

# Public Document Pack



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Wednesday 18 January 2017

## Notice of Meeting

Dear Member

### Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Meeting Room 3 - Town Hall, Huddersfield** at **2.00 pm** on **Thursday 26 January 2017**.

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

A handwritten signature in black ink, appearing to read "Julie Muscroft".

**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

Priscilla McGuire

# Agenda

## Reports or Explanatory Notes Attached

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**Pages**

**1: Membership of the Board/Apologies**

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

Contact: Jenny Bryce-Chan, Tel: 01484 221000

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**2: Minutes of previous meeting**

1 - 6

To approve the minutes of the meeting of the Board held on 24 November 2016.

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**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.

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**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.

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## **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.

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## **6: Public Question Time**

The Board will hear any questions from the general public.

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## **MATTERS FOR CONSIDERATION**

### **7: Healthy Child Programme Contract Update**

9 - 16

To update the Board in relation to the Healthy Child Programme tender award.

Contact: Tom Brailsford, Joint Commissioning Manager Tel: 01484 221000

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### **8: Children's Improvement Plan**

17 - 28

To provide the Board with:

(a) An update on progress with the Children's Improvement Programme, and the Board is asked to help shape the local response to this key strategic issue

(b) An update on progress towards delivering the Children & Young People with special educational needs and disabilities vision and strategy

Contact: Gill Ellis, Interim Director for Children and Young People Service, Mandy Cameron, Deputy Assistant Director and Matthew Holland, Head of Children's Trust Management and Development 01484 221000.

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**9: Pharmaceutical Needs Assessment** 29 - 32

The Health and Wellbeing Board (HWBB) is asked to note and approve publication of Supplementary Statement 1 which will form part of the Pharmaceutical Needs Assessment (PNA).

Contact: Nicola Bush, Public Health Pharmaceutical Advisor Tel: 01484 221000

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**10: Health & Social Care Peer Challenge** 33 - 36

To ask the Board to approve Kirklees' involvement in the piloting of a new system wide care and health peer challenge being developed by the Local Government Association.

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

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**11: Joint Working Protocol** 37 - 48

To ask the Board to sign off the joint working protocol between the Board and the Children's and Adults Safeguarding Boards, Children's Trust, Community Safety Partnership, Healthwatch and the Kirklees Overview and Scrutiny Panel for Health and Social Care.

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

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**TO NOTE**

**12: Minutes of CSE & Safeguarding Member Panel** 49 - 54

To receive the minutes of the CSE and Safeguarding Member Panel meeting held on 4 November 2016.

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

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**13: Date of next meeting**

To note that the next meeting of the Health and Wellbeing Board will be on the 2 March 2017.

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Contact Officer: Jenny Bryce-Chan

## **KIRKLEES COUNCIL**

### **HEALTH AND WELLBEING BOARD**

**Thursday 24th November 2016**

- Present:**
- Councillor Viv Kendrick (Chair)
  - Councillor Donna Bellamy
  - Councillor Shabir Pandor
  - Rory Deighton
  - Dr David Kelly
  - Carol McKenna
  - Dr Steve Ollerton
  - Richard Parry
  - Fatima Khan-Shah
- Apologies:**
- Councillor Kath Pinnock
  - Councillor Erin Hill
  - Rachel Spencer-Henshall
  - Sarah Callaghan
  - Priscilla McGuire
  - Kathryn Hilliam
  - Adrian Lythgo
- In attendance:**
- Phil Longworth, Health Policy Officer, Kirklees Council
  - Keith Smith – Kirklees Council
  - Mick Houghton-Evans – Independent Chair of Kirklees Safeguarding Adults Board (KSAB)
  - Hazel Wigmore –KSAB Lay Member
  - Penny Renwick – KSAB Lay Member
  - Jenny Bryce-Chan, Governance Officer
- Observers:**
- Tilly Poole - Mid Yorkshire Hospital NHS Trust
  - Sue Burton – Calderdale & Huddersfield Foundation Hospital Trust
  - Rob Webster – South West Yorkshire Partnership Foundation Trust
  - DCI Mick Brown – West Yorkshire Police
  - Sharon Lowrie - Locala

**44 Membership of the Board/Apologies**

There were no substitutions.

The Board received apologies from Cllr Erin Hill, Cllr Kath Pinnock, Sarah Callaghan, Rachel Spender-Henshall, Priscilla McGuire, Adrian Lythgo and Kathryn Hilliam.

**45 Minutes of previous meeting**

**RESOLVED** - That the minutes of the meeting held on the 29 September 2016, be approved subject to the following correction:- that the name Patricia McGuire be replaced with Priscilla McGuire.

**46 Interests**

Cllr Viv Kendrick declared an 'other' interest as a patient of Slaithwaite Health Centre.

Fatima Khan-Shah placed on record a general interest in respect of her work with carers and as a carer's representative.

Rob Webster declared an 'other' interest in respect of agenda item 10, CAMHS.

**47 Admission of the Public**

All items to be considered in public session.

**48 Deputations/Petitions**

Pat Jones, Slaithwaite Health Centre SOS presented a deposition to the Board in respect of the STP.

**49 Public Question Time**

Christine Hyde asked the Board the following question in respect of the Sustainability and Transformation Plan "will the Health and Wellbeing Board press the Council and the STP Board to publish the appendices to the footprint STP". Rob Webster provided a response on behalf of the Board".

**50 Kirklees Safeguarding Adult Board Annual Report 2015/16**

Mike Houghton-Evans, Independent Chair of the Kirklees Safeguarding Adults Board (KSAB) attended the meeting to present the Board's Annual Report for



2015/16. Also in attendance were lay members, Hazel Wigmore and Penny Renwick. Mr Houghton-Evans explained that lay members bring a range of different experience to the table.

In summary, the Board was advised that in order to maintain its strategic purpose, KSAB is keen to make ensure it is a learning board that is more outward facing, delivering constructive helpful criticism and challenge and Making Safeguarding Personal. Making Safeguarding Personal is ensuring that people being safeguarded are better informed about what safeguarding is.

Much of KSAB's work during the last year has been developing a 3 – 5 year strategic plan and undertaking work on hoarding and self-neglect protocols and guidelines. KSAB had worked closely with Trading Standards with regard to the 'suckers list' aimed at tackling doorstep crime. There had also been collaboration on joint areas of work with Kirklees Children Safeguarding Board and Community Safety Partnership.

To undertake its work KSAB establishes 'task and finish' groups as required and during the year, groups have been set up to look at self-neglect and safeguarding as well as Making Safeguarding Personal and; in partnership with other boards, Female Genital Mutilation. The next event will be preventing financial abuse.

The Board was informed that while the law in respect of Deprivation of Liberty (DoLs) did not change it was clarified and this had caused a significant amount of work. In keeping with the national picture, there continues to be a huge increase in request for DoL authorisations received by the local authority and it poses a challenge meeting that demand.

KSAB has a performance framework which monitors progress across the partnership and the effectiveness of procedures. The framework demonstrates how the partnership is contributing to improvements in safeguarding and acts as a means of informing the KSAB work plan. Monitoring via highlight reports takes place three times per year.

**RESOLVED - That the 2015/16 Kirklees Safeguarding Adults Board be received by the Health and Wellbeing Board.**

**51 West Yorkshire & Harrogate - Sustainability & Transformation Plan (STP)**

Rob Webster, Chief Executive, SWYPFT and West Yorkshire STP Lead attended the meeting to present the West Yorkshire & Harrogate Draft Sustainability and Transformation Plan. In summary, the Board was advised that the STP is the local approach to delivering a national plan and is a different way of working. As a system the only way to get through these difficult times is by working together. The drive is to focus on place, with commissioners and providers working closer together as a partnership which is at the very core of the STP.

The West Yorkshire and Harrogate STP is built from six local area place-based plans. The aim is to attempt to tackle long standing issues, improve care, look at

prevention, better co-ordinate services, prevent unnecessary hospital admissions and support people to stay well.

The six local plans have identified cross cutting priorities for working together at West Yorkshire & Harrogate level. These priorities include: cancer services, urgent and emergency care, specialist services, stroke and mental health. With an ageing population, people are living longer with complex health and social care needs. Suicide is the biggest killer in young men. The plan proposes services join up to meet needs with all the decisions and money allocated to place.

The Board was informed that there is a lot of public and patient expertise, experience and local intelligence and it is important to draw on this. By working at a West Yorkshire and Harrogate level, value can be added by sharing best practice and innovation and agreeing shared principles and operating to these.

The Board was reminded that developing the plan had been a journey and people should not expect to be surprised because a lot of work in the plan has been things that have been worked on and built up over the past few years.

There are three gaps outlined in the five year forward view which relate to health and wellbeing, care and quality of services and finance and efficiency.

The Board questioned whether the STP goes far enough to close the gaps and in response was advised that it does as it sets out the case to close some of the gaps including financial by working together.

The focus is on implementation and making a difference to people, planning sustainable health care for the future. The proposals are about improvement and change and to do this it is important to create the right workforce with the right skills, engage communities in a meaningful way and use technology to drive change.

The Board stated that people need to feel engaged and questioned whether there was a better way of describing the West Yorkshire STP to local people. The Board also questioned what was being done with regard to communication and engagement.

The Board was informed that the challenge for the STP is having a different conversation as previously it used to a bed based conversation. The focus also shifts to building on conversations that have already taken place with communities to developing meaningful coproduction for turning high-level proposals into implementable plans. An easy read version of the plan had also been produced.

Health and Wellbeing Boards are the key mechanism for taking decisions on place based proposals at local level. Things will have to change in governance terms and over the next 12 months there will be a move to more formal joint decision making arrangements to support collective decision making.

With regard to the timeframe, there are no national milestones from NHS England. The next important milestone is the two-year operational NHS planning process.

The Board commented that there does need to be more political oversight in the process. The Board also raised a query in respect of the financial information in the plan and asked that this be looked into and clarified.

The Board was informed that the Health and Wellbeing Strategy comes next and if the plan is approved major improvements can be made.

**RESOLVED** - That the West Yorkshire Sustainability and Transformation draft plan be noted by the Board.

## **52 Developing the Kirklees Health & Wellbeing Plan 2017 - 2021**

Phil Longworth, Health Policy Officer provided the Board with an update on progress in developing the Kirklees Health and Wellbeing Plan 2017-2021. Since January 2016, the Board had received regular updates on the development of both the West Yorkshire and Harrogate Sustainability & Transformation (STP) and the local Kirklees plan. The purpose of presenting the current update was to enable the Board to comment on the working draft and to agree on the name for the local Plan which to avoid confusion will be called the Kirklees Health and Wellbeing Plan 2017-2021.

The Board was advised that a set of work streams had been identified which would ensure that the Plan is delivered. The intention is that each work stream is led by a member of the Board. Over the next 12 months work stream leads will provide an update on progress to the Board. Representatives from South West Yorkshire NHS Foundation Trust and Locala expressed an interest in being involved in the various workstreams.

The Board was advised that proposals are being developed to establish a new 'joint committee' with representatives from the Council, North and Greater Huddersfield Clinical Commissioning Group's. The aim of establishing a joint committee is to simplify decision making when dealing with issues that require both CCG's and the Council to make a co-ordinated decision.

The Board was informed that the current thinking is to agree a work programme that sets out a range of issues/service areas that the joint committee will be responsible for on behalf of partners. The Healthy Child Programme, CAMHS Transformation Plan and the Better Care Fund could be used as a prototype to see how it could work.

### **RESOLVED –**

a) That the progress with developing the Kirklees Health and Well Being Plan 2017-21 be noted and the new name endorsed by the Board

b) That 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 be supported by the board

c) That the proposed work-streams be endorsed by the Board

d) That a Board Member be nominated for each work-stream.

**53 Adolescent Mental Health Service (CAMHS) Transformation Plan**

The Board received for approval a report in respect of the Children and Adolescent Mental Health Service Transformation Plan refresh (2016).

**RESOLVED** - That the Kirklees CAMHS Local Transformation Plan refresh (2016) be approved by the Board.

**54 Minutes of CSE & Safeguarding Member Panel**

The Board received for information the minutes of the Child Sexual Exploitation and Safeguarding Panel meetings held on 2 September 2016 and 7 October 2016.

**RESOLVED** - That the minutes of the CSE and Safeguarding Members panels be noted.

**55 Date of Next Meeting**

That the next meeting of the Board would be on the Thursday 26 January 2017, Huddersfield Town Hall.

**RESOLVED** - That the date of the next meeting be noted.

<b>KIRKLEES COUNCIL</b>  <b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b> <b>DECLARATION OF INTERESTS</b> <b>HEALTH AND WELL BEING BOARD</b>			
<b>Name of Councillor</b>			
<b>Item in which you have an interest</b>	<b>Type of interest (eg a disclosable pecuniary interest or an "Other Interest")</b>	<b>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]</b>	<b>Brief description of your interest</b>

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.

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>26/01/2017</b>
<b>TITLE OF PAPER:</b>	<b>Kirklees Integrated Healthy Child Programme “ Thriving Kirklees”</b>
<b>1. Purpose of paper</b>	To Update the board in relation to the Healthy Child Programme tender award.
<b>2. Background</b>	<p>A full report in relation to the outcomes, principles and vision for the Healthy Child Programme was discussed and agreed by the board on the 30<sup>th</sup> June 2016. For further detail please see appendix A.</p> <p><u>Integrated Process</u></p> <p>Kirklees Council, North Kirklees CCG and Greater Huddersfield CCG have been working closely over the past 18 months in order to deliver an innovative approach to better meet the needs of the children and young people of Kirklees. This has involved working in a number of collaborative ways across a range of complex service areas, to redesign and produce a service specification that allowed for a truly transformational approach across a range of provisions.</p> <p>As outlined in Appendix A this initially brings together the following services:-</p> <ul style="list-style-type: none"> <li>• Health visiting and family nurse partnership (0-5 year old public health resource).</li> <li>• School nursing (5-19 year old public health resource)</li> <li>• Children and adolescent mental health service (CAMHS) tiers 2 and 3</li> <li>• Autism Spectrum Conditions assessment and support</li> <li>• Children’s Learning Disability and Occupational Therapy provision.</li> <li>• Learning from the pilot Single Point of Access and schools link pilot in the CAMHS Transformation Plan</li> <li>• Children’s weight management service</li> <li>• Healthy vitamin scheme</li> <li>• Children’s Accident Prevention Scheme</li> </ul> <p>The programme will be a catalyst for change within these provision but will also work closely to support and align with a number of the cross cutting programmes in Kirklees including:-</p> <ul style="list-style-type: none"> <li>• All age disability</li> <li>• Schools as community hubs</li> <li>• Early Intervention and Early Help offer</li> </ul> <p>The commissioning system also forms part of the new collaborative approach across Kirklees and as such a number of changes have been made to support a single collaborative approach to the transformation including:-</p> <ul style="list-style-type: none"> <li>• A single lead commissioning arrangement for the management of the contract delivered through Kirklees Council and governed by a formal Section 75 arrangement</li> <li>• A single Pooled Budget arrangement managed by Kirklees Council and governed by a formal section 75 arrangements.</li> <li>• The allocation of a transformational support manager to directly support the providers with the transformation required.</li> </ul>

- Clear governance arrangements which serve to simplify and integrate structures and reporting mechanism's whilst meeting reporting requirements of the constituent parties to the Section 75 and national bodies such as NHS and Public Health England.
- Implementing a new joint governance board across Kirklees Council, Greater Huddersfield CCG and North Kirklees CCG. This board gave final sign off to the contract award for the Healthy Child Programme.

#### Contract Award

Kirklees Council, working with NHS North Kirklees and NHS Greater Huddersfield CCGs, has awarded the Healthy Child Programme contract to a local provider, who will in turn sub-contract further local providers. This arrangement, which is working under the banner of 'Thriving Kirklees', is led by Locala Community Partnerships, who have sub-contracted South West Yorkshire Partnership NHS Foundation Trust, Northorpe Hall, Home-Start and Yorkshire Children's Centre to provide discrete elements of the programme. The contract, which includes services currently worth just over £10 million per year, was awarded following a consultation and procurement process. The new contract will commence on 1 April 2017 and is initially for a five year period with an option to extend for up to a further five years.

#### **4. Financial Implications**

The services that are currently delivering elements of the HCP and CAMHS are outlined above. The current contract values/service budgets for these services have determined the financial envelope. Commissioners will be seeking savings over the contract term but with demonstrable improved outcomes for children, young people and families.

#### **5. Sign off**

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

#### **6. Next Steps**

- Mobilisation and implementation plan January 2017 to March 31<sup>st</sup> 2017
- 1<sup>st</sup> April 2017 service commencement date " safe transfer of service"
- Transformation programme implemented 1<sup>st</sup> April 2017 to April 2022

#### **7. Recommendations**

That the Board:

- Note the successful contract award and delivery partnership
- Strategically support the transformation of the healthy child programme 0-19 across Kirklees
- Endorse and support the learning from the integrated approach taken in order to successfully commission and award the contract.

#### **8. Contact Officer**

Keith Henshall - Head of Health Improvement (Starting Well) [Keith.Henshall@kirklees.gov.uk](mailto:Keith.Henshall@kirklees.gov.uk)

Tom Brailsford - Joint Commissioning Manager (Kirklees Council and CCGs)  
[Tom.Brailsford@northkirkleescg.nhs.uk](mailto:Tom.Brailsford@northkirkleescg.nhs.uk)



# Healthy Child Programme (HCP)

0-19 years (up to 25 years for children with disabilities)

## Kirklees healthy child programme (HCP) 0-19 years – what's it all about?

### Key messages

Thursday 30/06/2016

#### 1. What is the healthy child programme?

The context for the work is set by Professor Sir Michael Marmot's review, [Fair Society, Healthy Lives \(2010\)](#). The review had two aims - *to improve health and wellbeing for all* and *to reduce health inequalities*. To achieve these, the review recommended six 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.

#### 2. How does this fit with the Local 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. Extra funding was 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.

Kirklees was successful in attracting the extra funding.

#### 3. Our vision

Kirklees is a great place to grow up where every child and young person...

- is safe and loved, healthy and happy and free from harm, and
- has the chance to make the most of their talents, skills and qualities to fulfil their potential.

#### 4. What do we want to achieve?

We want to bring together organisations, people and services to develop a shared approach so that...

- every child has the best start in life
- all children, young people and adults maximise their capabilities and have control over their lives.

#### 5. 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.

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 a whole family approach. This means new opportunities for bringing together a robust approach for improving outcomes for children, young people and their families.

## **6. Kirklees Integrated Healthy Child Programme**

The intention is to use the HCP approach for the integration of a range of systems, interventions and services in order to improve outcomes for children, young people, their families and communities, with a focus on mental and emotional health and wellbeing.

The plan covers the whole spectrum of services for children and young people’s mental health and wellbeing from health improvement and prevention work, to support and interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services.

## **7. The commissioning plan**

To design and deliver more integrated child and family health services in Kirklees using the framework of the HCP to improve the outcomes for children, young people and their families. The services that are currently delivering elements of the HCP and CAMHS include:

- Health visiting and family nurse partnership (0-5 year old public health resource).
- School nursing (5-19 year old public health resource)
- Children and adolescent mental health service (CAMHS) tiers 2 and 3
- Learning from the pilot Single Point of Access in the CAMHS Transformation Plan
- Children’s weight management service
- Healthy vitamin scheme.

Commissioners hope that any potential model will be innovative and demonstrate a robust, fully integrated delivery partnership approach. They are intending to encourage collaboration wherever possible.

## **8. 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 the agreed outcomes and preventing problems
- Reduce inequalities – proportionate help according to need and available assets
- Improve primary and secondary prevention across life stages
- Build in easy access to advice and help from a range of sources
- Embed ‘nurturing parent’ and enables parents to develop the ‘confidence to care’ and children and young people to self-manage (e.g. developing child/parent led care planning)
- Increase independence and decreases service dependency & Re-design support to promote resilience and emotional wellbeing
- Focus on four sources of support: ‘Personal Relationships’, ‘Family (parent carer)’, ‘Community Capacity’, ‘Learning Environments’
- Demonstrate a coherent workforce design and development strategy and implementation plan.
- Demonstrate robust information governance and best practice in information sharing, including the potential for shared client record systems
- Support the development of the Learning and Community Hubs
- Promote relationship based approaches
- Ensure a robust support network of partner agencies, including access to advice, consultancy and supervision.

## 9. 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.

## 10 Need more information?

Keith Henshall - Head of Health Improvement (Starting Well) [Keith.Henshall@kirklees.gov.uk](mailto:Keith.Henshall@kirklees.gov.uk)

Tom Brailsford - Joint Commissioning Manager (Kirklees Council and CCGs)

[Tom.Brailsford@northkirkleescg.nhs.uk](mailto:Tom.Brailsford@northkirkleescg.nhs.uk)

Karen Poole - Head of Children's and Maternity Commissioning

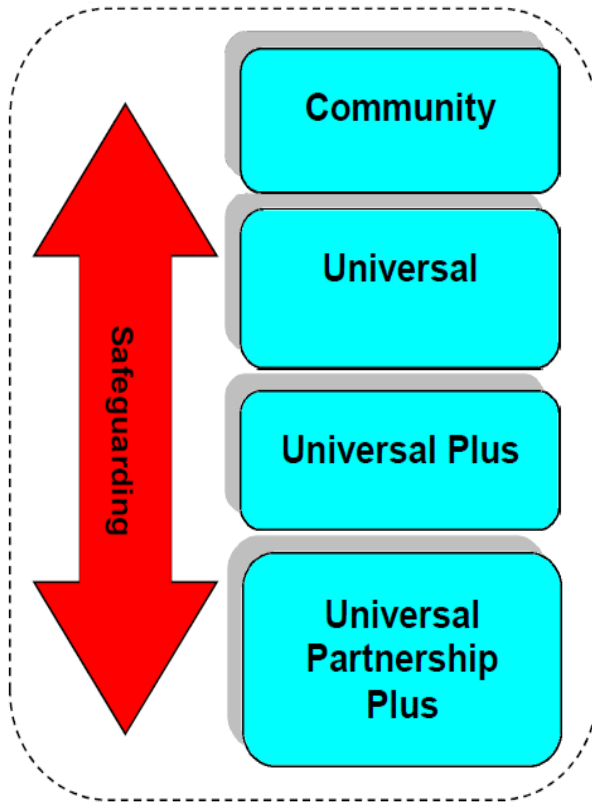
[Karen.Poole@northkirkleescg.nhs.uk](mailto:Karen.Poole@northkirkleescg.nhs.uk)

Alison Cotterill – HI Advanced Practitioner (Starting Well 0-5) [Alison.Cotterill@Kirklees.gov.uk](mailto:Alison.Cotterill@Kirklees.gov.uk)

Carl Mackie – Public Health Manager (Starting Well 5-19) [Carl.Mackie@Kirklees.gov.uk](mailto:Carl.Mackie@Kirklees.gov.uk)

Alan Turner - HCP Project Manager – [Alan.Turner@Kirklees.gov.uk](mailto:Alan.Turner@Kirklees.gov.uk)

## The Current Healthy Child Programme Model



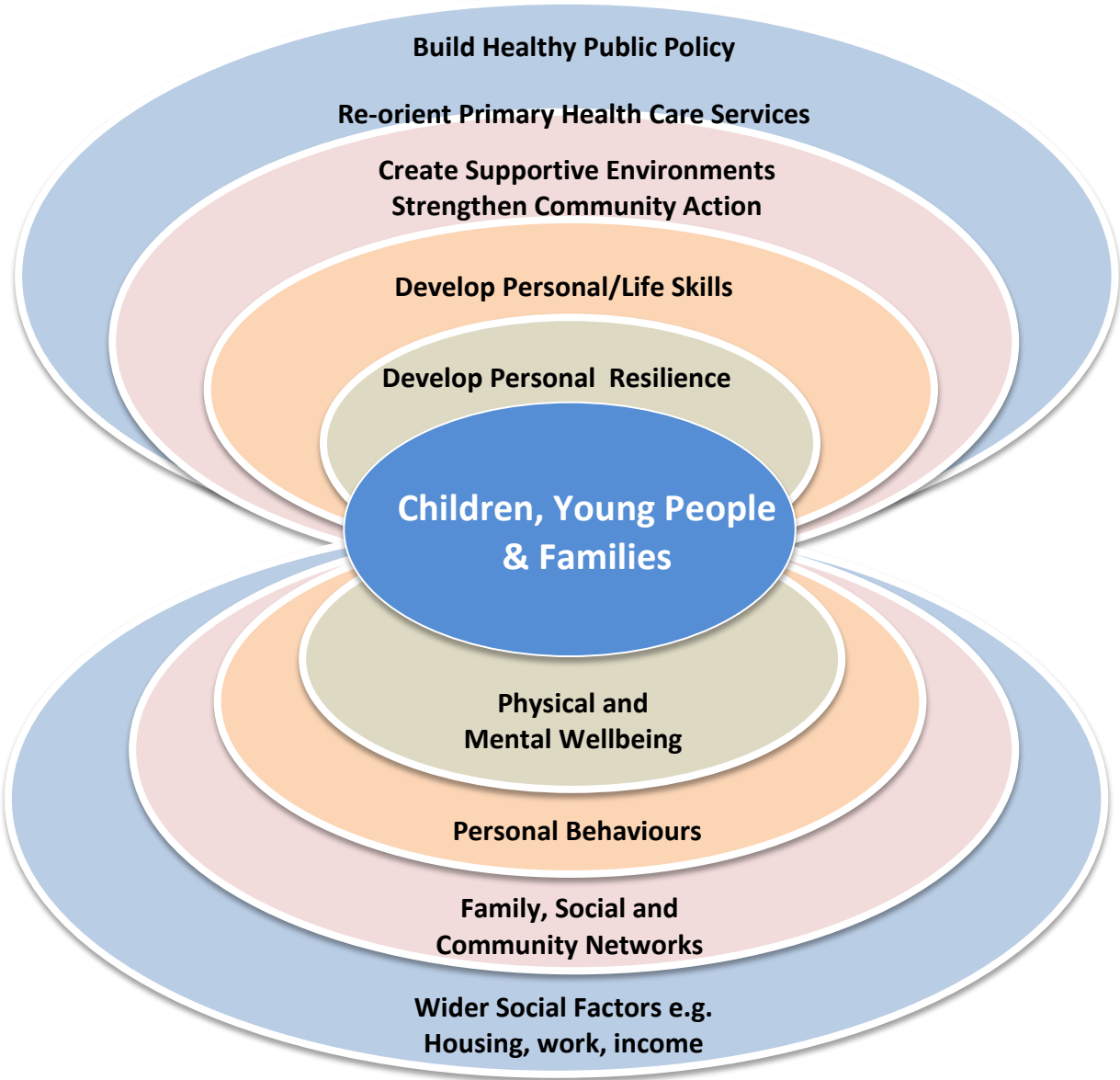
**The Community** describes a range of activities, services and support in the community for children, young people and their families. The HCP helps in developing and providing these and making sure people know about them.

**Universal HCP** to ensure a healthy start for every child. This may include promoting wellbeing and resilience, for example through listening and supporting, and protecting health e.g. by immunisations and identifying problems early.

**Universal Plus** provides a swift response when specific expert help is needed which might be identified through an assessment or through providing accessible services that people can go to with concerns. This may include managing long-term health issues and additional health needs, reassurance about a health worry, advice on sexual health, and support for emotional and mental health and wellbeing.

**Universal Partnership Plus** delivers ongoing support as part of a range of local services working together and with the family to deal with more complex problems over a longer period of time.

**The Proposed New Model for Kirklees Integrated Healthy Child Programme**



**'STARTING WELL' SYSTEMS**

**(0-19) Learning Environment (*Formal and informal*)**

**Early Intervention & Prevention System**

**3-19 Formal Education**

**Schools as Community Hubs**

**Shared Outcomes**

Best Start

ECM

Rounded  
Resilient  
Ready

**Kirklees Council Early Intervention & Prevention Service (Early Help)**

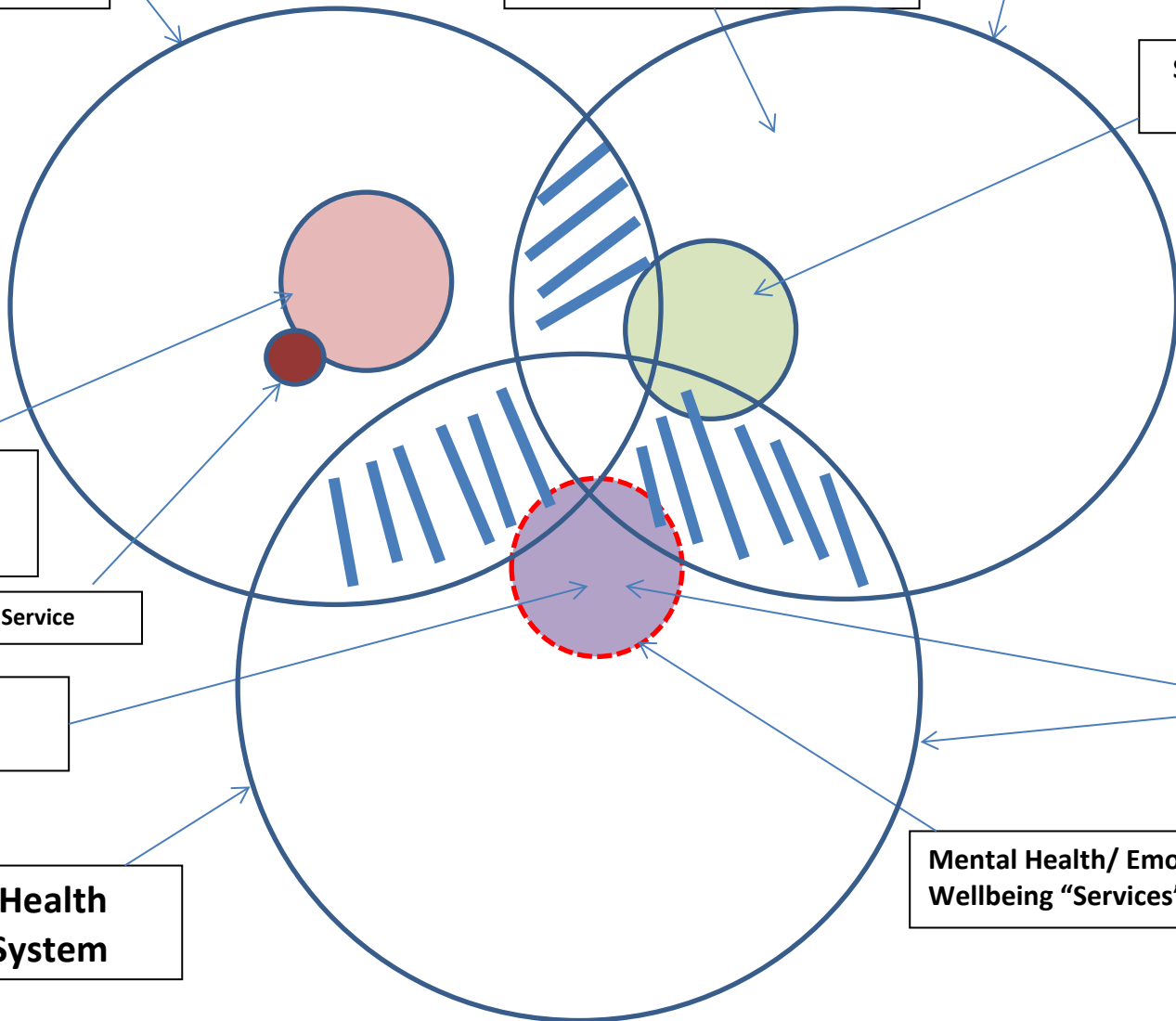
**All Age Disability Service**

**HCP Specification(s) and Contracts**

**'Starting Well' Health Improvement System**

**Mental Health/ Emotional Wellbeing "Services"**

**Catalysing Change in Systems and Outcomes**



<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE: 26/01/2017</b>
<b>TITLE OF PAPER: Children's Improvement Programme</b>
<p><b>1. Purpose of paper</b></p> <p>To bring in view the Children's Improvement Programme work to members of the Health &amp; Wellbeing Board and to ensure that priority activity is understood along with the key timescales. This programme of work requires members to ensure improvement work is linked and progress monitored through the recently established Improvement Board.</p> <p>The board are being asked to;</p> <ul style="list-style-type: none"> <li>• Help shape our local response to this key strategic issue</li> </ul>
<p><b>2. Background</b></p> <p>A rigorous internal review of Family Support and Child Protection Services began in late 2015. This arose from a number of factors including a Safeguarding Board audit of practice carried out in August 2015.</p> <p>The consequent wholesale review included audits, case discussions, direct observations of practice and a number of external reviews. In summary, significant deficits were identified across the service that we recognise were systemic and cultural.</p> <p>In May 2016 Kirklees Cabinet endorsed a report which outlined the areas for improvement and a Development Plan which was put in place to address them.</p> <p>In September 2016, Ofsted carried out an unannounced inspection of Kirklees Council's Child Protection Services which occurred in month 7 of the above improvement journey. The four-week inspection focused on local services for children in need of help and protection, looked after children and care leavers.</p> <p>Following the publication of its Single Inspection Framework report on 25th November, the report also highlighted a number of known concerns about standards of practice in Kirklees and gave the Council an overall judgement of 'inadequate' with separate judgements in the following areas:</p> <p>Help and Protection – Inadequate  LAC – Inadequate  Adoption – Requires Improvement  Care Leavers – Requires Improvement  Leadership Management and Governance– Inadequate  Kirklees Safeguarding Children Board (KSCB) – Inadequate</p> <p>Ofsted have made 27 recommendations (see attached Appendix) of which our improvement plan will be based.</p> <p>The Secretary of State issued a direction notice and appointed a Commissioner to work with the Council until the end of March 2017. Following this the Commissioner will make a recommendation to the Minister about the future of Children's Services in Kirklees. The Council's task is to satisfy her that we have the leadership and management capacity and skill to make the changes that are required. The Commissioner will:</p> <ul style="list-style-type: none"> <li>• Make recommendations for the immediate improvement of Children's Social Care, including additional support required.</li> <li>• Review our leadership and management capability and capacity to drive the changes we need.</li> <li>• Make a recommendation to the Secretary of State about whether alternative arrangements would be the most effective way of achieving long-term improvement.</li> </ul>

### **3. Proposal**

The Council and Children's Services fully recognise that delivering the level of complex change needed will require us to have a clear programme in place. The work that needs to be done is extensive and complex, with a clear requirement to deliver in close collaboration with statutory and non-statutory partners, manage numerous dependencies and deliver the required improvements within a financial envelope that is affordable for the Council and its partners.

In order to manage this large and complex scope of work, with a clear programme of work split into the following four key priorities, each consisting of one or more projects;

Priority 1 - Stabilising and supporting the workforce

Priority 2 - Developing the MASH/Front Door

Priority 3 - Improving Placement provision through the Kirklees Sufficiency Strategy

Priority 4 - Embedding a Performance Culture

Each of these projects, in turn, will deliver against multiple recommendations from the Ofsted report as well as incorporating the Kirklees Safeguarding Board Action Plan and the Ad Hoc Scrutiny actions. It is also important for us to understand how each priority links to wider transformation projects that the Council is undertaking, such as delivering services Digitally by Design, developing a Mobile and Agile workforce, undertaking Organisational Development activity and adopting an outcome based, intelligence-led approach.

#### **Governance**

Governance for the Children's Improvement Programme is being politically led, with clear links into the Leadership Management Team and Cabinet via Councillor Erin Hill, Portfolio Holder for Family Support and Child Protection. The programme also has strong cross-party support, with clear commitment from all group leaders to support the improvement process.

We will have work stream plans for each of our key priorities that include outcomes, benefits, risks and mitigation, budget, resources and costs and performance measures. Each plan will be linked in to the governance structure and provide regular progress reports and a process for risk and issue escalation. The governance arrangements will support a cycle of accountability that will be clearly measurable, owned and evidenced.

The governance arrangements will be underpinned by a reporting cycle that ensures detailed progress reports against the priorities and Ofsted recommendations are provided. The frequency is:

- summary report including risks, issues and decisions escalated monthly to the DCS via the Operational Group
- dashboard and performance progress report and escalated risks and issues are considered monthly by Improvement Board.

We will:

- allocate appropriate resources to deliver the improvements and have a process in place for ensuring the action plan is owned politically, strategically, corporately and operationally.
- have clear governance and accountability arrangements in place that ensure strong leadership and management lead the improvements.
- have a reporting cycle that underpins the governance arrangements to evidence improvement is being made.
- have performance measures in place that set targets and tolerance levels, demonstrate impact and clearly articulate outcomes for children and young people.



- have a financial strategy that sets out the costs of the improvement work and recognises the financial pressures these place on the council as a whole.
- have a communication strategy and plan that ensures that staff and partners are engaged in the improvement planning and delivery and understand what needs to be done.
- The governance and accountability arrangements for the Children’s Improvement Programme are aligned to the governance arrangements for New Council Board, and other key partnership arrangements so where there are interdependencies issues can be unblocked.

**Improvement Plan**

Our improvement plan will be linked to 3 of the draft seven Kirklees partnership outcomes:

- Children in Kirklees have the best start in life
- People in Kirklees feel safe and are safe/ protected from harm
- People in Kirklees have aspiration and achieve their ambitions through education, training and lifelong learning

The following overarching themes will bring together a high level plan for what we are aiming to achieve, how we will do this and how we will know we are succeeding. A clear action plan will identify a key action owner and success measures for the next 12 months;

- Leadership, governance & management accountability
- Child and Family Experience
- Working in Partnership
- Quality of Practice

**4. Financial Implications**

The Council has already made additional funding available to Children’s Services to support improvement activity and will continue to make targeted investments, in line with the Improvement Plan, to improve the outcomes being delivered for children in Kirklees.

Finance capacity will be pivotal to ensure that there is a clear and structured financial strategy that sets out the costs associated with realising the ambitions of the improvement plan.

A financial strategy is currently being developed in conjunction with Debbie Hogg, Assistant Director for Finance and Performance, that sets out the costs of the improvement work and recognises the financial pressures these place on the council as a whole. The Council’s revised Medium Term Financial Plan recognises that there are considerable financial pressures currently being borne by the council and additional support requirements need to be fed into the budget process for 2017/18.

**5. Sign off**

Gill Ellis  
 Director for Children’s Services

**6. Next Steps**

A draft of the Improvement Plan will go to the next Improvement Board on 8<sup>th</sup> February 2017 for approval and then to Council Cabinet on 7<sup>th</sup> March before submitted to Ofsted on 9<sup>th</sup> March 2017.

A post Ofsted workshop for Council officers is planned for 24<sup>th</sup> January but it is envisaged that this will quickly be followed up by a 'Getting to Good' seminar for partners.

The Commissioner is due to report her findings to the Minister at the end of March 2017.

## **7. Recommendations**

Members of the Health & Wellbeing Board to have in view the work of the Children's Improvement Programme and ensure the following;

- Cascade Children's Improvement Newsletter
- to look at the Improvement plan once disseminated and feedback any amendments to the Improvement Programme Manager
- to identify and understand which actions relate to areas of work linked to Health & Wellbeing Board
- Pay particular attention to the 27 Ofsted recommendations (see attached Appendix) within own organisation

## **8. Contact Officer**

Gill Ellis

Director for Children's Services

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# Putting Children First in Kirklees

## Recommendations

- 1.** Take urgent action to ensure that all children currently being provided with a service are safeguarded and their welfare is promoted.
- 2.** Ensure that all staff, including agency staff, are supported to have more consistent relationships with children and to deliver high-quality services through manageable caseloads, induction, supervision and training.
- 3.** Ensure that concerns identified in the dispute resolution process are dealt with promptly and comprehensively, including by independent reviewing officers and child protection chairs.
- 4.** Improve the timeliness and quality of response to complaints from children and their families, including disseminating the learning.
- 5.** Ensure that robust performance data drives improvements in the service.
- 6.** Fully embed the quality assurance framework across children's services.
- 7.** Ensure that the procured electronic recording system is fit for purpose and supports improved practice across the whole service
- 8.** Improve the oversight and challenge of the corporate parenting board by ensuring the availability of robust performance data, and that children's views influence the focus and decision making of the board.
- 9.** Ensure that all assessments and plans focus on reducing risk and improving children's outcomes, with clearly defined timescales for actions, responsibilities and regular review.
- 10.** Ensure that assessments consider the needs of all children in a household and that records of this work are unique to each child.
- 11.** Ensure that the children and young people are visited within the timescales identified in the plans and that, when appropriate, children are seen alone.
- 12.** Ensure that all partner agencies are sufficiently involved in the multi-agency safeguarding hub information sharing and decision making, and that thresholds are consistently applied.
- 13.** Ensure that the services for children who are subject to domestic abuse give robust consideration to safeguarding issues. This is to include consideration and recording of risks identified in multi-agency risk assessment conference meetings.
- 14.** Ensure that child protection strategy meetings involve relevant agencies, that plans are made together and that actions are recorded.



- 15.** Ensure that all child protection conferences are held to statutory timescales and that planning meetings, including core groups and child in need meetings, are held as required.
- 16.** Ensure that the responses to pre-birth concerns are timely and robust.
- 17.** Develop edge of care services and ensure that timely support is available in a crisis.
- 18.** Ensure that, when children need to become looked after, this is actioned promptly, to include improving the quality of pre-proceedings letters to parents, clear contingency planning and ensuring robust monitoring of cases in pre-proceedings.
- 19.** Review all arrangements when children are placed with parents to ensure that these are appropriate and that children are not unnecessarily made subject to a care order.
- 20.** Increase the availability of local placements to ensure that children and young people do not need to be placed at a distance from their communities.
- 21.** Ensure that children looked after have access to an independent visitor when they need one.
- 22.** Continue to improve adoption services for children, to include improving the timeliness of decision making, recording a clear rationale for decisions made and using the learning when adoption placements breakdown.
- 23.** Improve care leaver support, through ensuring that children all have a personal advisor from their 16th birthday and that they have sufficient support to live independently.
- 24.** Robustly address the high rate of care leavers who are not in employment, education or training.
- 25.** Improve access to therapeutic and mental health support for children looked after and care leavers.
- 26.** Improve the quality of pathway plans to ensure that they underpin high-quality support packages.
- 27.** Ensure that there is a robust needs analysis to underpin strategic planning and commissioning of services for children.



## **Children & Young People with special educational needs and disabilities (SEND)**

### **Our Vision**

Our ambition for children with special educational needs and disabilities (SEND) is the same as for all children and young people – that they achieve well in their early years, at school and in college and lead happy and fulfilled lives.

To achieve our ambition we will create a 0-25 SEND system that:-

- Enables children and young people to have the best possible start in life and achieve their potential;
- Supports children, young people and their parents to have high aspirations for the future, raising aspirations by not only thinking about what is possible now but thinking creatively about what could be possible in their life;
- Ensures that children and young people and their parents are actively involved in planning and decision making, both at an individual and strategic level, and have more choice and control over the support they receive;
- Provides joined up education, health and social care services, working together to enable children and young people to achieve the best possible outcomes;
- Ensures children and young people are effectively supported to prepare for adulthood, including employment, independent living, good health and participation in community life.

This vision is reflected in the Kirklees Joint Strategy for SEND.

### **Our approach**

In Kirklees a **child and family centred approach** will be integral to all planning for children and young people with SEND, to ensure best outcomes for our children and young people. The following definition and set of principles have been adopted across services and signed off by the Children's Trust and the Health and Wellbeing Board.

#### **A child and family centred approach**

In Kirklees, we recognise the contribution that a child and family centred approach has on improving outcomes in relation to:

##### **For the child/young person:**

- developmental gains
- enhanced skill development
- better psychological adjustment

##### **For the parent/carer:**

- increased knowledge of child development
- increased participation
- increased feelings of competency
- enhanced sense of control

Service providers using a child and family centred approach recognise that:

- A child/young person with special educational needs achieves best within a supportive family and community context and is affected (both positively and negatively) by the stress and coping abilities of family members.
- The purpose of any work that agencies do with families who have children/young people with SEND is to enhance the quality of life for the child/young person and the family. This includes support to ensure additional needs are met and that children and young people are kept safe.
- In order to best understand the support needs, professionals need to use a **person centred approach** to support children and young people and their parents/carers to:
  - work out what is important for the child/young person and their parents in order to prioritise the child/young person's needs
  - work out what their aspirations and goals are in order to achieve the best outcomes for the child/young person
  - make informed decisions regarding future actions and next steps.
- Professionals support parents and children and young people by:
  - listening carefully to what they say
  - working in partnership with them using a **person centred** and **strength based** approach to decide on priorities and which supports them to come up with their own solutions wherever possible and includes preparation for adulthood
  - providing the right information in the right way in a timely fashion, including that relating to future options

The focus on the family means that they are fully involved in whatever decisions are made and their knowledge and understanding of their child is respected and reflected in any such decisions. Equally the views of children and young people are respected and considered in relation to any decisions being made, and given due weight according to their age, maturity and capability.

**Key principles underpinning our work with children, young people and families:**

1. **Valued uniqueness:** the uniqueness of children, young people and families is valued and provided for
2. **Staying safe:** services proactively work together with families to ensure children and young people are kept safe and free from harm
3. **Planning partnerships:** a coordinated assessment, planning and review process in partnership with children, young people and families
4. **Key working:** service delivery is holistic, co-ordinated, seamless and supported by keyworking
5. **Birth to adulthood:** continuity of care is maintained through different stages of a child's life and through preparation for adulthood

6. **Learning and development:** children and young people's learning and development is monitored and promoted
7. **Informed choices:** children, young people and families are able to make informed choices
8. **Ordinary lives:** wherever possible, children, young people and families are able to live 'ordinary lives'
9. **Participation:** children, young people and their families are involved in shaping, developing and evaluating the services they use
10. **Working together:** multi agency working practices and systems are integrated
11. **Workforce development:** Children, young people and families can be confident that the people working with them have the appropriate training, skills, knowledge and experience

Our vision and approach as described above underpins the actions detailed in the Children & Families Act Implementation Plan.

## **Barriers and challenges to achieving our vision and embedding a child and family centred approach**

At this point in the implementation of the reforms there are significant challenges that need addressing at a strategic level to enable further progress to be made towards achieving our vision and embedding a child and family centred approach.

### **1. Workforce development**

#### **a) Developing and embedding a person centred approach**

##### **What is a person centred approach?**

A person centred approach is about discovering and acting on what is important **to** a person as well as what is important **for** them and finding the right balance between them. It is a process of continual listening and learning, focusing on what is important to someone now and in their future. Using a person centred approach can ensure that children, young people and parents are supported and enabled to express their views, wishes and feelings, and are central to planning and decision-making.

There are a variety of Person Centred Tools to support person centred thinking and skills. These person centred tools can be used in a variety of situations and can help to plan, organise, understand and connect with others.

##### **Why should we use a person centred approach?**

The SEND Code of Practice: 0-25 years provides statutory guidance relating to Part 3 of the Children and Families Act 2014 and sets out clear principles for supporting and involving children and young people and their parents in all aspects of planning and decision making. The use of a person centred approach provides the opportunity to fulfil those principles, engaging directly with children and young people and parents to discuss their needs, and plan how they can achieve the best possible outcomes. It should be integral to all planning for children young people with SEND throughout their lives.

##### **Where are we now in Kirklees?**

In November 2015 Kirklees commissioned a consultant who provided a 'Snapshot' report for Kirklees in terms of some of the priority areas of the SEND reforms. Her research involved talking to practitioners across education, health and social care to 'benchmark' current practice/understanding of person centred planning.

The consultant's report made the following recommendations/ comments in relation to this area:-

- For families who are using many different services, practitioners should be given the tools to work in partnership with parents and carers as a team;
- A clear message is given about valuing the knowledge and understanding that a family has of a child's needs and strengths and this is used as a core part of coordinating, joint assessment, planning and review processes;
- There is an agreed process for identifying family strengths, needs and wishes that is sensitive and take account of family diversity and parents and practitioners are supported to understand this;
- The implications for workforce development are significant, as the SEND reforms represent a change not just in process but also in thinking about outcomes, co-production, and what it takes to support young people to move into adulthood with ordinary lives. On-going training is required to develop practice in child and family centred approaches and a shared understanding of outcomes.



### **What does this mean for us going forward?**

In view of the above, a key priority for implementation of the SEND reforms during 2016-17 needs to be to further develop and embed a person-centred approach across the workforce. Our proposal is for this to be through a focussed training plan this year and which will then need be embedded into the Workforce Development Strategy.

Across education we are currently looking at a training plan for schools, settings and post 16 providers for this year which builds on the training and development already provided. We are also looking at training plan for our Specialist Learning Support Services within Learning & Skills and this has full sign up at AD level.

LA strategic leads will need to give consideration to workforce development across Social Care. One way to approach this could be to utilise the skills within adults social care where person centred approaches are already embedded and thought given to how adults social care can effectively support children's social care as part of All Age Disability Service development. This could link in to the training plan for schools, providers and specialist learning support in order to ensure consistency of message and approach.

Health leads will also need to give consideration to workforce development and could also link into the training plan being developed for schools, providers and specialist learning support services.

### **b) Key working**

#### **What is key working?**

Key working is an approach facilitating effective partnership working in order to achieve a co-ordinated, person centred, outcome focussed approach to assessment, planning and support where children, young people and their families require additional and sometimes complex support and interventions. It helps to build strong and resilient children, young people and families and enables a person centred approach to support.

#### **Why should we use key working as an approach?**

There is little doubt that key working makes a difference to families. It contributes to the empowerment of parents, who report better relationships with services, higher morale, less isolation and feelings of burden, improvements in receipt of information, access to services and fewer unmet needs, partnership and family involvement. Those performing key working functions regard the support they can offer positively, reporting greater job satisfaction.

#### **Where are we now in Kirklees?**

Jayne Whitton, Principal Educational Psychologist submitted a paper titled 'Key working in Kirklees' to Children's Trust in July 2014. The Children's Trust agreed to the content of the report and the next step was to secure 'inter agency sign up for the approach and agreement to set up and agree protocols and rollout the training for all relevant practitioners commencing September 2014 in order to meet the requirements of the SEND Code of Practice in relation to ensuring key working is part of our offer'. Unfortunately, this has not progressed due to lack of direction at a strategic level across all agencies.

In November 2015 Kirklees commissioned a consultant who provided a 'Snapshot' report for Kirklees in terms of some of the priority areas of the SEND reforms. Her research involved talking to practitioners across education, health and social care to 'benchmark' current practice/understanding of key working functions in practice. She comments that there is clearly a mixed understanding across practitioners about what key working facilitates in relation to joint assessment, planning and review along with what the terminology refers to ie. lead professional, key worker.

The consultant's report made the following recommendations/ comments in relation to this including:-

- If the future thinking is to develop an approach in Kirklees that sees key working functions being delivered by a wide workforce as part of their existing role this then widespread training would be required to ensure the support provided is consistent and effective across the workforce;
- Align strategies in Kirklees to incorporate and recognise the value of all children, young people and families being able to access key working;
- Service specifications, job descriptions, systems and processes and supervision and management etc will all need to reflect key working functions.

### **What does this mean for us going forward?**

In view of the above, a key priority for implementation of the SEND reforms during 2016-17 needs to be to:-

- Confirm Children's Trust agreement of Jayne Whitton's paper ' Key Working in Kirklees' (July 2014) at a strategic level (DAD/AD) and including Health as the agreed approach to delivering key working functions;
- Agree a training plan for all relevant practitioners, potentially building on the more universal person centred approach training (a) in order for specific roles to encompass key working functions.

## **2. Integrated working**

'The development of an integrated team around the child with SEND' is one of the 4 key objectives detailed within the SEND Strategy but it is there is no clear strategic action set out against it as to how this is to be taken forward. This needs to be considered by the SEND Strategy Group particularly with respect to the wide range of activities taking place currently across Early Intervention and Prevention and All Age Disability. For example, how is the early help consultation sitting with the early identification and intervention work which is progressing through the Children & Families Act – ie. 'Guidance to Schools: Graduated Approach?'

Mandy Cameron/Kate Mawer/Jayne Whitton – 21.7.16

<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>
<b>MEETING DATE: 26 JANUARY 2017</b>
<b>TITLE OF PAPER: PHARMACEUTICAL NEEDS ASSESSMENT: SUPPLEMENTARY STATEMENT</b>
<p><b>1. Purpose of paper</b></p> <p>A review of NHS England determinations and notifications has identified a change to pharmaceutical services requiring publication of a Supplementary Statement to the Pharmaceutical Needs Assessment.</p> <p>The Health and Wellbeing Board (HWBB) is asked to note and approve publication of Supplementary Statement 1 which will form part of the Pharmaceutical Needs Assessment (PNA).</p>
<p><b>2. Background</b></p> <p>Supplementary Statements are a factual way of updating what the PNA says about which services are provided and where. They are not a way of updating what the PNA says about needs. It is the statutory responsibility of the Health and Wellbeing Board to publish Supplementary Statements explaining changes relevant to the granting of Pharmacy applications by NHS England (NHSE) since the publication of the Pharmaceutical Needs Assessment (PNA) on 11 May 2015 and during its full 3 year term.</p> <p>In the PNA, there are no gaps in the provision of necessary pharmaceutical services that either need to be filled to meet an immediate gap, or need to be commissioned in specified future circumstances. Although the PNA is as comprehensive as possible, there may be occasions where a routine application is received by NHSE that offers to provide improvements or better access to pharmaceutical services in general, or to specific pharmaceutical services, that were not identified within the PNA. This could be due to changes since the PNA was published, for example new and innovative types of service delivery, or service redesign that would be of unforeseen benefit to patient groups.</p>
<p><b>3. Proposal</b></p> <p>In accordance with the 2013 Regulations, NHSE approved an application for a new pharmacy to open in the Denby Dale Ward based on the following unforeseen benefits:</p> <ul style="list-style-type: none"> <li>• Improved access to immediate community pharmacy provision for a number of people living in the Clayton West area of Denby Dale where there is no direct public transport link to a pharmaceutical service and the possibility of significant journey times to such services;</li> <li>• Proposed pharmacy provision for 365 days of the year, and core opening hours to include evenings until 19:00pm, Saturday mornings and Sunday mid mornings to Sunday mid afternoons.</li> </ul> <p>In response to notification to the HWBB of the above new pharmacy application from NHSE, a representative PNA group including NHS England, Local Authority and Local Pharmaceutical Committee (the Kirklees PNA Steering Group) is satisfied that a revised assessment would be a disproportionate response to this change to pharmaceutical services.</p>
<p><b>4. Financial Implications</b></p>

There are no financial implications.

**5. Sign off**

Richard Parry

**6. Next Steps**

The Supplementary Statement will be published alongside the PNA via the following link -  
<http://www.kirklees.gov.uk/jsna>

**7. Recommendations**

The Health and Wellbeing Board is asked to note and approve publication of Supplementary Statement 1 which will form part of the Pharmaceutical Needs Assessment (PNA).

**8. Contact Officer**

Nicki Bush Public Health Pharmaceutical Advisor, [Nicola.bush@kirklees.gov.uk](mailto:Nicola.bush@kirklees.gov.uk), Kirklees Council,  
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Tel: 01484 221000

## Supplementary Statement to Kirklees Council Pharmaceutical Needs Assessment

<b>Date of Publication of Pharmaceutical Needs Assessment</b>	11 May 2015
<b>Date of Issue of Supplementary Statement</b>	13 December 2016
<b>Supplementary Statement Number</b>	1

**KIRKLEES RURAL DISTRICT COMMITTEE  
NEW PHARMACY CONTRACT(Unforeseen Benefits)  
DENBY DALE WARD**

Since the publication of the Pharmaceutical Needs Assessment (PNA), NHS England has granted consent for the opening of Pharmalink Solutions Ltd (t/a Dearne Valley Pharmacy), 40 Scott Hill, Clayton West, HD8 9PE.

**Core hours**

Monday to Friday 9:00 to 13:00 and 16:00 to 19:00; Saturday 9:00 to 13:00pm  
 Sunday 11:00 to 15:00pm

**Supplementary hours:**

This pharmacy has no Supplementary opening hours

NHSE commissioned Advanced Services provided: MUR and NMS

It is the view of the Kirklees Council PNA Steering Group that this change to the availability of pharmaceutical services is relevant to the granting of applications referred to in the NHS Act 2006 and the Group is satisfied that a revised PNA would be a disproportionate response.	YES	√
	NO	

This Supplementary Statement to the Kirklees Council Pharmaceutical Needs Assessment is issued in accordance with Paragraph (3) in Part 2 of the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013.

<b>Statement issued by:</b>	Rachel Spencer-Henshall
<b>Post:</b>	Director of Public Health
<b>Date:</b>	13/12/2016

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<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>26<sup>th</sup> January 2017</b>
<b>TITLE OF PAPER:</b>	<b>Piloting a new system wide care &amp; health peer challenge</b>
<b>1. Purpose of paper</b>	<p>To ask the Board to approve Kirklees' involvement in the piloting of a new system wide care and health peer challenge being developed by the Local Government Association.</p>
<b>2. Background</b>	<p>The Local Government Association (LGA) has been delivering a range of care and health improvement support under the sector-led improvement banner for a number of years working closely with stakeholders. As the health and care system has become more joined up and the policy landscape is changing its time to consolidate the offer, including what is provided as a peer challenge. Feedback from the sector and partners also reinforces the importance of having a coherent health and adult social care support offer with better signposting to tools and best practice.</p> <p>On this basis the LGA has developed a new system wide care and health peer challenge in consultation with locally based stakeholders and national partners, including NHS Providers, NHS Clinical Commissioners, Public Health England, Association of Directors in Public Health, ADASS, NHSE, NHS Confederation and NHSi. This new approach will be piloted during January – end of March 2017.</p> <p>This is the first time a peer challenge will have looked so robustly across the health and care landscape and it will provide a chance to show best practice, learn from each other and help develop the programme for the future. The process also enables signposting to other tools and support as necessary.</p> <p>The aim of the peer challenge is to support:</p> <ul style="list-style-type: none"> <li>• Local place based leadership within their particular approaches and footprint/s</li> <li>• Progress on locally identified system challenges and opportunities</li> <li>• Relationships across organisations and the local system, including health and wellbeing boards</li> <li>• Sharing and application of innovative practice</li> </ul> <p>Pilot sites have come forward to test the new peer challenge and help develop recommendations for improvement locally. The pilot peer challenges will be completely funded by the Care &amp; Health Improvement Programme.</p> <p><u>Local features for Kirklees</u></p> <p>It is crucial the peer challenge is undertaken with consideration for the local context and the focus that we feel would be most helpful and relevant to us at the time of the on-site stage of the peer challenge. Therefore, the peer challenge will not include children and families and some work will take place at the early stages of planning to determine the care &amp; health focus more specifically, this might take a theme based approach, such as 'out of hospital services'.</p>

The peer challenge will draw in work we have already undertaken e.g. Stepping up to the Place toolkit as well as taking into account local ambitions and intentions. Its focus will need to be relevant to key partners across the system, including the council, CCGs, community and acute providers in order to maximise the opportunity and create a firm foundation for recommendations going forward.

Peer challenge teams are not inspectors, they are invited in to act as critical friends and trusted advisors by holding up the mirror by having an independent and external perspective.

### Methodology

The peer challenge will involve an initial scoping by telephone followed by an on-line diagnostic/self-assessment to determine the focus of the peer challenge and/or whether another form of support would be more appropriate.

The diagnostic/self-assessment is a survey questionnaire sent to key identified people via an email link. It takes approximately 15 minutes to complete with the results used to inform the peer challenge alongside local data and information. Individual responses to the survey are kept confidential enabling open and honest views and understanding of current challenges and opportunities to be expressed.

As the peer challenge will be system wide and strategic it will be essential to have buy-in to the diagnostic approach from key partners and stakeholders recognising it as a key element of the process.

At the preparation stage the peer challenge will be tailored to reflect local circumstances and the core elements and area of focus weaved in as required based on the diagnostic and scoping conversations.

The peer challenge also has the following features:

1. 3 days on-site on 8, 9, 10 March 2017
2. Peer challenge team composition to reflect the areas of focus and the particular requirements of the place, and will be led by a council chief executive or equivalent and include peers from adult social care and health. The peer team composition is based on the requirements and circumstances of each area and discussed as part of the scoping process, but likely to include the following:
  - Council chief executive (lead peer)
  - Elected member
  - DASS/Strategic Director or People or equivalent
  - CCG chief officer/chair/clinical lead
  - NHS/health/adult social care provider
  - LGA Peer challenge manager
3. The following are the proposed core elements (there is work currently taking place to develop these further):
  - Vision, leadership & governance
  - National priorities and partnerships
  - Outcomes
  - Resource & Workforce Management
  - Communication & Engagement



4. In addition to the core elements it may be of benefit to include a particular area of focus to be covered during the peer challenge. Below are some examples, there might be another area identified that isn't listed below:

- Integration
- Prevention
- Commissioning & quality
- Transforming Care
- Health in all Policies
- Use of resources
- Culture & challenge

**4. Financial Implications**

None – the peer review is funded through the LGA

**5. Sign off**

Richard Parry

**6. Next Steps**

Agree scoping of the peer challenge and complete on-line diagnostic/self-assessment.  
Peer review team to be on site for 3 days on 8, 9, 10 March 2017 – this include a feedback session at the end of the final day.

**7. Recommendations**

That the Board support the proposal to pilot the new system wide care and health peer challenge being developed by the Local Government Association.

**8. Contact Officer**

Phil Longworth	Kirklees Council	<a href="mailto:phil.longworth@kirklees.gov.uk">phil.longworth@kirklees.gov.uk</a>
Kay Burkett	LGA	<a href="mailto:Kay.Burkett@local.gov.uk">Kay.Burkett@local.gov.uk</a>

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<b>KIRKLEES HEALTH &amp; WELLBEING BOARD</b>	
<b>MEETING DATE:</b>	<b>26<sup>th</sup> January 2016</b>
<b>TITLE OF PAPER:</b>	<b>Joint working protocols between key partnership bodies</b>
<b>1. Purpose of paper</b>	<p>To ask the Board to sign off the joint working protocol between the Board and</p> <ul style="list-style-type: none"> <li>the Childrens and Adults Safeguarding Boards, Children’s Trust and Community Safety Partnership</li> <li>Healthwatch and the Kirklees Overview and Scrutiny Panel for Health and Social Care</li> </ul>
<b>2. Background</b>	<p>The Health and Wellbeing Board has always recognised that the delivery of the Joint Health and Wellbeing Strategy is dependent on effective collaboration across a wide range of organisations and partnership bodies. The issue of how the Board plays an active role in leading and supporting this collaboration has been the subject of regular discussion at Board development sessions and Board meetings.</p> <p>The Board has previously endorsed the development of joint working protocols drawing on the work of The Centre for Public Scrutiny. The joint working protocols aim to set out the roles and expectations of a range of key bodies to promote the effective collaboration that is essential if the bodies are to meet their individual and shared responsibilities for:</p> <ul style="list-style-type: none"> <li>Improving the health and wellbeing of the local population by meeting local needs</li> <li>Reflecting the views of local people</li> <li>Providing value for money</li> <li>Being accountable to local people.</li> </ul> <p>There have been two complimentary strands of work undertaken to develop the attached protocols with:</p> <ul style="list-style-type: none"> <li>the Childrens and Adults Safeguarding Boards, Children’s Trust and Community Safety Partnership</li> <li>Healthwatch and the Kirklees Overview and Scrutiny Panel for Health and Social Care</li> </ul> <p>Each board is being asked to formally approve the relevant protocol.</p>
<b>4. Financial Implications</b>	None
<b>5. Sign off</b>	Richard Parry, Director for Commissioning, Public Health and Adult Social Care
<b>7. Recommendations</b>	That the Board endorse the attached joint protocols.
<b>8. Contact Officer</b>	<p>Phil Longworth <a href="mailto:phil.longworth@kirklees.gov.uk">phil.longworth@kirklees.gov.uk</a>          Directorate for Commissioning, Public Health &amp; Adult Social Care</p>

## A protocol for working together between

- Kirklees Health and Wellbeing Board
- Kirklees Overview and Scrutiny Panel for Health and Social Care
- Healthwatch Kirklees

We have developed this protocol in recognition of the importance of working together effectively, the shared and mutual benefits of doing so, and the legal duties and responsibilities placed on us as independent bodies. Effective collaboration is essential if we are to meet our individual and shared responsibilities for:

- Improving the health and wellbeing of the local population by meeting local needs
- Reflecting the views of local people
- Providing value for money
- Being accountable to local people.

The purpose of this protocol is to ensure that:

- The signatories develop constructive working relationships and each play their distinct role in improving the health and wellbeing outcomes of the people of Kirklees (the roles are summarised in the appendix). There is not a hierarchical relationship between the signatories - we are committed to an equal and cooperative relationship.
- Mechanisms are put in place for exchanging information and work programmes so that issues of mutual concern / interest are recognised at an early stage and dealt with in the spirit of co-operation and in a way that ensures the individual responsibilities of the signatories are managed effectively. The appendix sets out specific steps in relation to each signatory.

This protocol provides an overarching framework for joint working, and particularly information sharing between partners. This will be essential to ensure effective, rapid and timely exchange of information between each partner and supports any other information sharing protocols which may be in place in Kirklees between partner agencies.

The protocol does not override the statutory duties and powers of any organisation and is not enforceable in law.

The Health and Wellbeing Board will provide leadership in the implementation, monitoring and review of this protocol.

## Working Principles

We will:

- Work together as partners in a climate of mutual respect, courtesy and transparency
- Develop a shared understanding of our respective roles, responsibilities, priorities and different perspectives
- Promote and foster an open relationship where issues of common interest and concern are shared and challenged in a constructive and mutually supportive way
- Share work programmes and information through written reports or by involvement in appropriate meetings or membership of partnership bodies – to avoid the unnecessary duplication of effort.

Whilst recognising the common aims and the need for working closer, it is important to remember that the signatories are independent bodies and have autonomy over their work programmes, methods of working and any views or conclusions they may reach. This protocol will not preclude any individual body from working with any other local, regional or national organisation to deliver their aims.

## Information sharing

We will

- Share information in a timely way, ensuring adherence to good practice and agreements, including Caldicott Principles, or constitutional or legislative timescales on consultation.
- Communicate in plain language, in appropriate formats and exclude the use of jargon, acronyms, concepts, or anything that is not generally understood by partners or local people.

We reserve the right to define what constitutes relevant information in the context of forward and strategic planning within our own organisations. However, the basis of this protocol is a presumption that information will be shared – either in writing or by invitation or involvement in relevant meetings/events. In particular, we will share, wherever possible:

- Proposals for plans, policies and strategies, including commissioning intentions
- Information on progress against improvements and the quality of services provided
- Information about proposed changes to services, especially changes which may be within the statutory definition of substantial variations of services.
- Information on plans for engagement and consultation (in accordance with the requirements of the Duty to Involve) and the relevant findings.

## Engaging with local people

We recognise that partners have both joint and separate approaches to engaging with local people.

We will

- ensure that engagement activity is jointly planned and co-ordinated wherever possible
- use the [Kirklees Involve](#) database to ensure maximum coverage and capacity, to avoid duplication and 'consultation fatigue' and to ensure appropriate quality and outcomes.

### Health and Wellbeing Board

- Identifies needs and priorities
- Publishes and refreshes the JSNA
- Develops the JHWS
- Oversight of public sector resources including service changes

### Wellbeing and Communities

#### Scrutiny

- Identify gaps in patient pathways
- Ensure value for money
- Question senior managers
- Consider service changes
- Focus on patient / user experience

### Mutual respect

#### Shared understanding

#### Respecting independence

#### Transparency

#### Sharing work programmes

#### Sharing ideas

#### Sharing information

### Healthwatch Kirklees

- Collect and share relevant public opinions / experiences
- Oversight of trends and local issues
- Access to HWE information
- Refer issues to CQC

Signed:

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Chair of Kirklees Health and Wellbeing Board

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Chair of Kirklees Overview and Scrutiny Panel for Health and Social Care

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Director of Healthwatch Kirklees

## Appendix: Role of Each Signatory

### Health and Wellbeing Board

The Health and Social Care Act 2012 required local authorities to set up a Health and Wellbeing Board (HWB) as a committee of the council by April 2013. They are to be treated as if they were committees appointed by the council under section 102 of the Local Government Act 1972.

The intention, however, is that the Kirklees HWB will be different from a normal council committee as it is meant to be a forum for collaborative and local leadership. The HWB has strategic influence over commissioning decisions in Kirklees across health, public health and social care.

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 and reduce health inequalities. The Board is made up of elected members and officers from Kirklees Council, North Kirklees and Greater Huddersfield Clinical Commissioning Groups, NHS England and Healthwatch Kirklees. The major local providers of NHS services are invited observers. Together they shape local health and social care services, decide how those services will be commissioned and support joined-up working across the health and social care economy in Kirklees.

The Board will develop a shared understanding of the health and wellbeing needs of communities in Kirklees through the Joint Strategic Needs Assessment (JSNA) and develop a Joint Health and Wellbeing Strategy (JHWS) for how those needs can best be addressed.

Through this strategic planning the HWB will drive local commissioning of health care, social care and public health and create a more effective response to the local health and care system. Other services that impact on health and wellbeing, such as housing and education will also be considered.

The HWB strengthens democratic legitimacy by involving democratically elected members and patient voices (through Healthwatch) in commissioning decisions, alongside commissioners across health and social care. In Kirklees it provides a forum for challenge, discussion and the involvement of local patient experience.

For more information on the Kirklees Health and Wellbeing Board please visit

<https://www.kirklees.gov.uk/you-kmc/partners/kirkleesPartnership>

In addition to the steps set out in relation to the individual bodies set out below the Health and Wellbeing Board will

- lead the development, implementation, monitoring and review of this protocol.
- challenge its own members, and the other signatories, if they are not complying with the protocol.

## Overview and Scrutiny Panel for Health and Social Care

The Overview and Scrutiny Panel for Health and Social Care (the Panel) comprises democratically elected members and voluntary co-optees. These are members of the public who volunteer to sit with councillors on the Panel. They are drawn from all sectors of Kirklees' community.

The National Health Service Act 2006, as amended by the Health and Social Care Act 2012, confers health scrutiny functions and powers on the local authority. The regulations allow this power to be delegated and Kirklees Council has chosen to delegate its health scrutiny functions to the Overview and Scrutiny Panel for Health and Social Care.

The Panel has the powers to:

- hold decision makers to account
- challenge and improve performance
- support the improvement of value for money
- influence decision makers with evidence based recommendations
- bring in the views and evidence of stakeholders, users and citizens

Panel members have a unique role to act across the whole health and social care economy. Scrutiny has a clear role at every stage of the commissioning cycle, from needs assessment through commissioning to service delivery and evaluation of health and social care outcomes. Panel members are responsible for holding decision makers, i.e. the Health and Wellbeing Board, council and CCG commissioners, NHS England and providers, to account. It aims to ensure that:

- the planning and delivery of health and social care reflects the views and aspirations of local communities (by scrutiny of the JSNA, JHWS, commissioning plans and delivery strategies)
- all sections of the local communities in Kirklees have equal access to health and social care services (by scrutiny of organisations, service delivery and performance against outcomes)
- all sections of the local communities in Kirklees have an equal chance of a successful outcome from health and social care services (by bringing together views across the system, examining priorities and funding decisions across an area to help tackle inequalities and identify opportunities for integrating services)
- proposals for substantial service change or redesign are in the best interests of local people in Kirklees (NHS bodies have a statutory responsibility to consult health scrutiny on proposals for substantial developments or variations to the local health service)

For more information on the Overview and Scrutiny Panel for Health and Social Care visit:

<https://democracy.kirklees.gov.uk/mgCommitteeDetails.aspx?ID=517>

Specific steps that we will take include:

- using the JSNA and JHWS to inform the panels work programme.
- working with Healthwatch to identify common areas of interest and clarify roles in relation to these areas.
- sharing the Panel's work programme.
- highlighting plans for any in-depth review(s) and where appropriate providing partners with an opportunity to inform the work that will take place.
- towards the end of each Municipal year sharing a summary of key issues that have emerged through the Panels work with the Health and Wellbeing Board and Healthwatch



## Healthwatch Kirklees

Local Healthwatch organisations were created through the Health and Social Care Act 2012. Healthwatch Kirklees started operating on 1st April 2013. It has been commissioned by Kirklees Council to provide an authoritative, co-ordinated local consumer voice to help commissioners and providers of services to develop high quality responsive services. It will also provide a valuable source of information about services to local people in Kirklees and make sure those who need help accessing information in order to make appropriate choices are supported in doing so.

A separate contract has been let to deliver the service for people who need help to make a complaint regarding NHS treatment and care. This advocacy support service is delivered by Kirklees Law Centre.

Healthwatch Kirklees is the independent consumer champion for the public in Kirklees. It has a seat on the HWB to influence commissioning decisions by representing the views of local stakeholders. It contributes to authoritative, evidence-based feedback as part of the commissioning and decision making for local health and social care services.

As a corporate body, Healthwatch Kirklees employs its own staff and builds on the functions of the previous Local Involvement Network. It involves and engages Kirklees residents and key stakeholders in its work and has additional functions around information signposting.

Healthwatch can help and support the council, CCGs, NHS England and other providers of health and social care services to make sure their services are designed to meet the needs of local people. Healthwatch's involvement in developing the JSNA and JHWS provides an extensive and on-going opportunity for the engagement of local people and the voluntary/community sector in these important strategies.

Both Scrutiny and Healthwatch have a responsibility to monitor the quality and performance of service provision. Healthwatch can alert Healthwatch England to concerns about specific health or social care providers.

For more information on Healthwatch Kirklees visit

[www.healthwatchkirklees.co.uk](http://www.healthwatchkirklees.co.uk)

Specific steps that we will take include:

- presenting an annual report to the Health and Wellbeing Board.
- working with Overview and Scrutiny to identify common areas of interest and clarify roles in relation to these areas.

## “Stronger together – working for a safe and healthy Kirklees”

### A protocol for working together between

- Kirklees Health and Wellbeing Board
- Kirklees Safeguarding Adults Board
- Kirklees Safeguarding Children Board
- Kirklees Community Safety Partnership
- Kirklees Children’s Trust

Within Kirklees there are five boards who work to promote safe and healthy communities across Kirklees: the Health and Wellbeing Board, the Safeguarding Children Board, the Safeguarding Adults Board, the Community Safety Partnership, and the Children’s Trust. Whilst each board has its own specific roles, the boards also have shared values and, often, shared priorities and a common view of the outcomes they are trying to achieve for local people.

The boards already work together in helping to keep local people safe and healthy within strong and supportive communities. At the same time, we recognise that closer, more formal links will support our work and achieve a wide range of benefits - contributing to a shared ethos of being person-centred with a focus on individual, family and community wellbeing.

Our aim is to collaborate even more closely. This will help to:

- Provide a better understanding of shared agendas
- Increase co-ordination between the boards
- Reduce duplication of work
- Make better use of time and resources
- Streamline governance arrangements
- Develop new training opportunities
- Make each body more effective and efficient in delivering improved outcomes for the people of Kirklees.

The protocol does not override the statutory duties and powers of any organisation and is not enforceable in law.

The Health and Wellbeing Board will provide leadership in the implementation, monitoring and review of this protocol.

## **Working Principles**

We will:

- Work together as partners in a climate of mutual respect, courtesy and transparency
- Develop a shared understanding of our respective roles, responsibilities, priorities and different perspectives
- Promote and foster an open relationship where issues of common interest and concern are shared and challenged in a constructive and mutually supportive way
- Share work programmes and information through written reports or by involvement in appropriate meetings or membership of partnership bodies – to avoid the unnecessary duplication of effort.
- Make a presumption that information will be shared in a timely way, ensuring adherence to good practice and formal agreements, including Caldicott Principles, or constitutional or legislative timescales on consultation.

Whilst recognising the common aims and the need for working closer, it is important to remember that the signatories are independent bodies and have autonomy over their work programmes, methods of working and any views or conclusions they may reach. This protocol will not preclude any individual body from working with any other local, regional or national organisation to deliver their aims.

## **Specific actions to implement the protocol**

We will

1. create regular opportunities for members of all the boards to work together to develop a shared understanding of our respective roles, responsibilities, priorities and different perspectives on how we can work together to improve outcomes for people in Kirklees.
2. ensure all boards share their respective Strategic Plans, annual work programmes and annual reports and share minutes and supporting papers between boards for discussion or information as relevant.
3. ensure the Joint Strategic Assessment takes account of issues relevant to the scope of all five boards.
4. ensure that engagement activity is jointly planned and co-ordinated wherever possible and use the Kirklees Involve database to ensure maximum coverage and capacity, to avoid duplication and 'consultation fatigue' and to ensure appropriate quality and outcomes.
5. encourage each board to request that one or more of the boards consider specific issues to ensure a more effective and co-ordinated response that will deliver improved outcomes.

## **Appendix: Role of Each Board**

### **Health and Wellbeing Board**

The Health and Social Care Act 2012 required local authorities to set up a Health and Wellbeing Board (HWB) as a committee of the council by April 2013. They are to be treated as if they were committees appointed by the council under section 102 of the Local Government Act 1972.

The intention, however, is that the Kirklees HWB will be different from a normal council committee as it is meant to be a forum for collaborative and local leadership. The HWB has strategic influence over commissioning decisions in Kirklees across health, public health and social care.

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The Board will develop a shared understanding of the health and wellbeing needs of communities in Kirklees through the Joint Strategic Needs Assessment (JSNA) and develop a Joint Health and Wellbeing Strategy (JHWS) for how those needs can best be addressed.

Through this strategic planning the HWB will drive local commissioning of health care, social care and public health and create a more effective response to the local health and care system. Other services that impact on health and wellbeing, such as housing and education will also be considered.

The HWB strengthens democratic legitimacy by involving democratically elected members and patient voices (through Healthwatch) in commissioning decisions, alongside commissioners across health and social care. In Kirklees it provides a forum for challenge, discussion and the involvement of local patient experience.

For more information on the Kirklees Health and Wellbeing Board please visit

<https://democracy.kirklees.gov.uk/mgCommitteeDetails.aspx?ID=159>

### **Safeguarding Adults Board**

The purpose of the Safeguarding Adults Board is to protect adults from abuse and neglect. Safeguarding relates to the need to protect certain people who may be in vulnerable circumstances. In these cases it is critical that local services work together to identify adults at risk, and put in place intervention to help prevent abuse or neglect, and to protect people.

The members of Kirklees Safeguarding Adults Board are signatories to a multi-agency partnership agreement and operate joint policies and procedures that reflect the 'No Secrets' guidance published in 2000. Common policies and procedures have been agreed across West Yorkshire.

The Care Act 2014 sets out the legal framework for adult safeguarding:

- the Council is responsible for establishing and running the Safeguarding Adults Board
- the Board must co-ordinate and ensure the effectiveness of what each of its members does

- the Board must publish a strategic plan each financial year setting out how it will protect people at risk of harm and what each member is to do to implement the strategy
- the Board must consult Healthwatch and involve the community in preparing the strategy
- the Board must publish an annual report on its achievements, members' activity and findings from any Safeguarding Reviews during that period.

The Director of Commissioning, Public Health and Adults Services is a member Safeguarding Adults Board and the Health and Wellbeing Board.

For more information on Kirklees Safeguarding Adults Board visit

<http://www.kirklees.gov.uk/community/careInKirklees/safeguardingAdultsBoard.aspx>

## **Safeguarding Children Board**

The Safeguarding Children Board is a statutory body that was established on 1 April 2006 in accordance with the requirements of the Children Act 2004.

The Board provides the framework for ensuring that effective services are provided with partner agencies, including Kirklees Council, health organisations, West Yorkshire Police, West Yorkshire Probation, and the voluntary/community sector, to safeguard and promote the welfare of children in Kirklees, particularly regarding protection from harm.

This includes:

- developing and implementing inter-agency policies and procedures
- promoting effective partnership working
- undertaking reviews and audits to scrutinise and challenge work undertaken to safeguard children and promote their welfare
- provision of a range of training opportunities for all levels of staff and volunteers
- raising awareness of safeguarding within the wider community.

Board members are senior representatives of the main agencies which have a responsibility to safeguard children.

The Director for Children and Young People is a member of the Safeguarding Children Board and the Health and Wellbeing Board.

For more information on Kirklees Safeguarding Children Board visit

[www.kirkleessafeguardingchildren.co.uk](http://www.kirkleessafeguardingchildren.co.uk)

## **Community Safety Partnership**

The 1998 Crime and Disorder Act and other subsequent legislation places a statutory duty on the local Community Safety Partnerships to develop a strategic plan which addresses multi-agency issues affecting quality of life for residents.

The Kirklees Community Safety Partnership brings together the responsible authorities of Police, Local Authority, Kirklees Neighbourhood Housing, West Yorkshire Fire and Rescue Authority, the Office for the Police Crime Commissioner, Health and offender management services to work in collaboration with other statutory / voluntary services and local people to create safer communities

and make people feel safer by preventing and reducing community safety issues at the earliest possible opportunity.

The scope of Partnership working continues to evolve with current priorities being to reduce crime, tackle anti-social behaviour, improve confidence and protect people from serious harm by addressing issues such as domestic violence, child sexual exploitation, forced marriage and human trafficking which require robust collaboration between the Community Safety Partnership and safeguarding for adults and children.

The purpose and function of the Kirklees Community Safety Partnership is to:

- Deliver the statutory requirements of the Kirklees Community Safety Partnership
- Develop the Partnership Plan and Strategic Intelligence Assessment
- Deliver the outcomes of the Partnership Plan across the communities of Kirklees
- Have overview and responsibility for domestic homicide reviews.

For more information on Safer Kirklees visit

<https://www.kirklees.gov.uk/you-kmc/partners/communitySafety/index.aspx>

## **Children's Trust**

The Children's Trust Board is the local strategic partnership forum for children and young people's issues in Kirklees. It ensures that the local partnership co-ordinates and integrates the work of partners in improving the well-being of children and young people through the achievement of outcomes in Kirklees. It is able to make recommendations about how resources are used to meet the Children and Young People Plan (C&YPP) priorities. The plan sets out the Trust's strategic intent.

The Board's ambition for Kirklees Children, Young People and Families is that:

Kirklees is a great place to grow up where every child and young person: is safe and loved, healthy and happy and free from harm, and has the chance to make the most of their talents, skills and qualities to fulfil their potential.

Principles by which the Kirklees Children's and Young People's Partnership Board operates are:

- Working together – essential if the life chances for children and families are to be improved
- Commitment to the Kirklees Children's and Young People Partnership – as the partnership through which need will continue to be identified, action planned, resources aligned and progress reviewed
- Leadership – the Board will provide strategic leadership and direction to the area-wide system of children's services
- Integration – a commitment to seizing the opportunity to make closer integration a reality for the strategy and the planning and provision of services to children and families
- Creativity – creating new ways of working and to seize opportunities to make a reality of closer integration to improve outcomes for children and families as well as managing reductions in funding
- Adaptability – to respond to changes and reductions in resources, to continually review priorities and the focus of partner organisations
- Prioritising children – the commitment to children and young people remains at the forefront.

For more information on Kirklees Children's Trust visit

<http://democracy.kirklees.gov.uk/mgCommitteeDetails.aspx?ID=134>

Contact Officer: Helen Kilroy

## KIRKLEES COUNCIL

### CHILD SEXUAL EXPLOITATION AND SAFEGUARDING MEMBER PANEL

**Friday 4 November 2016**

Present: Cllrs Marchington (Chair), Holmes, Bellamy (observer)

In attendance: Carly Speechley, Assistant Director (Family Support & Child Protection)  
Chris Porter, Health Development Officer  
Matthew Holland, Head of Children's Trust Management and Development  
Helen Kilroy, Principal Governance and Democratic Engagement Officer

Apologies: Cllr Ahmed, Allison, Hill

#### **1 Minutes of Previous Meeting**

In the absence of Cllr Hill, the Panel elected Cllr Marchington as Chair for the duration of the meeting.

The Panel considered the Minutes of the meeting held on 7 October 2016.

#### **AGREED:-**

- (1) That the Minutes of the meeting held on 7 October 2016 be agreed as a correct record.
- (2) That, in the absence of Cllr Hill, the Panel elected Cllr Marchington as Chair for the duration of the meeting.

#### **2 CSE Victim and At Risk Individuals Strategy**

The Panel considered an update on the CSE Victim and At Risk Individuals Strategy following implementation, and welcomed Chris Porter and Matthew Holland to the meeting.

Chris Porter advised that the CSE Victim and At Risk Individuals Commissioning Strategy for Kirklees was approved at the Health and Wellbeing Board in January 2016. Work had been on going to develop responses and conditions that meet the needs identified in the Strategy. The Strategy was owned by the Kirklees Safeguarding Children's Board (KSCB) CSE workstream, which covered a broad range of related issues. This multi-agency workstream was chaired by the Police and reports were submitted to the Kirklees Safeguarding Children's Board on a quarterly basis.

Chris Porter explained that the Strategy had increased the Council's understanding of the path towards exploitation and introduced the concept of pre-cursors and what was likely to be going on in the lives of potential victims. The work of the Strategy found that many of the routes into CSE were driven by low self-esteem and a lack of emotional support in the relationships of the potential victim.

The Panel noted the overview of recommendations within the Strategy.

## **Understanding Risks**

Chris Porter advised the Panel that in Kirklees they have also moved forward on some of the original recommendations from the Strategy, such as understanding risks. The Panel was advised that the Council had modified local risk scoring tools to reflect the new understanding and were constantly looking to evolve the West Yorkshire Risk Assessment Tool, to both simplify it and incorporate the new thinking. This means that professionals were more aware of the up and down stream impact of exploitation, children who previously would have not been considered at risk now fall within the view of the CSE hub.

Chris Porter advised the Panel that the work on the West Yorkshire Risk Tool would mean the administrative burden of completing an onerous assessment was replaced by a simple risk scoring list. It was the responsibility of CSE professionals in the hub to complete a full assessment of needs and issues. The Panel noted that it remained the responsibility of all partner agencies to report all CSE concerns to Children's Services by way of a referral. Further development and training was under way to promote partner agencies understanding of CSE.

Carly Speechley advised that Sarah Perry had provided a copy of the guide for practitioners on assessing a child for CSE and this had been shared with the Panel. Carly Speechley further explained that the Council was not confident that everybody who was at risk of CSE was being referred to the CSE Team and a lot of work was being undertaken around raising awareness.

The Panel agreed to receive a joint presentation from the Police (Osman Khan) and Chris Porter from Kirklees to look at the CSE Action Plan and the impact on children. The Panel agreed that it would be useful to look at a number of anonymous CSE cases as part of this discussion, so that the Panel could see the process, understand and measure the impact on the child and which partners and agencies were involved at the different stages of the case.

Cllr Holmes commented that the management information circulated with the agenda showed that a high number of referrals were being made by Education. Carly Speechley advised that a lot of improvements had been made in relation to referrals from Education. Cllr Holmes advised that School Heads did not always attend the Children's Trust Meetings and their attendance was important given the number of CSE referrals made by Education. The Panel agreed to invite Janet Tolley (Virtual School Head Teacher) to be part of the joint presentation on the CSE Action Plan.

## **Therapeutic Interventions**

Chris Porter advised the panel that the Council had made significant progress in the therapeutic offer to those affected by CSE. A large amount of detail regarding the needs of those affected by CSE had been included in the CAMHS Transformation Plan, which was highly rated in terms of understanding the issue and the proposed changes to services that the council will make based on that understanding. Officers commissioned a short term solution to fill a gap in provision, but have now commissioned a Specialist Team to support the explicit therapeutic needs of those affected by CSE and other vulnerabilities. This meant that CSE victims risk managed through the CSE Hub have rapid access to a



bespoke package of care, be that psychological support or specialist foster and residential care.

Chris Porter explained that the strategy had looked at CSE recognition as many of the victims of CSE did not see themselves as victims and the support to these people was essential. Mathew Holland advised that national research indicated that there was a high number of people who did not see themselves as victims of CSE. Chris Porter went on to explain that children and young people perceived as being victims of CSE were being referred to CAMHS.

The Panel noted that more dialogue was required with victims so that they could start their CSE victim journey early and be led down the road to recovery. Chris Porter advised that the staff in the CSE Hub were the key officers undertaking this work on a case by case basis and would involve other family members where appropriate and dependant on the circumstances.

### **Sexual Health Guidance**

Chris Porter advised the Panel that the strategy had embedded the understanding of risk and possible routes into CSE within the specification of the Council's Sexual Services Contract. The new contract also had prevention outcomes within it, so as Sexual Health Services were the place a victim presented they were now better able to prevent further harm, and support victims using that service. The Council was looking to develop the emotional side of sexual counselling health alongside the more clinical response, this was currently being explored. This means professionals were becoming much more aware of the likely issues surrounding those affected by CSE, and the response victims get from sexual health professionals takes much better account of the range of issues around CSE, not just the presenting issue of sexual health.

Carly Speechley advised that there was scope to develop sexual health counselling within Kirklees that would look at safe relationships and safe sex and that this was being explored.

The Panel was informed that Kirklees did not currently collect data that showed the sexual health of CSE victims eg STD's or pregnancy. Carly Speechley explained that there had been instances of pregnancy reported in CSE victims, but that the numbers had been low.

### **Sexual Education in Schools**

The Panel raised concerns regarding the fact that all schools did not undertake the sexual health talk with children and felt that this was an important role for schools to facilitate. Carly Speechley further explained that whether or not schools would provide sexual health and relationship education, did depend on the nature of the school and what the parents were prepared to tolerate.

The Panel noted that Cllr Ahmed in his role as a non-councillor was responsible for working with and supporting vulnerable children who could be at risk, for example, substance misuse, CSE, etc..

Carly Speechley advised the Panel that their comments and concerns on sexual education within schools would be fed into the CSE Strategy and Action Plan.

## **The Relationship Role**

Chris Porter advised the Panel that in order to promote and encourage positive working relationships with CSE practitioners, each child or young person who was assessed to be at high or medium risk of CSE has an allocated CSE Hub Social Worker and a CSE Hub Police Officer. The Panel was advised that a CSE Hub Engagement Officer was allocated to those that were deemed to be at low risk. This meant that those supported by the Hub had a single worker they could build a trusting relationship with.

Chris Porter advised on a number of other areas that were currently being explored and these were:-

- Relationship rebuilding – where a grooming process of a CSE victim has affected their relationships with friends and family, officers were looking at how to work this through with the victim to help them to reconnect;
- Victim Recognition – Officers were looking at how the interview process could be improved when children go missing so that it was not a Counselling Session; skills need to be developed by the people undertaking the interviews so that they can help the child or young person to begin their journey to recovery.

Matthew Holland advised the Panel that officers from Kirklees were meeting with the Fostering Leads from across West Yorkshire and the Police and Crime Commissioner (PCC) to share ideas and challenges on the issue of foster care and explore areas where lessons could be learnt. The Panel was advised that officers were looking at the 'Mocking Bird' fostering approach, which had been shown to be a successful way to improve outcomes for looked after children. The Panel was advised that Leeds had been carrying out a small scale pilot of this type of foster care and the results had been very successful. Matthew Holland advised that officers would like to share the Mocking Bird fostering approach across the region for all the West Yorkshire Local Authorities and that the PCC was taking the lead on this issue.

### **AGREED:-**

- (1) That Chris Porter and Matthew Holland be thanked for attending the meeting.
- (2) That the update on the CSE Victims and At Risk Individual Strategy be noted.
- (3) That the comments and concerns made by the Panel on sexual education within schools be fed into the CSE Strategy and Action Plan.
- (4) That the Panel visit the CSE Hub in Dewsbury – date to be determined.
- (5) That the Panel receive a joint presentation on the CSE Action Plan from the West Yorkshire Police and Kirklees Children's Services, to include CSE case studies that will allow the Panel to understand the process and measure the impact on the child – date to be determined.

### **3. Ofsted Inspection of Children's Social Care**

The Panel considered a verbal update on the emerging themes of the Ofsted Inspection of Children's Social Care, particularly in relation to CSE.

Carly Speechley advised the Panel that Kirklees would receive a draft of the Ofsted Inspection report for factual accuracy checking, the comments of which would need to be returned by the 11<sup>th</sup> November 2016. The Panel was advised

that the Council will receive a pre-published report on the 23<sup>rd</sup> November 2016, at which time staff would be briefed. The Ofsted report will go public on the 25<sup>th</sup> November 2016 on Ofsted's website.

Carly Speechley advised that Ofsted had looked at CSE data and some open cases in the CSE hub and had met with staff in the team and partners regarding the CSE Action Plan. Carly Speechley further explained that feedback from Ofsted indicated that Inspectors could see from the partnership, governance and scrutiny arrangements that the work on CSE was a clear priority for Kirklees Council and significant investment had been made. The Inspection Team had indicated that they had seen positive work ongoing within the CSE Hub, but had raised concerns with regard to the need to more quickly identify children at risk of CSE. The Inspection had also looked at children at risk in the looked after children cohort.

The Panel agreed to receive a report in January 2017 that explained the comparison with other West Yorkshire Local Authorities on their Ofsted Inspections of Children's Services and what lessons could be learnt. The Panel agreed that the report should include more detailed feedback on the Ofsted Inspection following the publication of the report at the end of November.

**AGREED:-**

- (1) That the update on the Ofsted Inspection of Children's Social Care be noted.
- (2) That the Panel receive a report outlining comparison against other West Yorkshire Local Authorities on their Ofsted inspections and areas of learning for Kirklees.

**4. Update on key National and Local issues**

The Panel considered a verbal update on the key national and local issues in relation to CSE.

The Panel noted the Statement by the Chair of the Jay Inquiry (dated the 7<sup>th</sup> October 2016), which was attached to the agenda. The Statement advised that the Chair of the Independent Inquiry in to Child Sexual Abuse had set out the strategy to ensure that the Inquiry met its remit to recommend measures to better protect children in the future. Professor Jay set out 4 thematic strands that would be the focus of work and recommendations across all the institutions that the Inquiry was examining.

Carly Speechley advised the Panel that very little progress had been made on the Inquiry following a number of resignations and changing focus of work. The Panel was informed that the Inquiry would not take the usual route for meeting timescales and would be complete by 2020.

**AGREED:-**

- (1) That the update on key national and local issues in relation to CSE be noted.

**5. CSE Management Information**

The Panel considered an update on CSE Management Information.

Carly Speechley advised the Panel that there had been a reduction in the percentage that had gone from referral to having an 'at risk' classification. The

number of 'at risk' classifications started in the month had been lower since June 2016, while the number of contacts was on the increasing, all be it very volatile, trend.

The Panel was informed that the numbers at risk of CSE were still too low and that significant work was being undertaken to improve these figures. The Panel was advised that the number of CSE contacts received per month by ethnicity in July 2016 had increased due to the work of Operation Tendersea.

Carly Speechley advised that the new software being installed within Children's Services, Liquidlogic, should be implemented in July 2017. The Panel was advised that configuration workshops were currently taking place with Practitioners and Managers looking at how the system will work in practice.

The Panel welcomed the improvements that had been made to the Management Information and narrative provided. The Panel agreed that it would be useful to undertake a comparison of the data on an annual basis to look at any impacts and improvements that have been made.

**AGREED:-**

- (1) That the CSE Management Information be noted.
- (2) That the Panel consider an annual comparison of the CSE Management Information early in 2017 and look at any impacts and improvements that had been made.

**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 consider the following issues:-

- Joint presentation on CSE Action Plan by West Yorkshire Police and Kirklees to include CSE case studies – date to be determined;
- Visit by Panel to CSE Hub in Dewsbury – date to be determined.

**AGREED:-**

- (1) That the CSE and Safeguarding Member Panel Agenda Plan for 2016/17 be noted and updated as agreed.

**7. Date of next meeting**

**AGREED:-**

- (1) That the date of the next meeting of the CSE and Safeguarding Member Panel be held on Friday 2<sup>nd</sup> December 2016 at 10.30 am till 12.30 pm in the Meeting Room 1, Huddersfield Town Hall.