

Public Document Pack



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Wednesday 22 February 2017

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Ibbotson Room - Broad Lea House** at **3.15 pm** on **Thursday 2 March 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

Gill Ellis

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

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

Contact: Jenny Bryce-Chan, Tel: 01484 221000

2: Minutes of previous meeting

1 - 8

To approve the Minutes of the meeting of the Board held on 26 January 2017.

Contact: Jenny Bryce-Chan, Tel: 01484 221000

3: Interests

9 - 10

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

4: Admission of the Public

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

5: Deputations/Petitions

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

6: Public Question Time

The Board will hear any questions from the general public.

MATTERS FOR CONSIDERATION

7: CAMHS Transformation Plan update

11 - 30

To update the Board on the Transformation Plan outcomes and priorities submitted as part of the Local Transformation Plan requirements in November 2016 and assurance on the updates reported to NHS England on a quarterly basis.

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

8: Kirklees Health & Wellbeing Plan Update

31 - 104

To provide the Board with an update on progress with developing the Kirklees Health and Wellbeing Plan 2017-2021 and the West Yorkshire and Harrogate STP.

Contact: Natalie Ackroyd, Business Performance Reporting & Planning Manager Greater Huddersfield CCG and Rachel Millson, Business Planning Manager, North Kirklees CCG

TO NOTE

9: Update on Improvements relating to Children Services 105 - 108

To bring in view the Children's Improvement Programme to the Board to ensure that priority activity is understood along with the key timescales.

Contact: Merlin Joseph, Interim Improvement Director, Tel: 01484 221000

10: Minutes of CSE & Safeguarding Member Panel 109 - 122

To receive the minutes of the CSE and Safeguarding Member Panel meeting held on 2 December 2016 and 6 January 2017

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

11: Date of next meeting

To note that the next meeting of the Health and Wellbeing Board will be on the Thursday 30 March 2017 – Reception Room Huddersfield Town Hall

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 26th January 2017

- Present:**
- Councillor Viv Kendrick (Chair)
 - Councillor Donna Bellamy
 - Councillor Kath Pinnock
 - Councillor Erin Hill
 - Rory Deighton - Healthwatch
 - Dr Steve Ollerton - Greater Huddersfield CCG
 - Fatima Khan-Shah - North Kirklees CCG
 - Priscilla McGuire – Greater Huddersfield CCG
 - Gill Ellis – Kirklees Council
- Apologies:**
- Councillor Shabir Pandor
 - Dr David Kelly
 - Carol McKenna
 - Richard Parry
 - Rachel Spencer-Henshall
 - Kathryn Hilliam
 - Adrian Lythgo
- In attendance:**
- Phil Longworth, Health Policy Officer, Kirklees Council
 - Eleanor Brazil – Children’s Social Care Commissioner
 - Tom Brailsford – Joint Commissioning Manager – Kirklees Council
 - Matthew Holland – Head of Children’s Trust management and Development
 - Mandy Cameron – Deputy Assistant Director
 - Carol Thomas – Trustee PCAN
 - Joanne Holland – Trustee PCAN
 - Jenny Bryce-Chan, Governance Officer
- Invited Observers:**
- Ruth Unwin – Mid-Yorkshire Hospital NHS Trust
 - Robert Flack - Locala
 - Catherine Riley – Calderdale & Huddersfield Foundation Hospital Trust
 - Dawn Stephenson – South West Yorkshire Partnership Foundation Trust

56 Membership of the Board/Apologies

The Board noted the following substitutions:-

- Sue Richards for Richard Parry
- Dr Rory O'Connor for Rachel Spencer-Henshall
- Penny Woodcock for Carol McKenna

The Board received apologies from Councillor Shabir Pandor, Richard Parry, Carol McKenna, Dr David Kelly, Rachel Spencer-Henshall, Adrian Lythgo and Kathryn Hilliam

57 Minutes of previous meeting

RESOLVED – that the minutes of the meeting held on the 24 November 2016 be approved as a correct record.

58 Interests

- Cllr Kath Pinnock declared an 'other' interest as she is the Vice President of LGA.
- Priscilla McGuire, Greater Huddersfield CCG declared an interest as she works for Ofsted as an Ofsted Inspector, on a contractual basis.
- Robert Flack, Chief Executive, Locala declared an interest in the Healthy Child Programme.

59 Admission of the Public

All items to be considered in public session.

60 Deputations/Petitions

No deputations/petitions received.

61 Public Question Time

No questions were asked.

62 Healthy Child Programme Contract Update

Tom Brailsford, Joint Commissioning Manager attended the meeting to update the Board on the Healthy Child Programme tender award. The Board was informed that over the past 18 months a lot of integration had taken place between Kirklees Council, North Kirklees CCG and Greater Huddersfield CCG. Partners had been working closely to better meet the needs of the children and young people in Kirklees. The collaborative ways of working across a range of complex service areas, to redesign and produce a service specification has allowed a transformational approach across a range of provisions.

The Board was advised that the contract for the Healthy Child Programme had been awarded to a local provider who will then sub-contract further to local providers. The contract will commence on the 1st April 2017, initially for a five year period with an option to extend for up to a further 5 years.

RESOLVED

- That the successful contract award and delivery partnership be noted by the Board.
- That the Board supports the transformation of the Healthy Child Programme 0-19 across Kirklees.
- That the Board endorses and supports the learning from the integrated approach taken in order to successfully commission and award the contract.

63 Children's Improvement Plan

Eleanor Brazil, Children's Social Care Commissioner was introduced to the Board and her role and purpose for being in Kirklees explained.

Matthew Holland and Mandy Cameron attended the meeting to update the Board on progress towards delivering the Children and Young People with Special Education Needs and Disabilities Vision and Strategy. Also in attendance to support this agenda item were Carol Thomas and Joanne Holland Trustees from Parent of Children with Additional Needs (PCAN).

In summary, the Board was informed that:-

- The vision is to create a 0 – 25 SEND system that enables children and young people to have the best possible start in life to achieve their full potential.
- Kirklees had worked well at delivering reforms from the Children and Families 2014 Act. Senior leaders had identified key actions and there had been a good collaborative approach between partners. Whilst there are still some challenges that need addressing and there is still some way to go there is a strong vision and ambition.
- In preparation for the inspection, self-evaluation had been completed and circulated to key managers, with regular reviews of the content timetabled in and briefing notes shared. The SEND self-evaluation process has been through the Clinical Commissioning Group's.
- A detailed SEND data pack which compares a wide range of data with national performance has been completed. This is updated three times per year and is shared across partners such as the Integrated Commissioning Groups and Strategic Schools.

Health and Wellbeing Board - 26 January 2017

- There has been engagement with children and young people and an engagement toolkit developed by Involving Young People Equally has been shared with key managers and is due to be presented at the SENCO network in February.
- There has also been engagement with parents/carers including PCAN members who are on the SEND Strategy Group and all work streams relate to SEND reforms. Working collaboratively is important and getting feedback from people who taken the time to give information is also vital. Outcomes on agreed actions are monitored quarterly at Strategy Group.

In response to a question from Eleanor Brazil, the PCAN representatives advised that PCAN involves 700 individuals with a mailing list of 50, and specifically aims to reach out to people from ethnic minority backgrounds. They explained that families with disabled children felt that they had not heard a lot of negatives about children's services apart from in respect of emotional issues. The Board was informed that CAMHS has had major issues and the people coming in to fulfil the contract will have to deal with a backlog and it will be a challenge.

The Board agreed to include PCAN on the Health and Wellbeing Board agenda plan to present its work at a future Board meeting.

The Board was advised that some of the areas of progress include:

- Involvement & engagement of parents
- Range of provision to meet needs
- SENCO champion
- Rapid improvements in meeting statutory timescales for EHCP's
- Good co-ordinated EHCP assessment process and plan co-produced with parents.

Some areas requiring further development include:

- Post 16 to be developed
- Promote early intervention for 16 plus and support for transition
- Further engagement with children and young people
- Development of personalise packages
- Local offer-needs to expand
- Ongoing challenges to meet some demand.

The Board was informed that whilst it is recognised that there has been progress in the last 6 months the push is to maintain this progress.

The Board questioned the role of post 16 providers and was informed that there is still a great deal of work to do with the 3 main colleges.

Gill Ellis interim Director for Children and Young People Service updated the Board on the Children Service improvement journey. In summary, the Board was advised that following a rigorous internal review of Family Support and Child Protection in 2015, there had been a recognition that significant improvements needed to be made. In May 2016, a development board was established with a plan outlining the areas requiring improvement.

In September 2016, Ofsted carried out an unannounced inspection of the Council's Child Protection Service and the overall assessment was that it was inadequate. Ofsted made 27 recommendations which the improvement plan is based on. In response to the Ofsted inspection, the Secretary of State issued a direction notice and appointed a Commissioner to work with the Council until the end of March 2017. The first monitoring visit from Ofsted will be on the 13-14 March 2017.

The Board was informed that bringing about the required improvements will be a significant journey which will involve Children's Service getting to know and understand its children and putting them at the heart everything. There will be some marketing around this.

The Board questioned if the Council was not aware a year ago that children services was not up to the mark, how will it know now. In response the Board was advised there is a full plan with monitoring and performance measures in place. This plan will be sent out for feedback and amendments. The Board was informed that Eleanor Brazil had also shared practice from other places with Kirklees. It is important to make sure that all levels are covered on this improvement journey.

The Board also raised questions in respect what was being done with regard to staff moral and was advised that staff were being supported and there is a recruitment and retention strategy. There are however, cultural issues that will need to be worked through.

The Board was advised that as the action plan develops there is a need to think about the partnership response. There are plans in place in terms of communication.

RESOLVED –

That the Board will:-

- Look at the improvement plan once disseminated and give feedback and amendments to the Improvement Programme Manager.
- Cascade the children's improvement newsletter
- Identify and understand which actions relate to areas of work linked to the Health and Wellbeing Board
- Pay particular attention to the 27 Ofsted recommendations within their respective organisations.

64 Pharmaceutical Needs Assessment

The Board considered a report outlining a review of NHS England's determinations and notifications which identifies a change to pharmaceutical services requiring publication of a Supplementary Statement to the Pharmaceutical Needs Assessment (PNA).

The Board was advised that Supplementary Statements are a factual way of updating what the PNA says about which services and where these services are provided. It is a statutory responsibility of Health and Wellbeing Board to publish Supplementary Statements.

In accordance with the 2013 Regulations NHSE approved an application for a new pharmacy to be opened in the Denby Dale Ward. The Board received a Supplementary Statement advising of a new pharmacy contract issued in Denby Dale.

RESOLVED – that the publication of Supplementary Statement 1 which forms part of the Pharmaceutical Needs Assessment be noted and approved by the Board.

65 Health & Social Care Peer Challenge

Phil Longworth, Health Policy Officer informed the Board that last year the Local Government Association (LGA) was looking for volunteers for piloting a new system wide care and health peer challenge.

The aim of the peer challenge is to look robustly across the health and care landscape and provide a chance to show best practice, learn from others and help develop the programme for the future. Pilot sites have come forward to test the new peer challenge and help develop recommendations for the future.

The peer challenge in Kirklees will be held on the 8th, 9th and 10th March 2017 and the features will include working on site with partners including elected members and the Chief Executive and holding 1-2-1 interviews. Following the challenge, feedback will be provided by way of a presentation and a written report if required. The finding will also be published on the LGA website.

The Board raised questions regarding the timing of the peer challenge and suggested that this be looked at.

RESOLVED – that the Board support the proposal to pilot the new system wide care and health peer challenge being developed by the LGA.

66 Joint Working Protocol

Phil Longworth advised that the Board had previously endorsed the development of Joint Working Protocols which was building on some work from Centre of Public Scrutiny taken a while ago. The protocols aim to set out the roles and expectations of a range of key bodies to promote the effective collaboration to improve the health and wellbeing of the local population by meeting local needs and providing value for money.

The Chair advised that Cllr Smaje was unable to attend the meeting however had submitted some feedback with regard the joint protocols.

The Board endorsed the draft protocols and agreed that respective conversations should take place with each party to decide if the protocols are acceptable or if any amendments need to be made.

RESOLVED –

- a) that the joint working protocols between key partnerships be agreed by the Board.
- b) that the protocol be circulated to key partnerships for discussion, comment and amendments.

67 Minutes of CSE & Safeguarding Member Panel

Cllr Hill reported that there were only one set of minutes for consideration and there was nothing significant to report. The Board sought clarification on the information contained in the minutes with regard to the numbers at risk of CSE.

Resolved -

That the minutes of the CSE be approved subject to the clarification on numbers at risk of CSE.

68 Date of next meeting

That the next meeting of the Board will be on Thursday 2 March 2017 at Broad Lea House.

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KIRKLEES COUNCIL COUNCIL/CABINET/COMMITTEE MEETINGS ETC DECLARATION OF INTERESTS HEALTH AND WELL BEING BOARD			
Name of Councillor			
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

the total nominal value of the securities exceeds £25,000 or one hundredth of the total issued share capital of that body; or

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

KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: Thursday 2 March 2017 – Ibbotson Room, Board Lea House, Bradley. 3:15pm.
TITLE OF PAPER: CAMHS Transformation Plan
<p>1. Purpose of paper</p> <p>The paper is coming to the HWB for update on the Transformation Plan outcomes and priorities submitted as part of the Local Transformation Plan requirements in November 2016 and assurance on the updates reported to NHS England on a quarterly basis.</p> <p>The Board has a clear defined role and responsibility in relation to the development, implementation and monitoring of the Local Transformation Plan for CAMHS. Therefore, the paper has attached to it the most recent monitoring returns to NHS England</p>
<p>2. Background</p> <p>The Health Select Committee held an inquiry into Children and adolescent mental health Services (CAMHS). The Committee heard evidence from experts who described a national picture of services with inadequate data, multiple commissioners, reductions in funding, growing demand and a historic tier system that is out of step with current initiatives to modernise, develop and deliver a more flexible, personalised NHS.</p> <p>The national CAMHS Taskforce, led by Jon Rouse, Director General, Social Care, Local Government and Care Partnerships, was launched to make recommendations to improve commissioning and provision of mental health services for young people and their families. The national report called ‘Future in Mind’ was published in March 2015 . The report made wide reaching recommendations in order to transform provision across all tiers of need.</p> <p>Guidance issued by The Department of Health to Clinical Commissioning Groups in August 2015 required that a Local Delivery Plan to transform services was developed. This Transformation Plan was submitted on the 16th of October 2015 to the joint NHS England and Department of Education assurance process. It is a 5 year plan with a focus on ambitions for culture change over the whole time period, priorities and year 1 actions. The Kirklees plan was classified as receiving full assurance by NHS England, and held up as an example of national good practice.</p> <p>The funding was released in 2015/16 to start to implement the year 1 priorities agreed, and funding has been released in 2016/17 to continue the implementation of the far reaching systemic changes required locally. The local CAMHS transformation plan was refreshed and agreed by the Health and Wellbeing Board on the 24th of November 2016, and the priorities are currently being implemented and are reported in the quarterly updates to NHS England.</p>
<p>3. Proposal</p> <p>Kirklees is required to submit quarterly progress reports to NHS England. Recent feedback confirmed that NHS England were fully confident on our progress in Quarter 2 of 2016 stating that the report was comprehensive, evidencing collaboration, partnership working and integration. The impact of the schemes was also demonstrated. The accompanying progress report covers the Q3 period of 2016 which has been submitted to NHS England on 31 January 2017. Feedback on progress is awaited. The Board are asked to endorse and support ongoing progress which demonstrates how proposed changes link to achieving the aims and outcomes within the Kirklees JHWS, and reflect the ‘strategic thinking framework’.</p>
<p>4. Financial Implications</p>

Greater Huddersfield CCG	£577,000
North Kirklees CCG	£469,000
Total allocation	£1,046,000
5. Sign off	
Richard Parry	
6. Next Steps	
<ul style="list-style-type: none"> • To continue the implementation and monitoring of the CAMHS transformation plan in line with the agreed priorities. • To Implement the Healthy Child Programme in order to achieve the system wide changes required to achieve our transformation plan vision . 	
7. Recommendations	
<ul style="list-style-type: none"> • That the Board notes Q3 performance and progress • The Board notes the areas of challenge and development required locally. 	
8. Contact Officer	
Tom Brailsford, Joint Commissioning Manager – CAMHS Transformation Lead Officer	
Tom.Brailsford@northkirkleescg.nhs.uk T: 01924 504905/ 0148422100 M: 07947 123160	

Quarter 3 - 2016 - 2017
Progress Update

Kirklees Future in Mind
Transformation Plan

Children and Young
People's Mental Health
and Wellbeing

Index

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• Finance Assurance Template	Attachment
• A Child’s Journey - CAMHS and Emotional Wellbeing Services in Kirklees	Supplement A
• Stakeholder Survey analysis and questions.	Supplement B

1 Overall progress and activity update - October to December 2016

This quarterly report outlines progression of the Kirklees CAMHS Local Transformation Plan by NHS North Kirklees Clinical Commissioning Group, NHS Greater Huddersfield Clinical Commissioning Group Kirklees Council and strategic partners.

The original Transformation Plan and supporting information remains available to the public on the internet at www.kirklees.gov.uk/futureinmind.

A refreshed draft Transformation Plan was published at on the 30 November 2016 having been approved by the Chair and Vice Chair of the Kirklees Health and Wellbeing Board. Following sign off by the Health and Wellbeing Board on 24 November 2016, a finalised document has been published at the same website location as the original plan. The updated priorities are detailed in appendix C.

The spending profile is detailed in the Finance Assurance Template submitted as a separate document to this progress update as requested in the Q2 feedback letter.

During this quarter the Transformation Plan Implementation Partnership Group met once on the 17 October 2016. Minutes are attached as Appendix B.

We are in the process of developing the content for a stakeholder's newsletter which gives an overview of progress and performance on the LTP priorities.

0 - 19 Healthy Child Programme

The competitive tender closed on the 7 November 2016 following which a formal evaluation process saw the contract being awarded to Locala Community Interest Company. The delivery partnership includes our incumbent Tier 2 and Tier 3 providers, so the risk of safe transfer of CAMHS provision into the new model is minimised. The contract will start on 1st April 2017.

As outlined in our published Transformation Plans and progress reports there is a heavy reliance on the Healthy Child Programme delivering long term transformation of local CAMHS. Because of this ongoing dialogue has and will continue to take place with the provider(s) to ensure a seamless transition and continued delivery without any negative impact for those accessing CAMHS.

A Child's Journey - CAMHS and Emotional Wellbeing Services in Kirklees

Resulting from concerns about the quality and impact of services for children and young people an independent review commissioned by Kirklees Safeguarding Children Board (KSCB) took place between April and September 2016.

This resulted in a report entitled "A Child's Journey, CAMHS and Emotional Wellbeing Services in Kirklees" provides an overview of an in-depth review of emotional health and wellbeing and Child and Adolescent Mental Health Services (CAMHS) in Kirklees which was signed off by the Kirklees Safeguarding Children Board in December. Contents from an early draft of the report was used inform the Transformation Plan Refresh in October

2016.

Recommendations contained in the report will be considered in Q4 by the Integrated Commissioning Group and Transformation Plan Implementation Partnership Group. A copy of the report is included as Supplement A.

The report will be made available to the public with other Transformation Plan documentation at www.kirklees.gov.uk/futureinmind.

Integrated Commissioning Group (ICG) incorporating an NHS England visit

As part of the national assurance of Transformation Plans the first Kirklees refreshed plan was published on 31 October 2016 having been signed off by the Health and Wellbeing Board leads and Chief Executives/Directors from the Local Authority and both Clinical Commissioning Groups. The Integrated Commissioning Group is attended by strategic leads and Children's Trust Board continues to be involved in overseeing progress and reviews of the plan. To support ongoing transformational progress member commitment was sought to:

1. Ensure delivery of the ongoing strategic vision and support Year 2 delivery and planning for Year 3
2. Support local approaches which will deliver a workforce development strategy to provide a clear direction internally and externally
3. Interlink the Transformation Plan into ongoing local developments including Early Help, All Age Disability Strategy, New Council, ongoing developments in children's services and CCGs NHS Sustainability and Transformation Plan. The CAMHS Transformation Plan and annual refresh is seen as starting point.
4. Respond to feedback from stakeholders and consider viable future consultation processes
5. Delivery for vulnerable groups as detailed in the Transformation Plan.

The meeting was attended by Laura Whixton from NHS England and a discussion considered ongoing progression of the Transformation Plan refresh. Appendices C details the key discussion points which will be discussed at a future meeting of the Transformation Plan Implementation Group.

Stakeholder Survey

To avoid any potential challenge to the competitive tender of the 0-19 Healthy Child Programme stakeholder engagement was restricted to publishing an on-line public survey to seek views about the future delivery of local services. The survey closed on 30 November 2016, survey analysis will be considered in conjunction with any conclusions from the Child's Journey and included in the Q4 progress update. A copy of the survey questions is included as Supplement B.

CAMHS Benchmarking Tool.

A benchmarking tool developed using the 'Benchmarks for Transition' (2014 London South Bank University and Great Ormond Street Hospital for Children NHS Foundation Trust. <http://transitionstudy.co.uk/>), the 'You're Welcome Quality Criteria (DoH 2011) and regional feedback from Yorkshire and the Humber Providers and Commissioners.

NHS England asked commissioners to submit returns from their CAMHS provisions to I:

- Enable commissioners and providers to understand and evidence where they are in their transition journey.
- Identify good practice, gaps, areas for development within an organisation for service improvement and delivering better Outcomes for children and young people.
- Understand how stakeholders can work together to deliver effective and quality transition.

Kirklees Commissioners worked with their Tier 2 and Tier 3 services to complete the Benchmarking Tool for each of their provisions by the 16 December deadline.

Funding for children and young people's mental health

In October 2016, Kirklees made a successful submission to NHS England Regional Offices for additional funding of £175,000 to reduce average waiting times to treatment by March 2017. The local action plan included the following milestones.

- Increasing capacity in year with our Tier 3 provider to offer more clinics at flexible times across a range of community venues.
- Use of agency staff and overtime will increase capacity in our Tier 3 provision to begin in November 2016. This will include recruiting 3 FTE agency staff in November along with increasing overtime.
- Investing in backfilling those staff attending the CYP IAPT Course. In 2016/17 there will be 2 Tier 3 staff attending CYP IAPT training and 1 Tier 2 worker the backfill costs of those staff will be provided which will lessen the impact on waiting times.
- The staff throughout their training will increase access to evidence based interventions in Tier 3 and Tier 2 provision throughout the academic year.
- Further investing in front line service provision in, 2016/17, including offering more capacity within our Tier 2 / SPA provision.
- In December an expanded counselling offer will be implemented using existing staff members which will target up to 198 young people by March 31st 2017. This will reduce waiting times from 18.2 weeks to 17 weeks by January 2017 and to 16 weeks by March 31st 2017.
- Speed up referral and screening and interventions for particular clients groups using online assessment tools Online tools and screening process currently being scoped by Tier 3 provider will be in place by December 2016.
- Provision of specific group work programmes that will address issues are widespread throughout the current client group, for example anxiety issues
- Group work programmes will be in place across Kirklees by January 2017 for children and young people as well as parental support.

IAPT update

Regional collaborative working and consultation is ongoing to ensure engagement and participation in the IAPT with Tier 2 and Tier 3 services which is also progressed and is incorporated into the 0-19 Healthy Child Programme specification. A regional meeting in

Huddersfield on 8 November was supported by Barry Nixon (Clare SWYFT - Barnsley), were we are one of 22 partnerships in the North West under Phase 6 are branded under the North West Collaborative. Dialogue will take place in Quarter 3 to maintain ongoing development of IAPT processes.

Regional Consultation Activity

In December 2016, a Kirklees commissioner representative attended a NHS England Specialised Collaborative Commissioning Team meeting to begin looking at the development of collaborative commissioning plans which will also support the requirements of the CCG IAF, MH assessment audit and support the ideals of Future in Mind.

2 Scheme progress

Progress during this quarter is included in Appendices B and C, for the Transformation Plan Implementation Partnership Group meetings which took place in October and the NHS England visit to the Integrated Commissioning Group in November 2016.

- a. **Single Point of Access** – The pilot continues to be monitored to inform the implementation of the new 0 - 19 Healthy Child Programme Tender which will be in place from 1 April 2017. During this quarter 804 support request calls were received, 90 were escalated to Tier 3 CAMHS. There have been 2,247 support request calls since the service began in April 2016 with 1,489 progressing to a ChEWS (Tier 2) referral.
- b. **Tier 2 CAMHS (ChEWS)** – The pilot Single Point of Access continues to support a reduction in Tier 3 waiting times. During this quarter the service provided direct support to 304 children and young people, this included 1338 hours of one to one support and 348 hours of group work. Waiting times will form part of the implementation and planning discussions in readiness for the new 0 - 19 Healthy Child Programme to being delivering to revised targets from 1 April 2017.

The numbers being retained at Tier 2 has negatively impacted on average waiting times which have increased to 19.8 weeks by the end of Quarter 3. We are also allocating a proportion NHS England funding to address waiting time issues which should being too shown improvements during Q4.

- c. **Vulnerable Children's Service** – Appointments to the three posts have been made during this Quarter, and all staff are in post.

Implementation meetings have been arranged with children's social care and CAMHS to ensure smooth integration of the CAMHS staff into Kirklees Council. This has included a multiagency meeting to finalise the pathway and process across Kirklees Council, Northorpe Hall and SWYT for children, young people and professionals to access the model and provision.

- d. **Kirklees School Link Pilot** – The local pilot continues to be delivered with six schools, three primary and three secondary. Whilst lessons learned from the National Pilot have not been officially published professionals involved in the National Pilot have spoken at conferences and national perspectives have been

shared with colleagues and continue to inform local actions.

Following the audits of school staff skills and pupil resilience, bespoke development plans were written outlining strengths and areas to focus on as part of the project and analysis of the areas for development informed bespoke actions to be taken in partnership with each school. This has included identification of named lead persons in each school. The focus for bespoke training was planned as were areas for strategic development. Training has taken place and continues.

Regular reviews of the progress against the actions in the development plans have taken place and is ongoing on a monthly basis or more often as requested/negotiated).

Support has been given for strategic whole school planning and the development of key roles in school to support wellbeing and is ongoing. There have been half termly Peer Supervision groups for the School Leads in the Secondary Schools and also the School Leads in the Primary Schools.

- e. **ASD** – Resource has been allocated to ensure that front line service provision is augmented to increase capacity for ASD assessments and reducing waiting times. Recurrent resource has been identified for 2017/18 onwards as part of the 0 – 19 Healthy Child Programme which will ensure a fully NICE complaint assessment team is in place and delivering. Further resource has been allocated for the HCP to assist in clearing the inherent backlog.
- f. **Tier 3 CAMHS** – The Tier 3 provision has seen improvements in performance and outcomes this year as a result of investment using Future in Mind funding together with wider system changes and investment.

Following the implementation of the SPA, we continue to see referrals into Tier 3 reducing across Kirklees. In November for generic CAMHS only 13 referrals were received across Kirklees, excluding Autism Spectrum Condition.

Inappropriate referrals have also continued to reduce significantly from 28 in September 2015 to just 2 in November 2016. Waiting times are reducing due to the extra investment and early impact of having a Single Point of Access in place. The average wait between partnership appointments has also reduced from 192 days in April 2016 to 131 days in November 2016. At the end of November, nearly 60% of those waiting for treatment (Generic CAMHS) had been waiting less than 6 months.

3 Eating Disorder Service

The multi-disciplinary regional Eating Disorder service continues to provide support across Kirklees, Calderdale, Wakefield and Barnsley is reflective of National Guidance; Access and Waiting Times Standards for 'C&YP with an Eating Disorder' National Guidance and is meeting the waiting time standards.

As of 31 December 2016 there were 58 open cases across Kirklees which is an increase of

13 from the previous quarter. The current contract was initially awarded for 1 year; we are currently working across both Clinical Commissioning Groups involved in the contract to examine a range of options to ensure the provision is continuous and stable beyond April 2017 onwards.

4 Areas of most challenge in implementation.

Appendix A identifies continuing risk for LPS 1, 3, 16 and 25. The appendix includes the challenges and mitigating actions to the delivery of our CAMHS Transformation Plan.

5 Brief overview of spend and activity

Year 2 budget proposals have been discussed and reviewed by the Transformation Plan Implementation Partnership Group, the Integrated Commissioning Group, both Clinical Commissioning Groups and the Health and Wellbeing Board. The Budgets that relate to the provision included in the Health Child Programme have all been agreed and are contractually bound for the next 5 years through a Section 75 agreement. The Healthy Child Programme contract has been awarded and delivery will begin on the 1st of April 2017.

In response to the points raised in the quarter 2 feedback letter, the NHS funding that has been identified to support LTP priorities is existing resource redesigned. The reason it appears a “NHS new resource” is because in the Excel sheet that is the only classification that could be applied from the selected options. All of the finances that are being utilised in relation to LTP priorities are included in the spreadsheet.

Submitted by:

Tom Brailsford
Joint Commissioning Manager – CAMHS Transformation Lead Officer
30 January 2017

NHS North Kirklees CCG and NHS Greater Huddersfield CCG.				
LPS Number	Description of local priority scheme	Description of issue of risk to delivery of 2016/17 plan	Mitigating Actions	*Date expected to deliver
1 (1.1)	Redesign and implementation of a school nursing service that is more focused on emotional health and well-being, and provides an early intervention function across all educational settings. <i>(Cluster links: LPS 1, 3 and 5)</i>	Progress and implementation is directly influenced by the ongoing tender of the 0-19 Healthy Child Programme (HCP). Project plan and full risk log in place to ensure programme is delivered on time.	HCP tender process competed and contact awarded. Full HCP recommissioned service will start delivery in April 2017.	April 2017
3 (1.3)	Establish emotional health and well-being provision that is collaboratively commissioned with educational settings.	The fragmented nature of schools and their pyramids creates levels of complexity in securing universal agreement for a collaboratively commissioned offer that will support a consistent approach towards tierless model.	Ongoing piloting approaches with school community hubs to consolidate resources and demonstrate to schools benefits of an enhanced and collaborative commissioned provision. Links with the Healthy Child Programme commissioning.	April 2017
6 (2.2)	Increase front line capacity within Tier 2 and Tier 3 provisions to reduce waiting times and improve access for children and young people. <i>(Cluster links 1.2 and 2.7)</i>	By responding to LPS 10 (2.6) the pilot Single Point of Access provision has placed additional support demands on the Tier 2 service and increased their average waiting times. See comments in section 2b and 2g of this report.	LPS 22 (4.5) The Integrated Commissioning Group monitors CAMHS minimum dataset and waiting time standards. Q3 activity includes submission for additional national funding to reduce waiting times.	April 2017
25 (5.1)	Ensure Tier 2 and Tier 3 providers are fully participating in CYP IAPT core curriculum in 2016/17.	Availability of qualified staffing levels to enable backfill for those staff undertaking the qualification and the associated impact on their capacity to deliver contracted provisions.	For 2016/17 proposed to use waiting times allocation to fund CYP IPAPT backfill. In 2017/18 to explore with successful HCP provider appropriate models for IAPT participation.	June 2017

Kirklees CAMHS Transformation Plan Implementation Partnership Group Meeting

MINUTES

Monday 17 October 2016
Room SB3 Somerset Buildings, Huddersfield

Attendees:

Tom Brailsford	TB	Joint Commissioning Manager, CAMHS Transformation Plan Lead (Chair)
Carl Mackie	CMa	HIPA, Public Health
Matthew Holland	MH	Head of Children's Trust Management & Development
Mandy Cameron	MC	Deputy Assistant Director, Vulnerable Children and Groups
Alan Laurie	AL	Commissioning Manager – Joint Commissioning
Roger Clayphan	RC	Integrated Children's Services Manager
Carol Lancaster	CL	Children and Young People - Learning and Skills
Helen Severns	HS	Head of Transformation and Integration, NHS North Kirklees CCG

Apologies:

Clare Mulgan	CMu	Head of Stronger Families Programme
Julie Walker	JW	Operations & Development Manager - IYCE
Linda Patterson	LP	Service Manager Corporate Parenting
Karen Poole	KP	Head of Children's Commissioning - NHS North Kirklees and Greater Huddersfield CCGs

Minutes:

- Minutes from the previous meeting on 19 September had been circulated.
 - Detailed feedback on the NHS England Q1 (2016/17) monitoring report is still awaited.

The priority focus of this meeting was to support a co-writing approach of the first annual Transformation Plan Refresh which has to be published by 31 October. We have been informed that refreshed plans are likely to be subject to scrutiny by children, young people and their families and also by national external bodies. Because these external bodies will only have access to published plans and no supporting documentation refreshed plans should be as clear and comprehensive as possible.

This meeting would pick up on discussions at the September meeting around identifying gaps or unmet need which will inform the refresh, our year 2 priorities and ongoing discussions relating to financial arrangements.

TB outlined the NHS England submission requirements which need to be aligned with their provided LTP Refresh Guidance, Checklist and LTP Assurance instructions.

Clarification was awaited regarding some aspects of the submission documentation and assurance processes which may direct how the refresh is presented. The content will need to ensure that it aligns with the STP and the two year Place Based Operational Plans. Whilst not specifically asked for it has been suggested that comments include work undertaken and progress to date.

Members agreed that the refresh needed to incorporate strategic and stakeholder views which would encompass the extensive consultations that had supported the development of the CAMHS specification within the 0 -19 Healthy Child Programme tender which ends on 7 November 2016 and the CAMHS Safeguarding Review.

The refresh needs to confirm our transparent commitment and local engagement in 2016/17 to deliver existing planning commitments as detailed in our five themed priorities and financial planning to support ongoing transformation for future years.

TB advised that non-recurrent funding in year spending needs linking to the plan to reduce waiting times.

A first draft of the Transformation Plan refresh was presented to members for discussion with an agreement that TB would continue to develop the document and share a revised draft for members to review and comment within 7 days with a quick turnaround being required to enable sufficient time for initial approval by the Chair and Vice chair of the Health and Wellbeing Board to as the Board does not formally convene until late November.

Progressive discussion working thought draft with amendments or consensus notes being made as they were identified. Points included:

Theme 1.

- SEMHD – discuss the challenges and potential for additional capacity in school system by involving free schools, post April 2017.
- Governors training and awareness needs developing
- Priorities were written in isolation, review and revise these after year one as part of a lessons learned process.
- Highlight where school hubs are now a year on and articulate how these link with other dependencies.

Actions:

- *Suggested TB could attend as CAMHS lead and present one of their future meetings Mandy Cameron to add narrative regarding this wording and increased capacity in school systems post April 2017 following free school involvement, to include additional content relating to Jayne Foster input for PRU's*
- *Carol Lancaster to add narrative from Community Hub progress to date to highlight where the hubs are a year on and how these links with other dependencies?*
- *Roger Clayphan to provide narrative regarding EH offer.*

Theme 2

- Need to articulate the reliance in the 0 -19 Healthy Child Programme – Section 2
- Consider including short section covering the National picture to put our plan into context – eg Tier 4 lots.

Theme 3

- Increasing numbers of LAC, mention needs linking here to sufficiency strategy.

Theme 4

- NHS England attending the Integrated Commissioning Group Meeting on 8 November
- Update on 0- 19 Healthy Child Programme
- Early Help
- One direction report
- **Action:** *RC and CL to develop content re Early Help*

Theme 5

- Identify challenges back to NHS England around workforce development.
- Show how all processes are interlinked externally and internally and our behaviours possibly draw workforce content from Public Health report?
- Challenges in working together, link to other ongoing work within the authority around workforce strategy development (Phil Longworth leading). Members around table prepared to draw elements together.
- November – Children’s Trust workshop may inform ongoing considerations.

Concluding comments

- Needs to incorporate everyone’s contributions into the document, includes Healthy Child Programme consultation with services, stakeholders, parents and carers, children and young people and Child’s Journey report for Safeguarding Children’s Board.
- Adopting innovative approaches.
- Primary Care and GP feedback – CAMHS GP Lead.
- PCAN group to have sight of the draft for comment once it has been developed.
-

2. Date of next meeting:

1. 19 December 2016 15:30 – 17:00 Somerset Buildings Room SB3.

TB to circulate dates of future meetings – no more dates arranged

**Integrated Commissioning Group
Children and Families Wellbeing
Tuesday 8 November 2016 at 1:30pm
Room B, 1st Floor Civic Centre 3**

Present:

Matthew Holland (Chair)	Head of Children's Trust Management and Development, Kirklees Council
Tom Brailsford	Joint Commissioning Manager, North Kirklees/Greater Huddersfield CCGs, Kirklees Council
Karen Poole	Head of Children's Commissioning and Continuing Care North Kirklees CCG
Helen Sevens	Head of Transformation, North Kirklees CCG
Phil Longworth	Health Policy Officer, Commissioning and Health Partnerships, Kirklees Council
Clare Mulgan	Head of Stronger Families Programme, Kirklees Council
Alan Laurie	Commissioning Manager – Joint Commissioning, Kirklees Council
Carol Lancaster	Head of Programme – Schools as Community Hubs; Learning and Skills – Kirklees Council
Tracy Bodle	Area and Neighbourhood Co-ordinator – Learning and Community Hub – Kirklees Council
Kathryn Loftus	Head of Change (EIP), Commissioning, Public Health and Adult Social Care, Kirklees Council
Carol Ann Smith	Project Manager – Children's EIP, Kirklees Council
Mandy Cameron	Specialist Learning Support, Kirklees Council
Carl Mackie	Public Health, Kirklees Council
Val Glazzard (Notes)	Business Support, Kirklees Council
NHS ENGLAND REPRESENTATIVE:-	
Laura Whixton	Quality Improvement Manager (Children and Young People's Emotional Health and Wellbeing) Clinical Network, NHS England – North (Yorkshire and the Humber)

Apologies:

Roger Clayphan	Integrated Children Services Manager, Kirklees Council
Graham Crossley	Commissioning and Contracts Manager, Commissioning and Health Partnerships – Children's Trust Management, Kirklees Council
Julie Walker	Operations Development Manager, Kirklees Council
Carly Speechley	Interim Assistant Director - Family Support & Child Protection, Family Support and Child Protection, Kirklees Council
Andrew Clarke	Quality Improvement Manager (Children and Young People's Emotional Health and Wellbeing) Clinical Network, NHS England – North (Yorkshire and the Humber)
Clare Hillitt	Strategic Clinical Network Manager, Children's and Maternity, Strategic Clinical Networks (Yorkshire and the Humber) NHS England – North (Yorkshire & the Humber)

CHILDREN AND FAMILIES WELLBEING	
1	Apologies received, minutes of last meeting and matters arising Welcome and introductions to Laura Whixton from NHS England who was observing the meeting.

	<p>The Minutes of the last meeting were accepted; there were no matters arising.</p>	
<p>2</p>	<p>Workforce Development – Phil Longworth</p> <p>Phil circulated extracts from the slide presentation <i>Rethinking the Workforce</i> (copy attached).</p> <p>Phil outlined the challenge to provide a health and social care workforce with the set of skills required to help keep people well and independent. The new roles that appear abstract are now taking shape. It is important to keep employees at the heart of the issue and not be provider driven. 80% of the workforce we will have in 5 years' time are already here therefore we need to build on what we have without duplicating. Slide 5 The 'to do' list are opportunities.</p> <p>Workforce development links to Theme 5 of the transformation plan were noted (see item 3 below).</p> <p>The group noted ongoing work re workforce and the overview role 4 of the Health and Wellbeing Board.</p>	
<p>3</p>	<p>Transformation Plan refresh – Tom Brailsford</p> <p>A draft of the 2016 Refresh and progress update of the <i>Kirklees Future in Mind Transformation Plan Children and Young Peoples Mental Health and Wellbeing</i> (Refresh) document had been circulated with the agenda prior to the meeting.</p> <p>Tom gave a brief summary of where we are up to with the plan. The requirement to publish by 31 October had been completed. Year one priorities had been achieved or were included in the Healthy Child Programme. The Healthy Child Programme service will be delivered from April 2017. The Refresh update had evolved into a comprehensive in-depth document of 50+ pages.</p> <p>Priorities from the original Transformation Plan which has been achieved have been put in another document. The Refresh gives focus and emphasis on 5 themes:-</p> <ul style="list-style-type: none"> Theme 1 – Promoting resilience, prevention and early intervention for the mental wellbeing of children and young people Theme 2 – Improving access to effective support – a system without tiers Theme 3 – Caring for the most vulnerable Theme 4 – To be accountable and transparent Theme 5 – Developing the workforce <p>Suggested challenges to be discussed by the group included:-</p> <ul style="list-style-type: none"> Workforce Training school staff Tier 4 interface with NHS Waiting times – ASD in particular Profile changing – challenges in plan Intervention as soon as possible <p>A lengthy discussion took place some of the points noted:-</p> <ul style="list-style-type: none"> • Risks in the Healthy Child Programme delivering provision. 	

- Motivating staff to deliver differently and changes in culture will take 18-24 months and is a continuing journey.
- Need to be clear on principles and make sure of connectivity and a genuine understanding we are part of the same systems.
- Message back from a survey of 1,000 service users was that some of the workforces do not seem to be interested in individuals' experiences and needs. This is another aspect of the cultural changes needed.
- Need the right workforce and providers.
- Transition of present workforce to new methods, how to join it together.
- Good opportunities e.g. if staff are put on notice from their current jobs there may be recruitment opportunities for them with other partnership organisations which maintains skills within the area.
- About making our best the 'norm'.
- Health visitors and school nurses – get rid of barriers.
- Lots of children had not received intervention we need to make sure this missed group get help.
- Get culture for schools right, message to parents not just specialists but champions.
- Workshops, intervene earlier, universal workforce train people up and reduce demand for specialist help.
- National problem – everyone is struggling to recruit specialists e.g. Psychiatrists.
- Make sure people are aware of the Transformation Plan-develop the communication plan.
- Schools have freedom to do as they want leading to a difference in standards.
- School hubs - mapping 500 in their hubs contributes towards activities. Picking up the pace sharing core learning helps to see the purpose. A more consistent approach is beneficial.
- Many head teachers are positively taking forward the agenda.
- Schools should not depend entirely on PSHCE. Concerns about variability noted.
- Schools which are championing the emotional health and wellbeing agenda.

Laura from NHS England informed group of a regional task and finish group providing help for people who work in schools (ages 4-18).

- Recommend resources.
- Through spectrum.
- Early Intervention and Prevention to support challenging individuals.
- How to tackle different problems at different levels.
- Workforce development tool.
- Help culture and positivity around mental health.

Discussion re specific points identified in the refresh actions:

Theme 1

Noted that schools connect with many communities.

Theme 2

- Historically there are issues around waiting times for ASD as part of other contracts.
- Monthly referrals for ASD have increased from an average of 13 to 17.
- Closed referrals for professionals.
- CCGs doing focused work need to complete before April.
- Left in as an issue.

	<ul style="list-style-type: none"> • Generic CAMHS waiting time reduced, down to 3 months. • Investment in single point of access improved. • Issue lengthy waiting times of over a year are included in April figures. • Core 24 psychiatric liaison. • Tier 4 market- noted massive issues in learning disabilities. • Due to lack of information, unable to plan for Tier 4 discharge • SPA and Tier 2 holding on to cases, not going through to Tier 3 so Tier 2 waiting times are worse. • Hope to achieve 16 weeks. • Transition not strong enough. <p>Theme 3</p> <ul style="list-style-type: none"> • Positive re with section information. • Recruited full time person based at Riverbank Court. • Good Youth Offending team. • Generally doing OK integrating CSE provision. • Work on Healthy Futures – out of area provision in West Yorkshire not a priority. • Explore cohesive ways to offer care for out of area. • Invite Diane Brookes to a future meeting to discuss her work on sufficiency. <p>Theme 4</p> <ul style="list-style-type: none"> • Will achieve targets by April. • One lead commissioner responsible. • Section 75 in place. • Keep published figures for transparency. <p>Theme 5</p> <ul style="list-style-type: none"> • Health Education England draft Mental Health Workforce Strategy document had been circulated for comments. • Leads for IAPs not conferred with commissioning • Backfill for IAPS. Need a more sustainable way to retain staff. • Should have Mental Health core module. • Need to monitor if not measured for HCP from parents. • Need to respond back to points picked up by parents. • Ethos of what people can expect from service, supporting children/families keeping healthy and well. • Work with restraints of lack of public money. • Need innovative approaches to self-care e.g. <i>Brain in Hand</i> an app for mobile phones for children with autism, the software can also be used to track location. The app is being trialled by 20 people at Woodleigh ASD Specialist provision. <p>ACTION: Tom and Alan go through Refresh document again before submission. Will share with group in January 2017.</p> <p>In her feedback, Laura told the group they had done well to meet the timescale challenge of presenting the document to the Health and Wellbeing Board for signing off. She was also interested to hear about the Brain in Hand app. The purpose of her visit was to gather information and share best practice with other similar partnership boards. Laura thanked the group before leaving the meeting.</p>	<p>Tom/ Alan</p>
4	<p>Schools as Community Hubs – Carol Lancaster/Tracy Bodle</p> <p>Workforce development is at the front of people’s minds. Tracy showed a</p>	

	<p>workforce model to the group. There are similar themes which would link in with Phil's Team Workforce Kirklees. There needs to be a consistent strategy and it was suggested that Phil could attend One Direction meeting to do update for connectivity.</p> <p>ACTION: Tracy will circulate copy of workforce model to ICG members</p> <p>ACTION: Carol will invite Phil to One Direction meeting</p>	<p>Tracy</p> <p>Carol</p>
5	<p>Strategic Plan – programme of reviews – Matthew Holland</p> <p>Matthew is meeting with Sarah Callaghan on Friday. He suggested working through the Strategic Plan priorities on a planned basis from January.</p> <p>Next Agenda: Update work with Disabled Children</p> <p>Helen suggested it would be useful to have a work plan for the ICG meeting agendas.</p>	<p>Matthew/Val</p>
	<p>Any Other Business</p> <p>30.11.16 – Putting Children First meeting at John Smith's Stadium</p>	
	<p>Date of next meeting: Tuesday 5 December 2016 at 1:30pm in Room A, Ground Floor, Civic Centre 3</p>	

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KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: 21st February 2016
TITLE OF PAPER: Kirklees Health and Wellbeing Plan 2017-2021 Update
<p>1. Purpose of paper</p> <p>To provide the Board with an update on progress with developing the Kirklees Health and Wellbeing Plan 2017-2021 and the West Yorkshire and Harrogate STP.</p>
<p>2. Background</p> <p>The Board has received regular updates on the development of both the West Yorkshire & Harrogate Sustainability & Transformation Plan (STP) and the local Kirklees plan since January 2016.</p> <p>Kirklees Health and Wellbeing Plan 2017-2021</p> <p>The Plan encompasses a range of activity, including some that has been in development for a number of months, or in some cases years, and the planning and decision making processes for those areas are well established.</p> <p>The Board has previously endorsed the following workstreams to deliver the Plan</p> <p>High Level Interventions</p> <ol style="list-style-type: none"> 1. Early intervention and prevention 2. Children’s Improvement Plan and Healthy Child Programme 3. Adult wellness model 4. Primary care (inc GP Forward View) 5. Social care sustainability & effectiveness 6. Acute services reconfiguration (RCRTRP, Meeting the Challenge, Healthy Futures) 7. Continuing healthcare 8. Transforming Care Programme 9. Changes to the commissioner & provider landscape <p>Supporting programmes</p> <ol style="list-style-type: none"> A. Workforce B. Digital (building on the Digital Roadmap) C. ‘One Public Estate’ D. Kirklees Economic Strategy E. Intelligence <p>As discussed at the Board meeting in December 2016 each workstream will have a senior officer lead and a nominated Health and Wellbeing Board member to provide a direct link between the workstream and the Board. The list of names is still to be finalised.</p> <p>It is worth reiterating that the proposed approach to the Kirklees Health and Wellbeing Plan is to recognise where decisions have been made in crucial areas, and to use the Plan to inform the way in which these decisions are implemented.</p> <p>The attached draft is still under development and is being continually updated as the identified work streams evolve and develop. The key changes since this was last shared with the Board are ensuring it aligns with the CCG Operational Plans and the West Yorkshire and</p>

Harrogate STP.

West Yorkshire & Harrogate Sustainability & Transformation Plan

The draft STP is built from six local place plans and supported by carrying out a range of work collectively across the STP wide area where it makes sense to do so. Working in this way is for one or more of three reasons:

- Services cut across the area and beyond the six local places. For example some services are not provided everywhere and require people to travel across local places i.e. stroke and cancer support.
- There is benefit from doing the work once and sharing, so we make the best use of the skill and expertise we have.
- Working together can deliver a greater benefit than working separately.

On this basis they have identified nine priorities for which we will work across a larger area. These are:

- Prevention at scale
- Primary and community services
- Mental health
- Stroke
- Cancer
- Urgent and emergency care
- Specialised services
- Hospitals working together
- Standardisation of commissioning policies

This includes working together on best practice, shared solutions to shared problems and the delivery of specialised services across the area, for example stroke, cancer and urgent care.

Work is happening at pace in a number of different areas both as part of the nine programmes and in other areas of collaborative working. These include:

- Work is progressing to establish a West Yorkshire and Harrogate **Strategic Commissioning Function** from April 2017.
- Conversations are currently underway about how we can realign resources in the system to **ensure capacity** is focused at the right-level.
- Following NHS England's announcement re: non-recurrent **transformation funding** for cancer, mental health, learning disabilities and diabetes, the WY&H STP Core Team are co-ordinating an approach with place-based leads to ensure we capitalise on this opportunity to secure investment to support delivery against the three gaps of our STP.
- In respect of the **Stroke**, the Strategic Case for Change is currently under development and initial engagement with stakeholders started on the 1st February 2016. This is being supported by Healthwatch.
- In respect of **Cancer**, a plan for 16/17 NHS England Alliance funding has been developed, submitted and agreed with £200k successfully released to be managed through NHS Wakefield CCG.
- Working with the West Yorkshire Joint Health and Overview Scrutiny Committee to

agree the mechanisms for engagement and any necessary consultation

3. Proposal and next steps

- To continue to refine the Kirklees Health and Wellbeing Plan 2017-2021.
- To work with the nominated workstream leads to develop a high level work programme which builds on the detail included in the draft Plan.

4. Financial Implications

Not applicable

5. Sign off

Carol McKenna, Chief Officer, Greater Huddersfield CCG

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

7. Recommendations

That the Board

- Note the progress with developing the Kirklees Health and Wellbeing Plan 2017-2021
- Comment on the current draft
- Endorse the direction of travel which is demonstrated within the plan

8. Contact Officers

Phil Longworth, Health Policy Officer, Kirklees Council

Rachel Millson, Business Planning Manager, North Kirklees CCG

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

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Kirklees Health and Wellbeing Plan 2017–2021

Draft: v 0.9
20th February 2017



Kirklees Health and Wellbeing Plan 2017 - 2021

Document History:

Document Ref:	Kirklees Health and Wellbeing Plan
Version:	DRAFT v0.9
Date:	20.02.17
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Version Control:

Version:	Date:	Author(s):	Summary of Changes:
Draft V0.1	30.09.2016	R Millson	Development of outline template
Draft V0.2	03.10.2016	R Millson, P Longworth	Addition of outputs from September HWBB Session
Draft V0.3	17.10.2016	R Millson, P Longworth, T Cooke, N Ackroyd	Addition of information for each initiative. Additional information on challenges.
Draft V0.4	07.11.2016	R Millson, P Longworth	Addition of outputs from the HWBB session in October.
Draft V0.5	11.11.2016	R Millson, N Ackroyd, P Longworth	Addition of outputs from the HWBB session in October, STP information and engagement section.
Draft V0.6	23.11.2016	P Longworth	Added finance slides from HWB session. Plus minor amends – version sent to HWB
Draft V0.7	05.01.2017	R Millson	Alignment to West Yorkshire and Harrogate STP and CCG Operational Plans
Draft V0.8	12.01.2017 27.01.2017 02.01.2017	R Millson	Formatting and additional narrative
Draft V0.9	10.02.17, 20.02.17	R Millson	Additional narrative added

Kirklees Health and Wellbeing Plan 2017 - 2021

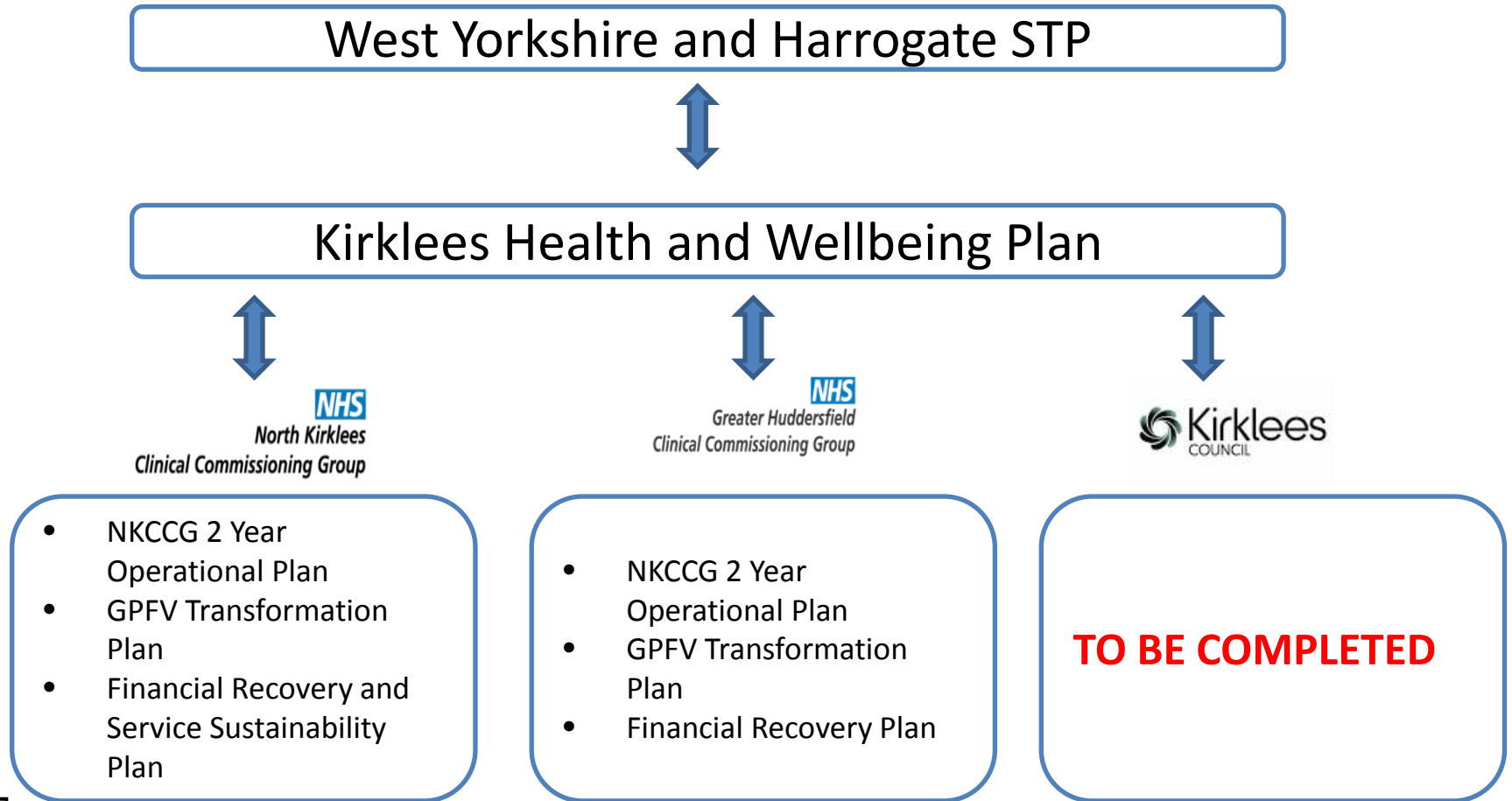
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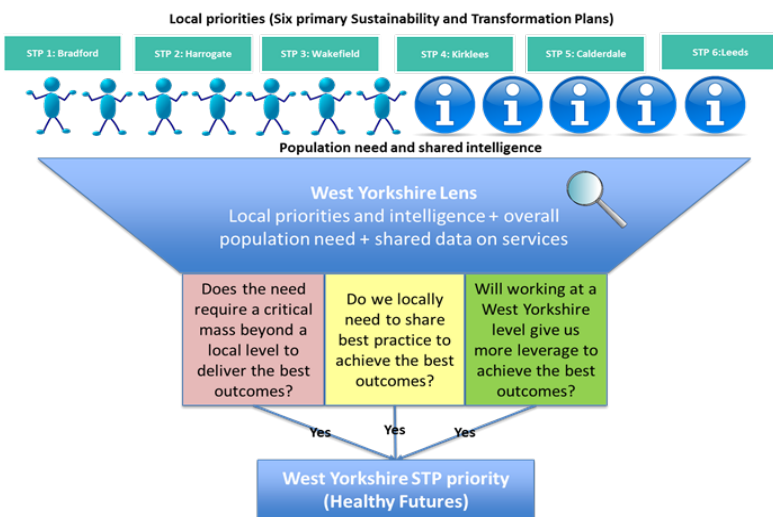
Foreword

TO BE COMPLETED

Where does this plan fit?



Where does this plan fit: Alignment with the West Yorkshire and Harrogate STP



The mandate to develop Sustainability and Transformation Plans (STPs) was announced by NHS England as part of the *2016/17 National Joint Planning Guidelines*. Organisations (Provider, Commissioner and Local Authorities) were tasked through this mandate to collaborate over an agreed geography (footprint) and develop plans which would address local challenges across the three gaps in the NHS England, *Five Year Forward View*. A total of 44 STP footprints were agreed nationally, our local footprint being West Yorkshire and Harrogate. The Healthy Futures Programme was established to develop the STP and progress the underpinning work streams which will be developed to deliver the plan. The agreed work streams across the West Yorkshire and Harrogate STP and the rationale for taking a regional view on these areas are described in figure X.

Our local Acute Trusts are also using these principles to collaborate as providers across West Yorkshire through the West Yorkshire Association of Acute Trusts (WYAAT).

To support delivery of the West Yorkshire and Harrogate STP a joint committee for West Yorkshire is currently in development. It is intended that this committee will have delegated functions to make decisions. The role and function of this committee is currently being discussed by partners across the STP footprint and a decision is expected in Spring 2017. An operating model to implement the programmes within the STP is also currently in development. This model proposes that each programme has representation from each local plan to ensure alignment and that local priorities are reflected.

The West Yorkshire and Harrogate STP is unique in that a large proportion of the transformation which will achieve the set ambitions will be delivered at a local level. Local organisations have come together across Health and Wellbeing Board footprints to develop plans which outline the transformation priorities for doing this. The Kirklees Health and Wellbeing Plan fulfils this role.



About Us: The Kirklees Provider and Commissioner Landscape

Kirklees hosts two Clinical Commissioning Groups (CCG), **North Kirklees CCG** and **Greater Huddersfield CCG**. Both CCGs work jointly with **Kirklees Council**.

North Kirklees CCG is a membership organisation, comprising 29 member practices. Greater Huddersfield CCG is a membership organisation, comprising 37 member practices.

Over 430,000 people live in Kirklees rising to around 483,000 by 2030 if current trends continue in birth rate, increasing life expectancy and net international migration. Almost all of this increase is in the young and old age groups, with only a small increase for the working age population.

We have two acute trusts within Kirklees; **Mid Yorkshire Hospitals Trust (MYHT)** and **Calderdale and Huddersfield Foundation Trust (CHFT)**. MYHT has one of its three hospitals in Dewsbury, within **North Kirklees CCGs** boundaries. The commissioning of hospital services provided by MYHT is led by **Wakefield CCG**.

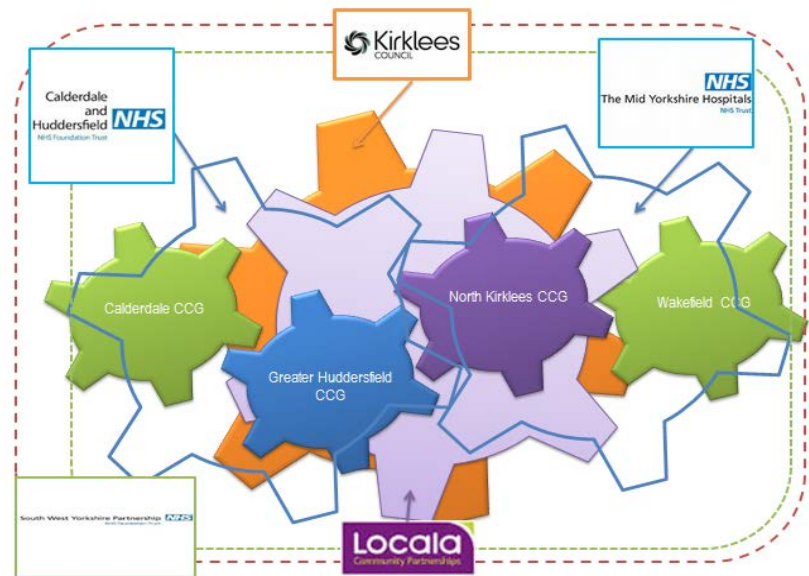
CHFT has two hospitals one in Huddersfield and the other in Halifax. **Greater Huddersfield CCG** is the lead commissioner for CHFT and works in collaboration with **Calderdale CCG** to commission hospital services.

South West Yorkshire Partnership Foundation Trust (SWYPFT) provides mental health services across Kirklees. The Lead Commissioner for this contract is Calderdale CCG.

Locala provide community based health services across Kirklees.

This complex Kirklees planning unit is overseen by the **Kirklees Health and Wellbeing Board**. The Kirklees Health and Wellbeing Board holds responsibility for holding the system to account in the development and delivery of the changes outlined in the **Kirklees Health and Wellbeing Plan**.

Figure x shows the different commissioning organisations described above and how they work together to ensure that high quality services are commissioned for the people of Kirklees.



About Us: Our Local Challenges – Health and Wellbeing Gap

Challenge	Current Position	Ambition for the Future
<p>Prevent and Intervene Early</p>	<ul style="list-style-type: none"> • If we are to transform our approach to health and social care we need to prevent and better manage conditions at all ages by encouraging self care and brief, early and targeted interventions. Starting before birth, an approach based on nurturing and empathy should drive our approach to pregnancy and parenthood. • Kirklees has the highest infant mortality rate in West Yorkshire, although a lot of progress has been made in previous years, more needs to be done. • We are higher than the England average for cancers diagnosed as emergency presentations. These cancers are on average more advanced (stages 3 and 4) than those detected earlier and the outcome for the patient is poor. • Uptake of cancer screening programmes in Kirklees is amongst the worst in West Yorkshire. This is a particular issue in North Kirklees in bowel and cervical screening. This issue is compounded by local population challenges. • Children's Data what do we know?– population of the future – will our plans for future provision be robust enough? 	<ul style="list-style-type: none"> • Starting before birth, an approach based on nurturing and empathy should drive our approach to pregnancy and parenthood. Our Healthy Child Programme will promote system-wide change that supports emotional and physical health and wellbeing to enable future generations to adopt healthy behavior and our community services need to identify and intervene early enough to divert people from intensive interventions later in life. • Reduce infant mortality rate to the England average • Reduction of people at high risk of developing diabetes by 2020 and increase in the number of people referred to Healthy Living Services. • Improvements in cancer screening targets across Kirklees to support early identification of cancers. Aiming to improve to bring in line with the England average. Increase of 4% of cancers diagnosed at stages 1 and 2. • Reduce the number of cancers detected as emergency presentation to bring in line with the England average.
<p>Start, Live and Age Well</p>	<ul style="list-style-type: none"> • At all points in the life stage there are too many people with mental and physical health needs that inhibit their personal, social, physical and economic development. A third (33%) of children age 10/11 and two thirds (66%) of adults are overweight and obese. Physical activity and emotional health and wellbeing are connected to this, and are a toxic trio leading to poorer outcomes and increasing risk of costly long term conditions. • Our high obesity levels locally result in a higher than average prevalence of health conditions like diabetes. • Across Kirklees smoking rates are falling in line with national trends. There are still a number of vulnerable population groups however where smoking rates are high. • Too many people smoking at delivery XXXX need numbers 	<ul style="list-style-type: none"> • Our services must make every contact count and support positive changes that promote health at all stages of the life course. • Perinatal mental health • Reduce number of women smoking at delivery to xxx by xxx

About Us: Our Local Challenges – Health and Wellbeing Gap

Challenge	Current Position	Ambition for the Future
Narrowing inequalities	<ul style="list-style-type: none"> • People who live in poorer areas and/or have lower educational attainment/lower skills have, in general, worsened health behaviors and outcomes at all points in the life course. More affluent groups are increasingly heeding messages about healthy eating, exercise and smoking and so the gradient of inequality worsens. Almost twice as many children in the lowest socio-economic decile are obese compared to the highest decile. Social mobility is increasingly determined by lifelong learning and the ability to adapt to a changing environment. 	
Achieving healthy communities, housing and work	<ul style="list-style-type: none"> • Good housing, work with prospects, green infrastructure and social mobility all influence the social capital of an area. In turn this generates a more confident, independent self sustaining culture that promotes further social and economic development and personal wellbeing. 	<ul style="list-style-type: none"> • Reshaping our environment to promote health, volunteering, active travel and physical activity and use of our green spaces and cultural facilities helps shape how we feel about ourselves and communities. Confident cohesive communities are healthy communities.
Improving resilience and enabling healthy behavior	<ul style="list-style-type: none"> • Being resilient is about having a sense of purpose, self esteem, confidence and adaptability. Being emotionally aware and taking responsibility for their own physical and emotional needs and being supportive compassionate and connected to others. • Access to IAPT – Prevalence data indicates an unmet need • MH – Emotional health and wellbeing 	<ul style="list-style-type: none"> • Enhancing self-care and people being increasingly independent, self-sufficient and resourceful so they are better able to confidently manage their needs and adapt their health and social behaviour in the face of the things life throws in our way. • MH – Emotional health and wellbeing

About Us: Our Local Challenges – Care and Quality Gap

Challenge	Current Position	Ambition for the Future
<p>Some people in Kirklees wait too long for to be seen/ for diagnosis/treatment</p>	<ul style="list-style-type: none"> • MYHT are not currently meeting the national access standards relating to 18 weeks RTT, A&E and some cancer targets. • Our GP Patient Survey tells us that patients struggle to get appointments in GP Practices. • Currently none of our GP Practices offer extended access outside of what is funded by the national enhanced scheme. • ? CAMHS access • ? Performance against other MH access standards • ? MH Liaison Teams 	<ul style="list-style-type: none"> • Sustainable achievement of all NHS Constitution measures by 2018/19. • 100% of GP practices offering extended access at evenings and weekends by 2018/19. • ? MH
<p>We do not have a sustainable workforce locally to support delivery of services in their current form.</p>	<ul style="list-style-type: none"> • Workforce crisis amongst both acute hospital consultants and trainees. Info from CHFT and MYHT • North Kirklees is cited as being the 5th most under doctored area in the country. • Recruitment and retention has been a long standing problem within Primary Care services in North Kirklees. It has resulted in the workforce becoming proportionately older with 22% of GPs over 55 years old compared to 16% across West Yorkshire and 19% of GPs aged 45-54. This pattern is repeated within the Nursing roles with 30% of Nurses over 55 years old and 32% aged 45-54 which is worse than West Yorkshire as a whole. 50% of GPs and 80% of Nurses are recorded as reaching or approaching retirement age within the next 5-10 years. • Recruitment & retention of doctors , acute hospital consultants and trainees), nurses (especially in nursing homes), care workers, and social workers NEED SOME EVIDENCE/BASELINE • Agency spend on medical, nursing and social work roles NEED SOME EVIDENCE/BASELINE 	<ul style="list-style-type: none"> • Development of critical new roles including care worker plus/nurse associate, personal assistants, ‘early help’ workers • Development of a range of key skills & behaviours; community asset building, strengths based approaches, motivational interviewing; commissioning skills; System leadership skills • Increase the number of training practices in primary care (NUMBERS) • Participate in overseas workers programme (NUMBERS) • Development of a ‘grow your own programme across North Kirklees’ • Work with local GP federation and practices to implement a plan to reduced the turnover of staff and the number of vacant positions within primary care by 2018/19. • Championing new roles in general practice to be implemented in 2017/18. NUMBERS

About Us: Our Local Challenges – Care and Quality Gap

Challenge	Current Position	Ambition for the Future
<p>We send too many people to specialist care services, including hospital, and they stay in contact with the services longer than they need to</p>	<ul style="list-style-type: none"> Higher than average emergency admission rates for respiratory conditions and CVD conditions Higher than average admission rates for all cancers <p>? DTOC figures ? AEC reports ? RightCare information</p>	<ul style="list-style-type: none"> We will develop clinical resource centres to manage patients in primary care which will enable us to offer a wider range of services to meet the needs of local people and better access to services whilst using the workforce available to us more effectively. There is a strategic shift of activity planned from hospitals to the community, preventing the need for hospital admission wherever possible. With enhanced integration of services for vulnerable patients, the aim is to ensure that people do not spend any longer in hospital than they need to. Proactive management of activity shifts out of secondary care to primary care need to be properly planned and resourced.
<p>We need to improve the quality of care and the quality of life of children and adults who are in contact with social care services</p>	<p>TO BE COMPLETED</p>	<p>TO BE COMPLETED</p>

About Us: Our Local Challenges – Care and Quality Gap

Challenge	Current Position	Ambition for the Future
Too many people are not able to die in their preferred place of death.	<ul style="list-style-type: none">• In Kirklees, approximately 3,800 people die each year. Based on national projections the number is expected to rise by 17% from 2012 to 2030. The percentage of deaths occurring in the group of people aged 85 years or more is expected to rise from 32% in 2003 to 44% in 2030.• Approximately three quarters of deaths are expected, which for Kirklees is 2,850 people, there is potential to improve the experience of care in the last year and months of life for these people, and those close to them, each year.• We are aware that palliative and end of life care is still disjointed and that there is more which could be done to coordinate different services to ensure patients and their families receive the highest quality of care at the end of life.	<ul style="list-style-type: none">• Increase in the numbers of people achieving their preferred place of death through earlier identification, proactive management, development of Advanced Care Plans and recording of preferences on the EPaCCS register.

About Us: Our Local Challenges – Care and Quality Gap

Challenge	Current Position	Ambition for the Future
<p>Carers do not all get the recognition and support they need</p>	<ul style="list-style-type: none"> • 30.9% of carers in Kirklees did not find it easy to find information about support, services or benefits • 10.5% of carers in Kirklees feel they are neglecting themselves and a further 29.4% sometimes cannot look after themselves well enough • 69.2% of carers don't have enough control over their daily life and 12.1% have little social contact with people and feel socially isolated • Carers more likely to have poorer health; especially pain and depression than non-carers • They were as likely to have a job but many were restricted to part time work which restricts income and pension rights, and benefit take up is low. • Having a caring responsibility is recognised nationally as one of the main characteristics of young people aged between 14 and 16 being bullied. 	<ul style="list-style-type: none"> • All organisations to be signed up to the carers charter through Investors in Carers and ensure that the caring community receive adequate support to improve their health and wellbeing and remain in employment. • All of Investors in Carers Partners will identify a baseline of Carers either as service users or just as importantly employees who have disclosed that they are carers to support appropriate signposting. • Development of peer support networks for our carers community. • Carers to feel confident in their ability to deliver care and manage long term conditions taking pressure off healthcare services. Aiming to reduce A&E attendances and avoidable admissions for exacerbation of conditions. • Promotion of the health/care sector as a career thus contributing to the management of the local workforce crisis.
<p>The outcomes of care people receive in Kirklees is too variable</p>	<ul style="list-style-type: none"> • There is variation in the management of long term conditions in particular diabetes across Kirklees • RightCare Data • Disparity in health outcomes for people with long term mental health needs 	<ul style="list-style-type: none"> • All practices have undergone a CQC inspection under the new model. We will be working to identify cross cutting themes of improvement for the whole GP economy in North Kirklees to drive system-wide improvement and reduce variation. A model of targeted support is being developed that will enable those practices who require specific interventions to improve the level of service delivered to patients in North Kirklees.

About Us: Our Local Challenges – Finance and Efficiency Gap

Challenge	Current Position	Ambition for the Future
There is too much unwarranted variation in Kirklees which creates inefficiencies	<ul style="list-style-type: none"> The NHS England RightCare data packs have identified a total of £X million in efficiency savings through reducing unwarranted variation across Kirklees 	<ul style="list-style-type: none"> Through the RightCare programme we plan to deliver £X million of savings across X (endocrinology, MSK, trauma and orthopaedics and respiratory for NK ? GHCCG) BY WHEN
The money available to us to spend is decreasing, demand for services is increasing and people are living longer. We also have a growing number of young people with complex needs in Kirklees who require intensive support.	<ul style="list-style-type: none"> Our birth rate is the highest in West Yorkshire We have an high BME population We have an increasing elderly population in line with national trends. NUMBERS TO SUPPORT THIS 	<ul style="list-style-type: none"> QIPP Schemes BCF targeted at proactive and preventative services to prevent crisis
All sectors in Kirklees are financially challenged	<ul style="list-style-type: none"> Do nothing gap across Kirklees is £208m Do something gap is £40m 	QIPP Schemes New ways of working
We need to ensure local people are engaged in changes we make given the pace and scale of the work required and recognising that more needs to be done to engage hard to reach groups.	TO BE COMPLETED	TO BE COMPLETED

About Us: Our Future Vision for People in Kirklees

At the Kirklees Health and Wellbeing Board in February 2016 it was agreed that by all partners that the Kirklees 2020 Vision describes our overall direction of travel as organisations. Each organisational vision contributes to the delivery of this.



Kirklees 2020 Vision for a joined up health and social care system:

*No matter **where they live**, **people in Kirklees** live their lives **confidently**, in **better health**, for **longer** and experience **less inequality**.*

The principles of this vision are;

People in Kirklees are as well as possible for as long as possible, both physically and psychologically;

Local people can control and manage life challenges through building resilience;

People have a safe, warm, affordable home in a decent physical environment within a supportive community;

People take up opportunities that have a positive impact on their health and wellbeing e.g. - People experience seamless health and social care appropriate to their needs; Taking up opportunities for wider learning.

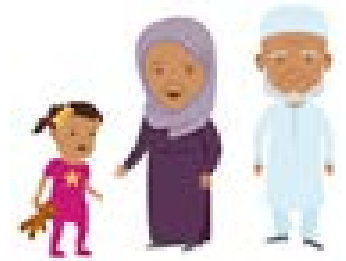
That it is affordable and sustainable, and where investment is rebalanced across the system towards activity in community settings;

Based around integrated service delivery across primary, community and social care that is available 24 hours a day and 7 days a week where relevant; and

That is led by fully integrated commissioning, workforce and community planning.

About Us: What Does this Vision Look Like for People in Kirklees?

Patient Story to be added to illustrate service provision in the future



Patient Story to be added to illustrate service provision in the future



About Us: Our Approach to Engagement

Our Communications and Engagement strategy states that we aim to go above our legal duties to engage. We are committed where possible, to undertaking some form of engagement, even in cases where it is determined that it is not a statutory requirement. We aim to involve people at two key points when we are considering making changes to services.

1. **As proposals are being developed** to ensure that patients/stakeholders have the opportunity to shape them
2. **When we are making the final decision** which may be as part of a formal consultation process

We have established a Patient Engagement and Experience Group who are responsible for challenging our engagement activities to ensure they are considered and robust.

All the changes outlined within the Kirklees Health and Wellbeing Plan will be subject to the usual engagement processes which are described above.

Some examples of how we engage are detailed below:



About Us: Engagement Activities to Date

The Kirklees Health and Wellbeing Plan builds and expands upon work which was already been undertaken locally, ensuring a more collaborative approach with partners, where possible. As a consequence of this, there are a number of engagement activities already undertaken from which the insight and feedback contributes to the development of the vision and underpinning work streams detailed within this plan. An outline of engagement activities undertaken to date and any planned engagement for the future is provided in the table below.

? Capture engagement activities with GPs

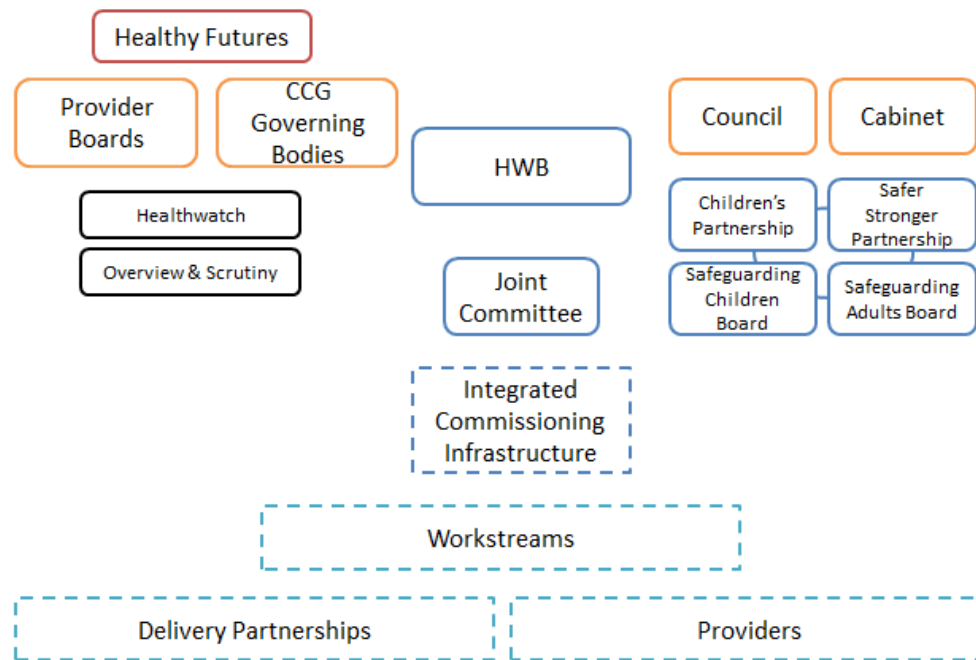
Area of Transformation	Engagement To Date	Planned Engagement
Early Interventions and Prevention	<ul style="list-style-type: none"> • Call to Action Engagement September 2013 • Council Led engagement regarding EIP Programme 2016 	TO BE COMPLETED
Healthy Child Programme	<ul style="list-style-type: none"> • Spring 2016 	TO BE COMPLETED
Wellness model		2017/18
Primary, social and community services	<ul style="list-style-type: none"> • Care Closer to Home 2014/15 • GHCCG Co-Commissioning 2015 • Primary Care Strategies 2015/16 	<ul style="list-style-type: none"> • NKCCG Co-Commissioning 2017
Acute Transformation	<ul style="list-style-type: none"> • Meeting the Challenge Public Consultation 2013/14. On-going discussion with the public as changes are implemented, • Consultation on Right Care, Right Time, Right Place from March 2016 to June 2016 . Some engagement in 2015. 	TO BE COMPLETED
Mental Health	<ul style="list-style-type: none"> • SWYPFT re Crisis intervention. • CAMHS • SWYPFT re Transforming Care June 2013, October 2014 and July 2015. 	TO BE COMPLETED
Standardisation of Commissioning Policies	<ul style="list-style-type: none"> • Engagement conversations September- 2016 • Talk Health Campaign – October 2016 	TO BE COMPLETED
New Models of Care	<ul style="list-style-type: none"> • Engagement with CCG Governing Bodies regarding the form and function of CCGs in the future throughout 2016/17. • Development of the End of Life Care Strategy 2016/17 	<ul style="list-style-type: none"> • Development of a model for frailty, from January 2017. • Development of the End of Life Care Offer 2017/18

About Us: Governance and Decision Making

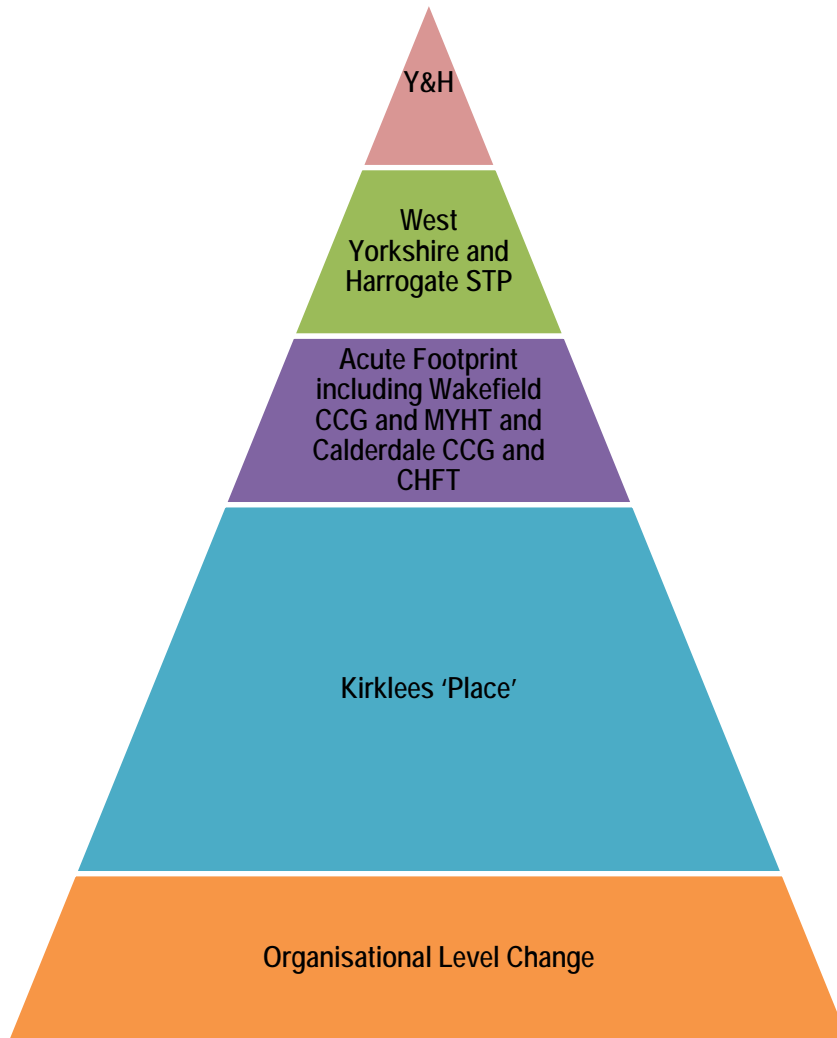
The Kirklees Health and Wellbeing Board will take the lead in the development and delivery of the Kirklees Health and Wellbeing Plan. The Plan recognises that all partners will need to take responsibility for embedding the Plan in their own organisational plans. The current governance arrangements need updating to reflect the growing need for an integrated approach to decision making. Proposals are being developed and trialled for a new 'joint committee' with representatives from the Council and both CCGs. The joint committee will provide a mechanism for dealing with issues that require both CCGs and the Council to make a decision in a co-ordinated way and which are beyond the delegated powers of individual officers or would benefit from being made in a wider forum. Initial areas to be included in the work programme for the Joint Committee are the Healthy Child Programme and CAMHS Transformation Plan, Transforming Care Programme and Better Care Fund.

The Board also recognises that it needs to work more closely with the Safeguarding Boards, Safer Stronger Partnership and Children's Partnership as each of these bodies leads on critical aspects of health and wellbeing in Kirklees.

The Overview and Scrutiny function in the Council have been actively engaged in the development of the Plan from the outset. Kirklees Council is also collaborating with the other West Yorkshire Authorities on a joint-scrutiny for the West Yorkshire and Harrogate STP.



About Us: Collaboration and Transformation



The commissioner/provider geography in Kirklees is unusual in that it crosses a number of organisational boundaries. This provides us with the opportunity to collaborate with a number of organisations over a number of footprints to deliver change. Figure X illustrates the different levels of commissioning arrangements we are currently engaged in as a system.

We are actively involved in the West Yorkshire and Harrogate STP and engaged in the identified work streams which will be delivered at this level. The Kirklees Health and Wellbeing Plan localises the delivery of these work streams and feeds local priorities and population need into the regional discussions.

To ensure services are reflective of local need our primary focus will be on sustainability and transformation within the 'Kirklees Place', recognising that where it adds value to patient outcomes we will need to work collaboratively across all levels of joint working in figure X and acknowledging the interdependencies with our acute footprints.

Within the Kirklees Place a number of priorities for system wide intervention have been identified to address our local challenges described earlier in this document and support us in our ambition to close the three gaps described in the Five Year Forward View.

Our identified priorities for delivery across Kirklees are described in the next section of this document.

Delivering Our Vision: Our Priorities for Change

Areas of transformation

Early intervention & prevention

Improving services for children

Developing an adult wellness model

Capacity & quality of primary care

Sustainability of adult social care

Change the configuration of acute services

New model for continuing care

Transforming care for people with learning disabilities

Changing the commissioner landscape

Developing new care models

Supporting programmes

Health & social care workforce

Digital opportunities

One Public Estate

Kirklees Economic Strategy

Delivering Our Vision: Our Priorities for Change

Cross Cutting Themes

All elements of the plan need to reflect these common themes

Kirklees Plan

- We need to move from single organisation plans developed in isolation to a set of interlinked plans for the Kirklees place covering
 - our workforce
 - our estate
 - our digital future
 - our intelligence

Kirklees People

- We need a common commitment to growing our own and keeping them by making Kirklees a great place to work and learn
- We need to link our approaches to organisational development and learning, investing time in learning how each others worlds work, breaking down barriers between organisations and going on the change journey together
- We need to develop a much better shared understanding of our local communities together eg the challenges faced by Asian women, our 'frequent flyers', isolated older people

Kirklees Pound

- We need to ensure money follows the patient/user around the system
- We need to develop our local supply chains to maximise the return on local public sector spend on the local economy
- We need to encourage local residents and staff to contribute to local causes
- We need to find ways to support the local voluntary sector through contracting processes

Delivering Our Vision: Our Priorities for Change

Cross Cutting Themes

Our approach to delivering the high level interventions and supporting programmes must always consider these common threads

BUILDING PEOPLES STRENGTHS & RESILIENCE



How are we:

- Helping build stronger communities?
- Identifying and supporting carers?
- Developing stronger families?
- Enabling people to self-care?
- Building individuals resilience?

IMPROVING SERVICES



How are we:

- Improving the health and wellbeing outcomes that are important to individuals?
- Reducing avoidable differences in outcomes?
- Dealing with issues at the earliest possible point in the person journey?
- Making services more productive?
- Improving the quality of services?

Delivering Our Vision: Our Priorities for Change

Roadmap for Delivery and Progress to Date

Exploring/identifying opportunities across the health and care system for collaborative working between providers and commissioners. Using pooled budget principles to facilitate change. Test new ways of working in a number of areas and new models of care will emerge from this.

Review of the function and role of the CCG in response to the above to ensure we support new models of care and maximise the benefits for local people. Achieving the best outcomes for patients and their carers will be at the heart of this work.

Development of a future model for urgent care services focused at Dewsbury District Hospital, supported by the frailty model and delivery of extended access in GP Practices

Through the implementation of the Kirklees End of Life Care Strategy delivery of a joined up approach to palliative and end of life care services. Supported by a collaborative and coordinated commissioning model.

Integrated approach to delivery of community services across Kirklees through full implementation of the Care Closer to Home contract. Integrated Health and Social Care Teams.

Development of a new model of care for primary care which promotes collaboration and working at scale

Development of an integrated approach/model for frail elderly people delivered through provider collaboration

New approach to promotion of health and wellbeing, early intervention and prevention (EIP Model) and development of an adult wellness model for Kirklees

Kirklees Vision for Social Care agreed. Commitment to single approach to supporting the independent care sector.

Public consultation around changes to acute services at CHFT undertaken. Decision regarding next steps taken in 2017/18.

Commissioning of an integrated model for children's services (0-19 years) through the Healthy Child Programme

Development of CCG Primary Care Strategies and GP Forward View Transformation Plans.

Commissioning of an integrated model for community services (adults and children) through Care Closer to Home

CCG resources are being targeted at supporting practices to collaborate and be stronger together through federations

Joint Chief Officer post piloted across NKCCG and Kirklees Council. A similar arrangement piloted across the acute interface in North Kirklees.

Partners across the MYHT health economy mobilising the final year of the planned changes to acute services. Demand management initiatives identified.

Delivering Our Vision: Our Implementation Model

TO BE COMPLETED

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 1: Early Intervention and Prevention including the Development of a Thriving Voluntary and Community Sector

Aim of Work Stream:

Early intervention and prevention is all about working with individuals and communities across the health and social care system inclusive of wider partners such as education, housing, police, fire etc. so that people have the lives they want with support from the formal services only when they need it to keep them well. It's all about giving people information and skills to prevent ill health whilst tackling the wider determinants of health, ensuring our communities are able to reside and work in the best environment possible. This includes ensuring the right support is available at the right time whilst making the best use of money and preventing people escalating to need unnecessary expensive care and support in the future. It is also about how we work together differently across the system to improve people's quality of life and reduce inequalities within our population.

The Council has been leading the development of the Early Intervention & Prevention Programme since 2015 as part of its shift to 'New Council'. The approach is based on recognising that some groups may need more support than others from those with complex needs, to those who need targeted support and a more universal community plus level (add diagram?). Supporting the voluntary and community sector to thrive is critical for all 3 levels. Progress has been made on, remodelling early help support for children, young people and their families, building a network of 'schools as community hubs', creating a new All Age Disability Service, reviewing the adult social care pathway and piloting our new locality based approach.

How will this be Delivered:

- Review of local alcohol prevention strategy to ensure alignment with West Yorkshire and Harrogate STP planning assumptions.
- Work with commissioned alcohol nurses to maximise potential to reduce alcohol related hospital admissions. The development of the Wellness Model will also support delivery of this.
- Implementation of national diabetes prevention programme across Kirklees .
- Facilitate the coming together of all partners to build on the progress made by the Council and ensure this initial work is a building block for next steps for any future development work.
- Proposal to mandate x% of spend on contracts (e.g. new models of care contracts) to voluntary sector providers
- Develop a strategic approach to improving mental health and wellbeing, preventing mental ill health and embedding a community based recovery model.
- Develop better understanding of impact of early intervention and prevention spend on other parts of the system using tools such as Care Trak
- Supporting carers to understand the condition of the person they are caring for and recognise signs of exacerbation. Proactive approach to managing long term conditions.
- Implement planned changes to early help offer for children, young people and families taking account of the consultation findings
- Supporting carers in the own health and wellbeing through the Carers Charter.
- Our Mental Health Provider will undertake a targeted piece of work to improve access to IAPT services for BME population groups.
- Integrating dementia risk reduction prevention programmes for example cardiovascular disease, type 2 diabetes, stroke and chronic obstructive pulmonary disease.
- Services and support groups accessible for people living with physical and mental health conditions and their carer/s and family.

NEED INFO ON VOLUNTARY AND COMMUNITY SECTOR

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 1: Early Intervention and Prevention including the Development of a Thriving Voluntary and Community Sector

Impact of this Work Stream

Health and Wellbeing Gap

- Many people get invaluable support from family, friends or neighbours to find their own solutions to meet their needs. Where this is the case we don't want to get in the way of these arrangements. However, when additional information, advice, or guidance is needed, we do need to put people in touch with other organisations who can help, or in some cases offer support, so that they can remain safe and independent in their own home for as long as possible.
- Improved access to IAPT services for BME Communities. Reducing inequalities across different population groups.
- Reducing social isolation for both carers and people living with dementia and other physical and mental health conditions.

Care and Quality Gap

- Shifting our focus and resources to address the causes rather than the symptoms – aimed at each part of the child, adult, family journey
- Reduction of people at high risk of developing diabetes by 2020 and increase in the number of people referred to Healthy Living Services.
- Improvements in cancer screening targets across Kirklees to support early identification of cancers. Increase of 4% of cancers diagnosed at stages 1 and 2.
- Reducing risk factors which contribute to vascular dementia

Finance and Efficiency Gap

- We will make service savings, but will reinvest in early intervention and prevention to reduce or delay the need for costly crisis support or health and social care services. This is part of the longer term sustainability plan for Kirklees.
- Reduce x% of spend on contracts (e.g. new models of care contracts) to voluntary sector providers
- Better understanding of impact of early intervention and prevention spend on other parts of the system using tools such as Care Trak. **ANY RESULTING COST SAVINGS**

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 2: Improving Services for Children

Aims of this Work Stream:

The Kirklees Integrated Healthy Child Programme (KIHCP) covers the whole spectrum of services and programmes for children and young people's health and wellbeing, from health improvement and prevention work, to support and interventions for children and young people who have existing or emerging health problems. There will be a particular emphasis on improving mental and emotional health and wellbeing and the transitions between stages of development. (KIHCP) is best described as a 'way of doing things'. From 2017, workers in KIHCP will have a 'can do' attitude. The KIHCP workforce will first and foremost:

- Advocate for improvement in health and wellbeing on behalf of children, young people and families
- Mediate between families and different services, sectors and systems
- Facilitate and enable access to a supportive environment, information, life skills and opportunities for making healthy choices
- Deliver child and family-centred, integrated interventions appropriate to the needs of children, young people and their families
- Share skills and expertise between and across the whole workforce.

The Children's Services Improvement Plan which aims to transform the way we improve the lives of our most vulnerable children including children in need of help and protection, children looked after and care leavers, and children with Special Educational Needs and Disability. The Plan focusses on four areas: Workforce - Recruitment and retention of a stable workforce to sustain and accelerate improvement; Sufficiency and quality of placements for Looked after Children; Review of the Multi Agency Safeguarding Hub and Front Door to facilitate a swifter and earlier response to need; embedding a performance culture across the service to demonstrate and articulate impact.

'Better Births' is a national initiative which aims to improve safety and quality of maternity care over the next 5 years. Work has already begun to implement the aims within the national initiative at a local level. It has already been identified that to ensure economies of scale some elements will require work at a regional level. Implementation will require input from providers, commissioners and NHS England.

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 2: Improving Services for Children

How will this be Delivered:

- Coordinated approach to the commissioning of CAMHS aiming towards a tierless service in Kirklees which focusses on investment in low level preventative services to provide support earlier in the pathway and reduce the number of children requiring a more specialist intervention. Includes extension of psychiatric liaison services to all ages. Links to work across West Yorkshire and Harrogate relating to Tier 4 services and reducing out of area placements.
- Development of a sustainability plan for looked after children. Aiming to reduce out of area placements.
- Current Improvement Plan being reviewed and will be refreshed in light of OFSTED findings and recommendations in December 2016
- The Kirklees Healthy Child Programme will go live on 1.4.2017.
- Development and implementation of an action plan at a local level to ensure compliance with the recommendations of 'Better Births'. This work will build on the work already undertaken in advance of the 'Better Births' recommendations being published. Through Meeting the Challenge, MYHT have already developed a Midwife led Unit at Dewsbury District Hospital, which offers greater choice for women.
- Discussions regarding the geography over which regional elements of the 'Better Births' recommendations will be implemented to conclude by April 2017. Leadership and governance to be confirmed. Regional vision and implementation plan to be developed by the end of October 2017.
- Review of children's pathways focussing on respiratory conditions and IV administration initially in 2017/18. Whole systems approach to this working with a number of providers to deliver better quality outcomes for children and their families.
- Development of a local plan to support the transfer of funding for diabetes insulin pumps and continuous glucose monitoring from NHS England to CCG responsibility.
- **Perinatal MH – bid SWYPFT**
- **Further information to be added regarding preconceptional care. Focus on reducing smoking at delivery**
- **Autism (and other behavioural conditions) area to develop over the next couple of years including strategy and diagnostic services, education and support**

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 2: Improving Services for Children

Impact of this Work Stream

Health and Wellbeing Gap

- Healthier and more resilient children have greater lifetime potential and exert a positive influence on inequalities as they are more skilled, more active and have the skills to flourish in communities and the economy.

Care and Quality Gap

- Integration is increasingly evidenced as being an effective way to shift long standing behaviour patterns for children and parents, and to break into the cyclical nature of problems in some families.
- Reduction in the number of stillbirths, neonatal or maternal deaths during or soon after birth
- Reduction in childhood obesity
- Women smoking at delivery and other targets related to preconceptual care.
- CAMHS

Finance and Efficiency Gap

- We will make service savings and generate an integration dividend. Healthy children become healthy adults and exert less pressure on health and social care systems. They are also more economically productive.

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 3: Development of an Adult Wellness Model in Kirklees

Aims of this Work Stream:

The Council and CCGs have agreed to integrate Health Improvement services to enable a more focused approach to behaviour change across the health and social care system, including the third sector. An integrated wellness model will offer referral from primary and social care coupled with self-referral and an approach rooted in community empowerment. Partnership will be central and work on emotional health and wellbeing, smoking, healthy weight, physical activity, alcohol, diabetes will be delivered in a seamless, co-ordinated manner via health coaching and a focus on wider influences on health such as housing, income and social capital. Health checks will be used to identify people at risk of conditions such as type II diabetes and healthy ageing will be central to the model. Services such as Health Trainers, PALS and IAPT will be more closely aligned and will target people at risk of long term conditions as well as enabling better management of those conditions. The model will also promote personal resilience and self-care and population segmentation using risk stratification tools will enable better targeting of scarce resources.

How will this be Delivered:

- Insight and design work is being scoped, specification designed and tendering processes clarified.
- Adult Wellness Model to be in place by Spring 2018.
- As the model develops it is expected that other services such as the Diabetes Prevention Programme, employment and skills support, IAPT, housing support and community engagement will work closely with and virtually integrate with the model. This will enable is to reduce the risk of people developing diabetes in North Kirklees in line with the WY&H STP ambitions.
- Integrated wellness model will bring together health improvement services across the life course enabling us to better target interventions on those at risk of long term conditions and in greatest need
- Development of an integrated system wide self-care strategy to transform our approach to self-care and promote independence and personal responsibility
- Plans to reduce smoking rates by 2020/21 through more effective commissioning of smoking cessation services to include health optimisation and health coaching through the wellness model. Our CIK Survey indicates we are on track to reduce smoking rates across Kirklees in line with the WY&H STP ambition.
- Review of smoking cessation services in Kirklees.
- Reduce obesity levels and increase physical activity levels in Kirklees through more effective commissioning of weight management services and promotion of physical activity, exercise and healthy eating through PALS and Health Trainers, both of which will be central to the new model. Links to West Yorkshire and Harrogate STP prevention at Scale work.
- **ADD IN EMOTIONAL HEALTH AND WELLBEING? EVIDENCE BASED SOCIAL PRESCRIBING**

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 3: Development of an Adult Wellness Model in Kirklees

Impact of this Work Stream

Health and Wellbeing Gap

- People will live longer and in better health. Conditions like type II diabetes will be averted as more people are physically active and better at managing their own health.
- Health inequalities are minimised by promoting better mental health and physical activity.
- Reduce obesity levels and increase physical activity levels in Kirklees through more effective commissioning of weight management and supporting services Links to West Yorkshire and Harrogate Prevention at Scale work.
- Maintain current trajectories relating to smoking rates which are in line with the WY&H ambitions according to the recent CIK Survey. Focus on vulnerable populations where smoking rates remain high, thus reducing inequalities.

Care and Quality Gap

- Integration is increasingly evidenced as being an effective way to shift long standing behaviour patterns and will shift our focus and resources to address the causes rather than the symptoms of poor health. It will also enable us to move resources more rapidly around the system to deal with emergent issues more rapidly.
- **Reduce risk of diabetes diabetes prevention**

Finance and Efficiency Gap

- We will make service savings via an integration dividend and will build the wellness model to a scale that can impact by April 2018. Further services can be integrated at a later date. Better targeting will also reduce or delay the need for costly crisis support or health and social care services, for example around type II diabetes, mental health, obesity and dementia.
- **Self care**

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 4: Improving the capacity and quality of primary care (including the GP Forward View)

Aims of Work Stream:

Both CCGs have developed strategies which outline plans for future proofing General Practice and ensuring sustainable provision of Primary Care Services for people in Kirklees. These strategies have been revised in response to the GP Forward View and transformation plans have been developed which outline how the objectives within the GP Forward View will be delivered through implementation of the respective strategies.

Whilst there are two documents which respond to the differing population challenges and organisational challenges in North and South Kirklees, the essence of the documents in terms of what they are trying to achieve is consistent.

Our Strategies aim to:

- Enable patients to be able to make appropriate choices and responsible decisions about their health and wellbeing
- Provide easily accessible primary care services for all patients
- Ensure consistent, high quality, effective, safe, resilient care delivered to all patients
- Develop a strong and innovative workforce design and use of modern technology
- Provide education and training opportunities that cultivate professional excellence and high motivation
- Improve premises and infrastructure which increases capacity for clinical services out of hospital and improve 7 day access to effective care
- Provide effective contracting models which are fairly and properly funded to deliver integration and positive health outcomes
- Develop a culture which promotes openness, transparency and the ability to make mistakes in a supportive and learning environment
- Ensure General Practice are at the heart of the health and social care system working collectively with partners and the wider community
- Encourage collaboration with partners

Our CCG primary care strategies can be accessed via the link below:

<https://www.northkirkleescg.nhs.uk/wp-content/uploads/2016/01/Primary-Care-Strategy-2016-2021-vFINAL-220116.pdf>

<https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2016/08/GHCCG-Primary-Care-Strategy-final-v1.0.pdf>

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 4: Improving the capacity and quality of primary care (including the GP Forward View)

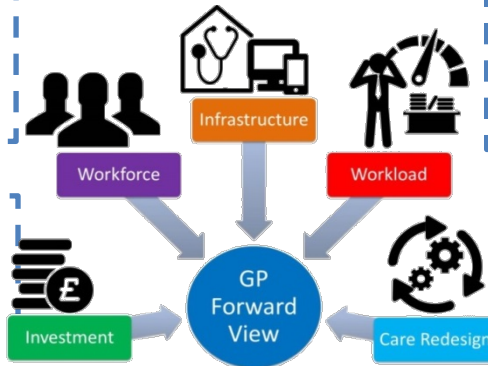
How will this be Delivered:

- New models of care
- Review of skill mix and introduction of new roles (Care Navigators, Clinical Pharmacists, Mental Health Workers)
- Increase number of training practices
- Initiatives to encourage recruitment and retention including use of overseas workers.
- Look at more diverse working arrangements across different sectors to encourage recruitment and retention

- Better use of technology
- Estates strategy to support new ways of working

- Participate in the productive general practice programme
- Local implementation of 10 High Impact Changes within the GPFV
- New models of care
- Social Prescribing (All Together Better) and links to self-care interventions
- Streaming of patients to the right place – care navigators
- Education of the public on appropriate use of services
- Supporting GPs in recognising and meeting the needs of carers as an approach to indirectly reducing workload.

- Investment in strategies to deliver increased access through new models of care and more collaborative working
- Investment in technology and estates to support the above
- Investment in workforce initiatives to deliver future sustainability. Including introduction/piloting of new roles
- Equalisation of funding so everyone is on a level playing field.
- Move towards fully delegated for co-commissioning by April 2017 (NKCCG).



- Work towards new models of care. (Collaboration of providers and hub and spoke approach/central resource centre)
- Different approach to streaming of patients.
- Development of federations
- Strategies to deliver increased access using the above
- Use of technology
- Development of leaders in primary care

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 4: Improving the capacity and quality of primary care (including the GP Forward View)

Impact of this Work Stream:

Health and Wellbeing Gap

- Reduce variability in long term condition management to promote better prevention and exacerbation of conditions

Finance and Efficiency Gap

- Anticipate that improvements in access will release efficiencies elsewhere in the system. We are developing our model of improving access and this will be considered as part of this work.

Care and Quality Gap

- Reduce unnecessary hospital admissions from GP Practices
- More support in primary care to navigate patients to the most appropriate clinician for their needs, first time.
- Reduce variability in long term condition management through peer support and challenge and the introduction of protocol driven referral management systems. Improve standards of quality of care received across Kirklees. Reduce number of referrals into Secondary Care Services.
- Support practices in improving performance in Dementia Diagnostic Rates and the number of Dementia Annual Care Plan Reviews that are carried out. Currently at the national average of 68.3%, however by March 2017 we are aiming to reach 71%.
- By 2020, 100% of North Kirklees patients will have access to weekend /evening routine GP appointments
- **Review skill mix of primary care workforce and introduction of new roles to manage demand differently to mitigate against the recruitment and retention risks locally.**

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 5: Making social care provision more sustainable and more effective, including the development of vibrant and diverse independent sector

Aims of Work Stream:

We all want to look forward to healthy and independent older age – and working to keep ourselves fit, to connect with other people and we will work together to help to make this possible. However, as the age profile of our population changes we will also see more and more people needing help to live at home. We expect to see demand for social care for people aged over 65 grow by 30% in the next 10 to 15 years. The Council has recently adopted a new Vision for Adult Social Care and Support in Kirklees. The Vision focusses on promoting independence and delaying the need for care, recognising and supporting carers as the bedrock of social care and support, promoting quality, choice and control, and developing partnerships and collaboration. This Vision will deliver a shift from formally assessed services towards targeted non-assessed services, community based services and informal support.

The independent care sector provides the majority of social care in Kirklees, but the social care market locally and nationally face significant financial, quality and workforce challenges.

We want to make sure that:

- There is a wider range of different, affordable services on offer to meet everyone's needs – including more proactive and tailored advice and guidance at key decision points in people's lives;
- All services help people keep well and independent for as long as possible – and encourage people to take action to maintain their independence; services are of an excellent quality and offer value for money; services work in partnership with people who need support (co-productively), meeting people's needs and aspirations and treating people with dignity and respect; services can attract, recruit, develop and retain a high performing and high quality workforce;
- We encourage innovation and creativity – supporting the development of organisations that offer genuine alternatives to traditional social care;
- When we do contract for services, we look at the overall value they can offer including value for money, social value to local people and communities and environmental value.

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 5: Making social care provision more sustainable and more effective, including the development of vibrant and diverse independent sector.

How will this be Delivered:

- Review of pathways to make them more integrated and streamlined
- Procurement of new domiciliary care providers
- Development of tailored advice and guidance and a wider range of care and support options including extra care housing
- Develop a 'wellness model' for older people to enable them to retain their independence, including a step change in the use of technology
- Procurement of new domiciliary care contract providers
- **DEMENTIA**
- **Links to housing strategy**

Impact of this Work Stream:

Health and Wellbeing Gap

- Improved independence and quality of life for vulnerable adult and their carers, and an increased sense of control independence

Care and Quality Gap

- Improved choice of good quality support options that reflect individual needs

Finance and Efficiency Gap

- Reduce demand on specialist and acute services
- Services have the right capacity to meet demand in an effective way

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 6: Change the configuration of acute services to improve quality and create efficiencies through the implementation of Right Care, Right Time, Right Place, Meeting the Challenge and Healthy Futures plans

Aims of this Work Stream:

We are engaged in the reconfiguration of hospital services at both Acute Trusts within the Kirklees footprint which has been initiated due to the challenges which are described earlier in this document. The focus of these programmes is to:

- Ensure people are cared for in the most appropriate setting by the most appropriate clinical team for their need, first time.
- Make improvements for patients keep them safe and improve the quality of care they receive.
- Optimise the use of resources to ensure services can meet growing demands
- Respond to the workforce crisis within our hospitals
- Create efficiencies and ensure sustainability by reducing duplication

Achievement of the above is reliant on a whole system approach which engages community services, primary care and the voluntary and community sector. The commissioning and staged implementation of our integrated model for community services, 'Care Closer to Home', the strengthening of primary care services through implementation of the GP Forward view and the measures being taken to ensure sustainability of social care provision are key elements of our strategy to improve out of hospital care and support the ambitions within our hospital reconfigurations.

As these programmes develop and evolve, further work will be undertaken to assess the interdependencies and potential impact on the Kirklees population. The impact of the West Yorkshire Urgent and Emergency Care Vanguard which is being delivered as part of the Healthy Futures Programme will also be taken into consideration.

MORE DIRECT RE THE IMPACT ON PATIENTS

Alignment to council principles for change

MH Liaison teams in local hospitals



Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 6: Change the configuration of acute services to improve quality and create efficiencies through the implementation of Right Care, Right Place, Right Time, Meeting the Challenge and Healthy Futures plans

Meeting the Challenge

Mid Yorkshire Hospital Trust (MYHT), through the implementation of the 'Striving for Excellence' Strategy aims to provide high quality healthcare services. Working closely with the wider health and social care economy, the vision is to achieve excellent patient experience each and every time. MYHT is continuing to progress the Acute Hospital Reconfiguration as part of the Meeting the Challenge (MTC) programme. The Reconfiguration is rooted in the need to provide services differently across the Trust's three sites to ensure quality and safety are maintained. The programme entered a critical phase of implementation in 2016/17 which continues into 2017/18. The key system changes which underpin this are:

- The re-profiling of A&E services provided from the three hospital sites;
- An integrated approach between acute, primary care and community services;
- Delivering services 7 days per week;
- Centralising some services to improve quality and safety such as acute medicine to Pinderfields hospital; and
- Greater reliance on delivery of urgent services outside of hospital and providing elective services, outpatient, day case and inpatient surgery, at the closest hospital to where a patient lives.

We have an agreed framework for transformation of planned care built upon effective clinical threshold management and robust pathways of care as a key theme of the Five Year Forward View and an essential enabler of the Meeting the Challenge reconfiguration of hospitals. We will continue to accelerate the work and already underway with a clinical leader's forum of primary and secondary care clinicians to transform planned care across the Mid Yorkshire footprint working through the new Joint Planned Care Improvement Group. In partnership there will be a focus on:

- Managing growth for non-urgent, non-cancer referrals from primary care Understanding and tackling any unexplained variation in non-urgent, non-cancer referrals from primary care;
- Promoting the use of e-consultation to minimise the need for primary care referrals for face-to-face outpatient appointments;
- Supporting secondary care clinicians to initiate e-consultations with primary care, as an appropriate alternative to an outpatient referral;
- Re-looking at services which require provision in a hospital environment and those that do not;
- The potential to minimise hospital face-to-face outpatient follow-ups by primary and secondary care clinicians adopting shared-care protocols and revised care pathways.
- Utilisation of right care data to develop a collaborative approach to demand management

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 6: Change the configuration of acute services to improve quality and create efficiencies through the implementation of Right Care, Right Place, Right Time, Meeting the Challenge and Healthy Futures plans

Right Care, Right Place, Right Time

NHS Greater Huddersfield and NHS Calderdale Clinical Commissioning Groups (CCGs) have undertaken a consultation exercise about some far reaching proposed changes to hospital services and further proposed changes to community health services. Our proposed changes would help us to address some big challenges.

We have consulted on:

Emergency and acute care; Urgent care; Maternity; Paediatrics; Planned care; and Community Health Services.

The Governing Bodies met in parallel and in public to consider if the findings from the Right Care, Right Time, Right Place consultation and subsequent deliberation provided sufficient grounds to proceed to the next stage.

Each CCG agreed to proceed to explore implementation in the Full Business Case, in line with the proposals within the consultation. The Full Business Case will be considered by key stakeholders prior to implementation.

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 6: Change the configuration of acute services to improve quality and create efficiencies through the implementation of Right Care, Right Place, Right Time, Meeting the Challenge and Healthy Futures plans

Impact of this Work Stream:

Health and Wellbeing Gap

- **Every contact counts**
- **Self care and using other avenues**
- **Input and links with other Public Health Programmes e.g. alcohol**

Care and Quality Gap

- Ensure people get the right advice and support to enable self-care, to provide highly responsive primary and community services to reduce reliance on A&E departments and to ensure a safe and effective integrated network of hospital urgent care services so that people with the most acute and complex conditions have the best chance of recovery
- Achievement of the national constitution measures for A&E, RTT and Cancer at MYHT.
- Reduction in avoidable admissions at both acute trusts
- Reduction in excess bed days
- Reduction in elective activity
- Reduction in unnecessary follow up appointments at MYHT
- Roll out of 7 day services in hospital to 100% of the population across the 4 initial priority clinical standards.
- **Reduction in avoidable deaths in hospital - ?**
- **Current position and target**
- **One year survival rates for cancer**
- **Definitive diagnosis of cancer within 28 days**

Finance and Efficiency Gap

TO BE COMPLETED

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 7: New approach/model for how to support people with continuing healthcare needs

Aims of this Work Stream:

To ensure that we have commissioned locally available placements and care package to meet needs to reduce the risk of out of area placements, and associated risks and cost.

How will this be Delivered: (Timescales)

- Working with Kirklees Council we will scope and develop provision of a dementia service with nursing elements.
- With other partners we will develop a local physical disability service including long term care and respite.
- Develop the provision of a Fast Track domiciliary service for care packages and care management.
- Work with Kirklees Council to ensure clarity on projected needs of the Learning Disability population in regard to day care and respite to support commissioning arrangements.
- Review the delivery of residential care with Kirklees Council for Learning Disabilities
- Delivery on commissioning of local services to meet local need for specialised physical disability, older peoples mental health residential and supported living.
- Complex care Strategic Panel to plan for future needs through transition 14 – 25

Impact of this Work Stream:

Health and Wellbeing Gap

TO BE COMPLETED

Care and Quality Gap

Reduction in out of area placements

TO BE COMPLETED

Finance and Efficiency Gap

Reduction in out of area placements

TO BE COMPLETED

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 8: Implementation of the Transforming Care Programme for people with learning disabilities

TO BE COMPLETED

Aims of Work Stream:

How will this be Delivered: (Timescales)

Impact of this Work Stream:

Health and Wellbeing Gap

Care and Quality Gap

Finance and Efficiency Gap

- **Number of people in IP beds for MH who have LD or ASD**
- Improving the physical health of people with learning disabilities and reduce early mortality

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 9: Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care

Aims of Work Stream:

There is a long and strong history of joint working across the two CCGs in Kirklees and Kirklees Council, and between these organisations and others in the region. This joint working spans a wide range of activity and includes both formal and informal arrangements.

The NHS Operational Planning and Contracting Guidance reinforces the national direction of travel towards increased integration of both commissioning and provision, in line with the Five Year Forward View.

Within Kirklees, we have already demonstrated our commitment to commissioning on an integrated basis via our care closer to home programme and a similar approach is reflected in our means of delivering many of our key interventions, for example, the Healthy Child Programme, Transforming Care and Early Intervention and Prevention.

The CCGs and the local authority are committed to developing this approach further. We already have a range of senior shared appointments and will look to increase these in the functions where they bring most benefit. We want these joint working arrangements to be supported by joint governance arrangements, possibly a Joint Committee, that will enable us to make the right decision once, reinforcing a commitment to a single Kirklees approach in identified functions. We are not planning wholesale re-organisation – we will ensure that form will follow function, and we will make best use of tools such as pooled budgets.

The geography of Kirklees and our interdependencies with our neighbours means that each of our two CCGs will continue to work closely with its neighbours in Calderdale and Wakefield on matters where the acute footprint takes precedence. Our approach in Kirklees will focus primarily on the wider health and well-being agendas, and the commissioning and provision of 'out of hospital' services where health and social key integration is a key component to success.

We are totally committed to keeping local people at the centre of our focus – not organisations. We will judge our success on outcomes for people and improvement in their experience of integrated services.

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 9: Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care

How will this be Delivered:

The new models of care and subsequent changes to the commissioning landscape set out in the latest planning guidance reflect local aspiration for a strengthened cross organisation approach to commissioning and provision of health and social care services in Kirklees.

Care Closer to Home, commissioned by the 2 CCGs but with significant Council input, encouraged a diverse range of providers to work together and established a strong foundation for increased integration of health and social care services. The Healthy Child Programme lead by the Council on behalf of the three organisations, supported by a pooled fund, again stresses a provider partnership approach.

During this period, we have also seen an ongoing commitment to the development of GP Federations – one in North Kirklees and one in Greater Huddersfield.

We recognise that introducing new models of care is unlikely to be a ‘one size fits all’ approach across Kirklees, and therefore will explore new ways of working through initiatives such as the “Batley and Spen” pilot and specific schemes (e.g. frailty model) to learn what works in building these new models.

We are embarking on conversations to determine which approach best suits our local circumstances and is more likely to be based on an alliance approach than the creation of a new organisation.

Across the Council and two CCGs, we now have monthly joint Senior Management Team meetings and are looking to create a joint commissioning committee. Changes such as IFR, prescribing and procedures of limited clinical value are being managed once across the 2 CCGs.

There are a significant number of shared posts/teams across the two CCGs (and with the Council) around place based services and with neighbouring CCGs in relation to acute provision. North Kirklees has piloted a shared Chief Officer role with the Council and a shared Chief Operating Officer role with Wakefield CCG. These arrangements have evaluated positively and as a consequence have been extended to explore further opportunities for collaborative working.

Add links to sharing practice across WY

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 9: Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care

How will this be Delivered:

There are a wide range of areas where we have made significant progress, and we want to develop further

- Grow the Better Care Fund and to focus it on a few high impact areas of activity including intermediate care
- Build on the success of the Kirklees Integrated Community Equipment Service and extend the arrangements to include assistive technology, home adaptations and other equipment
- Implementation of the Healthy Child Programme and the CAMHS Transformation Plan
- Implementation of our integrated approach to improving quality in care homes & the Care Home Strategy
- Further development of our integrated approach to intelligence and shared care record
- Development of our single point of contact arrangements

Over 2017 and 2018 we will establish fully integrated commissioning arrangements for

- People with continuing care needs
- Frail older people
- Adults with health/independence issues in localities, starting with Batley and Spenningsdale
- Vulnerable children and families
- Adults with health limiting behaviours or at risk of developing health/independence issues
- Adults receiving specialist LD services or at risk
- People approaching end of life
- Older people with social care needs living in their own home or specialist accommodation
- Adults receiving specialist mental health services or at risk

These developments will be underpinned by a robust set of principles around integration.

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 9: Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care

Impact of this Work Stream:

Health and Wellbeing Gap

TO BE COMPLETED

Care and Quality Gap

TO BE COMPLETED

Finance and Efficiency Gap

- **Reducing duplication**
- **Ability to share resource**

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 9: Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care

Case Study Example: New Model of Care for Children and Vulnerable Families (Batley and Spen Pilot)

TO BE COMPLETED

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 9: Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care

Case Study Example: Further Developments to Support Delivery of Integration of Health and Social Care within Community Services through the Care Closer to Home Contract

TO BE COMPLETED

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 9: Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care

TO BE UPDATED

Case Study Example: Frailty Approach Focussing on the Frail Elderly Population

The case for change to develop a North Kirklees Frailty model has been recognised due to:

- The health status of care home residents becoming increasingly complex and there is not a coordinated approach to care
- Increasing numbers of patients with frailty/multiple long term conditions in housebound/care homes
- Increasing number of older people in care homes (20% of over the local population aged over 85 years)
- Despite the best efforts of partners hospital admissions are increasing (25% of admissions are classified as being avoidable and 40% are the result of exacerbations of long term conditions).
- The average length of stay in a care home is 18 months i.e. palliative phase
- The opportunities through the Mid Yorkshire Hospitals 'Meeting the Challenge' programme
- Improvements identified within the Kirklees Care Home Strategy

We are exploring the option of developing a collaborative delivery model which will incorporate the following elements:

- Medical cover for care homes
- Screening and identification
- Training and Education
- An Integrated Frailty team
- Out of Hours advice and support

Work is ongoing to ensure that the Frailty model is integrated with all our health, social care and self care programmes.

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 9: Changes to the commissioner/provider landscape, including more collaborative and more integrated approaches to new models of care

Case Study Example: New Model for End Of Life Care

The End of Life Care Strategy (2008) identified the need to improve co-ordination of care, recognising that people at the end of life frequently received care from a wide variety of teams and organisations. Our local vision reinforces commitment to the following outcomes:

- People are informed as early as possible about the approach of end of life to enable informed decision making about their preferences.
- End of life care is timely, compassionate and reflects needs and wishes with respect to physical, social, psychological, cultural and spiritual aspects.
- People during end of life phase remain in a place of their preference where possible
- Pain and other symptoms are managed as effectively as possible.
- All children and adults in Kirklees die with dignity and in a place of their preference.
- People and their carers feel supported both during end of life care and after the person has died.
- People and their carers are engaged in the co-production of services and service developments linked to end of life care.

There are four key areas of activity currently being utilised to develop a Kirklees wide end of life offer. This work is taking place across all agencies linked to the provision of end of life care and includes the Local Authority, General Practice, the Clinical Commissioning Groups, Kirkwood Hospice and Locala. The four distinct areas of activity are:

- Kirklees integrated End of Life Care Strategy
- Review of choice in End of Life Care
- Service review to scope the possibility of a lead commissioner model
- Quality, innovation, productivity and prevention

The work to develop an Kirklees wide end of life offer has been on-going for some time and our key achievements to date include the development of:

- A central point of access for bereavement services
- An integrated commissioning plan for training and education which looks at specific needs of different professionals, especially in primary care.
- The roll out of an Electronic Palliative Care Co-ordination System (EPaCCS) across Kirklees.

Future work includes the development of:

- A Lead Provider model for end of life services across Kirklees
- A frailty model which incorporates those who are severely frail and palliative.
- Continued work to reach more people with diseases other than cancer and to reach people from different parts of the community in Kirklees that have not traditionally accessed palliative care services.

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 10: Building a sustainable health and social care workforce to implement the high level interventions

Aims of Work Stream:

There are around 24,000 people employed in health and social care in Kirklees – around 90% of the workforce we will have in 5 years' time already work for us . The implementation of the STP depends on having the sufficient people with the right skills working in the sector. However we know there are significant challenges that cannot be tackled by working inside traditional organisational and professional boundaries. Whilst some issues will need a West Yorkshire or national led response, such as ensuring a supply of medical undergraduates, there are specific areas that we need to tackle as a local health and social care system and others we will need to tackle in collaboration with the Kirklees Economic Strategy. Our initial focus will be on

- Developing Kirklees as a great place to work in health and social care , including making the most of our partnership approach to 'growing our own' and retaining people with the skills we value. The role of the University and Colleges will be crucial in this.
- Recruiting & retaining key staff groups, including nurses (especially into care homes), care workers (especially in rural areas), and the quality and retention of social workers.
- We need to make the workforce more representative of the local population and adopt a value based approach to recruitment.
- Developing the 'Kirklees core skills' and building key skills & behaviours including community asset building, strengths based approaches, motivational interviewing, and the capacity to enable people to develop these skills in the right settings e.g. placements outside hospital.
- Developing apprenticeships and critical new roles including care worker 'plus' and nurse associates, personal assistants and 'early help' workers, along with clarifying and simplifying employment pathways to enable people to work across the local health and social care sector (and being more consistent about what we call people to avoid confusion)
- Developing a more co-ordinated approach to rewards for our staff – especially those on the lowest wages and those with key skills
- Reducing agency spend
- Improving the wellbeing of staff

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 10: Building a sustainable health and social care workforce to implement the high level interventions

How will this be Delivered:

- Ensure workforce planning processes are in place to support implementation of our local plans, working closely to provide a quality workforce with the right skills in the right place.
- Explore new roles in primary care and review skill mix
- Explore opportunities to work collaboratively with Locala to recruit overseas GP's
- Implement Nurse Associates Programme across Kirklees
- Expand now roles providing mental health support in primary care.
- Map and understand current workforce roles working within Primary Care, work up proposals for extending and broadening the workforce to include Clinical Pharmacists, Mental Health Workers, Paramedics, Physio First
- Development of a local plan for making every contact count
- Elements of this programme will be delivered by the West Yorkshire STP Workforce Action plan e.g. development of an internal agency for NHS staff and nurse recruitment, others will be delivered as locally in collaboration with WY partners e.g. Health Promoting Trusts.
- Work has begun on developing a shared view about the local challenges and how these can be tackled. But this is at the early stages. The aim is to have an outline plan in place by Spring 2017.
- Explore the development of a Health and Care Academy in Kirklees.
- Encourage organisations to become accredited in delivering the carers charter. In doing this we will support more carers to remain in employment thus making Kirklees a more attractive place to work.
- Explore the development of a pathway so that somebody can develop transferrable skills through caring role which will support them in future employment. Particular focus on young carers

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 10: Building a sustainable health and social care workforce to implement the high level interventions

Impact of this Work Stream:

Health and Wellbeing Gap

- Shift skills and attitudes of staff towards prevention, earlier intervention and promoting resilience and self care

Care and Quality Gap

- Making the sector a more attractive place to work will aid recruitment and retention of staff – especially in the ‘hard to fill’ groups

Finance and Efficiency Gap

- Shift to more resilience and self care focussed skills will reduce unnecessary demand on specialist services

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 11: Maximising the digital opportunities (building on the Digital Roadmap)

Aims of Work Stream:

“Establish a digital environment across the Kirklees health and care economy that adopts a philosophy of;

- Effective digital collaboration
- information sharing
- Joint planning that enables the population to receive the highest possible quality of care.
- Clinicians to have access to technology and appropriate information required to provide appropriate care”.
- Establish utilisation of technology which demonstrates improved health and well-being, across the priorities identified in the STP and future priorities.
- Provide digitalisation where appropriate to deliver the right care in the right place at the right time.

By;

- Investing in technology appropriately – ensuring alignment with clinical objectives across the CCG, its partners and service providers.
- Utilising technological to enable improvement in the quality of services, achieve better outcomes for patients by enhanced communications, information and collaboration for people and systems.

How will this be Delivered:

- Full interoperability of healthcare records inclusive of mental health services
- Further expansion of e-prescribing across all services by 2019/20
- Increase use of e-consultation by 2018/19
- Increase sharing of GP clinical record
- Implement Acute Electronic Patent records
- Increase electronic transfers of care across all settings by 2019/20
- Shared Infrastructure utilising the opportunities through the Health and Social Care Network
- WIFI deployment in GP Practices by Q4 2017/18
- Professionals across care settings to access GP-held information on GP-prescribed medications, patient allergies and adverse reactions by 2019/20
- Professionals across care settings to be made aware of end-of-life preference information through further roll out of EPaCCS by 2019/20

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 11: Maximising the digital opportunities (building on the Digital Roadmap)

Impact of this Work Stream:

Health and Wellbeing Gap

- Patients able to view their own records online

Care and Quality Gap

- **Improvement in electronic health record sharing**
- **Paper free at the point of care**

Finance and Efficiency Gap

- **E consultation as an alternative to face to face in primary care**
- Shared infrastructure
- Digital maturity in primary care

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 12: Moving towards a 'One Public Estate' approach

Aims of Work Stream:

The public sector across Kirklees has a huge array of buildings and land. The traditional approach of single organisations plans for the use of their estate is clearly not the way forward. Our aim is to develop an integrated plan for the development of the health and care estate – that is driven by the STP and the service strategies that flow from it. The impact of digital technology is one of the main drivers of change in the estate requirements – our approach to estates must be developed in close collaboration with our approach to digital technology. The approach needs to be based on what we need to deliver excellent customer focussed services, not just how to use what we've already got.

The national One Public Estate (OPE) programme has identified the potential benefits of a more integrated approach:

- More integrated and customer focused services
- Creating economic growth
- Reducing running costs
- Generating capital receipts through the release of land and property

This is a new area of work and will need to build links not just across health and social care organisations but also with the Kirklees Economic Strategy and the Local Plan. There is an emerging forum to discuss these opportunities, led by the Council.

How will this be Delivered:

- Map utilisation of current estates usage and their occupancy, aim to increase usage to support out of hospital care.
- We have recently been successful with a bid to the national One Public Estate programme to develop a pilot in Batley – the aim is to identify opportunities to bring together adult social care, Locala, CCG, Children's Centre, Police and local VCS. The pilot will provide a 'proof of concept' for delivering the value of the OPE – especially more integrated and customer focused services.
- Once the pilot is up and running to extend the approach across other hubs including Dewsbury
- Work with all health and care partners and those leading the Economic Strategy and the Local Plan to identify other opportunities, and to explore alternative approaches to funding developments
- Clearly articulating the benefits to organisations and local people of shifting the current estate towards a more integrated estate
- Bring together single organisations estates plans into a coherent plan for Kirklees

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 12: Moving towards a 'One Public Estate' approach

Impact of this Work Stream:

Health and Wellbeing Gap

- Maximise the impact of the health and social care estate on economic growth, local employment and healthy environments

Care and Quality Gap

- Co-location of services will facilitate integration of front line services

Finance and Efficiency Gap

- Reducing the size and cost of the public estate and getting better value out of multi-use sites

Delivering Our Vision: Identified Work Streams to Deliver Change

Work Stream 13: Work with the Kirklees Economic Strategy to maximise the impact of the sector on the local economy and to maximise the health and wellbeing benefits of the Economic Strategy

Aims of Work Stream:

The JHWS and KES have been developed as complimentary strategies that do different things and cover different ground but are fundamentally connected:

- Confident, healthy, resilient people are more productive, better able to contribute to communities and secure work.
- Good jobs and incomes for all of our communities make a huge contribution to health and wellbeing

Whilst some progress has been made over the last 2 years, as we move to a more 'place based' focus these connections need to be strengthened

How will this be Delivered:

Council agreed its approach to 'Economic Resilience' as part of the New Council programme in October 2016. This sets out how the Council will work with partners to deliver the outcomes in the Kirklees Economic Strategy

Impact of this Work Stream:

Health and Wellbeing Gap

- Creating (good) jobs; supporting higher incomes and reducing poverty;
- Promoting healthy, safe, diverse workforces and workplaces;
- Creating a green infrastructure that supports physical activity and emotional wellbeing;
- Ensuring quality housing with high energy efficiency supports affordable warmth, good health and reduces living costs

Care and Quality Gap

- Building skills that aid employability and enhancing the pool of confident people able and willing to work;

Finance and Efficiency Gap

- The Economic Strategy can support health by:
- resilient people powering business success; more productive employees and volunteers working for longer;
 - positive perceptions of places and communities support investment
 - economic opportunities from growth in the health and social care sectors

Delivering Our Vision: Risks to Delivery

Theme	Risk Description	Mitigating Action
Organisational Form and Integration	Risks in terms of the different rules/mandates organisations are bound by. Recognise it will be challenging to overcome these to develop a systems approach to care in Kirklees. This applies to all work streams within this plan.	TO BE COMPLETED
	NHS configuration and reform has led to a high level of variability between organisations. Lots of work to do to agree a standardised approach. Scale of the task	TO BE COMPLETED
	All organisations are at different stages in terms of this development – can we move at a fast enough pace together	TO BE COMPLETED
	A joint governance structure to deliver this plan will be difficult to implement. Risks in terms of the willingness to delegate control.	TO BE COMPLETED
	Doing things in individual/smaller organisations or footprints which can be better achieved at a larger scale West Yorkshire level. Risk that the work progressed through the West Yorkshire and Harrogate STP will not move at the pace required locally.	TO BE COMPLETED

Delivering Our Vision: Risks to Delivery

Theme	Risk Description	Mitigating Action
Engagement and Stakeholders	Health and social care sector not being actively engaged in wider economic development activity	TO BE COMPLETED
	Engagement with clinical staff across the system. Culture within organisations and an unwillingness to change.	TO BE COMPLETED
	Public perception – risk that local people feel decisions are being taken out of their hands as discussions become more diluted at a sub/regional level	TO BE COMPLETED
	Emotional attachment to some buildings/sites and transport options for both staff, managers and public makes driving change difficult.	TO BE COMPLETED
	Consultation and engagement required regarding any potential change to current provision	TO BE COMPLETED
	Political sensitivity around some decisions which may need to be made in the future.	TO BE COMPLETED
	Individuals are unwilling to take more responsibility for themselves of their communities, changing hearts and minds will take time.	TO BE COMPLETED

Delivering Our Vision: Risks to Delivery

Theme	Risk Description	Mitigating Action
Transformation and Implementation	<p>Current financial pressures across all sectors of the system inhibit the ability to invest in early intervention and prevention measures for a sustainable future and the ability to invest in new models of care which will deliver transformation.</p>	<p>TO BE COMPLETED</p>
	<p>Pace of change required to deliver the work streams within this plan</p>	<p>TO BE COMPLETED</p>
	<p>Current operational pressures within the system hindering the ability to make transformational change</p>	<p>TO BE COMPLETED</p>
	<p>Challenging and ageing population within Kirklees means that care needs are increasing and becoming more complex.</p>	<p>TO BE COMPLETED</p>
	<p>Some of the changes described within this plan will require extensive mobilisation and a transformation agenda across all partners. This will take time and the benefits realisation timescales may fall outside of the lifespan of this plan.</p>	<p>TO BE COMPLETED</p>
	<p>Risk in making the care landscape more complicated for the wider system through re-configuration and centralisation of services. Need to consider the system wide impact of changes to ensure we do not destabilise services.</p>	<p>TO BE COMPLETED</p>
	<p>Organisations requirements and timelines to make changes to their estate do not fit with other partners needs/aspirations.</p>	<p>TO BE COMPLETED</p>
	<p>Learning from Serious Case Reviews we know that too many people involved with individuals/families with more complex needs can lead to confusion. When integrating services across the system we need to ensure that this is undertaken in a coordinated approach which keeps the patient as the focus point.</p>	<p>TO BE COMPLETED</p>

Delivering Our Vision: Risks to Delivery

Theme	Risk Description	Mitigating Action
Enablers	Workforce pressures inhibit the ability to make change. Whilst plans are being out in place they will take time to implement.	TO BE COMPLETED
	Continued focus on individual organisation workforce issues and plans rather than a shared Kirklees view	TO BE COMPLETED
	IT not in place to support fully integrated working	TO BE COMPLETED
	Access to information to support decision making.	TO BE COMPLETED
	The care sector being an attractive enough employment sector to recruit and retain a sufficiently skilled workforce	TO BE COMPLETED
	The fee levels paid for publicly funded care enabling independent sector providers to thrive	TO BE COMPLETED
	Funding required to make both large scale Digital advances and smaller transformational changes	TO BE COMPLETED
	Organisations requirements and timelines to make changes to their estate do not fit with other partners needs/aspirations.	TO BE COMPLETED
	Lack of investment in developing capacity to meet the workforce needs of community based services across health and social care	TO BE COMPLETED

Closing the Care and Quality Gap

TO BE COMPLETED

Closing the Finance and Efficiency Gap

West Yorkshire and Harrogate STP

Detail to be added

Total Do Nothing Surplus / (Deficit)

TOTAL	2016/17	2017/18	2018/19	2019/20	2020/21
	£'000	£'000	£'000	£'000	£'000
Bradford & Airedale	(8,021)	(78,538)	(126,793)	(171,975)	(221,137)
Calderdale	(572)	(27,265)	(49,309)	(63,286)	(79,442)
Harrogate	6,412	(10,264)	(19,067)	(29,493)	(38,909)
Kirklees	(30,419)	(119,731)	(153,802)	(176,349)	(207,836)
Leeds	(30,807)	(129,450)	(184,630)	(229,681)	(297,932)
Wakefield	(16,614)	(108,727)	(142,746)	(174,110)	(214,672)
YAS	2,014	(2,265)	(6,470)	(10,489)	(14,640)
Total	(78,009)	(476,239)	(682,816)	(855,382)	(1,074,567)

Total Do Something Surplus / (Deficit)

TOTAL	2016/17	2017/18	2018/19	2019/20	2020/21
	£'000	£'000	£'000	£'000	£'000
Bradford & Airedale	(8,021)	0	0	(0)	(18,124)
Calderdale	(572)	(17,006)	(32,047)	(43,609)	(55,251)
Harrogate	6,412	(5,915)	(9,132)	(13,861)	(17,609)
Kirklees	(30,419)	(76,655)	(83,014)	(83,136)	(94,089)
Leeds	(30,807)	(61,534)	(51,857)	(38,423)	(46,169)
Wakefield	(16,614)	(28,370)	(26,822)	(26,149)	(27,737)
YAS	2,014	612	(567)	(1,412)	(2,213)
Sub Total	(78,009)	(188,868)	(203,440)	(206,590)	(261,191)

Closing the Finance and Efficiency Gap

Financial Assumptions: West Yorkshire and Harrogate STP

- Both CCGs have assumed to get back to a surplus position but there are no defined solutions at this moment to deliver this.
- LA not assumed solutions at this stage.
- CCGs and providers have used national growth and tariff assumptions.
- The impact of the potential CHFT hospital reconfiguration has been included however the full savings are not shown here as the business case extends an additional year beyond the STP timeline to 2021/22. The loss on disposal of land and buildings has been excluded.
- An attempt to give a “Kirklees” financial position has been generated using patch population shares of the provider positions.

Further detail to be added

Closing the Finance and Efficiency Gap

Kirklees Position

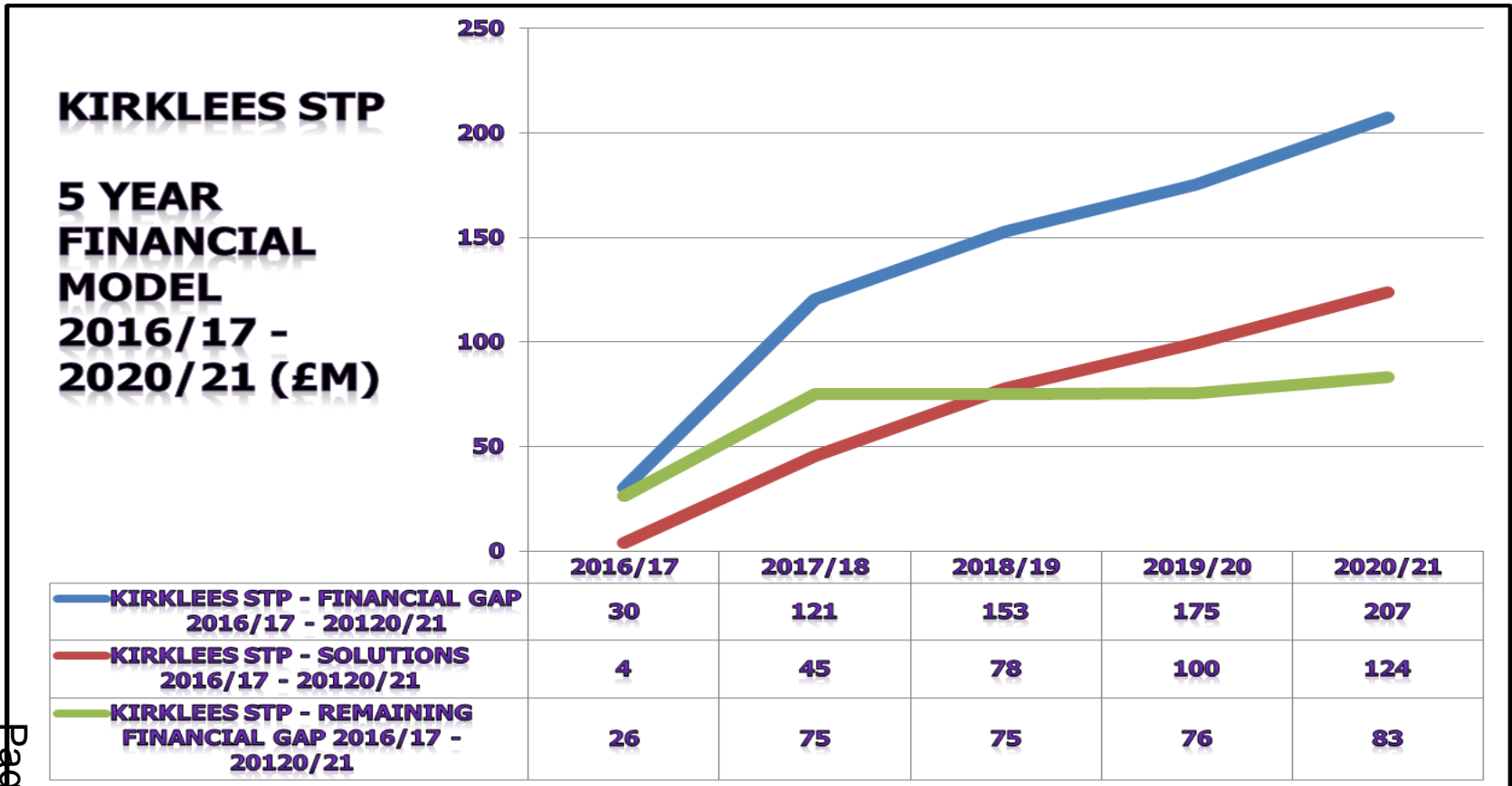
Detail to be added

Kirklees Patch Share of the WYSTP submission (based on population shares)	Challenge by 2020/21	Solutions by 2020/21	Residual Gap by 2020/21
	£'000	£'000	£'000
Greater Huddersfield CCG	- 28,213	- 31,799	3,586
North Kirklees CCG	- 35,764	- 39,472	3,708
Calderdale and Huddersfield Trust	- 48,987	- 27,848	- 21,139
Mid Yorkshire Trust	- 32,798	- 23,260	- 9,538
South West Yorkshire Partnership Trust	- 7,719	- 1,544	- 6,174
Kirklees Council	- 53,760	-	- 53,760
Total	- 207,240	- 123,923	- 83,317

Closing the Finance and Efficiency Gap

Kirklees Position: Future Projections

Detail to be added



Appendix 1: Endorsement of this Plan by Stakeholders

Organisation/Body	Endorsement Route	Date
TO BE COMPLETED		

Appendix 2: References

- CLiK Survey 2012 and 2016
- Royal College of GPs report into workforce 2015
- NKCCG Workforce Data, Health Education England, September 2016
- RightCare Data Packs
- The Kirklees Adult Carers Survey 2014/15
- Carer's Allowance - All Entitled Cases Caseload (Thousands): Local Authority of Claimant by Region; February 2012. Available from: http://83.244.183.180/100pc/ca_ent/ccla/ccgor/a_carate_r_ccla_c_ccgor_feb12.html)

KIRKLEES HEALTH & WELLBEING BOARD
MEETING DATE: 02/03/2017
TITLE OF PAPER: Children’s Improvement Programme
<p>1. Purpose of paper</p> <p>To bring in view the Children’s Improvement Programme work to members of the H&WBB 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"> • Help shape our local response to this key strategic issue • To own and embed the improvement agenda within your own organisation and practice.
<p>2. Background</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, (Ofsted Inspection Report) 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 of which our improvement plan is based.</p> <p>The Secretary of State has 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"> • Make recommendations for the immediate improvement of Children’s Social Care

including additional support required.

- Review our leadership and management capability and capacity to drive the changes we need.
- Make a recommendation to the Secretary of State about whether alternative arrangements would be the most effective way of achieving long-term improvement.

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, and to utilise recognised project and programme management techniques. 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, the programme has 4 key projects of work that are the 4 main themes of the Children's Improvement Plan. These are;

Theme 1: Children who need help and protection

Theme 2: Leadership, Management and Governance

Theme 3: Children looked after and achieving permanence

Theme 4: Effectiveness of the Kirklees Safeguarding Children Board

Each of these projects, in turn, will deliver against multiple recommendations from the Ofsted report. 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 are developing project 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.

Improvement Board

The Improvement Board (IB) is the key partnership body with ownership of the improvement plan and responsibility for its delivery across the district. It is made up of strategic representation from partner agencies, working to agreed terms of reference. The IB is where all agencies will be constructively challenged and held to account for progress.

Getting to Good Programme Board

This is an operational group of key officers brought together to monitor, challenge, support and oversee the progress of the Kirklees Children’s Improvement Plan. The GTG Programme Board is accountable to, and reports directly into, the Improvement Board.

Sponsorship Role

Each of the four improvement plan themes will be ‘sponsored’ by a senior leader from the Council, VCS partnership, Clinical Commissioning Group and Police. The sponsor is not accountable for the delivery of their sponsored area. The role is to provide challenge and oversight over the areas of work associated with the sponsored area. The purpose of this arrangement is to ensure that partners fully participate in the plan and provide their unique insight and expertise across the broad range of development activity. This approach will ensure that senior leaders take an active interest and the board fully draws on and applied their collective experience.

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

Improvement Plan

In order to manage this large and complex scope of work, we have developed our improvement programme around four key themes. To ensure that the plan directly addresses the findings of our Ofsted inspection, we have structured our improvement plan around the four themes in the Single Inspection Framework, each of which clearly addresses a number of Ofsted recommendations:

Theme	Alignment to Ofsted inspection recommendations
Theme 1: Children who need help and protection	1, 2, 6, 9, 10, 11, 12, 13, 14 and 15
Theme 2: Children looked after and achieving permanence	3, 4, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25 and 26
Theme 3: Leadership, Management and Governance	5, 7, 8, 12 and 27
Theme 4: Effectiveness of the Kirklees Safeguarding Children Board	KSCB recommendations 1-10

4. Financial Implications

The Council has already made a significant financial contribution 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.

FORMAT FOR PAPERS FOR DISCUSSION AT THE HEALTH AND WELLBEING BOARD

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 has been circulated to members of the Improvement Board in time for sign off at the Improvement Board on 6th March and for endorsement of Council Cabinet on 7th March before submitted to the DfE on 9th March 2017.

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

7. Recommendations

Members of the H&WBB 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
- Identify and understand which actions relate to areas of work linked to H&WBB
- Inform the Improvement Director via the Children's Improvement Programme Manager of cross cutting work so it is captured in the project plans for the programme.

8. Contact Officers

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Improvement Director

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Kathryn Loftus

Children's Improvement Programme Manager

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Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

CHILD SEXUAL EXPLOITATION AND SAFEGUARDING MEMBER PANEL

Friday 2nd December 2016

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

In attendance: Carly Speechley, Assistant Director (Family Support & Child Protection)
Mandy Cameron, Deputy Assistant Director (Learning and Skills)
Sharon Hewitt, Safeguarding Children's Board Manager
Helen Kilroy, Principal Governance and Democratic Engagement Officer

Apologies: Cllr Hill

1 Minutes of Previous Meeting and matters arising

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 4th November 2016.

The Panel discussed the Ofsted report on Children's Services and agreed that they needed to look at the report and actions in more detail. Sharon Hewitt, Safeguarding Children's Board Manager, advised that there would be an action plan coming out of the inspection on the Kirklees Children's Safeguarding Board. Sharon Hewitt further explained that one of the main issues raised by Ofsted was relating to partners not sharing information as effectively and quickly as required and that work was ongoing with partners to make improvements in this area. The Panel noted that they would receive a report on feedback of the Ofsted Inspection on Children's Services on the 6th January 2017.

The Panel agreed that a review of the whole governance landscape was required on the various Panels and Boards with responsibility for children's services.

AGREED:-

- (1) That the Minutes of the meeting held on 4 November 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 Safeguarding of home schooled pupils and alternative educational provision

The Panel considered an update on the safeguarding of home schooled pupils and alternative educational provision and welcomed Mandy Cameron (Deputy Assistant Director - Learning and Skills) and Sharon Hewitt (Safeguarding Children's Board Manager) to the meeting.

Elective Home Education and Safeguarding

Mandy Cameron advised the Panel that the Education Safeguarding Team (EST) were responsible for registering, monitoring and making a learning offer of support for elective home educated children in line with current legislation. The Panel was advised that Kirklees had a robust system of referral in place that the majority of schools within Kirklees have signed up to. Kirklees was currently in the process of ensuring that its independent schools were aware of the Council's policies and procedures with regard to elective home education. Mandy Cameron further explained that the EST work hard maintain good relationship with parents who opt for elective home education and hold regular network meetings to keep communication open.

In response to a question from the Panel regarding numbers of home schooled children in Kirklees, Mandy Cameron agreed to circulate information on numbers of home schooled children at risk of CSE including those with special needs.

The Panel noted that one of the reasons for a parent choosing to home educate their child could be due to them having issues with their local school. The EST focussed on getting children back on to the educational roll wherever possible, but were mindful that parents may not be happy with their relationship with the school and may feel that the school has let them down. Mandy Cameron explained that a lot of schools in Kirklees made significant efforts to engage with families to get children back into school.

The Panel noted that if any child protection concerns were identified during communication with elective home educated parents, Kirklees safeguarding procedures would be followed. The EST were in the process of establishing a multi-agency panel that will assess the level of risk to home educated children. A multi-agency approach could then be adopted to ensure children in Kirklees who were educated at home were kept safe.

Key Stage 4 Alternative Provision

The Panel was informed that up until 2014, secondary schools were able to remove a student from their school roll at the end of KS3 and place them in an alternative provision. The Panel noted that many of these had not been quality assured and collaboration between local authority officers and key senior staff in secondary schools in Kirklees had resulted in a change of policy and practice.

During 2015/16 a group of school leaders adopted a quality assurance model to assess all alternative providers, and a list of these was then circulated to all schools. An agreement was drawn up between the provider, the school and the family that set out responsibilities and detailed the ongoing communication required between the provider and the school. Every student was now required to remain on the roll of the school, and the agreement adhered to. Mandy Cameron advised the Panel that since September 2016, 14 secondary schools had formed a group to continue this work and to increase the range of providers on offer through the quality assurance model which was monitored by the Local Authority. The Panel noted that those schools that have not joined the group had been reminded that alternative provision was now a key focus for OFSTED and recent inspections of Kirklees Secondary Schools had shown this to be the case.

In response to a question from the Panel regarding support to students who might be at risk of CSE, Mandy Cameron advised that the safeguarding of a student in alternative provision remained the responsibility of the school. If a provider became aware of any safeguarding issues concerning a student, they would inform the school who would take appropriate action.

Mandy Cameron further explained that Kirklees have a Behaviour and Attendance Collaborative (BAC) for north and south Kirklees at which all secondary schools were represented by a senior leader and Local Authority representatives. The Panel was informed that quick decisions were made at the BAC regarding in year admissions, managed moves and provision for young people at risk of exclusion. The Panel was further informed that the majority of schools had good relationships with providers of alternative provision and were in regular contact with one another. The Panel suggested that information regarding the Behaviour and Attendance Collaborative and how links could be developed with schools, be shared with the Children's Trust.

Mandy Cameron advised that parents had to agree for their child to go into alternative provision and the parent was engaged in the process, including agreeing the student's weekly pattern, eg number of work related days and days in school.

AGREED:-

- (1) That Mandy Cameron and Sharon Hewitt be thanked for attending the meeting and that the update on the safeguarding of home schooled pupils and alternative educational provision be noted.
- (2) That the Panel receive information on numbers of home schooled children at risk of CSE, including those with special needs.

3. CSE and Parental Engagement

The Panel considered an update on CSE and parental engagement presented by Mandy Cameron.

Mandy Cameron advised the Panel that parental engagement was largely undertaken by the schools that the children and young people attended, and officers had been focussed on working with school staff in order to enable them to do this. The Panel noted that this capacity building approach included specific inputs relating to CSE, alongside regular updates for the Designated Safeguarding Lead and the PSHCE Coordinator. The CSE Hub worked with the families of those children and young people that they were already engaged with, and did not have any additional capacity to carry out further work. The Kirklees CSE Hub was currently providing support and, wherever possible, one to one direct work in respect of CSE to parents and carers subject and particularly vulnerable to CSE, which included how to identify CSE and how to safeguard their children.

Mandy Cameron advised the Panel that there was currently a deficit from our partners in reporting CSE victims to Kirklees Children's Services. The Panel was informed that Kirklees was involved in a regional project with Alter Ego, which was a company who had delivered a play called Chelsea's Choice to 10 identified schools across Kirklees for years 5 to 13. Chelsea's Choice was a theatre production that had proven highly successful in raising awareness around the

issues surrounding CSE. The Panel was informed that during Safeguarding week in October 2016, 10 shows of Chelsea's Choice had been delivered to 1000 secondary school pupils in Kirklees and 2 evening performances had been delivered for parents and members of the community. The Panel noted that attendance by parents at these performances had been poor.

The Panel discussed the fact that awareness raising of CSE was not currently part of the school curriculum, so Kirklees could not enforce it. Carly Speechley advised that due to Operation Trackville, Kirklees and the Police were raising awareness of CSE with parents in those areas.

Carly Speechley advised the Panel that Ofsted had reported that Kirklees was not as effective as it should be at identifying children at risk of CSE and that numbers were comparatively higher in other Local Authorities. The Panel discussed different ways that Kirklees could raise awareness of CSE amongst parents, for example, the use of adverts on the television during peak periods. The Panel raised concerns around whether all schools within Kirklees were on board with the issue of CSE awareness raising.

The Panel indicated an interest in further exploring the issue of CSE parental engagement and support for parents and acknowledged that there were language and culture barriers to some parents understanding and feeling comfortable discussing the issues.

The Panel discussed the PSHE and what could be undertaken within primary schools around raising awareness of CSE and getting information to parents. The Panel suggested that a workshop be held with the Panel on this issue and that Val Flintoff from Learning Services School Improvement, be invited to attend the session. The Panel agreed to consider a proposal on the workshop early in the new year.

AGREED:-

- (1) That Mandy Cameron and Sharon Hewitt be thanked for attending the meeting and that the update on CSE and parental engagement be noted.
- (2) That the Panel consider a proposal for a workshop on PSHE and the work that could be undertaken within primary schools around CSE parental engagement and getting information and support to parents.

4. Safeguarding training for elected members in Kirklees

The Panel considered an update on safeguarding training for elected members in Kirklees, which was presented by Sharon Hewitt.

Sharon Hewitt advised the Panel that in 2011 the Learning and Development Officers from the Kirklees Safeguarding Children's and Safeguarding Adult's Boards, were approached to provide a basic awareness level safeguarding training package for elected members. A joint course was developed and has since been run on a number of occasions for elected members.

The Panel noted that since 2011 all elected members had been advised to complete the Kirklees Safeguarding Children Board E-learning course "Awareness of child abuse and neglect".

The report outlined the numbers of elected members who had attended training courses since 2011 and the content of the course programmes. The Panel was informed that a CSE course had been held in February and March 2015 and 26 Councillors had attended in total. The Panel acknowledged that the numbers of elected members who had accessed safeguarding training overall had been disappointing. Sharon Hewitt explained that evaluation had been carried out with elected members following all training and feedback had been positive.

Sharon Hewitt advised the Panel that a set of safeguarding fact sheets had been prepared, which included 1 side of A4 on a range of safeguarding issues (CSE, forced marriage and human trafficking).

The Panel commented that some Members might not have time to attend training due to their other work commitments and some Members will have received safeguarding training elsewhere, eg for school governors. The Panel agreed that training and information for elected members needed to be specific to their role. The Panel agreed that it would be useful if the training could cover issues such as a Councillor going into a resident's home and becoming aware of an issue of CSE and how to report it.

The Panel agreed that 1 minute guides for Members on some of the key safeguarding issues, such as CSE and Corporate Parenting, would be useful. Carly Speechley agreed to draft a '1 minute guide' on CSE for Members and discuss at the next Panel meeting in January 2017.

AGREED:-

- (1) That Sharon Hewitt be thanked for attending the meeting and that the update on safeguarding training for elected members in Kirklees be noted.
- (2) That the Panel consider a '1 minute guide' for elected members on CSE at the next meeting in January 2017.

5. Update on key national and local issues in relation to CSE

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

Carly Speechley advised the Panel that there was nothing new to report on the Jay Inquiry at this stage.

Carly Speechley advised the Panel that a 12 month targeted Joint Ofsted Inspection was expected to focus specifically on CSE. The Panel noted that Carly Speechley would give an update on the learning points from the Joint Inspection to the Panel in February 2017.

AGREED:

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

6. CSE Management Information

The Panel considered an update on CSE Management Information.

The Panel agreed that a thematic analysis of contacts through to interventions would be useful, which provided details of what interventions have been put in place for children at risk of CSE.

The Panel acknowledged that there might be an increase of reported abuse following the recent media focus on the abuse of young footballers and Carly Speechley advised that nothing had come through from the West Yorkshire Police as yet.

The Panel agreed that the graph on the number of CSE contacts received per month on 'status at time of receipt' could be removed, as it did not provide additional information for Members.

AGREED:-

- (1) That the CSE Management Information be noted.
- (2) That the Panel's supporting officer be authorised to liaise with officers to obtain the requested information and address the agreed actions.
- (3) That the 12 month comparison of CSE Management Information data report, scheduled for consideration by the Panel in March 2017, include information on contacts through to interventions.

7. **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:-

- Workshop on CSE Action Plan and receive a joint presentation from key officers in Kirklees and the West Yorkshire Police, to include an in-depth look at CSE case studies – date to be determined;
- Visit by Panel to CSE Hub in Dewsbury – date to be determined (January/February 2017);
- CSE Management Information 12 month comparison of data, to include details of contacts into interventions – 3rd March 2017;

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 3rd February 2017 at 10.30 am till 12.30 pm in the Meeting Room 1, Huddersfield Town Hall.

Contact Officer: Helen Kilroy

KIRKLEES COUNCIL

CHILD SEXUAL EXPLOITATION AND SAFEGUARDING MEMBER PANEL

Friday 6th January 2017

Present: Cllrs Hill (Chair), Ahmed, Allison, Marchington, Bellamy (Observer)

In attendance: Carly Speechley, Interim Assistant Director (Family Support and Child Protection)
Ian Mottershaw, Detective Inspector, West Yorkshire Police
Mick Brown, Detective Inspector, West Yorkshire Police
Sally Williams, Head of Service (Integrated Response)
Eleanor Brazil, Commissioner for Children's Social Care
Helen Kilroy, Principal Governance and Democratic Engagement Officer

Apologies: Cllr Holmes

1 Minutes of previous meeting

The Panel considered the minutes of the meeting held on 2nd December 2016.

The Panel welcomed Eleanor Brazil to the meeting. Eleanor Brazil advised the Panel that as Commissioner for Children's Social Care she would be carrying out a review of the leadership capacity within Children's Services and that the review would be complete by the end of March.

Cllr Marchington advised that he had spoken to Val Flintoff with regard to PSHE and awareness raising of CSE and parental engagement. Val Flintoff had advised that she felt there was potential for working with the PSHE toolkit on this issue.

Cllr Marchington advised that safeguarding training for members had recently been discussed at the Group Business Managers meeting. Cllr Marchington further advised that he was the KNH champion for Safeguarding and would be attending training in January and March and would feed back to the CSE and Safeguarding Member Panel on any relevant issues.

Cllr Masood Ahmed advised the Panel that he had attended Overview & Scrutiny Management Committee today, 6th January 2017, for the item on PSHE curriculum in schools presented by Val Flintoff and had discussed the issue of sex education in schools.

AGREED:-

(1) That the Minutes of the meeting held on 2nd December 2016 be agreed as a correct record.

2 Update report on historic CSE cases

The Panel considered an update from the West Yorkshire Police on historic CSE cases in Kirklees and welcomed Ian Mottershaw and Mick Brown from West Yorkshire Police to the meeting.

Live CSE Cases

Ian Mottershaw advised that since January 2016, Kirklees had recorded and were investigating 118 crimes that could be attributed to CSE. The crimes were identified using the CSE definition and also where a person involved in the crime (victim or perpetrator) has previously been identified as being involved in or at risk of CSE. Ian Mottershaw gave the following CSE data:-

- Currently 90 children identified in Kirklees as being at risk of CSE;
- The risk to each child is categorised as high, medium or low;
- 16 children were regarded as high; of those children 12 were looked after children accommodated by local authorities (5 by Kirklees and 7 from other authorities). The rise was heavily influenced by the placement of children into Kirklees from other local authorities;
- 29 children were regarded as medium risk – of those children 18 were looked after children accommodated by local authorities (15 by Kirklees and 3 from other local authorities);
- 46 children were regarding as low – of those children 11 were looked after children accommodated by local authorities (8 by Kirklees and 3 from other authorities);
- There were 11 young people, who had been placed out of area and who were at risk of CSE (although that number could change at short notice).

Ian Mottershaw advised the Panel that some local authorities were inconsistent in their notification timescales. The Panel was informed that the West Yorkshire Police had put together a bespoke package which was sent to the police force in the relevant area within the required timescales, but that this does not always get reciprocated by the police force within Kirklees. Eleanor Brazil queried what the view was of other Local Authorities in terms of the response they receive from the police force in Kirklees.

Mick Brown advised the Panel that West Yorkshire Police had undertaken significant work with children's homes, the vast majority of which were private care providers who sometimes make decisions based on financial constraints. Mick Brown further explained that when the police discovered children have been moved to the Kirklees area with significant risk and police have not been informed, this was actively being followed up with the relevant children's home. The Panel noted that the West Yorkshire Police were often not informed when children out of area had been placed with private fostering parents. Mick Brown further explained that any areas of concern could be picked up with the relevant local authorities and police.

Carly Speechley informed the Panel that children from Kirklees who were placed out of the authority, would be tracked by Kirklees Children's Services to ensure they were receiving the appropriate support and care.

Ian Mottershaw gave a confidential update on 3 areas in relation to the investigation of CSE in Kirklees, which were:-

- The situation in Kirklees in relation to current live investigations and work load;
- A summary of investigations over the last year;

- The current situation in relation to the investigation of historic allegations of CSE which were referred to as legacy cases.

Ian Mottershaw advised the Panel that the Police use 'Harbourers Orders' to reduce repeat incidents of children and young people going missing from the care of those responsible for their welfare and reduce the risk that this exposes them to. The Panel was informed that individuals who were allowing children and young people to stay at their homes without informing the parent or carer, were directly or indirectly encouraging them to go missing and stay away from their carers. Providing accommodation to missing children and young people was a recognised technique used to groom them for sexual exploitation. Ian Mottershaw further explained that it was an offence for someone with a Harbourers Order to allow a child at risk into their home.

Ian Mottershaw advised the Panel that Sexual Harm Prevention Orders could be used in relation to an individual who has been convicted or found not guilty to have done the act charged. The court needs to be satisfied that the order was necessary for protecting the public from sexual harm from the defendant or protecting children or vulnerable adults generally.

Mick Brown advised the Panel that the Police were endeavouring to utilise and test some of the intervention orders as described and these had been very effective in Kirklees with some good outcomes for children at risk.

In response to a question regarding how many of the 90 children identified in Kirklees as being at risk of CSE were male and female, Ian Mottershaw agreed to provide a breakdown in future reports. Ian Mottershaw confirmed to the Panel that the referral mechanisms were the same for boys as for girls, but acknowledged that in the main victims tended to be female.

Historic CSE

Ian Mottershaw advised that operation legacy had now been completed. The Panel was informed that this was a review of information held, applying current CSE rationale with a view to identifying adults that would have been categorised at risk of CSE when they were children. The Panel received a confidential update from Ian Mottershaw on historic cases of CSE.

Ian Mottershaw advised the Panel that it was very difficult to carry out a cold call of a potential victim of CSE if they were not yet ready to engage, but assured the Panel that the door was still open for potential victims to come forward.

In response to a question regarding why the historic investigations only went back to 2006, Ian Mottershaw advised that this date related to the police computer systems and the information that was available to undertake the necessary research, but that investigations had been carried out that were earlier than 2006.

A confidential update was given by Ian Mottershaw on Operation Tendersea. The Panel agreed that Leading Members of the Council would welcome an update on Operation Tendersea when appropriate.

The Panel agreed that they wanted to explore and understand the criminal justice side of prosecution of perpetrators of CSE and agreed to receive a future update on this matter at a date to be determined.

Ian Mottershaw advised the Panel that good relationships between the police and children's homes were paramount in order to encourage them to notify the police when a child's behaviour was changing. The panel was informed that the police were encouraging the receipt of this information and were acting upon it. Ian Mottershaw further explained that engagement with children's homes was a key priority for the police and that local PC's would visit the homes on a regular basis and build relationships with both the staff and children. The Panel was informed that these visits would be undertaken at least once a month and that all children's homes had been allocated a specific uniformed officer to liaise with and visit on a regular basis.

AGREED:-

- (1) That Ian Mottershaw and Mick Brown be thanked for attending the meeting and that the update on live and historic CSE cases be noted.
- (2) That future reports from the police include a breakdown of male and female in terms of the overall numbers of children identified in Kirklees as being at risk of CSE.

3 Findings of the Ofsted Inspection on CSE

The Panel considered feedback from the Ofsted inspection on Children's Services published on 25th November 2016 specifically relating to CSE.

Carly Speechley introduced Sally Williams as the new Head of Service for Integrated Response within Children's Services, who would be attending future meetings of the Panel.

Carly Speechley advised the Panel that Ofsted inspectors found cases where there were concerns regarding young people's risk taking behaviours that had not been recognised as potential indicators of CSE and been referred to the dedicated team. Ofsted, however, noted that when the risk of CSE was identified, children and young people received effective support.

Carly Speechley advised the Panel that Ofsted had found that children and young people who go missing were constantly offered a timely return interview, and effective liaison was assisted by the Police Missing Co-ordinator being located within the Children Looked After service. Ofsted found that where there was a risk of CSE, children who were looked after were offered effective support and counselling by a national voluntary organisation (Barnardo's workers based within the CSE hub). Furthermore Ofsted reported that agencies work well together at a strategic level and that this was evident in the commitment to improving services to help and protect children by way of the Development Board and sessions between Community Safety Partnerships, Kirklees Adult Safeguarding Board, Kirklees Safeguarding Children's Board and the Health & Wellbeing Board, which have identified cross cutting themes and priorities.

The Panel was informed that Ofsted inspectors had highlighted that there was more to be done operationally to ensure that agencies understood their responsibilities in relation to contributing to good quality assessments and planning for children, recognising risks in relation to CSE and information sharing and decision making in the MASH.

The Panel was advised that Ofsted clearly recognised the robust work of the dedicated Kirklees Multi Agency CSE Hub and the implementation of the newly revised 7 point Strategic Plan. There was, however, further ongoing developments required over the next few months to ensure all partner agency workers were able to recognise and respond appropriately to CSE. Ofsted had advised that only then could Kirklees be confident that it was doing its best to protect its most vulnerable children and young people.

Carly Speechley advised that one of Ofsted's main recommendations was that a transparency of governance was to be developed with each partner agency to ensure there was a cohesive approach and clear lines of accountability to the victims and survivors of CSE, thus ensuring agencies were in a position to hold each other to account.

Carly Speechley advised the Panel that officers were using work streams and action plans to monitor progress.

Cllr Hill advised the Panel that one of Ofsted's main concerns was around earlier detection of risky behaviours and more intervention and prevention and that Kirklees was more proactive than reactive. The Panel recognised that the council needed to use data that targeted hot spots and that there was more work to do with social care staff and front line practitioners to understand the risk of CSE.

The Panel agreed to attend a workshop to consider the revised CSE action plan and milestones.

The Panel agreed to receive a further update on the progress of work following the Ofsted inspections recommendations – date to be determined. The Panel agreed that the report on progress would include an update on any implications of the work of CSE on staff and any issues that needed to be highlighted.

AGREED:-

- (1) That the report on the findings of the Ofsted inspection on CSE be noted.
- (2) That the Panel receive a progress report on the work within Children's Services following the Ofsted inspection, to include an update on any implications of the work of CSE on staff and any issues that needed to be highlighted – date to be determined.

4 Update on key National and Local Issues in relation to CSE

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

Carly Speechley advised that there was nothing new to report on the Jay report.

The Panel noted that they would attend a workshop on a date to be arranged to consider the revised CSE action plan.

The Panel agreed to receive a report in February 2017 covering the learning points from the joint inspection in 2016 which focussed on CSE.

AGREED:-

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

5 CSE Management Information

The Panel considered an update on CSE management information.

Carly Speechley advised that the numbers of CSE contacts remained relatively low despite the work on Operation Trackville. The Panel informed that more targeted work was planned on how to raise referrals and awareness of CSE.

Carly Speechley advised the Panel that officers had undertaken a 10% sample of 'not for actions' (NFAs) of children who did not get referred to the CSE hub following initial contact referral and agreed to forward an update to the CSE Panel on this issue. Carly Speechley further explained that officers would undertake more sampling at the MASH Threshold Review meetings on a monthly basis.

In response to a question with regard to ethnicity of perpetrators and the impact on and engagement with the wider community, Carly Speechley advised that when the arrests were made for Operation Tendersea, Children's Services and the Police had worked with the Community Cohesion Team in Kirklees with regard to the impact on the community.

The Panel noted that they had received a report from the Community Cohesion Team which had confirmed that no hate crime had been reported in relation to CSE. The Panel agreed that officers needed to be mindful of issues around ethnicity of perpetrators and the geography of where individuals lived, including the impact and reaction of the community.

The Panel noted that based on population comparison, Dewsbury and Mirfield had the highest level of CSE at risk classifications, followed by Kirklees Rural, although Huddersfield had the highest level of contacts with CSE. Carly Speechley explained to the Panel that not enough work had been done around awareness raising of CSE within North Kirklees and Kirklees Rural, but that work on profiling was progressing well meaning that more work would be able to be undertaken in these areas.

The Panel noted that they would consider the report showing a 12 month comparison of data, trends, impacts and improvements on CSE management information in either March or April 2017 to include CSE hot spots.

In response to a question regarding CSE risk classification on a month by month basis in terms of gender and under reporting, Carly Speechley advised that officers would look in more detail at the analysis of incidents of male children at risk of CSE.

Cllr Hill queried whether Kirklees was linked to the original CSE network where a lot of information was available regarding gender issues and identification and that it would be useful to look at other parts of the region to see if Kirklees was consistent. The Panel agreed that it would be useful for them to consider some comparison data.

Carly Speechley circulated a '1 minute guide' on CSE at the meeting and reported that the guide had been written for front line practitioners. Members of the Panel agreed to feedback on whether this guide would be useful for other Members or advise on what other information needed to be included, in order for the guide to be amended for use as a briefing for Elected Members on CSE.

AGREED:-

- (1) That the CSE management information be noted.
- (2) That the Panel supporting officer be authorised to liaise with officers to obtain the requested information and address the agreed actions.
- (3) That the 12 month comparison of CSE management information data report be considered by the Panel in the near future – date to be determined.
- (4) That members of the Panel feedback on the '1 minute guide' on CSE and whether it was fit for purpose for use as a briefing guide for elected members.0

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 hold their workshop on Friday 3rd March in the morning in place of the scheduled Panel meeting and that the times be extended to a 9.15am start, finishing by approximately 1pm. The Panel agreed to invite Osman Khan from West Yorkshire Police to the workshop to jointly present the revised CSE action plan with Sally Williams from Kirklees. The Panel noted that the workshop would cover the following issues:-

- CSE action plan
- In depth consideration of a selection of live CSE cases
- PSHE and CSE parental engagement

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 3 February at 10.30am till 12.30pm in Meeting Room 1, Huddersfield Town Hall.

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