Public Document Pack

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Wednesday 22 March 2017

Notice of Meeting

Dear Member

Health and Wellbeing Board

The **Health and Wellbeing Board** will meet in the **Reception Room - Town Hall, Huddersfield** at **2.00 pm** on **Thursday 30 March 2017.**

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

Julie Muscroft

Assistant Director of Legal, Governance and Monitoring

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

The Health and Wellbeing Board Members are:-

Councillor Viv Kendrick (Chair)
Councillor Donna Bellamy
Councillor Kath Pinnock
Councillor Shabir Pandor
Councillor Erin Hill
Rory Deighton
Dr David Kelly
Carol McKenna
Dr Steve Ollerton
Richard Parry
Rachel Spencer-Henshall
Fatima Khan-Shah
Priscilla McGuire
Gill Ellis

Agenda
Reports or Explanatory Notes Attached

Pages

1: Membership of the Board/Apologies

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

Contact: Jenny Bryce-Chan, Tel: 01484 221000

2: Minutes of previous meeting

1 - 6

To approve the Minutes of the meeting of the Board held on 2 March 2017.

Contact: Jenny Bryce-Chan, Tel: 01484 221000

3: Interests

7 - 8

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

4: Admission of the Public

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

5: Deputations/Petitions

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

6: Public Question Time

The Board will hear any questions from the general public.

MATTERS FOR CONSIDERATION

7: Kirklees Joint Strategic Assessment Update

9 - 10

To provide an update on the progress made on developing and updating the Kirklees Joint Strategic Assessment (KJSA) in line with the new approach endorsed by the Board in February 2015.

Contact: Helen Bewsher, Senior Manager Public Health Intelligence Tel: 01484 221000

8: Health and Social Care Decision Making in Kirklees

11 - 16

A report which sets out

a) the current and changing landscape of health and social care decision making in Kirklees

b) an approach to developing proposals that respond to the initial Peer Challenge recommendation to ‘simplify and strengthen the governance and approval framework’ for health and social care in Kirklees

Contact: Richard Parry, Director for Commissioning, Public Health and Adult Social Care Tel: 01484 221000

9: Health & Social Care Integration in Kirklees

17 - 28

A report to update the Board on progress and future plans

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

10: Kirklees Better Care Fund

29 - 36

To update the Board on progress with the Kirklees Better Care Fund Plan (BCF) 2016/17 and to seek endorsement of the proposed approach to developing the BCF Plan 2017/18 – 2018/19

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

TO NOTE

11: Date of next meeting

To note the next meeting of the Health and Wellbeing Board will be on Thursday 27 April 2017 – Reception Room Huddersfield Town Hall.

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Contact Officer: Jenny Bryce-Chan

KIRKLEES COUNCIL

HEALTH AND WELLBEING BOARD

Thursday 2nd March 2017

Present:

Councillor Donna Bellamy
Rory Deighton
Dr David Kelly
Carol McKenna
Dr Steve Ollerton
Richard Parry
Fatima Khan-Shah

Apologies:

Councillor Viv Kendrick (Chair)
Councillor Kath Pinnock
Councillor Shabir Pandor
Councillor Erin Hill
Rachel Spencer-Henshall
Priscilla McGuire
Gill Ellis
Kathryn Hilliam
Jacqui Gedman

In attendance:

Observers:

69 Membership of the Board/Apologies

The following Board member substitutions were noted:-

Rory O'Conor for Rachel Spencer-Henshall and Kathryn Loftus for Gill Ellis

Apologies for absence were received from: Councillor Viv Kendrick, Councillor Shabir Pandor, Cllr Erin Hill, Cllr Kath Pinnock, Rachel Spencer-Henshall, Priscilla McGuire, Jacqui Gedman and Kathryn Hilliam.

70 Minutes of previous meeting

RESOLVED - that the minutes of the meeting held on the 26 January 2017 be approved as a correct record subject to corrections on page 2 and page 5.

71 Interests

Fatima Khan-Shah declared an 'other' interest as a Director of Investors in Carers and Statutory Scrutiny Co-optee.

72 Admission of the Public

All agenda items were considered in public session.

73 Deputations/Petitions

No deputations or petitions were received.

74 Public Question Time

No questions were asked.

75 CAMHS Transformation Plan update

Richard Parry advised the Board that the update on the CAMHS Transformation Plan was for information and recognition of previous conversations that had been had at the Health and Wellbeing Board. Significant progress has been made and the Healthy Child Programme (HCP) goes live next month.

The Board commented that it was good to see that progress had been made, however questioned whether specific communities had been considered or was on the radar as it does not appear to be in plan. It was felt that this was important given some communities attitude towards mental health. Board Members were asked if they had any information with regard to specific communities they could advise Karen Taylor, South West Yorkshire Partnership NHS Foundation Trust.

The Board was advised that the HCP has a full equality and diversity plan and that it might be useful to bring that back to the Board at some point. It was also felt that the Board should get an update on the HCP implementation programme.

The Board questioned how communication with wider stakeholders had been undertaken as it was not clear whether enough information had gone out to the GP community.

RESOLVED:

That the Governance Officer liaise with Tom Brailsford and Keith Henshall to seek an appropriate date for the Board to receive information on the HCP equality and diversity plan and the implementation programme.

76 Kirklees Health & Wellbeing Plan Update

Carol McKenna updated the Board on the development of the Kirklees Health and Wellbeing Plan advising that the attached document was the latest working version however it was still under development and continually being updated. Board members were advised that if they wished to make any comments or felt there were omissions they should contact Natalie Ackroyd by Friday 10 March.

The Board was informed that the Kirklees vision 2020 is hidden within the document and the intention is to pull it out into a shorter version of the high level plan. Details with regard to intervention will also be extracted and put into a separate document so that it does not get hidden in the detail. The challenge with the plan is to give it a sense of longevity that can accommodate change and that can also act as a sign post.

The Board was informed that the first stage of editing is complete and the final editing will begin week commencing the 13 March. The aim is to get the documents finished by the end of March and then taken through governing bodies.

The Board was asked to consider its role with regard to the plan whether it is to endorse and sign off; and to also consider what its expectations are.

The Board raised questions with regard to finance and was informed that the finance had not changed over the last few months however, the West Yorkshire picture had changed and this will have to be refreshed. Each organisation is developing its own financial recovery/QUIK plan to address finance.

It was felt that the role of the Board should be maintaining a focus on the three gaps, questioning and challenging the system wide role. The Board would also want to see what the individual programmes articulate about what is being done to close the gaps.

The Board commented that it must be mindful not to just focus on finance as the gaps also focus on health inequality and the impact of health inequalities. An important aspect will be to include a system approach which interacts to address some of those issues.

The Board discussed the impact of the removal of free prescriptions for items such as gluten free food and antihistamine and questioned whether Public Health England had put down some indicators or performance measures. It was stated that unless there were some form of measures in place it would be difficult to know the impact and what was being achieved.

The Board also questioned what measurements the CCG's had considered to understand the impact; and how a suitable way should be found to measure the impact.

The Board was advised that Public Health would be able to do some analysis since the data exists, however, is unable to access the data. Without this data an

alternative would be to take a map with granular detail and make assumptions and broad correlations. The Health and Wellbeing Board would need to give guidance about how specific it would want the information to be and how and what should be monitored.

The Board was advised that there are a set of 'measureables' linked to the Poverty Strategy which can be brought to the Board. In response the Board stated that it was important to understand the impact beyond income as there were other equally important factors. It was agreed that it would be useful to start by looking at the Poverty Strategy.

RESOVED:

a) That any comments with regard to the development of the plan should be submitted to Natalie Ackroyd by 10 March 2017.

b) That the Governance Officer arrange for an officer to attend a future Board meeting to present the Poverty Strategy.

77 Update on Improvements relating to Children Services

Kathryn Loftus, Head of Change (EIP) updated the Board on improvements relating to Children Services. The Board was reminded that at a previous meeting, Gill Ellis, Interim Director for Children and Young People Service had updated the Board on the improvement journey Children Services was on following the Ofsted inspection.

Ofsted had deemed Children and Young People Service to be in systemic failure and as a result the Secretary of State appointed Children's Social Care Commissioner, Eleanor Brazil to work with Kirklees until the end of March 2017.

The Board was informed that part of the journey is to ensure there is an improvement plan and strong leadership and governance in place. The final draft copy of the improvement plan is due to be submitted to Ofsted 9 March 2017. The Commissioner is due to report her findings at the end of March 2017 and will make a recommendation which could be one of the following:-

- Review leadership and management capability and capacity to drive the changes needed.
- Make a recommendation to the Secretary of State about whether alternative arrangements would be the most effective way of achieving long-term improvement
  Immediate improvement of Children's Social Care including additional support required.

The Board was advised that one of the observations made by Ofsted was in relation to the partner challenge and partners are being asked to help with this journey. There are theme sponsors for the inspection themes and each of the four improvement plan themes will be 'sponsored' by a senior leader from the Council,

Voluntary and Community Sector, CCG's and Police. The four themes under the plan are projects in themselves.

The Board was informed that capturing the voice, and acting upon what children and young people are saying had been highlighted as an area that Kirklees needs to get better at.

The Board raised questions in relation to the imminent departure of an Assistant Director in Children Services and whether this would pose any risks to the improvement journey. In response, the Board was advised that the post will be permanently recruited to and there is a recognition that one of the challenges will be stablishing the workforce by attracting and retaining staff. It is a key priority to drive up the quality of practice and address the high turnover amongst Social Workers.

The Board was informed that interim capacity has and is being brought in and interviews are taking place for the Chair of Kirklees Safeguarding Children's Board.

The Board raised questions about the improvement newsletter that had been mentioned at a previous update. It was stated that parents and governors feel there is a general lack of communication. Sending information to governors updating them on the improvement journey would be useful.

RESOLVED – That a verbal update be received at the next meeting of the Board.

78 Minutes of CSE & Safeguarding Member Panel

The Board received for information the minutes of the Child Sexual Exploitation and Safeguarding Member Panel meetings held on the 2 December 2016 and 6 January 2017.

RESOLVED – That the minutes of the CSE and Safeguarding Member Panel held on the 2 December 2016 and 6 January 2017 be noted by the Board.

79 Date of next meeting

RESOLVED – That the date of the next meeting be noted by the Board.

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KIRKLEES COUNCIL

COUNCIL/CABINET/COMMITTEE MEETINGS ETC
DECLARATION OF INTERESTS
HEALTH AND WELL BEING BOARD

Name of Councillor

Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed: …… **Dated:** ……

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -
(a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
(b) either -

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

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

KIRKLEES HEALTH & WELLBEING BOARD	
MEETING DATE:	**30 March 2017**
TITLE OF PAPER:	**Kirklees Joint Strategic Assessment (KJSA) Update**

1. Purpose of paper

To share the progress made on developing and updating the Kirklees Joint Strategic Assessment (KJSA) in line with the new approach endorsed by the Board in February 2015.

2. Background

In February 2015 the Board endorsed a new approach to JSNA development: An ongoing process focussed on both needs and assets which outlines medium and longer term challenges for the district. Subsequent papers have updated on the progress of the KJSA steering group, the KJSA updating process itself and the development of the new KJSA website.

The KJSA is now a dynamic, web-based resource that presents clear messages about the key challenges and inequalities in Kirklees as well as the existing and emerging assets/ strengths that exist in local communities.

The attached slides (to follow) describe which sections of the KJSA have been updated during 2016. In summary these are:

- Population, Assets Overview, Batley & Spen, Huddersfield, Dewsbury & Mirfield and Kirklees Rural summaries.
- 'Wider factors' affecting health and wellbeing - Domestic Abuse, Poverty and Community Cohesion.
- 'Conditions' - Mental health & Emotional Wellbeing and Dementia.
- 'Behaviours' – Sexual health and Teenage Pregnancy
- 'People and life events' – Dying & Bereavement, Pregnancy & Infancy, Young Carers, Adult Carers.

The slides will also describe what new features have been developed (such as the KJSA blog) and what is planned for 2017 (such as dynamic indicator tables to support local intelligence on health inequalities).

3. Proposal

The Board is asked to endorse and support the new KJSA and the overall approach to its development to ensure that the Joint Health and Wellbeing Strategy and the emerging Kirklees Health and Wellbeing Plan are driven by appropriate, meaningful and timely intelligence about local health and wellbeing inequalities, needs and assets.

The Kirklees Overview in the KJSA is refreshed annually and the Board will be asked to approve this summary ready for publication in June 2017.

We are seeking members of the Board to join a small working group to update the Kirklees Overview.

4. Financial Implications

N/A

5. Sign off

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

6. Next Steps

- Ongoing communications to promote the KJSA and obtain feedback via the new KJSA blog.
- Refresh of the Kirklees Overview in June 2017 for which approval will be requested from the Board.
- Updating of remaining KJSA sections throughout 2017 including summaries for Greater Huddersfield and North Kirklees Clinical Commissioning Groups.
- Development of a KJSA toolkit for capturing and understanding local assets/ strengths across Kirklees.

7. Recommendations

1. To endorse and support the continued development of a KJSA that drives local commissioning for health and wellbeing outcomes
2. To nominate Board members to join the working group to update the Kirklees Overview
3. To continue to receive regular updates.

8. Contact Officer

Helen Bewsher, Senior Manager Public Health Intelligence. Helen.bewsher@kirklees.gov.uk.
Tel 01484 221000 (internal 72380)

KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: **30th March 2017**

TITLE OF PAPER: **Health and social care decision making in Kirklees**

1. Purpose of paper

To set out:
(a) the current and changing landscape of health and social care decision making in Kirklees, West Yorkshire and nationally
(b) an approach to developing proposals that respond to the initial Peer Challenge recommendation to 'simplify and strengthen the governance and approval framework' for health and social care in Kirklees.

2. Background

2.1 Peer Challenge

The recent Peer Challenge process had leadership and governance as one of its foci. The initial feedback from the process contains a series of recommendations including:

"Now is the time for action

- *Political, clinical and management leadership working together*
- *This is not joint working, this is a single system working to enable you to do things once and better, with a single commissioning voice"*

There was also a specific recommendation to 'simplify and strengthen the governance and approval framework'.

2.2 Current arrangements

The current decision making landscape is shown in Appendix 1.

It has evolved over the last few years to suit individual organisational needs and expectation. This has led to a system that is complex and time consuming to navigate and resource. There are numerous examples of reports having to be presented, often in very slightly different formats but with no substantive changes, to multiple Boards/meetings. Often with a lack of clarity about the scope of decision making for that meeting, or whether the purpose is engagement as the actual decision making authority lies with another body.

This complexity is compounded by the different approaches, criteria and thresholds across the Council and CCGs in relation to delegating decision making authority. In addition to these differences in rules and procedures there are also different expectations around engagement with stakeholders prior to decision making.

This complex and confusing set of arrangement risks acting as a barrier to our aspirations around integration.

2.3 Emerging approaches

Working across the two CCGs and the Council

The Board received an update on integration of health and social care in August 2016. This highlighted the importance of appropriate formal governance arrangements and that one approach that is already working successfully in a number of areas is where partners delegate decision making for specific areas of responsibility, and the associated budget, to a formally constituted joint body/committee.

In order to test this out locally it was agreed that the decision about the award of the Healthy Child Programme contract would be taken at a one-off meeting set up as a prototype joint committee with senior representatives from the Council and CCGs. The whole process of developing the service model, contract specification and evaluation process had been fully integrated, with regular reporting and engagement with all relevant stakeholders. As the Governing Bodies of each CCGs had already agreed to enter into a lead commissioning arrangement with the Council, supported by a pooled budget, the HCP became a Council contract and so the authority to make the decision about the award of the contract rested with the Council Director responsible, Richard Parry. Had the Contract award been made by the CCGs, it would have required a decision by a formal committee of each CCG (in this case, the Governing Body).

The level of engagement at all stages of the process meant that making the actual decision was very straightforward and did not require a formal committee arrangement. However this would not necessarily be the case for all decisions across all areas that we are intending to establish fully integrated arrangements.

There is a strong history of collaborative working and arrangements such as the Better Care Fund have created pooled budgets with associated joint decision making arrangements. There is a strong commitment to building a new approach in 2017/18 to Continuing Health Care with a view to there being a single "Kirklees pound" supported by pooled budgets, single policies and co-located staff teams.

Pooled fund arrangements are another device for supporting operational joint decision making once the strategic decision to identify the areas that will be the subject of the pooled fund has been taken.

Working across CCG boundaries

On both sides of the patch the CCGs have been developing governance processes that reflect the need to align decision making with acute services configurations. The Right Care Right Time Right Place decisions were taken by the Greater Huddersfield and Calderdale CCG Governing Bodies meeting in parallel. North Kirklees CCG has had a joint Chief Operating Officer with Wakefield CCG leading on commissioning acute service for the past year and a Mid Yorkshire Hospital Trust System Oversight and Assurance Framework has been developed across Wakefield, North Kirklees and Mid Yorkshire Hospital Trust footprint to provide the foundations upon which planned care transformation and clinical threshold management programmes will be delivered.

In addition, Greater Huddersfield CCG and North Kirklees CCG have been moving to an increasing common approach to decision making around a number of changes in order to create consistency across Kirklees. For example, the recent Talk Health campaign was run jointly by both CCGs and, whilst the decisions about changes needed to be taken by each CCG individually, meetings in parallel were established to support this.

Kirklees Democracy Commission

The Council established the Kirklees Democracy Commission in June 2016 to look into how the council can create a stronger local democracy. The Commission is looking into three interlinked themes: elections, role of councillors and accountability, governance and decision-making. There has been a wide range of activities over the last 9 months. The Commission's report will be published in April and the report and recommendations will be considered by Kirklees councillors at the Full Council meeting on 26th April 2017. Full details of the Commission and its work is at

www.democracycommission.org.uk/

Any proposals to simplify the governance and approval framework for health and social care would need to reflect the decisions made at Full Council about the Commission's recommendations.

West Yorkshire Joint Committee

The 11 CCGs involved in the West Yorkshire and Harrogate STP have signed a memorandum of understanding and terms of reference to form a joint commissioning committee. NHS England needs to approve the changes to CCG constitutions necessary for the committee to make decisions on behalf of the CCGs. The committee will be able to make decisions about how STP-wide services are commissioned. The committee's priorities have not been confirmed, but could include: cancer; urgent and emergency care; mental health; and standardising commissioning policies.

Each CCG will have two members and there will be an independent chair and two lay members. The CCGs will still make local commissioning decisions and decisions can also be delegated to a lead commissioner or contractor if relevant.

The scope of the Joint Committees work will be set by an annual work plan which will need to be agreed by each CCG. It will set out which decisions will be made by CCGs, the joint committee or lead commissioners.

National picture

There are a range of models starting to emerge across the country – and each reflects local circumstances such as the devolution deal, plans for development of 'accountable care organisation', co-terminosity, history of local collaboration and the strength of relationships between partners.

4. Financial Implications

None

5. Sign off

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

6. Next Steps

- Review current decisions making mechanisms in light of the aim to 'simplify and strengthen the governance and approval framework'. The review will consider West Yorkshire STP footprint developments, acute services commissioning developments, lessons from other areas across the country, the implications of the Democracy Commission and ongoing discussions between the 2 Kirklees CCGs and the Council.
- Identify what specific issues require what type of decision, and clarify the requirements for decision making and engagement for each issue – it is clear that different issues will require different mechanisms and there will not be a 'one – size fits all' solution
- Develop proposals to simplify and strengthen the governance arrangements in Kirklees and present these proposals to the relevant committees in each organisation and to the Health and Wellbeing Board.

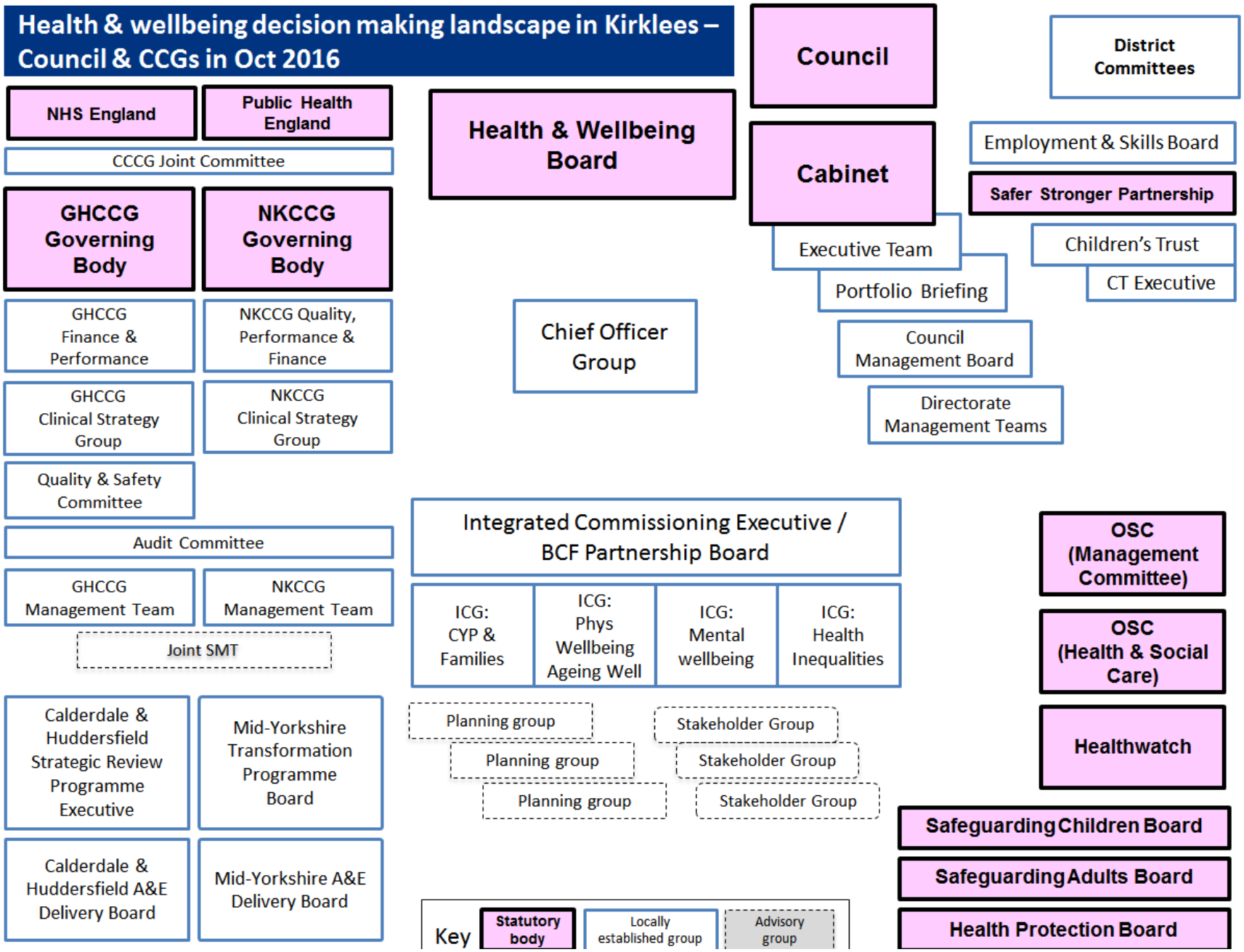
7. Recommendations

That the Board

- Endorse the aim of simplifying and strengthening the governance and approval framework for health and social care in Kirklees in order to facilitate the integration of commissioning and service delivery.
- Note the concerns about the complexity of the current arrangements, and the range of developments nationally, regionally and locally that must inform any proposals.
- Ask that specific proposals for changes to the current arrangements be developed and considered by each organisation and presented to a future Board meeting.

8. Contact Officer

Phil Longworth Kirklees Council phil.longworth@kirklees.gov.uk


Health & wellbeing decision making landscape in Kirklees – Council & CCGs in Oct 2016
NHS England
Public Health England
CCCG Joint Committee
GHCCG Governing Body
NKCCG Governing Body
GHCCG Finance & Performance
NKCCG Quality, Performance & Finance
GHCCG Clinical Strategy Group
NKCCG Clinical Strategy Group
Quality & Safety Committee
Audit Committee
GHCCG Management Team
NKCCG Management Team
Joint SMT
Calderdale & Huddersfield Strategic Review Programme Executive
Mid-Yorkshire Transformation Programme Board
Calderdale & Huddersfield A&E Delivery Board
Mid-Yorkshire A&E Delivery Board
Health & Wellbeing Board
Chief Officer Group
Council
Cabinet
Executive Team
Portfolio Briefing
Council Management Board
Directorate Management Teams
District Committees
Employment & Skills Board
Safer Stronger Partnership
Children's Trust
CT Executive
Integrated Commissioning Executive / BCF Partnership Board
ICG: CYP & Families
ICG: Phys Wellbeing Ageing Well
ICG: Mental wellbeing
ICG: Health Inequalities
Planning group
Planning group
Planning group
Stakeholder Group
Stakeholder Group
Stakeholder Group
OSC (Management Committee)
OSC (Health & Social Care)
Healthwatch
Safeguarding Children Board
Safeguarding Adults Board
Health Protection Board
Key
Statutory body
Locally established group
Advisory group

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KIRKLEES HEALTH & WELLBEING BOARD

MEETING DATE: **30th March 2017**

TITLE OF PAPER: **Health and social care integration in Kirklees**

1. Purpose of paper

The Board received an update on integration in August 2016. In the 6 months since that report there has been significant progress across a number of areas.

The purpose of this paper is to update the Board on progress and future plans.

The Board will receive separate papers covering the Better Care Fund and decision making.

2. Background

2.1 Peer Challenge

In January the Board endorsed our participation in piloting with the LGA a new system wide care and health peer challenge. The Peer Challenge team were on-site on the 8th, 9th and 10th March 2017.

The focus of the Peer Review was

- Our strategic commitment to integrating the commissioning out of hospital care for adults (i.e. adults social care, primary and community healthcare and public health)
- The shift to an integrated model of 'care closer to home' for the delivery of care for adults outside hospital
- Leadership and governance for these shifts across the system, particularly from the Council, CCGs and Locala.

The peer team interviewed 35 senior people from across the health and social care system and reviewed a wide range of documents.

At the end of the 3 days the team presented their findings and recommendations to all those who had been interviewed. The presentation which summarises the process, findings and recommendations is attached.

An action plan setting out how we will respond to the recommendations is being developed. The Chief Officer Group will take responsibility for ensuring that the action plan is implemented and recommendations are used to inform the strategic thinking both in their own organisations around integration.

2.2 Integrated Commissioning

The Council and CCGs are continuing to progress the integration of commissioning across Kirklees.

Key element of this work include:

a) Developing a single integrated team and plan for commissioning across the system for the following priority areas:
   - Improved Better Care Fund (includes areas below marked with asterisk*)
   - Integrated community equipment & other equipment/adaptations based services*
   - Intermediate care and reablement (inc flexible beds)*
   - Carers*
   - Continuing Care*
   - Frailty

- Quality in Care Homes & Care Home Strategy
- Learning Disability
- Mental Health
- End of Life
- New models of care in localities (building on Batley/Spen)
- Adult Wellness
- Healthy Child Programme/CAMHS Transformation
- Children and Young People – Special Educational Needs and Disabilities, Sick Children, Looked after/vulnerable children
- Schools as Community Hubs

b) Commissioning a programme of organisational development activity to support the integration process.

c) Developing the Kirklees Commissioning Toolbox to enable us to adopt consistent commissioning practices across the system.

d) Develop the health & social care intelligence hub, including developing a collaboration with the University of Huddersfield.

2.3 Integration Board (Service Delivery) – Health, Social Care and Housing

Work is also underway to integrate the delivery of care outside hospital.

A 'Joint Integration Board – Health, Social Care and Housing' has started to meet to drive this, led by Sue Richards. From 1st April Sue will be the Council's Service Director - Integration.

The proposed core membership is, initially, South West Yorkshire Trust, Locala, Kirklees Neighbourhood Housing and Kirklees Council.

The draft Terms of Reference are attached for comment.

The proposed service delivery priority workstreams are:

- Local area / hub working
- Batley Hub
- Single Point of Access / Single Point of Contact
- Pathways & Digital by Design
- Single Trusted Assessment
- Accountable Lead Professional / Person
- One Public Estate (OPE)

4. Financial Implications

None

5. Sign off

Carol McKenna, Greater Huddersfield CCG Chief Officer

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

6. Next Steps

- Agree the vision for integration, a high level 'integrated model of care closer to home', a 'case for change' for integration with a simple narrative that clearly sets out our ambitions and the benefits we expect.

- Develop a programme plan to deliver the vision, and establish programme management arrangements to ensure delivery.
- Agree a single plan for each of the commissioning priority areas with a senior responsible officer, clinical lead and team to deliver the plan.
- Review current commissioning processes and structures across the organisations and make recommendations for the short/medium and longer term.
- Design and implement a programme of organisational development activity to support the vision and programme plan.
- Develop work plans for each of the service delivery integration workstreams, ensuring that they complement the relevant commissioning plans.

7. Recommendations

That the Board

- Note the recommendations from the Peer Challenge and endorse the use of . recommendations to inform both integration planning and individual partner plans.
- Receive the action plan setting out how we will respond to the recommendations at a future meeting.
- Note progress with developing a single commissioning system.
- Agree the terms of reference for Integration Board (Service Delivery) – Health, Social Care and Housing.

8. Contact Officer

Phil Longworth Kirklees Council phil.longworth@kirklees.gov.uk

Terms of Reference (draft) January 2017
Joint Integration Board (Service Delivery) – Health, Social Care and Housing

Proposed Core Membership:

Initially - SWYT, Locala, KMC and KNH - representatives need to be at a senior level and capable of:

- Representing their organisation at a strategic level
- Taking decisions on behalf of their organisation
- Identifying a deputy who will be sufficiently briefed in order to participate in a meaningful way
- Reporting back into their organisations at a Board level

Other members can be co-opted onto the Board as required.

Purpose:

working as a provider partnership - working with commissioning colleagues to deliver improved outcomes for people

- Develops, agrees and disseminates key strategic outcomes across the partnership
- Puts in place the necessary workstreams across the partnership to ensure delivery outcomes for people
- Ensures the ongoing overall alignment of strategic direction and activity across organisation partnerships
- Identifies opportunities for improved 'joined up working' in order to deliver on the agreed outcomes
- Explores different and innovative ways of working across the partnership in order to improve support
- Directs, supports and monitors the work to and arising from the work streams

Responsibilities:

- Leads and drives the strategic priorities that will deliver the identified outcomes
- Sets the Direction of travel and underpinning principles that will guide the partnership
- Resolves strategic and directional issues and escalates to appropriate fora within and across organisations
- Uses and develops shared data to inform commissioning intentions and performance measures
- Secures, allocates and agrees resource requirements against agreed priorities – working across boundaries as appropriate to achieve maximum impact using the resources available
- Ensures an effective approach to informing, consulting and engaging with key stakeholders within each organisation as appropriate. e.g.: services, staff, partners, councillors and the public
- Identifies any interdependencies with other Boards across the partnership
- Establish a set of measures that will demonstrate progress made and the effectiveness of the Board against the identified outcomes
- Identifies any potential savings and efficiencies across the partnership

Governance

- The Partnership Board will report to the Health and Wellbeing Board
- Each Partner organisation will also report directly into their respective Boards/Cabinet
- Terms of reference to be reviewed Annually
- The Chair and Deputy chair will be agreed at the first meeting

Key relationships

- Health and wellbeing scrutiny
- Kirklees Safeguarding Children's Board
- Kirklees Safeguarding Adult's Board

Frequency of meetings:

- Proposal to meet Bi Monthly (to be reviewed)

Kirklees
Care and Health Peer Challenge

Feedback presentation

10th March 2017

Feedback format

- Scope
- The Peer Challenge Team
- The Peer Challenge process
- Feedback format
  - Strengths
  - Areas for consideration
- Your reflections and questions
- Report to follow

Peer Challenge Team

- **George Garlick**, Local Authority Chief Executive
- **Steve Bedser**, Hon. Alderman Birmingham City Council
- **Anthony Farnsworth**, Torbay Care Trust & NHS England
- **Denise McLellan**, Senior NHS Manager
- **Joanna David**, Integrated Care & Health Commissioning
- **John Tench**, Adviser, LGA
- **Marcus Coulson**, Programme Manager, LGA

Peer Challenge explanation

- Sector Led Improvement Peer Challenge process
- Seeking to work across social care and health
- Invited in as ‘critical friends’ with ‘no surprises’
- Non-attributable information collection
- People have been open and honest
- Recommendations based on the triangulation of what we’ve read, heard and seen
- Feedback in good faith

Your Scope: 3 interlinked areas

1. Our strategic commitment to integrating the commissioning out of hospital care for adults (i.e. adults social care, primary and community healthcare and public health)
2. The shift to an integrated model of 'care closer to home' for the delivery of care for adults outside hospital
3. Leadership and governance for these shifts across the system, particularly from the Council, CCGs and Locala

Context

- Financial pressures – KC, CCGs
- Significant recent senior staff turn over
- Regulatory interventions both exiting and potential
- NHS Re-configurations
- STP process
- Previous approaches to integration
- The financial pressures on all organisations makes it difficult to focus on integration as a programme, but equally it makes integration even more important

1. Strategic commitment

Strengths

- There is strong and cross party political support for increasing the pace of change
- Real appetite for strategic integrated commissioning
- Seconded Chief Officer post demonstrates commitment to integrated commissioning
- Recognition of the need for distinct and fit-for-purpose acute and place based commissioning
- 'New Council' design is intended to facilitate commissioning approach
- CCGs are widening scope of effective Continuing Health Care commissioning, to include aligned KC functions
- Healthy Child procurement good
- Middle managers already driving progress
- Interim posts give opportunities to work differently

1. Strategic commitment

Areas for consideration

- Put people at the heart of the design of new integrated services
- Integration needs to be underpinned by business cases and robust and proper programme management – this is not visible
- You have strategies in place but these don't always seem to be supported with plans
- Agree a process and clear governance for the development of a model of care for integrated services
- Consider the treatment of KC in-house services within an integrated commissioning framework
- Create a place to discuss the care integration system with all providers especially primary care using a programme of organisational development
- Ensure your have effective integrated information systems to drive planning and review performance

2. The shift to an integrated model

Strengths

- Where working well, MDTs in Primary Care are an opportunity to deliver care more effectively
- Excellent first steps to develop a model for Frailty
- Foundations of a clinically informed digitisation plan across all parties
- GPs recognise that current models of primary care are unsustainable
- Call Centre is good – could exploit its potential to drive integration further
- 'Better In Kirklees' is a successful service which links people to VCS

2. The shift to an integrated model

Areas for consideration

- Critically, develop local capacity across Kirklees for self care and healthy communities
- There is an urgent need for the agreement of a Primary Care Model that addresses how integrated care will be delivered
- Need to improve the measurement of impact across partner activities
- Scale of transformation and budget reductions are overwhelming – need capacity to be able to respond
- Frailty work needs to be urgently developed
- Locala has innovative practices but buy-in from all stakeholders could improve
- Align Social Care and NHS Activity Models to re-configuration plans, subject to ongoing Overview and Scrutiny process
- Resolve issues preventing shared access to health and care records

3. Leadership and governance

Strengths

- HWB Chair well respected and has very good grasp of integration issues, as do other senior elected members
- DASS/CCG Accountable Officer has helped to integrate the health economy
- Senior leaders across the organisations work well together and there's a clear appetite for further shared posts
- Clear recognition that integration needs to happen and can solve some of the budget pressures
- Healthwatch plays an effective role in the system
- Quality and commitment of middle managers is good
- Beginning to work on an integrated early intervention programme
- There is a large number of inter-agency working arrangements
- CHFT consultation well conducted by the CCGs

3. Leadership and governance

Areas for consideration 1

- Is there sufficient capacity and a wide enough range of skills to support system leaders?
- There is a need for clarity of integration structures and delivery plans and performance management structures
- Consider how all parts of the Council as a corporate body can add value to the integration journey
- Develop a clear vision for the Borough on commissioning, agree the strategy, create implementation plans
- Simplify and strengthen the governance and approval framework
- Establish a business case for commissioning integration and for the developing model of care
- Include providers in the design and development of integrated services

Key messages 1

Now is the time for action

- Political, clinical and management leadership working together
- Develop a simple narrative that drives the activity to place the individual citizen at the heart of integrated services
- Urgent need to revisit previous recommendations about form and function of the HWB and implement them
- This is not joint working, this is a single system working to enable you to do things once and better, with a single commissioning voice
- It's not a plan until it's written down; when you've planned your work, you need to work your plan

Key messages 2

You can't do everything at once, so

- Proceed at pace on an integrated commissioning project ahead of an integrated model of 'care closer to home'
- Integrated model must have modern primary care at the centre
- Direct a group (finance directors?) to prepare a business case for integrated commissioning
- Report to the Chief Executive/Accountable Officers
- Take a single report in agreed timescales for member/board approval in partner organisations

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MEETING:	**KIRKLEES HEALTH AND WELLBEING BOARD**
DATE:	**THURSDAY 30 MARCH 2016**
TITLE OF PAPER:	**KIRKLEES BETTER CARE FUND**

1. Purpose of Paper

To update the Board on progress with the Kirklees Better Care (BCF) Plan 2016/17 and to seek endorsement of the proposed approach to developing the BCF Plan 2017/18 – 2018/19.

2. Background and Key Points

2.1 **Better Care Fund Plan 2016/17**

2.1.1 On 25 August 2016 the Board received a report[1] setting out the Kirklees BCF Plan 2016/17, which had been 'fully approved' through the regional and national moderation processes.

2.1.2 NHS England mandates a minimum size for all BCF pooled budgets. In Kirklees this minimum was augmented by including the total expenditure on the Kirklees Integrated Community Equipment Service. The pooled budget of £30.8m continued to be managed through a Section 75 Pooled Fund arrangement as in the previous year. The pooled budget is managed through the BCF Partnership Board. The Board's membership includes senior commissioning and finance representatives from the Council and both CCGs.

2.1.3 The BCF Plan included a wide range of schemes (see Appendix 1) and our local plans to further develop integrated out-of-hospital services and how we would meet a range of national conditions including increased expenditure on adult social care services, investment in NHS out-of-hospital services, joint approaches to assessment and care planning, joint action on Delayed Transfers of Care, 7 Day Services, use of the NHS Number and Information Governance.

2.1.4 Throughout the year the Partnership Board has been receiving quarterly performance reports against the high level metrics. The key points from the Quarter 3 performance report are shown in Appendix 2. There are clearly areas of concern, most notably Non-Elective Admissions, Achieving Independence for Older People and Dementia Diagnosis.

2.1.5 The Partnership Board undertook a detailed review of the patterns and causes of non-elective admissions in September 2016, and reviewed our local picture against the published evidence of what works in reducing non-elective admissions.

2.1.6 The conclusion was that actions in the current BCF Plan cover the evidence based interventions relevant to our local circumstances and therefore the focus should be on ensuring effective implementation rather than identifying new schemes.

2.1.7 The review was limited by the availability of data that tracks people's interactions across the health and social care system. The CareTrak system is now in place and brings together social care data with acute sector activity data. Work is underway to analyse this to gain better insights into our local patterns and the impact of specific interventions.

2.2 **Better Care Fund Plan 2017/18 – 2018/19**

2.2.1 The BCF Partnership Board have developed the local proposals set out in 2.3 below to reshape the BCF based on the following:

[1] https://democracy.kirklees.gov.uk/ieListDocuments.aspx?CId=159&MId=5114&Ver=4 - agenda item 11

- The overall outcomes we are seeking to achieve remain the same (see Appendix 3).
- We need to move from BCF including a wide range of disparate schemes with most only being part funded through the BCF to fewer schemes that are wholly or mainly funded through the BCF.
- The BCF should be used where possible to support our key priority areas for developing fully integrated commissioning (see Board paper on health and social care integration in Kirklees elsewhere in the agenda for this meeting).
- Now that we have access to CareTrak we need to use the insights we now have access to in reshaping the interventions.
- There will not be a 'big bang' change for 1 April 2017, but a phased transition over 2017/18 and 2018/19.

2.2.2 The proposals assume that starting points for budgets are 'as is'. The focus at this stage is what is in or out of the BCF not should we spend more or less on each area. Therefore the following principles should apply:

- The total size of the contribution to the pooled budget must be at least equal to the nationally mandated minimum; and
- The amounts available to each partner must be equal to existing agreed financial commitments.

2.3 **Local Proposals**

2.3.1 Extend the scope of the following areas to include a greater proportion of the total current spend included in the pooled budget – aiming for 100% wherever possible:

- Intermediate care and reablement
- Kirklees Integrated Equipment Service, Accessible Homes (Disabled Facilities Grant), Handyperson Scheme, Assistive Technology, Wheelchair Service
- Carers support
- Support for adult social care
- Mental health voluntary sector contracts
- Support to the voluntary and community sector

2.3.2 Areas that should be removed from the BCF for 1 April 2017:

- Alcohol Liaison Nurses
- Psychiatric Liaison Service
- NHS Risk Share – there is no actual 'risk share' outside the NHS

2.3.3 Areas that should be removed from the BCF for 1 April 2017 but might come back in at an appropriate time:

- End of Life Care – future commissioning arrangements are currently being developed.
- Self-care Hub – needs further discussion with Public Health.
- Community Health Services – as this is a relatively small proportion of the overall Locala contract.

2.3.4 New areas to include in the BCF, and therefore the Section 75 pooled budget that have not previously been a major part of it:

- Continuing Care
- Frailty
- Learning Disability
- Implementing the Care Homes Strategy

2.3.5 From the list of new areas it is only proposed to include a proportion of the continuing care funding from April 2017. More detailed proposals are being developed for an integrated approach to continuing care, and it is expected that a greater proportion of current expenditure will be pooled once those proposals have been formally adopted. One major step forward has already been taken as the Continuing Care Team are now co-located with adult social care colleagues.

2.4 **National Announcements**

2.4.1 The national guidance and policy framework has been significantly delayed and there is still no definite date for publication. Final BCF allocations will be announced at the same time. However there have already been some announcements:

- BCF Plans must be drawn up for two years (2017/18 - 2018/19).
- The number of National Conditions will be reduced from those in 2016/17. The current agreed conditions are: a requirement for a jointly agreed plan approved by the Health and Wellbeing Board, real terms maintenance of the transfer of funding from health to support adult social care, requirement to ring-fence a portion of the CCG minimum allocations to invest in out-of-hospital services.
- BCF Plans will also need to set out the area's vision for integrating health and social care by 2020.
- NHS England are trying to simplify the guidance and assurance process as far as possible, and plans are expected to be an evolution of the 2016/17 BCF Plans.

2.4.2 From 2017/18 a new funding element will be added to the Better Care Fund - the Improved BCF (IBCF). This is new funding that will be paid to local government as a direct local authority grant. These allocations were announced prior to the Council setting its budget and are therefore included in the Council's income assumptions:

ICBCF	2017/18 - £0.8m	2018/19 - £7.1m

2.4.3 The 2017 Spring Budget announced additional funding for social care. This funding will be paid as part of the IBCF:

Spring Budget	2017/18 - £8.2m	2018/19- £5.3m

2.4.4 The Budget announcement described this allocation as being to 'ensure Councils can take immediate action to fund care packages for more people, support social care providers, and relieve pressure on the NHS locally. Building on the approach to the BCF, Councils will need to work with their NHS colleagues to consider how the funding can be best spent, and to ensure that best practice is implemented more consistently across the country.'

2.4.5 To this end the Directors of Finance and other senior officers from adult social care and the CCGs are meeting to develop proposals about how best to utilise this allocation in light of government expectations and existing finance and activity pressures.

3. Financial Implications

The financial implications have been outlined above.

4.	**Sign off** Richard Parry, Director for Public Health, Commissioning and Adult Social Care.
5.	**Recommendations** That the Board: a) Notes the progress with implementing the BCF 2016/17 Plan and the performance challenges highlighted above. b) Endorses the proposals for reshaping the BCF for 2017/18 and 2018/19. c) Notes the national announcements set out above and the requirement that the Board will have to approve the 2017/19 BCF Plan prior to submission.
6.	**Contact Officer** Phil Longworth, Health Policy Officer, Kirklees Council phil.longworth@kirklees.gov.uk 01484 221000

Appendix 1 BCF Schemes 2016/17

BCF 2016/17	Original BCF allocation £k		Additional Partner contribution £	
Scheme 1 - Preventative Services				
(a) - Support to the Voluntary and Community Sector	400			
(b) - Generic Workers	571			
(c) - Self Care Hub	98			
(d) - Secondary Care Alcohol Nurses	168			
Scheme 2 - Intermediate Care	7,499			
Scheme 3 - Aids to Daily Living				
(a) - KICES	2,192		1,692	
(b) - Assistive Technology	250			
(c) - Adaptations Service	2,483			
Scheme 4 - Carers Support Services		**988**		
Scheme 5 - Additional Community Health Services	2,963	**2,963**		
Scheme 6 - End of Life	350	**350**		
Scheme 7 - Psychiatric Liaison Services	1,356	**1,356**		
Scheme 8 - Protecting Social Care		**7,267**		
Local NHS Risk Share	2,502	**2,502**		
Total BCF allocation		**29,087**		
Total additional partner contributions				**1,692**

Appendix 2 BCF Performance Measures 2016/17

Non Elective Admissions (NEA) (RAG Assessment- Red)

The BCF 2016/17 Plan is based on a 4.7% growth against baseline (and 0.2% growth compared to last year). The Q2 2016/17 actual shows performance is 0.5% above plan and also above expected NEA activity; this suggests BCF schemes are not having the intended impact.

Though the trend in NEA shows some positivity.

Delayed Transfers of Care[2] (RAG Assessment - Amber)

There is a national expectation with this metric that delays will reduce by approximately 40% during 2016/17 compared to 2015/16. Given this ambition ICE set an achievable alternative Kirklees 2016/17 plan of 9276 delays which equates to an 18% reduction compared to 2015/16. Year-to-date data indicates an extremely positive trend; with delayed days projected to show a 34.4% reduction by the end of the BCF year.

Analysis highlights that this improved trajectory is mostly as a result of improved data quality across both Trusts.

Achieving Independence for Older People [3] (RAG Assessment - Red)

Performance year-to-date is below expected levels (90.4% against a plan of 94.1%). Complexity of patients/service users and capacity pressures continue to have an impact on performance ambitions.

Current forecast outturn indicates the BCF target will not be met.

Admissions of Older People to Residential/Nursing Care[4] (RAG Assessment – Green)

Trends year-to-date remain positive, with 208 admissions against the plan of 260 at week 40, a positive variance in actual against plan of around -20%.

Dementia Diagnosis (Local metric) (RAG Assessment - Red)

The 2015/16 performance showed regression and ended with a rate of 67.8% which was below plan of 70%.

2016/17 performance - year-to-date data continues to suggest a negative trend with diagnosis rate at 66.8% compared to the Kirklees plan of 71% for the BCF.

Recent definition changes in this area by NHSE have a positive impact on Kirklees. Board performance data will be refined for the next iteration of the report to ensure alignment with these national changes.

[2] Delayed transfers of care from hospital per 100,000 population

[3] Change in annual percentage of people still at home after 91 days following discharge

[4] Delayed transfers of care from hospital per 100,000 population

Appendix 3 High Level BCF Outcomes

The overall population outcome we are aiming to achieve through the BCF Plan is:

"People with health and social care needs feel supported and in control of their condition and care, enjoying independence for longer."

This overall outcome is underpinned by four specific person centred outcomes:

- People who need support are in control of high quality, personalised support in their own home or community that enables them to stay safe, healthy and well for as long as is possible.
- People who need care that can only be provided in a specialist setting are admitted and receive good quality specialist care only for as long as is clinically necessary.
- People who have received care regain, as far as possible, their skills, abilities and independence through enhanced reablement and rehabilitation support.
- People with ongoing support needs manage their condition/needs as well as possible.

The key performance measures we will use to measure our progress are:

1. Non-elective admissions.
2. Permanent admissions of older people (65 and over) to residential and nursing care homes.
3. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services.
4. Delayed transfers of care from hospital.

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