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Monday 27 February 2017

Notice of Meeting

Dear Member

Overview and Scrutiny Panel for Health and Social Care

The **Overview and Scrutiny Panel for Health and Social Care** will meet in the **Reception Room - Town Hall, Huddersfield** at **2.30 pm** on **Tuesday 7 March 2017.**

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

Julie Muscroft

Assistant Director of Legal, Governance and Monitoring

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

The Overview and Scrutiny Panel for Health and Social Care members are:-

Member

Councillor Elizabeth Smaje (Chair)
Councillor Andrew Marchington
Councillor Sheikh Ullah
Councillor Steve Hall
Councillor Fazila Fadia
Councillor Judith Hughes
Peter Bradshaw (Co-Optee)
David Rigby (Co-Optee)
Sharron Taylor (Co-Optee)

Agenda
Reports or Explanatory Notes Attached

Pages

1: Minutes of previous meeting

1 - 8

To approve the Minutes of the meeting of the Panel held on 7 February 2017.

2: Interests

9 - 10

The Councillors will be asked to say if there are any items on the Agenda in which they have been 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 interests.

3: 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.

4: Integrated Wellness Model

11 - 22

The Panel will consider a report that outlines progress of the work that has taken place in developing a Kirklees Wellness model.

Contact: Carl Mackie, Public Health Manager – 01484 221000

5: Delays in Provision of Care Packages

23 - 28

The Assistant Director for Kirklees Council Adult Social Care Operations will be in attendance to present a report outlining the extent of waiting times for care packages in Kirklees.

Contact Officer: Amanda Evans, Assistant Director for Adult Social Care Operations – 01484 221000

6: Healthy Child Programme

29 - 38

The Panel will consider an update on the Kirklees Integrated Healthy Child Programme procurement process.

Contact Officer: Keith Henshall, Head of Health Improvement – 01484 221000

7: Update on 'Review of Direct Payments'

39 - 42

The Panel will consider a report that provides an update on the Kirklees Council Direct Payments Project.

Contact Officer: Debra Mallinson, Head of Social Care and Community Health Partnership – 01484 221000

8: Work Programme 2016/17

43 - 58

The Panel will review its work programme for 2016/17 and consider its forward agenda plan.

Contact Officer: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000

9: Date of Next Meeting

To confirm the date of the next meeting as 23 March 2017.

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

OVERVIEW AND SCRUTINY PANEL FOR HEALTH AND SOCIAL CARE

Tuesday 7th February 2017

Present:	Councillor Elizabeth Smaje (Chair) Councillor Andrew Marchington Councillor Sheikh Ullah Councillor Steve Hall Councillor Judith Hughes Peter Bradshaw David Rigby Sharron Taylor
Apologies:	Councillor Fazila Fadia Christopher Horner (Co-Optee)
In attendance:	Sadaf Adnan – North Kirklees Clinical Commissioning Group (CCG) Michael Crowther – Kirkwood Hospice Brenda Devey – Locala Vicky Dutchburn – Greater Huddersfield CCG Rachel Foster – Locala Dr Nadeem Ghafoor – North Kirklees CCG Helen Green – Locala Peter Kirkham – Greater Huddersfield CCG Rachel Millson – North Kirklees CCG Sue Richards – Kirklees Council Helen Severns – North Kirklees CCG Richard Dunne – Principal Governance and Democratic Engagement Officer

1 Minutes of previous meeting

RESOLVED - That the Minutes of the meeting of the Panel held on 10 January 2017 be approved as a correct record.

2 Interests

Co-optee David Rigby declared an interest in agenda item 5 (Care Closer to Home) and 6 (End of Life Care) on the grounds of being a member of Locala.

3 Admission of the public

The Panel considered the question of the admission of the public and agreed that all items be considered in public session.

4 North Kirklees CCG Transformation Programme

The Panel welcomed attendees from Kirklees Council and North Kirklees CCG to the meeting.

Ms Severns informed the Panel that the Meeting the Challenge programme had been going for some time and that commissioners had recognised the need to transform services in the community before any changes to hospital services were implemented.

Ms Severns stated that a key aim of the programme was to encourage and support patients to be able to take better care of their health and manage their own conditions.

Ms Severns explained that there was recognition of the need to develop a more collaborative approach across the health and social care system and this approach had now started to evolve.

Ms Severns informed the Panel that the transformation programme was still in the implementation phase and outlined the process that was followed to validate evidence prior to agreeing change.

In response to a question on the difference between population based and placed based commissioning the Panel was informed that commissioners had used the Kings Fund place based commissioning model.

Ms Millson provided an explanation of how placed based and population based commissioning differed and the Panel heard how services could be targeted to very specific areas to help improve outcomes for the local population.

In response to a question regarding the role of the A&E Department at Dewsbury the Panel was provided with an overview of how the department operated and was told that ambulances still conveyed patients to Dewsbury under the Yorkshire Ambulance Service protocols.

In response to a query regarding the protocols the Panel was informed that clarification regarding the ambulance protocols would be checked with colleagues at Mid Yorkshire Hospitals Trust.

Following a question on the definition of frailty for certain cohorts of patients the Panel was provided with a detailed explanation of the frailty and assessment process.

In response to a question regarding concerns that older people who had multiple conditions could be missed as they did not meet the age criteria for the current cohorts of patients, the Panel was informed that there were plans to roll out support for a younger age group from April 2017.

Ms Severns provided an overview of the outcomes from the urgent care and frailty clinical summit and explained that there had been an agreement to establish a governance board for frailty that would include representation from providers.

Ms Richards provided the Panel with an overview of the work that was taking place to increase the integration and commissioning of health and social care and offered to attend a future Panel meeting to present examples of areas where integration had been progressed.

Ms Severns informed the Panel of the care pathways that were being developed to help support patients to manage long term conditions.

Ms Severns provided an explanation of what was meant by maximising patient choice of provider and explained that choice was focused on planned care and should not be confused with the emergency and urgent care pathways.

In response to a question on how funding would be made available to provide additional resource at weekends the Panel was provided with a detailed explanation on how increased efficiency, reduced duplication of work and a reduction in unelected operations would help to free up additional funds.

Ms Richards informed the Panel that focussing on outcomes would help to drive through system change. This would include looking at ways to reduce demand and increase efficiencies to generate savings that could be re-invested to help support the transformation change programme.

In response to a question on the out of hours GP service the Panel was informed that the out of hour's service was located at the Dewsbury Health Centre. The Panel was told that the service that was provided by Local Care Direct was being reviewed and after April 2018 discussions would take place regarding the re-procurement of the service.

Dr Ghafoor informed the Panel that commissioners were looking at how they could bring together a more efficient and simplified system that would enable patients to get improved access to GP's and other key primary care services 24/7.

In response to a question on the Better Care Fund (BCF) the Panel was informed that although the fund helped to support community services there was no financial headroom to fund wider service changes.

RESOLVED -
(1) That representatives from North Kirklees CCG and Kirklees Council be thanked for attending the meeting.
(2) That the Panel's Supporting Officer be authorised to liaise with attendees to obtain the requested information and address the agreed actions.

5 Care Closer to Home

The Panel welcomed attendees from Greater Huddersfield CCG, North Kirklees CCG and Kirklees Council.

Ms Dutchburn presented a brief overview of the background to the Care Closer to Home (CC2H) programme and explained that the report to the Panel included a number of patient stories that were designed to demonstrate how the programme had changed and impacted on patient pathways.
Ms Dutchburn informed the Panel that work was progressing on looking at the workforce and its capacity and the need to transform the workforce was seen as a critical element to ensure the delivery of high quality and effective community services.

Ms Dutchburn stated that commissioners had been tracking the impact of the programme on hospital admissions and informed the Panel that data at the end of December 2016 had shown that the services provide by Locala had resulted in a reduction of 643 admissions in Greater Huddersfield and 407 in North Kirklees.

Ms Dutchburn explained that commissioners were now looking in more detail at the data in order to identify the areas of specialities that the reductions covered and to help inform the commissioner's business case for change.

In response to a question on checking patient satisfaction of services Ms Dutchburn stated that the CCG's did look closely at patient feedback on the pathways of care.

The Panel was informed that a number of clinical reviews took place to measure the safety and quality of care and the reviews included assessing patient satisfaction.

In response to a question on the type of hard evidence that was used to review clinical outcomes the Panel was informed that reviews were carried out through national and local audits. The data from the reviews were reported to the CCG's Quality Board on a regular basis and this information could be shared with the Panel.

Ms Dutchburn stated that many of the indicators that were used to review outcomes from community services were similar to the hospital CQUIN's and included checks such as mortality rate reviews.

The Panel was told that the design of the CC2H model had included a projection on the use of services and the workforce model had been based on the assumption that 80% of activity would be through planned care and 20% unplanned.

The Panel was informed that a review of the assumptions had taken place and identified that in some service areas the levels of activity were different. Steps were now taking place to ensure that the workforce skill mix was changed so that it could meet the actual demand that was taking place.

In response to a question regarding the importance of being able to provide a seamless health and social care service the Panel was told that work on integrating services was still being developed.

The Panel was informed that there was recognition of the need to improve the integration of services and to move to a position where a single trusted assessment of patients' needs could be carried out.

Ms Richards explained that the Caretrack database would assist the integration of services as it would provide a set of data that could be shared between health and social care and where the needs of the patient and the support they were receiving could be seen.

Ms Dutchburn stated that the Local Authority had been invited to contribute to the development of the CC2H specification to ensure that the Local Authority and health partners were both part of the journey to improve the integration of health and social care.

In response to a panel comment that an analysis of the model could identify areas where the roles of the workforce could be changed to encourage greater flexibility in service delivery and increased efficiency, the Panel was informed this was an area of work that had already started.

Ms Richards informed the Panel that the Local Authority would be looking at the re-procurement of the domiciliary care contract and as part of the process would review the specification with the aim of increasing the flexibility of service delivery.

In response to a question on the role of social workers the Panel was informed that a key focus for social workers related to safeguarding issues although the Local Authority was working towards increasing their role in supporting an integrated assessment process.

In response to a question on electronic patient records the Panel was provided with a detailed explanation of the challenges that health and social care faced in moving towards a fully integrated system that would provide access to records of care.

In response to a question on how the In-Reach teams located in Huddersfield Royal Infirmary and Dewsbury Hospital worked with Kirklees patients who were admitted to Calderdale Royal Hospital and Pinderfields, the Panel was provided with an overview of how the teams liaised and worked with the acute trusts and patients to bring them back into their local area.

In response to a question on whether the Locala Single Point of Contact system failures that were highlighted in the report had been resolved the Panel was informed that work was taking place with the Council to address the IT and telephone issues.

In response to a question on whether Locala had sufficient numbers of nurses Ms Millson informed the Panel that turnover of staff wasn't a particular concern but there was an acknowledgement that the workforce mix wasn't right in all teams.

Ms Millson explained that steps were being taken to address the skills mix in the teams and highlighted the ongoing challenge that Locala and other health organisations faced in the recruitment of nurses.

The Panel was informed of the work that Locala was doing in upskilling Healthcare Assistants and other parts of the workforce and provided an overview of the apprenticeship reform and levy.

RESOLVED -
(1) That all attendees be thanked for their contribution to the discussion.
(2) That the update on the implementation of the Care Closer to Home Programme be noted.
(3) That the Panel's Supporting Officer be authorised to liaise with attendees to obtain the requested information and address the agreed actions.

6 End of Life Care

The Panel welcomed attendees from North Kirklees CCG, Greater Huddersfield CCG, Kirklees Council, Locala and Kirkwood Hospice.

Ms Dutchburn presented an overview of the approach that was being taken to develop an integrated End of Life Care Service in Kirklees and outlined the context to the key areas of activity that were currently taking place to develop a Kirklees wide offer.

Ms Dutchburn explained that the six ambitions that were contained in the national framework for local action called 'Ambitions for Palliative and End of Life Care' had also been incorporated into the review.

Mr Crowther informed the Panel of the background to the work of Kirkwood Hospice and explained that the Hospice worked alongside colleagues in health and the Council to ensure that there was a joint approach to the provision of services.

In response to a question regarding local people's expectations of the services that Kirkwood Hospice provided Mr Crowther stated that the Hospice provide a wide range of support and each year helped around 1500 people the majority of which received support outside of the Hospice.

Mr Crowther explained that the Hospice helped to provide support to many people who suffered from a wide range of illnesses and included the provision of round the clock inpatient care.

In response to a Panel question on how the different organisations that provided end of life care worked together the Panel was informed that further work was needed with primary care to ensure that people were signposted to the appropriate services.

Ms Devey informed the Panel that it was important to have early discussions with people in order to assess individual need and identify the appropriate pathway of care.

Ms Dutchburn stated that the pathway of care also depended on where the patient was receiving treatment for example people who received specialist cancer treatment in Leeds would often be referred to Macmillan nurses.

Ms Richards informed the Panel there was a fast track system for people in Kirklees who required end of life services which seemed to be working well.

In response to a question regarding the proposed re-commissioning of end of life services Ms Dutchburn informed the Panel that an End of Life Prior Information Notice had been issued in order to soft market test whether there were suitable providers interested in operating in this market.

Ms Dutchburn explained that commissioners were currently undertaking an analysis of the market test, working through the governance arrangements and would be putting together a package of options for consideration.

In response to the question on dependency of the End of Life Care Strategy on GP's the Panel was informed that the Electronic Palliative Care Co-ordination Systems (EPaCCS) which enabled the recording and sharing of people's care preferences and key details about their care had been rolled out and GP's were able to access this information.

Dr Ghafoor informed the Panel that GP's would usually try and gauge the needs of people and respect their needs. Dr Ghafoor stated that GPs did at times find it difficult to decide on the appropriate support for patients because of the diverse range of services that were currently available.

The Panel was informed that the aim of the strategy was to establish a service that could be delivered through a lead provider. This model would help to assist health professionals such as GP's as it would enable them to refer patients to one lead provider who would take on the responsibility of identifying the appropriate pathways of support.

RESOLVED
(1). That all attendees be thanked for their contribution to the discussion.
(2). That a further update be arranged at a date to be confirmed to receive details of the Service Specification covering new arrangements for the provision of End of Life Services in Kirklees.

7 Work Programme 2016/17

The Panel reviewed progress of its work programme and agenda plan 2016/17.

RESOLVED
That progress of the work programme for 2016/17 and the agenda plan be noted.

8 Date of Next Meeting

RESOLVED - That the date of the next meeting be confirmed as 7 March 2017.

KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC DECLARATION OF INTERESTS Overview & Scrutiny Panel for Health and Social Care			
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 COUNCIL

Name of meeting: Health and Social Care Scrutiny Panel
Date: 7 March 2017

Title of report: Integrated Wellness Model

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	Yes
Is it in the Council's Forward Plan?	n/a
Is it eligible for "call in" by Scrutiny?	Yes
Date signed off by Director & name **Is it signed off by the Director of Resources?** **Is it signed off by the Assistant Director - Legal & Governance?**	Richard Parry, Director for Commissioning, Public Health & Adult Social Care n/a n/a
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral wards affected: All

Ward councillors consulted: n/a

Public or private: Public

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1. Purpose of report

The Wellness Model has been agreed by the Health and Wellbeing Board and both Clinical Commissioning Groups. Governance is via the Integrated Commissioning Executive. There has been significant progress over the last year and this paper provides a position statement about progress thus far and also briefs Scrutiny about the overall context for the proposed model and likely benefits and the challenges to health improvement in Kirklees.

2. Key Points:

2.1 The vision of the wellness model is that: **People in Kirklees will live longer, healthier, happier lives and feel more able to look after themselves and others.**

2.2 To achieve this vision, we plan to develop one integrated offer across Kirklees to replace a range of existing specific services concentrating on single issues. Areas for inclusion in the model are physical activity, food and nutrition, smoking cessation, emotional health and wellbeing, resilience and self-care.

2.3 Physical activity will be at the heart of our new approach; our existing PALS (Practice Activity and Leisure Scheme) and physical activity services will be central and aligned with other health improvement interventions. Increasing evidence from our local services and from major national evaluations is demonstrating the importance of physical activity in preventing a series of major conditions, better managing health risk and existing conditions, and promoting emotional health and wellbeing.

2.4 Development and maintenance of strong links with community provision and settings will underpin the approach from the outset.

Why are we doing this?

2.5 As the number of people living with Long Term Conditions increases, a new innovative approach is required to ensure there is a sustainable pathway for users to access. This will help users to access appropriate support at the earliest opportunity and reduce demand on the wider health and social care system.

2.6 Access to health improvement support should be simpler, and easier to navigate by users.

2.7 To enable people to become more proactive in looking after themselves, and use services more appropriately, we need all wellness/health providers to work in a person-centred, motivational and holistic way. There is evidence to show that this is a more effective way to increase self-efficacy and sustain behaviour change.

2.8 Service integration should achieve consistency of care and support, follow an agreed set of principles (in this case, those based on prevention, and enabling the service user) and reduce duplication of effort and experience. This is an opportunity for commissioners and providers of related services to share the vision, and understand the value of the focus on user experience and outcome. Over the long term, we need to shift culture around health towards prevention and early intervention.

2.9 <u>Desired outcomes</u>

- Improved health and wellbeing generated by getting everybody active
- Early access to preventative interventions
- People feel more able to do more for themselves and each other
- Increase in healthy behaviours
- Strengthened resilience and emotional well-being
- People feel supported to manage their health conditions

- Early intervention and prevention of ill health, long term conditions, disability, early death
- Reduced demand on the health and social care system

2.10 Ways of working

- Person-centred, motivational and enabling
- Linking to, and building on, strengths and assets of communities
- Intelligence and insight led, rooted in and contributing to the evidence about what we know works
- We are one Kirklees, working together and people will tell their story once

2.11 Target populations

- Adults in Kirklees

2.12 Criteria for primary target group

- Adults with Long Term Conditions
- Adults at risk of developing LTCs. Key risk factors:
    - High BMI (25+)
    - Physically inactive
    - Mental health needs
    - Pre-diabetes
    - Smokers

  N.B. Criteria for risk factors only will be for those presenting with a combination of the above and not single-issues where other pathways already exist. Alcohol use will be considered alongside other risk factors unless requiring specialist treatment services. Other populations to be considered according to local needs data, and as the model expands.

2.13 What will the service look like?

- Open access with GP/health professional and social care referral/prescription
- A non-clinical focus, person-centred (branding and settings etc. to be informed by insight)
- Access to the service via self-referral (mechanism/pathway to be considered)
- Service integration may be physical (location or service function) or virtual (shared information and processes) in nature, and will entail closer, more coherent working between the wider NHS, health, local authority, and voluntary sector services.

2.14 How will it operate?

- Assessment of user needs on presentation
- Using a motivational, health coaching approach with tailored personal plans
- Brief interventions
- Access to other support e.g. social prescribing, IAPT, variety of group or 1-1 health interventions

- Referring back to health for clinical/specialist issues
- Outreach for those with lower level mental health conditions or mobility issues, as needed
- Signposting to other forms of support/advice where appropriate, reducing duplication

2.15 Potential additional benefits

- People will live longer lives in better health
- Improved physical and social outcomes for individuals, families and communities, contributing to reducing health inequalities
- Culture change in communities and the wider system, aiding transformation
- Gathering of further data to inform existing intelligence
- Greater economies of scale for existing services
- Reduced demand for acute, primary and social care services
- Services working interdependently sharing resources/capacity
- Stimulating providers/market to come up with innovative solutions/service design
- Providing involvement opportunities for local business and third sector

2.16 Process

- Gathering learning and experiences from other areas in England (complete/ongoing)
- Identification of PH services in scope (complete)
- Generation of public insight via research (in progress, May 2017)
- Stakeholder engagement and information gathering (event Feb 2017)
- Specification (complete by end July)
- PH service element live (April 2018)
- Potential future events depending on outcome of procurement discussions

3. Consultees and their opinions

Not applicable

4. Next steps

4.1 Commissioning options are being determined via procurement, finance and legal colleagues.

5. Officer recommendations and reasons

5.1 That the Panel note the information provided.

6. Cabinet portfolio holder recommendation

Not applicable

7. Contact Officer

Carl Mackie, Public Health Manager

8. Assistant Director responsible

Sue Richards, Assistant Director for Early Intervention & Prevention

9. Background Papers

Appendix 1 – Briefing Note – A Community Wellness Model of Health Improvement for Kirklees

A COMMUNITY WELLNESS MODEL OF HEALTH IMPROVEMENT FOR KIRKLEES

CONTEXT, DESIGN PRINCIPLES AND PROGRESS

1. SUMMARY

This paper outlines plans to move towards commissioning integrated wellness models of health improvement rather than narrower 'silo-based' based single interventions. Reasons for this approach include:

- Integration will improve outcomes: Potential to deliver both health improvement and prevention and early intervention outcomes at different points in the life-course.
- Integration will promote strategic alignment across the health and social care system as outlined in the Joint Health and Wellbeing Strategy and Sustainability and Transformation Plan.
- Integration is increasingly evidenced: A common skill-set focusing on behaviour change is applicable across health improvement interventions (with some tailoring to population groups and exceptions for the most vulnerable where elements of specialist provision may still be needed).
- People should tell their story once where possible: Ongoing health inequalities and people presenting with more than one issue necessitate a move towards a "one-stop shop" approach that minimises confusion and supports a system-wide approach.
- Integration will promote collaboration and innovation across providers and be rooted in community engagement and co-production.
- Integration will promote self-care, resilience and community connectedness.

Key considerations:

- The money required to establish the service is available from current budgets and a saving will be made on existing contract prices.
- The wider 'wellness model' architecture needs to be designed by all partners, including determining the approach to commissioning.
- The model needs to be integrated with, and is integral to, the council Early Intervention and Prevention Programme whilst also having broader aims than preventing people entering the social care system
- The current system is not financially sustainable as long term conditions are increasing and creating a larger burden on the health and social care system.
- People are living longer but many are living with extended periods of disability
- Evidence is increasingly demonstrating the importance of physical activity and the association between insufficient activity and development of long term conditions.
- Two-thirds of people are overweight and/or obese but there are insufficient resources to offer medical treatment so a different and more effective approach is needed.
- We must prioritise reducing the impact of key risk factors at an avoidable earlier stage whilst promoting better self-management for people with more serious needs

2. CONTEXT

2.1 Widening the scope of Public Health interventions

A number of existing Public Health "lifestyle" service contracts end between March 2017 and March 2018. This paper outlines plans and progress towards for recommissioning services as an integrated Wellness Service as part of a wider wellbeing model that is better aligned

with New Council and the Target Operating Model, Early Intervention and Prevention and the NHS Five Year Forward View. The Joint Health and Wellbeing Strategy and Sustainability and Transformation Plan outline the importance of system-wide change and this approach offers a genuine opportunity to deliver an improved collaborative offer across Kirklees. There are many definitions of wellness; broadly they all emphasise a proactive, preventive approach that focus on the whole person and which works to achieve optimum levels of physical, mental, social and emotional health. Good nutrition, healthy weight, exercise, increased resilience, emotional health and wellbeing and avoiding risk factors such as tobacco and alcohol misuse all play a role in wellness, as does a feeling of community connectedness and social capital.

The wellness approach goes beyond looking at single-issue, healthy lifestyle services with a focus on illness, and instead aims to take a whole-person and community approach to improving health. Based on self-care and intervening as early as possible but as late as necessary, it is clear that individuals who manage their own lifestyles are healthier, more productive, have fewer absences from work, and make fewer demands for medical and social services. Early intervention and prevention, keeping people healthy and out of acute and expensive urgent services, has direct financial advantage to the Council and NHS and longer term health and wellbeing advantages for residents.

2.2 From a top-down deficit model to a provider/community-led approach

The previous public health paradigm focused on using a combination of legislation, campaigns and direct intervention to generate top-down change. Successes included reduced smoking and drug use and control of major infectious diseases such as HIV. Whilst the recent Sugar Tax discussion shows that legislation will remain a key lever, the emerging public health paradigm is centred on promoting health and wellbeing across the life-course but rooting this within an approach focused on building social capital and strong, resilient communities. Individual health behaviour is increasingly understood within the context of the social and economic influences on health and the multiple, diverse systems people inhabit (Marmot, 2010). Working across these systems to promote healthy lifestyles and so prevent and delay the onset of non-communicable disease, promote healthy ageing and tackle health inequality is therefore a key function of the “New Public Hea”.

However, increased academic understanding about the importance of system-wide change is within the context of smaller public services, reduced budgets and devolution. This will require providers that are better able to innovate, are flexible enough to work across silos and inclusive enough to put the user/patient before organisational demands. Changing our local culture to one that promotes health improvement also means providers must challenge themselves and the system to generate new ideas about service improvement. Closer to the ground and more agile, providers should be effective collaborators across systems using partnership building and leadership to develop trusting and strong networks. New models also require a workforce that prioritises relationships over technical skills and are able to operate at the edges of their authority.

A distinctive Kirklees approach would also utilise local Assets and Strengths to promote community connectedness and social capital and be rooted in a user-led approach with community builders, local champions and volunteers integral to delivery as a result of the need to promote culture change. Three of the most successful current public health interventions are PALS, Health Trainers and Auntie Pams. All are rooted in communities, use a network of volunteers, promote resilience and self-care and are essentially social learning interventions that increase the confidence of users to develop their whole being and think more widely than the issues that have initially motivated them to attend the services in question.

3. HEALTH IN KIRKLEES – A REMINDER

- The average life expectancy in Kirklees is 79 for men and 83 for women, lower than the England average. Healthy life expectancy is also lower.
- In 2015 men living in the most deprived areas of Kirklees could expect to die 9 years before those living in the least deprived, the gap for women is 6.3 years.
- 70% of deaths before 70 years of age are considered preventable.
- Two thirds of the adult population are overweight and/or obese (66%, up from 62% in 2012) as well as one third of children aged 11.
- Kirklees has more physically inactive people and fewer active people than the English and West Yorkshire averages.
- Diabetes mortality is significantly higher than the England average and increasing
- Emotional health and wellbeing remains a major concern across all age groups.
- 1 in 4 people have one or more long term condition and the number is rising

These are system-wide issues requiring a system-wide response. Tackling them has been compounded by the silo-based approach to the commissioning and provision of health prevention services based on single issues and by single organisations e.g. smoking, obesity. Currently services are provided by a range of organisations, in a variety of different locations, with individual contact numbers and different methods of access. Professionals and the public are often unaware of the full range of services on offer due to the complexity of navigating pathways through services. Whilst there are some people that might need single issue support, many service users present with more than one issue and skills for the promotion of behaviour change are common ones that can be applied generally to health improvement and self-care if the right training and support is provided.

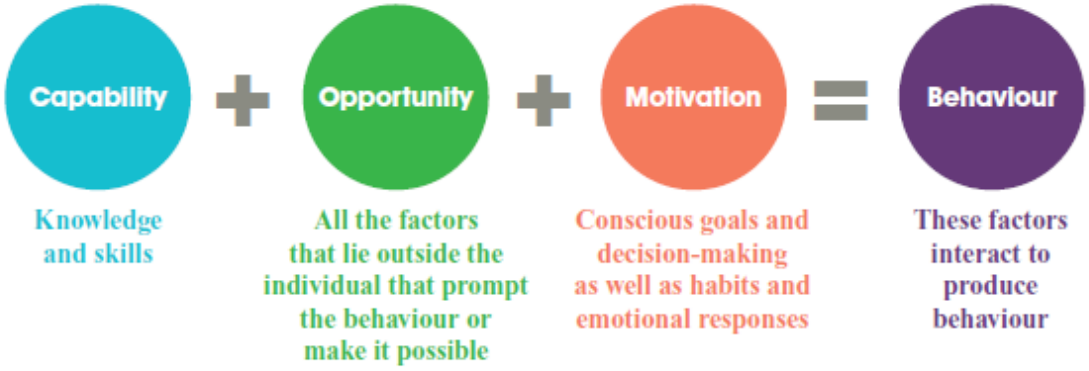
4. EVIDENCE BASE AND COST EFFECTIVENESS

Researchers have identified three main components that need to be present to influence behaviour (NESTA, 2016, see Figure 1 below). Whilst knowledge and skills are a key starting point, the great majority of, for example, obese people know that moving more often and eating a better diet is necessary. Opportunity, driven by wider factors, and motivation, influenced by culture and habits are at least as influential. The importance of wider factors and cultures that lie outside the immediate control of the individual demonstrate why a system-wide approach rooted in an integrated model is more likely to exert positive influences on individuals and populations than a silo-based approach to health improvement. With the wellness model, although a number of interventions are embedded, the same background awareness of the influences on behaviour are present and the staff work out which aspects of behaviour needs to be changed for each individual and a tailored programme developed.

The Liverpool Public Health Observatory review of wellness approaches concluded that they "*showed potential to give a return on investment and save future costs due to ill health. Some initiatives not only made savings in care costs, but improved quality of life, enabling individuals to live independently".* The report also found that wellness services could provide an effective longer term response to frequent attendees in primary care by tackling the underlying causes of their visits. Many of the services (such as social prescribing where patients are linked to the non-medical facilities and services available in their wider community) had low costs when compared to medical treatment (Public Health England/JMU 2012). Since 2012 other areas have adopted this approach, in particular the North East of England (Sunderland, Gateshead, Tyneside, Durham have all integrated services to a greater or lesser extent). Research is ongoing in each area but initial findings are positive.

Public Health England has instigated a community of practice approach in West Yorkshire to co-design this approach across the district.

Figure 1: Influences on behaviour (Michie, Atkins and West, 2014)



5. AIMS, OBJECTIVES AND DESIGN PRINCIPLES

5.1 Aim

The wellness aim is that “People in Kirklees will live longer, healthier, happier lives and feel more able to look after themselves and others”.

5.2 Design Principles underpinning the process

- Improved health and wellbeing
- Supporting independence, promoting resilience; helping people do more for themselves and each other
- Enabling healthy behaviours and reducing inequalities across the life-course
- Prevention and early intervention
- Self-care and better management of existing long term conditions, preventing these conditions worsening and utilising community focused approaches as well as preventative medicine
- Strengths and assets based approach to communities
- Collaboration and integration and clear pathways at all levels
- Intelligence and insight led
- Evidence based without hampering creative approaches and innovation
- Embedding behaviour change approaches that utilise the most effective behaviour change techniques tailored to each individual
- Long term thinking and planning horizons

5.3 Wellness Model Strategic Outcomes

The Wellness Model will support the aims of New Council to empower people to live their lives to the fullest possible potential by enabling people to increase control over their health through making changes to their lives. It will support the NHS 5 Year Forward View and Sustainability and Transformation Plans by diverting people from primary and secondary healthcare services towards prevention pathways, helping to contain rising healthcare costs.

Pathways will be streamlined and consideration will be given to self-referral, drop-in and outreach approaches.

5.4 Integration

The primary objective of the Wellness Model is to provide a person centred, integrated, single point of access wellness service within a wider wellness network. Included services are:

- Diet and nutrition
- Physical activity and exercise on prescription
- Weight management and diabetes prevention
- Tobacco/smoking cessation
- Mental wellbeing and links to IAPT and personal resilience
- Self-care including Expert Patient Programme
- NHS Health Checks (based in primary care)
- Health trainers

Other services integral to the wider model:

- Mental health services, particularly IAPT
- Services for vulnerable adults (drugs, domestic abuse, offender health etc)
- Planned care e.g. pain services
- Proposed national diabetes prevention service
- Carers services and recovery services
- Social prescribing (Better in Kirklees etc)
- Schools as community hubs

Strong links to systems tackling wider factors influencing health within the model:

- Communities – including community development, sporting and third sector
- Healthy environments – leisure, parks/open spaces, active travel, food growing
- Housing advice and support – all tenures
- Employment advice and support
- Anti-poverty approaches including food banks, proposed credit union, debt advice

6. DELIVERY OPTIONS

Whilst the overall design emphasises the importance of the broader partnership model and the priority will be to integrate services and make physical activity, emotional health and wellbeing and prevention and better management of long term conditions the heart of the model expanding on the effectiveness of the current PALS and Health Trainers services. This reflects increasing evidence that the association between physical activity, mental health and long term conditions is crucial to individual health as is outlined in Figure 2 below (reference included at bottom of table). The best means of achieving this, via a community focused and primarily non-clinical model, is still under discussion with colleagues in public health with procurement, legal and finance engaged in workforce planning and commissioning discussions.

Physical Activity contribution to reduction in risk of mortality and long term conditions		
Disease	**Risk reduction**	**Strength of evidence**
Death	20-35%	Strong
CHD and Stroke	20-35%	Strong
Type 2 Diabetes	35-40%	Strong
Colon Cancer	30-50%	Strong
Breast Cancer	20%	Strong
Hip Fracture	36-68%	Moderate
Depression	20-30%	Moderate
Hypertension	33%	Strong
Alzheimer's Disease	20-30%	Moderate
Functional limitation, elderly	30%	Strong
Prevention of falls	30%	Strong
Osteoarthritis disability	22-80%	Moderate

14 Start Active, Stay Active (2011) based on US Department of Health and Human Services Physical Activity Guidelines Advisory Committee Report (2008), Washington D.C.

7. NEXT STEPS

7.1 Public Health held a community focused partnership event in February with representatives from a wide range of community and partnership organisations, and insight into the views of the public and service users has been commissioned to inform the model. As previously noted, commissioning models are being investigated and the provisional start date for the new approach will be 1 April 2018. Existing services are aware of the approach taken and have been encouraged to work closely together before the new approach begins.

Tony Cooke, Head of Health Improvement tony.cooke@kirklees.gov.uk

Carl Mackie, Public Health Manager carl.mackie@kirklees.gov.uk

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Name of meeting: Health and Social Care Scrutiny Panel
Date: Tuesday 7 March 2017

Title of report: Delays in Provision of Care Packages- position statement.

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	n/a
Is it in the Council's Forward Plan?	n/a
Is it eligible for "call in" by Scrutiny?	n/a
Date signed off by Director & name **Is it signed off by the Director of Resources?** **Is it signed off by the Assistant Director - Legal & Governance?**	Richard Parry, Director for Commissioning, Public Health & Adult Social Care n/a n/a
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral wards affected: All

Ward councillors consulted: n/a

Public or private: Public

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1. Purpose of report

1.1 This is a briefing report that outlines the extent of waits for care packages, the interim arrangements in place to manage the needs of people and the management systems in place. It has been requested by Scrutiny in response to media reports regarding Kirklees' position following Freedom of Information requests.

2. Background

2.1 The Council has a duty under the Care Act to make arrangements to meet assessed, eligible social care needs having regards to personal preferences and an approach of promoting choice and control.

2.2 A Support Plan sets out an agreement as to how eligible needs will be met within a resource allocation and often results in a request for a care package to be delivered in the person's home. Direct payments are offered as an alternative approach, enabling people to make their own arrangements to meet identified care and support needs.

2.3 In Kirklees, requests for care packages are managed by a brokerage team who summarise the needs of individual's and share these with providers who in turn offer to provide the care based on their availability.

2.4 Waits for care packages are in the main due to an inability of the domiciliary care providers to accommodate the request due to lack of capacity in the area. The longest waits are often due to factors such as the service user having a preference for a specific provider or specific call times which result in refusals of provider offers. Very rural locations and requests for double up care calls also impacts on availability causing delays in long term provision.

Oversight

2.5 A spreadsheet is maintained by the brokerage team of all requests for care packages which is circulated to Managers within Adults on a weekly basis (Waiting list for Care Packages). The brokerage team are in daily contact with providers to utilise any available capacity. The anonymised spreadsheet is shared twice weekly with providers to assist forward planning and oversight of demand.

2.6 All customers who have a temporary arrangement in place remain allocated to their assessor and have a dedicated member of staff to contact should their situation change.

2.7 Customers who are identified as having high level risks that cannot be managed whilst the care package is arranged may be offered residential placements as an interim arrangement.

2.8 Prioritisation levels used to guide discussions:

1. Those without interim support arrangements
2.
3. Family and friend supporting (Carers assessments and Direct Payments will be utilised to support)
4. Interim residential placement
5. Short term support teams supporting
6. Change of preferred provider request. (including Direct Payments)

Current position

2.9 On a weekly basis the brokerage team circulates a spreadsheet to Managers in Adults Social Care that contains the details of those waiting for care packages which includes how long they have been waiting, what their current arrangement are and any updates.

2.10 The table below sets out a summary of those on the waiting list for initial care packages on 24th February 2017:

Service user status	Numbers
At home	4
Temporary Arrangement: Interim residential placement	22
Temporary Arrangement: family and friends supporting	26
Total	52

The longest wait for an initial domiciliary care package is 236 days where the service user's needs are being met in a temporary residential care placement.

There are a further 91 service users who are having their care needs met through interim care package arrangements including:

- Short Term Urgent Support Team
- Intermediate Care
- Contingency contract
- Rapid Response team
- Hospital Avoidance Team
- A combination of the above.

We always aim to put in place interim arrangements to ensure needs are being met through alternative methods. The average wait for a care package is 69 days.

<u>Context and Actions being taken to address this</u>

2.11 Kirklees is not alone in facing these capacity problems in social care, and in domiciliary care in particular. Other local authorities across the country are experiencing similar problems. The main cause is a lack of people willing to work in the sector.

2.12 Providers report that the main pressure they face is the growing retail sector which, with the introduction of the National Living Wage and its knock on increases in wages at the lower ends of the pay scale, is offering more attractive rates of pay and terms and conditions.

2.13 We have taken a number of actions to try to address the issues including:

1. Increased the rates we pay and provided a "per visit" payment in the more rural areas to provide additional money for travel time;
2. Provided support with recruitment – established a Facebook Page to advertise vacancies; run job fairs; established a dedicated workforce officer to work with providers;
3. Accredited additional providers;

4. Run a “single handed care” pilot to make better use of new equipment to enable care workers to safely move people on their own, reducing the need for double up calls;
5. Taken over the procurement of domiciliary care for the CCGs – to deliver a better co-ordinated approach to the market as a whole – this has brought in a small amount of additional capacity through new accreditations;
6. Established a new, higher paid contract to deliver short term support across Kirklees to speed up hospital discharges;
7. Worked with pharmacists and the CCGs to improve the support for care workers when administering medication.

5. Consultees and their opinions

Not applicable.

6. Next Steps

We are about to tender all of our generic domiciliary care contracts and have reviewed the way we contract with providers to try to address the current capacity issues. Our new approach will include the following:

6.1 We will reduce the overall number of providers who we are contracting with – enabling us to work more closely with these providers on a day to day basis in respect of quality, support issues, etc.

6.2 Increasing the weekly amount of hours we are purchasing from individual providers to deliver more resilient providers able to achieve economies of scale re overheads and who can employ larger numbers of workers – they are then less vulnerable to a sudden loss of workers.

6.3 We have reviewed the price we pay per hour and it is to be significantly increased to reflect the costs that providers are facing, especially the travel costs. We will also be paying a specific additional travel cost (per visit payment) to allow for the additional travel times in our more rural areas. At the same time we will be introducing minute by minute billing via Electronic Call Monitoring (ECM) to ensure we are only paying for the care delivered (or other agreed payments) and so that we can spot check on delivery to our more vulnerable users.

6.4 We will be sharing with providers what prices we believe are fair in relation to staff wages, based on the rate we are paying – to encourage them to direct this price increase at front-line workers and hopefully improve recruitment and retention.

7. Officer recommendations

That Scrutiny Panel note:

7.1 The provision of domiciliary care packages in people’s home remains challenging due to capacity issues in the independent sector. Work is underway to support providers with recruitment and retention issues and the tendering of new contracts with a change of approach and price uplift is due to commence.

7.2 People waiting for care packages have interim arrangements put in place to meet essential needs however it is acknowledged this does not reflect their preference for long term provision. People on the waiting lists remain open to their original assessor and continue to be monitored by the brokerage team who work closely with providers regarding priorities.

8. Cabinet Portfolio Holder recommendation

Not applicable

9. Contact Officer

Amanda Evans, Assistant Director for Adult Social Care Operations

10. Assistant Director responsible:

Amanda Evans, Assistant Director for Adult Social Care Operations

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Kirklees COUNCIL

Name of meeting: Overview & Scrutiny Panel for Health & Social Care

Date: Tuesday 7 March 2017

Title of report: Healthy Child Programme

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	n/a
Is it in the Council's Forward Plan?	n/a
Is it eligible for "call in" by Scrutiny?	Yes
Date signed off by Director & name **Is it signed off by the Director of Resources?** **Is it signed off by the Assistant Director - Legal & Governance?**	Richard Parry, Director for Commissioning, Public Health & Adult Social Care n/a n/a
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral wards affected: All

Ward councillors consulted: n/a

Public or private: Public

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1. Purpose of report

1.1. To provide Scrutiny Members with an update on KIHCP procurement process which resulted in a decision to award the contract to a Kirklees based delivery partnership (working title from the submission - '*Thriving Kirklees'*. This is subject to change following consultation with young people).

1.2. The report provides:

- An overview of the evaluation process that was followed including any lessons learned.

1.3. Representatives from the delivery partnership will provide further details on:

- the approach that will be taken by the successful partnership to implementing the programme
- progress of implementation
- next steps to include timetable

2. Key Points: Background

1.1. The purpose of KIHCP is to implement an approach for integrating and simplifying ways of working together to improve outcomes whilst making better use of diminishing public sector resources, utilising KIHCP as a catalyst for transforming work with children and young people across a range of systems, sectors and services. KIHCP (from 2017) is best described as a 'way of doing things' which promotes a positive, 'can do' attitude.

KIHCP will:

1.2. Be a catalyst for the transformation of a range of systems, interventions and services, looking to implement new ways of working over the following 5-10 years.

1.3. Continue to support CYP and families currently in receipt of a service under existing HCP and CAMHS until capacity is available within the new model.

1.4. Reflect a single, Kirklees-wide approach, with clear outcomes, working to an overarching aim, supported by objectives and underpinned by principles and values.

1.5. Build an integrated workforce, both paid or unpaid, to meet the needs of CYP and families in Kirklees. They will show respect, empathise and be genuine in their desire to help them improve the health, wellbeing and lives of CYP and families

1.6. Introduce a 24/7 Single Point of Access (SPA) and have Information Management and Technology (IM&T) systems that operate as one system.

The procurement and evaluation process

Procurement / Tender

1.7 On the 7th September 2016, following a period of directed engagement between November 2015 and June 2016, KIHCP specification and tender documentation were advertised via the council's e-tendering portal (YORtender) alongside the posting of an associated OJEU Contract Notice.

1.8 This opportunity was advertised using the Open Process in accordance with The Public Contracts Regulations 2015.

1.9 This opportunity was advertised for 61 days, 21 days longer than the minimum EU requirements. This extended period was due to the size, complexity and risk of the approach.

1.10 During this period the opportunity was viewed by 17 organisations, with seven (7) organisations requesting access to TUPE information and 38 clarification questions raised and answered.

1.11 Following the closure of the opportunity on the 7th November 2016, 1 (one) bid was received from a Kirklees based alliance consisting of a lead provider and four identified organisations to be sub-contracted.

Evaluation

1.12 The Pre-Qualification section of the tender submission was evaluated by members of Public Health Contracting and Kirklees Audit, with the submission deemed to have met the required criteria.

1.13 The substantive evaluation panel comprised 14 people from the council, CCGs and external organisations, who had sufficient relevant expertise to demonstrate the required skill mix (**Appendix 1**).

1.14 Prior to the evaluation of bids each member of the panel was briefed on KIHCP specification requirements, the prescribed process and their role within this process. This was supported by the circulation and agreement to a set of ToR.

1.15 The panel was supplied with the individual questions relating to their skill set on Tuesday 8th November 2016, to enable them to undertake individual analysis of the bids for the initial evaluation meeting undertaken on Thursday 17th November 2016.

1.16 Following the initial Evaluation meeting, initial scores were generated by consensus, using the advertised scoring criteria and the strengths and weaknesses of the submitted response, identified by the panel members, were recorded.

1.17 After the initial meeting the panel members submitted required clarifications. These were co-ordinated by the chair (Matthew Bardon – Public Health Contracts Manager), agreed by the panel and sent to the bidder on Tuesday 22nd November, for response by 16:30 Wednesday 23rd November.

1.18 On Thursday 24th November the Evaluation panel met to review the submitted clarifications, the consolidated strengths and weaknesses and to determine if any changes to the initial scores or feedback needed to be made based on the submitted clarifications.

1.19 During this session the consensus scores for the ‘Service Outline’ and the ‘Outcomes’ section of the proposal were increased. This was due to the fact that the bidder supplied greater clarity on the Specialist element of the Programme, the proposed Safeguarding Hub and the links within the proposal back to the stated Outcomes, Objectives and Aims of the project.

1.20 Following this clarification process the proposed decision was moderated by Rachel Spencer-Henshall (KMC - Director of Public Health) and Helen Severns (CCG - Head of Transformation and Integration).

This process ensured the advertised process was followed and scrutinised the decision made to ensure the proposal met the specified requirements.

Outcome

1.21 Following the substantive evaluation of the one submitted bid, the evaluation panel were in consensus agreement that the bidding partnership met, and in some instances exceeded, all the minimum requirements as set out within the advertised evaluation criteria and therefore should be awarded the contract for the delivery of KIHCP.

Risks and Issues

There were a number of risks and issues identified by the panel, outlined below.

These risks were viewed in relation to the high risk environment in which this opportunity was advertised (i.e. financial constraints, changes to the early year offer, etc.) and the advertised requirement for the programme to adopt a 'fail safe' approach:

1.22 **Payment Structure:** the submitted proposal requested an amend to the proposed payment structure, from 60 equal payments throughout the 5 years to the maximum allowable for year 1 – 3 with a reduction in year 4 and 5.
Mitigation: Prior to the award the contracting team reiterated the contractual requirements of the payment structure, but due to the requested structure not exceeding the annual maximum allowable value KIHCP Governance Group agreed to the amend.

1.23 **Workforce re-design 1:** The proposed organisational structure identified a significant reduction in some areas of clinical and specialist staffing by the end of year 5 without specific reference to how this had been mapped against expected demand.
Mitigation: The model included a significant increase in the use of lower graded positions, including volunteer and peer mentors, which offset the reduction in the overall workforce. The suitability of this approach will be monitored and challenged throughout the contract management process.

1.24 **Workforce re-design 2:** the proposed programme didn't identify any contingency for staff redundancies, relying on natural staff attrition to meet proposed reductions. Any failure in the natural attrition to occur will affect the providers' ability to deliver against the proposed budget.
Mitigation: the provider identified the use of a MAR scheme should this attrition not occur. This will also be monitored and challenged via the contract management process.

1.25 **Increase in Interest Rates:** the submitted bid made the assumption that interest rates will stay consistent at approx. 1-2% and planned the budget according to this rate. Any variation above this may affect the ability to deliver the model for the proposed value.

Mitigation: the provider and the contracting team will closely monitor the service budget at quarterly contract meetings to monitor against the proposed saving. Any increase in Interest Rates above the planned 2% will be discussed with the provider and variations to the programme will be made in accordance with legislative requirements and population need.

1.26 **Historical waiting lists:** the bid identified historical waiting lists, specifically that for ASC, as a significant risk to the providers' ability to deliver the required universal outcomes.
Mitigation: the bid suggested the implementation of a waiting list initiative scheme, which is already being considered and discussed within the CCGs.

1.27 **Safeguarding:** the bid identified the unknown, at the point of award, changes in Early Years and the prevailing demand on services from the existing Safeguarding processes as a risk which may inhibit the proposed re-design of the service.
Mitigation: The contracting team will work closely with the provider and partners to understand the impact of the Early Years offer re-design and will champion the role of KIHCP in keeping children safe and as an advocate for effective safeguarding procedures to support this end. The proposed model meets "*statutory obligations as defined by the Kirklees Safeguarding Children's Board and appropriate legislation*"

1.28 **Long Term Conditions:** the bid highlighted the lack of definition of Long Term Conditions. As this population group is specifically highlighted as a priority group any significant increase in these numbers against the planning assumptions could impact on the ability for the proposed model to deliver.
Mitigation: Prior to contract award the commissioners will define their expectations and seek to understand the effect that this would have on the proposed model. Due to the requirement for safe transfer by 1st April 2017, this impact may not be fully known and understood until the transformation towards the new model is well under way, so the contracting team will monitor and ensure clarity as it emerges.

Mobilisation

1.29 The successful bidder was contacted by the PH Contracting team to inform them of the intention to award them the contract, following a meeting on 13 December 2016 to clarify the outstanding risks as highlighted above.

1.30 Due to there being only 1 bid there were no other providers to contact to inform of the outcome. In Accordance with Clause 86(5)b of the Public Contracts Regulations 2015, this process was exempt from a 'Standstill' period due to the fact that "*the only tenderer (was) the one who is to be awarded the contract*".

1.31 Following the agreement of the outstanding risks/issues identified and therefore the formal award of the contract, a safe transfer plan was confirmed with the successful provider and appropriate actions in the plan initiated to ensure the service is ready for the anticipated start date (1st April 2017).

1.32 An NHS Standard Contract has been entered into with the provider for the term of period agreed. The contract draft is to be completed and signed by the provider prior to the commencement of the service.

1.33 Both the CCGs and Council communication teams were involved with the commissioning process throughout and a draft Communications Plan was agreed. This was formalised with the provider and key messages will continue to be shared with key partners prior to the anticipated start date.

1.34 The contract was awarded for an initial period of five years, with an option to extend a further five. Cancelation clauses are operable for all parties.

3. Consultees and their opinions

Not applicable

4. Next steps

4.1 To progress with contract sign off and implementation of Transfer Plan to ensure smooth transfer of services on 1 April 2017.

4.2 To implement Communication Plan to ensure effective communications are maintained with all parties.

5. Officer recommendations and reasons

That the update be noted.

6. Cabinet portfolio holder recommendation

Not applicable

7. Contact Officer

Keith Henshall
Head of Health Improvement

8. Assistant Director responsible

Sue Richards
Assistant Director for Early Intervention & Prevention

Appendix 1 – Panel Make-up

JOB	EXPERIENCE / SKILLS	PRACTISING AREA	QUALIFICATIONS	EVALUATION AREAS
Head of Children's and Maternity Commissioning	Extensive acute and community nursing experience in adult and children's nursing. School Nurse Specialist Practitioner in clinical practice and strategically as the Professional Lead.	Children and Young Peoples Commissioning and Transformation.	BSc Hons Public Health (School Nursing) Registered Sick Children's Nurse, Registered Nurse	**Public Health Nursing, Early Intervention and Prevention, Safeguarding**
Joint Commissioning Manager	Lead Future in Mind Commissioner, Tier 2 CAMHS commissioner, Tier 3 CAMHS commissioner including ASC, Detailed knowledge of commissioning guidance and NICE guidance in relation to CAMHS and ASD	Children and Young Peoples Mental Health Commissioning and Transformation	BSc Hons Social Psychology BPS recognised, PgDip Applied Behavioural Sciences, MSc Social Evaluation and Research	**CAMHS/ASC/LD service provision, Early Intervention and Prevention**
Head of Health Improvement	Children, Young People and Families Public Health overall Strategic lead - includes the commissioning of 0-19 PH Nursing	Children, Young People and Families Public Health	MSC Public Health/ Health Improvement	**Public Health, Early Intervention and Prevention**
Finance Manager	Experience in Local Government finance	Kirklees Council - Financial Management, Risk, IT and Performance	CPFA (CIPFA Qualified Accountant)	**Finance**
Head of Communications and Engagement (NK & GH CCG)	Communications, engagement and marketing professional with NHS experience.		First degree, masters' degree	**Communication and marketing, Involvement & Engagement**

JOB	EXPERIENCE / SKILLS	PRACTISING AREA	QUALIFICATIONS	EVALUATION AREAS
Head of Programme - Schools as Community Hubs	Early years teaching, Change Management, Quality Improvement, Commissioning, Early years child development, Early intervention	Schools as Community Hubs Programme	National Nursery Nursing Examination Board BA Degree Postgraduate Certificate in Education	**Education (Inc. early years)**
GP	Named GP children's Safeguarding Doncaster CCG. GP Advisor to Yorkshire and Humber Children's Strategic Clinical Network.		MBChB (Hons) MRCP (paediatrics) MRCGP	**General Practice**
Consultant Clinical Psychologist - CAMHS	Management responsibility for all Psychological services staff, responsible for the quality assurance of NE CYP-IAPT project.	Clinical Advisor – Yorkshire and Humber, NE Collaborative Clinical Lead – CYP-IAPT	Post Graduate Diploma in Clinical Supervision, Doctorate of Clinical Psychology	**CAMHS/ASC/LD clinical provision**
Deputy Assistant Director - Learning and Skills	Teacher of the Deaf, Teacher of Children with Communication and Interaction Difficulties, SENCO, School Improvement Officer – SEND, Senior Manager for Inclusion – SEND, EAL.	Specialist services relating to vulnerable groups in education	BA Hons, MA – research into SEND, Diploma in Specific Language Impairment, Qualified Teacher of the Deaf SENCO qualification	**Special Educational Needs and Disability, Education**
Senior Manager Public Health Intelligence	Research/ intelligence specialist. Outcomes based approaches and key performance indicators/ measures/ metrics. Designated Information Governance lead for Kirklees Public Health.	Public Health Intelligence	BSc (Hons) Behavioural Sciences, Master of Public Health (pending 2016)	**Intelligence and Information Governance**

JOB	EXPERIENCE / SKILLS	PRACTISING AREA	QUALIFICATIONS	EVALUATION AREAS
Designated Nurse Safeguarding Children	Specialist in safeguarding children. Designated Nurse in Health Commissioning	Kirklees Designated Nurse Safeguarding Children for two CCGs.	SRN (RGN), Health Visitor (HVC), Master's Degree (MA) IN Child Welfare & Protection	**Safeguarding**
GHCCG Quality Manager	Writing service specifications and developing KPIs for CCG commissioned services.	Developing quality elements in service specifications.	MSc in Strategic Project Management,	**CCG**
Audit Manager	Audit, including evaluating financial submissions for commissioned services	Audit and risk	CIPFA	**Risk**
Information Governance and Registration Authority Manager	Expert knowledge of UK privacy laws including DPA 1998, FOI 2000, and EIR 2004. Working in Information Governance in the public sector.	Information Governance	BCS Practitioner Data Protection Act	**Intelligence and Information Governance**

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Kirklees COUNCIL

Name of meeting: Health & Social Care Scrutiny Panel

Date: 7 March, 2017

Title of report: Update on 'Review of Direct Payments'

Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	n/a
Is it in the Council's Forward Plan?	n/a
Is it eligible for "call in" by Scrutiny?	n/a
Date signed off by Director & name **Is it signed off by the Director of Resources?** **Is it signed off by the Assistant Director - Legal & Governance?**	Richard Parry, Director for Commissioning, Public Health & Adult Social Care n/a n/a
Cabinet member portfolio	Prevention, Early Intervention and Vulnerable Adults

Electoral wards affected: All

Ward councillors consulted: None

Public or private: Public

1. Purpose of report

1.1. This report is to provide Scrutiny with an update on the Direct Payments Project, the aim of which was to review the whole system and processes in place and redesign them to ensure they are fit for purpose, efficient and in line with new council approaches.

2. Key points

2.1 The decision to take a whole system approach to this project arose as a result of issues identified with the financial processes, particularly around clawing back unspent direct payment monies along with other issues identified within Adults services as a whole, such as an inconsistent approach and areas of duplication.

Rather than address the issues in isolation within individual service areas it was agreed a whole system redesign was required. A project team was therefore established to progress the work and a detailed action plan was developed using a 'systems thinking' approach.

2.2. The following briefly summarises the work undertaken from the onset of the project in August 2016 to date.

August to October 2016

- A procedure was implemented to monitor and actively pursue surplus/unspent Direct payments – (clawbacks)
- The existing Pathway was mapped to show the 'set up' processes for new Direct Payment customers from start to finish with a view to refining this as the project progressed.
- Consultation workshops were held with social care professionals from across Adults, Learning Disability and Mental Health
- The existing Pre-payment card material and public information was collated and a new leaflet was designed as part of a promotional exercise

The above actions enabled the whole of the Direct Payment offer and service to be evaluated prior to implementing the systems thinking redesign

November/December 2016

- Training sessions held relating to pre-payment cards for 100+ social workers
- Leaflets and accompanying letter sent to 130 users to promote the uptake of a pre payment card
- Draft procedures were introduced for dealing with users who do not send in monitoring information
- As a result of a high decline rate post financial assessment the services experimented with putting new customers through a new pathway which had the financial assessment earlier in the process. The aim of this was to avoid or reduce unnecessary 'waste' work.
- A reviewing 'checklist' and associated procedures were devised to support staff in their role
- A new referral form was drafted for the Direct Payments team to provide more detailed information for users they suspect of misusing their Direct Payment through the monitoring.
- Three task and finish groups were established to focus on redesigning the system and processes of New cases, Misuse and Reviews with regular follow up days to ensure the whole system was connected

January/February 2017

- A specific pilot was undertaken in LD team looking at reviews – linking with CFA to obtain information relating to misuse and clawbacks
- A task and finish group was established to look at developing a new policy, staff procedures and guidelines, along with improved customer/public information on the use of Direct payments.

3. Implications for the Council

3.1 The council is facing increasing costs and demand for care and therefore it is critical that we ensure the funding we have is spent on Direct Payments appropriately and that we have robust monitoring and management systems in place.

4 Consultees and their opinions

4.1 Communication and engagement with staff has been ongoing throughout the project and in order to ensure this remains effective a communication and engagement plan will be developed as part of the implementation phase.

4.2 A newsletter is being developed to send to users to inform them of the recent changes to Employment Law, changes to Pensions and to seek their feedback on their experience.

5. Next steps

5.1 Systems Thinking has now drawn to a natural close but the following areas of work are still ongoing:

- Policy development and associated procedures, including the user agreement. It is anticipated the Task & Finish Group will have concluded this work by the new financial year
- Roll out of 'meaningful' reviews taking into account a checklist of information prior to a review. It is expected that this will be implemented throughout March, becoming fully embedded practice by May 2017
- The service is aiming at moving all existing users who have a high street account onto a prepaid card, with the option of 'opting out' to ensure we are Care Act compliant. This proposal will be going to DMT on 6th March 2017.
- Procedures are to be put in place for monitoring and handling misuse and a referral form is being created on the IT system care first. This will align with the procedures & policy work.
- Further training and new procedures are to be developed to enable the service to undertake more effective support planning and identification of indicative and actual budget spend.
- Ensure the process for a new Direct Payment 'set up' is finalised and embedded, including issuing staff guidance
- Improve engagement and involvement from Mental Health services

The service is now aiming to incorporate the final elements of the Direct payment pathway work, including the financial assessment process, into the wider Adults Social care pathway redesign work.

6. Officer recommendations and reasons

6.1 That Scrutiny Panel note this report for information and support the department's approach to redesigning the Direct Payment pathway & associated processes

7. Cabinet portfolio holder recommendation

Not applicable

8. Contact officer and relevant papers

Debra Mallinson, Head of social Care and Community Health Partnership
debra.mallinson@kirklees.gov.uk

9. Assistant director responsible

Amanda Evans, Assistant Director for Adult Social Care

HEALTH AND SOCIAL CARE SCRUTINY PANEL (V19)

Members: Cllr Liz Smaje (Lead Member), Cllr Fazila Fadia, Cllr Steve Hall, Cllr Judith Hughes, Cllr Andrew Marchington, Cllr Sheikh Ullah, Peter Bradshaw (Co-optee) , Christopher Horner (Co-optee), David Rigby (Co-optee), Sharron Taylor (Co-optee),

Support: Richard Dunne, Principal Governance & Democratic Engagement Officer & Helen Kilroy, Principal Governance & Democratic Engagement Officer.

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2016/17	
ISSUE	**APPROACH AND AREAS OF FOCUS**
FULL PANEL DISCUSSION ISSUES	
<u>Early Intervention and Prevention (EIP)</u> Investing early in prevention and early intervention of adult social care can reduce or delay the need for costly crisis intervention or care service and improve the outcomes for individuals <u>All Age Disability (AAD)</u> The All Age Disability offer refers to people with lifelong disabilities and the key aim of the programme was to ensure the best start in life, promoting health and resilience throughout life by implementing a more flexible and personalised approach with few age barriers for people with a disability.	A progress checkpoint on the EIP and AAD was considered by the Panel on the 6th September 2016 which included: • Timeline and overview of the EIP programme and the work that has been undertaken • Focus on Learning Disability • An opportunity for scrutiny to have input into the draft strategy • An update on EIP Early Help consultation and engagement • An update on YPAT and what starting to find out from consultation so Panel can have an input into what is being developed • That the report include progress on AAD and a summary of the implementation plan <u>Panel meeting 10th January 2017</u> The Panel considered a report giving an overview of the complex work of the Early Intervention and Prevention (EIP) programme and a current position statement. The Panel also received a presentation showing the draft EIP Budget 2016-19 and EIP workstreams and decision timelines. The Panel agreed to receive updates on a number of EIP workstreams, namely:- • Learning Disabilities for Adults and Children – to include Learning Disability budget; recruitment and retention and AAD – scheduled for consideration by the Panel on the 25th April 2017; • Adults Pathway (to include supporting carers, volunteering, community capacity building, grant funding) – scheduled for consideration by the Panel in July 2017;

	• YPAT – short breaks and respite care – scheduled for consideration by the Panel in June 2017.
<u>Mental Health Services – Transformation Programme</u> South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) provides community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield. SWYPFT is currently working through a major service transformation with a focus on : recovery; putting more people in charge of the care they get; provided more support to people when they need it; helping people to leave hospital when they are ready; and ensuring that GP's stay at the heart of care.	Panel to receive an update on the progress of the wider Transformation programme with a focus on specific strands of the programme to include: • Acute and Community (early in new municipal year to include milestones and timescales for change) • Rehabilitation and Recovery. • Specialist Adult Learning Disability Health Services. • Older People (early in new municipal year as per Acute and Community) The Panel will also consider the feedback from the recent CQC inspection to include the CQC action plan. <u>Quality Summit – 14 July 2016</u> CQC presented key findings from inspection and was followed by the Trust's response. A plan outlining the actions that will be taken to address the issues highlighted by the inspection will be submitted to CQC by 9 August 2016. A copy of the plan will be circulated to panel members and a decision on next steps will be taken at the Panel meeting in September. 23 September 2016 - the CQC Action Plan was circulated to the Panel, next steps to be discussed a next meeting. 10th January 2017 - the SWYPFT CQC Inspection Core Service 'Must Do' action plan was circulated to the Panel for comments.
<u>Yorkshire Ambulance Service</u> During 2015/16 the Panel received a presentation from YAS on performance, demand and quality of services. This was followed by a more detailed analysis of performance data in Kirklees which highlighted an issue on the response times in the rural areas of the district. YAS NHS Trust has been working on a transformation agenda with stakeholders. The negotiations have seen	The Panel will continue to focus on the performance, demand and quality of services with a particular focus on: the red call response times; an evaluation of the impact on any actions taken to address performance; consider the performance of NHS 111 service; and relevant workstreams from the West Yorks Urgent & Emergency Care Vanguard Programme. <u>Panel meeting 1st November 2016</u> The panel considered a presentation from YAS regarding their Transformation Programme.

some major changes to the service based on the challenges being faced by YAS.	The Panel agreed to receive a further update from YAS on the 25th April 2017 covering the following areas:- • A more detailed analysis of the response times (tail end of performance); and • The outcomes of the YAS Transformation Programme in relation to the whole of Kirklees.
<u>Diabetes in Kirklees</u> Concerns were raised by the Panel in September 2015 regarding prevalence and impact of diabetes in Kirklees. Key areas of work being undertaking by Public Health, CCGs and Locala include prevention, supported self-care/education, primary care, foot care and specialist diabetes services – and on a shared equality objective on improving access, experience and outcomes for South Asian people with diabetes	<u>Panel meeting on 8th March 2016</u> The Panel considered an update report on Diabetes work in Kirklees and agreed to receive:- • Progress update on the level of amputations in North and South Kirklees, including statistics (NKCCG and GHCCG – Vicky Dutchburn to lead); • Report from Locala on the Gold Standard foot care in Kirklees; • That officers from Greater Huddersfield CCG and North Kirklees CCG investigate the Panel's suggestion that the Diabetes's Networks in both North and South Kirklees work together for the benefit of Kirklees, rather than being on Acute Footprints alone, and provide a progress report to a future meeting of the Panel. <u>Panel meeting on 12th April 2016</u> The Panel considered a briefing note on Diabetes related food disease and Amputations in Kirklees and agreed to consider a future report giving more detail on minor amputations. Panel has agreed to schedule a discussion on the 4th October 2016 to include: • More information on minor amputations to include an update on actions being taken to improve outcomes in Kirklees and reduce the incidence of diabetic foot disease and amputations; • The approach and work that is carried out across Kirklees on eye screening; • The role of Locala in developing a care closer to home model for diabetes; • An update on the diabetes networks with a focus on how the networks in North and South Kirklees are working together. • Incident statistics for Diabetes <u>Panel meeting 4 October 2016</u> The Panel presented with an update and information on actions and planned work to

	support people in Kirklees living with diabetes. Actions agreed at the meeting include: • Update on actions to improve diabetic foot health to include timescales to be submitted as soon as possible – this will provide a baseline for progress at next full update. • CGGs to provide a written update for discussion by the Panel. • Public Health to confirm availability of diabetes app when MyHealthtools module on diabetes is launched later in the year. <u>Panel meeting 10th January 2017</u> The Panel considered an update report prepared jointly by North Kirklees and Greater Huddersfield CCGs and Locala on the current position on Diabetes in Kirklees. The Panel noted that some of the issues included within the report would come up in the discussions with Locala on the Changes to Podiatry Services – due to be considered by the Panel in March 2017 (date to be determined).
<u>Attention Deficit Hyperactive Disorder (ADHD) – Adults</u> Attention deficit hyperactivity disorder (ADHD) in Adults is a neurodevelopmental disorder which presents with symptoms of inattentiveness, hyperactivity and impulsiveness	Update reports on this issue to be considered by the Panel (briefing paper saved in Informal Meeting folder for H&SC on 9.2.16) focussing on the re-commissioning of Adult Services. Panel have agreed to schedule a report to be considered on the 4th April 2017.
<u>KJSA Development</u> KJSA is seen as the local foundation of priority setting, informing commissioning strategies and plans and helping local people to hold providers and commissioners to account. The strategy provides the framework for joint commissioning plans and specific, detailed commissioning plans for the NHS, social care and public health. The JSA was being refreshed during 2015/16.	Panel has agreed to schedule a discussion at the December meeting to include: • An overview of the process that is followed in the development of the KJSA • Presenting an example of the work that is carried out on updating a section of the KJSA • Outlining the approach that is taken to implementing actions to address the issue(s) and monitoring progress. <u>Panel meeting 4 October 2016</u> Panel has agreed to drop the item from the December meeting and reschedule at a later date. Panel have agreed to schedule a report to be considered on the 7th March 2017.

<u>Care Closer to Home (CC2H)</u> Clinical Commissioning Groups (CCG's) in Kirklees, in line with the national agenda and planning guidance are shaping proposals that will provide integrated care that is delivered at or closer to home.	<u>Panel meeting 12th April 2016</u> – North Kirklees CCG to provide evidence on the activity that has taken place to support the plans to reduce bed capacity by 44 at Mid Yorkshire Hospitals NHS Trust. Panel to maintain an overview of the operational and strategic aspects of the programme across the whole of Kirklees to include: • Assessment of capacity • Monitor progress of the implementation of the CC2H programme. Panel have agreed to schedule a report to be considered on the 7th February 2017. <u>Panel meeting 7 February 2017.</u> The Panel considered an update on the implementation of the CC2H programme. The Panel requested details of the latest audit report that covers the quality and safety of services that are commissioned through Locala to establish if there are any themes that it may wish to focus on.
<u>End of Life Care</u> Greater Huddersfield CCG and North Kirklees CCG have set out integrated strategic priorities for end of life care in Kirklees that has included input from Kirklees Council, Kirkwood Hospice and Locala.	Panel to maintain an overview of the work to develop an integrated approach for end of life care in Kirklees to include: • Assessing the consistency of standards of care and support across Kirklees. • Monitoring progress of the strategic priorities. The Panel have agreed to schedule a report to be considered on the 7th February 2017. <u>Panel meeting 7 February 2017.</u> The Panel agreed that a further update be arranged at a date to be confirmed to receive details of the service specification covering the new arrangements for the provision of End of Life Service in Kirklees.
<u>North Kirklees CCG (NKCCG) Key transformation programme</u> NKCCG are currently developing a number of initiatives as part of a wider transformation programme that will be designed to help support the delivery of a sustainable	The Panel will focus on a number of elements of the transformation programme to include: • Planned care – plans to undertake more planned activity at the Dewsbury & District Hospital • Urgent care – Work being done to manage more effectively referrals into hospital by

health and social care service across the district.	looking at whole pathway of care and identifying patients that could be supported and seen by primary care. • Specific focus on plans to utilise the capacity of the Walk-in Centre in Dewsbury to help alleviate pressures in A&E. Panel have agreed to schedule a report to be considered on the 7th February 2017. <u>Panel meeting 7 February 2017</u> The Panel considered an update on the development and implementation of the transformation programme. No further areas of focus were identified and the Panel will consider the approach to monitoring this area of work during the review of the work programme that is scheduled for 25 April 2017.
<u>Proposed changes to the Podiatry Service in Kirklees</u> Locala Community Partnerships won the contract to provide podiatry services in Greater Huddersfield and are currently developing proposals that will: reduce the service locations; provide daily clinics with longer opening hours in the new locations; and review the pathway of care.	Lead Member will have initial discussions with CCG's and Locala and decide if the issue should be escalated to the wider Panel to consider if the changes are deemed to be a substantial development or variation in health service. <u>28 April 2016 </u>– Lead Member has met with Locala and CCG's. <u>Panel meeting 1st November 2016</u> The Panel considered an update from Locala and Greater Hudds CCG on the proposed changes to the Podiatry Service. The Panel agreed that the proposed changes posed a significant change to public service and agreed to scrutinise the proposals. In November 2016, the Panel requested that the Public Consultation document be amended to take account of the Panel's comments before it was sent out to the Public, as follows:- • The Consultation Document to advise that the CCGs have delegated the responsibility to consult to Locala; • The information included in the consultation document should refer to the 2011 Census; • Proposal 1 should advise that the proposed changes affect the whole of Kirklees; • The proposals do not make any reference to people with mechanical mobility problems and this should be outlined, including information relating to what impact the changes will have on people which needs to be clearly explained within the proposals and consultation document;

	• The Consultation document refers to making some changes to Podiatry Services, but should 'set the scene' of what the proposed changes are early on in the document. • The proposals should make a connection between the early engagement and the proposed consultation. The Panel agreed to hold an additional meeting of the Panel to scrutinise the proposed consultation on the changes to podiatry services in Kirklees.
<u>Pre-Payment Cards and Direct Payments</u> The introduction of pre-payment cards is a new initiative being explored by the Council as a potential way to address some of the issues and challenges arising from Direct Payments to people who choose to manage their own personal budgets for arranging adult support and care.	A report was considered by the Panel on the 6th September 2016 giving an update following the introduction of pre-paid cards as a method of administering Direct Payments (DP) to Service users. The Panel agreed to receive an information report on the 7th March 2017 on the Review of Direct Payments, to include information regarding the Audit.
<u>Quality of Care in Kirklees</u> During the 2015/16 municipal year the Panel met with CQC to discuss ways it could strengthen their working relationship and to receive an update on the inspections of health and social care providers that had taken place in Kirklees.	The Panel has agreed to continue to focus on the work and activity of CQC to include: • Looking at the quality of provision of Care homes in Kirklees with a focus on those homes that have been rated as 'requires improvement' • To establish if the inspections highlight any common areas for improvement. • To arrange a further update from CQC once all initial inspections in Kirklees have been completed (projected for September 2016) and assess the overall state of care in the district. Panel have agreed to schedule a report to be considered on the 4th April 2017.
<u>Primary Care Strategy</u> Greater Huddersfield CCG (GHCCG) and North Kirklees CCG (NKCCG) have developed Primary Care Strategies which are seen as being key elements of their respective strategic work programmes.	The Panel will review both strategies to include: • Establishing if there any specific elements from the strategies that require a more detailed assessment • Monitoring the implementation of both primary care strategies • Include development of GP Federations (initial discussions to be carried out informally) and performance indicators.

	Panel have agreed to schedule a report to be considered on the 4th April 2017.
<u>Kirklees Sustainability and Transformation Plan</u> NHS England is requiring every health and care system to come together, to create its own ambitious local blueprint (Sustainability & Transformation Plan) for accelerating its implementation of the Forward View. The local NHS planning process will have significant central money attached and Sustainability and Transformation Plans (STPs) will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards.	Panel to maintain a close overview of the development of the Kirklees and West Yorkshire STP and provide regular feedback to the wider Panel. Panel to consider a report on the 4th October 2016, to include:- • An explanation (background and context) of the plan; • Details of performance indicators and how they will be monitored. • Context of how fits in with West Yorkshire Transformation Plan <u>Panel meeting 4 October 2016</u> The Panel were presented with an update on the process for developing Kirklees and West Yorks STPs which includes the current financial position of CCGs. The update included details of a consultation called 'Talk Health Kirklees' which will outline plans to reduce costs and provide better value for NHS spending. Actions agreed: • Outcomes of the Talk Health Kirklees consultation to be discussed at the meeting 6 December 2016. • Panel to receive revised version of electronic copies of the Health and Wellbeing presentation on STP following the presentations at the CCGs Governing Bodies meetings.
<u>Talk Health Kirklees Campaign</u> Outline plans from Greater Huddersfield and North Kirklees CCGs to reduce costs and provide better value for NHS spending.	<u>Panel meeting 6 December 2016</u> The Panel considered a report on the 'Talk Health Kirklees' Campaign outlining the current consultation process. In December 2016, the Panel agreed to comment on the Consultation report on findings and fed back to Greater Huddersfield CCG. The Panel made the following recommendations to be considered by the CCGs:- • That the CCGs consider the response of the Health and Social Care Scrutiny Panel and that the above issues raised by the Panel are taken into account as part of the CCGs decision making process. • That the CCGs provide a proposal for the Scrutiny Panel which gives assurance that future consultation will be as robust as possible. In January 2017 the Panel received a copy of CCGs response to the Panel's comments on the Talk Health Kirklees Consultation report on findings. The Panel noted that a

	further report would be provided by the CCGs outlining the implementation timescales – date to be determined.
<u>The Healthy Child Programme (0-19 services)</u> Responsibility for commissioning 0-5 children's public health services transferred to Local Government on 1 October 2015. The service specification was protected until the end of March 2016 which Public Health (PH) has extended for a further 12 months. As part of a review of the services PH will be developing a new 0-19 services model.	Panel to maintain an overview of on the development of the service. <u>1 November 2016</u> Panel has received information that provides an overview of the Healthy Child Programme (HCP) specification; an explanation of the procurement process; and overview of the programme works; and the process that will follow the award of contract. An update of progress has been scheduled for the 7 March 2017 meeting
<u>Wellness Model for Adults</u> The wellness approach goes beyond looking at single-issue, healthy lifestyle services with a focus on illness, and instead aims to take a whole-person and community approach to improving health. Based on self-care and intervening as early as possible but as late as necessary, it is clear that individuals who manage their own lifestyles are healthier, more productive, have fewer absences from work, and make fewer demands for medical and social services. Kirklees currently commissions separate services for smoking, physical activity, obesity, self-care etc. such as PALS, Health Trainers and a variety of third sector/NHS providers. The skills needed to promote behaviour change are broadly similar and some areas (Durham, Leeds, Derby, Halton) are redesigning integrated wellness services that are able to react more flexibly to the problems presented by people and also better react to emergent concerns such as	The Panel will consider a report on the 7th March 2017 focusing on the following areas:- • Review of emerging evidence in relation to Wellness models and evidence from the Joint Strategic Assessment about levels of need and community assets that might influence the design of the model. • Review of design principles for Wellness Model. • Understanding possible approaches to integration of provision, including strategic and operational delivery structures. • Review of collaborations and partnerships across public health commissioned services. • Understanding how services outside public health commissioned services might engage with new models (social care, NHS, community engagement, third sector etc) as they emerge. • Substance Misuse Services - Local Authorities are now responsible for commissioning substance misuse services to meet the needs of their communities. Kirklees Council will be re-commissioning these services during 2015/16. Panel to receive updates on the re-commissioning of services; an overview of the work of this service and how this will link to the work being undertaken in developing the Wellness Model.

type II diabetes and cancer prevention. The Wellness Model will support the aims of New Council to empower people to live their lives to the fullest possible potential by enabling people to increase control over their health through making changes to their lives. It will support the NHS 5 Year Forward View and Sustainability and Transformation Plans by diverting people from primary and secondary healthcare services towards prevention pathways, helping to contain rising healthcare costs. Pathways will be streamlined and consideration will be given to self-referral, drop-in and outreach approaches.	
<u>Re-Procurement of the Whitehouse Centre</u> The Whitehouse Centre is a general practice run by Locala under an Alternative Provider Medical Services (APMS) contract and provides services for vulnerable groups who have difficulty in accessing mainstream health services. The centre is commissioned by Greater Huddersfield CCG who are currently embarking on a tendering process to re-procure the services provided at the centre.	Initial briefing to Panel to outline the process that is being followed.
<u>CQC Inspection of Calderdale and Huddersfield NHS Foundation Trust</u> CQC carried out an inspection of the Trust in March 2016 as part of CQC's comprehensive inspection programme. In addition to this planned programme the CQC also undertook two unannounced inspections on the 16 and 22	<u>6 September 2016</u> - Representatives from Greater Huddersfield Clinical Commissioning Group briefed the Panel on the key findings of the inspection and outlined the next steps. A quality summit is likely to be scheduled for October 2016 and an action a plan

March 2016. The Trust received an overall rating for both hospital sites as 'Requires Improvement'.	developed by the Trust to address key issues highlighted by the inspection. A copy of the plan will be circulated to panel members to help inform a decision on next steps. 10th January 2017 – copy of the action plan circulated to Panel for comments.
LEAD MEMBER BRIEFING ISSUES	
<u>Robustness of the Adult Social Care System</u> The Care Act 2014 sets out local authorities duties to assessing people's needs and their eligibility for publicly funded care and support. The process for assessments can be complex and the speed, efficiency and robustness of the approach will determine the quality of the service and the level of care and support that an individual receives.	The Panel will consider a report on the 6th December 2016 which will focus will focus on a number of areas of the process that is followed in Kirklees to include: • Timescales from initial request to assessment being carried out to include volumes. • Looking at the experience and qualifications of staff carrying out the assessments • the approach/process that is followed in providing the ongoing support including how work is distributed between qualified adult social care workers and non-qualified case workers • Look at national guidance/examples of good practice. <u>Panel meeting 6th December 2016</u> The Panel considered a report on the 6th December 2016 which outlined the approach taken by Adult Social Care to improve the robustness of the Adult Social Care system. The Panel agreed to receive further information on the following areas:- • Staff shortages within Learning Disabilities; • Milestones on how the new Quality Assurance Framework was working. The Chair of the Health and Social Care Scrutiny Panel agreed to keep a watching brief

	on this issue and report back to the Panel when appropriate.
Integration of Health and Social Care The integration of Health and Social Care is at the centre of government reforms and there is a greater focus and duty by health and wellbeing boards and clinical commissioning groups to promote integration between health and social care. The focus on integration is strongly linked to the development and guidance indicates that there is an expectation that the STP must cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.	Lead Member to keep watching brief on the development of the Integration of Health and Social Care.
Changes to the GP Contracts and implications for Kirklees GP practices operating in the GHCCG area currently hold different contracts with NHS England and are paid different amounts for providing core GP services. PMS (Personal Medical Services) contract (which is locally agreed) includes a premium for providing additional services (over and above 'core' primary services). As a rule practices who have PMS contracts are better off than those with GMS contracts. Following a review of the PMS contract all practices will be moved onto a core funding contract and to ensure equitable funding the additional funds from the PMS contracts will be more fairly distributed across all practices.	8th March 2016 – The Panel agreed to receive an update at a future meeting on the Changes to the GPs Contracts to include: • The implications for GP Practices in Kirklees • Outlining the practices that will suffer the largest loss of funding • An overview of the overall budget 5 July 2016 – Panel has considered a report from Greater Huddersfield CCG on the changes to GP contracts, funding and implications for practices in Greater Huddersfield. Panel has agreed to schedule an update at a future meeting to include the views of those practices that will be disadvantaged by the changes.
The Care Act 2014 (to include Client Financial Affairs) The Care Bill received Royal Assent on 14 May 2014 and introduces major reforms to the legal framework for adult	Lead Member to maintain a watching brief on the Care Act to include: • Impact of the reforms on the council.

social care. There will be major implications for the Council arising from the implementation of the Care Act 2014.	• Challenges and barriers to change. • Workforce challenges. • Client Financial Affairs
<u>Art Psychotherapy (AP)</u> Art Psychotherapy combines psychodynamic theories and techniques with an understanding of the psychological aspects of the creative process.	The AP service is currently not offered in Kirklees and the Panel has received a request to review the service and consider the benefits of establishing the service in Kirklees. Lead Member to receive details from Greater Hudds CCG on what services are commissioned by them instead of AP. The Panel agreed in January 2017 that there is no requirement for any further action at this stage.
<u>NHS Dentistry</u> This is an issue referred to the Panel by Healthwatch Kirklees who identified an issue with people in Kirklees struggling to get access to NHS Dental Services.	Lead Member to keep watching brief during 2016/17 municipal year. (Healthwatch Report to Health and Wellbeing Board in October 2015 on the experience of patients using NHS dentist.
<u>Deprivation of Liberty Safeguards</u> Deprivation of Liberty Safeguards (DoLS) are part of the Mental Health Capacity Act 2005. Last year the Panel noted that the number of DoLS applications being received by the Council was increasing. The increase has been due to the result of a Supreme Court Ruling which has widened the pool of those who might be considered to be deprived of their liberty.	Lead Member to keep watching brief and monitor figures.

<u>Developing a working protocol with Healthwatch Kirklees and Kirklees Health and Wellbeing Board</u> A working together protocol has been developed in recognition of the importance of the three independent bodies (Kirklees Health & Social Care Scrutiny Panel, Kirklees Health & Wellbeing Board & Healthwatch Kirklees) working together effectively.	Wait until Health & Wellbeing Board has completed its development session with the LGA which will include developing effective working relationships.
<u>Mid Yorkshire NHS Hospitals Trust – Cancer Peer Review (of Unknown Primary)</u> The NHS England Cancer Peer review, now known as the Quality Surveillance Team (QST) is a quality assurance programme for NHS Cancer Services. It is aimed at reviewing clinical teams and services to determine their compliance against national measures, as well as the assessment of quality aspects of clinical care and treatment. In March 2016 Mid Yorkshire NHS Hospitals Trust received a letter that formally detailed a number of serious concerns that were identified during a NHS England Cancer Peer review visit.	The Trust has responded to the QST with a plan that includes actions that are designed to address the serious concern. Next steps to be agreed by the Panel but could include reviewing the concerns identified and monitoring progress and delivery of the action plan. Panel has agreed that Lead Member will liaise with the Scrutiny lead at Wakefield Council and report back to the Panel on proposed way forward for monitoring the actions developed by the Trust. The Panel has also agreed to look at the work that is being developed by CCGs across the West Yorkshire to improve cancer services which include improved access to diagnostics and early diagnosis and increased screening. North Kirklees CCG submitted a written update which was shared with the Panel in December 2016 covering the following areas: • Cancer work across Yorkshire and Humber including achievements; • Commissioning Cancer services across North Kirklees and Wakefield Clinical Commissioning Group; • Quality Surveillance Team (QST) Visit – Cancer of the Unknown Primary • Trust's response and action.

SCRUTINY AD-HOC PANELS **(being monitoring by the Health and Social Care Panel)**	
Review of Adult Mental Health Assessments To understand the pathway for Adult Mental Health Assessments in Kirklees from the initial need for referral to assessment and onto treatment. In particular, to explore the current approach and effectiveness of Adult Mental Health Assessments in Kirklees.	The Ad-hoc Panel held their first meeting in April 2016 and agreed to focus on the following areas:- - Access and service provision, eg Single Point of Access (SPA); - Demands on services and capacity locally to respond; - Waiting times and performance for adults accessing the services including those that are provided at home; - Undertake research as part of the remit and seek feedback from providers of support for adults with mental health issues. Progress updates have been provided as and when appropriate to the Health and Social Care Scrutiny Panel. A final report is scheduled for consideration by the Panel on the 7th February 2017 and approval by the Overview and Scrutiny Management Committee on the 6th March 2017.
MONITORING ITEMS **Routine follow up to previous recommendations to demonstrate Scrutiny outcomes**	
ISSUE	**FOCUS**
Sexual Health – Chlamydia Screening in Kirklees A report by the Wellbeing and Communities Scrutiny Panel report on Chlamydia Screening in Kirklees was endorsed by Cabinet in April 2014.	The Panel have agreed to consider an update on the monitoring of recommendations on the 25th April 2017.
Tuberculosis (TB) in Kirklees In October 2014 the Panel completed a review of TB in Kirklees in response to the high rates of TB in the district. .	In April 2016 the Panel received an update on TB in Kirklees and progress of the recommendations. The Panel has agreed to continue to monitor the situation in Kirklees to include arranging a further update to cover: • The work being undertaken to reduce TB rates in Bradford and Leeds and to highlight examples of good practice;

	• Clarification on staffing ratios for the current nursing establishment as per the recommendations from the Royal College of Nursing; • An action plan on the work being undertaken in Kirklees with regard to action being taken to reduce the high levels of TB in the borough. An update report will be considered by the Panel during the 2016/17 municipal year.