

Public Document Pack



**Service Director – Legal, Governance and
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Monday 17 July 2017

Notice of Meeting

Dear Member

Cabinet

The **Cabinet** will meet in the **Council Chamber - Town Hall, Huddersfield** at **4.00 pm** on **Tuesday 25 July 2017**.

This meeting will be live webcast. To access the webcast please go to the Council's website at the time of the meeting and follow the instructions on the page.

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

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

Julie Muscroft

Service Director – Legal, Governance and Commissioning

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 Cabinet members are:-

Member

Councillor David Sheard

Councillor Shabir Pandor

Councillor Peter McBride

Councillor Naheed Mather

Councillor Musarrat Khan

Councillor Erin Hill

Councillor Viv Kendrick

Councillor Masood Ahmed

Councillor Graham Turner

Councillor Cathy Scott

Responsible For:

Leader / Strategy and Strategic Resources, New Council & Regional Issues

Deputy Leader / Strategy and Strategic Resources, New Council & Regional Issues

Economy (Strategic Planning, Regeneration and Transport)

Economy (Strategic Housing, Regeneration and Enforcement)

Corporate (Place, Environment and Customer Contact Services)

Children

Adults and Public Health

Children

Corporate (Place, Environment and Customer Contact Services)

Adults and Public Health

Agenda

Reports or Explanatory Notes Attached

Pages

1: Membership of the Committee

To receive apologies for absence of Members who are unable to attend this meeting.

2: Interests

1 - 2

The Councillors will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other 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: Deputations/Petitions

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

5: Public Question Time

The Committee will hear any questions from the general public.

6: Member Question Time

To consider questions from Councillors.

7: Proposed remedial works for ground stabilisation at A635 Holmfirth Road, Shepley 3 - 10

A report seeking approval for the proposed ground stabilisation at A635 Holmfirth Rd, Shepley.

Officer: Farhad Khatibi/Michael Salvanos – Tel: 01484-221000

8: New Inclusion and Diversity Strategy and Action Plan 11 - 22

To seek approval for the Council's new Inclusion and Diversity Strategy and Action Plan and endorsement to take it to Full Council.

Officer: David Bundy – Tel: 01484-221000

9: Specialist Provision for Kirklees Children with Communication and Interaction Needs 23 - 54

A report noting the responses to the non-statutory consultation about establishing a new communication and interaction provision to be hosted by Windmill Church of England Voluntary Controlled Primary School providing 12 transactional places.

Officer: Jo-Anne Sanders – 01484-221000

10: Ad Hoc - Adult Mental Health Assessments (HK)

55 - 118

A report presenting the findings report of the Ad Hoc Scrutiny Panel – Adult Mental Health Assessments and request that Cabinet approve a response to the recommendations of the Panel.

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

11: Kirklees Stadium Development Ltd - Request for Short Term Loan Facility

A report seeking consideration of a request from KSDL for the Council to provide a loan facility of £200k for a 12 month period on commercial terms.

Officer: Paul Kemp – 01484-221000

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KIRKLEES COUNCIL			
COUNCIL/CABINET/COMMITTEE MEETINGS ETC			
DECLARATION OF INTERESTS			
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.

Name of meeting: CABINET
Date: 25 July 2017
Title of report: Proposed remedial works for ground stabilisation at A635 Holmfirth Road, Shepley

Purpose of report

For the Cabinet to consider the option for the proposed ground stabilisation at A635 Holmfirth Road, Shepley.

Key Decision - 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
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	Key Decision - Yes Private Report/Private Appendix - No
The Decision - Is it eligible for call in by Scrutiny?	Yes
Date signed off by Strategic <u>Director</u> & name	Naz Parkar - 06.07.17
Is it also signed off by the Service Director for Finance, IT and Transactional Services	Debbie Hogg - 06.07.17
Is it also signed off by the Service Director (Legal Governance and Commissioning)?	Julie Muscroft - 06.07.17
Cabinet member portfolio	Cllr Musarrat Khan - Highways and Neighbourhoods

Electoral wards affected: Kirkburton
Ward councillors consulted: Cllr John Taylor, Cllr Richard Smith and Cllr Bill Armer
Public or private: Public

1. Summary

The A635 Holmfirth Road in Shepley is a major classified route linking the south of Kirklees with the M1 and neighbouring towns including Penistone, Barnsley and the City of Wakefield.

The A635 Holmfirth Road near its junction with Rowgate (see location plan) has been subject to an ongoing ground movement over the past 65 years. This has caused the highway and a substantial retaining wall that supports it to fail on several occasions leading to the partial closure of the road for many months, pending the implementation of interim/ semi-permanent remedial measures.

The proposed remedial works to mitigate the ground movements and stabilise the highway including its retaining structures are based on the outcome of extensive site investigation that has been undertaken to identify the underlying cause/s of the movement so as to devise an appropriate and effective remedial scheme to resolve the highway subsidence problem.

The current proposals include the construction of large bored reinforced concrete piles over the affected section (Approx 60m in length) to mitigate the ground movements and stabilise the highway and the substantial retaining wall supporting it. The works will be largely funded by additional funding secured through a successful Challenge Fund bid by Highways in 2015.

The proposed works can be constructed whilst maintaining a single lane shuttle working to minimise disruption to the local community and traffic.

2. Information required to take a decision

The A635 Holmfirth Road is a principal route that links the south of Kirklees with the M1 and neighbouring towns including Penistone, Barnsley and the city of Wakefield.

The affected section of A635 Holmfirth Road near its junction with Rowgate and the retaining wall that supports it, has been subject to periodic remedial measures due to subsidence and partial failure over the past 65 years. Various engineering interventions have been implemented to address the ongoing ground movements which manifest itself as significant settlement in the highway and the retaining wall, together with the development of deep longitudinal cracks in the road surface, but these have largely failed to address the underlying root of the problem. A comprehensive ground investigation recently completed at this site has now established the presence of a deep slip plane below the highway, which often becomes mobilised following a sustained heavy down pour and is now considered to be the underlying mechanism behind the ongoing ground movement.

Due to the ongoing ground movements if a suitable remedial scheme is not implemented, the highway and the supporting retaining wall will continue to be undermined and in the event of a full failure the A635 Holmfirth Road will have to be fully closed to vehicular traffic at this location, with most of the affected traffic including commercial vehicles and HGV's having to be diverted to an alternative suitable diversion route via Huddersfield, which is over 16 miles long. This will have a major impact on the local community and businesses using this route whilst the road remains closed pending the implementation of appropriate remedial works.

With this in mind, this section of highway and its retaining wall were included in a Joint Highway Structures Challenge Fund bid with Bradford City Council, which was submitted to the DfT. to secure the necessary significant funding required to address the

aforementioned problems at this site. Following the successful outcome of the bid in 2015, monies to undertake the necessary detailed ground investigation to establish the underlying cause/s so as to devise an appropriate and effective remedial ground stabilisation scheme to mitigate the subsidence in the highway were secured and ring fenced.

The current proposed remedial works which are now based on the outcome and the recommendations of a detailed site investigation recently completed at this site, are based on intercepting the deep slip plane using large bored reinforced concrete contiguous piles designed to mitigate the underlying ground movements and thereby stabilise the highway and the retaining wall located within the affected length.

The new proposal comprising the pile construction and the associated remedial works can be implemented without the need for a road closure by maintaining a single lane shuttle working controlled by traffic lights together with the provision of a safe walkway for pedestrians at all times.

The proposed works can commence in late September 2017 and is anticipated to take approximately 12 weeks to complete.

The proposed remedial works is estimated at around £540k to implement and is largely provided for through the Challenge Fund secured from the Department for Transport. The Council will also be making a £89k contribution representing a 16.45% of the works costs, a condition imposed by the DfT for awarding the grant, which is provided for in the 17/18 Highways Capital Plan.

Approval is sought to implement the proposed remedial works as detailed.

3. Implications for the Council

3.1 Early Intervention and Prevention (EIP)

Through the proactive implementation of the proposed works, further subsidence in the highway, which could lead to its full closure for a lengthy period, with obvious implications for the local community and the economy, can be avoided.

3.2 Economic Resilience (ER)

The A635 Holmfirth Road is a principal route that links the south of Kirklees with M1 and the neighbouring towns of Penistone, Barnsley and the City of Wakefield. The closure of this road would lead to significant disruption to the local and regional traffic due to the need for the diversion of most vehicles including commercial vehicles and HGV's to an alternative lengthy diversion route of over 16 miles.

3.3 Improving outcomes for Children

None

3.4 Reducing demand of services

The proposed stabilisation scheme will mitigate the ground movements and will avoid the need for the implementation of periodic and costly interim remedial measures necessitated by the partial failure of highway and the retaining wall, which have been occurring at this location over the past 65 years.

4. Consultees and their opinions

Cllr John Taylor has been aware of the ongoing problems at this location for a number of years and is very appreciative of the proposed actions to address the underlying issues. He agrees that any partial collapse of the retaining wall and the likely closure of the road for a prolonged period will cause significant traffic disruption and also impact on local businesses and residents. He is fully supportive of the proposals.

Cllr Richard Smith has commented that he is a regular user of this route which links south Huddersfield/Holme Valley to the M1 and that he supports the proposals.

Cllr Bill Armer has commented that he is in favour of this necessary pre-emptive work.

5. Next steps

Procurement of the proposed remedial works by early September 2017 and the commencement of the works soon after subject to the cabinet approval.

6. Officer recommendations and reasons

Officers consider that proactive implementation of the proposed piling works will mitigate the underlying ground movements at this location and will avoid further periodic interim maintenance costs due to subsidence at this site.

The monies specifically secured and ring fenced through the successful Highway Structures Challenge Fund bid for this scheme must be utilised by the end of March 2018, beyond which time the funding will no longer be available to the authority.

7. Cabinet portfolio holder's recommendations

Cllr Musarrat Khan expressed her appreciation for obtaining the necessary investment, provided for through the Challenge Fund, secured from the Department for Transport and was in agreement for the works to commence September 2017, subject to Cabinet approval.

8. Contact officer

Contact Officer: Farhad Khatibi/Michael Salvanos
Direct Dial 01484 221000 (74199 / 76890)

farhad.khatibi@kirklees.gov.uk

michael.salvanos@kirklees.gov.uk

9. Background Papers and History of Decisions

See below for a brief history of the subsidence issues at this location:

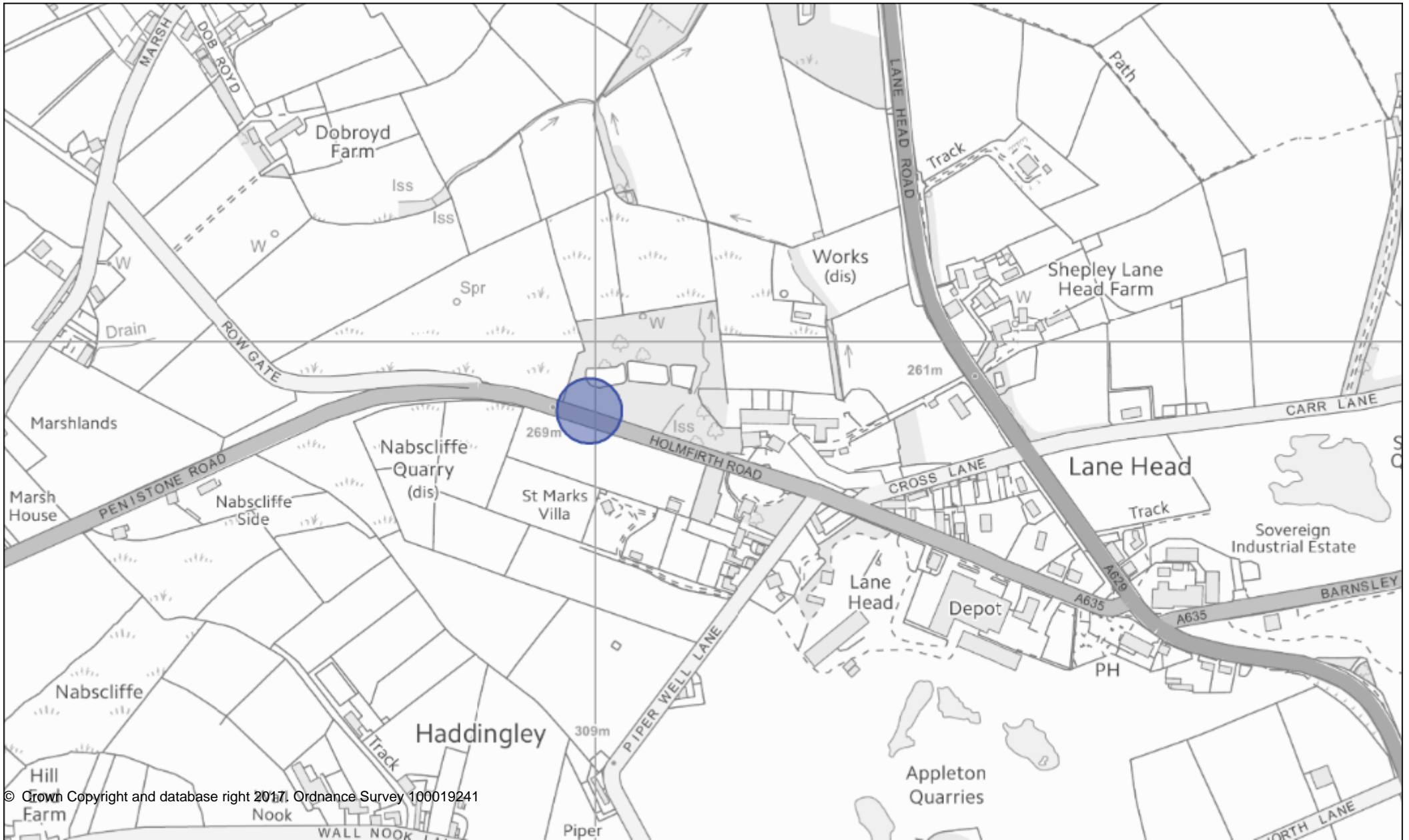
- 1952 - Section of retaining wall in the area was reconstructed following land slip.
- 1960 - Subsidence causing damage to road and subsequent repairs.
- 1976 - Settlement of eastbound carriageway and movement of retaining wall causing lane closure and repairs.
- 1985 - Installation of reinforced concrete slab to solve subsidence issues.
- 2001 - Full failure of concrete slab causing lane closures.
- 2002 - Reconstruction of adjacent section, remaining 65m noted to be in poor condition.

- 2003 - Installation of gabion baskets to attempt to solve subsidence issues.
- Post - 2003 – Ongoing subsidence causing damage to the highway requiring regular repairs.

10. **Service Director responsible**

Joanne Bartholomew - Service Director - Commercial, Regulatory and Operational Services

joanne.bartholomew@kirklees.gov.uk



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A635 Holmfirth Road, Shepley,
Location Plan
100 M

Scale = 1 : 5000



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Name of meeting: Cabinet

Date: 25th July 2017

Title of report: New Inclusion and Diversity Strategy and Action Plan

Purpose of report:

To seek approval for the Council's new Inclusion and Diversity Strategy and Action Plan and endorsement to take it to Full Council.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	No
The Decision - Is it eligible for call in by Scrutiny?	Yes
Date signed off by <u>Director</u> & name	Naz Parkar, Director of Economy, Skills and the Environment, 11 July 2017
Is it also signed off by the Service Director - Finance, IT and Transactional Services?	Debbie Hogg, Service Director – Finance, IT and Transactional Services, 10 July 2017
Is it also signed off by the Service Director - Legal, Governance & Commissioning?	John Chapman, Interim Deputy Head of Legal Services, 11 July 2017
Cabinet member portfolio	Leader of the Council - Cllr David Sheard Deputy Leader of the Council - Cllr Shabir Pandor

Electoral wards affected: All

Ward councillors consulted: None

Public or private: Public

1. Summary

In March 2016 Full Council agreed the new Inclusion and Diversity in Kirklees [Policy Statement](#) which set a new direction of travel for the Council. Fundamentally it was a move to a “beyond compliance” model for Inclusion and Diversity (I&D), meaning that we would not only meet our legal obligations under the Equality Act 2010 but also work towards an inclusive organisation that promotes and values diversity as an asset.

Since the adoption of the Policy Statement work has been under way to develop a long term strategy on I&D and put in place practical measures in the organisation to embed the key principles outlined in the Statement and new Strategy and Action Plan.

2. Information required to take a decision

As a public sector organisation, we are required to comply fully with the Public Sector Equality Duty (PSED) which this year extends its scope to reporting on the Gender Pay Gap.

The 4-year Action Plan, in the first year, has an internal focus in respect of its outcome and measures. Once progress is made against these outcomes, in the first year a more external focus on outward-facing community related issues will be incorporated into the plan in years 2, 3 and 4.

However, the new Strategy and Action Plan is not only about legal requirements around equality, we want to take a wider approach that values diversity and promotes inclusion – it's about moving from equality to inclusion.

Our new and developing approach is based on the following principles:

- Managing Diversity to improve the 'bottom line'
- Improved customer insight and service redesign
- Diversity will be leveraged through inclusion
 - diversity + inclusion = improved business outcomes
- Beyond tokenism and harnessing "diversity of thought" (seeking and using the experience and perspectives from a wide range of people)
- Ensuring diversity is linked to how we measure performance
- Inclusive and emotionally intelligent leadership

Since the new Policy Statement went live a number of practical actions have taken place to progress the implementation of the Policy which are set out in the first [I&D Annual Report](#). In conjunction with this work a 4 year Inclusion and Diversity Strategy and Action Plan has been developed (see Appendix).

3. Implications for the Council

Ensuring I&D is integral to how Kirklees Council moves forward and supports the journey to New Council is the key driver behind the new approach. The actions taken so far to more effectively embed I&D and the developing new Strategy and Action Plan will impact on the whole Council.

Once adopted the new strategy will support and enhance how employees, councillors and communities work on I&D with a strong focus on moving to New Council and beyond on an informed intelligence led basis. The actions and future thinking contained in the new Strategy and approach aims to address this issue by giving it a stronger strategic focus supported by tangible practical actions.

4. Consultees and their opinions

Overview and Scrutiny Management Team – supportive of the new approach and keen to see it linked to performance.

Internal Equality Employee Networks – helped to shape the original Policy Statement and are in support of the new Strategy and action Plan.

5. Next steps

The new Strategy and Action Plan will be taken to Full Council, 13th September 2017, for approval.

6. Officer recommendations and reasons

For Cabinet to:

- Approve the new I&D Strategy and Action Plan
- Recommend that the Strategy and Plan goes forward to Full Council on 13th September 2017

7. Cabinet portfolio holder's recommendations

Cllrs David Sheard and Shabir Pandor recommend that the Strategy and Action Plan is approved and taken forward to Full Council.

8. Contact officer

David Bundy, Corporate Policy Officer, Policy Unit
Tel: 07812 740059
Email: david.bundy@kirklees.gov.uk

9. Background Papers and History of Decisions

Report to Overview and Scrutiny Management Committee, 27th March 2017 - Update on Inclusion and Diversity

Report to Full Council, March 2016 - Inclusion and Diversity in Kirklees – Work on a new policy statement for 2016/17

10. Assistant Director responsible

Kim Brear, Streetscene and Housing
Tel: 01484 221000

Kirklees Council's Inclusion and Diversity Strategy and Action Plan 2017 – 2021

“From Equality to Inclusion”

Introduction

Our Strategy and Action Plan for 2017-21 builds on the Inclusion and Diversity Policy Statement agreed by full-Council in 2016 and reaffirms our Kirklees approach of moving from equality to inclusion:

“The council is modernising its approach to equality, inclusion and diversity. Our requirement and commitment remains to meet our obligations under the [Equality Act 2010](#) and [Public Sector Equality Duty](#); however, our Inclusion and Diversity Statement is the first step in placing a greater emphasis on moving from equality to inclusion. We will incorporate this positive approach more effectively and routinely in everything we do through respecting diversity, valuing different perspectives and supporting inclusion...”*

[*See Appendix A for some definitions]

The basis of this Strategy and Action Plan is fairness, understanding and valuing people and our work to support this is linked to seven core principles/areas set out in the [Policy Statement](#):

- A committed and diverse workforce
- Taking a positive and inclusive approach to everything we do
- Zero tolerance on abuse, harassment, bullying and violence
- Demonstrating our commitment through the way we do things in Kirklees
- Inclusive policies
- Spreading the word about inclusion and diversity
- Listening and acting for ongoing improvement

We know that the Council needs to modernise its approach to equality. A shift from focusing purely on equality to a much wider emphasis on inclusion and diversity highlights a desire to move beyond compliance with legislation, although this will still be a key requirement (see Appendix B of this strategy). We are also committed to using insight and intelligence from our employees and communities to improve services, productivity and people’s everyday experiences on an ongoing basis

The Strategy will provide direction to our employment and service delivery activities, ensuring that we direct limited resources on an intelligence-led basis. It will help ensure that we are full and active partners in delivering health and wellbeing strategies and in dealing with poverty, health inequalities, social deprivation and social exclusion helping to build stronger, safer more resilient communities.

It is a 4 year plan which will be reviewed on a regular basis with an annual Inclusion and Diversity Report published to demonstrate progress. The Action Plan (see Appendix C) sets clear outcomes and acknowledges that progress will be attained in a phased manner; however in no way does this diminish the council's commitment to tackling inequality and discrimination in all its various forms.

Inclusion and Diversity Outcomes

The Action Plan within the Strategy identifies clear outcomes for each of the seven areas in the Policy Statement. Not every outcome can be achieved immediately which is why the Plan sets a timeframe for the different elements within it.

The Plan will be reviewed and updated on a regular basis with a progress report published on the Council's website. Importantly, the outcomes have been developed using strong data and intelligence which has helped to identify the outcomes as priority areas to focus on. Also, these outcomes complement the overall vision and priorities for the Council:

“A district which combines a strong, sustainable economy with a great quality of life – leading to thriving communities, growing businesses, high prosperity and low inequality where people enjoy better health throughout their lives...”

The Inclusion and Diversity Strategy does not stand alone and has clear connections to other key plan such as our [Joint Health and Well-being strategy](#) and [Kirklees Economic Strategy](#).

Monitoring

Alongside the Annual Report on I&D quarterly reports will be submitted to Councillors and Senior Management.

Appendix A: Some definitions

Equality is about creating a fairer society where everyone can participate and has the same opportunity to fulfil their potential.

Equality is focused within a legislative framework – the main piece of legislation is the Equality Act 2010. The Act is designed to address unfair discrimination, harassment and victimisation; advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

There are nine ‘protected characteristics’ covered by the Equality Act: age, disability, gender reassignment (transgender), marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (gender) and sexual orientation.

Diversity involves more; it is about valuing the full range of differences between people in the workplace and the wider society.

Promoting diversity acknowledges that entry into the workplace, and an employee reaching their potential once there or a customer’s ability to access council services and opportunities can be impacted / influenced by a range of factors beyond the characteristics included within the equality legislation, including social, economic and educational background, professional background, hierarchal level, working styles. It involves an understanding of the perceptions and experiences of others – employee / customers belonging to minority and majority groups (and the impact of conscious and unconscious bias).

Diversity is also a description of the way an organisation looks and how well it serves its customers / population. It paints a picture of different types of people at different levels in the organisation and how well different customer needs are met in service planning, commissioning and delivery. This is the result of ‘harnessing and valuing difference’. – The legislation is an important element but the scope of diversity goes further than the ‘legal minimum’. It should be noted that diversity must be valued without (negatively) stereotyping difference so as to avoid any / perpetuating any inequalities.

Inclusion within the equality and diversity context:

- is about including all people
- is about the culture, environment and processes operated by the organisation
- is measured by how people feel (results from how people are involved)
- requires effort to be achieved.

Inclusion is about the individual’s experience and the extent to which they feel valued and included. Working to achieve inclusion involves effectively managing change and a continuous effort to maintain diversity.

Appendix B: Legal requirements

When public authorities carry out their functions, the Equality Act says they must have due regard or think about the need to do the following things:

- eliminate unlawful discrimination
- advance equality of opportunity between people who share a protected characteristic and those who don't
- foster or encourage good relations between people who share a protected characteristic and those who don't.

Having due regard means public authorities must consciously consider or think about the need to do the three things set out in the public sector equality duty. It's the courts who decide if a public authority has done enough to comply with the duty.

The Equality Act says public authorities should think about the need to:

- remove or reduce disadvantages suffered by people because of a protected characteristic
- meet the needs of people with protected characteristics
- encourage people with protected characteristics to participate in public life and other activities

The equality duty covers the nine protected characteristics: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status. This means that the first aim of the duty applies to this characteristic but that the other aims (advancing equality and fostering good relations) do not apply.

- Public authorities are required to monitor and publish the all of the protected characteristics of their employees
- It is a mandatory requirement for all larger public sector employers, with 250 or more employees, in England to publish statutory calculations every year showing how large the pay gap is between their male and female employees

Specific duties

Public authorities also have specific duties under the Equality Act to help them comply with the public sector equality duty.

Public authorities must do the following:

- publish equality information at least once a year to show how they've complied with the equality duty
- prepare and publish equality objectives at least every four years

The Annual Report will provide this information.

KIRKLEES INCLUSION AND DIVERSITY STRATEGY ACTION PLAN 2017 - 2021

I&D Policy <u>Statement</u> Area	Outcomes/Objectives (<i>What are we looking to achieve?</i>)	Activity - <i>what are we going to do</i>	Performance Measures - <i>how we are going to assess progress</i>	Timeframe
COMMITTED AND DIVERSE WORKFORCE	We have a diverse workforce that represents all communities in Kirklees.	<ul style="list-style-type: none"> • Internal campaign to encourage employees to complete equality profile information • Mapping exercise on how representative our workforce is and where are the gaps across the organisation <ul style="list-style-type: none"> ○ actively use information on equality groups where data already exists • Calculate and publish the data on the gender pay gap and provide the analysis across the organisation (to be included as part of PSED 2017) 	<ul style="list-style-type: none"> • We have established a baseline for all protected characteristic groups • There is increasing similarity between workforce profile and Kirklees community profile (specific targets for the future will depend on the baseline data) • Analysis informs specific actions to help reduce (and ultimately eliminate) the gender pay gap 	<p>October 2017 onwards</p> <p>January 2018 onwards</p> <p>First gender pay report to be published April 2018</p>

<p>POSITIVE AND INCLUSIVE APPROACH</p>	<p>We will be a more inclusive organisation where everyone feels included and able to make a difference to local communities</p>	<ul style="list-style-type: none"> • Make a link to our People Strategy and Culture Change Programme – cross reference the activities in the I&D strategy and other work which support the I&D agenda to ensure a common approach • Use data from Employee Pulse survey to create a baseline and monitor 	<ul style="list-style-type: none"> • Our I&D approach is becoming embedded as part of behaviours and expectations and ‘new culture for our New Council’ • Increase in % of employees who feel their skills and behaviours are recognised • Increase in % of employees who feel included and part of their team • Increase in % of employees who feel that what they do makes a difference for local people • Data routinely being shared and discussed to inform ongoing actions 	<p>September 2017</p> <p>Baseline Autumn 2016 for new measures, ongoing monitoring via internal ‘employee pulse surveys’</p>
<p>LISTEN AND ACT</p>	<p>Our approach to Inclusion and Diversity is informed by feedback from staff and citizens</p>	<ul style="list-style-type: none"> • Ensure that the organisation seeks ideas and learning from elsewhere • Explore how best to capture intelligence from front-line workers to support our approach to I&D • Continue to engage with Council Equality Employee Networks 	<ul style="list-style-type: none"> • We are capturing and sharing good practice case studies/stories • Our understanding of I&D in Kirklees is continually being shaped and updated to address priority issues • Employee Networks are contributing to organisational priorities and change 	<p>September 2017 onwards</p>

<p>ZERO TOLERANCE</p>	<p>All forms of bullying, harassment and discrimination are seen as unacceptable and poor behaviour is challenged and actively tackled</p>	<ul style="list-style-type: none"> • Clarify and confirm definitions of bullying, harassment, etc. and what the current procedure is for managers and employees • Raise awareness among employees/managers about the policy and procedures • Assign the role of Champion to a Senior Manager • Analyse existing data and intelligence such as the specific I&D employee "Temperature Check" survey, incidents recorded by HR, etc. to get a baseline 	<ul style="list-style-type: none"> • Reduction in the number of reports of harassment/ bullying? [but NB: these may increase initially with shift to zero tolerance] • Increased satisfaction with how harassment / bullying incidents are resolved? • Reduction in the number of hate crime incidents against council employees 	<p>September 2017 onwards</p>
<p>THE WAY WE DO THINGS IN KIRKLEES</p>	<p>Council outcomes are focused on reducing inequalities and monitored by strong and timely local intelligence</p> <p>All key decisions made by the Council are supported by an Equality Impact Assessment (EIA)</p> <p>Work in a more inclusive way building on the diversity of communities and the workforce</p>	<ul style="list-style-type: none"> • Identify from intelligence/data the structural inequalities which are priorities for Kirklees communities • Guidance produced for report writing for Cabinet, Full Council and Executive Team • Embedding council Behaviours and Expectations throughout the organisation • Using the insight and experience of communities to improve services 	<ul style="list-style-type: none"> • % of council outcomes which include measures of inequalities in their indicator sets • All EIAs are published on the Council's website • Employees feel more included in the workplace (Employee Pulse Survey) • Demonstrate how the involvement of communities has improved services 	<p>January 2018 onwards</p> <p>May 2017 onwards</p> <p>May 2017 onwards</p> <p>October 2017 onwards</p>

	All Senior Managers have annual objectives set on Inclusion and Diversity	<ul style="list-style-type: none"> • Use the council's Appraisal process 	<ul style="list-style-type: none"> • Progress on objectives included in the Annual I&D Report 	September 2017 onwards
INCLUSIVE POLICIES	Inclusion and diversity is integral to all strategies and policies	<ul style="list-style-type: none"> • Use the EIA process to review strategies and policies in a phased manner 	An increase in number EIAs completed and published	May 2017 onwards
SPREAD THE WORD	Actively spread the word that Kirklees represents and values everyone	<ul style="list-style-type: none"> • Develop and implement a communication plan • Produce an Annual I&D Report 	<p>No measure in year 1</p> <p>First annual report in July 2017</p>	<p>May 2018</p> <p>Annually</p>



Name of meeting: Cabinet

Date: 25 July 2017

Title of report: Specialist provision for Kirklees children with communication and interaction needs

Key Decision - 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
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)</u>?	Yes
The Decision - Is it eligible for "call in" by Scrutiny?	Yes
Date signed off by Strategic Director & name	Steve Walker - 17.07.17
Is it also signed off by the Service Director for Finance, IT & Transactional Services	Debbie Hogg - 10.07.17
Is it also signed off by the Service Director - Legal Governance and Commissioning	Julie Muscroft - 07.07.17
Cabinet member portfolio	Cllr Erin Hill & Cllr Masood Ahmed - Children

Electoral wards affected: All

Ward councillors consulted: Yes

Public or private: Public

Contents:

1. Summary.....	3
2. Information required to take a Decision	3
3. Implications for the Council	5
4. Consultees and their opinions	6
5. Next steps	11
6. Officer Recommendations and Reasons.....	12
7. Cabinet Portfolio Holder's Recommendations.....	12
8. Contact Officer.....	12
9. Background papers and history of decisions	12
10. Service Director responsible	12

APPENDICES

Appendix A	-	Distribution list for consultation document.
Appendix B	-	Consultation document.
Appendix C1	-	Minutes of staff meeting at Windmill Church of England Voluntary Controlled Primary School
Appendix C2	-	Minutes of governing body meeting at Windmill Church of England Voluntary Controlled Primary School
Appendix D	-	Detailed feedback received in response to consultation by stakeholder

1. Summary

The report details, for Members' consideration, the outcomes from the non-statutory consultation on the proposed new communication and interaction provision to be hosted by Windmill Church of England Voluntary Controlled Primary School and seeks a decision on the way forward in light of the information received from 1 October 2017. It also seeks to complete the legal process to decommission the specialist provision at Ashbrow School for children with speech, language and communication needs (SLCN) from 31 September 2017

2. Information required to take a Decision

2.1 Kirklees review of specialist provision for children with special educational needs

Since 2012, Kirklees council has been reorganising specialist provision across Kirklees to meet demand. Specialist provision across Kirklees has been under review to offer children more choice at their local school.

Cabinet Report 6th December 2011 - Report on the outcomes of the statutory consultation on the proposals for the future organisation of specialist provision for disabled children and those with special educational needs across Kirklees

Link to 6 December 2011 cabinet report:- <http://bit.ly/6Dec11>

On 5 April 2016, a Cabinet report was taken forward to adjust some existing specialist provisions. This report provided an overview of progress made in relation to the changes from December 2014 to specialist provision for children and young people with additional needs in the areas of autism; speech, language and communication needs (SLCN); physical impairment (PI); and sensory impairment (HI & VI). A non-statutory consultation took place between 16 May and 17 June 2016 on the proposals in relation to the changes to specialist provision for children and young people with additional needs in the areas of autism and SLCN. Link to 5 April 2016 cabinet report:- <http://bit.ly/5thApr16>

On 15 November 2016, Cabinet received the report of the outcomes of the non-statutory consultation and agreed to the officer's recommendation for a new 'commission' of a primary specialist provision. The new provision would offer 12 transitional places, plus outreach, to cater for children with complex communication and interaction needs that are impacting significantly upon their social development and emotional wellbeing. For some children, the overlap of a range of difficulties, one of which may be SLCN, means that a more holistic approach to provide a holistic approach to better support the needs of those children.

Link to 15 November 2016 cabinet report:- <http://bit.ly/15thNov16>

On 7 March 2017 Cabinet members were presented with a report on the proposals for changes to specialist provision for children with SLCN and autism. The process to identify a host school for the proposed provision began with invitations for expressions of interest from primary schools across Kirklees. The four week expressions of interest period ran from 23 November to 20 December 2016.

Link to 7 March 2017 cabinet report:- <http://bit.ly/7thMar17>

During this period, expressions of interest were submitted by 10 Kirklees primary schools and, in total, four applications were received. On 14 February 2017, senior Kirklees council officers reviewed the applications to determine which school would be the preferred host for the new communication and interaction provision.

The successful school was Windmill Church of England Voluntary Controlled Primary School.

- The school application demonstrated a strong, inclusive ethos where staff championed their pupils. It gave examples of where they had worked successfully with children to ensure they were happy and successful in the school.
- They described well-managed SEN provision, and an understanding of the needs of children with complex needs.
- They were able to evidence how the school already worked collaboratively with other schools, and expressed a desire to work in partnership with the Local Authority.
- They saw the inclusion of the provision within the school as something that would benefit their existing pupils.
- They were explicit about the value they placed on the involvement of parents and carers.

Please see the cabinet report of **4 April 2017** that refers: <http://bit.ly/04Apr17>

2.2 On **4 April 2017** Cabinet members authorised officers to develop plans for a non-statutory consultation during April/May on the proposed new communication and interaction provision to be hosted by Windmill Church of England Voluntary Controlled Primary School, and to complete the legal process to decommission the specialist provision at Ashbrow School for children with speech, language and communication needs (SLCN).

The LA proposal

- A. To decommission 12 transitional places for SLCN at Ashbrow School
- B. To create 12 transitional places for communication and interaction needs at Windmill Church of England Voluntary Controlled Primary School

2.3 Equalities Impact Assessment

2.3.1 The Equality Act 2010 places the Council under a duty - the Public Sector Equality Duty - to have due regard to the need to achieve equality objectives when carrying out its functions. An initial Equalities Impact Assessment has been carried out on the proposals. The following is a short initial analysis of the likely changes arising from the revised proposals.

2.3.2 Following the updates made to the EIA after the non-statutory consultation, the proposal to establish a new provision for communication and interaction is still intended, and is very likely to have a positive impact for pupils and their families living in Kirklees because the aims are to strengthen existing specialist provision and outreach arrangements where they are needed, in line with demand.

The updated EIA can be found here: <https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactassessments.asp>

Then select 'Children and Young People Directorate' and 'CH24 Specialist provision', The stage 1 report is named '170530 Stage 1 EIA C&I After Consultation before stat notice'

The stage 2 report is named '170530 Stage 2 EIA C&I After Consultation before stat notice' – last updated 26 June 2017.

The EIA will continue to be reviewed in the light of any decision taken by Cabinet.

3. Implications for the Council

3.1 Early Intervention and Prevention (EIP)

One of the core principles of Kirklees' specialist provision work is the delivery of intervention to children in as timely a manner as possible, within their locality, in order to address needs and identify strategies either through outreach support or where needs are more complex, through the provision of specialist places in order to meet need and prevent further difficulties arising. A child referred to the provision would have an Education Health Care Plan (EHCP), high level funding and intensive support already given, as such, children will be known to the specialist provision (SP) team prior to any referrals.

3.2 Economic Resilience (ER)

By addressing concerns early, our aim is to ensure that wherever possible a child remains at their local school and is able to follow its curriculum (with some degree of personalisation) in order to achieve their potential into adulthood.

3.3 Improving outcomes for Children

Specialist provision offers high quality advice, guidance and support to our schools in meeting a range of special educational needs, which in turn will improve outcomes for the children in that school.

3.4 Reducing demand of services

This early intervention model works to ensure that wherever possible a child's needs can be met at their local school, thus reducing the potential requirement for more costly provision. The service works to build capacity with mainstream schools so that they become better able to meet need and not always rely on costlier external support.

3.5 Council priorities:

Council policies affected by this proposal include the Children & Young People Plan. The proposals will support the Council priorities which are:

- **Health and wellbeing in Kirklees:** By 2020, no matter where they live, we want people in Kirklees to live their lives confidently, in better health, for longer and experience less inequality
- **A strong economy for Kirklees:** We want Kirklees to be recognised as the best place to do business in the north of England and as a result, one where people prosper and flourish in all of our communities.

- **Provide effective and productive services:** Ensuring services are focused on the needs of the community and delivering excellent value for money.

3.6 Human Resources implications

There would be human resources implications resulting from the creation of the specialist provision at Windmill Church of England Voluntary Controlled Primary School. Should the proposals be agreed, officers from the LA would work with the governing body and head teacher of the school regarding recruitment and any revision to structures including other affected members of staff not based at the school. Kirklees HR officers will provide technical advice and support any processes where required.

3.7 Financial Implications

3.7.1 Revenue

The Specialist Provisions are fully funded from the “high needs block” of the Dedicated Schools Grant (DSG), which is an annual government grant received by the Council. This can only be spent on education so the proposals have no revenue impact for the Council budget. The proposals do not reduce the funding allocated to Specialist Provision services; the funding will be redirected to pay for a new provision of 12 communication and interaction transitional places including outreach for pupils remaining in their local school.

3.7.2 Capital

There would be no capital implications arising from these proposals if agreed and implemented.

4. Consultees and their opinions

4.1 The statutory process for school re-organisation

On **4 April 2017** delegated authority was provided to the Director for Children and young people in consultation with the Cabinet Portfolio lead to:-

- develop consultation materials on the basis of the proposals
- organise and carry out non-statutory consultation

The proposed re-organisation of the specialist provisions at Ashbrow School and Windmill Church of England Voluntary Controlled Primary School will be subject to School Organisation (Prescribed Alterations to maintained Schools) (England) Regulations 2013. The regulations require a statutory process to be followed for establishing, removing or altering special educational needs provision at a mainstream school. The LA may propose these changes, but must follow a four stage statutory process as set out below.

- Publication
- Representation (statutory consultation)
- Decision
- Implementation

It was agreed that a non-statutory consultation would take place with key stakeholders to have an opportunity to comment on the proposals.

Members requested officers report the outcomes of the non-statutory consultation to Cabinet for further consideration of the next steps

4.2 Consultation Strategy and Methodology

4.2.1 A four week term-time non-statutory consultation about the proposals to establish a communication and interaction provision to create 12 transitional places at Windmill Church of England Voluntary Controlled Primary School and to decommission 12 transitional places for SLCN at Ashbrow School took place between 24 April and 22 May 2017, to seek the views of parents/carers, school staff, professionals, governors, pupils, other schools with specialist provisions, ward members, wider community stakeholders and other interested parties.

4.2.2 This is the first consultation that the School Organisation and Planning Team have undertaken solely online. The 'Digital by Design' approach was adopted to bring processes into line with current council policies. Paper copies were also made available if requested. Responses to the consultation could be made online via the council website, where the full details of the consultation were also available to view. Letters were sent to the families of pupils at Windmill Church of England Voluntary Controlled Primary School with a link to the web page. Letters with the link to the web page were also sent to school staff, school governors, ward members, MPs, faith groups, neighbouring Local Authorities and other key stakeholders. Copies of the consultation document were sent to Trade Union representatives, community centres/groups, libraries and health centres in the area. The consultation document was also made available on HeadsUP!, at the public consultation event and by request. A complete distribution list is attached at Appendix A.

4.2.3 A copy of the consultation document 'Non-statutory consultation on proposals for: A new provision for children with communication and interaction needs at Windmill Church of England Voluntary Controlled Primary School', can be found at Appendix B.

4.2.4 The consultation document outlined the proposals and a proposed timeline for developments. A comprehensive online response sheet was available on the Council website. The response sheet asked whether people supported or opposed the proposals and the reasons for those views.

4.2.5 Response forms could be completed electronically on the Council website. In addition, individuals were encouraged to feedback views either via email or letter. A 'Freepost' address was available for returning paper forms and/or letters to maximise the opportunities for receiving feedback to the proposals.

4.2.6 The Council held a consultation 'drop-in session' for parents/carers and key stakeholders to enable individuals to speak with officers about the proposals in more detail (and in particular about the potential implications for them as individuals).

4.2.7 There were 12 attendees in total at the public consultation 'drop-in' session, which took place between 3pm and 4pm on 9 May 2017 at Windmill Church of England Voluntary Controlled Primary School.

4.2.8 The purpose of the meeting was for officers to support and advise and to offer clarification to groups and individuals about matters relating to the proposals, in order that they may form a considered view to enable them to respond on the matters on which they were being consulted by either completing the relevant feedback forms or responding via another medium such as email, letter etc.

4.2.9 Bespoke meetings for staff and governors at Windmill Church of England Voluntary Controlled Primary School were held during the consultation period. The notes of these meetings are detailed in Appendices C1 & C2.

4.3 Response to Consultation

We asked stakeholders the following question and asked for their comments:-
'Do you support or oppose the proposals relating to Windmill Church of England Voluntary Controlled Primary School – to create 12 transitional places for children with communication and interaction needs?'

Attached at Appendix D is a comprehensive report which details the responses received to the consultation in full.

The consultation was primarily undertaken online, adopting the 'Digital by design' approach, during the consultation period there were also approximately 60 paper documents distributed either via Royal Mail or at the consultation event. See point 4.2.2 above for further detail.

The Council received five responses in relation to this consultation. The types of stakeholders responding to the consultation are detailed in the table below.

Type of respondent	Number received
Parent/carer	1
Governor	1
Member of staff	2
Pupil	
Local resident	
Other	
Not stated	1
Total	5

All responses received were made via the online form on the Kirklees website.

Parent/carer responses:

1 response was received from a parent who strongly supported the proposals.

Governing Body / governor responses:

1 response was received from a governor who strongly supported the proposals.

A Governor Consultation meeting was held the school during the consultation period. Notes of this meeting are included in Appendix C2.

Staff responses:

2 responses were from staff: Both strongly supported the proposal.

A staff consultation meeting was held at the school during the consultation period with Human Resources and Trade Union representatives. Notes of this meeting are included in Appendix C1.

Other members of staff that are affected by the proposals were given a paper copy of the consultation document and had a separate meeting with HR, union representatives and LA officers.

Other responses:

1 response was from a stakeholder who was identified as 'other'. They strongly opposed the proposal.

4.4 Key Themes from the Consultation Responses

All responses and notes of meetings are included in full in Appendices C1, C2 and D. The responses have been analysed to identify key themes and these have been summarised along with an officer commentary on the issues raised.

The feedback from the consultation features the following themes:-

Key Theme: Positive impacts at Windmill Church of England Voluntary Controlled Primary School	
Summary response	Officer commentary
<p>Respondents who strongly supported the proposals highlighted the wealth of expertise in the school will not only impact on the pupils the provision can support but also the children attending the school.</p> <p>Respondents believed that the children can learn more about equality, inclusion, diversity and developing skills.</p>	<p>These comments reflect and reinforce the rationale for selecting Windmill Church of England Voluntary Controlled Primary School as the potential host for the newly commissioned provision.</p>
Key Theme: Suitability of Windmill Church of England Voluntary Controlled Primary School to host the provision	
Summary response	Officer commentary
<p>Respondents who strongly supported the proposals were excited to see how this provision could develop.</p> <p>Respondents feel that the staff at the school are dedicated to the children and that the reputation of the school has soared in the community since it opened.</p>	<p>These comments reflect and reinforce the rationale for selecting Windmill Church of England Voluntary Controlled Primary School as the potential host for the newly commissioned provision.</p>

<p>Respondents who strongly support the proposals expressed confidence that this will be a successful unit for children in Kirklees and be a welcome addition to an already inclusive school.</p> <p>Respondents see this as a caring school and believe that this will be a successful and beneficial move for all parties</p> <p>A respondent who strongly supported the proposals highlighted that the ethos of the school strongly promotes equality and diversity by accepting all pupils. The specialist provision would be ideal to demonstrate this commitment by supporting the needs of new pupils. The 12 proposed transitional places for communication and interaction will strengthen the vision of the school, the children, staff and the community of the school as a whole.</p>	
<p>Key Theme: Availability of outreach services</p>	
<p>Summary response</p> <p>The respondent who strongly opposed the proposals felt this would be a reduction of available outreach for the schools across the authority.</p> <p>This respondent questioned whether providing a service for more complex needs would impact upon the ability to provide outreach?</p>	<p>Officer commentary</p> <p>The staffing of the proposed new provision will be in line with that of other specialist provisions in terms of specialist teachers and support staff. The routine rigour of monitoring numbers across all specialist provisions will continue in order to ensure that staffing levels continue to reflect demand.</p>
<p>Key Theme: Definition of communication and interaction</p>	
<p>Summary response</p> <p>The respondent who strongly opposed the proposals commented on the lack of clarity within the consultation document around the overlap of a "range of difficulties" and a "more complex" cohort?</p>	<p>Officer commentary</p> <p>The previous consultation had highlighted a gap in provision for children with complex communication and interaction needs. This cohort of children are defined as those where there is an overlap of a range of difficulties, one of which may be SLCN, but where, in addition, there are significant difficulties with social communication skills which impact greatly upon emotional development and often result in challenging behaviour. The view is that such needs would be better accommodated through a refocus from SLCN to Communication and Interaction, which is</p>

	reflective of a greater level of complexity of need.
Key Theme: Clarification on timeline	
Summary response	Officer commentary
The respondent who strongly opposed the proposals questioned whether the implementation date is realistic?	It is proposed that the provision would be implemented from 1 October 2017, however, this does not mean that it would be fully functional from that date as final arrangements and a recruitment process cannot be finalised until final Cabinet approval is given. It is likely the provision would provide an outreach only service initially building up to full capacity over the following months.
The respondent asked for more clarity about the budget?	If agreed by Cabinet, the provision would be fully funded through a Service Level Agreement (SLA).

4.5 Conclusions to be drawn from the non-statutory consultation

The conclusion to be drawn from the non-statutory consultation is that there is a very good level of support from the large majority of respondents for establishing a provision of 12 transitional places for children with communication and interaction needs at Windmill Church of England Voluntary Controlled Primary School.

The very low number of respondents (5) indicates that the proposals are not contentious, 4 of which were supportive of the proposals.

Concerns raised, such as questions about staffing structures, physical space, job security and logistics around current teaching arrangements, can be effectively managed during a transition period

5. Next steps

5.1 Subject to decisions made by Cabinet, the indicative timeline for the next stages of the statutory processes are set out below:

Activity	Date
Cabinet Report seeking permission to begin consultation as part of the statutory processes	4 April 2017
Four week non-statutory consultation	24 April – 22 May 2017
Outcome report to cabinet and approval to next stage	25 July 2017
Publication of notices and four week representation period*	August 2017
Final decision by Cabinet*	September 2017

Implementation*	From 1 October 2017
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** These dates are subject to Cabinet approval and may change*

6. Officer Recommendations and Reasons

6.1 Cabinet is recommended to:-

Note the responses to the non-statutory consultation about establishing a new communication and interaction provision to be hosted by Windmill Church of England Voluntary Controlled Primary School providing 12 transitional places.

6.2 Request that officers take steps to carry out the next stage of the legal process to:-

- Establish 12 transitional places for children with communication and interaction needs at Windmill Church of England Voluntary Controlled Primary School
- Decommission 12 transitional places for Speech, Language and Communication Needs (SLCN) at Ashbrow School

6.3 Request officers to report the outcomes of the representations received during the statutory publication period to Cabinet for determination.

7. Cabinet Portfolio Holder's Recommendations

We, the Cabinet Members for Children's Services, endorse the recommendations set out by officers in the previous section of this report.

Ensuring there is the best possible organisation of support in order that our children and young people can succeed is of the utmost importance. It is because of this that we recognise that further changes are needed if we are able to ensure our resources are configured in such a way that will help deliver better outcomes. It is for these reasons that we support the officer recommendations to proceed to statutory notice stage to establish a new provision and to make the necessary changes at existing specialist provisions as described in this report.

8. Contact Officer

Mandy Cameron.
Head of Education Inclusion & Safeguarding
01484 221000
mandy.cameron@kirklees.gov.uk

9. Background papers and history of decisions

- Report Prepared by Cambridge Education April 2008 : Kirklees Council -Review of the Arrangements for Special Educational Needs in the Children & Young People Service

- Cabinet Report: 28th September 2010 - Specialist Provision for Disabled Children and those with Special Educational Needs
<http://bit.ly/28Sept10>
- Cabinet Report: 21st June 2011 - Report on the outcomes of the non-statutory consultation on the proposals for the future organisation of specialist provision for disabled children and those with special educational needs across Kirklees
<http://bit.ly/21June11>
- Cabinet Report 6th December 2011 - Report on the outcomes of the statutory consultation on the proposals for the future organisation of specialist provision for disabled children and those with special educational needs across Kirklees
<http://bit.ly/6Dec11>
- Cabinet Report 13th March 2012 - Report on the representations received from the published Statutory Notices on the proposals for the future organisation of specialist provision for disabled children and those with special educational needs across Kirklees at the following schools:- Ashbrow I & N School, Ashbrow Junior School, Carlinghow Princess Royal J I & N School, Dalton School, Flatts Nursery School, Headlands CE(VC) J I & N School, Honley High School, Lowerhouses CE(VC) JI & EY School, Moldgreen Community Primary School, Netherhall Learning Campus - Rawthorpe Junior School, Netherhall Learning Campus - Rawthorpe St. James CE(VC) I & N School, Netherhall Learning Campus High School, Newsome High School, Park Road J I & N School, Royds Hall High School, The Community Science College @ Thornhill, Thornhill J & I School
<http://bit.ly/13Mar2012>
- Cabinet Report 2nd December 2014 - Overview of progress made in relation to changes to specialist provision for disabled children and those with special educational needs across Kirklees.
<http://bit.ly/2ndDec14>
- Cabinet Report 10th March 2015 - Report on the outcomes from the non-statutory consultation for Members consideration on proposals for change to existing specialist provisions.
<http://bit.ly/10Mar15>
- Cabinet Report 2nd June 2015 - Report on the statutory proposals for Flatts Nursery School, Rawthorpe St. James CE(VC) I&N School and Rawthorpe Junior School.
<http://bit.ly/2June15>
- Cabinet - Date: 5th April 2016 - Overview of progress made in relation to changes to specialist provision for disabled children and those with special educational needs across Kirklees. The report requests approval to take forward proposals for adjustments to some existing specialist provisions.
<http://bit.ly/5thApr16>

- Cabinet report 15th November 2016 - Report on the outcomes of the non-statutory consultation on proposals in relation to the changes to specialist provision for children and young people with additional needs in the areas of autism, speech, language and communication (SLCN).
<http://bit.ly/15thNov16>
- Cabinet Report 7th March 2017 - Report on the proposals for changes to specialist provision for children with Speech, Language and Communication Needs (SLCN) and autism. To complete the process to discontinue 10 transitional places plus outreach for children with autism at Moldgreen Community Primary School and to update on progress in determining a host school for a new communication and interaction provision.
<http://bit.ly/7thMar17>
- Cabinet Report 4th April 2017 - Overview of progress made in relation to changes to specialist provision for children with special educational needs across Kirklees.
<http://bit.ly/04Apr17>

10. Assistant Director responsible

Jo-Anne Sanders
Service Director – Early Help & Learning.
Civic Centre 3
01484 221000
jo-anne.sanders@kirklees.gov.uk

List of consultees		
Kirklees Council Officers	Chief Executive – Jacqui Gedman Director for place – Naz Parkar Director for resources – Debbie Hogg Director for childrens services – Gill Ellis Director for inclusive growth & social justice – Ruth Redfern Director for commissioning, public health and adult social care – Richard Parry Assistant director for learning and skills - Jo-Anne Sanders Assistant director for family support & protection services – Anne Coyle Assistant director for early intervention and prevention – Sue Richards Director of public health – Rachel Spencer-Henshall Improvement director in childrens services – Merlin Joseph	
Kirklees Councillors	All wards	
Dioceses	Diocese Of Leeds Diocese Of Wakefield	
Further Education Collages	Greenhead College Huddersfield New College Kirklees College	
HR	Head of HR HR manager School Governor service	
Kirklees Information Advice & Support Service	Parent Partnership	
University	University of Huddersfield	
MP's	Jason McCartney MP Paula Sherriff MP Barry Sheerman MP Tracy Brabin MP	
DfE	School Organisation Unit	
Neighbouring LA's	Barnsley Council..... Barnsley Council..... Calderdale Metropolitan Borough Council..... Calderdale Metropolitan Borough Council..... City Of Bradford Metropolitan District Council..... City Of Bradford Metropolitan District Council..... Leeds City Council..... Leeds City Council..... Oldham Council..... Wakefield Metropolitan District Council..... Wakefield Metropolitan District Council.....	School Organisation Assistant Head of Infrastructure for Learning and Care (Access) School Organisation Director Of children's Services Director of children's services Principle research & policy Director of children services Education Leeds Assistant Executive Director Director Of children's Services School Organisation
The Children's Trust Board Members	<ul style="list-style-type: none"> • Mid Yorkshire NHS Trust • C&H NHS Foundation Trust Children's & Women's Service • North Kirklees Clinical Commissioning Group • West Yorkshire Police • Job Centre Plus • Kirklees College • Greater Huddersfield Clinical Commissioning Group • Kirklees Council – Directorate for Children and Young People • Kirklees Active Leisure 	

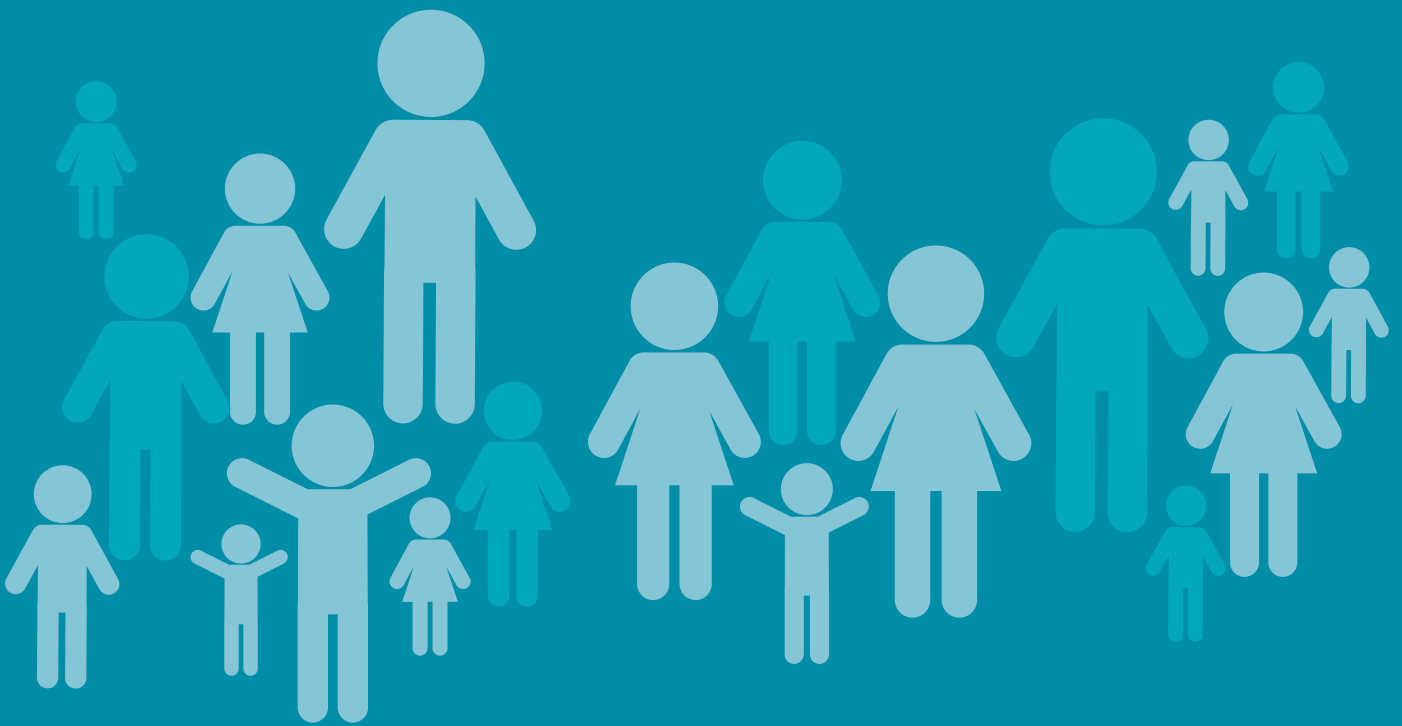
	<ul style="list-style-type: none"> • Kirklees Specialist Learning Support • Locala Community Partnerships • Kirklees Safeguarding Children Board • Kirklees Primary School Heads representatives • Kirklees High School Heads representative • Calderdale & Kirklees Careers • South West Yorkshire Partnership NHS FT • Probation Service - West Yorkshire Community Rehabilitation • West Yorkshire Fire and Rescue Authority • University of Huddersfield 	
Unions	AEP ASCL ASPECT ATL GMB NAHT NASUWT NUT UNISON UNITE VOICE THE UNION	
Parent/guardians of pupils at :	Windmill Church of England Primary School	
Governors and staff at :	Windmill Church of England Primary School	
Special Schools	Castle Hill School Fairfield School Woodley School and College Lydgate School Nortonthorpe Hall School Ravenshall School Holly Bank School	
Schools with Specialist Provisions	Ashbrow School Dalton School Headlands Church of England VC JI & N School Honley High School Lowerhouses CofE (VC) JI & EY School Moor End Academy Newsome High School and Sports College Rawthorpe St James I&N Rawthorpe Junior Royds Hall High School	
Libraries	Batley Library Birkby and Fartown LIC Dewsbury Library Huddersfield Library and Art Gallery Birstall Library	
Health Centres	Batley Health Centre Fartown Health Centre	
Community Centres	Batley Community Outreach Centre	
Community Groups	HSGA - Huddersfield Support Group For Autism Childrens therapy services Pre-school Learning Alliance Crossroads Care in Mid Yorkshire Young Peoples Activity Team (YPAT) North Kirklees Phab Club Parents of Children with Additional Needs (PCAN) ADD/ADHD Support	

	North Kirklees Autism Support Group & Friends Huddersfield Down Syndrome Support Group Kirklees Deaf Children's Society Service for Children with Sensory Impairment Huddersfield Actionnaires (Action for Blind people) Patient Advice Liaison Service (PALS) NHS Orchard View Dewsbury and District Autism Support group	
Others	SENCO Team Strand lead for ASD and team Strand lead for SLCN and team Affected teaching staff	

Kirklees Children and Young People Services

Non-statutory consultation on proposals for:

A new provision for children with communication and interaction needs at Windmill Church of England Voluntary Controlled Primary School



The closing date for responses is
22nd May 2017



Background

Kirklees Council wants all children and young people to have access to a range of provision and support across the district that will meet their educational needs and allow good opportunities for progression.

When Kirklees Council proposed to make adjustments to some existing specialist provisions in 2016, a non-statutory consultation took place. During this process, there were concerns raised about the effectiveness of the outreach 'hub' proposal as a sole provision and the lack of specialist places.

Permission was sought for a 4-week period to seek expressions of interest for a primary school to host a 'communication and interaction' specialist provision with 12 transitional places, plus outreach. Please follow this link to the final decision report agreed by Cabinet (the council's main decision making body) on 7th March –

<http://bit.ly/2pH1aIZ>

Officers brought forward alternative proposals for consideration by Cabinet for further approval to proceed with 'commissioning' a primary school to host 12 transitional places for communication and interaction needs. Please follow this link to the final decision report agreed by Cabinet (the council's main decision making body) on 4th April 2017–

<http://bit.ly/2o80ZmE>

The commissioning process has now been undertaken and we propose to adopt a school partnership approach to deliver a communication and interaction provision at Windmill Church of England Voluntary Controlled Primary School.

We are now holding a non-statutory consultation from 24th April 2017 to 22nd May

2017, during which you can express your views online, in writing, or in person at a consultation event. The proposals, and all your views, will then be considered by Kirklees Council's Cabinet.

There is a form at the back of this booklet that can be used to give your views. You can also come along to a meeting and speak to officers of the council about the proposals and give your views in person. The details of this meeting can be found in this booklet. **Your views must be received by 22nd May 2017.**

If Kirklees Council decides to proceed with the changes proposed, then it will be necessary to publish legal notices to outline changes to schools. These would also be published for a period of four weeks, during which views on the proposals could be sent in writing to the council. A final decision will then be made. The content of the consultation responses will be available to the members of Kirklees Council who will make decisions in relation to the proposals.

Why are we making these proposals?

Kirklees Council has listened to the views expressed in the previous consultation. We would like to commission Windmill Church of England Voluntary Controlled Primary School to deliver 12 transitional places for children with communication and interaction needs, whilst also completing the legal process to decommission 12 transitional places for children with speech, language and communication needs (SLCN) at Ashbrow School.

We have taken a fresh look at our arrangements for children and young people with special educational needs. Our aim is always to ensure that the right support is in place for children,



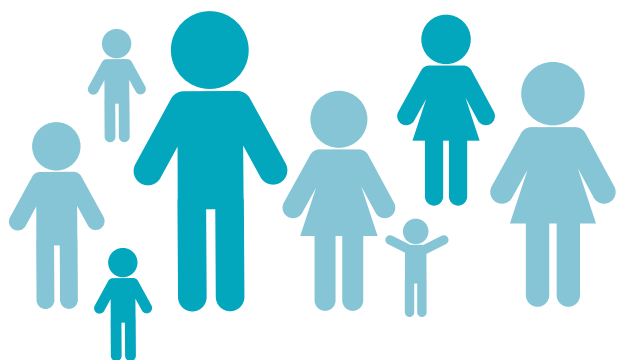
young people and their families. For this reason, we have put forward proposals to strengthen our arrangements so that children are better supported.

How would specialist provisions be commissioned?

We would work closely with schools with specialist provisions to ensure high quality provision, achieving positive outcomes for children, young people and their families. The school would be accountable for the work they do and the agreement would be kept under review to ensure the highest standards. The school would be expected to lead practice for all schools in the authority.

Meetings have taken place with head teachers and Chairs of Governors at the proposed re-designated specialist provisions to explain:

- Aims of the provision
- Expected outcomes for children
- Outreach working
- Working with parents
- Admissions criteria
- Monitoring and evaluation
- Budget and human resources arrangements



Communication and Interaction

For some children, the overlap of a range of difficulties, one of which may be SLCN, means that a more holistic approach is needed. This better supports their needs around social communication skills and challenging behaviour. Changing from singly 'SLCN' to 'communication and interaction' would better accommodate this more complex cohort of children.

How would transitional places work?

The majority of places in specialist provisions would be transitional places lasting up to six terms. This would enable specialist provisions to identify and assess a child's needs, establish appropriate curriculum, teaching and learning strategies and prepare children, parents and school staff for the transition of the child to a named local school.

Follow-up support in the local school would be provided through "outreach" by staff from specialist provisions. Arrangements for each child would be personalised. For some children it may mean that they don't actually come to the specialist provision, but the provision comes to them at their local school. It is anticipated that a maximum of a six-term placement within a specialist provision would be sufficient for most children.

It would be unrealistic to expect that all issues would be resolved before a child was ready to go to their named local school. However, we would need to ensure that the local school was adequately prepared to meet the child's needs. There would be ongoing support for this approach by using the specialist provisions to provide assessment and planning and by giving expert support in the local school.

Places will continue to be kept under close review.



The proposals

- ➔ To create 12 new transitional places at Windmill Church of England Voluntary Controlled Primary School for children with complex communication and interaction needs.
- ➔ To complete the legal process to decommission 12 transitional places for SLCN at Ashbrow School (following earlier consultation during May/June 2016).

levels would be determined through service level agreements or contracts between the local authority and the school hosting the provision. There are no plans to reduce the overall levels of specialist staff.

What happens next?

This consultation is open between 24th April 2017 and 22nd May 2017. You have until then to express your views online, in writing, or in person at the consultation event. You can print and complete the response form at the back of this document.

Once the consultation has finished, all feedback will be reported to Kirklees Council's Cabinet. They will then decide whether to move to the next stage. This would mean the publication of legal notices and another chance to view the proposals and comment on them before a final decision is made. The following table shows the next steps involved in the process. Dates are subject to change and would be dependent on Cabinet approval to move to each stage.

Staff recruitment and retention

Specialist provision staff would be given the skills they need to work with families and schools through recognised and accredited training. Career development pathways would be established for all specialist staff so that we can recruit and retain the high quality of specialist skills and expertise we need. Staffing

Activity	Date
Report to Cabinet to approve non-statutory consultation	April 2017
Consultation and engagement	April-May 2017
Outcome report to Cabinet and approval to next stage*	June 2017
Publication of notices and representation period*	July-August 2017
Decision by Cabinet (within 2 months)*	August 2017
Implementation starts*	1st September 2017

***Subject to scheduling of Cabinet meetings which means dates might change**



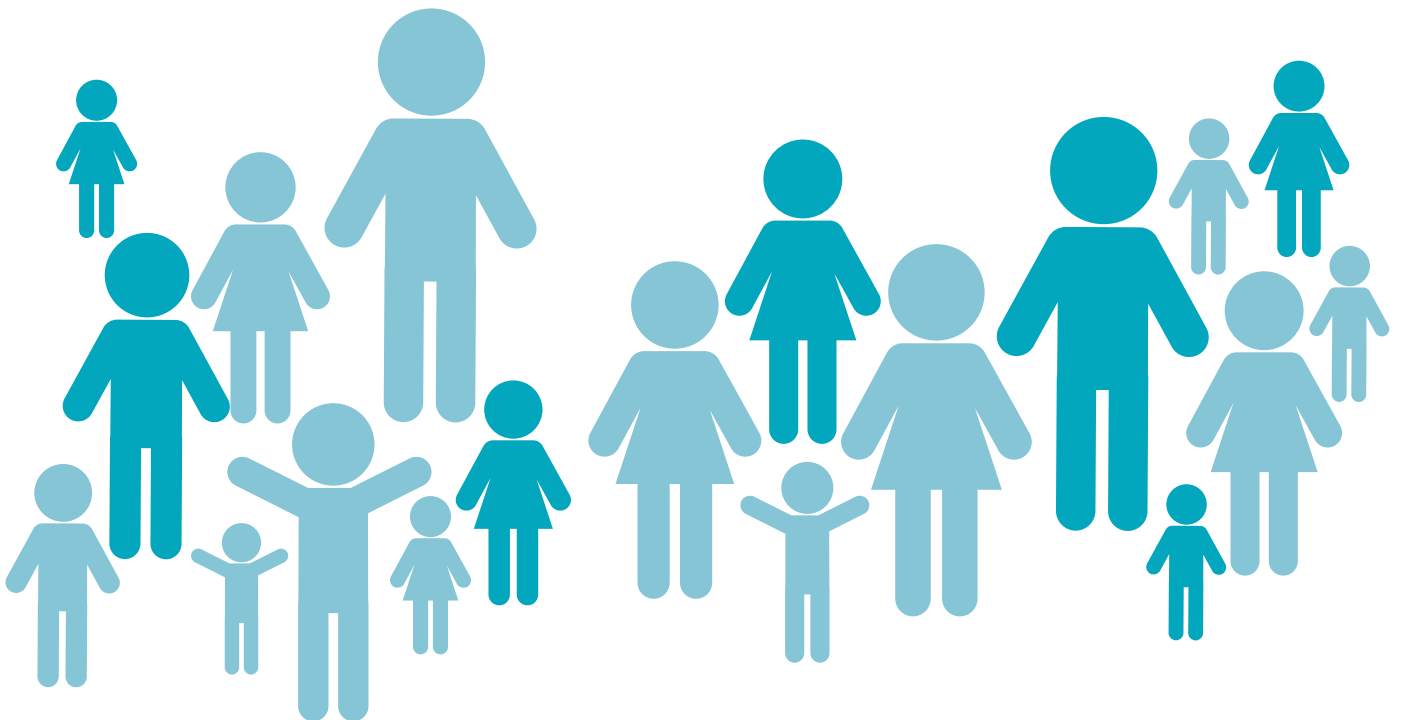
Consultation event

The following informal 'drop-in' event is open to everybody: families of pupils attending the school, staff, governors and other members of the community and anyone who would like to hear more and discuss the proposals. Officers from the council will be present to answer questions and hear your views.

Anyone who would like some help in taking part in the consultation will receive it. Please come along and see us any time between the times below.

Date	Venue	Time
9 May 2017	Windmill Church of England Primary School	3.00pm–4.00pm

Kirklees Council wants to know what you think. Your views will be reported back to Kirklees Council Cabinet as part of the decision making process.



Consultation document

New provision for children with communication and interaction needs at
Windmill CofE (VC) Primary School



How to respond

Online: You can take part in the consultation by completing the online consultation form on our website at:

www.kirklees.gov.uk/schoolorganisation

In person: At the consultation drop-in session or hand in your printed response form at the school.

By post: Please send your printed response form or a letter to:

FREEPOST

Kirklees Council RTBS-CYHU-LSEC
School Organisation and Planning Team.
(Postage is free; you do not need a stamp)

Email: Please note that you can contact us via email should you have any queries regarding these proposals. Please send emails to:

school.organisation@kirklees.gov.uk

Paper copies of the response form are also available upon request by contacting us by email at school.organisation@kirklees.gov.uk or by telephone on **(01484) 225014**

Please make sure you respond by **22nd May 2017** to ensure that your views are heard.



Do you support or oppose the proposals relating to Windmill Church of England Voluntary Controlled Primary School – to create 12 transitional places for children with communication and interaction needs?

Please ✓ tick one of these boxes.

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Why have you decided that is your view? Please tell us about it along with anything else you would like us to consider relating to this proposal.



About you

This section asks you for some information that will help us to analyse the results of the survey and to see who has taken part. You will not be identified by any of the information that you provide.

I am a: (please tick ✓ and complete all those that apply to you)

Parent/carer

Your child's/children's school/s:

Pupil

Your school:

Governor

Your school:

Member of staff

Your school:

Local resident

Please give us details:

Other

Please give us details:

Please write in your postcode:
(We will not use this information to contact you)

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Appendix C1

Windmill Church of England Voluntary Controlled Primary School
Staff Consultation
Tuesday 9 May 2017 4:00-5:00pm

Present:

- 5 LA Officers
- Approximately 18 staff (Teachers and Support staff)
- ATL Trade Union Representative (Arrived at 4.40pm but spoke with some staff members)

The LA gave an overview of the statutory consultation and the background to the proposals.

- The LA proposes to create a provision of 12 transitional places for children with communication and interaction needs at Windmill Church of England Voluntary Controlled Primary School. The provision would also offer outreach and the staffing structure would allow time for this. Transitional places would be offered up to 6 terms.
- *To access a place in the provision, children need a EHCP with a higher level of funding reflective of complex needs and have already received intensive support in their existing setting. The request for a place would come through a review of the EHCP and follow the normal statutory processes.*
- *Provision staff retain a very close link with the community school staff to build skills and tailor an individual approach in preparation for when the child returns.*
- *To become a centre of excellence so other teachers and support staff will become more experienced and skilled to support the children in the provision.*
- *Staffing structure - Teacher in charge, Specialist teachers, Support staff. Staff will be on the relevant grades.*
- *We want to ensure staff are supported, children are not automatically placed in classes. Most of the work with children would be done in the provision and children would attend classes as and when appropriate in line with needs.*

Open to questions

Q) So children would gradually build bridges and move into mainstream classes?

(A) Children would be supported within those classes. The Teacher in charge would have overall responsibility to track a child's overall process, but with the expectation that class teachers would track individuals' work and play their part in the planning. It is not expected that would be over and above normal workloads and would be carried out collaboratively in partnership with the provision. Staff from the provision would be present in classes dependant on the needs of the child.

- The level of take up of places has to be monitored carefully as this affects outreach capacity.
- Children coming into the provision will already be known to Specialist Provision staff as the expectation is that they would have been involved in providing intensive outreach support prior to any request for a place.

Q) Could the children come from a broad range of age groups?

(A) Provision is for 5-11 however it is likely that the majority of children accessing a place would be KS2 following intensive outreach at an earlier level. Children would typically be taught with their own age group.

Q) Would children be dual-registered?

(A) Yes.

Staff were encouraged to complete the online response form.

Meeting ended at 4.25pm

Appendix C2

Windmill Church of England Voluntary Controlled Primary School

Governor Consultation

Tuesday 9 May 2017 5:30-6:00pm

Present:

- 3 LA Officers
- 6 Governors
- Head Teacher

The LA gave an overview of the statutory consultation and the background to the proposals.

- The LA proposes to create a provision of 12 transitional places for children with communication and interaction needs at Windmill Church of England Voluntary Controlled Primary School.

The non-statutory consultation will end on 22 May 2017 so this is an opportunity for governors to air their views which will feed into the outcome report.

Q: Are the 12 places on a rolling offer?

A: Yes, as one child leaves that place becomes available to another.

Q: Will the children be on roll here?

A: They will be on roll at their mainstream school, results would also be recorded at the mainstream school.

Q: So the provision is a respite for the children whose needs aren't being met in mainstream?

A: Yes, but every avenue would have been explored before referral for a place in specialist provision which would offer a more personalised approach. The provision can be accessed for up to 6 terms/2 school years.

Q: The consultation document doesn't make it clear who has responsibility, it mentions 'hosting'?

A: You are commissioned to run the provision and are funded through the SLA. Budgets, staffing, physical space are all laid out in SLA. Schools are responsible for recruitment, although undertaken in partnership with the LA as we would like to be involved at that level. School would be responsible for performance management, staff would be employed by school. SLA funding would cover staffing, this comes out of the high needs block. This funding has not been cut and SLA is under review for all provisions this summer, this will go to Head teacher steering group for decisions, democratic in terms of what is needed for budget and staffing.

Q: What happens if the unit is not full?

A: The more children there is in the provision the less support there is for the outreach function. Demand closely monitored by the specialist provision strand leads. SLCN and ASD teams work closely together to cover outreach need which means strong support in place for mainstream schools.

This years' review hasn't highlighted any issues with outreach. We are constantly reviewing what is working/isn't working/what we're short of/where there are gaps.

There were lots of expressions of interest to host the provision, and of good quality. Some existing provisions had felt that the lack of demand for places had led to a lack of specialist work for their staff, felt that funding could be better used to support more widely and therefore no longer wanted the provision. It makes no sense to keep a provision where

Appendix C2

there is no demand. We have to be sure we are getting value for money. Not the volume of referrals for outreach at Ashbrow and Thornhill as previously expected.

The consultation identified a cohort of children more complex than pure SLCN or ASD, schools have also adapted to accommodate some of the less complex children with SLCN needs as part of their overall provision. Usage of provisions/outreach is monitored very carefully and the most recent review highlighted that after 12 months the staffing structure wasn't suited to demand hence our most recent proposals for a communication and interaction provision. Some strands have seen an increase in demand, some a decrease. From an early years SEN perspective we are aware we have a growing need for support for children with complex communication and interaction needs.

Q: What is the gateway to access provision?

A: A child must have an EHCP, high level funding and intensive support already given, as such, children will be known to the SP team prior to any referrals. Referrals are monitored carefully to ensure appropriate responses are made and we are building capacity of schools as a result of the referral. Outreach will not do the job that mainstream schools should be doing, they add on to that.

Q: Isn't it hard to ensure that just because a school has the funding that they are supporting children effectively?

A: The vast majority of schools are very good at what they are doing and Head Teachers are vocal about improving standards at all schools. The right thing to do is for children to be in their community school which is why we go into schools to support staff rather than move children on.

Q: What is to stop parents completing an ICAF to move here whether their child has an EHCP or not to 'access' resources?

A: Nothing to stop them, if a school has a good reputation this will happen anyway. 2300 EHCP's in Kirklees but we are only talking very small numbers so that demand is being met within mainstream.

Q: Are we looking at older children accessing the provision? We have a child starting on ASD pathway heading to that level of need but with no EHCP.

A: We would not admit a child without EHCP to a provision. Children with needs will be known to the SP team and will have received support from KS1 if identified early enough or even the EYSEN team. Early years and schools have been challenged by changes to the EHCP system, evidence of articulated need and any financial impact required.

Q: Are there any children in the system looking for places?

A: No, the process needs to be established and staff in place before we would be looking at placements.

Q: How far would the catchment area go?

A: All of Kirklees, it's a new and exciting concept.

Q: Can Leeds access our provision due to our proximity to the border?

A: No, we have never had any cross border demand in Primary.

The key dates and process were clarified.

Governors were encouraged to complete the online response form.

Meeting ended at 6.05pm

Q) Do you support or oppose the proposals relating to Windmill Church of England Voluntary Controlled Primary School – to create 12 transitional places for children with communication and interaction needs?

Responses from parents at Windmill Church of England Voluntary Controlled School

Strongly Support	<ul style="list-style-type: none"> To be honest I think this is a fabulous idea, I hope funding will be enough that it doesn't affect the school
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Responses from staff at Windmill Church of England Voluntary Controlled School

Strongly Support	<ul style="list-style-type: none"> Having attended the consultation event at the school today, I am excited by the proposals and the opportunities that this provision will provide for the area and the children in the school. Clearly, the wealth of expertise in the school will not only impact on the pupils in the area the provision can support but also the children attending the school already. There is so much the children can learn about equality, inclusion, diversity and developing skills to get along with all people from this provision. I support it entirely and am excited to see this provision develop. The staff at the school are dedicated to the children in it and the reputation of the schools has soared in the community since it opened. I am certain this will be a successful unit for the children in Kirklees and be a welcome addition to this inclusive school.
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Responses from Governors at Windmill Church of England Voluntary Controlled School

Strongly Support	<ul style="list-style-type: none"> Windmill is a very inclusive school. It is one of it's many strengths. As caring school, I believe that this will be a successful and beneficial move for all parties. The ethos of the school strongly promotes equality and acceptance for all. What better way to demonstrate this commitment by supporting the needs of new pupils. This will strengthen the vision of the school, the children, staff and the community of the school as a whole.
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Responses from Other category of respondents (including respondents not stated)

Strongly Oppose	<ul style="list-style-type: none"> This proposal would mean a reduction of available outreach for the schools across the authority. Over the last three and a half years the number of specialist teachers and support staff within the SLCN primary service has been reduced from seventeen to three. Even if staffing levels at the new provision were increased, the numbers needed to provide the children with complex needs an outstanding service would not be possible without losing the ability to provide much needed outreach across the authority. I also object on the grounds that the information in the consultation document is less than clear. on paragraph 3 of page 4 there is mention of an overlap of a "range of difficulties." What difficulties? It also mentions that these children will be a "more complex" cohort. More complex than what? This needs to be made clearer or there will be problems in identifying children who meet such woolly criteria. According to the timetable of activity it is proposed that the decision by cabinet will not be given until August 2017 and yet the implementation is due to take effect on September 1st. How can all staff and resources be in place within a month of the decision being made? Are existing outreach staff to be redeployed at such short notice? How can decisions be made about transferring work bases before a decision has been made? Surely this pre-supposes that council officers know in advance that the proposals will be accepted at cabinet level. How can the process to recruit any new staff needed be started before a final decision? Again this is pre-empting the decision. What budget has been allocated to allow the proposed timetable to be met?
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Name of meeting: Cabinet

Date: 25th July 2017

Title of report: Ad Hoc Scrutiny Panel – Adult Mental Health Assessments Findings Report

Purpose of report

To present the findings report of the Ad Hoc Scrutiny Panel – Adult Mental Health Assessments and request that Cabinet approve a response to the recommendations of the Panel.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Director</u> & name	n/a
Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?	n/a
Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?	Julie Muscroft
Cabinet member portfolio	Adults and Public Health (statutory responsibility)

Electoral [wards](#) affected: All
 Ward councillors consulted: N/A

Public or private: Public

2. SUMMARY

2.1 In January 2016, the Chair of the Health and Social Care Scrutiny Panel received feedback from an Elected Member who raised concerns regarding the length of time people had to wait from referral to assessment for mental health problems. Concerns had also been raised elsewhere regarding the perceived difficulties in accessing mental health intervention prior to crisis and how this is prioritised by the respective voluntary and statutory services.

2.2 In February 2016, the Overview and Scrutiny Management Committee formally established an Ad Hoc Scrutiny Panel on the Review of Adult Mental Health Assessments and approved the terms of reference. The Membership would be drawn from the Health and Social Care Scrutiny Panel. The terms of reference are outlined below:-

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, this will include:-

Service Provision

- To look at the Mental Health Service provision for Adults in the Kirklees District and to explore any differences between adult mental health services and memory service.

Capacity

- To develop an understanding of the demand on services and the capacity locally to respond; to include accessing private secure facilities and those that are provided by the Trust, public sector partners and the voluntary sector.

Access

- Accessing mental health intervention for Adults – to explore the links between the perceived increased difficulties in accessing mental health intervention prior to crisis and how this is balanced against the increasing need for crisis mental health care.
- To understand how people access services before they reach a crisis point, or if people can only gain help at crisis point, to establish the reasons for this approach.
- To explore and understand the accessibility of services to the public.
- To identify the waiting times for adults to access services - including those that are provided at home, in the context of the timescales from referral to assessment.
- To develop an understanding of the referral process and the volume of referrals, by type in Kirklees.
- To understand the assessments process and the range of clinical input into the process, eg therapeutic input.

Performance

- To undertake an in-depth look at performance targets, how they are measured and performance levels in Kirklees.

Research

- To include research on providers of support for adults with mental health problems.

- 2.3 In March 2016, the Health and Social Care Scrutiny Panel agreed to include Review of Adult Mental Health Assessments on its 2016/17 work programme and monitor the progress of the Ad Hoc Panel.
- 2.4 The Ad-Hoc Scrutiny Panel met between April 2016 and June 2017 to carry out its work and is now taking its findings through the decision making process.
- 2.5 The Ad-Hoc Scrutiny Panel interviewed representatives from the South West Yorkshire Foundation Trust (SWYT), Greater Huddersfield CCG and voluntary support group providers to seek their comments and evidence on accessing mental health provision for Adults and in particular , to explore the current approach and effectiveness of Adult Mental Health Assessments in Kirklees . The feedback and evidence received has been included in the report, together with the Panel's findings and recommendations.
- 2.6 Appended to this report is the findings report of the Scrutiny Panel. A summary of the recommendations arising from the investigation is set out on pages 37 to 39.
- 2.7 An action plan is appended to the Findings report at pages 43 to 58 and includes responses from SWYT. An addendum is attached to the report at pages 40 to 42, which includes additional comments and information received from the Trust in relation to the Ad-Hoc Report.

3. Information required to take a decision

Not applicable

3. Implications for the Council

There are no specific implications for the Council at this time.

4. Consultees and their opinions

N/A

5. Next steps

Following the presentation of the report at Cabinet, the Overview and Scrutiny Management Committee will consider monitoring requirements to ensure agreed recommendations are implemented.

6. Officer recommendations and reasons

- 6.1 That the Cabinet note the findings of the Ad-Hoc Scrutiny Panel – Adult Mental Health Assessments and the response on the recommendations from health partner organisations.

7. Cabinet portfolio holder recommendation

Not applicable.

8. Contact officer and relevant papers

Helen Kilroy – Principal Governance & Democratic Engagement Officer

Tel: 01484 221000, Email: helen.kilroy@kirklees.gov.uk

9. Assistant Director responsible

Julie Muscroft – Service Director, Legal Governance and Commissioning

Scrutiny Review

Adult Mental Health Assessments

Helen Kilroy
Governance & Democratic Engagement Service
Civic Centre 3
High Street
Huddersfield
HD1 2TG

Tel: 01484 221000

Email: scrutiny.governance@kirklees.gov.uk

Date: April 2017

CONTENTS	PAGE NO
Glossary of Terms	3
Chair Foreword	4
1. Rationale for the review	5
2. Terms of reference and methodology	6
3. Background	8
4. Summary of evidence received	
Term of Reference 1 and 2	10-17
Terms of Reference 3	18-24
Term of Reference 4	25-30
Term of Reference 5	31-34
5. Recommendations	35-37
6. Action Plan	38-45

GLOSSARY OF TERMS

CCG	-	Clinical Commissioning Group
DNA	-	Did not attend
SWYT	-	South West Yorkshire Foundation NHS Trust
SPA	-	Single Point of Access
CHLT	-	Care Home Liaison Team
CMHT (OPS & WAA)	-	Community Mental Health Team (Older People's Service & Working Age Adults)
EIP	-	Early Intervention & Prevention
IAPT	-	Improving Access to Psychological Therapies
IHBT	-	Intensive Home Based Treatment
KOT	-	Kirklees Outreach Team
MHLT	-	Mental Health Liaison Team
AMHP	-	Adult Mental Health Practitioner
PTS	-	Psychological Therapy Services

CHAIR'S FOREWORD

I would like to thank all the Members of the Ad Hoc Scrutiny Panel on Mental Health Assessments for their valuable contributions and the time they have given.

I would also like to extend special thanks to the support group providers, service users and carers who willingly shared their experiences. Their openness and honesty in discussing such an emotive and sensitive subject enabled the Panel to gain a much better understanding of what service users and carers have experienced; and continue to experience when accessing essential adult mental health services.

From the evidence presented, the Panel was concerned that there appeared to be a disconnect between the information presented by the service providers and the experiences of service users and those supporting service users. This indicated to the Panel that service providers did not always meet the needs of services users.

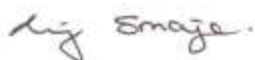
The Panel has now completed its investigation and has made a number of recommendations aimed at improving service delivery and outcomes for service users.

The Panel will be monitoring the recommendations and will once again want to hear the voices of service users, support group providers and carers to learn if, from their standpoint, any improvements have been made.

The Panel recognises that these are difficult and austere times for service providers and commissioners, however it is hoped that improvements can and will be made, to improve service user experience.

I would like to thank officers from the South West Yorkshire Partnership NHS Foundation Trust (SWYT) and North Kirklees/Greater Huddersfield Clinical Commissioning Groups (CCGs) for providing information and attending meetings in a prompt and timely manner; this has been very much appreciated by the Panel.

Finally, I would like to thank the Kirklees Governance Officer, Helen Kilroy, for supporting the Panel.



Councillor Liz Smaje
Chair of Ad Hoc Panel on Adult Mental Health Assessments
Kirklees Council

1. RATIONALE FOR THE REVIEW

- 1.1 In January 2016, the Chair of the Health and Social Care Scrutiny Panel received feedback from an Elected Member who raised concerns regarding the length of time people had to wait from referral to assessment for mental health problems. Concerns had also been raised elsewhere regarding the perceived difficulties in accessing mental health intervention prior to crisis and how this is prioritised by the respective voluntary and statutory services.
- 1.2 In February 2016, the Overview and Scrutiny Management Committee formally established an Ad Hoc Scrutiny Panel on the Review of Adult Mental Health Assessments and approved the terms of reference. The Membership would be drawn from the Health and Social Care Scrutiny Panel.
- 1.3 In March 2016, the Health and Social Care Scrutiny Panel agreed to include Review of Adult Mental Health Assessments on its 2016/17 work programme and monitor the progress of the Ad Hoc Panel.

2. TERMS OF REFERENCE & METHODOLOGY

- 2.1 The members of the Ad Hoc Review were:
 - Councillor Elizabeth Smaje (Chair)
 - Councillor Ken Smith (pre-election)
 - Councillor Paul Kane (post-election)
 - Councillor Musarrat Khan (pre-election)
 - Councillor John Lawson
 - David Rigby, Co-optee
 - Sharron Taylor, Co-optee
 - Peter Bradshaw, Co-optee
- 2.2 The Ad Hoc Scrutiny Panel was supported by Helen Kilroy from the Governance and Democratic Engagement Service.

Terms of Reference

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, this will include:-

Service Provision

- To look at the Mental Health Service provision for Adults in the Kirklees District and to explore any differences between adult mental health services and memory service.

Capacity

- To develop an understanding of the demand on services and the capacity locally to respond; to include accessing private secure facilities and those that are provided by the Trust, public sector partners and the voluntary sector.

Access

- Accessing mental health intervention for Adults – to explore the links between the perceived increased difficulties in accessing mental health intervention prior to crisis and how this is balanced against the increasing need for crisis mental health care.
- To understand how people access services before they reach a crisis point, or if people can only gain help at crisis point, to establish the reasons for this approach.
- To explore and understand the accessibility of services to the public.
- To identify the waiting times for adults to access services - including those that are provided at home, in the context of the timescales from referral to assessment.
- To develop an understanding of the referral process and the volume of referrals, by type in Kirklees.
- To understand the assessments process and the range of clinical input into the process, eg therapeutic input.

Performance

- To undertake an in-depth look at performance targets, how they are measured and performance levels in Kirklees.

Research

- To include research on providers of support for adults with mental health problems.

2.3 The Ad Hoc Panel carried out its work between April 2016 and November 2016 and interviewed the following people:-

Date	Witnesses
12 th April 2016	John Keaveny, Deputy District Manager, SWYT Sue Sutcliffe, General Manager (Adult Community Pathway), SWYT Alison Gibbons, General Manager (Older Adults Pathway) SWYT Gary Auckland, General Manager (Acute Pathway), SWYT
26 th May 2016	John Keaveny, Deputy District Manager, SWYT Sue Sutcliffe, General Manager (Adult Community Pathway), SWYT Alison Gibbons, General Manager (Older Adults Pathway), SWYT Vicky Dutchburn, Head of Strategic, Business Planning and Service Improvements, Greater Huddersfield CCG
26 th July 2016	Jane Mackay, Touchstone John Laville, Kirklees Carers Mental Health Forum
7 th September 2016	Katie Flynn, Community Links (Clear)
19 th September 2016	John Keaveny, Deputy District Manager, SWYT John Price, Consultant Adult Psychotherapist, Site Leader Alison Gibbons, General Manager, Older Adults Pathway Gary Auckland, General Manager, Acute Pathway James Waplinton, General Manager, Management Team, Older People's Service, Wakefield Vicky Dutchburn, Head of Strategic, Business Planning and Service Improvements, Greater Huddersfield CCG
10 th October 2016	Kirklees Carers Mental Health Forum (contact: John Laville)
20 th October 2016	Huddersfield Methodist Mission (Contact: Paul Bridges, Manager)
25 th October 2016	Meeting of Minds (contact: Jane Mackay, Touchstone)
1 st November 2016	John Keaveny, Deputy District Manager, SWYT Vicky Dutchburn, Head of Strategic, Business Planning and Service Improvements, Greater Huddersfield CCG
Written Feedback was provided by the following Support Group Providers:-	
24 th May 2016	Simon Calland, Connect Housing
24 th July 2016	Musarrat Khan, Home Group
7 th October 2016	Anne Kendall, Horton Housing Association
22 nd September 2016	Margaret Carroll, Home Group Hostel

3. BACKGROUND

The National Institute of Clinical Excellence (NICE) guidance:- describes the level of care a service user should expect from adult mental health services. This information covers care and treatment during and after a referral to NHS mental health services, and does not specifically cover 'primary' care from the GP. NICE has also produced a 'quality standard' made up of 15 statements describing high-quality care for adults using mental health services within the NHS in England.

What is the purpose of a mental health assessment?

- 3.1 The purpose of a mental health assessment is to build up an accurate picture of a person's needs. Different professionals and agencies provide a range of services, which means the initial assessment may involve one or more professionals, for example a nurse, social worker, psychologist, specialist pharmacist, psychiatrist or a combination of these and other professionals.

Who provides mental health services for Adults in Kirklees?

- 3.2 South West Yorkshire Foundation Trust (SWYT) are a specialist NHS Foundation Trust that provide community, mental health and learning disability services to the people of Kirklees (as well as Barnsley, Calderdale and Wakefield).

SWYT work with other local NHS organisations to provide health care to people in Kirklees. The Trust also work closely with Kirklees Council's Adult Social Care services and other government departments and voluntary organisations.

Purpose of the Ad Hoc Panel

- 3.3 The purpose of the Ad Hoc Scrutiny Panel was to understand the pathway for Adult Mental Health Assessments in Kirklees from the initial need for referral to assessment and on to treatment. In particular, the Panel wanted to explore the current approach and effectiveness of Adult Mental Health Assessments in Kirklees.

Based on the feedback received, the Panel are concerned that there is a disconnect between what the Trust and CCGs provided as evidence, when analysed against the feedback received from service users and support group providers. This has indicated that in a number of cases the mental health services do not always meet the needs of service users and that customer satisfaction levels appear to be low. The evidence in the main did indicate to the Panel that customer satisfaction levels were low and specific examples were passed onto the Trust for investigation. A summary of the evidence received from support group providers, service users and carers is outlined in Section 5 (TOR 5) of this report.

The Panel acknowledge, however, that during the course of their deliberations some feedback from Support Group Providers has indicated that some more recent improvements have been observed by them concerning SPA.

3.4 Kirklees Carers Charter

The Panel noted the work of the Kirklees Carers Charter which had been written by carers. The Charter outlines that during their time as carers they are likely to encounter many professionals. The Charter states that if professionals are 'carer aware', carers can develop positive relationships based on a common understanding of what it means to be a carer.

Greater Huddersfield CCG confirmed that both CCGs had helped to develop the Charter. The Trust advised that funding options and educational programmes were being explored to continue the aims of the Charter. The Trust confirmed that carers were the core part of SWYT's intervention and support services and that SWYT had a Carers Support Service.

4. SUMMARY OF EVIDENCE

Terms of Reference 1 and 2

Service Provision

- To look at the Mental Health Service provision for Adults in the Kirklees District and to explore any differences between adult mental health services and memory service.

Capacity

- To develop an understanding of the demand on services and the capacity locally to respond; to include accessing private secure facilities and those that are provided by the Trust, public sector partners and the voluntary sector.

SERVICE PROVISION

4.1 **Services at SWYT**

The Trust advised the Panel how services are organised at SWYT. The Business Development Unit for Calderdale and Kirklees is split into 4 service lines which include rehabilitation and recovery. The Trust provides CAMHS and other wellbeing services in the area. It was explained that the tripartite arrangements included a General Manager, Psychiatrist and Practice Governance Coach, who manage the services for older adults. The tripartite governance arrangements are in place in each of the 4 service lines.

4.2 **SPA (Single Point of Access)**

The Single Point of Access (SPA) has been in place for a number of years and a referral can be made to SPA either over the telephone, by fax or email. Faxing and posting are currently the most popular methods used to make a referral. If emails are received from sources that are considered to be 'unsafe' or 'unknown', they cannot be opened.

In order to comply with Information Governance regulations e-mails are not currently used as a means of referring people by the Trust as there is no guarantee of them being sent and / or being received securely.

SPA's staffing structure was explained to the Panel and the Trust confirmed that clinicians and administrators were on the team. Administrators take initial calls that come through to SPA, but clinicians make decisions and determine the triage arrangements for each referral.

4.3 **Review of and communication with Service Users**

The Panel received feedback from a Support Group Provider advising that in their opinion better systems are needed by the Trust to keep service users informed of any changes to their personnel, including what direct impact this has on the individual and what plans are being put in place to manage the challenging circumstances being experienced by some service users. The

implications for the service user of not being kept informed can be serious and may cause added anxiety and stress to them and to those who support them. It can also pose risk if medication is being reviewed and its effectiveness is not reviewed personally with the service user.

One Service User told the Panel:-

“I spoke on numerous occasions to the Care Co-ordinator’s manager regarding my wife’s review, but he and his team were totally unaware of what continuity of care would take place, even on the date of my wife’s next appointment”; and “If a review of a service user is carried out, this should be communicated to them afterwards, including any carers/family members, to ensure that a smooth transition takes place and the service user is kept informed”.

4.4 Dialogue Groups

The Trust set up Dialogue Groups in 2010 for people who accessed mental health services in North Kirklees to give them the opportunity to have their say on issues that affect them. The dialogue groups gave service users the chance to speak face-to-face with Managers of local mental health services, meet other carers who wanted to influence services, raise issues and get answers to their questions.

The Trust advised that Dialogue Groups had been withdrawn 18 months ago and that in their opinion, views had been mixed as to how effective they had been. The Panel was informed that there were no other structures in place to bring together SWYT Managers and service users and carers. The Trust acknowledged that the way Dialogue Groups had been withdrawn had not been done in a very positive way. The Trust explained the existence of a Partnership Board, which was attended by service users, carers and representatives from CCG where experiences were shared.

Feedback from carers indicated that the Dialogue Groups had been withdrawn and that this had become a source of great disappointment. Carers and service users had welcomed the opportunity to meet regularly with representatives of the Trust and raise issues. One support group provider told the Panel “Since the cessation of the Dialogue Groups other groups have formed, for example, Mind2Mind and Kirklees Mental Health Carers Forum by the carers. These groups are far more effective than the Dialogue Groups which were run by the Trust. The groups are now run by service users and carers. It would be unwise to revert back to Dialogue groups which were a one way communication exercise. The current groups invite who they want to speak to and challenge on issues that are important to them. The Kirklees Mental Health Carers Forum has had a much greater access to Trust Senior Management, including the Chief Executive, than the former Dialogue Groups, and have had their questions answered by the people who can most affect change within the Trust. The Trust now attend the Kirklees Mental Health Carers Forum for advice on the feasibility of changes and planned transformations”.

4.5 **Process for Adult Mental Health Patients who present at A&E**

Calderdale and Huddersfield Hospitals

The Mental Health Liaison Team (MHLT) working in the Calderdale & Huddersfield NHS Foundation Trust (CHFT), have staff sited in both Huddersfield Royal Infirmary and Calderdale Royal Hospital. When a service user has been assessed in A&E and a decision is made to refer them to the MHLT, the team have a target of 1 hour in which to respond with a face to face contact. Where a service user is an inpatient within CHFT and a referral is made to the MHLT, the team have a target response of 24hrs. The team also undertake training of CHFT staff and also offer brief psychological therapy interventions.

One Support Group Provider told the Panel “There can be up to four hours wait between the MHLT conducting their assessment and the referral to the Home Based Team (HBTT). The HBTT are the gatekeepers to access to treatment or hospitalisation and from initial contact with A&E to the point of contact with HBTT can take up to 8 or 9 hours. This is a long time for someone distressed and the impact on their family.”

The Trust responded to advise that The IHBT 4 hour target does apply wherever the referral comes from. However, the team’s feedback, provided assurance that gatekeeping assessment requests from the MHLT are always prioritised and generally are responded to in the first couple of hours. There are also occasions where the presentation and past history mean that a face to face assessment does not need to take place and an agreement for admission is undertaken on the phone between the 2 teams.

Dewsbury and Pinderfields Hospitals

The Mental Health Liaison Team (MHLT) at the Mid Yorkshire hospital is mobile and travels between both Dewsbury and Pinderfields hospitals, depending on patient need. When a patient presents at A&E, the MHLT will mobilise to the relevant hospital within a 1 hour response time, which is a requirement of the Core Contract.

The mobile response team in Dewsbury and Pinderfields Hospitals has been set up based on the number of people who self-refer. The A&E department maintains responsibility for the safety of the individual until they have been transferred to MHLT. The staff in A&E are given the appropriate training so they have the necessary skills and knowledge required to support patients.

4.6 **Kirklees Memory Monitoring Pathway**

The Panel also looked at the work of the Memory Service. Greater Huddersfield CCG advised the Panel that GPs can make a referral for a Memory Service Assessment, including brain imaging scans. The waiting list for a scan, as at 26th May 2016, between 6 and 8 weeks. CCGs and GPs have a shared Care Agreement and the pathway for patients has been agreed in partnership between the CCGs and GPs.

There is no longer a lower or upper limit for referrals to the Memory Service. In April 2016, SWYT advised that the number of referrals coming through was 30% more than they would normally be expected to receive and following an analysis, this had shown that this area was over performing by a significant margin.

In September 2016, the Trust advised that the Memory Service had recently negotiated a transformed memory pathway where activity now focussed on assessment, diagnosis, intervention and discharge back to primary care where there were low levels of need. A rapid access route is available for clients who have accessed the Memory Service previously, meaning they do not have to be re-referred by their GP.

4.7 Mental Health Liaison Team (MHLT)

In September 2015, the Trust confirmed that there were 4 models of hospital based Liaison Psychiatry Service and these had been outlined within the report to the Panel.

SWYT services are commissioned as Core 24 Liaison Psychiatry Services into Mid Yorkshire NHS Hospital Trust (MYHT) and Calderdale and Huddersfield NHS Foundation Trust (CHFT). Where the commissioning differs between the hospitals, this was described as:-

- Inter CHFT – age range 16+
- Inter Mid Yorks – age range 18-65 years

Greater Huddersfield CCG advised the panel that the referral route, performance targets, outcomes and standards were the same for both MHLT teams at CHFT and MYHT.

4.8 Referral by the Trust to Other Support Group Providers

The Panel asked about the issue of referral by the Trust to other support group providers. The Trust advised that some mental health services were external to the Trust and that they were not directly commissioned to make a formal referral on behalf of the service user. The Trust explained that SPA staff would offer support or information to the service user, family or carer to access other such services.

SPA could not make a referral to a non-commissioned voluntary service, but the Trust may recommend to a service user that they contact a particular organisation for support although the Trust was not able to exchange information with that organisation. One support group provider told the Panel that “When SPA ask people to self-refer to us they do not automatically share any information with our organisation in terms of the assessment they have completed for the individual, including level of risk, etc. Having this information in advance would mean we could more accurately assess the service user’s needs.”

In September 2016, the Trust advised that it wanted to reach out to other support group providers with regards to their expectations on what the Trust could do to help them collaboratively. The Trust confirmed that it was keen to

contact some of the providers who had given feedback to the Panel to further explore the issues that they had raised, for example, the Trust sharing leaflets with service users that contain information about the services that other organisations provide.

CAPACITY

4.9 Response Rates

The Panel was informed of the different types of response rates for mental health referrals and that they are categorised as follows:-

- 14 days (routine referral)
- 6 weeks (target for a small number of services)
- 4 hours (crisis referrals)

Referrals come in via SPA, where as much information as possible is gathered to enable the clinicians to make a decision on the most appropriate referral pathway and timescale for the individual concerned. .

When a patient presents at A&E, the Mental Health Liaison Team has a 1 hour target to carry out an assessment. Once the assessment is made, a decision is taken as to the referral pathway.

SPA has a 24 hour telephone service which is manned during normal working hours. After hours the service is included as part of the crisis service, which is manned by a different set of staff.

4.10 Breach Reports

Greater Huddersfield CCG advised the Panel that Commissioners receive 'breach reports' confirming how many people have been seen in 14 days, how many have not and reasons why. In instances where people are hard to reach, the Trust has an Assertive Outreach Approach with a Multi-Disciplinary Engagement Team. Part of the screening includes those people who are subject to the Mental Health Act.

4.11 FEEDBACK FROM SUPPORT GROUP PROVIDERS AND SERVICE USERS

The following issues were raised by Support Group Providers, service users and carers:-

- When a review of a service user takes place, Support Groups do not always receive any follow up communication confirming what was discussed and agreed. The outcome should be communicated to the patient and any carers/family members (where consent has been given). Services users should not be left 'in the dark' once their review has taken place, leaving them wondering what will happen next;
- Some support group providers are not convinced that when new staff come into SPA, they are adequately trained and inducted on the correct

processes to follow and services available for people with mental health concerns;

- SPA did not give advice or recommendations on alternative support groups that might be able to help an individual. If SPA cannot help a person, Support Group Providers often have to use their own experience and knowledge to decide how best to support an individual;
- When SPA advise a service user to self-refer to a Support Group, who may have no knowledge of the service user a process is needed for sharing information. Service users can be left with the impression that they will be contacted by the Support Group who may have no knowledge of the service user. Providers felt that SPA staff should explain the process of self-referral to Service users so they are clear what they need to do, for example, leaflets could be provided which give further information about who service users need to contact and what services are provided;
- If service users had been supported by SPA to complete the referral to them, they would have accessed the service and received support much earlier and when they really needed it;
- A provider fed back to SPA that they felt there had been some improvements in terms of SPA workers referring people directly, rather than signposting them to self-refer. Less people were being referred for services that the organisation did not provide, however, these improvements are inconsistent;
- When SPA advise a caller to contact a Support Group, there is no follow up by the Trust to establish an outcome. The provider suggested that a communication could be sent from SPA to the provider via an email or telephone call, giving information regarding a service user which would give the provider the 'heads up' before a service user makes contact;
- There is a lack of clarity among service users about what the SPA team is for, which makes it challenging for service users when they ring SPA only to be told that SPA cannot help them;
- Some people do not know who to call when they feel their health is deteriorating and know that they are becoming unwell;
- Patients are often discharged early from the Dales Unit because they have support at home or they have taken the word of an unwell patient who wants to leave and they do not inform or discuss the matter with the carer or family member;
- There appears to be a lack of communication between the Intensive Home Based Treatment Team (IHBT) and the different departments and issues around referral to IHBT for out of hour's treatment; staff seem eager to hand patients over to Day Services and some Providers feel this has become worse since the demise of the Crisis Intervention teams. The Trust have responded to advise that there has not been a demise of the crisis intervention teams, but that they have had a name change.
- There have been cases where providers have been asked to call the HBTT before the normal working day has finished, only to be told by the HBTT that the Care Management Team should still be dealing with the matter; the Trust have responded to advise that this is the correct approach.
- Adults suffering from mental health problems had indicated that they often find it hard to talk to family members about the difficulties they are

- experiencing and that there appears to be no help for family or friends to raise awareness of mental health;
- Carers had valued the former Dialogue Groups, which had enabled them to meet regularly with representatives from the Trust and discuss issues of concern or challenges and problems that they were experiencing and discuss solutions.

4.12 FINDINGS OF THE PANEL

Based on the feedback received, the Panel feel that there is a disconnect between the Trust supporting people to make contact with other organisations for help and letting them know that they had made a referral. One support group provider told the Panel that “People have been under the impression that SPA had put their referral into a support group provider on their behalf, and have then contacted us after several weeks to ask why they hadn’t been assessed.”

The Panel suggests that it would be useful when recommending a self-referral to a service user, if SPA could contact the relevant organisation to give them details of the service user thus providing a more proactive approach to making referrals and assisting service users.

The Panel agreed that it was essential to keep service users informed of changes to their personnel, including what direct impact this would have on the service user and what plans were being put in place to manage the specific difficulties.

The Panel agreed that people suffering mental health problems, but who are not eligible for a Care Co-ordinator, are most likely to benefit from a ‘helpline’ which can support and signpost them appropriately to other relevant support groups.

The Panel agreed that the approach and service delivery by GP’s must be consistent because GPs are the main point of contact for service users. The Trust advised that 70% of referrals were from GPs. The Panel noted that GPs have oversight of their patients and need information to be passed to them by the Trust, but also need to know where best to refer patients with mental health problems. The Panel also agreed that GPs need to be fully up to date with all Mental Health Services and referral pathways. The Trust have responded to the report to advise that GP’s are always sent patient information and assessment reports which include details of outcomes, including details of referrals to other organisations and copies of letters which have been sent to service users.

The Panel is concerned that the Dialogue Groups have been withdrawn and the implications that this has for carers and other individuals who now have no other opportunity to meet with representatives of the Trust and discuss their concerns. The Trust advised that the Dialogue Groups had been withdrawn 18 months ago but feedback from disappointed carers had indicated that this was without any consultation and with little notice.

The Panel agreed that the Trust and CCGs should look at a mechanism for sharing information with Support Group providers that is within the law, but that takes a sensible and common sense approach to helping a service user.

The Panel appreciated the need for confidentiality and data protection, however, suggested that SPA could ask the service user for permission to share their details with a support group provider.

The Panel felt that the Trust should effectively utilise support group providers and carers as they have a huge part to play in intervention and could also prevent people reaching crisis point if they are effectively supported.

The Panel agreed that the final report should be shared with GPs to get their views and comments on the issues surrounding mental health services for adults.

The Panel felt that the Trust should have better processes in place for support to carers, including giving direction to other suitable Providers. The Panel agreed that better communication is needed by the Trust with service users and carers as according to feedback that the Panel has received, performance appears to be patchy', inconsistent and sometimes inadequate.

RECOMMENDATIONS (TOR 1 and 2)

SERVICE PROVISION AND CAPACITY

Communication

1. That letters are sent as a matter of routine courtesy to service users and carers (where consent has been given) following review meetings, stating the outcome of the discussion, a plan of action and any details or changes to medication or personnel. A record should be kept on the patient's records that this information has been sent to the service user.
2. That the Trust and CCGs should consider providing a 'helpline' facility for service users and carers to call if they need psychological support by having someone to talk to who will be able to listen to their concerns and offer advice on how they may practically help themselves. That the Helpline facility gives details of other quality assured Support Groups who may be able to help.
3. That when SPA staff refer service users to alternative quality assured Support Group providers, they should ensure that they explain the process to the individual so it is clear when there is a need to make a self-referral and how to do this; that there is an explanation of how to self-refer to other Agencies on the Trust's website and also available in written form, for the benefit of service users and carers.

Working with Voluntary Sector Providers and information sharing

4. That the Trust provide clear guidelines about information sharing with Quality Assured Support Group Providers and are maintain regular dialogue with them to share information on the services available to people with mental health problems.

5. That the Trust build into mandatory training for SPA staff a greater awareness and knowledge of what services are available locally for people with mental health problems, so they are able to signpost them appropriately.

Referral by GPs

6. That the Trust and CCGs improve awareness raising with GPs concerning the range of pathways to access Mental Health Services for patients thereby assisting GPs to take a consistent approach to supporting people with mental health concerns.

Joint working and interaction between Intensive Home Based Treatment Team (IHBT) and Care Management Home Teams

7. That there is continuity of service available 24 hours a day across the Home Based Treatment Team and Care Management Home Team; that when day services become 'out of hours' information regarding a patient should be handed over; and that this process is measurable by the Trust.

Support Forums

8. That the Trust consider introducing and supporting forums to address the disconnect in communication between the Trust, carers and service users so that they can speak face-to-face with Managers of local mental health services, meet other people who want to influence services, raise issues and get answers to their questions.

Support to families and carers

9. That the Trust and CCGs consider how they can help to raise awareness of mental health services for affected families and friends, for example, information that is displayed on the Trust's website or leaflets should be better promoted so that people know the information is available.

Terms of Reference 3

Access

Accessing mental health intervention for Adults – to explore the links between the perceived increased difficulties in accessing mental health intervention prior to crisis and how this is balanced against the increasing need for crisis mental health care:-

- To understand how people access services before they reach a crisis point, or if people can only gain help at crisis point, to establish the reasons for this approach.
- To explore and understand the accessibility of services to the public.
- To identify the waiting times for adults to access services - including those that are provided at home, in the context of the timescales from referral to assessment.
- To develop an understanding of the referral process and the volume of referrals, by type in Kirklees.
- To understand the assessments process and the range of clinical input into the process, eg therapeutic input.

4.13 Referrals to SPA and the ‘Journey of a patient’

In May 2016, the Trust confirmed that the referral rate through SPA fluctuated significantly and that there were approximately 700 referrals per month through SPA. Partner agencies involved in referrals included a number of agencies and services, including the Police, Local Authority, Gateway to Care and Midwifery staff and that 70% of referrals came from GP’s.

Of the 700 referrals, the Trust confirmed the following statistics in relation to patients with dementia:-

- 165 referrals in April had been referred to the Older People Service, including the Memory Service;
- 300 referrals were for adults of working age.

In September 2016, the Trust explained that work was currently under way, primarily with GPs, to make sure that the service users understood the referral process and what was expected of them, as well as what they could expect to happen from the point of referral.

Contact telephone numbers for IAPT (Improving Access to Psychological Therapies) are advertised within public places, for example, GP surgeries, supermarkets and community centres. SWYT also have a website where referrals can be made online.

If SPA receive a repeat referral and the service user has a Care Plan already in place, it will be clear what they need in terms of help and support and they are fast tracked through the system.

A Provider from a Support Group advised that on a number of occasions staff at SPA had refused to take telephone referrals. The Panel was concerned that many organisations no longer had fax machines and relied heavily on email communication. The Panel agreed that referrals should be able to be made via email as well as by telephone.

SPA is a 24 hour telephone service which is manned during normal working hours and after hours the service is included as part of the crisis service, which is a different set of staff. The Trust explained that it would be useful if they could receive details of where the service received by clients or support groups had not been satisfactory and why, so that these instances could be investigated. The Panel shared evidence with the Trust which had been received by the Panel from Support Group Providers, service users and carers. The Trust clarified that if anyone who rings to make what is agreed with the caller to be a crisis referral, they are able make that referral over the phone.

The Panel were concerned that significant feedback from service users has indicated that they can become frustrated and upset when they have to constantly repeat their circumstances when they contact SPA on more than one occasion, often causing unnecessary stress and anxiety. One service user told the Panel that "I keep having to repeat myself time after time to every person or team I speak to. It is traumatic and very stressful for me to have to keep reliving my personal circumstances."

The Trust advised that clinicians at SPA do try and meet the needs of the service user, however, if they ring in a distressed state it is difficult for the Clinician to read the records whilst at the same time talking to the service user. The Trust agreed to remind staff to discuss the importance of stating the reasons for asking for information, which may seem repetitive to service users and carers.

SPA Referrals to the Samaritans during out of hours

Feedback received from Support Group Providers and services users indicated that people who contacted SPA out of hours needing support, had been advised that SPA could not help and that they should ring the Samaritans instead. A number of support group providers told the Panel that: "The Samaritans is a listening service, not a mental health service" and that "Service users have rung for out of hours mental health support, only to be informed that this is not what SPA is for."

The Trust advised the Panel that it could not find any evidence where SPA staff had referred service users to the Samaritans during out of hours. However, as this matter had been raised by a number of Support Group Providers, the Trust agreed to contact the Samaritans to get feedback on this issue from their perspective. The Trust further explained that people could sometimes contact SPA out of hours wishing to talk to someone who will listen but if an individual required an assessment, the appropriate referral would be made. The Trust advised that contact by the service user could be

made with the Care Co-ordinator during the day and if outside of hours, contact could be made with the Home Based Treatment Team via SPA.

The Ad Hoc Panel commented that it would be worth the Trust further investigating the incidents which had been raised by support group representatives, where service users or carers had been referred to the Samaritans after hours. The Trust confirmed that they were happy to further investigate the incidents, but indicated that they would need the service user's permission to pursue this.

Nationally the Samaritans were part of the wider offer for Improving Access to Psychological Therapies (IAPT), so practitioners from that provider did refer service users to the Samaritans.

In response to the report, the Trust indicated that SPA is a service for triaging referrals and responding to urgent crisis and mental health needs. It is not a telephone support service and the Trust is not commissioned to provide this service in Kirklees.

The Trust also indicated in their response that that if a service user wishes to chat to someone but is not expressing the need for a mental health intervention or an assessment, then they may be given support line numbers but only within that context. The manager of SPA has tried to contact the Samaritans to gain further information regarding possible inappropriate calls directed to them. Currently the manager is having difficulty speaking to the appropriate person but is still attempting to make contact.

Early Intervention and Prevention for psychosis access

Greater Huddersfield CCG advised on new standards for early intervention and prevention for psychosis access and waiting time standards. The Panel noted the report circulated at the meeting by NICE (National Institute for Health and Care Excellence) on 'Implementing the early intervention in psychosis access and waiting time standard: guidance' that as from 1st April 2016 more than 50% of people experiencing first episode psychosis would be treated with a NICE Approved Care Package within two weeks of referral.

One service user told the Panel that "Interventions can sometimes mean a quick telephone call to speak to someone who can help, it doesn't always mean the need for anything more than someone simply to listen" and "I don't want a babysitter, I just want someone to talk to who will give me some support and help, why do I have to reach crisis point before anything happens?"

Staff at the Trust would negotiate with a patient on whether they wanted to contact the third sector provider or if they wanted SWYT to make the contact on their behalf. The referral route into IAPT had recently changed and people now had to make a self-referral direct. Referrals to IAPT could go through SPA initially and would then be referred through at the screening stage and fast tracked.

4.14 **Did Not Attend (DNA) policy from referral to first appointment**

If a service user does not attend an IAPT appointment during treatment, a first attempt is made via telephone contact to rearrange the appointment. If contact failed, the service user is sent a letter asking them to contact the service to re-book within 10 days. The service user is discharged from service if they fail to make contact. The service user can re-enter the service at a later date via self or GP referral. One service user told the Panel "If I'm having a really bad day sometimes I can't even get out of bed and if I miss an appointment 3 times I have to start the whole process from scratch, this is extremely stressful for me"

The Trust explained that the DNA policy reflects the National Practice for IAPT services.

4.15 **Process for Preventing People Reaching Crisis Point**

The Panel considered the process for preventing people reaching crisis point, the arrangements that were in place and what action was taken when a patient has a relapse following discharge from the service. One carer told the Panel that "People would often not reach crisis point if they received the right level of support early on and carers can help to facilitate this."

Patients in crisis were normally referred via their GP or IAPT. The Kirklees Insight (early intervention and psychosis) Team supports the early identification of psychosis in young people aged 14-35. The team provide psychosocial interventions (treated and preventing a condition using educational and behavioural approaches) to improve the long term outcomes for people experiencing psychosis. The team supports people's treatment and recovery outside of the mainstream mental health system. People can access this service by self-referral and do not have to be referred by a health professional. Crisis referrals usually come via the GP but may come as an incorrect pathway referral via the self – referral IAPT route. IAPT is not commissioned or designed to take crisis referrals but will signpost referrers and clients to SPA or IHBT.

The Trust wanted to highlight that EIP was not a crisis service and works with a different section of the community than IAPT and is subject to very different referral and admission criteria.

Service users at any time, hitting any point of the service can be referred on to IHBT.

People in crisis already within the system are assessed as to whether they meet the criteria for a Care Programme Approach (CPA), or if the individual is in high level of breakdown, the Trust would usually discuss a Crisis Contingency Plan (CPA) where contact could be made if needed in crisis. People with a CPA have a very serious history of breakdown and a robust system is in place with the appropriate mental health services to help them.

The CCG do commission other services separately from those of the Trust who can intervene or that people can go to for support. The Panel received feedback from a support group provider which advised that “We are not mental health professionals but do have significant experience in dealing with people who have mental health problems, some of whom are in mental health crisis and distress. As a team we have felt that we have not been listened to and our experience and information disregarded.”

The Trust advised that an IAPT Practitioner had visited people within their homes, workplaces and schools to talk about good mental health and effective early intervention. The Trust was also discussing early intervention with Kirklees Neighbourhood Housing.

4.16 **Dual Diagnosis**

The Panel were concerned that feedback received from a Support Group Provider had indicated that people with both mental health and addiction problems were often told to sort out their addiction problems, before they would get treatment by the Trust. One support group provider told the Panel that “When a person has mental health and addiction issues they are usually inter-related and cannot be dealt with as separate issues:”

Greater Huddersfield CCG advised that if someone has an addiction and will not engage with the Mental Health team, their addiction will be treated first. The Trust do not provide additional services in Kirklees for addictions, but do have a Dual Diagnosis Psychiatrist and an Advanced Nurse Practitioner who both work across Lifeline and On-Trak. If an individual has a mental health disorder and an addiction, the Trust will provide a service under care management, but do not have a specific addiction service. If an individual is not in control of their addiction, the Trust cannot help them.

Lifeline are an organisation that provide help for people with drug and alcohol dependency. If an individual presented at A&E with alcohol addiction issues, the nurses and the Mental Health Liaison Team would work together to decide on the best course of action to help the individual.

There is a Kirklees Community Directory available on the Kirklees Website that holds information regarding local support groups. The Directory includes details of the Community Links Dual Diagnosis Service that supports people aged 16 and over with moderate to severe mental health and co-existing substance misuse problems (dual diagnosis) in the Kirklees area.

FEEDBACK FROM SUPPORT GROUPS AND SERVICE USERS

4.17 The following key issues were raised by Support Group Providers, service users and carers:-

- People often ring SPA as a last resort if they are in crisis, but are dismayed to be then advised that they should call the Samaritans;

- Some service users had talked a great deal about needing some level of consistency and continuity and not knowing who will answer the telephone is a source of great anxiety and often prevented people from calling;
- Service users, carers and advocates indicated that would prefer to be able to speak to the same contact at SPA, where at all possible, to ensure continuity of care and would benefit from having one designated person at SPA who can be allocated as their main point of contact for future enquiries;
- People with alcohol dependency, who have mental illness are often refused help and support until they have dealt with their addiction;
- Carers had indicated to the Panel that they do not feel properly listened to when they are trying to get help for someone who is experiencing mental health problems, who has not yet reached crisis;
- Service users advised that when they are declined support, there is no follow up and they are left to manage things for themselves. One person advised that they “either need to get more ill or sort themselves out” and felt quite abandoned by the services;
- SPA cannot speak to the carer if the service user will not accept the support. Carers felt that SPA do not listen to them and in their opinion as carers they had the greatest familiarity with the patient and are best placed to know when their health is deteriorating;
- SPA is a consenting service, meaning the individual has to give their permission to be referred. At a point of crisis and acute mental health distress, the individual may not be able to give their consent; they may also not believe there to be any need for mental health services despite presenting with obvious distress, delusional beliefs and extreme behaviours).

4.18 FINDINGS OF PANEL

The Panel are concerned that staff at SPA have, according to feedback received, advised people to ring the Samaritans during out of hours. The Panel note that the Samaritans is not a mental health service.

The Panel suggested that the DNA Policy could be amended to include a second attempt to telephone the service user to re-book a missed appointment, or alternatively contact could be made with the referrer as a follow up. The Panel are concerned that people who are experiencing mental health problems may not be able to keep an appointment for a variety of reasons, sometimes to do with their current state of health and felt that this should be taken into account by the Trust.

The Panel agreed that early help and intervention is essential in attempting to prevent a service user from reaching crisis point and sometimes in very serious cases results in them having to be admitted to hospital, sectioned or arrested when the right support has not been put into place.

The Panel recognised that carers are often the ones with the best knowledge and experience of the individual experiencing mental health problems and are best placed to know when their health is deteriorating. The Panel also recognises that when carers feel that they have not been kept informed

regarding the patient's circumstances, they are unable to help and support them effectively and this can be extremely stressful and upsetting for them.

The Panel recognised that the issue of consent is a complex area that requires careful consideration by the Trust. The Panel agreed that some cases warrant the due consideration by the Trust of a different or more co-ordinated approach for dual diagnosis, where mental illness is superimposed by substance misuse.

In response to the report the Trust indicated that the issue of consent is a highly complex and contentious issue in some cases and staff are aware of the need to engage carers in care planning where it is possible and agreed to do so. Where consent is not given by a patient, Trust staff consider if it is possible and clinically advisable to breach confidentiality. This is a matter which requires careful professional consideration.

RECOMMENDATIONS (TOR 3)

ACCESS

Contacting SPA

1. That SPA staff make an acknowledgement where the records show a caller has rung before and briefly explain that there is a record of their call; and that an explanation is given to the service user as to why the same questions may be being asked again to assure the individual that they are taken seriously and that their details are being recorded.

Dual Diagnosis

2. That the Trust give greater clarity to service users and the Panel on the process for the management of dual diagnosis and whether more timely treatment could commence through the simultaneous treatment of both conditions and by providing integrated pathways for people with dual diagnostic needs.

Help when in crisis

3. That the Trust provide more information and clarity for service users and carers on the process for what might happen if someone reaches crisis (who should they contact, what can they expect to happen, who might be involved, eg police and duty social workers) that this information is available in a leaflet form and online in plain language; and that anonymous case scenarios be used to describe certain situations and experiences that others can relate to.
4. That the Trust is more pro-active in getting GPs and Social Workers involved in liaising with carers and family members, particularly when people are in crisis, and are able to show how this has been managed.

Terms of Reference 4

Performance

- To undertake an in-depth look at performance targets, how they are measured and performance levels in Kirklees.

4.19 KPI's for Improving Access to Psychological Therapies (IAPT)

Greater Huddersfield CCG advised that KPIs for IAPT services have evolved nationally over the last 8 years. NHS England set, monitored and reviewed the performance targets for IAPT and they currently focus around access, waiting times and recovery. Monthly discussions are held internally at the Trust in meetings with CCG's to review the KPIs.

Monitor KPIs 15/16

KPI	Percentage
EIP Waits was only reported to monitor from Q3	
KPI	Percentage
7 Day Follow Up (95%)	98.31%
DTOC (7.5%)	3.07%
Gatekept Admissions (95%)	97.47%
CPA Patients with a Review in 12 Months (95%)	96.32%
IAPT Waits - Seen within 6 Weeks	86.74%
Seen within 18 Weeks	99.45%
EIP Clock stops with a maximum wait of 2 weeks	71.43%

4.20 DNA (did not attend) Data

DNA data for August 2016 showed that 37 people had dropped out of treatment, which equated to around 9% of people within treatment. DNA prior to first contact in Quarter 1 was 1790 people who were referred into the service; of these 221 failed to make contact prior to the first treatment appointment, which equated to approximately 12%.

4.21 Care Programme Approach (CPA)

In May 2016, SWYT confirmed that:-

- approximately one third of current mental health service users had a Care Programme Approach (CPA);
- there were 4800 active mental health cases in Kirklees, with just over 1500 on CPA who would have a Care Co-ordinator.

4.22 Service models in Acute non-mental health Hospitals

In September 2016, Greater Huddersfield CCG confirmed that patients in acute, non-mental health hospitals should not see a change in the service model. A team of staff will move accordingly across the Dewsbury and Wakefield hospital sites. The Mental Health Liaison Team (MHLT) working in the Calderdale & Huddersfield NHS Foundation Trust (CHFT) have staff sited in both Huddersfield Royal Infirmary and Calderdale Royal Hospital. Performance data showed that the teams met the target of 90% for referrals seen within 1 hour. The Calderdale and Kirklees team have recently altered the staff rota to increase the number of staff available between the hours of 10am and 2am, due to activity monitoring showing this period to be the highest for referrals from A&E.

4.23 Activity Data for 2015/16

The Trust provided performance information for 2015/16, as follows:-

Activity Data for 2015/16		
Area	Data	Total
	Number of Referrals	28797
	Number of initial attendances	17690
	Number of follow up attendances	142825
	Number of Discharges	29784

Business Development Unit (BDU)/SPA referrals during 2015/16:-

BDU/SPA Referrals									
Ref Month	Locality	All referrals received	SPA referrals	SPA referrals discharged as inappropriate	% discharged as inappropriate	SPA referrals discharged no further action	% discharged no further action	Total SPA referrals discharged	Total % of referrals discharged from SPA
	TOTAL	28797	9211	94	0.33%	1988	6.90%	2082	7.23%
Notes									
1) "All Referrals Received" are all those received into the BDU. It is assumed for reporting that these have come via the SPA as to avoid duplication of referral numbers									
2) "SPA Referrals" this is a count of referrals that came into the SPA and were dealt with by the SPA team, they were therefore either discharged as inappropriate, transferred to IHBTT or assessed and treated by the SPA team and discharged as complete.									

The performance data below relating to SPA referrals which had been transferred to other services following discharge and also the examples of where service users had been signposted to other organisations by SPA and this information had been based on an internal audit.

SPA referrals transferred to other services following discharge in 2015/16:-

SPA Referrals by Discharge Reason		
Initial Team	Discharge Reason	Total
Kirklees SPA	Admitted to MH hospital	222
	Advice only – Intervention complete	53
	AMHP MHA	7
	Client denied further appointments	51
	Inappropriate referral – no further action	105
	Intervention complete	417
	Other	676
	Patient death	10
	Referred on to Crowtrees Team (OPS)	136
	Referral onto IAPT	1525
	Referred onto Insight Team	42
	Referred on to CMHT (OPS)	430
	Referred to Care Home Liaison Team - OPS	420

	Referred To CMHT (Adult)	1646
	Referred To Drug & Alcohol Services	26
	Referred to Memory Service	1123
	Referred To Psychology	1170
	Service User Refused Contact	43
	Signposted to non trust agency	604
	Standard Letter Sent - No Response	266
	Transferred/moved out of area	8
Kirklees SPA Total		8979
Grand Total		8979

Mental Health Liaison Team (MHLT) referrals seen in 1 hour during 2015/16:-

	Seen in 1 Hour	Seen in 1hr 30mins	Seen in 2hrs
TOTAL	1899	1899	1899
	1723	1806	1831
	90.73%	95.10%	96.42%

Performance is measured at 90% compliance within one hour

4.24 Independent Audit of SWYT's Performance

The Ad Hoc Panel raised concerns regarding SWYT's 90% overall satisfaction rates, considering the level of issues raised within the evidence from support group providers and service users.

In September 2016, the Panel had a discussion with the Trust and Greater Huddersfield CCG regarding independent audits of SWYT's performance. The Panel considered the CQC report on mental health services and health based places of safety, which outlined their findings of an inspection of SWYT undertaken in March 2016. In January 2017, the Panel received a copy of SWYT's response to the recommendations from the CQC Inspection. The Panel was advised that the Trust had not undertaken 'mystery shopping' of its own services. An internal audit of performance was undertaken by the Trust on a daily basis by Management. Representatives from SWYT and Greater Huddersfield CCG confirmed that they had not received any complaints regarding the SPA service.

4.25 Quality of Service at SPA

The Panel raised concerns regarding the quality of the service at SPA, based on the feedback received. The Trust advised that one of their Managers had spent some time in SPA listening to and observing telephone calls and would where necessary advise a member of staff on different approaches to dealing with the different types of queries from service users. One support group provider told the Panel that “Staff often feel like they are battling through a ‘gatekeeper’ in order to speak to a health professional at SPA” and “Service users feel that not knowing who will answer the telephone is a source of great anxiety and often prevents people from calling.”

The Trust’s Manager had reviewed and was monitoring telephone calls taken at SPA and that this was part of the Trust’s Transformation Programme.

4.26 Trust Complaints Process and customer satisfaction

The Panel were concerned that feedback received from some Support Group Providers had indicated that where a service user had made a formal complaint, they had been informed that their treatment would be put on hold until the complaint was resolved. The Trust gave an absolute commitment that making a complaint had no impact on care and treatments, so services should never be saying that the complaints process must be completed before treatment can continue.

The Trust have a leaflet regarding the Trust’s Complaints Process which can be found in all SWYT’s services and is available to all service users.

The Panel further explored the following areas with the Trust and Greater Huddersfield CCG with regard to making complaints and customer satisfaction:-

- Red Button Alerts – a system which allowed GPs to log any quality issues or concerns they may have, whilst also including the important feedback from patients, these are picked up by the CCGs and forwarded to the Trust for investigation and response;
- Satisfaction Survey and Complaints – The Trust confirmed that a satisfaction survey is handed to a service user when they come for a visit or appointment.

4.27 FEEDBACK FROM SUPPORT GROUPS AND SERVICE USERS

The following issues were raised by Support Group Providers, service users and carers:-

- SPA staff can often appear like ‘gatekeepers’ to the mental health services and that Support Group providers often have difficulty getting to speak to a relevant health professional qualified to give advice and support;
- The service from SPA can be ‘hit and miss’ and Service users are often not confident of getting a good response;

- When new staff come into SPA, concerns were raised around whether they are adequately trained and inducted on the correct processes and services available;
- One support group provider advised in October 2016, that in the last few weeks the service and response at SPA had improved;
- Some support group providers indicated that there seems to be a barrier to making complaints to the Trust.

4.28 FINDINGS OF PANEL

The Panel feels that based on evidence received, if employees at SPA are not sufficiently qualified to deal with an enquiry, they should refer the call to a health professional at SPA who is able to give the right advice and support.

The Panel agrees that there is a lack of internal auditing within the Trust and suggests that SWYT should test their own systems and undertake mystery shopping of their services, for example during out of hours.

The Panel agree that the Trust's satisfaction rate does not fit together with the evidence received from support group providers. The Panel looked at the NICE Guidance Statements 5, 6 and 7 which advises that:-

- Statement 5 – “People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services”
- Statement 6 – “People can access mental health services when they need them”
- Statement 7 - “People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues”

The Panel agrees that they need to be reassured by the Trust that they are meeting the requirements of the NICE Guidance in respect of Statements 5, 6 and 7.

RECOMMENDATIONS (TOR 4)

1. That staff who answer the telephones at SPA should receive mandatory training that includes customer care skills; that mandatory training is refreshed regularly and 'fit for purpose'.
2. That the Trust introduce auditable quality standards for SPA that are outcome based; and that Staff have set processes and procedures they are required to follow and be consistent in the service that they provide.
3. That the Trust consider introducing better mechanisms for auditing their own services, for example, mystery shopping; and that the Trust introduce ways to measure this.
4. That the Trust embed the work of the Kirklees Carers Charter across all aspects of their work and be able to demonstrate how they have done this.

5. That the Trust are able to confirm how they are meeting the requirements of the NICE Guidance Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services Statements 5, 6 and 7 which advise that:-
- Statement 5 – “People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services”
 - Statement 6 – “People can access mental health services when they need them”
 - Statement 7 - “People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues”.

Terms of Reference 5

Research

- To include research on providers of support for adults with mental health problems

4.29 FEEDBACK FROM SERVICE USERS, CARERS AND SUPPORT GROUP PROVIDERS

In May 2016, the Panel agreed to invite representatives from Support Groups to attend the Panel and give an account of their experiences of accessing SPA and the Adult Mental Health Services. A summary of some of key issues raised by Support Group Providers, service users and carers is given in the following section.

4.29.1 Accessing Mental Health Services via SPA

- Once through to an assessment service users feel as though services were uncoordinated and it was becoming increasingly hard to fit the eligibility criteria set for SPA;
- Some service users ring SPA during an acute crisis and are dismayed to be advised that they should call the Samaritans;
- Clients want SPA to know that they often call as a last option, they have tried everything else and have held off but need to alert somebody to a problem. They feel however that some members of SPA staff think they abuse the service and call too quickly or too often;
- SPA staff should clearly explain the process for self-referral to service users so they are clear what they need to do;
- Service users have rung SPA for out of hours mental health support and been informed that this was not what the service was for and one of the service users in question had been feeling suicidal at the time;
- Staff at SPA have been abrupt with some service users and told them that they could not support them, but had not given advice as to where they could receive alternative support;
- Some examples were given of service users who needed an emergency referral to mental health services and SPA refused to take a referral over the telephone.

The Panel received feedback from a support group provider advising that in their opinion the Trust were trying hard to engage in terms of service changes that they were making, however, when it came to implementing changes on the ground their communication needed significant improvement.

One support group provider advised the Panel that response times for referral to treatment have recently improved and the Trust are endeavouring to respond within 4 hours, compared to previously taking 1-7 days to respond.

4.29.3 Confidentiality and Consent

- If consent is not given by the individual suffering mental health, it is very difficult for carers to get the right support for their loved one and they cannot help if they are not allowed to have the information and are not recognised by the Mental Health Services;
- An individual has to give their permission to be referred and at point of crisis and acute mental health distress, a person may not be able to give their permission. The individual may also not believe there to be any need for mental health services whilst displaying obvious distress, delusional beliefs and extreme behaviours. A Support Group Provider said “SPA will often refer an individual to a non-consenting service, for example the Police, but this has to be a last resort”.
- A carer told the Panel that “It is very hard for me to get the right support for my son when I am not allowed to have the information” and “SPA is an elective service, they can only help if the person who is ill will accept it. SPA can’t speak to the carer if the individual won’t accept the support.”

4.29.4 Communication and Continuity

- Better systems are needed by the Trust to keep service users informed of any changes to their personnel or when a review of their circumstances has taken place, including what direct impact this will have on the individual and what plans are being put in place to manage the situation; people would prefer to be able to speak to the same person at SPA to ensure continuity;
- Service users reported that they would benefit from having one designated person at SPA who could be allocated as their main point of contact for future enquiries.

4.29.5 Early Intervention and Prevention

- Carers do not feel properly listened to and feel they are often the ones with the knowledge and experience of the individual suffering mental health problems and best placed to know when their health is deteriorating;
- People would often not reach crisis point if they received the right kind of support early on and carers can help to facilitate this.

4.29.6 Information sharing

- Information regarding an individual is not shared by SPA with the carer to enable them to keep them up to date on the current treatment/support the service user is receiving;
- When SPA advise a client to self-refer to a Support Group Provider, a process is needed for information sharing to give information of the referral/service user or make a telephone call to give the provider the ‘heads up’;
- Staff at SPA should have sufficient knowledge of what services are available locally for people with mental health problems, so they are able to signpost them appropriately.

- Some support group providers reported that they do not receive advice or recommendations from SPA on alternative support groups that might be able to help an individual. If SPA will not help a person, providers end up having to use their own experience and knowledge to decide what to do next and where to go to for help.
- A carer told the Panel that “Information regarding an individual is not shared by SPA with the carer to enable them to keep up to date on the current treatment/support the person that they are caring for is receiving.”

4.29.7 Only for residents of Kirklees

- SPA require a person to be resident in Kirklees and registered with a GP. Many people who access support group providers with severe mental health difficulties who come from out of area are not yet registered with a GP and are often homeless when they access support. It is during the first contact with individuals who present as homeless and needing support, that providers first become aware of mental health problems. The individual may be known to mental health services outside of Kirklees and Calderdale and may even have been held under sections of the Mental Health Act. However, if not on the local database (RIO) the individual is treated as not having accessed mental health services before.
- A support group provider advised that the Trust should review its approach to people who are accessing services but are out of area and in their opinion this is a clear gap in service provision.

4.29.8 Dual Diagnosis

- When an individual has both mental health and addiction issues they are usually inter-related and cannot be dealt with as separate issues. For example, people with alcohol dependency who are suffering mental health problems are often refused help and support until they have dealt with their addiction.

4.29.9 Comments on improvements to services

A number of Support Group Providers provided positive feedback that some Mental Health Services had recently improved and the key comments are listed below:-

- The Trust agreed to meet with a support group provider to discuss working more closely together, the Provider hopes that this dialogue will help to develop better ways of information sharing particularly around risk management, and also enable discussion of some of their key issues. Additionally, the Provider has seen a greater willingness to have open communication with the Trust about shared clients and this has been of considerable benefit.
- IAPT were invited to a Provider’s team meeting recently and this was positive in terms of explaining about the Provider’s services, finding out more about IAPT and for future collaboration. One of the Provider’s service managers reported that referral waiting times may have decreased and communication has improved.

- A representative from SPA attended another Provider's team meeting where they discussed the Provider's services and they have now started to receive fairly regular referrals from SPA and felt this was much better.

4.30 FINDINGS OF PANEL

The Panel is concerned that there is a disconnect between what the Trust and CCGs are reporting, when balanced against the evidence received from service users and support group providers. This has indicated that in a lot of cases the mental health services do not meet their needs and that customer satisfaction levels are low.

The Panel are also keen to be assured that the essential role of the carer in supporting a service user is recognised by the Trust and the CCGs.

The Panel agreed that it was encouraging to receive positive comments from some Support Group Providers on recent improvements in accessing SWYT's Mental Health Services and communication from the Trust.

The Panel looked at the NICE Guidance Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services Statement 1 which advises that:- People using mental health services, and their families or carers, feel optimistic that care will be effective. The Panel agree that they need to be reassured by the Trust that they are meeting the requirements of the NICE Guidance in respect of Statement 1.

4.31 RECOMMENDATION

That the Trust are able to confirm how they are meeting their requirements of the NICE Guidance Statement 1: People using mental health services, and their families or carers, feel optimistic that care will be effective.

4.32 ADDITIONAL INFORMATION

The Panel invited a number of Support Group providers to give feedback on accessing SPA and mental health services for adults. A document is available recording all the feedback received from Support Group Providers, the details of which have been incorporated into this report.

5. SUMMARY OF RECOMMENDATIONS

SERVICE PROVISION AND CAPACITY

Communication

1. That letters are sent as a matter of routine courtesy to service users and carers (where consent has been given) following review meetings, stating the outcome of the discussion, a plan of action and any details or changes to medication or personnel. A record should be kept on the patient's records that this information has been sent to the service user.
2. That the Trust and CCGs should consider providing a 'helpline' facility for service users and carers to call if they need psychological support by having someone to talk to who will be able to listen to their concerns and offer advice on how they may practically help themselves. That the Helpline facility gives details of other quality assured Support Groups who may be able to help.
3. That when SPA staff refer service users to alternative quality assured Support Group providers, they should ensure that they explain the process to the individual so it is clear when there is a need to make a self-referral and how to do this; that there is an explanation of how to self-refer to other Agencies on the Trust's website and also available in written form, for the benefit of service users and carers.

Working with Voluntary Sector Providers and information sharing

4. That the Trust provide clear guidelines about information sharing with Quality Assured Support Group Providers and are maintain regular dialogue with them to share information on the services available to people with mental health problems.
5. That the Trust build into mandatory training for SPA staff a greater awareness and knowledge of what services are available locally for people with mental health problems, so they are able to signpost them appropriately.

Referral by GPs

6. That the Trust and CCGs improve awareness raising with GPs concerning the range of pathways to access Mental Health Services for patients thereby assisting GPs to take a consistent approach to supporting people with mental health concerns.

Joint working and interaction between Home Based Treatment Team (HBTT) and Care Management Teams

7. That there is continuity of service available 24 hours a day across the Home Based Treatment Team and Care Management Team; and that when day services become 'out of hours' information regarding a patient should be handed over; that this process is measurable by the Trust.

Support Forums

8. That the Trust consider introducing and support forums to address the disconnect in communication between the Trust, carers and service users so that they can speak face-to-face with Managers of local mental health services, meet other people who want to influence services, raise issues and get answers to their questions.

Support to families and carers

9. That the Trust and CCGs consider how they can help to raise awareness of mental health services for affected families and friends, for example, information that is displayed on the Trust's website or leaflets should be better promoted so that people know the information is available.

ACCESS

Contacting SPA

10. That SPA staff make an acknowledgement where the records show a caller has rung before and briefly explain that there is a record of their call; and that an explanation is given to the service user as to why the same questions may be being asked again to assure the individual that they are taken seriously and that their details are being recorded.

Dual Diagnosis

11. That the Trust give greater clarity to service users and the Panel on the process for the management of dual diagnosis and whether more timely treatment could commence through the simultaneous treatment of both conditions and by providing integrated pathways for people with dual diagnostic needs.

Help when in crisis

12. That the Trust provide more information and clarity for service users and carers on the process for what might happen if someone reaches crisis (who should they contact, what can they expect to happen, who might be involved, eg police and duty social workers) that this information is available in a leaflet form and online in plain language; and that anonymous case scenarios be used to describe certain situations and experiences that others can relate to.
13. That the Trust is more pro-active in getting GPs and Social Workers involved in liaising with carers and family members, particularly when people are in crisis, and are able to show how this has been managed.

PERFORMANCE

14. That staff who answer the telephones at SPA should receive mandatory training that includes customer care skills; that mandatory training is refreshed regularly and 'fit for purpose'.
15. That the Trust introduce auditable quality standards for SPA that are outcome based; and that Staff have set processes and procedures they are required to follow and be consistent in the service that they provide.
16. That the Trust consider introducing better mechanisms for auditing their own services, for example, mystery shopping; and that the Trust introduce ways to measure this.
17. That the Trust embed the work of the Kirklees Carers Charter across all aspects of their work and be able to demonstrate how they have done this.
18. That the Trust are able to confirm how they are meeting the requirements of the NICE Guidance Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services Statements 5, 6 and 7 which advise that:-
 - Statement 5 – “People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services”
 - Statement 6 – “People can access mental health services when they need them”
 - Statement 7 - “People using mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues”.

FEEDBACK FROM SUPPORT GROUP PROVIDERS, SERVICE USERS AND CARERS

19. That the Trust are able to confirm how they are meeting their requirements of the NICE Guidance Statement 1: People using mental health services, and their families or carers, feel optimistic that care will be effective.

ADDENDUM

In response to the report, the Trust has given further information in addition to the evidence they provided at the Adhoc Scrutiny Panel meetings, which has indicated that:-

The report was discussed at the Trust's Executive Management Team meeting on 12th January 2017 and it agreed to:-

- a common aim to improve understanding of services and continually improve service user experience
- note reference to the positive findings in the report
- indicate that the Trust is keen to support greater understanding of the trust and its services for scrutiny, its members and members of the local community
- indicate that the Trust and commissioning partners would welcome the opportunity for further dialogue
- take the opportunity to highlight where information 'might not be accurate'
- take the opportunity to ask for clarification re issues – sources of data re satisfaction with SPA etc.

Page 5 - 1.1

SPA achieved 95.7% of referrals in October and 94.4% in November 2016 for routine mental health assessments being assessed within the 14 day access standard.

Page 10 - 4.3

The Trust has a CPA in place informing patients about changes in care and that this is an integral part of the process, including when personnel changes (eg care coordinator) occur. The exceptions are when Junior Doctors change as part of a training rotation.

The Junior trainee Doctors rotate in and out of the Trust on a regular basis. The Trust will ask the Medical clinical leads to ensure that Doctors rotating jobs, inform patients that changes may occur. Given that some out-patients appointments are every 6 or 12 months it is unfortunately, not always possible to be precise with patients as to the date of any change or the name of any new replacing Doctor.

Page 11 - 4.4

The Trust have worked alongside service users and carers in staff recruitment, service development and discussions sessions relating to transformation. Trust Managers attend the carers support group when invited and are members of the Kirklees Partnership Forum. There is a carer and service dialogue group in place that SWYT staff can link to.

Page 15 – Dales Unit

The Trust always discharges patients with a discharge care plan and will put in place a package of support and care identified to meet that persons needs on discharge. We follow up patients within 7 days of discharge to assess how successful it has progressed. There will be times when the discharge plan breaks down and a crisis plan is in place to enable the patient and family and carers to ask for further support.

Leave patients equally have plans and can contact the wards for support or an early return from leave.

The Dales unit has upward of 50 -60 admission and discharges per month.

Page 21 – EIP for psychosis access (2nd para)

The Trust is keen to emphasise that this was IAPT not EIP. As IAPT is a Primary Care, self-referral focused team and therefore needs to respond to volumes of referrals efficiently and effectively.

Page 23 - 4.17

The Trust acknowledges that some referrers and organisations will not fully understand the role of the SPA and what the Trust is commissioned to provide. The Trust agreed that the SPA Manager will work with community groups and provide information to explain the purpose of SPA.

Over a 24/7 period, the Trust have advised that SPA will be unable to provide the continuity of workers and contact to an individual. SPA is a triage and assessment service, not a therapy team.

SPA will accept all referrals and will seek to obtain the service users permission to be contacted and engaged with. The Trust in its meetings with the Panel, reiterated that where a serious crisis issue was immediately identified, SPA will intervene, even if the service user is not in agreement.

Page 24 - 4.18

The DNA policy in relation to IAPT referrals is within the National Guidelines. The Trust's adherence to this ensures NHS England and the local CCG commissioners can assure themselves on a like by like service basis. The Trust already contacts patients referred to non IAPT services, in the way the Panel describes. SPA does offer further appointments (multiple attempts based on risk and other circumstances) when someone DNA's and also try to speak to the service user on the day.

The Panel suggests that IAPT make a second attempt to contact the service.

If a newly referred service user fails to make the first booked appointment a letter is sent to them asking them to re contact the service.

For service users that are part way through treatment, the DNA the Therapist will contact them on at least two occasions and if that is unsuccessful then a letter will be sent asking them to contact the service.

Page 30 - 4.28

The Trust satisfaction rate is taken from nationally derived and independently led surveys.

SPA admin pass service users over to clinicians. Exceptionally a service user may speak to admin and receive what is requested, however service users are not blocked from speaking to clinicians. The only situation that can arise is that the

clinicians may all be on the telephone and so are not immediately available, so service users are informed that they can wait or that we will call them back.

Page 33- 4.29.3

The Trust informed the Panel that where a patient poses a significant risk to themselves or others an urgent intervention would take place and this may involve the Police and/or Ambulance services. The Trust Crisis service will always attempt to work with patients and referrers, where possible, to reduce the possibility of Police involvement. We have a link officer in the Police who we explore these incidents with, to enable learning for the future.

Page 34 - 4.29.7

The Trust clarified with the Panel that it will assess and consider any non-permanent resident and does so. Services will always seek to obtain information from other Trusts about patients, where it is known they have had previous care and treatment.

SCRUTINY ACTION PLAN

Project: Scrutiny Review - Adult Mental Health Assessments

Lead Governance Officer: Helen Kilroy

			FOR COMPLETION			
No.	Recommendation	Directorate and Cabinet Member(s) asked to coordinate the response to the recommendation ?	Response by SWYT on 9 th June 2017	Do you agree with the recommendation – if no say why How will this be implemented?	Who will be responsible for implementation?	What is the estimated timescale for implementation?
1	That letters are sent as a matter of routine courtesy to service users and carers (where consent has been given) following review meetings, stating the outcome of the discussion, a plan of action and any details or changes to medication or personnel. A record should be kept on the patient's records that this information has been sent to the service user.	N/A	Service users, as part of CPA Policy, receive a new or updated care plan as part of any review. Carers would only receive a copy of the plan with the agreement of the service user. The plans are kept on the patients records on RiO.	The Trust's previous response outlines how it meets this recommendation. The Trust monitors the number of clients who are offered copies of care plans that accept them and are sent them. A report has been requested from Performance & Information team	Sue Sutcliffe	12 months

				who are looking to have this completed by end of July.		
2	That the Trust and CCGs should consider providing a 'helpline' facility for service users and carers to call if they need psychological support by having someone to talk to who will be able to listen to their concerns and offer advice on how they may practically help themselves. That the Helpline facility gives details of other quality assured Support Groups who may be able to help.	N/A	This is a matter for the Commissioners to consider. The SPA service is commissioned and designed to meet the needs of people referred with urgent, serious and enduring mental ill health.	Matter to be picked up by CCG.		12 months
3	That when SPA staff refer service users to alternative quality assured Support Group providers, they should ensure that they explain the process to the individual so it is clear when there is a need to make a self-referral and how to do this; that there is an explanation of how to self-refer to other Agencies on the Trust's website and also available in written form, for the benefit of service users and carers.	N/A	<p>The Trust agrees that its staff need to make it clear to service users and carers about how to self-refer to some community groups. The Trust would not place self-referral information on to its website as it would not be in a position to maintain the accuracy or quality of this material.</p> <p>The Trust confirms it will continue to sign post service users and carers to non-commissioned voluntary services and will interact with those services if it has the explicit permission of the service user.</p> <p>The Trust will continue to review the consistency of support and advice provided by SPA staff and have taken on board the comments of the panel.</p> <p>The recommendation to other voluntary services are focused on those commissioned by the CCG and or social services. This ensures that services that</p>	<p>The Trust agrees that its staff need to make it clear to service users and carers about how to self-refer to some community groups. The Trust would not place self-referral information on to its website as it would not be in a position to maintain the accuracy or quality of this material.</p>		12 months

			<p>meet commissioner safety and quality standards are used. The Trust are not able to recommend non-commissioned services.</p>	<p>The Trust confirms it will continue to sign post service users and carers to non-commissioned voluntary services and will interact with those services if it has the explicit permission of the service user.</p> <p>The Trust will continue to review the consistency of support and advice provided by SPA staff and have taken on board the comments of the panel.</p> <p>The recommendation to other voluntary services are focused on those commissioned by the CCG and or social services.</p>		
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				<p>This ensures that services that meet commissioner safety and quality standards are used. The Trust are not able to recommend non-commissioned services.</p> <p>The Trust has carried out an audit focused on whether SPA support and information to agencies is adequate. Audit attached and will be repeated later in the year.</p> <p>Please note response by data protection manager in recommendation 4.</p>		
4	That the Trust provide clear guidelines about information sharing with Quality Assured Support Group Providers and are maintain regular dialogue with them to share information on the services available to people with mental health problems.	N/A	The Trust can consider how to share information with “quality assured” and commissioned providers. However, due to the patient confidentiality, additional safeguards would also need to be in place.	Our information governance and data protection manager states as we have no control over the	Sam Jarvis	12 months

				<p>governance of the staff, including training and system access controls; and that, since this type of organisation is not usually required to complete a data toolkit, we will have no evidence of their standards of confidentiality and data protection. This means we are unable to provide access to the Trust sites.</p> <p>We do have constant discussion with local groups.</p>		
5	That the Trust build into mandatory training for SPA staff a greater awareness and knowledge of what services are available locally for people with mental health problems, so they are able to signpost them appropriately.	N/A	The Trust already provides awareness and knowledge building resources for SPA staff. This is not mandatory it is part of staff and team supervision.	John Price SPA manager is to attend the third sector provider forum as a regular attendee. Any new developments will be cascaded to the team via supervision and	John Price	6 months

				team meetings.		
6	That the Trust and CCGs improve awareness raising with GPs concerning the range of pathways to access Mental Health Services for patients thereby assisting GPs to take a consistent approach to supporting people with mental health concerns.	N/A	<p>The Trust undertake this work frequently. Due to new SPA and community adult team arrangements, the Trust has been agreeing and communicating any new pathways with GP's.</p> <p>There is a 14 day timeframe attached to this communication and the Trust is working with commissioners and GPs to ensure communication is as per contract.</p>	<p>This is a constant ongoing matter. The Trust visit clinical meetings in Primary care and with GPs and will continue to do so.</p> <p>This is also clearly a matter for the CCG to pick up with General Practice as part of their contract.</p>		12 months
7	That there is continuity of service available 24 hours a day across the Home Based Treatment Team and Care Management Team; and that when day services become 'out of hours' information regarding a patient should be handed over; that this process is measurable by the Trust.	N/A	<p>The Trust are unclear by what the Panel refers to as the "Care Management team". The IHBT operates 24 hours 7 days a week. It can be accessed by all services and provides continuity of service for patients in crisis under its care.</p> <p>A service user under SWYPFT care and with a care co-ordinator will always be referred back to the team and care co-ordinator providing their care on a day to</p>	<p>The Trust has responded and confirmed its 24/7 process. Clinicians orally handover patients as well as transfer information on</p>		6 months

			day basis during working hours, usually 9-5 Monday to Friday). This is because they know the service user and have developed their care plan with them. Calls revert to IHBT outside of CMHT working hours to provide support as required in crisis situations.	RIO.		
8	That the Trust consider introducing and supporting forums to address the disconnect in communication between the Trust, carers and service users, so that they can speak face-to-face with Managers of local mental health services, meet other people who want to influence services, raise issues and get answers to their questions.	N/A	<p>The Trust has the following, Carer support groups, Carer Dialogue groups, ward 18 carer group, EIP carer group, that meets with service users and carers and attends the Kirklees Mental Health Partnership forum.</p> <p>The Panel is directed to responses in Recommendation 18 which outline how it manages and engages with local fora and people who want to influence services, raise issues and get answers to their questions.</p> <p>There are two dialogue groups that take place in Kirklees which are not run by the Trust but which we attend. (See below)</p> <ul style="list-style-type: none"> • Carers dialogue group which is held quarterly and there is someone in attendance from SWYT. • Service User dialogue group – (Touchstone) 3rd sector attend this and the agreement is that General Managers will attend when requested. Aboobaker Bhana from the Equality and Inclusion team attends these. 	Please note previous response. The Trust is meeting user and carers groups and in-particular carers in June to review its communication and input.	Sam Jarvis and Bronwyn Gill	12 months

9	That the Trust and CCGs consider how they can help to raise awareness of mental health services for affected families and friends, for example, information that is displayed on the Trust's website or leaflets should be better promoted so that people know the information is available.	NA	The Trust already provides information about its services on its website and on leaflets about individual services.	Our communication team have been asked to consider information it provides in various media and formats.		12 months
10	That SPA staff make an acknowledgement where the records show a caller has rung before and briefly explain that there is a record of their call; and that an explanation is given to the service user as to why the same questions may be being asked again to assure the individual that they are taken seriously and that their details are being recorded.	N/A	The Trust agreed that it will remind staff to discuss the importance of stating the reasons for asking for information, which may seem repetitive to service users and carers. Trust staff record on patient records (RiO) that patients have made contact with the Trust. The Trust will through team discussion and supervision, consider how to develop its initial interactions with callers explaining the need to ask questions.	Discussions have taken place in SPA team picking up on recommendation. At handovers good practice is always discussed.	SPA manager	6 months
11	That the Trust give greater clarity to service users and the Panel on the process for the management of dual diagnosis and whether more timely treatment could commence through the simultaneous treatment of both conditions and by providing	N/A	This matter needs consideration and review by the CCG as they commission substance misuse services. Dual diagnosis is accepted and service users are supported.	Dual diagnosis is accepted and service users are supported by the commissioned SWYT service		6 months

	integrated pathways for people with dual diagnostic needs.			who work closely with other commissioned agencies and other MH services.		
12	That the Trust provide more information and clarity for service users and carers on the process for what might happen if someone reaches crisis (who should they contact, what can they expect to happen, who might be involved, eg police and duty social workers) that this information is available in a leaflet form and online in plain language; and that anonymous case scenarios be used to describe certain situations and experiences that others can relate to.	N/A	The Trust will review information it provides on its crisis services and what can be expected by service users and carers.	Current information leaflets attached and subject to review by service to consider recommendation by the panel.	Gary Auckland and IHBT team leader.	12 months
13	That the Trust is more pro-active in getting GPs and Social Workers involved in liaising with carers and family members, particularly when people are in crisis, and are able to show how this has been managed.	N/A	GP's and social services need to consider this recommendation as providers. The Trust works with GPs and Social Services to ensure statutory Mental Health Act interventions are applied.	See response from SWYPT.		12 months
14	That staff who answer the telephones at SPA should receive mandatory training that includes customer care skills; that mandatory training is refreshed regularly and 'fit for purpose'.	N/A	The Trust will ensure customer care skills are reviewed on an individual basis with each member of staff in SPA, as part of Personal development plans.	Ongoing via clinical supervision, appraisal and Personal development reviews as well as observation by team leader.	SPA team leader	6 months

15	That the Trust introduce auditable quality standards for SPA that are outcome based; and that Staff have set processes and procedures they are required to follow and be consistent in the service that they provide.	N/A	The Trust as part of its transformation programme is putting into place a new "single operating procedure", SOP for SPA which will include this recommendation.	The SPA forms part of the new CORE community mental health service and that has an SOP relating to CORE and SPA operation. In addition a service protocol has been developed for SPAs.		6 months
16	That the Trust consider introducing better mechanisms for auditing their own services, for example, mystery shopping; and that the Trust introduce ways to measure this.	N/A	The Trust satisfaction rate is taken from nationally derived and independently led surveys.	The Trust satisfaction rate is taken from nationally derived and independently led surveys. This includes the community mental health survey, the inpatient mental health survey and the NHS Friends and Family Test. Feedback from these surveys indicate the level of satisfaction with services and offers people the opportunity to	M Doyle Deputy District Director	6 months

				<p>comment on areas for service improvement.</p> <p>The Trust also has an internal Quality Monitoring Visit programme. These visits look at how services are providing good quality and safe standards and identify any areas for improvement that needs action and/or concerns or issues that need escalating.</p>		
17	That the Trust embed the work of the Kirklees Carers Charter across all aspects of their work and be able to demonstrate how they have done this.	N/A		<p>The Trust is currently reviewing all the work we do across services to involve and support carers and families. This will allow us to identify and share good practice as well as identify any gaps in what we offer to carers</p>	<p>Bronwyn Gill Deputy Director</p>	12 months

				<p>and families.</p> <p>We also want to update our Commitment to Carers statement (attached) which was originally developed with the help of carers 3 years ago.</p> <p>We are assessing our findings against the quality standards set out in the NHS England report (May 2016) 'An integrated approach to identifying and assessing carer health and well-being', which sets out 7 principles to guide NHS trusts on identifying and assessing carers' wellbeing. This will help us evidence that we can progress towards seeking accreditation with the 'Investors in Carers' charter</p>		
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				<p>developed by carers in Kirklees.</p> <p>One of the Trust's core values is that Families and Carers matter. As part of our work, we will be asking carers and families to tell us about their experience of SWYFT, to indicate what works well and how we can improve on our offer to carers.</p>		
18	<p>That the Trust are able to confirm how they are meeting the requirements of the NICE Guidance Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services Statements 5, 6 and 7 which advise that:-</p> <ul style="list-style-type: none"> • Statement 5 – “People using mental health services feel confident that the views of service users are used to monitor and improve the performance of services” • Statement 6 – “People can access mental health services when they need them” • Statement 7 - “People using 	N/A	<p>Statement 5 based on 3 recommendations from CG136: 1.2.20, 1.2.21 & 1.2.22</p> <p>The Trust has developed new Communications, engagement and involvement and membership (CEI) strategies which have action plans that will enable people to have a sense of ownership of the trust, have a greater say in how services are provided, ensure the Trust is accountable to local people and that services take account of local need.</p> <ul style="list-style-type: none"> • Strategic aim for communications – facilitate 2 way dialogue to enable people to be well informed (about their own care 	<p>The trust is currently undertaking a trust wide audit of NICE QS14 Service user experience in adult mental health.</p> <p>In addition see response to 19 below.</p> <p>Trust also undertakes</p>		6 months

	<p>mental health services understand the assessment process, their diagnosis and treatment options, and receive emotional support for any sensitive issues”.</p>		<p>and about what is happening in the trust)</p> <ul style="list-style-type: none"> • Strategic aim for engagement – enable people to feel connected to the organisation and understand their role in influencing decisions and the services we provide. • Strategic aim for involvement – enable people to have a say and actively take part in decision making, service planning and delivery • Strategic aim for membership – maximise the potential of membership by empowering people in local communities to influence service development through effective involvement and working together. <p>Based on Recommendation GC136:1.2.20 - Fully Compliant. Volunteers are involved in the Trusts induction programme for all new staff to promote positive values, good experience and outcomes for service users. The service users are supported by the inclusion team. Also the following; No Decision About Me, Without Me, Employment Matters Strategy, Volunteering Vision.</p> <p>Partially Compliant. Exit questionnaires, draft policy, expenses paid via vouchers, Change lab - No Decision About Me Without Me. This has been considered at the patient experience sub group and recovery champions meetings, the current system for exit interviews is working well with high returns.</p>	<p>Friends and Family survey.</p>		
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			<p>The ImROC work will go further than this, through employing people with lived experience as peer mentors to work alongside professional staff so that they influence the services as they are delivered – not just evaluate them when people exit.</p> <p>Based on Recommendation GC136: 1.2.21 - Fully Compliant. National survey, National MH data set, Complaints and Compliments, Patient experience satisfaction of Adult services (including community, inpatient, ECT and home based treatment services) has been analysed and presented at the Partnership Board Meeting with areas for improvement in the service identified. The inpatient data and ECT satisfaction surveys have been analysed reviewing direct comparisons of different service user groups.</p> <p>Statement 6 - The panel has received access performance information.</p> <p>Statement 7- based on recommendation from CG136: 1.3.3 - Fully Compliant. National survey provides evidence of practice. Case studies through user satisfaction, compliments and complaints. Memory services - diagnosis. Use of Alzheimer's society. Use of external agencies to provide support. Advocacy - DOLs. Reducing stigma of MH - Insight</p>			
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			events. 100s of attendees. Further events planned (ADHD and Psychosis). Advanced statements and decision making. Dialogue Groups. Well Being Cafes-Alzheimer's and Admiral Nurses			
19	That the Trust are able to confirm how they are meeting their requirements of the NICE Guidance Statement 1: People using mental health services, and their families or carers, feel optimistic that care will be effective.	N/A	Statement 1 - Based on recommendation from CG136: 1.1.1 - Fully Compliant. The Trust has adopted the Recovery Star as an outcomes measure within mental health services. The Trust deliver psychosocial interventions training, both internally and in collaboration with university providers focusing on relationship, family work and recovery, care plans and care assessments and family interventions etc. The Trust audits its quality of services using various tools. Development of PROMs / PREMs - satisfaction questionnaire. CQUIN. Q, CQC outcomes, National survey inpatient and community annual findings.	NICE propose that this can be measured through the national community mental health survey results. In addition to the previous response the Trust is subject to a number of national surveys of which results are attached.		6 months

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Name of meeting: Cabinet
Date: 25th July 2017
Title of report: Kirklees Stadium Development Ltd (KSDL) - request for short term loan facility

Purpose of report To consider a request from KSDL for the Council to provide a loan facility of £200k for a 12 month period on commercial terms

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	Not applicable
The Decision - Is it eligible for call in by Scrutiny?	Yes
Date signed off by Strategic <u>Director</u> & name	Naz Parkar - 17.07.17
Is it also signed off by the Service Director for Finance, IT, and Transactional Services?	Debbie Hogg - 17.07.17
Is it also signed off by the Service Director - Legal Governance and Commissioning?	Julie Muscroft - 17.07.17
Cabinet member portfolio	Cllr Graham Turner - Corporate

Electoral wards affected: N/A

Ward councillors consulted: N/A

Public or private: Public

1. Summary

Due to a change in position by their bankers, KSDL are requesting, that the Council considers providing a loan, on full commercial terms, of £200k for a twelve month period. This would give KSDL, the ability to manage its cashflows up to the point, when the next payment of funds in respect of the HD One development, is due to be received from the developer of the scheme. The proposed loan will be secured as part of the Council's first ranked charge on the assets of KSDL.

2. Information required to take a decision

- 2.1 KSDL is the company which runs the John Smith's Stadium site, Huddersfield. KSDL, is a partnership between Huddersfield Town Football Club, Huddersfield Giants Rugby League Club and the Council. The company is currently promoting the HD One development, which is a scheme to create a regional leisure destination on the land adjacent to the Stadium, the income flows from which, will provide a high level of financial stability to KSDL's future operations, as well as generating a huge increase in footfall for the wider Stadium site, employment opportunities and Business Rate income for the Council.
- 2.2 As part of this development role, KSDL has been incurring costs on professional advice in respect of the scheme although these are now being shared with the organisation with which KSDL has entered into a Joint Venture Agreement to promote the HD One scheme.
- 2.3 To manage the cashflow impact of the above, KSDL had negotiated an increase in its day to day overdraft facility with its bankers from the previous level of £100k to £300k. This extension to the overdraft facility is due to expire at the end of July 2017. The £200k extension to the facility has previously been provided by KSDL's bank without any specific security requirement.
- 2.4 KSDL's bank has recently contacted the company and advised, that in order to extend the £200k additional facility for a further 12 month period, they would require a third party guarantee to be provided for security purposes. The bank has suggested that the Council provides the guarantee as a Council guarantee is already in place for the bank in respect of the residual balance of the long term construction loan relating to the original construction of the facility, the outstanding balance of which is circa £2m with full repayment due by early 2021.
- 2.5 The reasons behind the request from the bank for additional security to extend the £200k facility are not entirely clear given that the financial position of KSDL is broadly the same as it was at the point of the last facility review. However, the bank in question is currently going through a repositioning of its overall approach to its customers as part of a restructure of its UK operations.
- 2.6 The Council could offer a guarantee which could be accommodated within the first charge on the assets of KSDL which the Council holds, which extends to £3m, so would cover both the guarantee on the construction loan and the £200k cashflow facility.
- 2.7 However, from a risk perspective, it would seem more sensible for the Council to offer to provide the £200k facility itself on the same terms as offered by the bank. The risk profile is the same, but offering the facility itself allows the Council

to earn interest on the loan at a fully commercial rate, equivalent to that offered by KSDL's bank. This commercial rate would be substantially in excess of what the Council could generate, from placing cash on short term deposit in the money markets, but would not disadvantage KSDL as it is on equivalent terms to that on offer to them from their bank. The risk of default sits with the Council under either scenario and will be secured in the proposed instance under a new Loan Agreement.

2.8 On balance, officers would recommend that KSDL's request be agreed to and that rather than providing a guarantee to the company's bank to underpin a facility of £200k, the loan should be provided direct from the Council at a commercial rate of interest. The loan would be secured within the Council first ranked charge on the assets of KSDL.

3. Implications for the Council

3.1 Early Intervention and Prevention (EIP)

N/A

3.2 Economic Resilience (ER)

Providing the facility for KSDL, as requested, will give KSDL the cashflow certainty to allow the HD One development to continue to progress. Providing the loan facility direct will mean that the Council will be able to generate a level of interest on the £200k that would not be available if the same amount was placed on short term deposit in the money markets.

3.3 Improving Outcomes for Children

N/A

3.4 Reducing demand of services

N/A

3.5 Legal/Financial or Human Resources

The advance of £200k, can be met from the overall cashflow management of the Council, which is where the interest generated would be credited.

A suitable Legal Agreement in respect of the loan will need to be prepared and agreed with KSDL and amendments made to the existing security arrangements made to incorporate the additional £200k advance proposed.

4. Consultees and their opinions

N/A

5. Next steps

As above, if Cabinet agrees to the officer recommendations, a suitable Loan Agreement will need to be entered into with KSDL and amendments made to the existing security arrangements to include the £200k additional advance.

6. Officer recommendations and reasons

Officers would recommend, that Cabinet agrees to offer a loan facility of £200k to KSDL, for the period up to 31st July 2018 at a commercial rate of interest and that authority be given to the Service Director, Legal, Governance and Commissioning, in consultation with the Strategic Director, Economy and Infrastructure to enter into a suitable Loan Agreement and to amend the existing security arrangements to incorporate the additional £200k advance entering in to all deeds and documents necessary to give effect to the amendments.

The reasons for this recommendation are that the making of the loan will enable the HD One scheme to progress and will also generate a financial return for the Council better than the interest earned if the money were to be deposited in a short term loan facility.

7. Cabinet portfolio holder's recommendations

The Cabinet Portfolio Holder recommends that Cabinet agrees to offer a loan facility of £200k to KSDL, for the period up to 31st July 2018, at a commercial rate of interest and that authority be given to the Service Director, Legal, Governance and Commissioning, in consultation with the Strategic Director, Economy and Infrastructure to enter into a suitable Loan Agreement and amend the existing security arrangements to incorporate the additional £200k advance entering in to all deeds and documents necessary to give effect to the amendments.

8. Contact officer

Paul Kemp - Service Director
Economy, Regeneration and Culture
(01484) 221000
paul.kemp@kirklees.gov.uk

9. Background Papers and History of Decisions

N/A

10. Service Director responsible

Paul Kemp - Service Director
Economy, Regeneration and Culture
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