March 2016. The compliance figure for end October 2015 was 80%, for end November was 77% and for end December 2015 was 74%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years. The drop in compliance figures has been acknowledged and there are plans in place in the next quarter to contact those staff who are out of date with their training.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets to meet. Level 1 MCA compliance was 94% end October 2015, 94% end November and for end December was 95%. This figure is achieved through new staff attending at

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Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 74% end October, 75% end November and 76% end December 2015. This figure is achieved through either classroom training or e-learning. Level 3 compliance was 75% at end October 2015, 76% at end November and 77% at end December 2015. Level 3 MCA figures are achieved via classroom learning only.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 and Level 3 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. All staff received PREVENT basic awareness in September 2015 as this was included in the mail out of the Level 1 Safeguarding training written materials. This should be refreshed annually. It was decided to incorporate PREVENT into the childrens training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Fourth Quarter

The compliance figure for Level 1 Safeguarding Adults training was 84% at the end of January, 85% at the end of February and 85% at the end of March 2016 and is so far not on course to meet the Trust target for Core Mandatory Training compliance (into which Level 1 Safeguarding Adults falls) of 95%. This change in compliance rates is due to the changes made in the way that compliance is now recorded for this training- previously once the written materials were sent out to a staff member they were recorded as compliant. The decision was made to ask staff to return a sign off slip upon receipt and reading, of these materials, and these slips are being returned slowly. This figure is achieved through a combination of new staff receiving this training on Corporate Induction or through existing staff receiving written materials. The Trust's Organisational Development Department sent out the written materials in September 2015 and they will next be due for resending September 2018 as this training requires refreshing every 3 years.

Safeguarding Adults Level 2 training falls into Role Specific Mandatory Training Compliance Targets which has been set for 85% for the end of March 2016. The compliance figure for end January 2016 was 75%, for end February was also 75% and for end March 2016 was 74%. This figure is achieved through either classroom training or e-learning. Staff requiring Level 2 Safeguarding Adults training need to update their training every three years. The drop in compliance figures has been acknowledged and there are continuing plans in place to contact those staff who are out of date with their training.

Mental Capacity Act training is mandatory for all staff and Level 1 MCA has been placed on the Core Mandatory Training Competencies Target (95%) with Level 2 and Level 3 MCA both on the Role Specific Training Compliance Target (85%). However as these are new mandatory subjects introduced by the Trust, they have their own specific targets to meet. Level 1 MCA compliance was 95% end January 2016, 95% end February and for end March was 96%. This figure is achieved through new staff attending at Corporate Induction or by existing staff acknowledging receipt of MCA prompt cards. Level 2 MCA compliance was 79% end January, also 79% end February and 80% end March 2016. This figure is achieved through either classroom training or e-learning. Level 3 compliance was 77% at end January 2016, 77% at end February and 80% at end March

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2016. Level 3 MCA figures are achieved via classroom learning only. Although neither of these meet the role specific target, MCA level 2 is ahead of its own specific target whilst MCA level 3 is behind target.

PREVENT, part of the Government's Counter-Terrorism Strategy (CONTEST), is now considered part of the Adult Safeguarding agenda within the NHS. PREVENT training, in the form of Wrap3, has been incorporated into Level 2 and Level 3 Safeguarding Children training although it is not yet mandatory within the Trust. It is advised that this should be undertaken once in employment only. All staff received PREVENT basic awareness in September 2015 as this was included in the mail out of the Level 1 Safeguarding training written materials. Basic awareness is also presented to new staff on corporate induction. This should be refreshed annually. It was decided to incorporate Wrap 3 into the childrens training rather than the adults training as all staff requiring Level 2 Safeguarding Adults training have to undertake either Level 2 or 3 Safeguarding Children training.

Additional Training

Other mandatory training within Mid Yorkshire Hospitals NHS Trust, which could be seen to be related to safeguarding, includes:

- Diversity awareness- relates to discriminatory abuse
- Conflict resolution- issues in relation to safeguarding can lead to conflict between patients/carers and staff
- Health and Safety- this covers slips, trips and falls of which falls can sometimes be a safeguarding issue
- Medicines Management- maladministration of medication can be a safeguarding issue
- Patient Safety (Incident reporting and Root Cause Analysis)- all potential and actual safeguarding issues are incident reported and RCA is used during safeguarding inquiries

Some of this training is undertaken once in employment only and the rest have to be repeated within set timescales (1, 2 or 3 years usually).

The Trust's Level 2 Safeguarding Adults training was expanded to a full half-day session from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, Prevent and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter (May 2015) a training session entitled 'Receipt and Scrutiny of Papers' was facilitated by SWYPFT staff in regards to the completion of 'section' papers related to detentions under the Mental Health Act. This training was aimed at certain key staff to assist in the management of people detained under the MHA. There are plans to run this training every six months.

The Trust's Level 2 Safeguarding Adults training was expanded to a half-day session

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from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, PREVENT and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter (September 2015) a training session entitled ‘Demystifying DoLS’ was run in addition to the regular MCA training. This training was aimed at certain key staff to assist in the completion of the paperwork associated with DoLS. It is envisioned that this will run monthly until further notice depending upon numbers booking on.

The Trust’s Level 2 Safeguarding Adults training was expanded to a half-day session from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, PREVENT and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter (November and December 2015) two training sessions entitled ‘Demystifying DoLS’ were run in addition to the regular MCA training. This training was aimed at certain key staff to assist in the completion of the paperwork associated with DoLS. It is envisioned that this will run monthly until further notice depending upon numbers booking on.

Also during this quarter (November 2015) another training session entitled ‘Receipt and Scrutiny of Papers’ was facilitated by SWYPFT staff in regards to the completion of ‘section’ papers related to detentions under the Mental Health Act. This training was aimed at certain key staff to assist in the management of people detained under the MHA. There are plans to run this training every six months.

The Trust’s Level 2 Safeguarding Adults training was expanded to a full half-day session from April 2015 and now includes content relating to adult safeguarding, Learning Disability and Reasonable Adjustments and Mental Capacity Act. All staff requiring Level 2 Safeguarding Adults will undertake either Level 2 or Level 3 Safeguarding Children training which covers safeguarding children, domestic abuse, FGM, CSE, PREVENT and trafficking. Around 4200 staff are required to undertake safeguarding adults training once every three years.

During this quarter one training session (March 2016) entitled ‘Demystifying DoLS’ were run in addition to the regular MCA training. This training was aimed at certain key staff to assist in the completion of the paperwork associated with DoLS. There are plans to run this training during April and May 2016.

During this year we have also started to run session every 4 months aimed at providing safeguarding training to the Trust’s volunteers. Run in November 2016 for the first time and will next run April 2016. This training is a mixture of power point / written materials.

We are also running a practical session aimed at newly qualified band 5 nurses (or new to the Trust) and is based around admitting an acutely ill patient with a learning disability. This is additional to the mandatory safeguarding adults training they need to attend. This is run monthly and has around twenty people attending each session.

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Name of partner agency | **Locala**

1st April 2015 – 31st March 2016

Please complete the following pro-forma detailing what training you have had delivered to your staff in the training period stated above.

Training Activity and Level of training	Target Staff	Number of staff trained
Safeguarding Adults Level 1	Clinical and non-clinical	1,091
Safeguarding Adults Level 2	Clinical and non-clinical	801
Mental Capacity	Clinical Face to Face	836

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Name of partner agency | **Greater Huddersfield & North Kirklees CCGs**

1st April 2015 – 31st March 2016

Please complete the following pro-forma detailing what training you have had delivered to your staff in the training period stated above.

Training Activity and Level of training	Target Staff	Number of staff trained
PREVENT WRAP 3	CCG clinical staff	13
PREVENT awareness	CCG non clinical staff	49
MCA/DoLS	Primary Care Clinical staff	68

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Appendix 4

KIRKLEES SAFEGUARDING ADULTS BOARD

Board members June 2016

Name	Job title	Service/Organisation
Mike Houghton-Evans	**INDEPENDENT CHAIR**	
Kim Brear	Assistant Director	Kirklees Council – Streetscene and Housing
Victoria Thersby	Head of Safeguarding	Calderdale and Huddersfield NHS Foundation Trust
Penny Woodhead	Head of Quality	Greater Huddersfield Clinical Commissioning Group
Richard Parry	Director of Commissioning, Public Health and Adult Social Care	North Kirklees CCG
Jane Ford	General Practitioner	Greater Huddersfield CCG
Clive Barrett	Head of Safeguarding	The Mid Yorkshire Hospitals NHS Trust
Julie Warren Sykes	Assistant Director of Nursing, Clinical Governance and Safety	South West Yorkshire Partnership NHS Foundation Trust
Razia Riaz	Senior Legal Officer	Kirklees Legal Services
Hazel Wigmore		Lay Member
Superintendent Khan		West Yorkshire Police
Richard Parry	Director of Commissioning, Public Health and Adult Social Care	Kirklees Council
Mohammed Ali	District Prevention Manager	West Yorkshire Fire Service
Tina Quinn	Director of Quality	Locala
Kerry Warhurst (Yorkshire & Humber)	Senior Nurse – Quality & Safety NHS England – North	NHS England (West Yorkshire)

Kirklees Council

Gateway to care
First point of contact for making an alert:
Tel: 01484 414933

For policy advice and information contact:
Kirklees Safeguarding Adults Partnership Team
4th Floor, Civic Centre 1, High Street, Huddersfield, HD1 4NF
Tel: 01484 221717
Email: protection@kirklees.gov.uk
www.kirklees.gov.uk/safeguarding

Police

Emergencies:

Always dial 999 in an emergency where there is a danger to life, or a crime is in progress.
This number is available 24 hours a day, 7 days a week.
From a mobile phone, please dial 999 or 112.

Non-Emergencies:

Telephone 101 (24 hours a day, 7 days a week) for non-emergencies where:

- Police attendance is required
- to report a crime
- to report other incidents

West Yorkshire Police Safeguarding Unit

The team of specialist police officers have expertise in supporting the vulnerable and in partnership working.
Tel: 01924 335075
Where possible please use the email address below which is checked daily:
ea.safeguarding@westyorkshire.pnn.police.uk

West Yorkshire Police
West Yorkshire Fire & Rescue Service
Locala Community Partnerships
NHS
Kirklees Council

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KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: **24th November 2016**
TITLE OF PAPER: **Update from the WY STP Programme Office on the West Yorkshire & Harrogate Sustainability & Transformation Plan (Draft Proposals, October 2016)**

1 Purpose of paper

For the WY STP Programme Office to provide the Board with an update on progress with developing the West Yorkshire & Harrogate Sustainability & Transformation Plan, and an opportunity to comment on the implications for Kirklees.

2 Background

2.1 Introduction

The West Yorkshire and Harrogate, Sustainability and Transformation Plan (STP) was been published on Thursday 8 November. It sets out the vision, ambitions and priorities for the future of health and care in the region and is the result of many months of discussions across the STP partnership.

It is being shared widely, with views sought from staff, patients and the public on the high level thinking about the future of health and care services across the area. All feedback will be taken into account before any further work takes place.

The West Yorkshire and Harrogate STP is the local approach to delivering the national plan called the Five Year Forward View. Published in 2014, which sets out a vision of a better NHS, the steps we should take to get us there, and how everyone involved needs to work together.

The NHS and local councils in West Yorkshire and Harrogate commission care and treatment to 2.6 million people. Every day a network of providers work across the whole social spectrum, engaging people from birth to death, head to toe, inside and out. Our 113,000 staff are entrusted with a budget approaching £5billon.

Over 25 health and care partners from across the region are involved in the STP, along with Healthwatch. West Yorkshire and Harrogate STP area covers eleven Clinical Commissioning Groups (which design, specify and buy care for local people), six local council boundaries, as well as services provided by a number of health and social care organisations, such as mental health, community and hospitals. Over time these organisational differences will become less important. We want to put people and communities above individual organisational boundaries.

Health and Wellbeing Boards have a crucial role to play in this. Since 2012 they have been developing local health and wellbeing strategies based on the needs of local people.
They bring together the NHS, public health, adult social care and children's services, including councillors and local Healthwatch, to plan how best to meet the needs of local people and tackle local inequalities in health. They provide a way of ensuring that local people have a strong voice.

The West Yorkshire and Harrogate STP is built from six local area place-based plans; Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield.

A full version of the plan can be found here [http://bit.ly/WestYorkshireSTP].

2.2 Summary

This summary is an overview of our plan which sets out our high level proposals.

The goal of the STP is to enable everyone in West Yorkshire and Harrogate to have a great start in life, supporting them to stay healthy and to live longer.

Pockets of deprivation and affluence across the area means where you live can determine your life chances. The draft STP aims to address this health and wellbeing gap with a focus on supporting people to live longer, healthier lives, and ensuring a good and equitable service for all, no matter where you live.

The draft proposals also stress the importance of improving people's health, through better coordination of services, whilst improving the quality of care received.

An ageing population and people living longer with complex health and social care needs means demand is increasing faster than resources. The STP offers an initial view of how local and regional services can be improved, what this means for the health of people locally and how we will need to collaborate to balance the books.

The STP builds on local plans that have been developed in each of the six local districts we cover. They attempt to tackle long standing issues and improve care. They look at prevention, better coordinated services, preventing unnecessary hospital admissions and supporting people to stay well.

The thinking starts with where people live, in their neighbourhoods, focusing on people staying well., improving co-ordination between those that exist, supporting people who are most at risk and adapting the workforce so that people's needs are better met are also key elements.

We also need to do all we can to harness the innovation in West Yorkshire and Harrogate, with pockets of great work across the area being standardised and shared. Research and innovation is delivering world leading new treatments at the forefront of technology. Our integration 'pioneers' are joining up health and care. We are leading the way in developing new models of care that better meet people's needs in care homes, hospitals and local communities.

This history of improvement and innovation in public services is supported by a thriving third sector, excellent universities and engaged businesses. Increasingly, we have been working together to ensure we can make the biggest changes we can to the lives of local people.

The STP is already informed by significant engagement in local plans. It is not set in stone and we will be engaging with staff and the public in the planning and design of the proposals as they progress and we are calling for people to get involved.

2.3 The case for change

In 2016, we face the most significant challenges for a generation. We know that we must keep innovating and improving if we are to meet the needs of our population in a tough financial climate. Demand for services is growing faster than resources. Services in some places are not designed to meet modern standards, and local people want things to be better, more joined up, and more aligned to their needs. This is clear from the continuous engagement we have with local people, as well as the changing world we live in.

It's great news that people are living longer than previous generations, but the reality is that up to two thirds of people in the UK could spend their retirement years in ill-health.

An ageing population, people living longer with complex health and social care needs, means we have to change if we want to improve people's quality of life and meet the challenges we face together with the money we have available.

Although extra money has been made available nationally to support the NHS, this is not growing as fast as demand for care. Budgets in social care, training, and public health are under additional pressure and have not been increased in the same way that some NHS funding has seen.

Our workforce is also changing. We need to improve the way we do things if we are to meet changing needs whilst improving the health and wellbeing of people and fully supporting our staff.

We know this isn't an easy message – it will be a challenge and difficult decisions will need to be made.

Working differently together offers us new opportunities to meet these increasing demands. Together we can share learning, expertise and skills – as well as making better use of technology and trialling new models of care.

2.4 Our approach

We are ambitious for the people we serve and the staff we employ. We want the very best for everyone.

Closer partnership working is at the very core of our STP. Over the past six months the leadership and staff of the West Yorkshire and Harrogate health and care organisations have been working hard on how we respond to the challenges we face, whilst delivering quality care and working towards achieving our vision.

Health and Wellbeing Boards have a crucial role to play in this. Since 2012 they have been developing local health and wellbeing strategies based on the needs of local people. They bring together the NHS, public health, adult social care and children's services, including councillors and local Healthwatch, to plan how best to meet the needs of their local population and tackle local inequalities in health. They provide a way of ensuring that local people have a strong voice.

The West Yorkshire and Harrogate STP is built from six local area place-based plans; Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield. This is based around the established relationships of the six Health and Wellbeing Boards and builds on their local health and wellbeing strategies.

West Yorkshire and Harrogate has a diverse population, with different health and social care needs. We believe that for the majority of services, these needs are best met on a local level through closer partnership working.

It's essential that our emerging proposals draw on existing insight and local intelligence. There is a lot of public and patient expertise and experience, and we want to listen carefully and act upon what has already been said. We are developing our plans around how we will engage and consult with you and how it will work across the future planning process and the role of the Health and Wellbeing Boards.

2.5 Who is involved?

West Yorkshire and Harrogate STP is made up of the following organisations:
Clinical commissioning groups

- NHS Airedale, Wharfedale and Craven CCG
- NHS Bradford City CCG
- NHS Bradford District CCG
- NHS Calderdale CCG
- NHS Greater Huddersfield CCG
- NHS Harrogate and Rural District CCG
- NHS Leeds North CCG
- NHS Leeds South and East CCG
- NHS Leeds West CCG
- NHS North Kirklees CCG
- NHS Wakefield CCG

Local authorities

- Bradford Metropolitan District Council
- Calderdale Council
- Craven District Council
- Harrogate Borough Council
- Kirklees Council
- North Yorkshire County Council
- Leeds City Council
- Wakefield Council

Providers

- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds Community Healthcare NHS Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Teaching Hospitals NHS Trust
- Locala Community Partnerships
- The Mid-Yorkshire Hospitals NHS Trust
- South West Yorkshire Partnership NHS Foundation Trust
- Tees Esk and Wear Valleys NHS Foundation Trust
- Yorkshire Ambulance Service NHS Trust

Other organisations involved

- NHS England
- Public Health England
- Healthwatch

3 Recommendations

The Board

- note the West Yorkshire Sustainability & Transformation Plan
- comment on the implications for Kirklees

4 Contact Officer

Rob Webster, Chief Executive, SWYPFT & West Yorkshire STP Lead
Ian Holmes, Programme Director, Healthy Futures Ian.Holmes@wakefieldccg.nhs.uk

West Yorkshire and Harrogate Sustainability and Transformation Plan (STP)

Draft proposals

October 2016

Contents

Foreword

1) Introduction and our approach
2) The triple aim
3) Place based proposals
4) West Yorkshire collaborative proposals
5) Enabling work streams
6) Creating an infrastructure for delivery
7) Conclusion

Annex A: Glossary of terms

Foreword

The NHS and social care system in West Yorkshire and Harrogate provides care and treatment to 2.6 million people. Every day we work across the whole social spectrum, engaging people from birth to death, head to toe, inside and out. Our 113,000 staff are entrusted with a budget approaching £5bn.

Over the past decade we can be proud of how our health and care teams have made major improvements to services. The NHS is treating more people than ever before, providing services faster, more safely and in better environments. Research and innovation is delivering world leading new treatments at the forefront of technology. Our integration "pioneers" are joining up health and care. Our seven vanguards have been leading the way in developing new models of care that better meet people's needs in care homes, hospitals and local communities.

This history of improvement and innovation in public services is supported by a thriving third sector, excellent universities and engaged businesses too. Increasingly, we have been working together to ensure we can make the biggest changes we can to the lives of local people. We have done this with a keen eye on local variation in populations, needs and service delivery.

In 2016, we face the most significant challenges for a generation. We know that we must keep innovating and improving if we are to meet the needs of our population in a tough financial climate. Demand for services is growing faster than resources. Services in some places are not configured to meet modern standards. And local people want things to be better, more joined up, and more aligned to their needs. This is clear from the continuous engagement we have with local people, as well as the changing world we live in.

Over the past six months, the leadership and staff of West Yorkshire and Harrogate health and care organisations have been working together on how we respond to these challenges. We have been combining existing plans and seeing how we deliver ambitious improvements for people in Bradford, Calderdale, Kirklees, Leeds, Harrogate and Wakefield. In doing so, we want to close the health gap that persists between communities; the care gap that leads to unwarranted variation; and the financial gap that we see opening up in future. In doing so we will deliver tour contribution to the national "Five Year Forward View".

This document sets out our high level proposals. These are built on the ongoing work that has been taking place locally through Health and Wellbeing Boards and local partnerships. They mean an emphasis on prevention, supported self care and joined up services in communities. They mean a genuine focus on people and their mental, physical and social care needs. They mean better cooperation between hospitals to deliver good care that is safe-sized. They mean changes to the commissioning of services, to be much more joined up so that we maximise the power of our finances. They mean a much better compact with local people and local third sector organisations – changing the deal with our communities to build on their assets. And they mean making West Yorkshire and Harrogate a place people want to work and innovate.

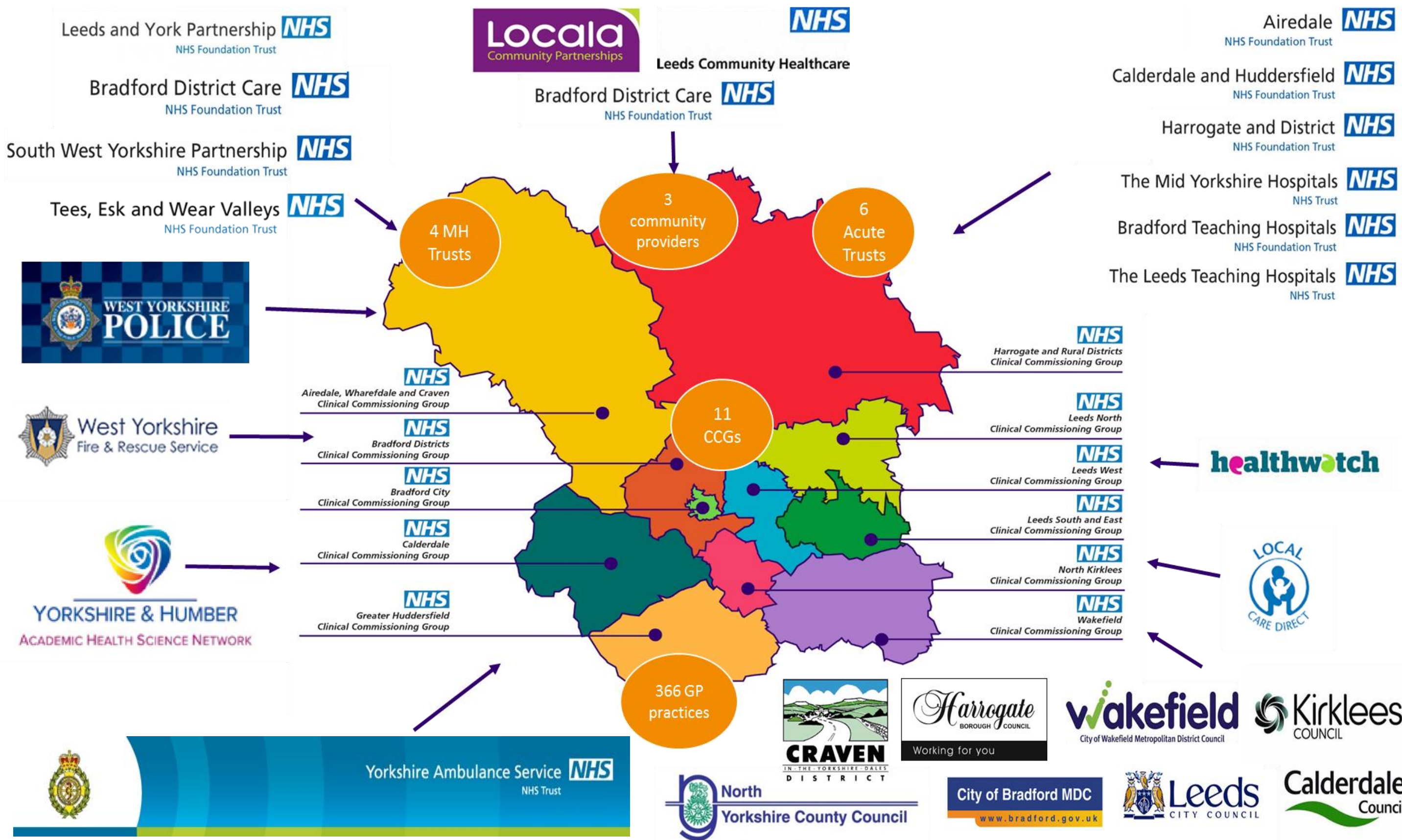
Over the next six months we will keep engaging with staff and the public, to further develop our plans and build on engagement activities to date, ensuring the involvement of everyone in future conversations around proposals for change.

Rob Webster

On behalf of the leadership of West Yorkshire and Harrogate

Section 1: Introduction and our
approach

Our health and care economy



- Serving a population of 2.64m
- With a total allocation of £4.7bn across health by 20/21
- And 113,000 health and social care staff

Plus…

- 650 Care homes
- 319 Domiciliary care providers
- 10 hospices
- 8 large independent sector providers
- Thousands of Voluntary & Community Sector organisations

A vision for health and care in West Yorkshire and Harrogate

We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All of our proposals, both local and at STP level support the delivery of this vision:

- Every place will be a **healthy place**, focusing on **prevention, early intervention and inequalities**
- We will work with local communities to build **community assets** and resilience for health
- People will be **supported to self-care,** with **peer support** and technology supporting people in their communities
- Care will be **person centred,** simpler and easier to navigate
- There will be **joined-up community services across mental & physical health and social care** including close working with voluntary and community sector
- Acute needs will be met through services that are **"safe sized"** with an acute centre in every major urban area, connected to a **smaller number of centres of excellence providing specialist care**
- In some areas local services will evolve into **accountable care systems** that collaborate to keep people well
- We will move to a **single commissioning arrangement** between CCGs and local authorities and have a stronger West Yorkshire and Harrogate commissioning function
- We will **share back office functions and estate** where possible, to drive efficiencies to enable investment in services
- West Yorkshire & Harrogate will be **great places to work**
- We will always **actively engage people** in planning, design and delivery of care
- West Yorkshire and Harrogate will be an international destination for **health innovation**

Leadership and guiding principles: a new way of working….

This STP has been created through our collective leadership. Our aim is to achieve the best possible outcomes for people through delivery of the Five Year Forward View

We have guiding principles that shape everything we do as we build trust and delivery

- We will be **ambitious** for the populations we serve and the staff we employ
- The West Yorkshire and Harrogate STP belongs to **commissioners, providers, local government and NHS**
- We will **do the work once** – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake **shared analysis** of problems and issues as the basis of taking action
- We will apply **subsidiarity** principles in all that we do – with work taking place at the appropriate level and as near to local as possible

These are critical common points of agreement that bind us together

Our approach is built on the principle that we do the work as close to local populations as possible…

West Yorkshire and Harrogate has significant pockets of deprivation and affluence. Populations with higher levels of deprivation continue to experience health inequalities and achieve worse outcomes. We have a large population of children and young people with 1 in 5 growing up in poverty and parts of the region such as Harrogate & Rural District and Craven have populations of older people growing faster than the national rate.

Our region has densely populated urban areas around the cities of Bradford, Leeds and Wakefield and large towns of Huddersfield and Halifax. Large rural areas cluster around the district of Craven.

Our different diversity of geography and communities makes West Yorkshire and Harrogate a diverse footprint and because of this it is important that we plan our health and care services to meet the needs of these different communities. The best way to do this is by planning and delivering services with and as close to these local populations as possible.

To support us in this process, we have strong local relationships through our six Health and Wellbeing Boards and most of our transformation work is planned and delivered at this local level – based on people's needs and circumstances. This work is a collaboration of commissioning and provider organisations across physical and mental health, social care, voluntary and community sector and Healthwatch in these local areas of Bradford District and Craven, Calderdale, Harrogate and Rural District, Kirklees, Leeds and Wakefield.

There are some areas where we need to work on a bigger scale in order to be successful. We apply three tests to determine when to work at this level:

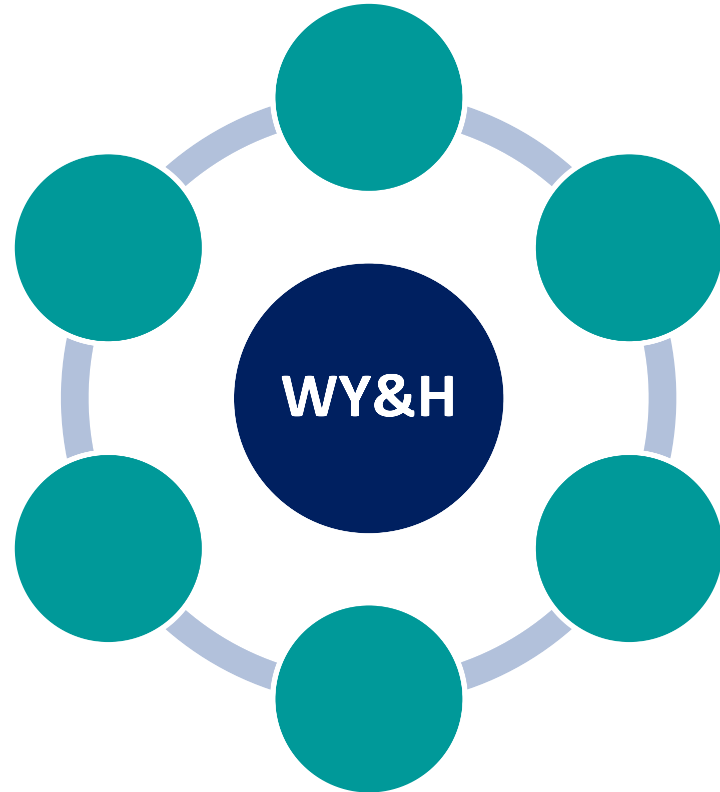
- To achieve a critical mass beyond local population level to achieve the best outcomes
- To share best practice and reduce variation
- To achieve better outcomes for people overall.

Relationship between the West Yorkshire and Harrogate led work programmes and our six localities…

The connection between the West Yorkshire and Harrogate level work streams and the six ‘places’ is critical.

The planning, leadership and increasingly the decision making for these work programmes will be taken at a West Yorkshire and Harrogate level jointly through collaboration of statutory organisations.

Implementation is delivered through the six localities to an agreed set of principles and standards.



From vision to impact

VISION	APPROACH	IMPACT ON 3 GAPS
• Prevention and early intervention; • Community assets; • Supported self care, • Integration across mental and physical health; • Working with our population	• Planned and delivered through six places, working in partnership locally across commissioner and provider functions. • West Yorkshire and Harrogate work programmes support this local planning and delivery	• Greater focus on prevention, turning the trend major killers and long term conditions • Reduced demand on acute services, reduced costs and improvement in access standards
• Acute services safe sized; • Specialist care centres of excellence • New commissioning arrangements • Sharing of back office functions and estate • Innovation and best practice	• Work planned at West Yorkshire and Harrogate level – connected to the six places for local delivery	• Greater resilience of acute services; improved quality safety and reduced variation • Efficiencies through standardisation of good practice, lower cost of estate and back office

There are a number of common actions to drive impact in our place based plans…

Prevention and early intervention	• Programmes focused on locally relevant challenges with most areas prioritising areas such as obesity, smoking, cardiology, respiratory, mental wellbeing and frail elderly.
Supported self care	• Evidence based, person-centred approaches, which support people to take greater control and management of long-term health conditions. Training of the workforce to facilitate this elevated level of independence.
Primary and community care	• Increasing access to primary care in hours and out of hours through primary care at scale and new models of care in the community. A new compact with the voluntary and community sector. Commitment to implement the GP and Mental Health Forward Views. Managing demand for acute services.
Joined up services	• A variety of models and options for integrating services to make them more efficient and better aligned to the delivery of people's health and wellbeing outcomes and person centred care.

And we have identified the following priorities for working together at West Yorkshire & Harrogate level…

- Cancer services
- Urgent and emergency care
- Specialist services
- Stroke (hyper-acute and acute rehab)

We work together because of the need for critical mass

- Standardisation of commissioning policies
- Acute collaboration
- Primary and community services

We work together to reduce variation and share best practice

- Mental health
- Prevention at scale

We work together to achieve greater benefits

The evolution of these plans is built on previous work and future planning processes…

The foundation of these proposals is the six place based health and wellbeing strategies.

These strategies are grounded in a clear understanding of local population needs and preferences.

The development of a West Yorkshire and Harrogate collaborative programme after application of the 'three tests'.

Nine programmes planned at West Yorkshire and Harrogate level and delivered locally.

As part of the current 2 year planning process , organisations will develop detailed plans for delivery in years 2 and 3 of the 5 year STP time line

Section 2: The triple aim

The triple aim: Closing the gaps

There are three gaps outlined in the Five Year Forward View these relate to health and wellbeing, care and quality of services and finance and efficiency.

Our approach is to ensure that we can improve outcomes in health and wellbeing and care and quality whilst delivering within the resources available.

We consider all three gaps as equally important, with finance as a servant of the other two gaps. All our plans are focused on closing these three gaps in West Yorkshire and Harrogate.

Care and quality

Finance and efficiency

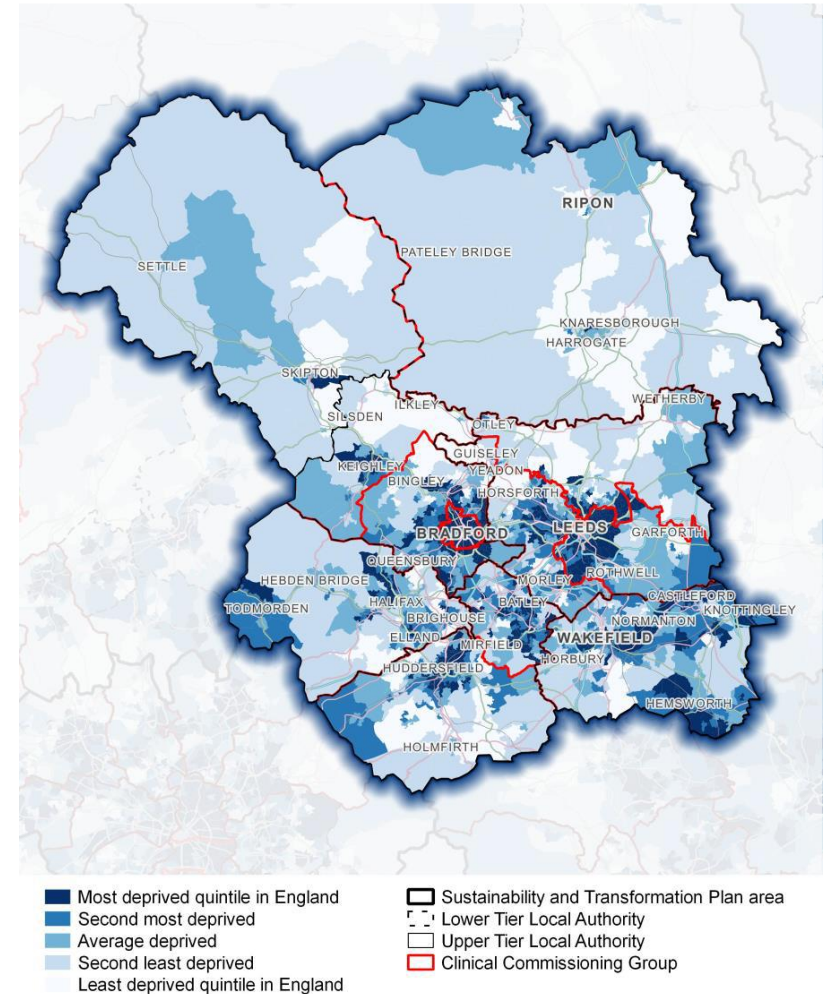
Health and wellbeing gap: Our challenges

We have made significant progress on many health and wellbeing indicators of recent decades but there are still major challenges.

Where you live still has a significant impact on your life chances and health and care outcomes, for example:

- There is an 11 year variation in life expectancy for males across Leeds
- There is a 10.2 year variation in life expectancy for females across Calderdale
- We have higher than average rates of adult obesity
- We have higher than average rates of smoking, including maternal smoking at delivery.

Deprivation across Wet Yorkshire and Harrogate STP footprint



Health and wellbeing gap: Our aspirations

Health and care inequalities

THEME	ISSUE	ASPIRATION
Smoking	18.6% of our population smoke. This is higher than average and is the main preventable cause of cancer.	To reduce smoking rates to 13% by 2020-21 - approximately 125,000 fewer smokers compared to 2015-16.
Obesity	8 of 11 CCGs have significantly higher than average childhood obesity levels. 1.3 million people (50% of population) are overweight.	There are 226,000 people at risk of diabetes in West Yorkshire and Harrogate. Our aspiration is that 50% of these are offered diabetes prevention support, with a 50% success by 2021.
Alcohol	There are around 455,000 binge drinkers in West Yorkshire and Harrogate. This has major health consequences and adds significant burden on services.	To reduce alcohol related hospital admissions by 500 a year and achieve a 3% reduction in alcohol related non-elective admissions.
Cancer	Only around half of all cancers are diagnosed at a curable stage. Significant inequalities in outcomes across ethnic groups.	Increase in survival rate to 75% by 2020-21, with the potential to save 700 lives each year.
Mental Health	We have a higher prevalence of anxiety disorders and depression and a higher than average suicide rate.	A zero suicide approach to prevention, aspiring to a 75% reduction in numbers by 2020-21
CVD & Stroke	All West Yorkshire Authorities have significantly worse rates for CVD mortality in under 75s when compared to England.	Reduce cardiovascular events by 10% by 2020-21 e.g. in Bradford District & Craven this will mean a reduction in cardiovascular events for 600 people

Care and quality gap: Our challenges

- The significant majority of services are high quality, timely and offer a good experience for service users.

- Performance against key standards has dipped in recent times and patient experience for some services remains below average, for example:
  - Performance against the accident and emergency 4 hour waiting standard and the 18 week referral to treat standard have been deteriorating over time across most of the STP area.
  - Delayed transfers of care are a problem for patients and the system. They are one of the biggest challenges for acute providers in terms of performance and quality. Without action this position will deteriorate further.
  - There still differential experiences and worse outcomes for those people with mental health issues when compared to others
  - People's experience of health and care services varies considerably by service and community.
  - Half of people over 65 are not satisfied with the level of social contact they have

Care and quality gap: Our aspirations

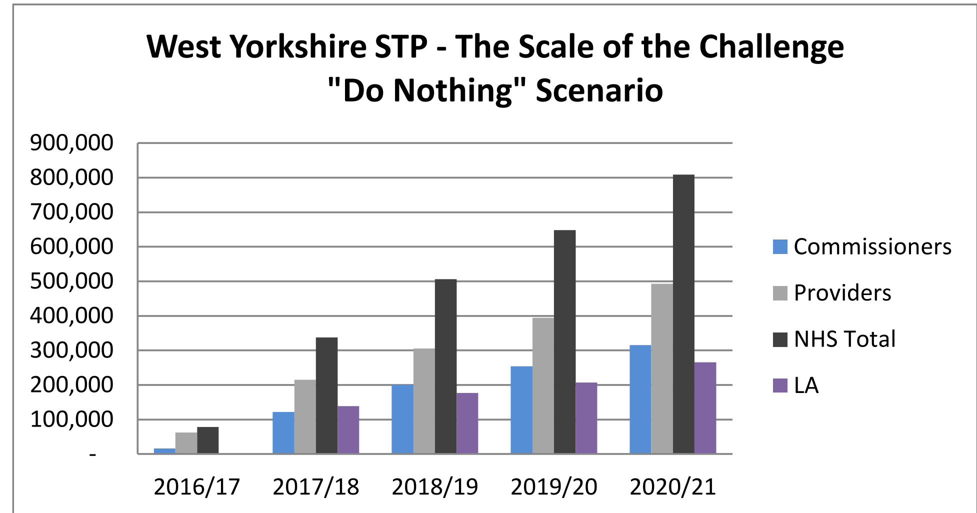
THEME	ISSUE	ASPIRATION
Urgent and Emergency care	The urgent and emergency care system is complex and difficult to navigate. A&E performance is deteriorating. Pathways are often unnecessarily complicated.	To deliver the 95% 4 hour A&E standard in March 2017, and consistently thereafter. 30% all calls to 111 transferred to a clinical advisor in March 2017.
Planned care	The increasing demand for planned care is placing an unsustainable burden on the acute system leading to a deterioration in the referral to treatment standard.	To deliver the 92% 18 week referral to treatment standard consistently.
Patient experience	There are significant variations in patient experience across services, population groups and local geographies	To deliver an aggregate improvement in patient experience for all major services by 2020/21
Cancer services	There are currently a number of access standards for cancer services depending on pathway. Performance against these standards are variable.	Deliver a new 28 days to diagnosis standard for 95% of people investigated for cancer symptoms
Mental Health	People with mental health concerns are better served in the community rather than through A&E – yet A&E use is still relatively high. People needing acute mental health care are still too often placed many miles away from home.	A 40% reduction in A&E attendances for people with mental health issues by 2020-21 Elimination of out of area placements by end 2017

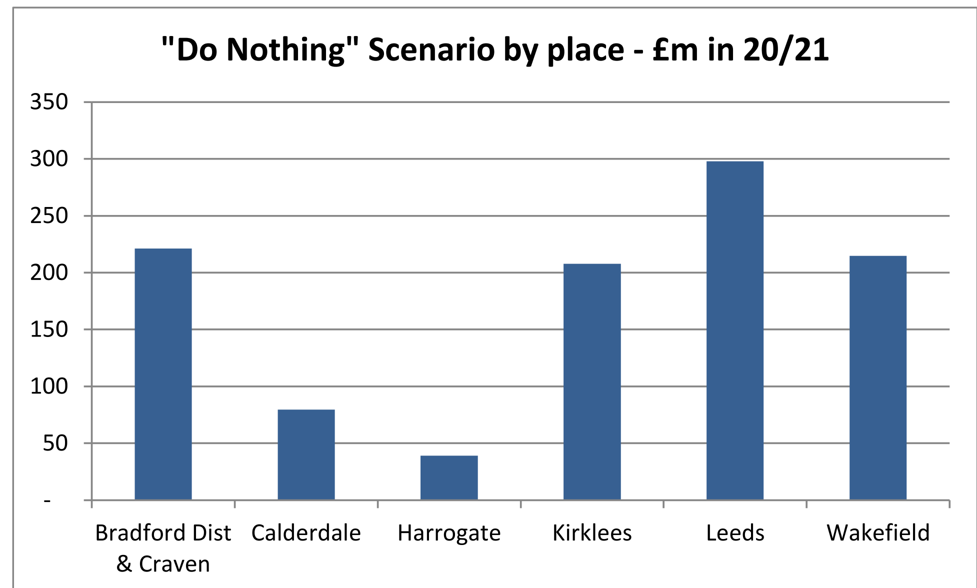
Finance and efficiency gap: The financial challenge

- Resources across the health sector grow from £4.2bn to £4.7bn by 2020-21. This is lower than the national average, and is far outstripped by the demand for services over the same period

- Demand for and cost of services, if unmanaged will drive a gap of £1.07bn by 2021 for health and social care – based on a bottom up analysis built up and owned by the individual organisations.

- This has captured the "Do Nothing" challenge for 2016/17 to 2020/21 which equates to £809m for the NHS plus a further £265m for social care and public health.





Finance and efficiency gap: Our solutions by 2020/21

Our solutions are developed as part of the place based planning - with West Yorkshire and Harrogate programmes supporting local delivery. The high level position for 2020-21 is as follows:

- The total value of our solutions is £983m across health and social care by 2020-21 each of which requires some further development to strengthen confidence. We are factoring in £78m of STF monies in 2020-21 towards closing the gap, and £94m for the cost of change.
- Our overall position is a deficit of £91m, made up of an NHS surplus of £43m, and a gap of £135m in social care.
- Local authorities are statutorily required to break even and we are working together to understand how this pressure can be mitigated.

	£m
Do Nothing	**(1,075)**

Solutions	
1. Operational Efficiencies:	
Provider efficiencies: Carter programme - Estates	8
Provider efficiencies: Carter programme - All other	93
Provider efficiencies: Non-Carter	329
Primary medical care (GP)	7
CCG other efficiencies (e.g. CHC, prescribing, admin, other)	102
2. Activity Moderation Efficiencies:	
Specialised commissioning QIPP	30
Urgent and Emergency Care (UEC)	10
New Care Models (NCM)	34
RightCare	36
Self Care	1
Prevention	31
Low value interventions	1
3. Social Care	131
4. West Yorkshire Programmes & Opportunities	93
Gross Solution Total	**906**
less STF used to deliver change	(95)
Net Solution Total (as visible in the template)	**811**
STF Monies	172
Total	**983**

Residual Do Something Surplus / (Deficit)	
NHS	43
LA	(135)
Total	**(91)**

Finance and efficiency gap: Our approach

- We recognise the need to work collaboratively towards a West Yorkshire and Harrogate control total and are exploring how best to do so and manage our collective opportunities and risks.
- Due to our growth and the underlying financial position of some of our organisations, the scale and scope of our transformation needs to be early and radical, and requires significant revenue and capital investment in the early years.
- There is an assumption that organisations collectively will deliver their control totals in 2016/17, which would bring significant risk to the outer years if these are not achieved.
- Transformational capital is required to enable the service reconfiguration and back office efficiency gains of our provider sector, to deliver financial sustainability and tackle the long term structural challenges.
- Release of Transformation Funds in the early years will enable an faster implementation of our solutions and bring them forward from the later to the earlier years of our STP plan.

In order to deliver the proposals in this document, our preferred approach is that the available transformation resources for our footprint are devolved for management at a West Yorkshire and Harrogate level. This would give us the ability to plan ahead collectively, deploy transformation funds towards our greatest opportunities and enable rapid change.

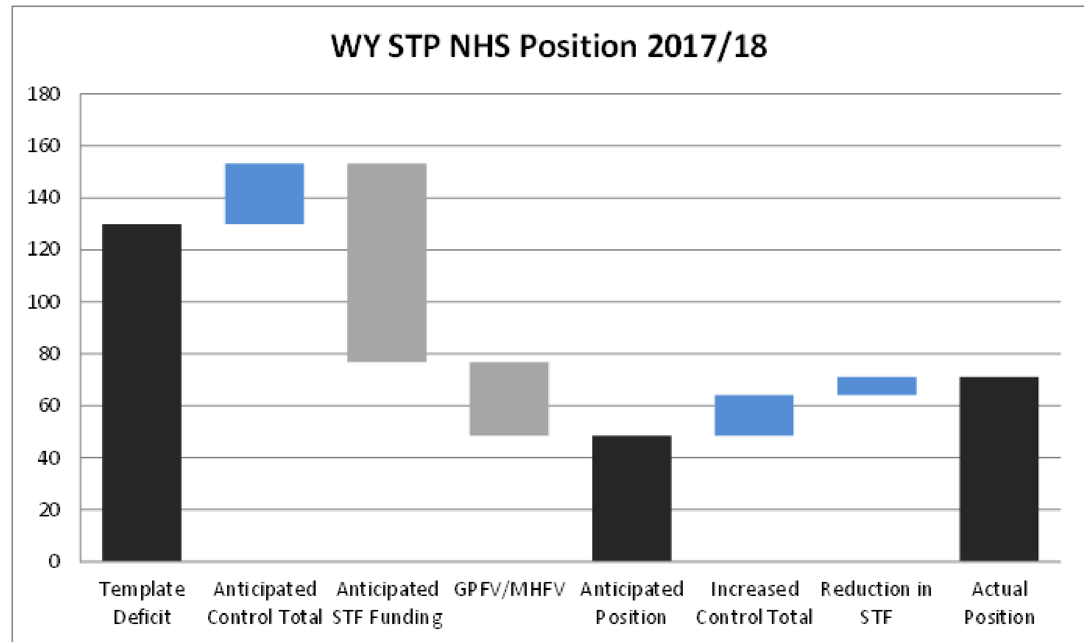
Our NHS Position in 2017/18

- The challenge facing West Yorkshire and Harrogate in 2017/18 is significant. The ability to deliver the financial position in 2016/17 will have a material impact on our plans heading in to 2017/18.

- The current STP plan forecasts a £4m surplus for CCGs, before any investment in the GP 5YFV and the MH 5YFV. This is broadly in line with national expectations.

- The provider position is currently £36m from breakeven (prior to any transformation funds being received). This means a further £39m would be required to achieve the control totals that have been set by NHS Improvement.

- We believe this position will improve as the discussions around control totals continue and through receipt of transformation funding.



Section 3: Place based proposals

Place based plans: Our approach

The foundation of our proposals is the six place based health and wellbeing strategies.

West Yorkshire and Harrogate has a diverse population with a range of health and social care needs. We believe that for the majority of care and services, these needs can be best met by developing and delivering plans locally through local partnership working – rather than a top-down approach.

The following slides provide an overview of each place based plan. These plans have strong local buy-in and have been approved by the relevant Health and Wellbeing Board.

Our six 'places'

- Bradford District and Craven
- Calderdale
- Harrogate and Rural District
- Kirklees
- Leeds
- Wakefield

Bradford District & Craven: Overview of place and plans

Bradford District and Craven has a large geographic footprint incorporating significant deprivation, some affluence, urban, rural and city living. Our population is one of the most diverse nationally and significant health inequalities still exist across the different areas of the district. People, especially women, live a significant proportion of their lives in poor health and more than 33,000 children live in relative poverty. The District is known nationally for its work in digital healthcare in particular providing 24/7 face to face video consultation.

High level overview of plans

- Prevention and early intervention at the first point of contact with a specific focus on children, obesity, type 2 diabetes, CVD, cancer, respiratory and mental wellbeing
- Creating sustainable, high impact primary care through our primary medical care commissioning strategies and commissioning social prescribing interventions
- Supported self-care and prevention by maximising our community assets to support individuals and train our workforce to empower and facilitate independence
- Provision of high quality specialist mental health services for all ages and early intervention mental wellbeing support services.
- Delivering population health outcomes and person centred care through new contracting, payment and incentives in line with accountable care models elsewhere. This includes specific interventions that transform services to address the physical, psychological and social needs of our population, reducing inequalities and addressing the wider determinants of health.
- Developing a sustainable model for 24/7 urgent and emergency care services and planned care.

Bradford District & Craven: The triple aim

Health and Wellbeing

By 2020/21 we will:

- Reduce childhood obesity by 5%
- Reduce smoking prevalence by 5%
- Train 10% of the workforce to support people to better self-care
- Prevent cardiovascular events for 600 people
- Screen an additional 5500 women for breast cancer
- Screen an additional 1500 people for bowel cancer
- Screen an additional 500 women for cervical cancer
- Recognise and value peoples mental wellbeing and take an early action to maintain their mental health (indicators as per the mental wellbeing strategy 2016-2021).

Care and Quality

By 2020/21 we will:

- Save 150 lives by reducing variation in care
- Reduce non-elective admissions by 4%
- Develop a sustainable care market and create a sustainable model of planned and emergency/urgent care that meets clinical and constitutional standards including seven day services in the 4 priority areas as a minimum.
- Commission primary medical care that ensures seven day access achieved for 100% of population
- Have all-age MH liaison teams in place in all acute providers and meet the "Core 24" standards
- 90% of people who access Psychological Therapies will engage through direct self-referral.
- Ensure 70% of people with diabetes experience the 8 care processes

Finance and efficiency

By 2020/21 we will have implemented plans to close the £221m gap as follows:

- £106.7m of provider and commissioner efficiencies, transforming care programmes in acute and community service areas
- Utilising £18.1m of Sustainability and Transformation Funding (STF)
- Creating the opportunity to shift additional resources into primary care (£1.8m by 2018/19)
- £46.1m of efficiencies through further work on clinical thresholds, procedures of limited clinical value, reducing unwarranted variation and further West Yorkshire and Harrogate opportunities

Through our transforming care programmes we will seek to mitigate the £50m pressure in social care.

Bradford District & Craven: Progress and next steps

Progress so far

- In 2016/17 we established provider alliances, including primary medical care at scale, and together with the commissioner alliance are progressing to our ambition of improving population health outcomes and person centred care.
- Addressing the holistic needs of patients with multiple comorbidities through complex care models across the patch. AWC is a pioneer site and has seen a 2% reduction in non-elective admissions. We are a Vanguard site (Enhancing Health in Care Homes) and are evaluating video consultation in care homes and the Gold Line service for patients at the end of life.
- Developing our first population health outcomes type of contract for Bradford ; accountable care accelerator programme in AWC designing new contracting models .
- Aligned our three CCGs under single accountable officer and chief finance officer with further shared arrangements over the next twelve months.
- Ensured the shift of secondary to primary care activity over the last ten years have been mainstreamed through the PMS review alongside improvements in primary care access .
- Our crisis care concordat and first response services have received national recognition and we have had no mental health out of area placements in over a year.
- We have a nationally recognised digital shared care record across health and social care.
- We have a big lottery funded programme Better Start Bradford aimed at improving life chances for children through a comprehensive programme of interventions and activities which will improve outcomes.

Next steps

- Building on the transformation of complex and enhanced primary care programme, AWC will move to a shadow accountable care system in April 2017 with a 'go live' aim of April 2018.
- Structured collaboration for Bradford out of hospital clinical and social care model commenced in September 2016 with intention to create a new contracting model in 2017.
- Procurement of a new model of care for diabetes awarding one outcomes-based accountable care contract in April 2017.
- We aim for a total population coverage of accountable care by 2021.
- Sign off of our mental wellbeing strategy including the Children and Young People's Mental Health Transformation Plans implementation 2016/17 & 2017/18.
- Develop a sustainable care market and a sustainable model of planned and emergency/urgent care that meets clinical and constitutional standards including seven day services in the four priority areas as a minimum for Bradford and Craven that takes account of the West Yorkshire and Harrogate acute collaboration work, workforce challenges and quality standards. Programme scope agreed by Autumn 2017.
- Review investment in Public Health expenditure by December 2016 for implementation with effect from March 2017
- Workforce strategy for the health and care system by December 2016.
- As part of the one public estate programme we will have an estates strategy for the health and care system by March 2017.
- Digital technology strategy for the health and care system by June 2017.

Calderdale: Overview of place and plans

Calderdale has a plan to improve the health of local people, and the quality and efficiency of local services. We are reimagining a new health and wellbeing system which promotes personalisation, supports healthy decisions, enables physical activity and encourages responsibility by focusing on preventative services, self-care and early intervention, and providing interventions in the community, and using community assets, we can reduce the public need to visit hospitals

High-level overview of plans

- Our system is over-reliant on emergency unplanned hospital activity compared to the rest of the country with high levels of 'avoidable' admissions - £9m avoidable admissions per annum.
- Local people tell us they would prefer to receive care closer to home, with good access to appointments and continuity of care
- Our workforce is getting older and we have difficulty retaining and recruiting in some professions.
- By focusing on preventative services, self-care and early intervention, and providing interventions in the community, and using community assets, we can reduce the public need to visit hospitals and contribute to the triple aim
- By pursuing our dual aim of changes to hospital based care and changes to primary and community based care we aim to improve care and quality of services for the people of Calderdale

Calderdale: The triple aim

Health and wellbeing

- 10% fall in mortality from causes considered preventable by 2020
- Increase number of physically active adults by 10% by 2020, equal to >9000 people
- Reduce health inequalities by focussing action with vulnerable communities. Right Care data suggests we can save 43 lives by working together on this. National benchmarks suggest we can add 10-15 years to the lives of people with long term mental health needs.

Care and quality

- Increase proportion of people satisfied with access to care and continuity of care in the GP Patient Survey and Friends and Family tests.
- Reduce number of people admitted to hospital with a treatable or preventable condition within the community by 70% to 1,695 admissions by 2021.
- In 4 years we will achieve a 75% reduction in suicides, with an ambition to reach zero
- Halving the number of patients who have extended LOS in hospital of between 11-100+ days (reduction from current 157 to 79 per quarter from Q1 16/17 baseline)

Finance and efficiency

- Deliver the Calderdale STP solutions to reduce the financial gap for Calderdale in 2020/21 from £79m to £56m.
- Council would review medium term financial strategy to mitigate the deficit across the Council, including application of BCF, then work together as a system to mitigate the remaining Local Authority gap for example through integrated commissioning arrangements, reducing the financial gap currently forecast to be around £29m by 2020/21. This reduces the total Calderdale gap to £27m.
- Subject to CCG decision making on 20 October Right Care Right Place programme will further reduce the gap by £11m in 21/22 to £16m
- Work with partners across West Yorkshire and Harrogate to create a balanced financial plan for West Yorkshire and Harrogate

Calderdale: Progress so far and next steps

Progress so far

- We have engaged and consulted on large scale hospital change
- Community and primary care with other partners developing a fully integrated locality approach
- Created Calderdale Vanguard new care model
- We have a full value assessment/logic model of the care closer to home model including prevention and self care management
- Through the Better Care Fund we have an integrated Gateway to Health and Social Care, an integrated team managing transfer of care from hospital, an agreed approach to transforming care for people with learning difficulties, use of the NHS number as a single identifier across our system, an agreed approach to integrating our monitoring and performance management.

Next steps

- Strengthening our primary care delivery plan for Calderdale in the light of development of the General Practice FV – Ongoing
- Consultation on future provision hospital and community healthcare - CCG decision to progress October 2016
- The first point of contact for health and social care will be delivered by Spring 2017
- Roll out of integrated community services through the implementation of 5 localities by Spring 2017
- Full implementation of new care model in community and primary care by 2018.

Harrogate & Rural District: Overview of place and plan

Within the district there are pockets of deprivation and issues relating to rural isolation. We have an aging population – 10 years ahead of the national aging curve with 1 in 5 people aged over 65. There is likely to be an increase in the number of people who have a limiting long-term illness and the number living with dementia by 2020. Our population use more elective and non elective services than peer CCGs and have a positive experience of care.

High-level overview of plans

- Self care, prevention and early intervention, specific focus on evidence based lifestyle prevention services, falls prevention, stroke prevention and mental health and wellbeing.
- Supporting individual and community resilience through our Stronger Communities and My Neighbourhood programmes, and social prescribing interventions.
- Integrated, expanded community-based teams capable of supporting the person's needs holistically, including physical, mental health and social needs. Person-centred and led care, optimised through proactive management, with people supported to manage their conditions in the way that suits them and are enabled to self-care.
- Redesigning out of hospital care - primary care and community services, with enhanced access and primary care working at scale.
- System approach to reducing demand and variation in elective care.
- Developing a sustainable 24/7 urgent care system.
- Stabilising the care market, improving availability and quality.
- Developing new approaches to personal care at home to address challenges facing us now, including an ageing workforce, increase in demand for care and the complexity of this care, and a shortage of people joining the profession.
- Redesigning the way care is commissioned.

Harrogate & Rural District: The triple aim

Health and wellbeing

- 95% of patients supported by a locality Integrated Team have a single care plan by March 2017.
- 72.2% of people with a long-term condition feel supported to manage their condition in 2016/17.
- Increase in the number of people with diabetes diagnosed less than a year who attend a structured course (national av. currently 5.7%).
- Increasing the proportion of people using social care who receive self-directed support and those using direct payments.
- Increasing the number of people using personal health budgets, focusing initially on learning disabilities, mental health and children and young people with long-term healthcare conditions.
- Reduce % of children aged 10 or 11 (Year 6) who have excess weight.

Care and quality

- Develop affordable model for planned care that supports delivery of NHS constitutional standards
- 60% of people experiencing a first episode of psychosis will commence treatment with a NICE approved care package within two weeks of referral by 2021.
- 75% people referred to IAPT begin treatment within six weeks, and 95% within 18 weeks, with a 55% recovery rate from treatment
- Long term support needs met by admission to residential and nursing care per 100,000 population aged 65+ reduces year on year.
- Increase % of new cases of cancer diagnosed at stage 1 and 2.
- Increase % of people whose blood pressure is controlled to 150/90.

Finance and efficiency

- Delivery of all organisational control totals in the local systems' organisations in 16/17 is expected
- There are recognised pressures in the system at a local level. There is currently £3.1m unmitigated risk
- Delivery required of £38.9m efficiencies against 'do nothing' trajectory (assumes no in year in risks materialise)to contribute towards delivery of financial balance across the wider system by 2020/21.
- Current local 'do something' plan identifies £17.6m 20/21 gap
- Reduction in A&E attendances by 11% by 2018/19
- Reduction in emergency admissions by 16% by 2020/21.

Harrogate & Rural District: Progress so far and next steps

Progress so far

- Implementation of our New Care Model: 'What Matters to Us'. By November 2016 we will have 4 community care teams, covering the whole district, aligned to clusters of GP practices, linked to adult social care services, ten additional community beds to support discharges from hospital and to prevent avoidable admissions and an Acute Response and Overnight Service
- Use of Calderdale framework to assess skills needed within the new care model. A clinical skills trainer is enabling staff to bring new skills into their repertoire and provide more holistic and coordinated care.
- We have engaged with our population on the design and delivery of the model.
- We are using Right Care methodology, the Elective Care Rapid Testing Programme (100 day challenge) and work on clinical thresholds to reduce elective demand and variation.
- We are working with our GP Federation and 17 practices on the GP Forward View Transformation Plan to deliver extended access and primary care at scale.
- We have discussed and agreed our local plan within our Harrogate Health Transformation Board and agreed a Memorandum of Understanding.
- We are exploring organisational forms and contractual options and having early discussions on integrated health and social care commissioning and delivery models.

Next steps

- Referral Management Service with clinical review in place (January 2017).
- Roll-out of diabetes prevention programme (during 2017/18)
- Evaluation of our New Care Model during 2017/18 to ensure it is delivering the right place-based solution of integrated care.
- Agreement on scope of Integrated Health and Social Care Commissioning arrangements (Q4 2016/17).
- Development of Out Of Hospital Strategy – to include Primary and community estate strategy to meet changes in demography and demand for healthcare services (2017/18).

Evaluation and decision on organisational form and affordability of new care model.

Local Digital Roadmap implementation.

Kirklees: Overview of place and plan

Kirklees has a diverse population that includes both urban and rural areas. The population is ethnically diverse, with some areas experiencing high levels of deprivation. There is variation in healthcare outcomes. The two Kirklees clinical commissioning groups: North Kirklees and Greater Huddersfield are within a single local authority footprint. Each CCG shares a main acute provider with another CCG in a different local authority; this adds complexity to the system. Some people in Kirklees wait too long to be seen for diagnosis and treatment, stay in hospital for too long and many of our patients don't have a good experience in our hospitals.. Whilst we face many challenges locally we are a forward thinking and innovative area. Our focus has been on driving integration across health and social care services and our first big step change in this was through the commissioning of an integrated model for community services across Kirklees providing a care closer to home model.

High-level overview of plans

- Early Intervention and Prevention Programme including the development of a thriving voluntary and community sector;
- Implement and build on the Healthy Child Programme;
- Development of an adult wellness model in Kirklees;
- Improving the capacity and quality of primary care (including GP Forward View);
- Making social care provision more sustainable and more effective, including the development of vibrant and diverse independent sector;
- Development of business models to encourage providers to maximise independence;
- Change the configuration of acute services to improve quality and create efficiencies through the implementation of RCRTRP, Meeting the Challenge and Healthy Futures plans (UEC, Cancer, Specialist MH, acute stroke etc.);
- New approach/model for how to support people with continuing healthcare needs;
- Implementation of the Transforming Care Programme for people with learning disabilities;
- Changes to the commissioner landscape, including more integrated approaches; and
- Changes to the provider landscape to move towards adopting new models of care across health and social care and developing alliances.

Kirklees: The triple aim

Health and wellbeing

- Improve independence of vulnerable adults and year-on-year gains in self reported QOL for adults and carers in receipt of adult social care
- Childhood Immunisations – continue to achieve the 0-5years childhood Immunisation target of 95%.
- NCMP – 86.2% Reception children measured.
- Maximising Independence: 86% reported confidence in managing own condition on exit from our therapy services which exceeds the commissioner's target of 80%.

Care and quality

- 19% reduction in hospital admissions.
- 95% of patients demonstrate a maintained or improved level of functioning on exit from therapy services
- 98% of patients report a positive outcome on conclusion of care episode from Community Nursing, Specialist Nursing and Intermediate Care.
- 91% of patients clinically appropriate to remain at home are still at home following assessment and intervention at 24 hours
- Work with partners across the system to Reduce NEA back to 2014/15 levels (focus on care homes, frailty and LTC)
- Increase the number of people who die in their preferred place
- Increase screening rates across all cancers to national average
- Reduce number of emergency presentations for cancer

Finance and efficiency

- 'Do nothing' gap of £208m.
- Programmes in place to close that gap include the re-configuration of acute service delivery (Right Care Time Place), second stage development of community services (Care Closer to Home) and implementation of the primary care strategy.
- The outstanding 'do something' NHS gap by 20/21 is £40m. Subject to CCG decision we expect implementation of Right Care Time Place in 21/22 would significantly reduce that gap. NHS and LA are working on the 'Kirklees plan' to close the remaining social care gap.

Kirklees: Progress so far and next steps

Progress so far

- Early Intervention & Prevention model agreed, based on complex, targeted and community plus levels, and programme entering Year 2, critical part of shift to 'New Council'.
- Healthy Child Programme in procurement phase.
- Model for an adult wellness model across Kirklees has been developed. Links to diabetes prevention.
- Both CCGs have co-produced primary care strategies. Plans are in development to produce local GPFV delivery plans.
- Models developed to deliver primary care at scale through a hub and spoke approach.
- CCG resources are being targeted at supporting practices to collaborate and be stronger together through federations.
- Kirklees Vision for Social Care agreed. Commitment to single approach to supporting the independent care sector.
- Strengths based social care practice training underway.
- Public consultation around changes to acute services at CHFT undertaken. Decision regarding next steps taken in Oct 2016.
- Partners across the MYHT health economy are mobilising the final year of the planned changes to acute services. Some changes are already in place to rationalise/centralise.
- Number of workstreams identified to manage demand, promote recovery and longer term sustainability at MYHT.
- Joint Chief Officer post is being piloted across NKCCG and Kirklees Council. A similar arrangement is also being piloted across the acute interface in North Kirklees.
- Procurement and mobilisation of an integrated community model across Kirklees

Next steps

- Decision to proceed to Full Business Case on CHFT acute changes taken in October 2016
- Local delivery plans for the GPFV in place by December 2016
- Meeting the Challenge Year 3 changes to be made by April 2017 (pending further evaluation of system risk)
- Implementation of new Early Help Model for Children and families (2017/18)
- Models to deliver primary care at scale to be worked up (2017/18)
- Implementation of Healthy Child Programme (April 2017)
- New domiciliary care contract in place (April 2017)
- Roll out of new Frailty Model in North Kirklees (2017/18)

Leeds: Overview of place and plan

Leeds is ambitious: we want to be the Best City in the UK by 2030. Our vision is that 'Leeds will be a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest'. We have the people, partnerships and placed-based values to succeed.

We will be the place of choice in the UK to live, to study, for businesses to invest, for people to come and work, and as the regional hub for specialist health care.

Our services will provide a minimum 'universal offer' but will tailor specific provision to the areas that need it the most. These are bold statements, in one of the most challenging environments for health and care in living memory. We need to do more to change the way we have conversations across the city and develop our infrastructure and workforce to be able to respond to the challenges ahead. Much will depend on changing the relationship between the public, workforce and services, and ensuring that we work 'with' and not 'doing to'. We need to encourage greater resilience in communities so that more people are able to do more themselves. This will reduce the demands on public services and help us prioritise our resources to help those most at need. We recognise that we will have to continue to change the way we work, becoming more enterprising, bringing in new service delivery models and working more closely with public, partners and workforce in Leeds, and across the region, to deliver shared priorities.

High-level overview of plans

- Investing more in prevention, targeting those areas that will reap the greatest reward.
- Building on our 13 integrated neighbourhood teams, we will develop new models of working, increasing and integrating our primary and community offer for out-of-hospital health and social care, providing proactive care and rapid response in a time of crisis: Self Management and Proactive Care, Efficient and Effective Secondary Care, Urgent Care / Response.
- Increasing sustainability and transformation of general practice as the cornerstone for New Models of Care (NMC) designed around GP registered lists.
- Using existing estate more effectively, ensuring it is fit for purpose, and disposing of surplus estate.
- Reviewing our procurement practices and top 100 supplier organisation spend to ensure that we get best value in spending for the Leeds £, and are benefitting from economies of scale.
- Engaging 'One Workforce' to work collaboratively and promote a 'working with' approach across all partners within the Health and Social Care system to provide high quality seamless services to support the delivery of new models of care to meet the population needs.
- Work collaboratively across the system to attract recruit, retain, develop the workforce through leading edge innovation and education and optimise the use of new roles, apprentice and skills mix.
- Having nationally pioneering integrated digital capabilities being used by a 'digitally literate' workforce.
- Digital capabilities and consistent information to support effective discharges, referrals, transfers etc. self and assisted care and integrated intelligence to inform better whole-system operational and strategic decisions.
- Use our high quality education, innovation and research to strengthen service delivery and its outcomes.
- Creating a citywide culture of shared responsibility between citizens and services; working with' people at every stage of change through clear communications and engagement.

Leeds: The triple aim

Health and wellbeing

- Progress the twelve priorities in the Leeds Health and Wellbeing Strategy to reduce premature morbidity and mortality and help narrow the health inequalities gap
- Reduce smoking rates from 21% to 13% by 2020/21 (for adults aged 16 years +)
- Breast cancer screening: increase uptake to England average of 75% by 2020
- Bowel cancer screening: increase uptake by 3% by 2020
- Bring the Leeds suicide rate down below the national average by 2020/21
- Support 2880 people who have been identified to be at risk of developing diabetes to attend the NHS National Diabetes Prevention Programme by 2019/20

Care and quality

- Ensure 60% on Severe Mental Illness (SMI) registers undergo a physical health check each year
- Eliminate acute mental health out-of-area placements by 2020/21
- Deliver of the Emergency Care Standard
- Reduce the numbers of patients admitted as emergency cases for bed-based care
- Reduce bed days lost due to delayed discharges to 2.5% of the acute bed base by 2020/21
- Reduce the numbers of learning disability inpatient placements to 40 per million population by 2019/20
- Reduce the staff capacity gap by building multi-disciplinary teams and ensuring wider skills base for specific functions (e.g. care home worker)
- Ensure that 80% of people with a diagnosis of dementia will have been offered information and support to live with the condition, and a named contact with a 'care navigator' role, by 2020

Finance and efficiency

- Our forecast for 2020/21 across Health and Social Care is a 'do-something' deficit of c£46m.
- The partners in the city are investing resources in the continued development and implementation of our local improvement plans. Our assumption is that we will receive our 'fair share' of national Sustainability and Transformation Funds and that our gap will be bridged through a combination of this funding, further local developments and the Leeds share of benefits delivered through the West Yorkshire and Harrogate workstreams.

Leeds: Progress so far and next steps

Progress so far

- A number of New Models of Care testbed sites across the city; 13 Integrated Neighbourhood Teams and Discharge teams launched.
- 'Choose Leeds' pan-sector recruitment campaign ongoing with events supported collaboratively across the seven Leeds partners; 'Citywide Workforce Database' established. Health and Care Academy plans initiated.
- Identified opportunities to pilot a One Workforce approach across the Health and Social Care system.
- Leeds Care Record in place, with ongoing developments to link to other health and social care record systems
- Plans underway to align workforce engagement with the wider culture change ambition.
- Phased estates review underway and early recommendations for site re-configurations being taken forward.
- Citywide Procurement review covering transport, utilities, agency staffing, stationery, catering and security underway.
- National Diabetes Prevention Programme (NDPP) pilot commenced July 2016 with 66 practices recruited so far and referrals commenced.
- Significant progress on the informatics agenda through the national Pioneer informatics network, led by Leeds
- Successful bid for innovation monies for projects such as digital literacy in the workforce, health coaching, development of provider governance tools and evaluation of the proactive telecare pilot (approx. £200k).
- Digital discovery workshops held on Prevention and House of Care; and Rapid response at time of crisis (0-4hrs) set in the context of the Urgent Care strategy, with findings validated with Leeds citizens.

Next steps

- National Diabetes Prevention Programme pilot: GP practices have access to referrals process – October 2016.
- Integrated discharge service live from January 2017.
- Expand Leeds role as a centre of excellence for precision medicine during 2016-17 including the launch of the Centre for Personalised Medicine and Health in February 2017.
- New models of care pilot: Interim evaluation report and recommendations – September 2017.
- Phased Communications plan completed and enacted by December 2017.
- Early Implementer of 7 day services (LTHT site) 2017-18 and roll out of extended access to Primary Care in 2018/19 and 2019-20.
- Further development of integrated out of hospital care based on NMC work to date exploring potential new community contract models.
- Leeds General Infirmary, significant site re-development planned to support major trauma and consolidation of children's hospital as part of development of the Leeds innovation district.

Wakefield: Overview of place and plan

Our aspiration for 2020/21 is that we want people in Wakefield to have healthier, happier and longer lives with less inequality. Wakefield continues to have significant health issues despite much progress being made. Our JSNA reaffirms to us that our Health and Wellbeing Board priorities of early years (with a focus on childhood obesity, and maternal smoking at delivery), long term conditions (including diabetes, respiratory and circulatory diseases), Mental Health (including dementia and self harm) and older people (including reducing social isolation and falls) will address the health and wellbeing gap for Wakefield. We need to continue to tackle variation in care and to reduce health inequalities across the district. Constitutional indicators such as Referral to Treatment and A&E waiting times also will have a significant focus over the next five years to ensure we provide the best quality of care to our patients.

High-level overview of plans

- Continue to implement our reconfiguration of hospital services across the Mid-Yorkshire Hospital footprint through the Meeting the Challenge programme, working towards delivery of seven day services for all acute care.
- Building on Meeting the Challenge, further transforming the provision of acute care at the regional or sub regional level.
- Develop a local network of urgent Health and Social Care Provision including out of hours provision, walk in and minor injuries, emergency departments, ambulance services, hyper acute centres and effective utilisation of 111 services.
- Further collaborative working with Mid-Yorkshire Hospital to develop a demand management approach to our planned care cohort.
- Collaborate with practices and Health and Social Care providers to develop and deliver high quality, evidence based, out of hospital services including advanced diagnostic testing, maternity care, specialists doctors, nurses and therapists and viable smaller hospitals
- Deliver a collaborative approach to working across the health and social care sector to ensure integrated care across primary and community providers.
- Prevention and early intervention with a specific focus on obesity, smoking prevalence, cardiology, respiratory, mental health and frail elderly working towards a collective prevention resource across the health and social care system.
- Implement a new Multi-Speciality Community Provider led Accountable Care System in Wakefield.
- Develop an ambitious co-owned strategy for ensuring safe and healthy futures for children and young people.
- Develop a new business model for the provision of corporate functions and corporate services across Wakefield, including estates, workforce and digital.
- Ensure person-centred primary care through our deliver of the the GP Forward View.
- Deliver a collaborative approach to self care.

Wakefield: The triple aim

Health and wellbeing

- Reduce Smoking prevalence by 2.4% by 20/21 bringing it lower than the current West Yorkshire and Harrogate average.
- Reduction of physical inactivity in adults from a baseline of 29.8% (2015) by 4.8% by 20/21 bringing it below the current England average.
- Reduce premature mortality from CHD to 42 per 100,000 by 20/21.
- Reduce premature mortality from COPD to 19.5 per 100,000.
- By April 2017 to achieve access standards for Early Intervention Psychosis service of >50% of people with a first episode of psychosis receiving treatment within 2 weeks, 75% referred to IAPT being treated within 6 weeks and 95% within 12 weeks.
- By 2020/21 to have reduce Injuries from falls in people aged 65 and over to 1827 per 100,000 population.
- By 2017 we will reduce our percentage of young people who are Not in Education, Employment or Training (NEET) to 4.5%.
- As part of the Integrated Pioneer programme, roll out a workplace wellness check service for 1,000 Wakefield System employees per year from January 2017.

Care and quality

- Working collaboratively across MYHT, the LA and the CCG to reduce DToC by 3.5%.
- Increase and maintain dementia diagnosis to 67% by 2020.
- Increase the number of GP practices signed up to carrying out health checks on adults with learning disabilities from 37 to 40.
- Maintain our performance around diabetes, sharing learning and taking part in the diabetes prevention programme.
- By April 2017, reduce maternal smoking at delivery to 18%.
- Agreed with MYHT, non face-to-face telephone appointments as the default booking approach for follow-up appointments, with defined exceptions to this, with effect from 1st October 2016.
- From 1st October 2016 agreement with MYHT for e-consultation to be the default option for GPs to access outpatient care, via specialist advice and opinion, in Cardiology, and then Gastroenterology; Ear, Nose and Throat, and Pain Management.

Finance and efficiency

- Delivery of £229m efficiencies against the 'do nothing' trajectory to deliver financial balance across the Wakefield system by 2020/21. Local contribution estimated as £185m and with additional measures at West Yorkshire & Harrogate level.
- Delivering a fully integrated model of accountable care of which a financial business case in development.
- An optimised back office for Wakefield, including workforce, IT and estates.
- Collaboration between acute care providers both on a regional and sub regional level.
- Fulfilling our statutory duties locally to achieve constitutional targets, in particular A&E 4 hour wait, 18 week Referral to Treatment and working towards our 28 day diagnosis standard.
- In addition, delivery of financial opportunities including RightCare, partnerships with public health making savings through better health and wellbeing outcomes, care home vanguard, Urgent and Emergency care redesign and planned care reform through a collaborative approach to demand management.

Wakefield: Progress so far and next steps

Progress so far

- We have centralised surgery and paediatrics as part of the ongoing Meeting the Challenge programme of service reconfiguration in Mid-Yorkshire Hospital Trust.
- We have developed the Wakefield Connecting Care Integrated Workforce Framework to support our transformation work.
- We have successful care home and MCP vanguards that have brought both commissioners and providers together to support and agree a joint committee for our MCP.
- Our new model of integrated care has been comprehensively evaluated and has highlighted that 96% of our patients felt that they were treated with kindness and compassion.
- Our five GP Federations are working in partnership with us to execute the Five Year Forward View and are fully aligned to development of an Accountable Care System.
- We have developed strong governance and accountability through our Health and Wellbeing Board supported by our STP which has clear lines of accountability
- We are better at meeting the needs of some of our most vulnerable patients having commissioned Mental Health workers in each of the Connecting Care Hubs.
- We have commissioned Mental Health Navigators in collaboration with Wakefield District Housing to support their tenants with a wide variety of mental health needs.
- Working with West Yorkshire Police we have been successful in securing £140k funding to implement a Street Triage scheme which will provide better support both to patients and police and lead to less patients inappropriately being held in s136 or custody suites and getting timely support.
- We have maintained a focus on our children and young people through our Children and Young People IAPT programme and our Future in Mind programme.

Next steps

- By January 2017 we will have an operational plan which is aligned to activity and interventions with clear lines of accountability.
- Development of a Joint Committee in across commissioners and providers for our MCP by January 2017 to support the development of an Accountable Care System.
- Final business case approval for the MCP October 16.
- Engagement process for MCP starting Oct 16 and market engagement Dec 16.
- Develop Accountable Care Organisation by 2020/2021 bringing provision and integrated commissioning together to improve quality of delivery for community care.
- Business case for integrated support services through Local Services Board 2017.
- Full implementation of the Meeting the Challenge reconfiguration of services to deliver 7 day services for all acute care by 2019

Section 4: West Yorkshire &
Harrogate proposals

Prevention at Scale

379,836 smokers

Smoking

- **Reduce smoking related admissions and demand on services**
- Systematic implementation of NICE guidelines in acute and MH services
- Effective communications across multiple media to support quit attempts

455,000 binge drinkers

Alcohol

- **Reduce alcohol related admissions of those placing disproportionate demand on A&E and hospital beds**
- Systematic implementation of hospital based alcohol liaison services, in-reach by community alcohol services and assertive outreach

1.3 m overweight

Obesity

- **Reduce the number of people currently at high risk of diabetes from going on to develop diabetes and reduce future demand on services**
- Systematic early identification and intervention
- Annual review and access to healthy living services including intensive lifestyle behaviour change programmes

Workforce and prevention

To enhance the health and social care workforce contribution to place based preventative care and lifestyle behavioural change

- Embedding 'Making Every Contact Count' into everyday practice
- Embed the principles and standards of Health Promoting Hospitals

Prevention at Scale

Key milestones and decisions

- **Nov 2016** Workforce workshop to work up priorities & plan
- **Nov 2016** Leeds NDPP all practices to have access to referral process
- **Nov 2016** Calderdale, Wakefield, Kirklees NDPP bid submitted
- **March 2017** Follow up on Alcohol Care team Review with partners to identify next steps
- **March 2017** Review alcohol related A&E data to understand barriers to implementing Cardiff model
- **Summer 2017** Workforce regional conference with 3rd sector, emergency services
- **Summer 2017** New e-learning resource to support MECC
- **2017** Harrogate to be 3rd wave NDPP
- NICE guidance on smoking:
- **Mid 2017** Communications and marketing
- **End 2017** implementation community /MH Trusts
- **End 2018** Implementation Hospital Trusts

Impact

Health and wellbeing

↓ Alcohol related mortality reduced
↓ Reduce smoking prevalence from 18.6% to 13% by 2020 (or by 105,000 smokers)
↓ Reduce cardiovascular mortality
↓ Reduce cancer mortality
↓ Reduce numbers of high risk of developing diabetes by 30-60% by 2020

Care and quality

↓ Reduce alcohol related hospital admissions (narrow & broad measure) by 3%
↓ Reduce smoking attributable admissions in people over 35yrs
↑ Increase successful quit rates at 4 weeks per 100,000 smokers
↑ Increase numbers of identified at high risk of diabetes by 20% from baseline
↑ Numbers of attending NDPP programme and number of referred to Health Living Services
✓ Progress on meeting Health Promoting Hospitals standards
✓ Increased numbers of staff trained in Making every contact count

Finance and efficiency

↓ An investment of £825k for five Alcohol Care Teams would lead to a reduction of 500 alcohol related admissions a year, resulting in a £3.17m ROI per year (Note: does not account for current services – that is variable)

↓ An investment of £450k would lead to a reduction of 50,000 smokers over 5 years at a saving to the NHS of £9m. Maintenance of current investment is required to continue a similar decline and savings over the same time period.

↓ Diabetes cost between £1107 – £2836 per year. West Yorkshire and Harrogate has an estimated 226,000 people at high risk of diabetes, if 50% attend and 50% do not go on to diabetes the savings are £62.5m - £160m over 5 years.

Primary and community services

It is fundamental that primary care is locally planned and delivered to best meet the needs of local populations and deliver the commitments of the GP and MH Forward View documents (as set out in our six place-based plans). By working at a West Yorkshire and Harrogate level we can add value through:

- Sharing best practice and innovation
- Collectively determining what good care looks like
- Agreeing shared principles and operating to these.

In West Yorkshire and Harrogate we consider primary care to encompass a wide range of services supporting the health and wellbeing of the population, this includes general practice, community provision to meet physical health, mental health and social care. Many services delivered by Councils and the third sector sit firmly within our definition of primary care.

We have defined these principles with representatives from general practice, community services, mental health services, social care, voluntary and community services with Healthwatch.

Leadership for this work is provided through two Chief Executives of community provider organisations, our RCGP Ambassador for West Yorkshire and Harrogate STP and Medical Advisor (Primary Care Strategy, NHS England Yorkshire & Humber) chairing the primary and community workforce group for West Yorkshire & Harrogate.

Next steps

The transformation of hospital care is predicated on the ability for all of primary care to work differently and collaboratively with patients' needs at its heart.

We must focus our energy in the right places and this means defining a few areas of focus in collaboration with our acute providers. These areas will be defined by:

a) good quantitative evidence at West Yorkshire and Harrogate level that this is a material issue and can deliver benefit.

b) evidence on a West Yorkshire level that the population's healthcare needs can be addressed in the community both effectively and sustainably.

Primary and community services

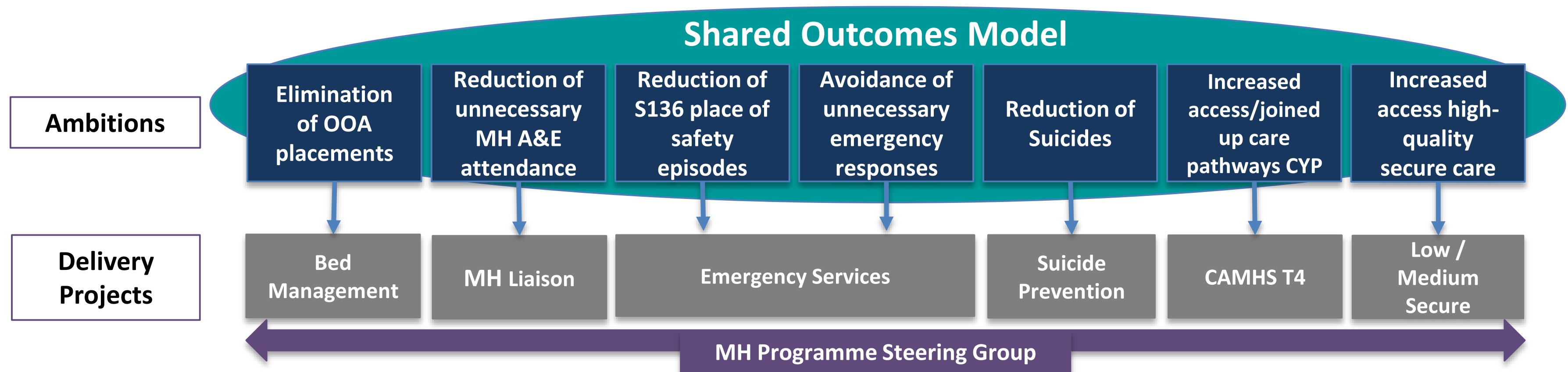
Our principles for high quality primary care in West Yorkshire and Harrogate:

- We will deliver good quality integrated primary care to local populations, with 24/7 services that meet the needs of that local population, ensuring that services are organised around peoples' needs. This will be planned around a population size of c.30,000 – 50,000 (locally determined) with all resources focused on the holistic and community oriented care of that population.
- We will be bold in the adoption of the prevention at scale transformation to create a system-wide 'left shift' as a central philosophy, which will mean a fundamental move to enabling people to self-care and stay well for longer
- We will embrace new and existing technology to support people using services, their carers (paid and unpaid) in their care
- People will be partners in their care and engaged and involved at every level – this could mean the scaling of health coaching and or asset based approaches to care
- We will breakdown the culture of organisational silos and barriers to give the best care to our populations, focusing on the values of those people who work in primary care
- We will stop medicalising issues and ensure people get the right support from the right professional. We will look outside the clinical model to deliver a more holistic service to our local populations and achieve better outcomes; prescribing will not be the default position.
- We will ensure that we have the right workforce, in the right place, to deliver services. The people who make up the workforce will be energised, happy and fulfilled in their work and not limited in their ability to care
- We will create the space for primary care thought leadership which will allow innovation to flourish for the benefit of our patients. We will recognise and better share the real examples of transformation, best practice and new ways of working. In West Yorkshire and Harrogate we have great people doing great things, we will harness and share this, learning from one another.
- We must be bold in rationalising our estate where this mutually agreed and evidence shows that this in the interests of patient care and integrated working, ensuring that more public sector estate is utilised cohesively and to best value.

Mental health

The providers of mental health services, working with commissioners and partners, are developing a **Shared Outcomes Model** to reduce variation in quality, improve outcomes and drive efficiency to ensure the sustainability of services.

Collective system ambitions and outcomes include: delivery of 7-day services, reducing out of area placements, ensuring people in crisis get the multiagency care they need, more care delivered in the community and full system pathway integration. Also key to achieving this ambition will be shared models for support services e.g. workforce planning and IT. Additional clinical areas have been identified as areas to be planned and developed at a West Yorkshire and Harrogate level these are; ADHD, Autism, eating disorders and perinatal services. The delivery of the Five Year Forward View for Mental Health is through interconnecting plans of the West Yorkshire and Harrogate level programmes and the six place-based plans. The focus of this programme is the delivery of acute/in patient services, specialist services that can be delivered over a larger footprint or where the pathway requires a full system approach.



Progress so far…

- ✓ A new Safe Haven has been established in Bradford for people experiencing mental health crisis, with work underway to evaluate and inform roll out of similar models in other parts of West Yorkshire and Harrogate.
- ✓ Safer Spaces pilot for children and young people which will be rolled out to other parts of West Yorkshire and Harrogate, ensuring that young people requiring crisis care do not end up in police cells or A&E
- ✓ Introducing a model that places mental health nurses in police control rooms to establish effective ways of ensuring people in crisis receive the appropriate mental health support they need.
- ✓ Mental health screening tool and approach to mental health training across acute wards as an in-reach approach to driving a coherent, integrated and comprehensive mental health assessment for all patients is in development
- ✓ A system-wide multi-agency suicide prevention strategy is in development

Mental health

Key milestones and decisions

Quarter 4 2016/17:

- Business case for control room MH nurses
- MH Liaison service proposal developed
- Suicide strategy and plan developed
- Business case for safer community spaces for adults and children
- Target operating model developed for provider trust support services

Quarter 1 2017/18:

- Plan developed CYP in patient units (integrated with local pathways) eliminating inappropriate placements
- Plan developed for Low/medium secure services and associated pathways

Quarter 2-4 2017/18:

- Bed management proposal developed to support reduction in out of area placements
- Proposal developed for standard approach to commissioning acute mental health services across West Yorkshire & Harrogate
- Provider alliance governance to be formalised

Impact

Health and wellbeing

- ↓ Reduction in mortality rates for mental illness
- ↓ A zero suicide approach to prevention, aspiring to a 75% reduction in numbers by 2020-21

Care and quality

- ↓ Reduction in local variation of quality in services
- ↓ Elimination of out of area placements for non specialist acute care within 12 months
- ↓ 50% reduction of S136 PoS episodes both police and health based places of safety
- ↓ 40% reduction in unnecessary A&E attendance
- ✓ Deliver waiting time standard for CYP eating disorder service
- ✓ Deliver EIP target across West Yorkshire and Harrogate
- ↑ Increased access rates to IAPT services
- ↑ Increased access to 24/7 urgent and emergency mental health services for CYP
- ↑ Increased access to specialist perinatal mental health healthcare

Finance and efficiency

- ✓ Delivery of the 5YFV for MH will require investment in services.
- ✓ This programme will support the delivery of system and provider cost improvement programmes reinvested in mental health care

Cancer

The focus of the Cancer programme is to deliver the national cancer strategy in a way that makes sense in our region, ensuring that we deliver the best outcomes and experience. This includes:

Define **the characteristics of high quality primary care services** in support of the cancer ambitions

Understand the gap in diagnostic capacity required to deliver our ambition in relation to shift in stage of diagnosis.

Develop and deliver pathways for95% of patients referred with suspicious symptoms to have a. **diagnosis within 28 days**

Develop approaches to **using feedback from people affected by cancer** & **engaging them directly in service improvement**, e.g. pilot real-time interactive patient portal

Delivering the pledge to on **recovery package interventions and risk stratified follow-up** by 2020

Improvement in treatment services driving out variation in practice and outcome, based on best available evidence, focused on chemotherapy in first instance.

Agree protocols for MDT working to **release clinical resource** without compromising quality.

Develop and pilot more **strategic approaches to commissioning and provision of cancer care.**

Progress so far…

- ✓ Re-establishment of local system leadership, securing stakeholder agreement for a chief executive-led Alliance Board reflecting multi-disciplinary and geographic diversity at a senior level & supporting programme infrastructure with strong executive buy-in.
- ✓ Secured agreement for the Alliance Board to develop a single delivery plan for cancer for West Yorkshire and Harrogate with a dual emphasis on delivery of the clinical priorities in the national cancer strategy and the system behaviours and requirements to facilitate this through more collective, strategic approaches to provision and commissioning.
- ✓ Successful in bidding to host two pilot sites for multidisciplinary diagnostic centres and a 28 day standard test site.
- ✓ Cross system deep dive to agree local priorities April 2016, baseline inventory of activity against the 96 Cancer Taskforce recommendations.

Cancer

Key milestones & Decisions

2016/2017

- Agree headline diagnostic growth and cancer content for 2 year operational plans

2017/2018

- Sign off Alliance Delivery Plan (April) including 5 year diagnostic capacity building plan.
- Commit to local action plans to deliver Recovery Package & risk stratified post-treatment pathways by 2020
- Produce option appraisal for service model for strategic diagnostic growth. Agree preferred model.
- Develop and agree to pilot new strategic approaches to commissioning and provision of cancer care.

2018/19

- Implementation planning for new diagnostic models including consultation as necessary.
- Roll out new protocols for MDT working.
- Agree implementation plans for delivery of 28 day Faster Diagnosis Standard.
- Begin implementation of commissioning policy to address variation in chemotherapy prescribing.

2019/20

- All cancer patients to have tailored support to live well and as independently as possible beyond diagnosis.

2020/21

- 95% of people referred for investigation of cancer symptoms to have diagnosis within 28 days.

Impact

Focus of the Cancer Programme is on spending the West Yorkshire and Harrogate pound as cost effectively as possible to deliver the highest possible outcomes and experience.

Health and wellbeing

- ↓ Reduce adult smoking rates from 18.6% to 13% resulting in c105,000 fewer smokers and c11,250 averted admissions.
- ↑ Increase 1 year survival from 69.7% to 75% equating to c700 lives per year.
- ↑ Increase stage 1&2 diagnoses from 40% to 62% offering 3,000 extra people the chance of curative or life extending treatment.

Care and quality

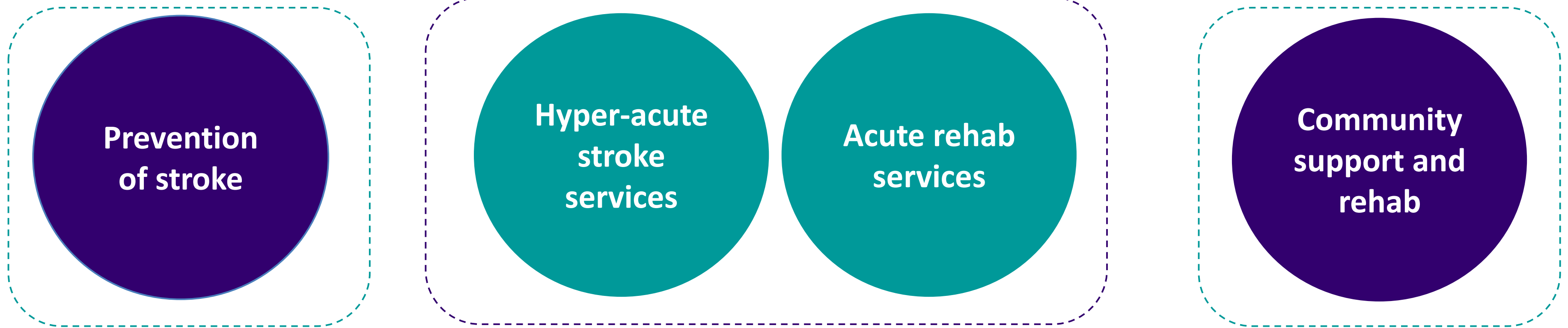
- ↑ Increased % of patients formally invited to feedback to improve services over and above CPES (target TBC)
- ✓ Deliver the 28 days to diagnosis standard for 95% of people investigated for cancer symptoms to deliver faster diagnosis for c5,000 people currently diagnosed with cancer through RTT pathways.

Finance and efficiency

- ↓ Estimated savings of up to £12million over 5 years based on lower treatment costs associated with earlier stage diagnosis for many forms of cancer.
- ↑ Delivering this efficiency will require growth in diagnostic capacity of c2-3% additional to that in local baseline trajectories.

Stroke

Considerable progress has been made to improve outcomes for stroke patients across West Yorkshire and Harrogate. Variation continues to exist in outcomes and quality of services. Our work focuses on the whole stroke pathway with stroke prevention and community rehabilitation and support delivered in local places to meet the needs of the specific populations; these elements will be locally planned with a consistent approach determined by clinicians and stakeholders across West Yorkshire and Harrogate to reduce variation. We've already worked together on preventative measures to detect and treat atrial fibrillation. In West Yorkshire and Harrogate, future sustainability and patient flow requires that we focus on hyper-acute stroke services and acute rehabilitation together on a regional basis to deliver the best possible outcomes for those people affected by stroke.



West Yorkshire and Harrogate planning of services

We currently have five hyper-acute stroke units in West Yorkshire and we know that this is not sustainable for the future. The Strategic Clinical Network has produced an in-depth blueprint which details service models to ensure delivery of the best clinical outcomes for patients who need hyper-acute stroke care. This indicates that we will need to reduce the number of hyper-acute stroke units across West Yorkshire and Harrogate, so that our services are safe and resilient. In doing so, we will save more lives, reduce ongoing disability and ensure better care and quality of service for patients, including provision of a consistent service over seven days.

Our plan:

- Work with key stakeholders to understand the options for delivering stroke services – we've started this process.
- Formal consultation with our population on the configuration of hyper-acute and acute rehabilitation of services
- Because of our geography, we'll be working closely with our colleagues across the wider Yorkshire and Humber footprint to ensure high quality, sustainable hyper-acute stroke services for all.

Stroke

Key milestones & Decisions

End December 2016 - Stage 1 NHSE Assurance - Strategic Case for Change (SCfC) assurance and sign off

End January 2017 - Stage 1 NHSE Assurance - SCfC sign off by NHSE

End April 2017 - Stage 2 NHSE Assurance – Outline Business Case sign off (subject to Stage 1 NHSE approval to proceed)

End May 2017 - Stage 2 NHSE Assurance – OBC sign off by NHSE and approval to proceed to Formal Consultation

End September 2017 - Stage 3 Assurance – Formal Consultation completed (Subject to NHSE Stage 2 approval)

End December 2017 - Stage 3 Assurance – Consultation outcome and recommendation considered by HF Collaborative Forum (Subject to NHSE Stage 1 and 2 approvals)

End February 2018 - Stage 4 Assurance – Delivery Plan prepared and signed off

2018/19 Mobilisation to commence subject to completion of all of above & dependent on procurement approach.

Impact

Improving access to high quality, safe, sustainable and resilient emergency & urgent stroke care for patients across the West Yorkshire and Harrogate footprint in line with agreed vision for stroke:

To reduce the incidence of stroke and avoidable deaths due to stroke, across the West Yorkshire and Harrogate health economy, minimising the long term effects and improving the quality of life for survivors. This will be achieved by providing consistently high quality care that is responsive to individual needs and through encouraging healthier lifestyles and reducing inequalities in risk factors of stroke.

Health and wellbeing

- ↓ Under 75 mortality rate from CVD NUMBERS
- ↓ Reduce hypertension QOF prevalence all ages national / West Yorkshire and Harrogate / CCG
- ↓ Reduce premature mortality from stroke
- ↓ Reduce incidence of stroke (e.g. anticoagulant treatment – for every 25 patients with AF receiving an anticoagulant, we can avoid one stroke every 18 months)

Care and quality

- ↓ Reduce median time between clock start and thrombolysis
- ↑ Increase proportion of stroke patients assessed by a stroke specialist consultant physician and nurse trained in stroke management within 24 hours of clock start
- ↑ Increase proportion of patients given swallow screen within 24 hours of clock start
- ↑ Increase proportion of patients scanned within 12 hours
- ✓ Implementation of 7 Day Standards (2, 5, 6 and 8) for stroke services

*Increase from Blueprint SSNAP performance data (Oct – Dec 2015)

Urgent and emergency care

Our vision for Urgent and Emergency Care is for:

- adults and children with **urgent care needs**, we should provide a highly responsive service that delivers care as close to home as possible, minimising disruption and inconvenience for patients, carers and families
- those people with **more serious or life-threatening emergency care needs**, we should ensure they are treated in centres with the right expertise, processes and facilities to maximise the prospects of survival and a good recovery

Our work is focused on:

- **Hear, See and Treat –** delivery of a Clinical Advice Service (CAS), integration of 111 and out of hours services, working on a Yorkshire and Humber basis to integrate 999 with 111 services, developing the ambulance service to provide a treatment service rather than conveyance function only by March 2017. So that people get the right access to the right people at the right time
- **Primary Care –** building on the local development and delivery of primary and community new care models to manage the urgent needs of patients in community settings - the delivery of direct booking from 111 extending from out of hours to extended and in-hours services. Delivery of a Pharmacy Urgent Repeat Medication service (PURMs) across West Yorkshire and Harrogate in partnership with community pharmacies.
- **Designation –** develop and deliver plans for configuration of services across West Yorkshire and Harrogate
- **7 day services** - work collaboratively to deliver sustainable 7 day services across the clinical priority areas (Vascular, Stroke, Acute Paediatrics and Cardiology)
- **Technology/inter-operability** – improved access to a patient’s summary care record with an increasing amount of information available. Remote working facility for CAS clinicians. Delivery of a care record for 999 staff. Direct booking technology.

Progress so far…

- ✓ Out of hours booking facility improved. In-hours booking tested with EMIS. Remote access tested. SCR access improved for 111 staff.
- ✓ Pilot in hours booking of appointments from NHS 111 to GPs due to go live imminently with further roll-out in Quarter 4 2016/17.
- ✓ Pharmacy Urgent Repeat Medications enabling NHS 111 to direct callers to local pharmacy live
- ✓ Strong engagement in the Hear, See & Treat programme with face to face sessions in hospital and GP practice waiting rooms; meetings with voluntary and community groups and attendance at sports days, colleges and care homes. We received 2,585 completed surveys either via face to face engagement activities or social media advertising. The results show us that the majority of people that responded support the proposals. The engagement work reached over 300,000 people in West Yorkshire and Harrogate.

Urgent and emergency care – Acceleration Zone

West Yorkshire and Harrogate has been identified as the only urgent and emergency care 'acceleration zone' nationally in September 2016. We have developed some proposals (awaiting approval) which build on our existing work with the target to achieve 95% 4 hour A&E target and 30% 111 calls transferred to a clinical advisor in March 2017. The trajectory will be dependent on resources available which are yet to be confirmed.

Programmes	Main Projects
Pre-hospital Care Increase availability of primary care, 111 and other alternatives to avoid A&E attendances	**Primary care :** Increase access to primary care out of hours **111 :** Mobilisation of enhanced clinical advisory (mental health, palliative care, pharmacy and generic advice) and home-working; direct booking proof of concept to 20 GP practices; West Yorkshire and Harrogate marketing campaign to promote 111 **999:** Continuation of Ambulance Response Programme pilot; call centre access to A&E consultant **Care homes (major 999 users):** 111 and telemedicine in care homes **Mental health:** Pilot high volume service user team in Leeds
Streaming and Ambulatory Care Increase access to alternatives to A&E and access to ambulatory care once patients attend the emergency department	**Streaming:** Pilot NHS Pathways Reception Point ("Blackpool model") at Dewsbury and Bradford EDs; implement trust schemes to deliver primary care streaming at EDs without 111RP; pilot online NHS Pathways app at EDs without 111RP **Ambulatory Care:** Implement trust schemes to increase access to ambulatory care pathways (aiming for 12 hours 7days) **Mental health:** Increase access to mental health liaison as part of MH Vanguard
Flow and Discharge Improve flow through hospital and discharge from hospital to reduce length of stay	**SAFER wards:** Implement SAFER bundle across all trusts: early senior review; red/green day and afternoon huddle **Discharge:** Implement trust schemes to deliver Discharge to Assess and Trusted Assessor; rollout pharmacy discharge and re-admission avoidance **Care homes:** Purple bag scheme in care homes and trusts; end of life care plans; daily bed state

Urgent and emergency care

Key milestones & Decisions

October 2016: Defining and delivery of the WY UEC Acceleration Zone in the four key areas

January 2017: Agree outline approach to designation

March 2017

- 30% of calls transferred to a clinical advisor through NHS 111 by March 2017
- System delivery of the 95% A&E 4 hour standard across Acute providers
- Meet the four priority standards for 7 day services
- Pilot direct booking from 111 in 22 GP practices in-hours and further roll-out

Ongoing work: 2016/17 and 2017/18

- Significant improvements in the development of the clinical advice service which supports NHS 111, 999 and out-of-hours calls
- Reconfiguration of services, priority pathways and wider STP work
- Ongoing benefits realisation work & ROI working with YHEC and the AHSN

Impact

Health and wellbeing

↓ Reducing mortality rates

Care and quality

✓ Improve patient experiences substantially, including patient choice

✓ Provision of high quality and safe care across all seven days of the week

↓ Reduce ambulance conveyances to ED by 12% by 2021 (23,033)

↓ Reduce avoidable emergency admissions by 3% by 2021 (1,693)

↓ Management of demand and expected growth of ED attendances - reduce ED attendances by 4% by 2021

↓ Reduction in average length of stay

↓ Reduction in avoidable readmissions

Finance and efficiency – including planned savings and planned investment required

✓ The Vanguard ROI is expected to be £12m by 2020/21 (excluding the Imaging Collaborative) focused on the eight elements of integrated urgent care (IUC)

✓ Integrated urgent and emergency care services that manage demand more effectively have the potential to be significantly more cost-effective than existing arrangements

Specialised commissioning

Consistent local prevention strategies

West Yorkshire and Harrogate planning of services

Our approach to specialised commissioning and provision of specialist services is two-fold. Firstly to manage the demand for specialist services e.g. reduce the increasing demand for bariatric surgery through consistent preventative approaches to tackle obesity and implementation of consistent weight management services across West Yorkshire and Harrogate. This is primarily being planned and delivered by local places in line with the needs of their local population. The second element is the provision of specialist services and how this is planned and delivered to ensure services are sustainable and fit for the future. This will mean services will be provided through a networked approach. To do this we must plan collaboratively at a West Yorkshire and Yorkshire and Humber level.

Impact

A West Yorkshire and Harrogate Specialised Services Steering Group (CCGs, Cancer Alliance Board reps, Providers and NHSE Specialised Commissioners) has been established to take forward collaborative approaches to planning and transforming services and work in 2016/17 has already commenced on:

- **CAMHS Tier 4 Beds** – aim to improve outcomes for CAMHS patients and reduce out of area placements - West Yorkshire and Harrogate Review to commence early 2017
- **Vascular –** implement the optimum model of service provision across Yorkshire & Humber that best meets the needs of patients and improves patient outcomes, addresses inequality of access and ensures quality of service provision in line with the national specification - Clinical Senate Review Nov 2016
- **Complex Neuro-rehab –** develop and agree a Yorkshire & Humber wide collaborative strategy for specialised rehabilitation for adults with acquired brain injury (ABI) which is intended to address under-provision of level 1 or 2a facilities. This will improve patient experience and reduce delays. Service review completed Q3 2016/17
- **HIV –** review arrangements to ensure future resilience and sustainability of HIV provision and improve patient access.
- **Specialist weight management** - identification and implementation of transformational opportunities for services and pathways prior to entry to tier 4 services set in the context of place-based obesity strategies.

Acute Collaboration

Clinical standardis-ation for efficiency

- 'Centres of excellence' approach to higher acuity specialties eliminating avoidable cost of duplication and driving standardisation
- WY standardised operating procedures and pathways. Building on current best practice and using GIRFT to drive out variation in quality as well as operational efficiency.
- Elective centres to increase quality, maximise efficiency and reduce cost
- Operational clinical networks and alliances as a vehicle for sustainable services (e.g. HAS, head and neck cancer, vascular, pathology and radiology)
- Workforce planning at scale and managing workforce risk at system level supporting free movement of bank and agency staff under single shared Bank arrangements.
- Deliver economies of scale in corporate services e.g. procurement, pathology services, estates & facilities management , informatics and other infrastructure

WY Pathology Strategy

Including specialist services and integrated IT platform

Workforce planning at scale

Focused on securing the pipeline of 'fit for purpose' staff and improved productivity

Progress to date:

- ✓ Consultation on CHFT strategy completed
- ✓ Phase 2 of MYHT reconfiguration implemented
- ✓ Diagnostic and case for collaboration jointly commissioned by WYAAT
- ✓ Established working groups for Estates & Facilities, Finance Procurement, HR & Workforce
- ✓ WYAAT Radiology Collaborative established
- ✓ Collaborative strategy and supporting programme infrastructure in development
- ✓ Proposed operating model for WYAAT alternative service delivery models in development
- ✓ Establishing Committee in Common

WY Strategy Corporate Services

Inclusive of:

- Procurement
- Estates & facilities management
- Finance
- HR
- Informatics

The default position for these services is collaboration. This is being explored with other providers in order to increase scale / economies of scale.

Acute Collaboration

Key milestones and decisions

October 2016

- Commence development of Case for change for Pathology & Corporate Services
- CHFT reconfiguration

December 2016

- Business Case for Acute Collaboration programme

December 2016

- Acute collaboration decision making Framework
- **March 2017**
- Establish programme infrastructure
- Pathology and Corporate Service plan agreed

May 2017

- Final phase of MYHT implementation

June 2017

- Clinical standardisation plan and Timescales developed
- LGI masterplan for specialist services
- ASDM for corporate services established

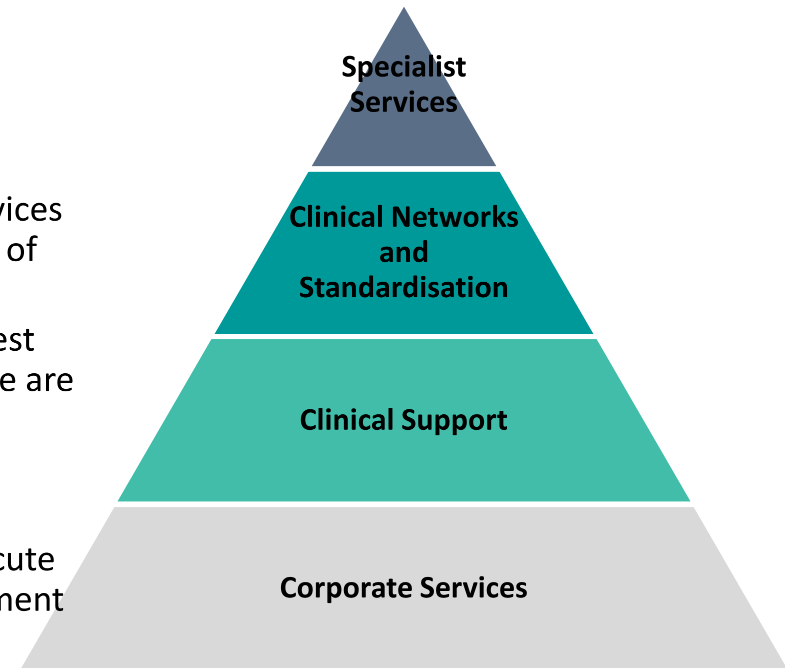
2017-2021

- 3 year programme for clinical and non-clinical transformation with milestones agreed to 2021

Impact

There are significant challenges in the acute sector and through collaborative working, standardisation and operational networks acute providers will reduce variation and improve resilience. Delivering efficiencies will require standardisation in the wider system of out of hospital care focusing on an integrated approach to demand and patient flow (Delayed Transfers of Care). The impact of the acute collaborative strategy and wider system alignment will be to fundamentally underpin our ambitions to close the three gaps in West Yorkshire and Harrogate, including:

- Consistent delivery of constitutional targets
- Improved patient experience
- Improved safety in services by consistent adoption of good practice
- Ensuring services in West Yorkshire and Harrogate are more resilient
- Reduce reference cost variation
- Underpin delivery of acute provider cost improvement programmes



Standardisation of commissioning policies

This work supports our ambition to reduced unwarranted variation and standardise clinical practice across West Yorkshire and Harrogate. We will utilise RightCare methodology, commissioning for value data and evidenced-based clinical thresholds which will enable us to commission to ensure:

- Maximum health gain from each intervention
- Consistency of access and outcomes
- Delivery of the constitutional Referral to Treatment Time (RTT) standard

This work will allow us to ensure our elective capacity is 'right-sized' and sustainable across our acute provider network. This supports the acute collaboration approach to clinical standardisation. The programme is divided into four key workstreams covering elective hospital based care, follow-ups and prescribing. The prescribing workstream is focused on reduced both costs in relation to waste medicines and prescribing. It will cover over the counter medicines, primary care and hospital based prescribing costs.

Health and wellbeing thresholds

Clinical thresholds and policies

Follow-up management

Prescribing

Progress so far...

- ✓ Agreed collective approach at a West Yorkshire and Harrogate footprint
- ✓ Local 'Place' and CCGs progressing earlier (e.g. 'Linking Prevention and Better Health to elective care' in Harrogate & Rural District CCG)
- ✓ Agreement of consistent implementation across West Yorkshire and Harrogate by 2020/21
- ✓ Provider and commissioner chief executive SROs in place
- ✓ Commenced discussion with Healthwatch and in some local communities
- ✓ Approach to health optimisation and reduction in variation supported by NHS England
- ✓ Identified resources to support programme work plan development and delivery

Standardisation of commissioning policies

Key milestones and decisions

Dec 2016: 'First wave' procedures signed-off by Healthy Futures Collaborative Forum

Jan 2017: Final agreement of future phasing of roll-out and scope of interventions

2017 – 2021: Quarterly rolling process of development, agreement and implementation of commissioning policies

2021: Standardisation of commissioning policies in place across West Yorkshire and Harrogate footprint

Impact

- ✓ Support delivery of the West Yorkshire and Harrogate targets in relation to smoking and obesity
- ✓ Support delivery of Referral to Treatment Time (RTT) standards
- ✓ Dovetail with the development of acute, mental health and provider collaborations to secure improvements in service delivery
- ↑ Clarity for patients and the public
- ↑ Improved cost effectiveness in prescribing
- ↓ Reduced variation in eligibility
- ↓ Planned savings of £50m delivered through consistent reduction in low value clinical procedures and interventions and ensuring patients are optimised for surgery

Section 5: Enabling workstreams

Context

All of our proposals are about improvement and change. To do this we must:

- Create the right workforce, in the right place with the right skills, to deliver services at the right time, ensuring the wellbeing of our staff
- Engage our communities meaningfully in co-producing services and making difficult decisions
- Using technology to drive change and create a 21st century NHS
- Place innovation and best practice at the heart of our collaboration ensuring that our learning benefits the whole population
- Ensure we have effective commissioning structures to push through the change.

Workforce

Challenges

70-80% of the West Yorkshire & Harrogate resource is spent on workforce. Every one of our STP workstreams has workforce implications

90% of the workforce we will have in 5 years' time already work for us

- **Longstanding shortages of clinical and support staff**
- **Development of new skills to deliver new ways of working**
- **Affordability of current pay bill – high locum and agency spend**
- **Variation in team productivity**
- **Insufficient integration across sectors**
- **Concerns for staff wellbeing**

Actions

Establishment of West Yorkshire and Harrogate STP Local Workforce Action Board
Chair: Dr Ros Tolcher (Chief Executive, Harrogate and District NHS Foundation Trust)
Co-chair: Mike Curtis (Health Education England)

Vision: West Yorkshire and Harrogate will have an affordable, skilled and resilient workforce providing sustainable health and care
Mission: To ensure that the workforce is a positive enabler and not a constraint to achieving the ambitions of the West Yorkshire and Harrogate STP

- Primary and community care, and public health – **Dr Andrew Sixsmith**
- Registered workforce initiatives – **Philip Marshall**
- Non-registered workforce initiatives – **Sandra Knight**
- Prevention at Scale – **Dr Ian Cameron**
- Workforce flexibility and enablers – **Jo Carr**

Workforce

Programme outlines	Primary Care, Community Care and Public Health	Registered Workforce Initiatives	Non-registered workforce initiatives	Prevention at scale	Workforce flexibility and resilience enablers
Vision	Plan and secure a transformed workforce for Primary and Community care. Make Every Contact Count. *Working with the Primary Care & Community Services Group*	Plan for foreseeable demand for registered workforce capacity. Transform existing roles and influence new training programmes and supply for advanced practice and new roles.	Plan for foreseeable demand for non-registered workforce capacity. Transform existing roles and ensure supply of new training programmes	All sections of the health and care workforce contribute to the prevention agenda as a priority for future	Optimise the efficiency of HR processes through standardisation; reduce the cost of workforce gaps
Core outputs	• A Primary and Community care workforce strategy • Quantify demand for future workforce & investment required • Specify adaptation requirements for primary and community care to deliver new ways of working	• Quantify demand for registered nursing and ACPs and secure right capacity of training to achieve a pipeline of ACPs for all sectors • Quantify and address gaps in OPD workforce • Strategy for medical specialty shortages	• Proposal for career escalator • Development of a WY Excellence Centre • Optimise use of apprenticeship levy	• Making Every Contact Count Framework and Plan for WY&H. • Health Promoting Trusts proposal (TBC) • Workforce development strategy for prevention priorities.	• Savings from internal agency • Savings from standardisation
Workstreams to be developed	Primary Care Workforce working in General Practice - workforce analysis Investment plan – for wider roles in primary care (adaptation and innovative roles) nurses, pharmacists, advanced practitioners, physicians associates, clinical support workers, care navigators New Care Models, new ways of working Support for self care, expert patients & volunteers	ACP supply • ODP function supply • Endoscopists • Physicians Associates • Social workers Nurse recruitment strategies at WY&H level	Development of the West Yorkshire Excellence Centre • Pathway for B1-4 • Support to the primary care workstream • Working with Advanced Training Practices	Development of an STP Prevention at Scale plan • Priorities TBC (Nov 16) • Workforce development of all prevention priorities. • MECC • Health Promoting Hospitals/Health and Care (TBC) • Support and links to primary care	Development of Internal Agency Workforce passports Improve quality and value for money of GP locum market Standardisation of HR processes & streamlining Adoption of digital & technology solutions

Digital and interoperability

Building on the six Local Digital Roadmaps, there are some key themes where we know digital solutions can drive change across our health and social care economy and support our overarching aims, including:

Development **Record Sharing technology across West Yorkshire and Harrogate** to ensure **access to individuals' health and care information across all care settings** improving safety, experience and clinical effectiveness

Technology to support **knowledge, education and self-care** to ensure **people are empowered to manage their own health and wellbeing**

Technology implementation to support **clinical models e.g. clinical advice hub, direct booking, telehealth / telecare**

In addition, the digital support is fundamental to delivery of our transformation plans in local places and to our collaborative workstreams. Some of this work has already started and further priorities will be identified as the draft proposals for our workstreams are further developed.

Progress to date

- ✓ **CIOs Group** – Establishing a group of Chief Information Officers across CCGs, local authorities and NHS providers and expanding to form a network of Clinical Chief Information Officers (CCIOs)
- ✓ **Established digital leadership** with director leadership from commissioner and provider organisations and GP sponsor
- ✓ **Designing a data sharing architecture** this as a priority workstream with sign-up from all our acute providers. We have also formally secured the input from NHS Digital to this at a senior level. This work underpins anything that we will need to do around integrated and shared records, capabilities such as cross-organisational appointment booking etc.
- ✓ Themes across 6 **Local Digital Roadmaps** under review to identify consolidated opportunities to use technology to support STP delivery
- ✓ **UEC Vanguard** - A full technology work programme is in place and opportunities reviewed as part of the Acceleration Zone
- ✓ Technology to **assist the implementation of Carter efficiencies**

Harnessing the power of communities

We will establish a new relationship with our communities built around good work on the co-production of services and care. Our proposals to support people to self-care, prevent ill-health, implement the GP 5YFV and join up community services require a new relationship that sees people as assets not issues. They are fundamentally linked to building resilience through community assets, local populations and the large numbers of thriving voluntary and community sector organisations across West Yorkshire and Harrogate.

We are already seeing this in the digital space with the development of the mHealthhabitat programme out of mental health, sponsorship of the #YHDigitalcitizen programme and the People Driven Digital movement. These are also reflected in local vanguards and the AHSN is sponsoring a developing social movement through our Digital Health & Wellbeing Ecosystem. This is a platform for health and social care, academic, industry, the voluntary sector and patient organisations, to collaborate to increase the uptake of digital health technology. This will enhance patient care and participate in shared learning across the ECHAlliance International Permanent Network of Ecosystems.

YORKSHIRE & HUMBER
ACADEMIC HEALTH SCIENCE NETWORK

Leeds
CITY COUNCIL

European Health Futures Forum

We already rely on the involvement of the wider VCS in strategy development, leadership, engagement and service delivery. We will form new relationships, support innovative ways of working, and the development of community capacity building. This will be supported by new compact with the 3rd sector.

Harnessing the power of communities

Principles

- We will work together on a **'no surprises'** basis and set out a realistic case for change at both a local and regional level.
- Our emerging plan draws on existing **insight** and local **intelligence**. We want to build on the engagement and consultation work already underway and consider what we have already been told.
- Starting **conversation with the public** about their role in managing their own care
- Secure **political and public buy-in through a compelling case for change**
- **Nurture** our partner, stakeholder relationships and develop new to achieve our ambition together.
- Engaging our **health and social care workforce** is critical if we are to reach realistic improved outcomes
- We will **formally consult** where there is a proposal for significant service change

Progress to date

- ✓ Every local place-based plan has been built up from a wealth of information which local people have told us about local services
- ✓ Local plans have been developed and approved by local Health and Wellbeing Boards (or equivalent structures)
- ✓ Healthwatch is a key partner in our STP and provide leadership, assurance and challenge acting as the voice of the patient and has supported our Vanguard engagement e.g. reaching over 300,000 on our Hear, See and Treat proposals
- ✓ We will always fulfil our legal duties to consult and we are already consulting formally with our populations on some of our proposals e.g. reconfiguration of hospital and community services in Calderdale and Huddersfield
- ✓ A strategic communications and engagement lead has been employed to support engagement and communication with all our stakeholders across the STP. This role is embedded within the STP Programme Management Office and works closely with the STP Lead
- ✓ This role is supported by an established multi-agency communications and engagement regional network to ensure the approach is embedded in all organisations and existing communication channels are used to full effect.

Sharing our proposals

- Local place-based plans have been designed and approved by all local Health and Wellbeing Boards (HWB) or equivalent and are in the public domain. Council leaders and Chairs of the HWB meet on a regional level
- We are fully committed to sharing all proposals with our population and will publish our plan and public summary during the week commencing 31 October 2016
- Sharing our proposals will start a series of public engagement activities.

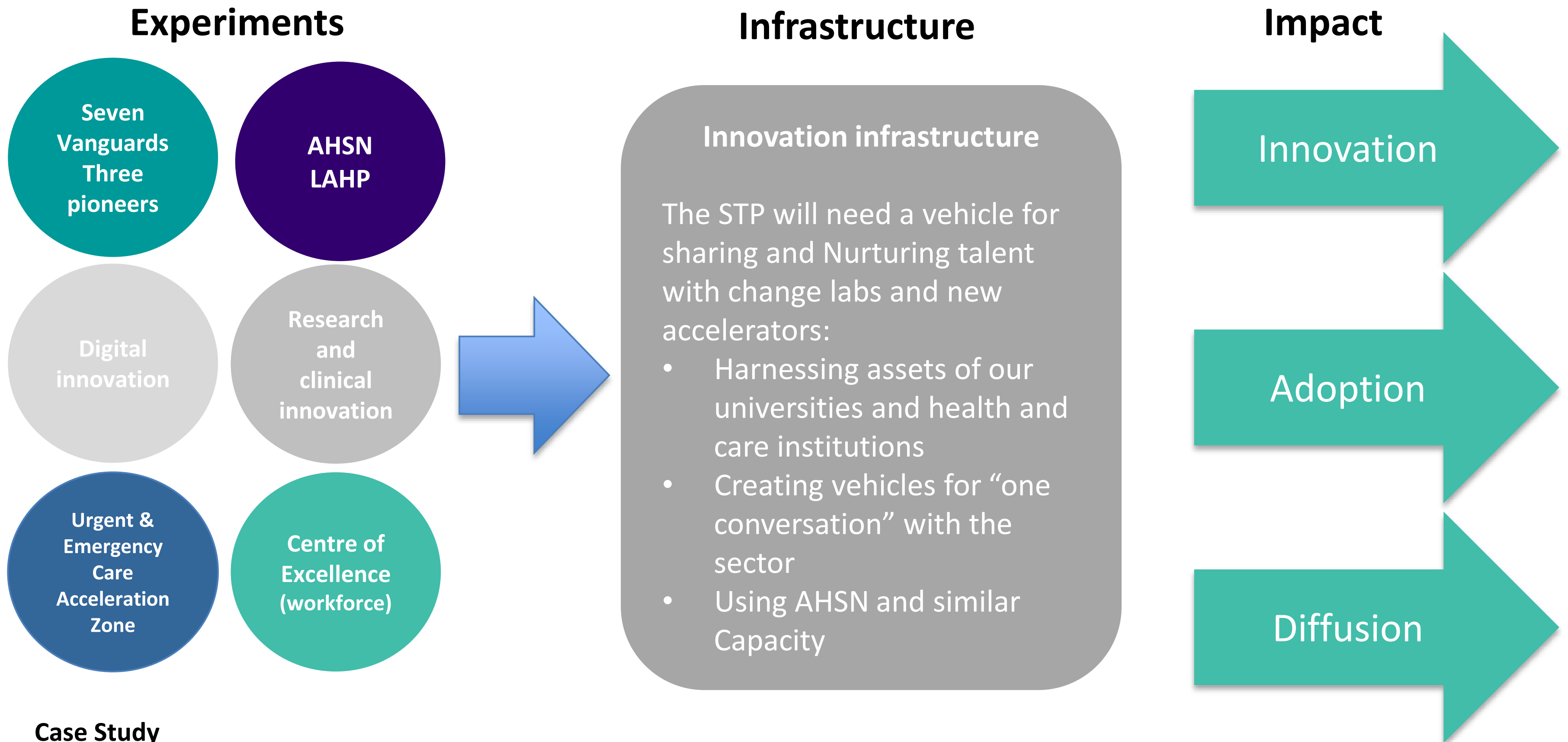
Harnessing the power of our communities

In line with our principles, we have reviewed our recent engagement activity across our CCG footprints which is identified below. This information has informed the development of our plans to date and will support us in identifying where further engagement work is required with populations on some of our proposals. This will be a fundamental part of our developing proposals further.

	Airedale, Wharfedale , Craven	Bradford City	Bradford District	Calderdale	Greater Huddersfield	Harrogate and Rural District	Leeds North	Leeds South and East	Leeds west	North Kirklees	Wakefield	Key themes
Prevention		E	E	E	E	E C	E	E	E	E	E C	Care Closer to Home, Vanguard, Bowel Cancer, Smoking, Personal Health Budgets, Long Term Conditions Care Planning, Self-Care, Early Intervention and Prevention, Winter Health Strategy Consultation, Autism Strategy for North Yorkshire, Learning Disabilities Strategy Consultation, Healthy Weight, Healthy Lives Strategy Consultation, Shared Decision Making
Primary and community services	E	E C	E C	E C	E C	E	E	E	E	E	E	Care Closer to Home, Right Care, Right Time, Right Place, Our Street, Unplanned Care, Walk in Centres, GP services - extended hours/changes/closures and access (including enhanced access), NHS Dentist, Care Homes, Winter Campaigns, What Matters to us, Integrated Care, Community Equipment Services, Enhanced Care, Access to primary care for people with a learning disability, Scribble live, Anti-coagulation, Closure of GP practice, Endoscopy and Gynaecology services, PMS and PBSR, ENT, Ophthalmology, Discharge, Connecting Care, IAPT, Primary Strategies, APMS, Adult Hearing Services, Gynaecology, ENT, Year of Care, Single point of access
Mental Health	E	E C	E C	E	E	E	E	E	E	E	E	Children and Young people (CAMHS), Crisis Intervention, Section 136, SWYFHT Transformation, Mental Health strategies, The Future in Mind, Autism, bereavement services
Stroke	E	E	E C			E					E	Improvements to Stroke Services, Reconfiguration of Services, patient surveys
Cancer				E	E	E	E	E	E			Breast, Gynaecological, Prostate, Colorectal, Childhood and Young Adults services, Cancer Services CHFT, living with and beyond cancer project, surviving cancer
Urgent & Emergency care	E	E	E	E C	E C	E	E	E	E	E C	E C	Urgent and Emergency Care Strategy, Right Care, Right Time, Right Place, Meeting the Challenge, What Matters to us, Urgent Care Transformation Programme
Specialised commissioning		E	E									Eating disorders, Specialised Mental Health
Acute reconfiguration		E	E	E C	E C					E C	E C	Meeting the Challenge, Right Care, Right time, Right Place, Accountable Care
Standardisation		E C	E C	E	E		E	E	E	E	E	Patient Transport, Talk Health, IVF, Stop Before your OP, Medicines Management, Gluten Free, OTC medicines, cows' milk intolerance

Innovation and best practice

Our ambition is to become an international destination for health innovation



Case Study

Airedale has been working successfully for several years across health and social care to develop an integrated health record which enables more seamless care for the population. This provides an integrated workflow across providers and improves the experiences of people accessing services ensuring information is collected from people only once. This also supports reduced duplication as set out in the Getting It Right First Time (GIRFT) programme and Carter Review. We are talking to Connected Yorkshire (Leeds University) to see how we can use our data to understand our population health and bring the biggest benefit through health and care interventions.

Section 6: Creating the infrastructure for delivery

Creating an infrastructure to deliver

These proposals require a different way of working across organisations in West Yorkshire and Harrogate.

There are a number of components to this:

- Establishing appropriate governance arrangements to allow us to work more closely and take decisions collectively across commissioners, providers, health and social care
- Evolving our current commissioning arrangements so that there is a great emphasis on place and a stronger infrastructure at a West Yorkshire and Harrogate level
- Rapidly expanding capacity and resources to do the work through realignment of existing roles and functions, both at local organisation and Arms Length Body (ALB) level

The following section sets out our proposals for taking this forward.

Strategic commissioning

Example services

A West Yorkshire & Harrogate wide commissioning / contractor function dealing with acute and some specialist services

- Design of evidence based pathways and service standards
- System wide outcomes and payment incentives
- Extension / formalisation of the CCG joint committee arrangements
- Identification of services that need to be commissioned on a WY basis

and…

A place based commissioner bringing together the functions of LAs CCGs and NHS England (primary care) commissioning

- Organisations collaborate on a defined geographic footprint – collective accountability
- Essential that we maintain 'connection' between West Yorkshire and Harrogate and place based commissioning

And / or…

A local 'commissioning' function embedded within ACO models

- ACOs working to a capitated budget will need to make decisions about how resources are used to best meet population needs.
- Therefore some 'commissioning' competencies required aligned to strategic function of organisation.

WEST YORKSHIRE & HARROGATE

- Low volume, high cost, high risk planned care
- Emergency centres and co-dependencies
- Specialised & tertiary services
- Inpatient mental health services
- 'Hard Pressed' specialties
- Specialised diagnostics
- High volume, low cost, low risk planned care

Shared view of strategic intent and planning

LOCAL

- Diagnostics
- Primary and community care
- Social care
- Long term conditions management
- Frailty services
- Community Mental Health

Governance and decision-making

- Health and Wellbeing Boards are the key mechanism for taking decisions on place based proposals at local level. Alongside our partnership with Local Authorities, this will continue to be an important way of ensuring our proposals represent the views and interests of local people.

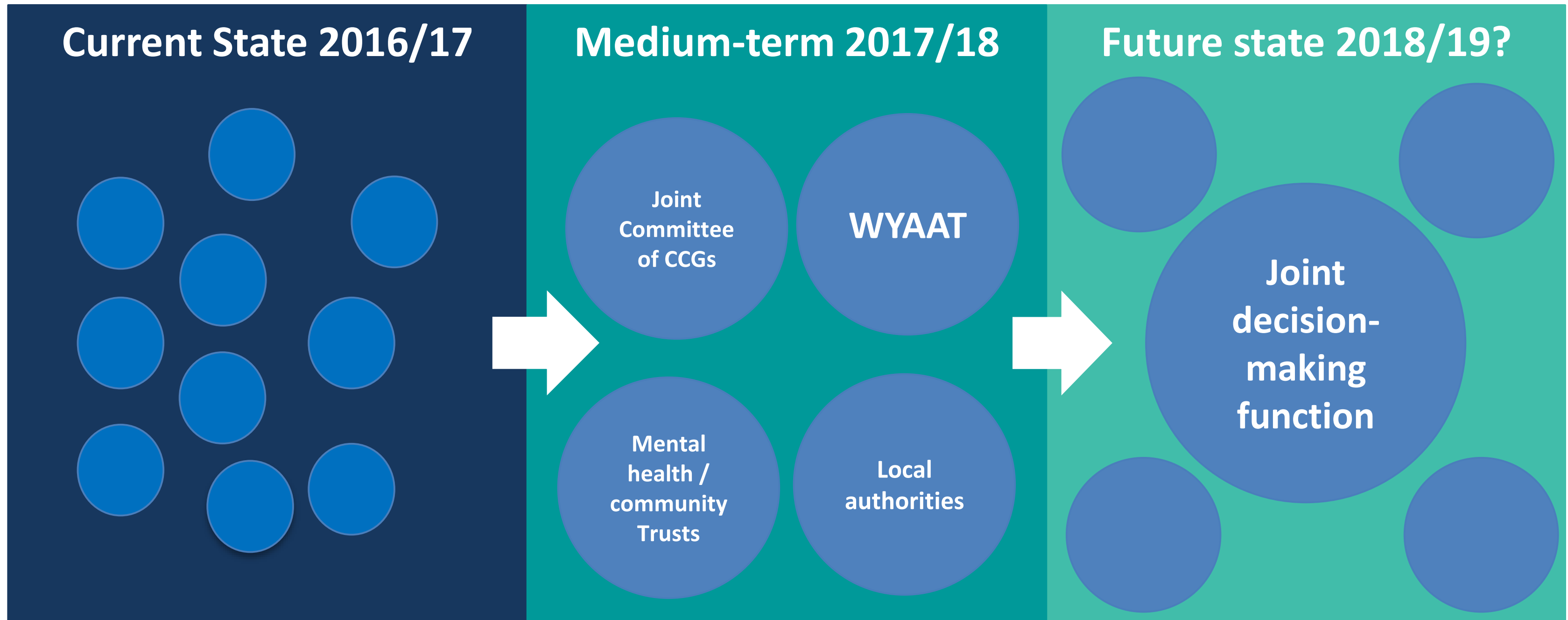
- We have developed an approach based on collaboration and partnership – leadership group, steering group, CCG forum and clinical forum. These have been important vehicles to move the STP forward – but they have not been tested in terms of challenging decisions and they do not go far enough given the expectations placed on the STP as a planning area.

- The arrangements are therefore changing in line with the increased responsibilities placed on STP areas. Over the course of the next 12 months we will move to more formal joint decision making arrangements within sector in order to support collective decision making.

- Beyond that, we recognise that closer working and decision making across traditional sector boundaries will become increasingly important as we take decisions that put place over organisation. As a leadership group we are considering mechanisms to facilitate place based governance and decision making.

- The following slide illustrates this journey.

Moving forward we intend to formalise the current arrangements and move towards joint decision making



- Single statutory organisations
- Some groupings / informal collaboration of providers and of commissioners

- Formalised collaborative structures of commissioners and providers to support collective decision-making
- Run new commissioning model in shadow form

- Joint decision-making function where appropriate, or in the best interests to do so representing commissioners and providers joint-decision making function
- Supported by formal collaborative structures established in 2017/18

Section 7: Conclusion

Conclusion

We are committed to delivering the vision set out in this document. The STP sets out the strategic context in West Yorkshire and Harrogate and high-level proposals for how we might get there.

Our focus now shifts to building on conversations we have already had with our communities to developing meaningful coproduction for turning these high-level proposals into more detailed implementable plans.

Our next important milestone is the two-year operational NHS planning process through which we will translate into delivery.

Annex

Annex A: Glossary 1

Item	Description
ABI	Acquired Brain Injury
ACO (also ACS)	Accountable Care Organisation / System. ACOs are an approach to population-based commissioning for outcomes as opposed to activity.
ACP	Advanced Clinical Practitioner
ADHD	Attention Deficit Hyperactivity Disorder
AF	Atrial Fibrillation
AHSN	Academic Health Science Network. AHSNs are organisations which link different parts of the health system to ensure that health improvement initiatives are considered and evaluated using proven methodology.
ASDM	Alternative Service Delivery Model
AWC	Airedale, Wharfedale and Craven
A&E	Accident and Emergency [department]
BD&C	Bradford District and Craven

Item	Description
CAMHS	Child and Adolescent Mental Health Service
CAS	Clinical Advice Service
CCG	Clinical Commissioning Group. CCGs are organisations that commission most of the hospital and community NHS services in the local areas for which they are responsible.
CCIO	Chief Clinical Information Officer
CHD	Coronary Heart Disease
CHFT	Calderdale and Huddersfield NHS Foundation Trust
COPD	Chronic Obstructive Pulmonary Disease
CPES	Cancer Patient Experience Survey
CVD	Cardiovascular Disease
CYP	Children and Young People
DToC	Delayed Transfer of Care

Glossary 2

Item	Description
ED	Emergency Department
EMIS	A supplier providing electronic patient record systems to primary care
ENT	Ear, Nose and Throat
FYFV	Five Year Forward View. This national document, published in October 2014, sets out a new shared vision for the future of the NHS based around new models of care.
GP	General Practice / Practitioner
GPFV	General Practice Forward View. This national document, published in April 2016, setting out intentions to improve general practice.
GIRFT	Getting it Right First Time
HAS	Hyper-acute Stroke
HFCF	Healthy Futures Collaborative Forum. A collaborative meeting of all the 11 CCGs across the West Yorkshire and Harrogate STP.

Item	Description
HIV	Human Immunodeficiency Virus
HWBB	Health and Wellbeing Board. Hosted by local authorities, these boards bring together the NHS, public health, adult social care and children's services, including elected representatives and Local Healthwatch, to plan how best to meet the needs of the population.
IAPT	Improving Access to Psychological Therapies
IUC	Integrated Urgent Care
IVF	In Vitro Fertilisation
JSNA	Joint Strategic Needs Assessment
LA	Local Authority
LTC	Long Term Condition
LTHT	Leeds Teaching Hospitals NHS Trust
LOS	Length of Stay

Glossary 3

Item	Description
MCP	Multispecialty Community Provider. This is a new model of care focusing on bringing together services operating in the community.
MDT	Multi-disciplinary Team
MYHT	Mid Yorkshire Hospitals NHS Trust
MECC	Making Every Contact Count
MH	Mental Health
MHFV	Five Year Forward View for Mental Health. This national document, published in February 2016, sets out 59 recommendations of the Mental Health Taskforce aiming to improve Mental Health service provision.
NCMP	National Child Measurement Programme
NEET	Young people who are "Not in Education, Employment of Training"
NHS	National Health Service

Item	Description
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
OBC	Outline Business Case
ODP	Operating Department Practitioner
OP	Outpatient
OTC	Over the Counter
PBSR	Practice Based Services Review
PMS	Personal Medical Services [contract]
PoS	Place of Safety
PURMs	Pharmacy Urgent Repeat Medication service
QOF	Quality and Outcomes Framework
QOL	Quality of Life

Glossary 4

Item	Description
ROI	Return on Investment
RTT	Referral to Treatment Time (a national legal right to start non-emergency NHS consultant-led treatment within a maximum of 18 weeks from referral, unless a patient chooses to wait longer or it is clinically appropriate that they wait longer.)
SCfC	Strategic Case for Change
SCR	Summary Care Record
SSNAP	Sentinel Stroke National Audit Programme
STF	Sustainability and Transformation Fund
STP	Sustainability and Transformation Plan. Every health and care system in England will produce a multi-year Sustainability and Transformation Plan (STP), showing how local services will evolve and become sustainable over the next five years.

Item	Description
SWYPFT	Also; SWYFT / SWYFHT – South West Yorkshire Partnership NHS Foundation Trust
UEC	Urgent and Emergency Care
Vanguard	Vanguards are a group of organisations and partnerships which will take a lead on the development of new care models which will act as the blueprints for the NHS moving forward, piloting new models of care identified in the Five Year Forward View.
WYAAT	West Yorkshire Association of Acute Trusts
WY&H	West Yorkshire and Harrogate
YAS	Yorkshire Ambulance Service
YHEC	York Health Economics Consortium

West Yorkshire & Harrogate STP

A partnership between, health services, clinical commissioning groups, care providers, local councils, and Healthwatch

westyorkshirestp@nhs.net

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KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	Developing the Kirklees Health and Wellbeing Plan 2017-2021
TITLE OF PAPER:	24th November 2016

1. Purpose of paper

To provide the Board with an update on progress with developing the Kirklees Health and Wellbeing Plan 2017-2021 (formerly known as the Kirklees STP).

To enable the Board to comment on the working draft of the Plan and to gain the Board's support for the proposed next steps.

2. Background

The Board has received regular updates on the development of both the West Yorkshire & Harrogate Sustainability & Transformation Plan (STP) and the local Kirklees plan since January 2016.

As noted at the Health and Wellbeing Board meeting in September there are 44 STPs being developed, of which the West Yorkshire & Harrogate STP is one. A paper outlining progress with developing the West Yorkshire & Harrogate STP is also being presented to the Board on 24th November. The West Yorkshire & Harrogate STP is built from six local area place-based plans, including Kirklees.

To avoid confusion we are proposing that our local place-based plan is now called the **Kirklees Health and Wellbeing Plan 2017-2021**. This will also serve to reinforce the connection with the Kirklees Joint Health and Wellbeing Strategy (JHWS). The development and implementation of the JHWS remains a statutory duty.

It is important to note that the focus of the STPs and local place based plans is the sustainability and transformation of the health and social care system, whilst the JHWS has a wider scope covering all those issues that impact on the health and wellbeing of the local population.

A working draft of the Kirklees Health and Wellbeing Plan will be available prior to the Board meeting. This draft reflects the comments and suggestions made at the workshop held on 27th October.

There are a range of areas it is important to highlight to the Board:

- **Engagement:** the current draft plan builds on what we have learnt from a wide range of engagement activity, some of which are highlighted in the Plan. Whilst the development of the STP and our local plan does not replace the statutory duty to engage nor changes the role of Scrutiny, our aim is to go beyond our legal duty to engage. We aim to involve people at two key points when we are considering making changes to services: as proposals are being developed and when we are making the final decision.

- **Governance & Leadership**: the current draft recognises that the Board will take the lead in the development and delivery of the Plan and that all partners will need to take responsibility for embedding the Plan in their own organisational plans. It also recognises that the current governance arrangements need updating to reflect the growing need for an integrated approach to decision making. Proposals are being developed and trialled for a new 'joint committee' with representatives from the Council

and both CCGs. The joint committee will provide a mechanism for dealing with issues that require both CCGs and the Council to make a decision in a co-ordinated way and which are beyond the delegated powers of individual officers or would benefit from being made in a wider forum. Current thinking it that the CCGs and Council would agree a work programme for the Joint Committee that clearly sets out a range of issues/service areas that the joint committee will be responsible for on behalf of partners. For each issue/service area this will include specifying the target population, the financial envelope available, the outcomes and objectives to be achieved. Initial areas to be included in the work programme could be Healthy Child Programme and CAMHS, Transforming Care Programme and Better Care Fund.

- **Common threads:** discussions at the October workshops highlighted a number of 'common threads' that should inform all elements of the Plan. These include
  - **Plans**: The shift from just single organisation plans to a set of interlinked plans for the Kirklees place covering our workforce, our estate, our digital future, our intelligence.
  - **People**: a common commitment to growing our own and making Kirklees a great place to work by breaking down barriers between organisations and developing a better shared understanding of key target groups of vulnerable people.
  - **Pound**: developing local supply chains to maximise the value of public sector spend to the local economy, whilst ensuring value for money, and encouraging local people and our own organisations to support local voluntary sector organisations.
  - **Building peoples strengths and resilience**: helping build stronger communities, supporting carers and families, and enabling people to self-care
  - **Improving services**: keeping the focus on improving the outcomes that are important to individuals and reducing avoidable differences, improving productivity and quality.

- **Implementation:** we have identified a range of workstreams to ensure the Plan is delivered. Wherever possible these should utilise existing programmes and structures. Each workstream will have a nominated Health and Wellbeing Board member to act as a link back into the Board. Each workstream will need to develop a high level work programme which builds on the detail included in the draft Plan. Each workstream will present its initial work programme to the Board over the next few meetings, and will provide regular (6 monthly) updates on progress, implementation issues and future programme of work.

The Plan encompasses a range of activity that has been in development for a number of months, or in some cases years, and the planning and decision making processes for those areas are well established. It is worth reiterating that the proposed approach to the Kirklees Health and Wellbeing Plan is to recognise where decisions have been made in crucial areas, and to use the Plan to inform the way in which these decisions are implemented.

3. Proposal and next steps

- To continue to refine the working draft so that a final version is available by 23rd December, and that this is presented to the January Board meeting for sign-off.
- To further develop proposals for the new joint committee, and take these into the relevant Council and CCG decision making processes with the aim of the joint committee

being in place as soon as possible in the new financial year.

- To work with the nominated workstream leads to develop a high level work programme which builds on the detail included in the draft Plan.

4. Financial Implications

Not applicable

5. Sign off

Carol McKenna, Chief Officer, Greater Huddersfield CCG

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

7. Recommendations

That the Board

- Note the progress with developing the Kirklees Health and Wellbeing Plan 2017-2021 and endorse the new name
- Comment on the working draft, and the proposed timescales for a final version and sign-off at the January Health and Wellbeing Board
- Support the proposal to develop a joint committee and get formal sign-off to enable the committee to be operational as early as possible in 2017-18
- Endorse the inclusion of the 'common threads' in the Plan and the expectation that these will inform the implementation of all the priorities and supporting programmes
- Endorse the proposed workstreams, and the development of a high level work programme for each, and that these will be presented to the Board and with 6 monthly progress reporting.
- Nominate a Board member for each workstream to provide a link back into the Board.

8. Contact Officers

Phil Longworth, Health Policy Officer, Kirklees Council

Rachel Millson, Business Planning Manager, North Kirklees CCG

Natalie Ackroyd Business Performance Reporting and Planning Manager, Greater Huddersfield CCG

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FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE:
TITLE OF PAPER: CAMHS Local Transformation Plan Refresh

1. Purpose of paper

The Health and Wellbeing Board are requested to approve the Kirklees CAMHS Local Transformation Plan refresh (2016) Initial sign off has been given by the Chair and Deputy Chair of the Board prior to publication on the 31st of October 2016. The published refresh remains a draft until the full Health and Wellbeing Board have approved the plan.

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.

Following the publication of the Five Year Forward View for mental health there is a requirement for all local areas to refresh their Local Transformation Plan's and ensures that the plans reflect updated guidance, local needs and national policy. The requirement was to publish the local transformation plan refresh by the 31st of October 2016 which was achieved. The Healthy Child Programme remains a central priority of the transformation plan refresh , and a key delivery mechanism for a number of our priorities.

3. Proposal

That the Health and Wellbeing Board approve the Kirklees CAMHS Local Transformation Plan Refresh (2016)

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

If official sign off is given by the board the refresh will be updated and no longer be classified as a draft plan.

7. Recommendations

The Health and Wellbeing Board are asked to :

- **Approve the Kirklees CAMHS Local Transformation Plan refresh (2016)**

8. Contact Officer

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

Kirklees Future in Mind Transformation Plan Children and Young Peoples Mental Health and Wellbeing

Draft

2016

Refresh and progress update

NHS
Greater Huddersfield
Clinical Commissioning Group

NHS
North Kirklees
Clinical Commissioning Group

Kirklees
COUNCIL

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Draft

1. Executive Summary

This report provides a refreshed update and summary for the Kirklees Transformation Plan for Children and Young Peoples Mental Health and Wellbeing.

Please note there are ongoing priorities that we need to oversee which are essential to ensure we achieve our local ambitions, included in Appendix A. Based on findings from our refresh planning and agreed priorities we acknowledge that we need to give focus and emphasis on the priorities outlined below.

These are presented under their original Future in Mind theme headings and detail the outcomes and achievements, being referenced against their corresponding thematic sections of the 2015 Transformation Plan.

Theme 1 - Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people

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- Award the Healthy Child Programme Tender and begin transformation of service provision through our new integrated specification.
- Ensure the developing Healthy Child Programme integrates with the schools Community Hubs Programme, our Early Intervention and Prevention offer, our Early Help offer, the Social, Emotional and Mental Health Difficulties (SEMHD) continuum, supporting the required outcomes in the Kirklees Sustainability and Transformation Plan (STP).
- Implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues. We will encourage schools to embed this within their Personal, Social, Health, Citizenship and Economic Education (PSHCE education) curriculum.
- Develop a training and support component about Emotional Health and Wellbeing for School Governors to be part of their continuing training.

Theme 2 - Improving access to effective support – a system without tiers

- Increased front-line capacity within Tier 2 and Tier 3 provisions to reduce waiting times and improve access for children and young people. Beyond April 2017 this priority will relate to the Healthy Child Programme and
- model.
- Reduce generic Tier 3 CAMHS waiting times for referral to treatment to 3 months by January 2017, and to 10 weeks by the 31 of March 2017.
- Work with our A & E Improvement Groups to Design and implement all age psychiatric liaison provision in line with the "Core 24" service specification.

Where appropriate we will work on a regional basis across acute footprints to develop collaborative approaches.

- Further strengthen the Crisis and Home Treatment Provision to prevent the need for Tier 4 in-patient care and prevent admissions to the local acute provision.
- Develop our Tier 4 markets collaboratively with NHS England supporting the development of Learning Disabilities / CAMHS in-patient provision, transition and transforming care.
- Provide a case management function that co-ordinates care and discharge for those young people in Tier 4 settings and those requiring a "step down" placement.

Theme 3 - Caring for the most vulnerable

- Ensure the provision of a cohesive CAMHS for Looked after Children who are placed out of area.
- Jointly develop the Kirklees Council Sufficiency Strategy for Looked after Children and to ensure that the Looked after Children CAMHS provision meets locally identified needs.

Theme 4 - To be accountable and transparent

- Collaboratively commission with NHS England to ensure clear and smooth care pathways in relation to step up and step down Tier 4 provision.
- Develop a clear and quality data dashboard across the Healthy Child Provision to allow the integrated commissioning executive rapid access to performance measures across the range of provision.

Theme 5 - Developing the workforce

- Develop a comprehensive workforce development strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported and implemented across all providers involved in the delivery of a tier less service.
- Support workforce development programmes that assist young people's transition into adulthood before they reach 18 years old, targeted at post 16 support services, further education and outside of school provisions.
- Support Children and Young Peoples Improving Access to Psychological Therapies attendance from local service providers on an ongoing basis.
- Monitor and develop the Healthy Child Programme workforce in terms of service user feedback to ensure cultural shift in their service delivery approaches.

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2. Introduction

This 2016 Kirklees CAMHS Transformation Plan Refresh (The Refresh) has initially been approved by the Chair and Vice Chair of the Kirklees Health and Wellbeing Board pending full approval at the next Health and Wellbeing Board meeting. The Refresh should be read in conjunction with our original Transformation Plan published in December 2015. As part of the national assurance of Transformation Plans, all plans are being refreshed; the Refresh together with other information is available at www.kirklees.gov.uk/futureinmind.

The Refresh adopts recommendations from the initial Key Lines of Enquiry (KLoE) developed in 2015 to support the first publications of Local Transformation Plans. Therefore the format of our Refresh is presented across the five Future in Mind themes, as was our original 2015 Transformation Plan.

Our original Transformation Plan gave us the opportunity to set out our five year vision for the transformation and improvement of children and young people's emotional health and wellbeing. As part of this vision we articulated an ambitious plan, which was wide ranging and underpinned by whole system change. The plan sought to significantly improve our provision across the whole spectrum of services including: health promotion and prevention work, support and interventions for children and young people having existing or emerging mental health problems, as well as their transition between services. Our long term vision for each of the themes was set out clearly in the original Transformation Plan, and remains our overarching long term ambition.

We are pleased that as a partnership we have made significant early progress on our targets and have achieved a number of priorities. We had a total of 51 priorities, 29 of which were to be achieved in year one of our local implementation. The priorities to be achieved by 2020 will continue to be refreshed annually.

By using local evidence and applying the commissioning cycle to our priorities, we have revised and deleted some priorities to reflect the most up-to-date position. We will continue to use the tracker document (see Appendix A) to performance manage our local priorities, some of these priorities will be new, and some will be ongoing through to 2020. We are also pleased to report that by utilising the new investment for the Transformation Plan, we have to date increased staffing numbers within our CAMHS provision by 13.7 whole time equivalent staff. This has ensured that 296 more young people will receive a service in 2016/17 than in the previous year.

The Refresh summarises our achievements so far, and articulates those priorities which still require more rigour and focus to achieve our vision and ambitions in the original plan. The Refresh reflects and identifies opportunities for developing

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approaches within the emerging national and local policy context, particularly the Five Year Forward View for Mental Health, the local NHS Sustainability and Transformation Plan, the emerging Kirklees Early Intervention and Prevention model and the Kirklees Early Help offer.

The key to achieving our ambitions for children and young people's emotional health and wellbeing, is to implement whole system change, ensuring we respond to stakeholder views, influencing the wider determinants of poor emotional health and wellbeing, alongside improving access to timely, high quality services for those children and young people who need them. We need to ensure that children and young people's needs are met at the lowest possible tier, supporting and skilling up the workforce at all levels to achieve this aim.

Our original plan stated our aim to integrate a number of programmes to ensure they focused on improving the emotional health and wellbeing of children, young people and families in Kirklees. Inter-dependent programmes included; the emerging schools as Community Hubs, our new Early Intervention and Prevention offer, our Early Help offer, the planned Heathy Child Programme tender, and the development of the Social, Emotional and Mental Health Difficulties (SEMHD) offer and provision.

Currently, these programmes are solidifying in terms of delivery models and outcomes that will be achieved. We have ensured the front line integration of the programmes by mirroring our commissioning intentions through each programme and aligning outcomes and outcome measures. This has involved an increased integration of strategic planning and commissioning between our local Clinical Commissioning Groups, Public Health, Schools and Children's Service provision.

Appendix A summarises our local priorities and assessment of our progress to date against each priority from the 2015 Transformation Plan.

The catalyst for driving forward this integrated whole system change is the new Integrated Healthy Child Programme (see Appendix B) which is currently out to tender (October 2016) and includes the specification for a tier less CAMHS provision.

The specification and transformation of the Healthy Child Programme is based on evidence based approaches and practice but also draws heavily on the views and needs of children young people and families. The programme will emphasise new creative and innovative approaches, testing out non-traditional models to improve emotional health and wellbeing of children and young people.

Appendix C details the Kirklees baseline delivery progress for the period of 2015/16 including figures relating to finance, staffing and delivery activities.

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3. Baseline Needs and Current Services

A comprehensive picture of baseline needs and current service provision is detailed in the full Transformation Plan which can be accessed via this link. However, there are areas where we have subsequently gathered further intelligence and data to inform the Refresh which are outlined below.

We have drawn on local data to highlight our population challenges and health and wellbeing gaps to inform local sustainability and transformation approaches. We know we have a number of challenges locally including, low levels of physical activity, high levels of obesity and unemployment (in the adult population). This has led to the identification of a number of challenges including the need to:

- Enable more people to start, live and age well – especially in our more disadvantaged communities.
- Ensure more people live in healthier communities, have decent housing and participate in appropriate work.
- Improve resilience and enable healthy behaviours.
- Support people to take more responsibility for their own health and shift attitudes towards health and social care entitlement.
- Do more to prevent illness and intervene earlier when people get ill and our response needs to be proportionate to the levels of need in different groups.
- Narrow the inequalities in health outcomes across Kirklees.

The Kirklees Joint Strategic Assessment (KJSA) reflects our ambition to balance information about health needs with information about assets. The new KJSA provides a comprehensive picture of the health and wellbeing of the Kirklees population and is used to inform the commissioning strategies and plans of the council, CCGs and the local voluntary and community sector. The KJSA is updated on an ongoing basis when new information and intelligence is available. The Refresh takes account of identified mental health and emotional wellbeing needs which were updated in September 2016.

Implementation of our CAMHS Transformation Plan and the Healthy Child Programme has been identified in The Kirklees Sustainability and Transformation Plan as a high level intervention to help respond and address these challenges. This is in line with Recommendation 1 of The Five Year Forward View for Mental Health report from the independent Mental Health Taskforce to NHS England in February 2016.

Draft

4. Service Provision Update

The following provides an update which reflects our local CAMHS provision as it currently operates. Post April 2017 a tier less system will be in place, based around best practice approaches from the Thrive Elaborated model.

4.1 Tier 2 CAMHS and Single Point Of Access Pilot?

Tier 2 CAMHS is currently delivered by Northorpe Hall Child and Family Trust in partnership with Locala CIC. The contract has been in place since December 2012 and expires on 31 March 2017. The service functions under the working title of ChEWS (Children's Emotional Wellbeing Service), providing short term targeted interventions for children and young people aged 5 to 19 whose emotional needs are impacting on their day to day lives.

ChEWS are commissioned to provide direct interventions to 818 young people a year but do not provide an immediate response service. Managing waiting times and waiting lists has been a continuing challenge due to referral numbers. An initially agreed stretch target providing an average waiting time of 9 weeks for ChEWS has been recognised as undeliverable with waiting times for direct support by ChEWS prior to April 2016, averaging at 13.5 weeks.

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A Single Point of Access (SPA) Pilot provision has been in place since 1 April 2016 being provided by Northorpe Hall Child and Family Trust. The SPA functions under the working title of ASK CAMHS. The service provides access to support for those aged 0 -19, who are registered with a Kirklees GP and whose emotions are impacting on their daily functioning. In the 6 months since the pilot was implemented ASK CAMHS has received 1,443 initial support request calls. Signposting, advice and appropriate intervention approaches are dealt with by ASK CAMHS either at the time a support request is received or when the referrer is contacted.

This new Single Point of Access Pilot has resulted in referrals being seen by the ChEWS provision, which historically would have gone directly into Tier 3 CAMHS. Whilst this new approach has facilitated reduced waiting times for Tier 3 CAMHS, it has negatively impacted on ChEWS capacity and ability to deliver to their waiting times, which have progressively increased from 9.5 to 17.7 weeks in September 2016.

All children, young people and families of children waiting to access support from ChEWS receive telephone support from a counsellor and informed of the offer of acceptance into the service and invited to access support again after 28 days of waiting and again at 60 days of waiting, or at any time if concerns about the child or young person change. Increasing waiting times and waiting lists are under

consideration by commissioners, being incorporated into the ongoing Healthy Child Programme tendering process, which includes Tier 3 CAMHS, ChEWS and the ASK CAMHS pilot.

4.2 Tier 3 CAMHS

The Tier 3 provision has seen improvements in performance and outcomes this year as a result of investment using Future in Mind funding together with wider system changes and investment.

Referrals into Tier 3 have historically been between 160 and 200 a month across Kirklees, excluding Autism Spectrum Condition. Since implementing the Single Point of Access in the Tier 2 provision this has reduced Tier 3 referrals to between 50 and 100 a month, excluding Autism Spectrum Condition.

This is a significant decrease and is starting to reduce pressure on the Tier 3 provision. Impact has also been seen on referral sources for Tier 3, prior to the Single Point of Access referrals were predominantly from G.P.s but under new arrangements this has significantly reduced as have most referral sources. In the longer term this should reduce pressure on Tier 3 resources.

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Inappropriate referrals have also reduced significantly from 28 in September 2015 to 6 in August 2016. Waiting times are reducing due to the extra investment and early impact of having a Single Point of Access in place. This has meant the average wait for a choice appointment for generic CAMHS has reduced from 30 days in September 2015 to 14 days in August 2016. The average wait between partnership appointments has also reduced from 192 days in April 2016 to 136 days in August 2016.

However, analysing referral to treatment times we see a longer wait and a differing picture. The Kirklees overall average waiting time from referral to treatment is currently 191 days, around 6 months.

It is also worth noting that a majority are seen sooner than the average waiting time, so looked after children receive a partnership appointment within an average of 21 days, in August 2016 100% of all of those in crisis were seen within 4 hours.

This reduction in waiting times has not been as dramatic as anticipated, but as the extra investment and whole system changes start to function we expect further reductions in waiting times throughout the Tier 3 provision. We are now seeing active caseloads at Tier 3 reduce steadily from 348 in September 2015 to 308 in June 2016 to 266 in August 2016. This excludes Autism Spectrum Condition cases. Therefore we anticipate that as there are fewer cases to be allocated to partnership appointments, the waiting times will decrease.

4.3 Autism Spectrum Conditions (ASC / ADHD)

Locally our Autism Spectrum Condition provision has historically been included within a number of other provisions including, Speech and Language Therapy, Occupational Therapy and CAMHS Tier 3, but without any identified resource or clear specification. This means we have had a significant backlog of children waiting for an Autism Spectrum Condition diagnosis with 170 children and young people waiting under 12 months and 130 waiting between 12 and 24 months. In October 2016 of the 56 who have been waiting over 24 months for an appointment 6 are booked in for assessments or feedback.

We have invested in a focused initiative to reduce waiting lists and waiting times. So far 54 assessments have been undertaken, 196 children and young people are currently on the waiting list and will be assessed by June 2017. We have invested a significant amount in a new Autism Spectrum Condition provision as part of the Healthy Child Programme which will be clearly specified and compliant with National Institute for Health and Care Excellence (NICE). It is worth noting that we are seeing an increased number of referrals locally for Autism Spectrum Conditions, referrals have increase from an average of 13 a month to an average of 17 a month. This has resulted in there still being 356 young people waiting for an Autism assessment in September 2016.

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Referral rates are being reviewed as they are much higher than would be expected for our local population. We are also reviewing the pre -assessment/triage process as the diagnostic rate following assessment is much lower than we would expect at 60%.

Waiting times for Attention Deficit Hyperactivity Disorder (ADHD) are longer than we are comfortable with; they have reduced from 182 days in September 2015 to 113 days in August 2016 and there are currently 46 young people waiting for treatment. We intend to utilise some of the NHS England non-recurrent funding to reduce these waiting times to respond to front line service delivery needs in this area.

4.4 Eating Disorder Provision

The Regional Eating Disorder provision commissioned by Kirklees, Calderdale, Barnsley and Wakefield is operational. It meets nationally identified access and waiting time standards and is delivering the core service elements of:

- **Specialist assessment and therapy/treatment**: founded on NICE guidance Eating disorders in over 8's: management and with an identified care co-ordinator.
- **Physical health assessment and support**: through close liaison with paediatricians and robust shared care protocols with GPs.

- **Dietetic support**: including nutritional rehabilitation planning.
- **Education and training**: supporting primary care, education and social care professionals.
- **Crisis and Intensive Home-Based Treatment**: 24/7 access to emergency assessment (typically in A&E departments and paediatric wards) and subsequent short-term intensive support.

Local pathways and protocols relating to physical health development and support are being further developed with Paediatricians and GP's to ensure roles and responsibilities are clear relating to this aspect of the core provision. As of 31 July 2016 there were 45 open cases across Kirklees which is an increase of 16 from the previous year. The full impact of the Eating Disorder Provision has yet to be quantified.

4.5 Crisis Provision

Since the implementation of our Crisis Provision and Home Treatment Team an average of 25 referrals a month are received as an emergency, primarily through A & E or Paediatric Services. In August 2016 100% of these referrals were being responded to within 4 hours. Were required the Crisis Provision also supports the Eating Disorder Provision by providing intensive home based treatment.

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4.6 Tier 4 Provision

In 2015/16 there were 5 admissions within the North Kirklees Clinical Commissioning Group area and 164 occupied bed days, compared to 5 admissions in 2014/15 and 477 occupied bed days. During this period children and young people were placed an average of 21 miles away from home, the furthest placement was 29 miles away from home, with 66.7% of children and young people being placed in the Yorkshire and Humber region.

In 2015/16 in the Greater Huddersfield Clinical Commissioning Group area there were 15 admissions equating to 1,951 bed days, compared to 7 admissions and 782 bed days in 2014/15. Children and young people were placed an average of 24 miles away from home, the furthest placement was 74 miles away from home, with 47% of children and young people placed in the Yorkshire and Humber region.

We have witnessed an increase in Tier 4 admissions particularly in the Greater Huddersfield Clinical Commissioning Group area, whilst 3 related to eating disorders, the biggest increase is within general in-patient admissions, which increased by 7 admissions. Actions to address this are set out in Theme 2.

5. Key Engagement Messages

In 2016 we have undertaken a variety of engagement activities with children, young people and families in relation to their experience of current service provision and their vision for what a transformed provision should look like. We have engaged with over 1,200 young people and 147 parents and carers as part of the process.

Engagement has been undertaken in four distinct ways:

1. Engaging with individuals and groups to inform the re-design of the Healthy Child Programme and particularly the new Autism Spectrum Condition Provision / Learning Disability provision and Thrive Elaborated model. See www.kirklees.gov.uk/futureinmind for the summary of feedback and timetable of engagement events.

2. An exploration of the child's journey through the local CAMHS System undertaken by an external consultant using the following tools; Call for evidence included 46 returns from children and young people, parents, carers and schools, best practice reviews, case file audits, focus groups and 1 to 1 meetings.

3. A Transformation Plan Refresh Questionnaire, which we are currently using to engage a wide range of stakeholders throughout Kirklees on our priorities, and confirm what our future priorities should be.

4. The Kirklees Council Scrutiny Panel CAMHS report, was incomplete when the original 2015 Transformation Plan was published. This engaged with a number of stakeholders included children, young people and families.

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5.1 What are Children and Young People telling us?

The depth of information and feedback has been invaluable in terms of this Refresh and influencing the new Healthy Child Programme specification. It would be impossible to present the findings in their entirety, so below are some quotes from children and young people that articulate their experiences of the CAMHS system.

Young people's experience of the CAMHS system appears to vary widely. There were some good experiences:

"I would not be alive now if it wasn't for them"

"I found it really helpful and showed me new ways of coping and overcoming my situation"

"It's helped to take the bad things out of my mind"

And some experiences which highlight systematic failings of the current provision:

"although they offer to listen to you there is (sic) no plans put in place for sessions and you just feel like you are going over the same thing. It would be better if it was like a telephone service where you had access to the number if you were feeling down and wanted to talk, as most of the time when I used to get there I felt ok but when I was feeling low I had to wait until appointment time"

"I am now 17 years old and am currently in crisis with no support…I was referred to CAMHS in 2011. My GP made 9 referrals in total before I was seen…I saw someone 4 times every 4 weeks and then they left. I waited another 8 months for another appointment, during this time I attempted suicide 4 times …(story of several years of treatment) I saw someone (recently) Z told me I needed anger management and referred me to CHEWS. She discharged me from CAMHS. I saw someone at CHEWS and they didn't do anything around anger management. They can no longer work with me and I am waiting for CAMHS again. My recommendations are:

1. *There needs to be an emergency line to call for advice, help or immediate support.*
2. *Once they receive a referral they should see you in 1 week.*
3. *You should not be switched from one worker to another.*
4. *You should be seen as often as you individually feel you need.*
5. *CAHMS hospital workers need to learn to listen.*
6. *NHS and the council should make funding available for respite or residential care for children at the greatest risk'.*

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Feedback triangulates with our assessment against the Future in Mind priorities as detailed in the 2015 plan and what we know are our strengths and weaknesses through the system. Overall children and young people feedback has told us that our systems need to reflect the following:

- Services need to be accessible: relating to providing relevant access hours, being local in places children, young people and families know, some could be in school, some not and instant access to advice.
- Use fun activities including ones that can be done with friends and family.
- Importance of relationships.
- Being seen quickly.
- Having access to a support line when needed.
- Supporting their families and friends to be able to help them.
- Need to be able to trust those they talk to.
- Need for services to talk to each other and know about each other so they can be signposted.

- Concepts of feeling safe relating to, the environment; their community and opportunities to talk.

This feedback is reflected in our Transformation Plan refreshed priorities forming the basis for our service provision moving forward.

5.2 What parents and professionals are telling us?

Parental feedback on the current system focused on and highlights the excessively long waiting lists for CAHMS (Autism Spectrum Condition up to 3 years) and ChEWS which has impacted on their child's behaviour and wellbeing in and out of school and family life. Access and response times were highlighted as a major issue.

> *"Nothing worked well, CAMHS was completely unresponsive to our needs, had no flexibility whatsoever, were completely closed, not open to alternative ideas, dismissive of anything that wasn't ADHD"*
>
> *"Everyone is different and what was offered to my daughter did not work for her. I feel they should have worked with her and us more to overcome her difficulties. Resources are clearly insufficient!"*

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A key emerging theme throughout the engagement was that services were seen as un-responsive. Parents felt there were levels of complexity in their child's case and their child did not easily "*fit into a box*", that workers' attitudes were generally one of '*I can see the needs*' but "*it's not my job to provide that service*". This feedback has heavily influenced the Healthy Child Programme specification particularly around what we would expect of the whole workforce in relation to attitudes and models of co-production and whole family involvement in care and care planning.

Professionals' feedback identified they would like to be able to share their expertise and knowledge with the wider workforce so they could feel more confident to "*hol*d" cases for longer. Professionals would like to be more flexible and integrated with other provisions. But the way services are currently commissioned combined with existing contract and monitoring arrangements can force services to work in silos.

Engagement feedback has been the basis for the re-design of our current services through the Healthy Child Programme tendering processes, by influencing and informing the service model, outcomes and key performance indicators included in the tender specification and the Refreshed Plan.

5.3 CAMHS Scrutiny Report and Safeguarding Child's Journey Review

Recommendations from the CAMHS Scrutiny Report and the Safeguarding Children Board Child's Journey Review have informed the Healthy Child Programme specification and this Refresh. Both reports will be published at www.kirklees.gov.uk/futureinmind, the main points from the Scrutiny Report were:

- That the process for referrals into the system should become more accessible and transparent, and that processes should be widely publicised, particularly amongst key stakeholders.
- That improved clarification is provided on the pathways both into and within the CAMHS system to provide transparency, access and understanding of the operation of service provision.

The Child's Journey Review identifies that there are good plans in place to improve specific CAMHS services, but there are still significant challenges to achieve this.

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What is going well and what is improving

"The service saved my life".
(Young person interviewed as part of the review).

1. A positive environment for change.
2. A strong start to the delivery of the Transformation Plan.
3. Improvement in waiting times for initial assessments.
4. Partner agencies are addressing emotional wellbeing

What is going less well?

"When I feel really bad, they don't ask how I am feeling. There is nowhere to go to help me and my mum when I am not feeling well in my head. It takes a very long time in the car to go and see the CAMHS Dr. The room we go in is scary and small. I feel like I am being watched to see how I behave".
(Young person interviewed as part of the review).

1. A lack of strategic connection resulting in services that are not client centred and miss opportunities for joined up working and joint commissioning.
2. A lack of co-ordination in early help, intervention and prevention.
3. Systems and processes are not yet fit for purpose.
4. Transitions arrangements are poorly managed and difficult.
5. The attitude and behaviour of the workforce is perceived as unhelpful and current systems reinforce negative behaviours and do not provide adequate support.

6. Over-reliance on a ‘medical model’ of mental health and well-being.
7. No culture of “never do nothing”.
8. Too much variation in quality of knowledge and practice across services.
9. A lack of adequate support for families.
10. Lack of evidence base to inform best practice.
11. Significant gaps in service delivery and workforce development.
12. Resource pressures

Where applicable and appropriate recommendations have been incorporated into the Healthy Child Programme specification. Any remaining recommendations will be referred for ongoing consideration and review by the Kirklees Safeguarding Children Board.

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6. Theme 1. Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people.

Chapter 4 Future in Mind

What will our transformed provision look like?

> ***"Our aim is to act early to prevent harm, by investing in the early years, supporting families and those who care for children and building resilience through to adulthood. Strategies should be developed in partnership with children and young people to support self-care. This will reduce the burden of mental and physical ill health over the whole life course"***
> *Kirklees CAMHS Transformation Plan 2015*

6.1 How does our transformed provision look now?

Since October 2015 we have taken a major step forward to achieve this aim, with the re-design and procurement of the Kirklees Healthy Child Programme. This includes a re-design and re-specification of our current arrangements for health visiting, school nursing provision, as well as the Tier 2 and Tier 3 CAMHS provisions, newly funded Autism Spectrum Condition provision and CAMHS Learning Disability provision. In partnership with children, young people and families we have formulated a cohesive set of outcomes.

The Healthy Child Programme is currently out to tender and we anticipate a contract award in December 2016. The Kirklees Healthy Child Programme covers the whole spectrum of services and programmes for children and young people's health and wellbeing, from health improvement and prevention work, to support and interventions for those who have existing or emerging health problems. Whilst also supporting transformation of the workforce by re-skilling and capacity building within provisions.

By integrating Kirklees CAMHS Transformation Plan priorities into the new model, the Healthy Child Programme will kick-start change in services to improve outcomes for children, young people, their families and communities.

The development of the Healthy Child Programme has been overseen through our integrated commissioning arrangements across Greater Huddersfield Clinical Commissioning Group, North Kirklees Clinical Commissioning Group and Kirklees Council.

This has resulted in an integrated, whole system specification which drives and delivers a front line delivery model for children, young people and families. Integration of services into a model which focuses on the Thrive Elaborated model intervenes at the earliest possible opportunity and takes a life course approach, which will ultimately ensure children and young people get the right help at the right time.

This strategic approach is supported by the implementation of one lead commissioner, one budget and one set of outcomes for the whole provision. This is underpinned by a formal agreement under Section 75 of the NHS Act 2006, which has enabled the local authority and Clinical Commissioning Groups to enter into partnership arrangements regarding budgets.

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6.2 What our transformed provision will look like in April 2017 and beyond?

The re-design of our Healthy Child Programme has enabled us to achieve a number of Year 1 and Year 2 objectives outlined in the December 2015 Transformation Plan, including:

- Rolling out across our schools a links pilot in conjunction with to our policy for the Social, Emotional and Mental Health Difficulties (SEMHD) Continuum. We are also developing a bid for a Free School with all partners. This will focus on early intervention and prevention for children and young people with SEMHD and will align closely with the work of the Pupil Referral Service, offering a range of strategies and provision for both the child and the host school. It is anticipated that it will work with all our children and young people and will form part of the wider continuum work, ranging from detailed expectations of schools, clear guidance about the role of other agencies, and the role of more specialist services.
- Building on our collaborative commissioning arrangements with schools through alignment with the Schools as Community Hubs Programme. School Hub Leaders have been engaged in the development of the Healthy Child Programme specification which includes CAMHS and CHEWS services. Through the school hub infrastructure over 1,000 children, young people and families have contributed to the design of this commission.
- Building into the Healthy Child Programme specification the principle of co-production with children, young people and families for peer education and other programmes or interventions required.
- Embedding the nurturing parent programme across the Healthy Child Programme provision with the aim of integrating this approach into wider provision including our Early Help offer, our Early Intervention and Prevention programme and a number of voluntary sector providers. A key element of the Early Help Hub proposal is to develop a way of working to provide consultation, coaching and co-working between partner agencies that are working at different levels with families. This will offer timely advice and expertise to prevent escalation into more specialist and costly interventions. This means families get the right help at the right time, reduces the need for multiple workers and helps secure engagement through a warm handover, when a face to face intervention is required.
- Focusing support of development of improved attachment between parents and children through the nurturing parent programme.
- Developing a range of social media based interventions to support children and young people to be resilient.
- Alignment of the Healthy Child Programme provision with our local Early Intervention and Prevention model including our Early Help offer.

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6.3 What are our most challenging priorities to achieve?

The following priorities still require further rigour and attention as part of the 2016 Refresh of the Plan. The following objectives will be addressed in the following years through the annual refreshing of our Transformation Plan:

1.8 We will implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues. We will embed this within the Personal, Social, Health, Citizenship and Economic Education (PSHCE ed) curriculum.

1.11 Develop a training and support component regarding Emotional Health and Wellbeing for School Governors to be part of their ongoing training.

1.12 Award the Healthy Child Programme Tender and begin the transformation of service provision.

1.13 To ensure the developing Healthy Child Programme integrates with the schools as community hubs programme, our Early Intervention and Prevention offer, our Early Help offer, the SEMHD continuum and supports the required outcomes in our local Sustainability and Transformation Plan.

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Resulting from accomplishments to date and long term delivery the following will be realised:

- **Improved public awareness and understanding, where people think and feel differently about mental health issues for children and young people where there is less fear and where stigma and discrimination are tackled.**
- **Children and young people will have timely access to clinically effective mental health support when they need it.**
- **Improved access for parents to evidence-based programmes of intervention and support to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour.**
- **Mental health support will be more visible and easily accessible for children and young people.**
- **Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.**

7. Theme 2. Improving access to effective support – a system without tiers.

Chapter 5 Future in Mind

"Our aim is to change how care is delivered and build it around the needs of children and young people and families. This means moving away from a system of care defined in terms of the services organisations provide to ensure that children and young people have easy access to the right support from the right service at the right time"

Kirklees CAMHS Transformation Plan 2015

7.1 How does our transformed provision look now?

We have fully completed some and partially completed a number of local priorities which address improving access to effective support. We have implemented a number of improvements and changes to the current system which have required further investment including:

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- Increased front line capacity in Tier 2 and Tier 3 provision including investment to reduce waiting times and the Single Point of Access to improve co-ordination, reduce waiting times and provide a one stop shop approach for advice and consultation. We have also invested in capacity for Autism Spectrum Condition assessments to reduce waiting lists and waiting times.
- Piloting of a local Schools link pilot jointly with Educational Psychology, Tier 2 and Tier 3 provision and selected schools.
- Establishment of a new Eating Disorder Provision across Kirklees, Calderdale Barnsley and Wakefield currently meeting the access and waiting time standards for eating disorders.
- Our local crisis model ensures that children and young people are assessed within four hours, this includes a home treatment provision and utilises the all age Psychiatric Liaison Service to achieve this in line with Recommendation 18 from the NHS England Five Year Forward View for Mental Health report.
- Pilot of the "Brain in Hand" app http://braininhand.co.uk to help children and young people manage their condition, with the view of expanding this in the future to the whole CAMHS provision.

7.2 What our transformed provision will look like in April 2017 and beyond?

Through our Healthy Child Programme tender we have re-designed a number of service changes, which from April 2017 will begin to improve access to the right support at the right time for children young people and families including:

- Specifying a new tier less provision based on the Thrive Elaborated model which will assess and address presenting need.
- Specified a School Link model to be rolled out throughout Kirklees.
- Included recurrent investment in a new NICE compliant Autism Spectrum

Condition assessment and support provision.
- Specified a CAMHS Single Point of Access which is incorporated into the new provision to pull together and co-ordinate a wider range of provision across our Early Intervention and Early Help offer.
- Re-designed our Learning Disability Provision to be included in the Healthy Child Programme tender and co-located within the local authority Disabled Children's Provision, and ensure these roles focus on providing a link to Education Health and Care Plan assessment and planning processes.
- Specified CAMHS link workers in the new provision for schools and primary care.
- Specified the new Healthy Child Programme provision will meet the proposed waiting time and access standards anticipated from April 2017.

7.3 What are our most challenging priorities to achieve and how will we achieve them?

We still have work to do over the coming years on a number of areas that present significant challenge. This includes reducing waiting times across the system in anticipation of the new waiting time and access standards, developing our local markets with NHS England to improve Tier 4 provision locally, and developing case management functions for children and young people being discharged from Tier 4 placements.

As outlined in the needs assessment section of this refresh, we have reduced waiting times, but not as significantly as anticipated. This is partially due to the historic position in Kirklees of under investment in provision, and partially to be due to increased demand for certain provisions such as Autism Spectrum Condition assessments and crisis referrals, which reflects locally with the national picture.

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In 2016/17 and beyond we expect to see further reductions in waiting times as a result of the increased investment in the CAMHS system across a range of our local Transformation Plan priorities. However, we also recognise the need to undertake a new focus on in-year waiting time reductions. We will be utilising non-recurrent NHS England funding announced in October 2016 to ensure a progressive reduction in waiting times from April 2017.

There are challenges to this being successful, including:

- Recruitment issues of required professionals, we are now seeing a shortage of some professions including psychologists and psychiatrists.
- Increased demand for mental health professionals as a result of the national transformation programme is also causing recruitment issues.

We will manage and attempt to mitigate risks by working closely with providers to ensure creative solutions are found and by working with regional commissioners and colleagues from partnering Clinical Commissioning Groups.

We are working closely with NHS England in terms of the market development and preventing admission to Tier 4 provision. We can see from our 2016/17 in-patient data that there has been a significant increase in the Greater Huddersfield Clinical

Commissioning Group area for in-patient care which needs to be addressed. This will be achieved locally by further strengthening the Crisis and Home Treatment Provision to manage children and young people's needs at home.

NHS England has commenced a national Mental Health Service Review and established a national Mental Health Programme Board to lead on this process. The Mental Health Service Review will be locally directed and driven so services meet the needs of local populations. Yorkshire and Humber NHS has commenced procurement of general adolescent and psychiatric intensive care inpatient services ahead of the national timescales.

The way procurement is organised will mean the Yorkshire and Humber area will be divided into three geographical Lots for provision of services. West Yorkshire is part of Lot 2 which includes North Yorkshire and York. Timescales are yet to be announced.

A detailed piece of work has been carried out to assess the numbers of beds required and in which geographical locations.

NHS England is leading a new programme, announced in Delivering the Forward View, NHS Planning Guidance 2016/17, which aims to put local clinicians and managers in charge of both managing tertiary budgets and providing high quality secondary care services.

The Foundation Trust area of Tees, Esk and Wear Valley were selected as one of the first-wave provider sites, covering the North East and North Yorkshire. Findings from this first wave which went live in October 2016 will be incorporated into work in our region to provide the incentive and responsibility to put in place new approaches which strengthen care pathways to:

- improve access to community support
- prevent avoidable admissions
- reduce the length of in-patient stays and,
- eliminate clinically inappropriate out of area placements

It is clear from the CAMHS benchmarking that there is significant variation in usage of Tier 4 beds as well as the length of stay in these units. Data show links between this utilisation and lack of Intensive Community CAMHS services available in a Clinical Commissioning Group area.

It is envisaged that developments of CAMHS Transformation Plans provide significant opportunities to develop Intensive Home Treatment and Crisis Services to reduce the need for admission.

To improve the quality and outcomes for children and young people we will work closely with identified lead commissioners in Yorkshire and Humber to ensure that CAMHS Service Review and local plans link with Sustainable Transformation Plan (STP) footprints. This will enable better understanding of variations that exist across the region and identify opportunities to challenge this to ensure equity of access, outcomes and experience for all patients.

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The aim is to develop greater understanding of patient flows and the functional relationship between services to work with commissioners and providers to support new and innovative ways of commissioning and service provisions. This work will continue collaboratively through the Children and Maternity Strategic Clinical Network which involves all relevant stakeholders.

The following priorities will address our gaps and areas for development and ensure we are compliant with the Future in Mind recommendations, and meet identified needs highlighted by local data and consultation with young people and families which includes:

2.2 Increased front line capacity within Tier 2 and Tier 3 provisions to reduce waiting times and improve access for children and young people. This priority beyond April 2017 will relate to the Healthy Child Programme and Thrive Elaborated model.

2.2a To further reduce the ASC waiting times and backlog across Kirklees through the backlog initiative and new models and ways of working in the Healthy Child Programme.

2.3 To reduce generic CAMHS waiting times for referral to treatment to 3 months by January 2017, and to 10 weeks by the 31st of March 2017.

2.9 Work with our A & E Improvement Groups to Design and implement all age psychiatric liaison provision in line with the "Core 24" service specification. Where appropriate we will work on a regional basis across acute footprints to develop collaborative approaches. To strengthen our home treatment provision in order to prevent Tier 4 admissions and prevent admissions to local acute provision.

2.11 Develop our Tier 4 markets collaboratively with NHS England supporting the development of Learning Disabilities / CAMHS inpatient provision, transition and transforming care.

2.12 Providing a case management function that co-ordinates care and discharge for those young people in Tier 4 settings and those requiring a "step down" placement.

2.13 Further strengthen the crisis and home treatment provision in order to prevent the need for Tier 4 inpatient care.

The above will work towards achievement of the following:

a. **Care is built around the needs of children, young people and their families.**
b. **Children and young people will have timely access to clinically effective mental health support when they need it.**
c. **Increased use of evidence-based treatments with services rigorously focused on outcomes.**
d. **Improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible.**
e. **Mental health support is more visible and easily accessible.**

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8. Theme 3 - Caring for the most vulnerable.
Chapter 6 Future in Mind

Vulnerable children and young people

> "***The need to provide both targeted and specialist mental health interventions, to those children most at risk of developing poor mental health is an essential aspect of any CAMHS system. The need to provide a flexible approach to this provision to engage the most vulnerable is key to engagement and retention of children and young people in CAMHS provision. These children often experience multiple vulnerabilities and can lead chaotic lifestyles, and live in families where there are also multiple parental vulnerabilities***"
> *Kirklees CAMHS Transformation Plan 2015*

8.1 How does our transformed provision look now?

We have invested in a discrete provision for the most vulnerable groups providing support and interventions that are flexible to meet the needs of looked after children, those at risk of experiencing Child Sexual Exploitation and those children in the Youth Offending Team system. We have invested in this provision in two main programmes:

- Procurement of discrete interventions for the most vulnerable groups in Kirklees, to meet the immediate needs of this group.
- Invested recurrently in a new flexible multi-agency team to meet the needs of the most vulnerable children which comprises of, a minimum of 1 Full Time Equivalent (FTE) Psychologist, 1 FTE Psychotherapist and 1 FTE Tier 2 worker.

The discrete provision incorporates input into our new Family Drug and Alcohol Court model, which from April 2017 will be delivered by the new Healthy Child Programme as part of the new multi-agency team for vulnerable children.

We have worked with the Kirklees Safeguarding Children Board to further understand vulnerable children and young people's experience of the CAMHS system as a whole. This resulted in a commissioned review by an independent consultant examining the Child's Journey through the CAMHS system. The comprehensive findings and recommendations have informed the re-design and Healthy Child Programme tender of the proposed new multi-agency provision for vulnerable children.

8.2 What our transformed provision will look like in April 2017 and beyond?

The new Healthy Child Programme provision will develop its remit and model to increase integration across children services offering interventions, specialist support and training. This will result in the following changes:

- Priority will be given to vulnerable children and young people with a shorter waiting time standard than for Tier 3 CAMHS.
- Link workers who provide consultation support and advice to a number of groups including residential staff, foster carers, Youth Offending Team staff, Social

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workers, Stronger Families partner agencies and other key staff.

- Give priority to families who are part of our local Stronger Families Programme providing holistic support in a timely way.
- The Provision of forensic assessments to inform required provision, risk assessment and planning.
- Provision of ongoing psychological support to the Family Drug and Alcohol Court which help families whose children are put at risk by parental substance misuse and domestic abuse.
- CAMHS provision which supports to our local MASH (Multi-Agency Safeguarding Hubs) arrangement to determine the most appropriate course of action and outcome for a child or young person.

8.3 What are our most challenging priorities to achieve?

The majority of our local Transformation Plan priorities under this theme have been fully completed or partially completed and will be addressed by the new Healthy Child Programme provision from April 2017 onwards:

Remaining whole system challenges include:

- Supporting our local Sufficiency Strategy for looked after children to receive a provision locally, because Kirklees currently places a high number of looked after children out of area.
- A cohesive provision of CAMHS interventions for looked after children that have been placed out of area.
- The increasing number of looked after children locally which increased to 670 in October 2016.

Therefore, a focus beyond April 2017 will be for both Clinical Commissioning Groups to work closely with Kirklees Council to ensure the Sufficiency Strategy reflects the emotional health and wellbeing needs of our population and support developments required.

Another main challenge is ensuring quality CAMHS provision for looked after children placed out of area. Proposals to develop a regional CAMHS provision across the 10 Clinical Commissioning Groups in West Yorkshire and also Harrogate (*previously referred to as 10cc, now called Healthy Futures*) footprint were not progressed as they were not assessed as cost effective or covering the entire population of looked after children placed outside of our Healthy Futures region.

The following priorities will address gaps and areas for development outlined in this section. This will ensure we are compliant with the Future in Mind recommendations and meet identified needs highlighted by our local data and consultation with young people and families to:

3.4 Provide cohesive CAMHS provision for looked after children placed out of area.

3.5 Jointly develop the Kirklees Council Sufficiency Strategy to ensure

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residential looked after children CAMHS provision can meet locally identified needs.

The above will achieve the following:

- **A better offer for the most vulnerable children and young people, making it easier for them to access the support that they need when, and where they need it.**
- **Increased use of evidence-based treatments with services rigorously focused on outcomes.**
- **Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.**

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9. Theme 4. To be accountable and transparent.
Chapter 7 Future in Mind

Clarity of provision and progress

To enable transformation of our service provisions, deliver better quality care, improve standards and achieve the best outcomes for children and young people, accountability and transparency is essential.

Commissioning responsibility, budgets, performance activity and monitoring, often sit with different organisations within the commissioning system. This can cause confusion in relation to accountability for the whole CAMHS system.

9.1 How does our transformed provision look now?

Locally, we have built upon our integrated commissioning arrangements between Greater Huddersfield Clinical Commissioning Group, North Kirklees Clinical Commissioning Group and Kirklees Council. We have used the Transformation Plan processes and priorities as a catalyst to rapidly test and drive forward new and innovative ways of commissioning in partnership with other stakeholders.

Locally we have achieved the following in 2016/17:

- A lead Commissioner for the CAMHS Transformation Plan has the delegated responsibility for the Transformation Plan and ongoing monitoring, whole system CAMHS budget and associated contracts into a single arrangement.
- Published a CAMHS Transformation Plan which provides a transparent view of the proposed future CAMHS system.
- Arrangements are overseen and monitored by our local Integrated Commissioning Group.
- The Health and Wellbeing Board oversees the Transformation Plan development and monitored progress.
- We have a single CAMHS pooled budget arrangement governed by a formal Section 75 arrangement under the NHS Act 2006, which is near completion and will form the basis for the budget envelope of the new Healthy Child Programme.
- Developed through the Healthy Child Programme tender a clear dataset and process to ensure outcomes can be clearly monitored and reported to the Integrated Commissioning Group including the CAMHS minimum data set, the anticipated new waiting time standard and client level outcome data.
- Current contract monitoring arrangements include service user feedback by both Tier 2 and Tier 3 provisions, which will continue into the new Healthy Child Programme arrangements.

The following priorities will address our gaps and areas for development. This will ensure we are compliant with the Future in Mind recommendations, and meet identified needs

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highlighted by our local data and consultation with young people and families.

9.2 What will our transformed provision look like in April 2017 and beyond?

By April 2017 we will have awarded the Healthy Child Programme contract for Kirklees and will have in place:

- A single set of quality, performance and outcomes data across the whole emotional health and wellbeing provision. This will report to relevant bodies including the local Health and Wellbeing Board.
- The data set and service user feedback from co-production of provision will be used to inform the commissioning cycle processes across all partners.
- The Section 75 pooled budget arrangement covering the whole CAMHS system will be overseen by the Joint Commissioning Manager on behalf of Kirklees Council and both Clinical Commissioning Groups.

9.3 What are our most challenging priorities to achieve?

Future In Mind recommended that the commissioning oversight and budget for the whole CAMHS system should be with one lead organisation to avoid fragmentation which has been implemented in Kirklees.

A challenge remains in relation to the commissioning responsibility for Tier 4 provision remaining with NHS England. Close working between local areas and NHS England does reduce some of the fragmentation of commissioning responsibility, however the fact remains a key aspect of the local commissioning system is outside of the control of local areas, which is identified as a challenge.

We intend to formalise with NHS England input into our integrated commissioning structures to develop our collaborative commissioning of Tier 4 services. This will include a focus on the prevention of admissions and services that ensure smooth transition back to community care. The following will address our gaps and areas for development outlined in this section:

4.9 Collaboratively commission with NHS England to ensure clear and smooth care pathways in relation to Tier 4 provision.

4.10 Develop a clear data dashboard across the Healthy Child Provision to allow the integrated commissioning executive rapid access to performance measures across the range of provision

These actions will achieve the following in Kirklees:

- **Improved transparency and accountability across the whole system, to**

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drive further improvements in outcomes.

- **Increased use of evidence-based treatments with services rigorously focused on outcomes.**
- **Children and young people having timely access to clinically effective mental health support when they need it.**

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10 Theme 5. Developing the workforce
Chapter 8 Future in Mind

It is our aim that everyone who works with children, young people and their families is fully committed to ensuring every child and young person achieves goals that are meaningful and achievable for them. They should be excellent in their practice and able to deliver the best evidenced care, be committed to partnership and integrated working with children, young people, families and their fellow professionals, and be respected and valued as professionals themselves.

10.1 How does our transformed provision look now?

Our workforce ambition is a longer term transformation priority and needs a whole system approach to workforce development. Through our integrated commissioning arrangements locally we will develop a whole system workforce strategy to ensure our workforce is well trained to delivery evidence based care, and work in an integrated way.

In 2016/17 we have started a journey which requires considerable cultural change and development of the wider workforce. As part of our Healthy Child Programme consultation we received robust feedback in relation to the attitude of workers in particular and the lack of co-production and feeling of involvement in care. We have begun to address this in our Healthy Child Programme specification which sets our clearly the attitude, philosophy and skill sets we require to deliver transformational change. We have undertaken a number of actions to date to meet our Transformation Plan priorities for this theme including:

- Inclusion of CAMHS managers on the introduction to Children and Young Peoples Improving Access to Psychological Therapies (CYP IAPT) Programme in 2015/16.
- Supporting four places for CAMHS staff to participate fully in the CYP IAPT core curriculum in 2016/17 which are being financially supported using non recurrent funds.
- Provided training for parents in relation to managing difficult behaviours and also how to manage their own emotions through mindfulness training.

10.2 What will our transformed provision look like in April 2017 and beyond?

From April 2017 a number of Transformation Plan priorities will begin to be achieved by delivery of our new Healthy Child Programme including:

- Specialist staff in services within the Healthy Child Programme offer sharing their skills and expertise through delivery, training and support to wider children's service staff and parents where appropriate. This will be particularly focus on skilling up early intervention and universal provision to help increase children and

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young people's resilience.

- Implementing the CAMHS link model across health and social care staff including specialist workers from the Healthy Child Programme skilling up appropriate workers to be able to better "hold" cases and deliver interventions required to increase workforce capacity and competency.
- Full implementation of Children and Young People Improving Access to Psychological Therapies Programme and use of session by session outcome monitoring.
- The whole provision will begin to be co-produced by the providers, children young people and families to ensure needs are met in the right way so children young people and families are not "bounced" around the system when they may not meet specified assessment criteria.
- There will be a clear integrated data set and data dashboard to monitor performance across the CAMHS system.
- The Health and Wellbeing Board is overseeing strategic work across the wider partnership in respect of the workforce.

10.3 What are our most challenging priorities to achieve?

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With the scale of cultural transformation required across the system we need to formulate a comprehensive, well thought and well resource workforce development strategy across all organisations to ensure that by 2020 we have achieved our ambitions.

Only a whole system approach will achieve this aim. It is essential the workforce strategy is developed as part of our integrated commissioning arrangements and covers a number of staff groups across priority areas. Therefore, the development and implementation of this strategic vision for the workforce is a longer term priority that will need wider support through our governance processes for all services including the leadership of the Health and Wellbeing Board.

The following will be addressed in annual refreshing our of Transformation Plan, we will:

5.4 Develop a comprehensive workforce development strategy for CAMHS across Kirklees. The strategy will inform and direct how workforce development will be supported, and implemented.

5.5 Support Children and Young People Improving Access to Psychological Therapies Programme attendance by local service providers on an ongoing basis.

5.6 Monitor and develop the Healthy Child Programme workforce in terms of service user feedback to ensure cultural shift.

5.7 Support workforce development programmes that assist in young people's transition into adulthood before they reach 18 years old, targeted at post 16 support services, further education and outside of school provisions.

The above objectives will achieve the following outcomes in Kirklees:

- **Increased use of evidence-based treatments with services rigorously focused on outcomes.**
- **Professionals who work with children and young people are trained in child development and mental health, and understand what can be done to provide help and support for those who need it.**
- **Children and young people having timely access to clinically effective mental health support when they need it.**
- **Making mental health support more visible and easily accessible for children and young people.**

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Theme 1. Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people		
Year 1 – What we said we would do…….		
1.1 LPS 1	Redesign and implement a school nursing service that is more focused on emotional health and wellbeing, and provides an early intervention function across all educational settings. *Overlapping priorities: 1.3 and 2.1*	**Partially confident** A Healthy Child Programme (HCP) 0- 19 competitive tendering processes will see a new service in place by April 2017. The specification and successful bidder will be expected to influence progressive transformation approaches. A project plan and full risk log is in place to ensure the programme is delivered on time. The main risk for this priority is that we do not award the contract, whereby the new provision is not in place by April 2017. *Medium term achievement by March 2018*
1.2 LPS 2	Implement clear joint working arrangements and clear pathways between schools and emotional health and wellbeing 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. *Overlapping priorities 2.2, 2.4, 2.5 and 5.3*	**Partially confident** A schools link pilot programme has been developed between Tiers 2 and 3 CAMHS and the Education Psychology Service which includes providing named CAMHS lead contacts, has been rolled out in nominated schools and following evaluation will be developed to include further schools and options to support other transformation priorities. *Medium term achievement by March 2018*
1.3 LPS 3	We will have emotional health and wellbeing provision that is collaboratively commissioned with educational settings. *Overlapping priorities: 1.1 and 2.1*	**Partially confident** Community Hub concepts continue to be progressed and incorporated into the Healthy Child Programme tender to enable provision to be in place by April 2017 The nature of schools and pyramid associations creates levels of complexity in securing universal agreement for consistent approaches across Kirklees. The Healthy Child Programme when implemented will work with existing and emerging hubs to develop service provision and inform long term commissioning discussions. *Long term achievement by March 2020*

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1.4 LPS 4	We will 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.	**Partially confident** Pilot peer education programme has informed best practice approaches and incorporated into the Healthy Child Programme tender to enable provision to be in place by April 2017 to enable long term achievement of priority. *Long term achievement by March 2020*
Year 2 – what we are doing next (Refresh 2016 – 2017)		
1.5	We will integrate our currently commissioned services for "risky" behaviours through our learning and community hubs, to help deliver a common set of outcomes improving emotional health and wellbeing.	**Partially confident** Development of learning and community hubs is ongoing to take account of this priority.
1.6	The nurturing parent programme approach will be delivered throughout early help services, children's centres and voluntary sector provision, to improve the maternal bond.	**Partially confident** This priority is supported by existing providers and has been incorporated into the Healthy Child Programme specification to enable the provision to respond from April 2017 and support long term achievement of this priority.
1.7	To redesign and implement the healthy child programme 0 - 5, with increased focus on supporting the development of improved perinatal mental health provision, and improving attachment.	**Partially confident** The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of all relevant theme priorities.

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1.8	We will Implement a comprehensive training programme to develop children and young people's resilience, and raise their awareness of emotional health and wellbeing issues. We will embed this within the Personal, Social, Health, Citizenship and Economic education (PSHCE ed) curriculum.	**Not confident** PSHCE education resources are provided free of charge to schools but their use and delivery is inconsistent because of the non-statutory nature of PSHE within the educational curriculums. The independent nature of schools and their pyramid associations creates levels of complexity in securing universal agreement for a consistent approach across Kirklees. The Healthy Child programme will be expected to deliver to specification requirements from April 2017 which will look to support longer term achievement of this priority.
1.9	There will be a range of social media based interventions to provide support to children and young people and help build resilience.	**Partially confident** The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of this priority.
1.10	We will increase the range of innovative interventions available to children and young people to improve health and wellbeing.	**Partially confident** The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of this priority.
1.11	Develop a training and support component regarding Emotional Health and Wellbeing for School Governors to be part of their ongoing training.	**Partially confident** The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of this priority.

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Theme 2. Improving access to effective support – a system without tiers		
Year 1 – What we said we would do…….		
2.1 LPS 5	To re-design the specifications for Tier 2 and Tier 3 CAMHS provisions, transforming services to provide a "tier free" new service model that is based on the "Thrive" approach. *Overlapping priorities: 1.1 and 1.3*	**Fully confident** The re-designed specification has been completed and is included in the Healthy Child Programme 0- 19 competitive tendering processes. This will see a new service in place by April 2017 – the successful bidder will be expected to influence the expected progressive transformation approaches. *Long term achievement by March 2020*
2.2 LPS 6	Increase front line capacity within Tier 2 and Tier 3 provisions to reduce waiting times and improve access for children and young people. *Overlapping priorities: 1.2 and 2.7*	**Partially confident** Additional investment arrangements included re-profiling proposed budget spend to increase capacity within Tier2 and Tier 3 and ASD provisions and a new provision of a Single Point of Access (SPA) has begun to see a reduction in waiting times. The SPA is included the Healthy Child Programme competitive tendering process. The successful bidder will be expected to influence the progressive transformation approaches in reducing waiting times, which will ensure transformation by 2020. *Short term achievement by March 2017*
2.3 LPS 7	Provide a comprehensive eating disorder service across Kirklees, Calderdale, Wakefield and Barnsley in line with best practice and guidance issued.	**Fully confident** The Regional Commissioning Group co-produced a service model providing a service for 2016/17. This service is delivering to NICE guidance and waiting time standards. Procurement processes will work towards longer term delivery beyond March 2017 *Short term achievement by April 2017.*

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2.4 LPS 8	Implement Tier 2 and Tier 3 CAMHS Link Workers to directly liaise with and support schools, primary care and other universal provisions. *Overlapping priorities: 1.2 and 2.5*	**Partially confident** The schools link pilot programmed developed by Tiers 2 and 3 CAMHS and the Education Psychology Service includes providing named CAMHS lead contacts, this has been rolled out in nominated schools, pilot will be evaluated to include further schools. The development of the schools link model has been included in the Health Child Programme specification to be rolled out through Kirklees. *Short term achievement by April 2017*
2.5 LPS 9	Implement a joint training programme to support the link roles within primary care, schools, Tier 2 and Tier 3 CAMHS provisions and to support joined up working across services. *Overlapping priorities: 1.2 and 2.4*	**Not confident** The schools link pilot has been adopted by nominated schools; this will be evaluated to progressively include additional schools. Implementation will need considerable co-ordination and planning to get all schools to buy into the process. The HCP will support this as a longer term priority. *Long term achievement by March 2020*
2.6 LPS 10	Have in place a Single Point of Access model for advice, consultation and assessment and co-ordination of provision. *Overlapping priorities: 1.1, 1.2, 2.2 and 2.7*	**Fully confident** Pilot SPA in place since April 2016. The Healthy Child Programme (HCP) tendering process will see a new service in place by April 2017. The specification and successful bidder will be expected to influence progressive transformation approaches. *Short term achievement by April 2017*
2.7 LPS 11	Provide a one stop shop approach providing advice and support, that has been collaboratively commissioned with the voluntary and community sector. *Overlapping priorities: 1.2, 2.2 and 2.6*	**Partially confident** Pilot SPA has been in place since April 2016. The Healthy Child Programme (HCP) tendering process will see a new service in place by April 2017 – the specification and successful bidder will be expected to influence progressive transformation approaches. *Long term achievement by March 2020*

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2.8 LPS 12	Provide a local crisis model that ensures assessment within 4 hours and is in line with the Crisis Care Concordat, and utilises our re-designed psychiatric liaison service.	**Partially confident** Pump prime funding and increased awareness has enabled the provision of a local crisis model. This needs ongoing monitoring and development to ensure continuance beyond March 2017. *Short term achievement by March 2017*
2.9 LPS 29	To work with our local Systems Resilience Group to Design and implement all age psychiatric liaison provision in line with the "Core 24" service specification. Where appropriate we will work on a regional basis across acute footprints to develop collaborative approaches.	**Fully confident or Partially confident** Development work is still required to provide a regional basis across acute footprints and collaborative approaches. Liaison provision was in place by May 2016. *Short term achievement by May 2016*
Year 2 – what we are doing next (Refresh 2016 – 2017)		
2.10	Implement an Intensive Home Treatment model, preventing admission to Tier 4, assisting with transition back to community setting and with clear comprehensive pathways.	**Partially confident** Although we have an established Crisis and Home Treatment provision, we need to further strengthen our focus and approach to reduce Tier 4 admissions. This year we have seen an increase in admissions so need to focus the activity of the provision.
2.11	Develop our local Tier 4 markets collaboratively with NHS England supporting the development of LD/ CAMHS inpatient provision.	**Not confident** The local markets in Kirklees still require further development to provide in-patient provision. NHS England is undertaking a procurement exercise to increase capacity. Is it yet to be seen if this will translate to any provision in the Kirklees area.

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2.12	Provide a case management function that coordinates care and discharge for those young people in Tier 4 settings and those requiring a "step down" placement.	**Partially confident** The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of this priority.
2.13	Establish a CAMHS link role to support Learning Disability, SEND and assessment for the EHC planning process.	**Partially confident** The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 to support long term achievement of this priority.
2.14	Establish an integrated team for children with learning disabilities between specialist CAMHS and Kirklees Council Children with a Disability Team.	**Partially confident** The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of this priority.

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Theme 3. Caring for the most vulnerable		
Year 1 – What we said we would do…….		
3.1 LPS 13	To 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. *Overlapping priority: 3.5*	**Fully confident** Multi-agency team in place by June 2016. Ongoing work to ensure service will respond to local need. *Short term achievement by March 2017*
3.2 LPS 14	To provide the CAMHS link and consultation model within the range of provision across Kirklees for the most vulnerable children.	**Partially confident** Ongoing development with 3.1 (LPS 13) and the Healthy Child Programme and progressive changes beyond April 2017. *Short term achievement by March 2017*
3.3 LPS 15	Ensure rapid access to CAMHS interventions for those children who are part of the Stronger Families programme.	**Partially confident** Processes being developed which have been integrated into the Healthy Child Programme will see a new service in place by April 2017. The specification and successful bidder will be expected to influence progressive transformation approaches. *Short term achievement by March 2017*
3.4 LPS 16	To provide cohesive CAMHS provision on a regional basis for LAC who are placed within the 10 CC (West Yorkshire Clinical Commissioning Groups, Commissioning Collaborative) footprints.	**Not confident** This recommendation has not been adopted by 10cc as a regional footprint. Without this endorsement Kirklees proposes to remove it as a delivery option from its original submitted Transformation Plan priorities, until national redirection is provided. The proposed budget spend was re-profiled to support increased front line capacity for priority 2.2. *Short term achievement by March 2017.*

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3.5 LPS 17	To 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. *Overlapping priority:* 3.1	**Fully confident** Independent consultant commissioned to undertake the review has provided a comprehensive report which will support future long term service modelling and associations with the new HCP which will be in place from April 2017. *Long term achievement by March 2020*
Year 2 – what we are doing next (Refresh 2016 – 2017)		
3.6	Include Specialist CAMHS provision in local MASH (Multi-Agency Safeguarding Hubs) arrangement, alongside adult mental health service provision.	**Partially confident** The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support longer term achievement.
3.7	To provide an assertive community outreach model through our CAMHS provision that actively engages children, young people and families.	**Partially confident** The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support longer term achievement.
3.8	Provide CAMHS support to the new Drug and Family Court model in Kirklees.	**Fully confident** We have been supporting the Family and Alcohol Court by using a discrete resource and this has been mainstreamed into the Kirklees Healthy Child Programme.
3.9	To ensure that local provision is available for those children and young people requiring forensic CAMHS provision.	**Partially confident** The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support longer term achievement.

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Theme 4. To be accountable and transparent		
Year 1 – What we said we would do…….		
4.1 LPS 18	To implement the lead commissioning arrangement for all CAMHS provision covered within the Transformation Plan, discharged through the Joint Commissioning Manager jointly funded by North Kirklees, Greater Huddersfield CCG's and Kirklees Council. *Overlapping priorities: 4.2, 4.3 and 4.4*	**Fully confident** Implementation in place which will also ensure continuing robust monitoring and scrutiny to 2020. *Short term achievement March 2016*
4.2 LPS 19	Use the Transformation Plan as the basis for our commissioning priorities over the next 5 years. *Overlapping priorities: 4.1, 4.3 and 4.4*	**Fully confident** Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children's Trust Board to ensure robust and appropriate responses by 2020 *Long term achievement by March 2020*
4.3 LPS 20	Embed the responsibility for overseeing the commissioning intentions within the Health and Wellbeing Boards work plan and oversight function. *Overlapping priorities: 4.1, 4.2 and 4.4*	**Fully confident** Integrated processes in place which will ensure continuing long term transformation monitoring and scrutiny of this priority *Achievement March 2016*
4.4 LPS 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. *Overlapping priorities: 4.1, 4.2 and 4.3*	**Fully confident** Implementation of plan completed. Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children's Trust Board to ensure robust and appropriate responses by 2020. *Achievement March 2016*

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4.5 LPS 22	Ensure the Integrated Commissioning Group closely monitor the CAMHS minimum dataset and waiting time standards, whilst developing a rigorous outcome based dataset to monitor and improve performance across the systems. *Overlapping priority: 4.5*	**Fully confident** Outcome based dataset to be incorporated into the performance monitoring of the new Healthy Child Programme CAMHS element when established from April 2017 – the specification and successful bidder will be expected to influence progressive transformation approaches. *Short term achievement by March 2017*
4.6 LPS 23	Implement clear and transparent outcome monitoring supported by membership of CORC, (CAMHS Outcomes Research Consortium) and the implementation of session by session outcome monitoring across CAMHS provision. *Overlapping priority: 4.5*	**Partially confident** Existing CAMHS services providing quarterly outcome monitoring reports. Priority to be reviewed and incorporated into the performance monitoring of the new Healthy Child Programme CAMHS element when established from April 2017. *Short term achievement by March 2017*
4.7 LPS 24	Receive quarterly service feedback from children, young people and families in all performance reporting to the Integrated Commissioning Group.	**Partially confident** Existing CAMHS services are providing quarterly service user feedback. Priority to be reviewed and incorporated into the performance monitoring of the new Healthy Child Programme CAMHS element as an ongoing arrangement from April 2017. *Short term achievement by March 2017*
Year 2 – what we are doing next (Refresh 2016 – 2017)		
4.8	Have a single pooled budget for CAMHS provision across Kirklees, and to publish the investment figures on local offer website along with referral rates and waiting times.	**Fully confident** Section 75 funding arrangements have been formally agreed and incorporated into the Healthy Child Programme for April 2017.

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4.9	Collaboratively commission with NHS England to ensure clear and smooth care pathways in relation to Tier 4 provision.	**Partially confident** We are formalising collaborative commissioning arrangements with NHS England as part of our Refresh. These will be in place by April 2017
4.10	Be committed to continuous improvement and monitoring of all of our emotional health and wellbeing provision, using the commissioning cycle to understand, plan, do and review.	**Fully confident** Continuing monitoring and scrutiny by the CAMHS lead commissioner, CCGs and Integrated Commissioning Group and Children's Trust Board to ensure robust and appropriate responses by 2020.

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Theme 5. Developing the workforce

Year 1 – What we said we would do…….

5.1 LPS 25	Ensure Tier 2 and Tier 3 providers are fully participating in CYP IAPT core curriculum in 2016/17.	**Partially confident** Existing CAMHS services are engaging in a 'Light touch' Children and Young Peoples Improving Access to Psychological Therapies (CYP IAPT). The Calderdale and Kirklees IAPT Steering Group is working together to progress this priority which will be reviewed and incorporated into the performance monitoring of the new Healthy Child Programme CAMHS element as an ongoing arrangement from April 2017. 4 staff from across the CAMHS provision will be attending the full CYP IAPT course in 2016/17. *Short term achievement by March 2017*
5.2 LPS 26	Ensure that Tier 2 and Tier 3 provider managers are involved in the introduction to CYP IAPT in 2015/16.	**Fully confident** All provider managers have been trained. *Achieved March 2016*
5.3 LPS 27	Ensure that where required staff and parents receive appropriate training and continuing development opportunities to enable them to deliver relevant evidence based interventions. *Overlapping priorities: 1.2, 2.2, 2.4 and 2.5*	**Not confident** The schools link pilot programme (1.2) has been rolled out in nominated schools and following evaluation will be developed to include further schools, at a pilot at this time it does not involved parents and only selected staff in a small number of schools. This priority will be reviewed and incorporated into the new Healthy Child Programme CAMHS element as an ongoing arrangement from April 2017. *Short term achievement by March 2018*

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5.4 LPS 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 confident or partially confident** Only a whole system approach will achieve this aim. It is essential the workforce strategy is developed as part of our integrated commissioning arrangements and covers a number of staff groups across priority areas. Therefore, the development and implementation of this strategic vision for the workforce is a longer term priority that will need wider support through our governance processes for all services including the leadership of the Health and Wellbeing Board *Long term achievement by March 2020*
Year 2 – what we are doing next (Refresh 2016 – 2017)		
5.5	Ensure that health and social care staff receive appropriate training in order for them to deliver the appropriate evidence based interventions	**Partially confident** The Healthy Child Programme contract is currently out to tender, the successful bidder(s) will be expected to deliver to the specification requirements from April 2017 and support long term achievement of these priorities
5.6	To support school based staff, parents and Tier 1 providers to deliver interventions at a universal level to increase resilience in children and young people and families.	
5.7	To support Workforce development programmes that assist in young people's transition into adulthood before they reach 18 years old targeted at post 16 support services, further education and outside of school provisions.	

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Kirklees Healthy Child Programme

0-19 years (up to 25 years for children with additional needs)

Kirklees Integrated Healthy Child Programme 0-19 years
What's it all about?

Key messages

Tuesday, 2 August, 2016

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1. What is Kirklees Integrated Healthy Child Programme?

Kirklees Integrated Healthy Child Programme (KIHCP) is best described as a '**way of doing things'**.

From 2017, workers in KIHCP will have a '**can do**' attitude. They will be ready and willing to help with the issues of **concern** to families. They will **listen** to children and families, **show respect, empathise** and **be genuine** in their desire to help them improve their health, their wellbeing and their lives.

KIHCP will focus on getting workers **alongside** children, young people and families to **walk with them**, at least a little way through their journey, helping them **resolve their problems**, find their **own solutions** and develop the **confidence** to achieve their **potential**.

Assessments will be more holistic, flexible and fluid, drawn from the creation of these positive relationships and built up through conversations with children, young people and families. They will form part of a continuous 'journey log' for a child and their family, from conception through to adulthood.

The KIHCP workforce will **first and foremost**:

- **Advocate** for improvement in health and wellbeing on behalf of children, young people and families
- **Mediate** between families and different services, sectors and systems
- **Facilitate** and enable access to a supportive environment, information, life skills and opportunities for making healthy choices
- **Deliver** child and family-centred, integrated interventions appropriate to the needs of children, young people and their families
- **Share** skills and expertise between and across the whole workforce.

2. What will KIHCP do?

KIHCP will ensure children and young people's health and wellbeing is improved by:

1. **Informing policies** that support improvement in health and wellbeing and reduce inequalities in these
2. Ensuring **physical and social environments** support health and wellbeing
3. Strengthening **community action** for wellbeing – engaging communities in addressing their needs and using their own collective capacity
4. Helping people develop their **individual skills** for healthy living, **building resilience** and coping with life

5. Supporting health and care services to **move towards** improving health and wellbeing, **preventing problems** from getting worse and, wherever possible, from starting in the first place.

3. How does KIHCP fit with Kirklees Children's Mental Health Services Transformation Plan?

In March 2015, the report of the Children and Young People's Mental Health Taskforce, *'Future in Mind'* set out a clear direction to improve children's mental health and wellbeing.

A key recommendation was the development of 'Local Transformation Plans', to promote partnership working and drive improvements in children and young people's mental health and wellbeing over the next 5 years.

Kirklees was successful in **attracting extra funding**, made available to local areas on the development of Local Transformation Plans, to drive sustainable **service transformation** to improve children and young people's mental and emotional health and wellbeing.

By integrating **Kirklees Transformation Plan** into the new model, the KIHCP will **kick-start** change in services in order to improve outcomes for children, young people, their families and communities, with a **particular focus** on mental and **emotional** health and **wellbeing**.

4. What is the aim of KIHCP?

The aim of KIHCP is:

To kick-start change to the commissioning and provision of children and family services, in order to deliver improved outcomes for children, young people their families and their communities.

5. What difference will KIHCP make?

By achieving this aim, KIHCP will contribute to ensuring that every child and young person in Kirklees will:

- *Be healthy;*
- *Stay safe;*
- *Enjoy and achieve;*
- *Make a positive contribution, and*
- *Enjoy economic wellbeing.*

6. Commissioning services

The Health and Social Care Act 2012 sets out a local authority's statutory responsibility for delivering and commissioning public health services for children and young people aged 5-19 years and the responsibility for children's public health commissioning for 0-5 year olds, specifically health visiting services and Family Nurse Partnership, transferred from NHS England to local authorities on 1 October 2015.

The move to commissioning of children's public health services by local authorities is an opportunity to take a fresh look at delivering a whole family approach. This means new opportunities for bringing together a range of services and programmes to improve outcomes for children, young people and their families.

7. Kirklees Integrated Healthy Child Programme

The aim of KIHCP covers the whole spectrum of services and programmes for children and young people's health and wellbeing, from health improvement and prevention work, to support and interventions for children and young people who have existing or emerging health problems. There

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will be a particular emphasis on improving mental and emotional health and wellbeing and the transitions between stages of development.

8. The commissioning plan

To bring about more integrated child and family health services in Kirklees using the framework of the HCP to change the way things are done for children, young people and their families. The services that are currently delivering elements of the HCP and CAMHS include:

- Health visiting and FNP (0-5 year old public health resource).
- School nursing (5-19 year old public health resource)
- Child and adolescent mental health service (CAMHS) tiers 2 and 3
- Pilot SPA CAMHS Transformation Plan
- Nurturing Parent/Preparing for Parenthood
- Children's weight management/NCMP
- Healthy Start vitamin scheme.
- Home-Start
- LD CAMHS
- Autistic Spectrum Conditions
- Accident Prevention
- Food for Life (CYP)

Commissioners hope that any potential model will be innovative and demonstrate a robust, fully integrated delivery partnership approach. They are intending to encourage extensive collaboration wherever possible.

9. Key design focus

The effectiveness of proposals for delivery of the new HCP model will be assessed according to the degree to which they:

- Integrate resources and build integrated ways of working
- Focus 'upstream' on improving outcomes and preventing problems
- Reduce inequalities – proportionate help according to needs and available assets
- Improve primary and secondary prevention across life stages
- Promote relationship based approaches
- Demonstrate a robust network of partner agencies and access to advice, consultancy and supervision
- Build in easy access to advice and help from a range of sources
- Embed 'nurturing parent' and enable parents to develop the 'confidence to care'
- Increase independence and self-management of long term conditions to decrease service dependency
- Re-design support to promote resilience and emotional wellbeing
- Evidence activity in each of the five areas for health improvement (section 2 above)
- Demonstrate a coherent workforce design and development strategy and implementation plan.
- Demonstrate robust information governance and best practice in information sharing
- Support the development of Schools as Community Hubs
- Clearly articulate the contribution to Early Intervention and Prevention and Early Help models of delivery.

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10. Timescales

- Market provider engagement completed by January, 2016.
- Engagement and co-design with children and families completed by June, 2016.
- Stakeholder engagement completed by June, 2016.
- Service specification/tender documents complete by August, 2016.
- Tender process August, 2016 – December, 2016.
- Award contract December, 2016.
- Service implementation – April, 2017.

11. The background for KIHCP

The context for KIHCP is set by Professor Sir Michael Marmot's review, *Fair Society, Healthy Lives* (2010) which had two aims - *to improve health and wellbeing for all* and *to reduce health inequalities*. To achieve these, the review recommended six national objectives, the first and second of which are all about improving outcomes for children and young people:

- Give every child the best start in life, and
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.

Local authorities are well placed to ensure a wide range of stakeholders, including the NHS and the independent, voluntary and community sectors, are engaged in an integrated approach to improving outcomes for children and young people.

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Good health and wellbeing (especially mental and emotional) are vital for all children and young people and their families. There is firm evidence about how to achieve this through strong children and young people's public health. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme (HCP), with the ambition of developing improvements in health and wellbeing for children and young people, in the context of whole family wellbeing.

It is proposed to build on discussions with partners across systems and sectors in order to inform a model for the re-design of Kirklees Healthy Child Programme and in particular ensure it contributes to its fullest extent to Kirklees Transformation Plan for Children and Young People's Mental Health and Wellbeing.

12. Need more information?

- Keith Henshall - Head of Health Improvement (Starting Well) Keith.Henshall@kirklees.gov.uk
- Tom Brailsford - Joint Commissioning Manager (Kirklees Council and CCGs) Tom.Brailsford@northkirkleesccg.nhs.uk
- Karen Poole - Head of Children's and Maternity Commissioning Karen.Poole@northkirkleesccg.nhs.uk
- Alison Cotterill – HI Advanced Practitioner (Starting Well 0-5) Alison.Cotterill@Kirklees.gov.uk
- Carl Mackie – Public Health Manager (Starting Well 5-19) Carl.Mackie@Kirklees.gov.uk

Finance Tables

1. Core Services - *Only includes investments in the most appropriate category. No service is included twice.*

CORE SERVICES - 2015/16								
Service type	LA Funded 14/15	LA Funded 15/16	CCG Funded 14/15	CCG Funded 15/16	Other Funding Source 14/15	Other Funding Source 15/16	Specify Funding Source(s)	Comments
School Based Early Intervention Services								
Sub-Total	0	0	0	0	0	0		
Early Intervention Services - Other Bases								
Healthy Child Programme	7,602,437	7602437	43500	43,500				LPS 1 (*links with LPS 3 & LPS 5*)
Sub-Total	7602437	7602437	43500	43500	0	0		
Services Targeted at Specific Vulnerable Groups								
Vulnerable Childrens Team				50,000				YOT, LAC. CSE. *LPS 14 (links LPS13 & LPS 17)*
YOT Services			140,000	140,000				Young Offenders
LAC Services	65,800	65,800	120,000	120,000				Looked after children
PRS Services			29,397	29,397	29,397	29,397	School Clusters	Pupil Referral Units
Sub-Total	65800	65800	289397	339397	29397	29397		
Specialist CAMH Services								
Regional ED Team				217,000				LPS 7
CAMHS wait times				340,500				LPS 6 (*links with LPS 2 and LPS11*)
Single Point of Access				55,000				LPS 10 (*links with LPS1, LPS2, LPS6 & LPS11*)
ChEWS Tier 2	360,000	360,000	96,000	96,000				
CAMHS services in schools					339,561.22	339,561.22		
CAMHS Tier 3			1,735,071	2,164,190	225,496			*Colum F included non-recurrent - recovery of service 1 April 2014 to 31 Dec 2014.*
Tier 4 CAMHS			431,094	614,584			NHS England	
Sub-Total	360000	360000	2262165	3487274	565057.22	339561.22		
Inpatient Tier 4 CAMHS Exp. (paid for by NHS England)	[Do not use]				NHS E funding for 14/15 to be supplied by NHS E and entered here	NHS E funding for 15/16 to be supplied by NHS E and entered here	NHS England	
Total	8028237	8028237	2595062	3870171	#VALUE!	#VALUE!		

Finance Tables

2. Allied Services – *Only includes investments in the most appropriate category. No service is included twice.*

ALLIED SERVICES - 2015/16								
Service Type	LA Funded 14/15	LA Funded 15/16	CCG Funded 14/15	CCG Funded 15/16	Other Funding Source 14/15	Other Funding Source 15/16	Specify Funding Source(s)	Comments
School Based Early Intervention Services								
CAMHS Schools link pilot				40,000				LPS2 (*links with LPS6, LPS8, LPS9 and LPS 27*)
Learning SEHM provision	420,000	420,000						
Sub-Total	420000	420000	0	40000	0	0		
Early Intervention Services - Other Bases								
School Nursing Service	1504437	1504437						This is whole budget, cannot quantify amount relates to Health and Wellbeing. Part of Healthy Child Programme tender and LPS themes.
Health Visiting	6,098,000	6,098,000						Includes Family Nurse Partnership
Sub-Total	7602437	7602437	0	0	0	0		
Services Targeted at Specific Vulnerable Groups								
Sub-Total	0	0	0	0	0	0		
Specialist CAMH Services								
Sub-Total	0	0	0	0	0	0		
Total	8022437	8022437	0	40000	0	0		

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Activity Tables

CORE SERVICES	No. Refs. 14/15	No. Refs. 15/16	No. Accepted Into Services 14/15	No. Accepted Into Services 15/16	Active Cases 31/3/15	Active Cases 31/3/16
School Based Services						
Sub-Total	0	0	0	0	0	0
LA Based Services						
Services targeted at other vulnerable children - YOT	153	179	86	37	62	11
Services targeted at other vulnerable children - LAC	NK	NK	NK	NK	NK	NK
Services targeted at other vulnerable children - PRS	136	219	81	151	NK	134
Sub-Total	289	398	167	188	62	145
Third Sector Based Services						
ChEWS CAMHS Service - area based (used to be referred to as Tier 2 services	2,190	2,297	1,406	1,711	158	192
Sub-Total	2190	2297	1406	1711	158	192
NHS Based Services						
NHS Provider CAMHS	1,657	1,862	498	537	834	776
Sub-Total	1657	1862	498	537	834	776
Total	4136	4557	2071	2436	1054	1113

ALLIED SERVICES	No. Refs. 14/15	No. Refs. 15/16	No. Accepted Into Services 14/15	No. Accepted Into Services 15/16	Active Cases 31/3/15	Active Cases 31/3/16
School Based Services						
School Nursing	8,516	8,432	403	2,130	1,099	1,520
Learning SEMHD Provision	NA	NA	NA	NA	NA	NA
CAMHS Schools link pilot	NA	NA	NA	NA	NA	NA
Sub-Total	8516	8432	403	2130	1099	1520
LA Based Services						
Health Visitors/FNP	NK	NK	NK	NK	NK	NK
Sub-Total	0	0	0	0	0	0
Third Sector Based Services						
Sub-Total	0	0	0	0	0	0
NHS Based Services	[Use/insert as many rows as necessary]					
Looked after Children Nursing Team	24	NK	11	NK	11	NK
Sub-Total	24	0	11	0	11	0
Total	8540	8432	414	2130	1110	1520

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Workforce Tables

CORE SERVICES			ALLIED SERVICES		
	Number of Practitioner/Clinical Staff in Post June 15	Number of Practitioner/Clinical Staff in Post June 16		Number of Practitioner/Clinical Staff in Post June 15	Number of Practitioner/Clinical Staff in Post June 16
School Based Services	[Use/insert as many rows as necessary]		**School Based Services**	[Use/insert as many rows as necessary]	
			School Nursing	31.2	31.2
			Learning SEMHD Provision	60% of EP time	60% of EP time
			CAMHS Schools link pilot	NA	1
Sub-Total	0	0	Sub-Total	31.2	32.2
LA Based Services	[Use/insert as many rows as necessary]		**LA Based Services**	[Use/insert as many rows as necessary]	
Services targeted at other vulnerable children - YOT	1	1	**Health Visitors/FNP** ***Estimated numbers***	95	160
Services targeted at other vulnerable children - LAC	1	1			
Services targeted at other vulnerable children - PRS	2	2			
Sub-Total	4	4	Sub-Total	95	160
Third Sector Based Services	[Use/insert as many rows as necessary]		**Third Sector Based Services**	[Use/insert as many rows as necessary]	
ChEWS CAMHS Service - area based (used to be referred to as Tier 2 services	9.5	15.5			
Sub-Total	9.5	15.5	Sub-Total	0	0
NHS Based Services	[Use/insert as many rows as necessary]		**NHS Based Services**	[Use/insert as many rows as necessary]	
NHS Provider CAMHS	24.28	30.98	**Looked after Children Nursing Team**	2.8	2.8
Sub-Total	24.28	30.98	Sub-Total	2.8	2.8
Total	37.78	50.48	Total	129	195

CYP Emotional Health Baseline Data Collection

NHS

Yorkshire and the Humber
Clinical Networks

Introduction & Instructions

This template for recording emotional health services activity, workforce and investment builds on the template used in Yorkshire and Humber in 2015. The main difference is that a distinction is made between 'core' and 'allied' activity in the tables, as well as allowing a comparison between 2014/15 and 2015/16. The tables allow more discretion for individual services to subdivide services, or not to do so - within the overall divisions set out in the tables.

'Core services' are defined as those services with a sole or predominant 'emotional health/ mental health' focus. 'Allied services' are those services that make a contribution to the emotional health of children and young people, but are not exclusively provided/commissioned for this purpose. Some services, particularly in the third sector, may be funded to provide both core and allied services, and proportions of such services can therefore be allocated to both broad categories.

It is expected that the 'core columns' are completed. It is at the discretion of individual areas as to whether they wish to complete the 'allied' columns. If you are unable to provide information please define whether it is either 'Not Known' or 'Not Applicable'.

The information provided will form part of what areas are expected to make publically available via other means. The overall intention of these tables is fourfold:

- To be transparent as the level of activity, workforce and investment in emotional health services in a CAMHS Partnership area, across all providers and commissioners.
- To demonstrate the changes in activity, workforce and investment levels over time.
- To provide some baseline data to enable areas to estimate changes in activity over time, as required for national reporting. (It is important to note that much activity, (e.g. at school level) cannot currently be collated, and that therefore overall increases will need to be estimated.)
- To highlight areas of service that are being provided, but where no data is available. (e.g. services based in schools). This inhibits the ability of the lead commissioner to plan services across the whole spectrum.

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The core services are as follows:

'Emotional health' focused staff located in schools/clusters
Looked After Children CAMHS services
Multi Systemic Therapy Services
Early intervention emotional health focused service
Headstart projects
Youth Counselling Services
Public Health activities with an EH focus
NHS based CAMHS teams
Intensive home treatment CAMHS services
Projects working to address emotional impact of abuse
Specialist CAMHS services with specific remits - forensic, LD, ADHD, YOT etc
Third sector Services, or sections of services, with an explicit emotional health remit
Projects ascertaining YPs views as to local emotional health services
Any other service with an exclusive emotional/mental health remit

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Allied services are as follows:

(Descriptions drawn from are baseline statements in 2014/15)

School Based Services
School based staff with overall pastoral and learning responsibilities (e.g. learning mentors, SENCOs)

Local Authority and Third Sector Based Services
Health visiting service
Children's Centres
Early Help and Safeguarding Support
Early Help Hubs
Generic family support services
Parenting support projects
Youth Support Services
Educational psychologists
Special Education Needs Assessment and Review Team
Behaviour support teams
Inclusion Teams
SEMH provision
Inclusion teams (Autism)
Complex medical needs and education team
Designated Looked After Children nurse
Leaving Care Services
Generic looked after children's teams
Overall YOT services
Young People's Drug services
School Nursing Service
Public Health activities focus on children generally.
Healthy Schools Projects
Teenage pregnancy projects
'Homestart' type third sector services
Young carer's schemes
Services with an overall remit to support young people
Services addressing abuse, trauma etc

11. References

Kirklees information - accessible at www.kirklees.gov.uk/futureinmind

1. Kirklees Future in Mind Transformation Plan 2015 to 2020
2. Kirklees Transformation Plan Refresh and progress update - 2016
3. Early Help Consultation
4. Healthy Child Programme Stakeholder Summary

Additional information sources

a. Implementing the Five Year Forward View for Mental Health 2016

b. Future in Mind: Children and Young People's Mental Wellbeing 2015

c. Thrive Elaborated 2015

d. Progress and challenges in the transformation of children and young people's mental health care. 2016

e. Kirklees Joint Strategic Assessment 2016

f. Brain in Hand" app

g. Delivering the Forward View, NHS Planning Guidance 2016/17

h. Greater Huddersfield CCG Kirklees Sustainability and Transformation Plan

i. North Kirklees CCG Kirklees Sustainability and Transformation Plan

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12. Glossary and Acronyms

ASC	Autism Spectrum Condition
ASK CAMHS	Access and Support for Kirklees - Child and Adolescent Mental Health Services
CAMHS	Child and Adolescent Mental Health Service
CCG	Clinical Commissioning Group
Core 24	Specification for 24 hours psychiatric liaison service to Accident and Emergency Departments
CSE	Child Sexual Exploitation
CYP IAPT	Children and Young People's Improving Access to Psychological Therapies programme
EIP	Early Intervention and Prevention
KIHCP	Kirklees Integrated Healthy Child Programme
KPI	Key Performance Indicator – used to evaluate success at reaching targets
LPT	CAMHS Local Transformation Plan
MH & WB	Mental Health and Well Being
NICE	National Institute for Health and Care Excellence
OT	Occupational Therapy
SALT	Speech and Language Therapy
SEMHD	Social, Emotional and Mental Health Difficulties
SPA	Single Point of Access sometimes referred to as SPoC
STP	Sustainability and Transformation Plan
Tier 2	Historical description for practitioners who are CAMHS specialists working in community and primary care settings
Tier 3	Historical description for a multi-disciplinary service, providing a specialised service for children and young people with more severe, complex and persistent disorders.
Y & H	Yorkshire and Humber Region
ChiMAT	Child and Maternal Health Observatory
JSA	Joint Strategic Analysis
ChEWS	Children's Emotional Wellbeing Service
PCAN	Parents of Children with Additional Needs
PSHCE ed	Personal, Social, Health, Citizenship and Economic education
CYPEDS	Children and Young People Eating Disorder Service
CBT	Cognitive Behavioural Therapy
10CC	Group of 10 CCG;s in a West Yorkshire Clinical Commissioning Collaborative
DNA	Did not attend
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
EHC (P)	Education Health and Care (Plans)

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Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

CHILD SEXUAL EXPLOITATION AND SAFEGUARDING MEMBER PANEL

Friday 2 September 2016

Present: Cllrs Hill (Chair), Allison, Holmes, Marchington and Bellamy (observer)

In attendance: Sarah Callaghan, Director for Children and Young People
Lee Thompson, Head of Safeguarding and Social Work
Gill Ellis, Assistant Director for Learning and Skills
Carol Gilchrist, Head of Safe and Cohesive Communities
Helen Kilroy, Principal Governance and Democratic Engagement Officer

Apologies: Cllr Ahmed and Carly Speechley

1 Minutes of Previous Meeting

The Panel considered the Minutes of the meeting held on Thursday 7 July 2016.

AGREED:- That the Minutes of the meeting held on 7 July 2016 be agreed as a correct record.

2 No Child Out of Sight

The Panel considered a report on keeping children safe, ensuring that they are in safe places and being looked after and taught by safe individuals. The Panel welcomed Gill Ellis (Assistant Director for Learning and Skills) and Carol Gilchrist (Head of Safe and Cohesive Communities) to the meeting.

The Panel considered Appendix 5 within the report which contained restricted Police data and noted that the information could not be shared. Officers agreed to produce a summary paper that Members could use to brief their Groups, that pulled out the key issues and included some of the sensitive data.

Councillor Hill confirmed that the CSE Panel had been set up as a body of cross party Members meeting in private, where confidential data could be shared in confidence.

Gill Ellis advised that the report set out the proposals to look at all areas of business for No Child Out of Sight and set out a number of key objectives, bringing together data from both the Police and Kirklees.

The Panel were informed that the Council's data was not as good as it could be and this was one of the key areas of work to be further developed. Carol Gilchrist further explained that Heads of Service in Children's Services were responsible for data sets and were commissioning a new process to look at all data in relation to what we know about missing children, e.g. missing from education. Gill Ellis advised that the Council needed integrated data that gave the right intelligence.

The Panel was informed that Liquidlogic was the new software that showed trends and was a more intelligence led data system.

Carol Gilchrist advised the Panel that the report had been written in the context of the information currently available and that a second profile report was being prepared, which would be produced and available early October from the Police. Carol Gilchrist further explained that the second profile report would confirm if there had been any significant changes since May 2016, when the first profile report had been produced. The Panel was informed that the profile reports would be produced on a quarterly basis.

Carol Gilchrist informed the Panel that only 25% of Independent Return Interviews (IRI) were currently being conducted, and that making improvements in this area was a significant future priority. The Panel were informed that the purpose of the interviews was to talk to the child regarding the reasons why they went missing, so the right interventions could be put into place to stop it happening again, as outlined within the report. Carol Gilchrist advised that another key issue was that a high percentage of children go missing repeatedly.

Gill Ellis advised the Panel that the Council needed to get the balance right on reporting missing episodes. The Panel noted that if a child went missing from a children's home for less than a 1 hour, current reporting mechanisms required that this was reported straight away. A more common sense approach was needed where children were known to go out regularly for short periods, for example, to the local shop or in search of wifi. The Panel was informed that officers were currently testing the data and needed to develop the right skills within professionals that would enable them to have the right conversations and take the most appropriate approach.

The Panel agreed that the Council should always attempt to undertake 100% of Independent Return Interviews wherever possible, but recognised that there would be some barriers on the success, for example, if children were not actively engaged and did not want to attend. The Panel was informed that the Independent Return Interviews should take place within the first 72 hours, however, in some cases the information did not arrive within appropriate timescales from the Police, to allow the IRI's to take place within the timeframe.

Sarah Callaghan made reference to the national MASH Working Group which had been set up to support better practices and sharing information which was critical and the group would be looking at the barriers of effectively working together. The Panel agreed to talk to Osman Khan of West Yorkshire Police at the next meeting of the Panel regarding information sharing, particularly with regard to Independent Return Interviews. The Panel also agreed to consider some case studies from the West Yorkshire Police at their next meeting in October, which gave examples of where practice had not worked that well in the past, as this would help with the Panel's discussion.

Councillor Marchington advised that a presentation had recently been given by Steve Cotter of West Yorkshire Police to the Ad Hoc Scrutiny Panel for Children's Services, which had talked about interaction between Police officers and social care staff.

Councillor Hill advised the Panel that co-location and redesign of MASH would help to coordinate missing children and Police were located in the MASH Team to facilitate this. Lee Thompson advised the Panel that MASH had daily operational

meetings at 4pm to look at risk and timely responses, which would help with information sharing and response times.

Gill Ellis informed the Panel that a Task and Finish Group was currently operating within the Council, looking at information sharing and advised that the Police had been proactive on the work of the No Child Out of Sight report and how information was shared. Carol Gilchrist advised that Looked After Children were more likely to go missing and have repeat episodes.

The Panel was informed that the age that children go missing tended to increase from the age of 13, with a significant cluster between 14 and 16, peaking at 15. Carol Gilchrist further explained that overall girls go missing more frequently than boys (64% vs 36%), however, up to the age of 13 boys go missing more than girls before this reverses. Carol Gilchrist further explained that the numbers of children going missing varied at different Children’s Homes and the Council was working with social care and the Police to talk to those Children’s Homes at greater risk and this information would come through in the next profile update. The Panel was informed that as more information became available, officers would be able to interrogate the data in greater detail, for example making sure that all Children’s Homes have free wifi, so that children do not go missing to access such facilities elsewhere.

Councillor Holmes suggested that the Council could check the areas surrounding each Children’s Home as this information may clarify where local attractions were located for children that were within walking distance. Gill Ellis advised that Independent Return Interviews were useful as they helped to identify why children go missing.

Councillor Holmes suggested that Independent Return Interviews could be made more ‘attractive’ to children to encourage them to come forward and talk about their experiences. Councillor Hill advised that disclosure from children could sometimes take longer than 72 hours due to their personal circumstances. The Panel was informed that missing episodes could also be related to relationships within the Children’s Homes, or that children were not getting on with the people they were living with or who looked after them. Officers needed to further explore what professionals within the Children’s Homes were doing in working with young people who regularly go missing. The Panel was advised that current data gave a good insight into location and time of day from missing episodes, which would help to undertake further prevention work to reduce numbers.

Gill Ellis advised the Panel that the Learning and Skills Service interrogated the data regarding children missing from education each half term and no case was closed without a successful conclusion. Independent schools were offered access to the Learning Service attendance module, to support them in ensuring children were in school. The Panel noted, however, that some schools within the Borough had yet to make a decision on whether to buy into the Council’s services. Gill Ellis further explained that some Academies used different software systems to record data, but the Council was hoping all schools would sign up to use the Council’s IT system, Liquidlogic, in order to ensure consistency and efficient information sharing.

Carol Gilchrist advised that safe and cohesive communities work was ongoing with Mosques and Madrasas to ensure that best practice policies and procedures were in place relating to governance, safeguarding and health and safety. The Panel

was informed that where those institutions did not readily engage, a process was in place for active engagement.

The Panel discussed the safeguarding of home schooled pupils and alternative educational provision and noted that a report on this issue would be presented to the Panel in November 2016.

Sarah Callaghan advised that the Council was working together with other agencies to safeguard children and had a statutory responsibility to protect all children wherever they were; this was one of the key drivers to progress the work on No Child Out of Sight. Gill Ellis further explained that the Council had home educated children and Mosques and Madrasas' very much in view. The Panel was informed that the Keeping Children Safe (KCS) Team visited all of our independent schools and offered guidance regarding the management of attendance and safeguarding. The KCS Team worked closely with other teams within the Council to ensure that any knowledge was shared and concerns were followed up. Carol Gilchrist further explained that if the KCS Team identified any child that was not known to them but who was in an illegal school, this would be dealt with promptly through OFSTED.

Carol Gilchrist advised the Panel that the No Child Out of Sight report identified urgent, short/medium and long term actions. Gill Ellis further explained that the Task and Finish Group currently operating within the Council would deal with the urgent actions identified within this report, involving staff across the Council and the Police to address the issues.

Sarah Callaghan advised the Panel that data needed to be further interrogated to improve the Independent Return Interviews suggested and that this should be a focus for the Regional Group.

The Panel agreed to receive a quarterly update on the No Child Out of Sight profile report, giving information regarding analysis of data. The Panel was informed that the next update on the No Child Out of Sight profile would be presented to the Panel early in 2017. The Panel agreed that they needed to focus on how aspects of children going missing directly related to CSE.

The Panel discussed children who were 'off the radar' if the Local Authorities were not aware of their problems, some of which were due to the barriers with information databases which meant that information was not shared effectively.

AGREED:-
(1) That Gill Ellis and Carol Gilchrist be thanked for attending the meeting and that the update on No Child Out of Sight be noted.

(2) That the Panel discuss information sharing and case studies of working practices with Osman Khan at the October meeting, particularly with regard to Independent Return Interviews.

(3) That the Panel receive quarterly updates on the No Child Out of Sight analysis of data, particularly in relation to CSE and that the next update be considered early in 2017.

3 CSE Overview

The Panel considered an update giving a CSE Overview and welcomed Lee Thompson (Head of Safeguarding and Social Work) to the meeting.

Lee Thompson advised the Panel that following the update from Carly Speechley to the July meeting, that children's social care was on an important journey and preparing for the OFSTED inspection due shortly. Lee Thompson further explained that in response to the National Strategy to address the issues of CSE in Kirklees, Children's Services had developed the Integrated CSE Hub in November 2015. The Hub was based within Dewsbury Police Station and consisted of a Social Care Team Manager, 2 Deputy Managers, 4 Social Works, 3 Police Officers, 1 full time and 1 part time voluntary sector worker from Barnardo's and 1 Business Support worker; in addition to this 4 Targeted Youth Support workers recently joined the Hub, 3 of whom completed direct work with families around identification of CSE and Parenting work. A new Detective Sergeant had joined the Team at the end of May 2016.

Lee Thompson advised the Panel that the CSE Hub would ensure the responses to referrals from MASH were activated appropriately and had regular Multi-Agency meetings on response rates within 24 hours assuring these were timely. Lee Thompson further explained that if a child made a disclosure the CSE Team would instigate a Section 47.

The Panel was informed that a new Risk Assessment Tool was currently awaiting sign off and would hopefully be introduced in the next few weeks. The Risk Assessment Tool would support referral to MASH, identify the risk quickly and ensure an appropriate response was activated.

Lee Thompson advised the Panel that the Council currently had 82 people at risk of some level of CSE and the Council was currently dealing with 17 cases. The social worker would remain involved in the case, but a worker from the CSE Team would work with the child as their Key Worker.

Lee Thompson gave an update on key issues relating to CSE within Kirklees, as follows:

- Direct therapeutic work was ongoing with young people with a clearer focus on CSE risks;
- Greater management oversight of assessments and planning;
- Criteria for the CSE Hub – moving in a direction where all direct work with children and young people by the CSE Team jointly and in collaboration with social workers and multi-agencies; future planning will determine that the CSE Team would provide support to young people who were transitioning into adulthood (age 0-25);
- The recently formed Leadership Team across Children's Social Care has a strong focus on CSE and on ensuring the Local Strategic Plan was implemented by a workforce with the skills, knowledge, infrastructure and specialist tools to address one of society's biggest challenges; a further Peer Review was being considered;
- On-going audit activity will review the quality of work going forward as dictated by the Kirklees Quality Assurance Framework;

- Developments within the CSE Team included the appointment of a CSE Team Manager who had established daily meetings, intelligence sharing and active action in response to concerns;
- The CSE Team had supported Operation Tendersea which had impacted on a number of potential female victims (43 arrests of alleged perpetrators of historical victims of CSE);
- Identification of a training programme for staff within Kirklees and recognition of the need to deliver training programmes to partner agencies – a plan for the implementation of this remains in view;
- Appropriate safeguarding procedures where the individuals identified in Operation Tendersea were in close contact with children; social care have been able to identify risks associated with the perpetrators identified and their contact with children and regular joint meetings with the Police are taking place;
- West Yorkshire Police have identified legacy cases of individuals who are now adults; a plan has been agreed in approaching the victim and offering appropriate support and intervention which included all multi-agencies and services;
- Work was on-going within the CSE Team and a West Yorkshire Police Detective in leading on the Mapping Matrix/Problem Profile which would help identify children, perpetrators and hotspots and build upon local intelligence;
- CSE E-Learning has been undertaken by key frontline officers within adult social care;
- Chelsea's Choice was a theatre company that was touring the country and would be in Kirklees on the 18 and 20 October 2016 – the performance was a drama acted out by professional actors that demonstrated the dangers of CSE and children from the age of 9 upwards were being invited to watch the performance; previous feedback received had indicated a lot of recognition from young people that watching the performance helped them to recognise the risks of CSE; the Chelsea's Choice theatre productions were being rolled out to children and professionals and parents had been invited to come and watch – consent was sought from parents to allow their children to watch the performance and Lee Thompson confirmed that it would be age appropriate;
- A CSE based DVD was currently being developed which looked at CSE and the links to human trafficking;
- Terms of Reference and scoping have been determined for a Multi-Agency Child Sexual Exploitation Group (MACSE) and the first meeting was scheduled for mid-September, which would help with CSE Mapping;
- The Multi-Agency CSE Group had been instigated on the back of the CSE Strategy/Action Plan at operational level and would monitor actions, address challenges, update on progress and be a mechanism for holding to account individuals across agencies;
- A tasking meeting to undertake monthly analysis of CSE activity would assist with local profiling and Police were hoping to employ a full time Analysist to map against national trends;

Councillor Hill advised that prosecution of offenders of CSE was a priority for the Police and that they had experienced issues with the CPS not co-operating or responding within appropriate timescales. Councillor Hill advised that she had recently met with Osman Khan to discuss this matter.

The Panel acknowledged that the implementation of the CSE Team had been positive in being able to offer intervention and therapeutic responses to children at risk of CSE.

AGREED:-
(1)That the CSE overview of the current key issues within Kirklees be noted.

4 Update on Key National and Local Issues

The Panel considered an update on the Key National and Local Issues.

Sarah Callaghan advised the Panel that the L Goddard Inquiry had been set up to investigate whether public bodies and other non-state institutions had taken seriously their duty of care to protect children from sexual abuse in England and Wales. The Inquiry will now be led by Professor Alexis Jay, as Lowell Goddard has resigned.

Sarah Callaghan further explained that the first phase of the Inquiry consisted of 12 separate investigations, and Rochdale was the focus of at least one of the initial investigations. The Panel was advised that Rochdale's report on the Goddard Inquiry was complete and in the public domain. The Panel agreed to receive a copy of Rochdale's final report and discuss at a future meeting.

Sarah Callaghan advised the Panel that consultation by the Government was being carried out on reporting and acting on child abuse and neglect. The Panel were informed that the consultation had commenced in July 2016 and was due to be completed by 13 October 2016. The Panel agreed to receive a copy of the consultation document and consider at a future meeting. Sarah Callaghan further explained that Kirklees understanding of neglect was that it was the biggest issue that contributed to children at risk and Kirklees was looking at tools to help understand neglect. The Panel was advised that a Neglect Sub Group to the Kirklees Children's Safeguarding Board had been set up and that they would consider the risk assessment tool. Sarah Callaghan agreed to report back to the Panel on the issues of neglect reporting.

Sarah Callaghan advised the Panel that the OFSTED inspection of Children's Services was expected to take place on either 12 September, 26 September, 24 October or 14 November and that the Council was able to pre-empt some of the potential key lines of enquiry. Sarah Callaghan agreed to feedback to the Panel on the trends which had emerged from the inspection once it had taken place.

Councillor Hill reminded the Panel Members of the PACE event due to take place on the 18 October 2016 entitled 'Parents Speak Out: Crucial Partners in Tackling Child Sexual Exploitation'. The Panel was informed that all presenters would be parents who had experienced the direct impact of the sexual exploitation of their child. Arrangements for attendance by the Panel Members were being made by the Panel's supporting Governance officer.

AGREED:-
(1) That the update on National and Local issues be noted.

(2) That the Panel receive and consider at a future meeting the report by Rochdale Council on the L Goddard Inquiry – date to be determined.

(3) That the Panel receive and consider at a future meeting the Government consultation document on reporting of child abuse and neglect – date to be determined.

(4) That the Panel receive further updates on reporting of neglect – dates to be determined.

5 CSE Management Information

The Panel considered the CSE Management Information covering the period January 2016 to March 2016.

Sarah Callaghan advised that a number of key lines of enquiry had come out of the interrogation of the data, for example, the data showed 13% of repeat referrals and questions were being asked as to why this had happened and why the right support had not been put in place.

The Panel agreed that it would be useful to have numbers as well as percentages in the CSE Management Information to facilitate comparison.

Sarah Callaghan advised that the Management Information had significantly improved and required further refinement, however, did identify key questions for further investigation and interrogation. The Panel was informed that a number of thematic inspections by OFSTED had identified real national problems with under representation of boys and as a result these numbers were beginning to increase following the introduction of improved training for professionals.

Sarah Callaghan advised that the prevalence across Kirklees referrals did not necessarily represent CSE risk classification in all areas of Kirklees and that this information was being further cross referenced to identify CSE hotspots and risk factors within those communities.

The Panel noted that 17% of ethnicities were missing or invalid and 16% of ethnicities had not yet been obtained and that this information needed to be better understood. The Panel was informed that ethnicity was not a mandatory field on the current referral form, but that the introduction of Liquidlogic software would ensure that this information was entered in the future.

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

(2) That future Management Information include numbers as well as percentages to enable comparison.

6 CSE and Safeguarding Member Panel Agenda Plan for 2016/17

The Panel considered the CSE and Safeguarding Member Panel work programme for 2016/17 and agreed agenda items for future meetings.

AGREED:-
(1) That the agenda plan for the CSE and Safeguarding Member Panel for 2016/17 be noted and updated as agreed.

7 Date of Next Meeting

AGREED:-
That the date of the next meeting of the CSE and Safeguarding Member Panel be held on Friday 7 October 2016 at 10.30am to 12.30pm in Meeting Room 1, Huddersfield Town Hall.

Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

CHILD SEXUAL EXPLOITATION AND SAFEGUARDING MEMBER PANEL

Friday 7 October 2016

Present: Cllrs Hill (Chair), Allison, Holmes, Marchington, Bellamy (observer)

In attendance: Carly Speechley, Interim Assistant Director (Family Support & Child Protection)
Sarah Perry, Family Support and Child Protection
Osman Khan, Superintendent (West Yorkshire Police)
Ian Mottershaw, Detective Inspector (West Yorkshire Police)
Michael Brown, West Yorkshire Police
Benn Kemp, West Yorkshire Police
Helen Kilroy, Principal Governance and Democratic Engagement Officer

Apologies: Cllr Ahmed and Sarah Callaghan

1 Minutes of Previous Meeting

The Panel considered the Minutes of the meeting held on Thursday 2 September 2016.

AGREED:- That the Minutes of the meeting held on 2 September 2016 be agreed as a correct record.

2 Update Report on Historic CSE Cases

The Panel considered an update on historic CSE cases including progress on investigations and cybercrime. The Panel welcomed Osman Khan, Ian Mottershaw, Ben Kemp and Michael Brown from the West Yorkshire Police and Sarah Perry from Family Support and Child Protection.

Osman Khan outlined the CSE definition used to categorise and determine crimes with CSE links.

Osman Khan advised the Panel that since January 2016 Kirklees had recorded and were investigating 98 crimes that could be attributed to CSE. The crimes were identified using the definition and also where a person involved in the crime (victim or perpetrator) has previously been identified as being involved in or at risk of CSE. Osman Khan outlined key data, as follows:-

- Currently 71 children identified in Kirklees as being at risk of CSE
- The risk to each child is categorised as high, medium or low
- 8 children were regarded as high, of those children 6 were Looked After Children accommodated by Local Authorities (4 by Kirklees and 2 from other Local Authorities)

- 27 children were regarded as medium, of those children 12 were Looked After Children accommodated by Local Authorities (8 by Kirklees and 4 from other Local Authorities)
- 36 children were regarded as low, of those children 11 were Looked After Children accommodated by Local Authorities (8 by Kirklees and 3 from other Local Authorities)
- There were 6 young people who have been placed out of area, who were at risk of CSE (although that number can change at short notice)

Sarah Perry advised the Panel that previously other health professionals would assess the CSE risks, however, they would now do a referral which was sent to the CSE Team who would assess the risk within 24 hours.

In response to a question from Councillor Holmes regarding how often high risk cases were reviewed, Sarah Perry advised that cases were reviewed as follows:-

- High risk – every 4 weeks
- Looked After Children – regularly reviewed with a minimum of 4 weekly
- Medium risk – 4 to 6 weeks
- Low risk – a portion of low risk CSE cases are reviewed each week which meant all were regularly reviewed.

Sarah Perry further explained that cases of concern would be reviewed at a daily meeting and discussed as and when required.

Osman Khan advised the Panel that if a missing person was also a child at risk of CSE, their case would be reviewed as a matter of course.

Michael Brown advised the Panel that when a child goes missing who was assessed as high risk of CSE, even if the circumstances dictated limited risk, a serious case review would be opened indicating immediate risk and appropriate actions put into place. Michael Brown further explained that the Police had their own Manager who managed all ongoing Police issues and would visit a child following any missing episodes to find out as much information as possible to build a bigger picture of the case. The Panel was advised that high, medium and low CSE risk cases were automatically flagged on Police systems.

Sarah Perry agreed to circulate the CSE risk indicators on the Continuum of Need document to Members of the Panel to assist with their understanding of CSE.

Osman Khan advised the Panel that in relation to children at risk of CSE who regularly go missing, appropriate levels of intervention would be put into place and they would be moved out of the area away from the immediate risk.

Osman Khan provided a confidential report to the Panel covering 3 areas in relation to the investigation of CSE in Kirklees, which were:-

- The current situation in relation to the investigation of historic allegations of CSE which are referred to as legacy cases;
- The situation in Kirklees in relation to current live investigations and work load;
- A summary of investigations over the last year.

The Panel noted that the confidential information provided was restricted Police data and would not be shared beyond the Panel.

Ian Mottershaw advised the Panel that with regard to historic cases of CSE victims often either reluctant to share information or they do not see themselves as a victim so they do not want to be classed as one.

The Panel was advised in cases where prosecutions were unsuccessful and the Police still suspected an individual of committing a crime, the Police will undertake activities to investigate and target that suspect. Ian Mottershaw advised that a child at risk could be protected by being moved out of the area, thus reducing the risk to the child from a particular suspect of perpetrator.

The Panel was advised that once contact had been made with potential victims of historic CSE, the door was then 'adjar' if the individual's circumstances changed and if they wanted to come forward they would know who to contact.

In response to a question from Councillor Marchington regarding what action would be taken where there might not be sufficient evidence to prosecute a perpetrator who could still pose a risk, Ian Mottershaw advised that in such circumstances a Sex Offence Order (SOR) could be explored. The Panel was advised that the purpose of a SOR was to protect the public where necessary from serious sexual harm from a defendant and put measures in place that restrict the individuals lifestyle in respect of future contact with young people. Michael Brown advised the Panel that the West Yorkshire Police had been highlighted as an area of good practice in this area.

Michael Brown informed the Panel that anyone prosecuted for a CSE related crime would be registered as a sex offender. The Police would work in conjunction with a number of partners, particularly probation officers under the MAPPA process to manage registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public. The responsible authorities of the MAPPA include the National Probation Service, HM Prison Service and England and Wales Police Forces. The Panel noted that offenders could be on the sex offender register for life.

Osman Khan advised the Panel that the Police were involved in all aspects of safeguarding and they needed all the support from partners, including social care staff. Osman Khan further explained that other partners and agencies needed to step up in order to support the essential work of safeguarding children. Osman Khan advised the Panel that the Police Force would welcome support from Members. The Panel was informed that the Police attended every MAPPA meeting, but that they were unable to track everyone as there were simply not enough resources. Osman Khan further explained that there had to be a risk assessed approach to CSE as resources were not infinite and had to be allocated accordingly.

Michael Brown advised the Panel that the Police endeavour to control where possible where registered sex offenders were able to live, but indicated there were restrictions on the powers of the Police if someone was not on probation or there was no child in the house where they would be living.

Cybercrime

Benn Kemp advised the Panel that a survey had been carried out in secondary schools on cybercrime, which had resulted in 2,376 valid anonymous responses. Benn Kemp outlined statistical data as follow:-

- 1,099 responses had been received from Kirklees which was the biggest proportion of responders
- 50/50 female/male
- 70% white backgrounds
- 47% from education
- Respondents were aged between 11 and 16
- Respondents currently used YouTube, Facebook, Snapchat, Instagram and Twitter in that order of popularity

Benn Kemp advised the Panel that from the results of the survey the Police had explored the CSE and safeguarding risks and outlined the key areas of questions which had been asked within the survey and these were:-

- Meeting somebody online and then later meeting them in person
- Meeting the person alone and whether they had told somebody they were going
- The age of the person they had met

The Panel was given confidential information with regard to performance data and additional information relating to cybercrime, but as this information was restricted it could not be shared beyond the Panel.

Benn Kemp advised that the results from the survey would influence training and future learning and that the Police intended to repeat the survey in the future. Benn Kemp further explained that the data from the survey would be used for comparative analysis and agreed to circulate his presentation to the Panel.

Osman Khan advised the Panel that Vanessa Smith from the West Yorkshire Police was working on geographical information with regard to the spread of children across the Kirklees District and would feed this information back to Social Care, Education and Safe and Cohesive Communities.

Osman Khan advised the Panel there was a lot more use of online gaming with Xbox and Playstation which was a new area for the Police. Osman Khan further explained that Vanessa Smith and Benn Kemp from the West Yorkshire Police were looking into this.

In response to a question from Councillor Holmes regarding Facebook and the ability to create fake profiles, Benn Kemp advised that the Police had good relationships with the majority of social media providers and work closely with them on a routine basis. Benn Kemp further explained that there were some challenges around law enforcement where Facebook was concerned as it was an American based company which operated from California under American law. Benn Kemp advised the Panel that Facebook were looking at different structures for the prevention of offences online.

In response to a question from Councillor Marchington with regard to the need to deal with the risk factors of CSE on social media, Benn Kemp advised that social media sites needed to be secured by design, meaning that the sites should be made secure when they were originally designed.

Benn Kemp advised the Panel that under reporting of cybercrime was a big issue and that Police were working hard within West Yorkshire and Kirklees to understand the risk and threat of online offending and the impact on the life of the victim. Benn Kemp further explained that the Police had accounts on Twitter and Facebook as a way of engaging with the community.

In response to a question from Councillor Holmes regarding how the Police could identify what might be coming up on social media, Benn Kemp advised that this was not easy to predict. Benn Kemp further explained that the Police had begun to see young people moving away from Facebook as parents and relatives now had accounts. The Panel was advised that the fastest growing age group on Facebook was now aged 50 to 66.

Benn Kemp advised the Panel that Whatsapp provided challenges against law enforcement.

Benn Kemp advised that it had been very difficult to undertake a Force wide analysis of the survey, as they had only received a few responses from some of the West Yorkshire Local Authority areas.

AGREED:-

(1) That colleagues from the West Yorkshire Police Force and Sarah Perry from Children's Services be thanked for attending the meeting and giving an update on historic CSE cases.

(2) That the Panel receive a copy of the CSE risk indicators to help with their understanding of CSE.

(3) That the Panel continue to receive quarterly updates from West Yorkshire Police on historic CSE cases.

3 CSE Mapping

The Panel considered a report giving information regarding the CSE Hub mapping process utilised for CSE Management within Kirklees. Michael Brown advised the Panel that he had recently been promoted as the new DCI at West Yorkshire Police and had a safeguarding background going back to 2002.

Michael Brown advised that the report gave a snapshot which looked at perpetrators or potential perpetrators and where improvements needed to be made. A risk matrix assessment of offenders was conducted and each offender was subjected to scoring and would therefore be flagged on the Police system.

Michael Brown advised the Panel that arrests of perpetrators were usually straight forward, however the challenge was proving in court that the perpetrator had committed an offence. The Panel was advised that victims would sometimes stand up in court indicating that they had not been abused and the Police could not overstep boundaries, but do have to be robust and make sure that messages have

been received by perpetrators. Michael Brown advised on the tactical options that the Police will use once the perpetrator has been assessed, which give the Police a number of disruption and tactical options as outlined within the report. Michael Brown further explained that the Police will knock on doors to visit potential perpetrators of CSE in order to give them an opportunity to ‘mend their ways’ and often speaking to the potential perpetrator in front of family members for example will expose them and does often have a positive result in the prevention of further offences.

The Panel was advised that staff within children’s homes will monitor young people and advise the Police if they see a young person getting into a vehicle or any other suspicious circumstances.

Michael Brown advised that registered sex offenders could be monitored and managed. The Police will know where sex offenders have been and where they are going, for example, if they have been near a children’s homes or in the location of where a child has gone missing.

Michael Brown advised the Panel that there were over 400 registered sex offenders currently within Kirklees, some relating to CSE. The Panel was informed that several Civil Orders had been successfully applied by the Police in relation to perpetrators who sexually abuse children.

Michael Brown advised that Organised Crime Groups (OCG’s) with identified links to CSE were allocated to the CSE Team at Dewsbury Police Station by the safeguarding Detective Inspector. The Strategic 4 P’s Plan (Pursue/Prevent/Protect/Prepare) was created and actions were directed and progressed by the CSE Offender Manager. Michael Brown further explained that the Multi Agency CSE Hub at Dewsbury Police Station received all CSE related referrals which were constantly reviewed to make sure that the Police were looking at the latest information. The Panel noted that the purpose of the scoring matrix was that the Police could concentrate on particular individuals and target resources in the right places. The Panel was advised that OCG’s were being reviewed on a monthly basis.

The Panel discussed taxi drivers who had gained a hackney licence which would enable them to work in any private firm anywhere within the UK. Members noted that this issue had been considered previously by the Panel. The Police advised that taxi drivers who committed offences related to CSE could be from a variety of backgrounds.

Michael Brown advised the Panel that the Police were employing an Analyst to oversee hot spot areas who would produce a report on a monthly basis showing statistical analysis of the offender and victim profiling and where resources needed to be targeted. Michael Brown agreed to bring a update to a future meeting on how this analysis work was progressing.

Michael Brown updated the Panel on Operation Trackville which was a Multi-Agency CSE operation that was to run every 6 weeks within the Kirklees District to assess CSE related concerns. The Panel noted that the first operation had commenced in September 2016 and was a huge success. Michael Brown further explained that the intention of the operation was: -

- To identify and engage with young people throughout the District offering specialist support and guidance in an informal environment
- To support local taxi companies in identifying and reporting potential CSE incidents through education and compliance – the Police were reminding taxi firms of their roles and responsibilities around safeguarding
- To seek and arrest key wanted nominals across the District
- To gather and develop CSE related intelligence
- To frustrate and disrupt criminal activity across the Borough
- Use a positive media message to endorse the Police's commitment to tackling CSE criminality at all levels
- To carry out the operation with minimal disruption to the community

Michael Brown advised that the Police were exploring various options of engaging with the local community, for example, taking Police horses into parks which had proved successful in helping to break down barriers in talking to young people.

Sarah Perry advised the Panel Kirklees CSE Hub is able to offer advice, guidance and support to Kirklees children and their families, and also to partner agencies. The CSE Hub was currently involved in promoting the service and raising awareness including within the local community. The Hub was currently producing a You Tube video with the Police.

Osman Khan advised the Panel that protecting children was at the heart of safeguarding of CSE and that the Police's greatest partner was staff in social care. Osman Khan further explained that Carly Speechley and Sarah Perry were key officers for the Police to work with and that even though good progress had been made with other partners there was still a lot of work to do.

AGREED:-
(1) That colleagues from the West Yorkshire Police and Sarah Perry from Children's Services be thanked for attending the meeting to give an update on CSE mapping system within Kirklees.

(2) That the Panel receive a progress update on CSE Mapping, including the statistical analysis of the offender and victim profiling.

4 Update on Key National and Local Issues

The Panel considered a verbal update on the key National and Local issues.

Carly Speechley advised the Panel that the Goddard Inquiry was now called the Jay Inquiry. Carly Speechley further explained that the inquiry had been plagued by difficulties in that the legal advisor for the Inquiry had recently resigned which had hampered progress.

Carly Speechley explained to the Panel that the recent Ofsted inspection of Children's Social Care had recognised good work on CSE both strategic and operational, including a positive amount of investment in the CSE Hub and enhanced scrutiny due to the CSE and Safeguarding Member Panel.

AGREED:-
(1) That the update on national and local issues be noted.

5 CSE Management Information

The Panel considered an update on CSE Management Information. Carly Speechley advised that the numbers of repeat contacts in relation to CSE continued to be low and that further work was ongoing around awareness raising and what defined CSE.

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

6 CSE and Safeguarding Member Panel Agenda Plan for 2016/17

The Panel considered the agenda plan for the CSE and Safeguarding Member Panel for 2016/17.

The Panel agreed to receive an update on the recent Ofsted Inspection of Children's Social Care and the emerging themes, and in particular with regard to CSE.

The Panel confirmed that they would be attending the PACE Event on 18 October 2016.

AGREED:-
(1) That the agenda plan for the CSE and Safeguarding Member Panel for 2016/17 be noted and updated as agreed.

7 Date of Next Meeting

AGREED:-
That the date of the next meeting of the CSE and Safeguarding Member Panel be held on Friday 4 November 2016 at 10.30am til 12.30pm in Meeting Room 1, Huddersfield Town Hall.