

Kirklees Council



Council Chamber - Town Hall, Huddersfield

Tuesday 5 September 2017

Dear Member

The Council will meet on Wednesday 13 September 2017 at 5.30 pm at Council Chamber - Town Hall, Huddersfield.

This meeting will be webcast live and will be available to view via the Council's website.

(At 7.00pm there will be a 30 minute break)

The following matters will be debated:

Pages

1: Announcements by the Mayor and Chief Executive

To receive any announcements from the Mayor and Chief Executive.

2: Apologies for absence

To receive any apologies for absence.

3: Minutes of Previous Meeting

To receive the Minutes of Council held on 11 July 2017.

1 - 10

4: Declaration of Interests

11 - 12

The Councillors will be asked to say if there are any items of the Agenda in which they have a Disclosable Pecuniary Interests, which would prevent them from participating in any discussion of them items or participating in any vote upon the items, or any other interests.

5: Petitions (from Members of the Council)

To receive any Petitions from Members of the Council in accordance with Council Procedure Rule 9.

6: (a) Deputations/Petitions (b) Public Question Time (from Members of the Public)

(a) To receive any Petitions or Deputations from Members of the Public in accordance with Council Procedure Rule 10.

(b) To receive any questions from Members of the Public in accordance with Council Procedure Rule 11.

7: Petitions Debate

Council will discuss the subject matter of the previously submitted petition relating to the proposed demolition of the Edwardian Foundation Building at Whitcliffe Mount School, Cleckheaton, in accordance with Council Procedure Rule 9a.

8: West Yorkshire Combined Authority

13 - 32

To receive the minutes of the meeting of West Yorkshire Combined Authority held on 29 June 2017.

9: Declaration of Vacancy - Batley East Ward

33 - 36

To receive the report.

Contact: Julie Muscroft, Service Director - Legal, Governance & Commissioning

10: Council Financial Outturn and Rollover Report 2016-2017 (Reference from Cabinet) 37 - 94

To consider the report.

Contact: Eamonn Croston, Strategic Finance Manager

11: New Inclusion and Diversion Strategy (Reference from Cabinet) 95 - 106

To consider the report.

Contact: David Bundy, Policy Officer

12: Mental Health Ad Hoc Scrutiny Panel (Reference from Cabinet) 107 - 170

To receive the report.

Contact: Helen Kilroy, Governance Officer

13: Appointment of Independent Person (Reference from Corporate Governance and Audit Committee) 171 - 178

To consider the report.

Contact: Samantha Lawton, Senior Legal Officer

14: Written Questions to the Leader and Cabinet Members

To receive written questions to the Leader and Cabinet in accordance with Council Procedure Rule 12.

(Note: The deadline for the submission of written questions is 10.00am on the day prior to the Council meeting)

The schedule of written questions will be tabled at the meeting.

15: Key Discussion - Adult Social Care Funding

179 -
198

Council will receive a presentation from Richard Parry, Strategic Director for Adults and Health, prior to the key discussion debate.

(Under the provision of Council Procedure Rule 5 (5), the Key Discussion shall commence no later than 7.00pm. Council Procedure Rule 18 (23) permits a maximum of 60 minutes for this item).

16: Motion submitted in accordance with Council Procedure Rule 14 as to Count Them In - Armed Forces

To consider the following Motion in the names of Councillors Sheard, D Hall, N Turner, Cooper and Greaves;

“This Council notes:

- (a) The obligations its owes to the Armed Forces community within Kirklees as enshrined in the Armed Forces Covenant; that the Armed Forces community should not face disadvantage in the provision of services and that special consideration is appropriate in some cases, especially for those who have given the most.
- (b) The absence of definitive and comprehensive statistics on the size or demographics of the Armed Forces community within Kirklees. This includes serving Regular and Reserve personnel, veterans, and their families.
- (c) That the availability of such data would greatly assist the council, local partner agencies, the voluntary sector, and national Government in the planning and provision of services to address the unique needs of the Armed Forces community within Kirklees.

In light of the above, this Council moves to support and promote The Royal British Legion’s call to include a new topic in the 2021 census that concerns military service and membership of the Armed Forces community. We further call upon the UK Parliament, which will approve the final census questionnaire through legislation in 2019, to ensure that the 2021 census includes questions concerning our Armed Forces community.”

17: Motion submitted in accordance with Council Procedure Rule 14 as to the Government's cancellation of the electrification of Transpennine Railway

To consider the following Motion in the names of Councillors Sheard, McBride, N Turner, Greaves and Cooper;

“The Council calls on the Secretary of State for Transport to recommit to the electrification of Transpennine Railway. We note that on the day he confirmed support for the £30 billion Crossrail project he cancelled electrification of strategic significance to Yorkshire, the Midlands, North West and South West and deferred a decision on Transpennine.

As the Transpennine Railway is the main artery for rail freight and passenger movements in the North, we therefore seek the support of our Yorkshire MP's and particularly those in Kirklees, to join forces with the Mayors of Liverpool and Manchester and the Leader of Leeds Council, in stressing the urgency of this matter and its significance as a project which could in part redress the imbalance of regional investment in the UK and lend some meaning to the term Northern Powerhouse.”

By Order of the Council



Chief Executive

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Contact Officer: Andrea Woodside

COUNCIL

KIRKLEES COUNCIL

**At the Meeting of the Council of the Borough of Kirklees held at
Council Chamber - Town Hall, Huddersfield on Tuesday 11 July 2017**

PRESENT

The Mayor (Councillor Christine Iredale) in the Chair

COUNCILLORS

Councillor Masood Ahmed	Councillor Mahmood Akhtar
Councillor Karen Allison	Councillor Bill Armer
Councillor Gulfam Asif	Councillor Donna Bellamy
Councillor Cahal Burke	Councillor Jean Calvert
Councillor Andrew Cooper	Councillor Nosheen Dad
Councillor Richard Eastwood	Councillor Fazila Fadia
Councillor Eric Firth	Councillor Donald Firth
Councillor Michelle Grainger-Mead	Councillor Charles Greaves
Councillor David Hall	Councillor Steve Hall
Councillor Lisa Holmes	Councillor Erin Hill
Councillor James Homewood	Councillor Judith Hughes
Councillor Mumtaz Hussain	Councillor Paul Kane
Councillor Manisha Roma Kaushik	Councillor Viv Kendrick
Councillor Musarrat Khan	Councillor John Lawson
Councillor Gwen Lowe	Councillor Terry Lyons
Councillor Andrew Marchington	Councillor Naheed Mather
Councillor Peter McBride	Councillor Bernard McGuin
Councillor Darren O'Donovan	Councillor Marielle O'Neill
Councillor Andrew Palfreeman	Councillor Shabir Pandor
Councillor Nigel Patrick	Councillor Carole Pattison
Councillor Mussarat Pervaiz	Councillor Amanda Pinnock
Councillor Andrew Pinnock	Councillor Hilary Richards
Councillor Mohammad Sarwar	Councillor Cathy Scott
Councillor David Sheard	Councillor Elizabeth Smaje
Councillor Richard Smith	Councillor Mohan Sokhal
Councillor Julie Stewart-Turner	Councillor John Taylor
Councillor Kath Taylor	Councillor Nicola Turner
Councillor Sheikh Ullah	Councillor Michael Watson
Councillor Gemma Wilson	Councillor Linda Wilkinson
Councillor Rob Walker	Councillor Jim Dodds

22 Announcements by the Mayor and Chief Executive

The Mayor informed Council of the recent death of Fred Pickles, former Councillor and Mayor of Kirklees, and held a minute of silence. Tributes were paid by Councillors Sheard and Ahmed.

The Mayor advised of arrangements to have a break in the meeting and that during that time representatives of Kirklees Dementia Action Alliance and Carers Count, and the partnership Commissioning Manager for Older People, would be presenting information displays and would be available for discussions.

The Chief Executive provided a statement on matters arising in response to the Grenfell Tower tragedy, and also advised Council of the latest position in term so of the Children's Services Improvement Journey.

23 Apologies for absence

Apologies for absence were received on behalf of Councillors Bolt, Lees-Hamilton, Light, K Pinnock, Sims and G Turner.

24 Minutes of Previous Meeting

RESOLVED –

That the Minutes of the Meeting of Annual Council, held on 24 May 2017, be approved as a correct record.

25 Declaration of Interests

Councillor D Hall declared an 'other' interest in Agenda Item 20 (Minute No. 41 refers) on the grounds that he is employed by a Kirklees School.

Councillors Hill, N Turner, E Firth, Scott and Pandor also declared 'other' interests in Agenda Item 20 (Minute No. 41 refers) on the grounds that they have family members employed within Kirklees Schools.

26 Petitions

No petitions were submitted.

27 Deputations/Petitions

Council received a deputation and petition from Mr Paul Graves which raised objection to the proposed demolition of the Edwardian Foundation Building at Whitcliffe Mount School, Cleckheaton.

A response was provided by the Leader of the Council.

28 **Questions by Members of the Public**

Council received questions from:

- (i) Sarah Newton on behalf of 'Save Greenhead Trees' regarding tree felling in the Greenhead area

A response was provided by Councillor Khan

- (ii) Rebecca Gilmore on behalf 'Save Greenhead Trees' regarding the Kirklees strategy for tree maintenance.

A response was provided by the Leader of the Council

29 **Armed Forces Covenant**

It was moved by Councillor Ahmed, seconded by Councillor Dodds and;

RESOLVED –

That approval be given to the signing revised Armed Forces Covenant, and that the benefits that the Armed Forces Covenant had realised since its inception in 2012, as set out at Appendix 1 of the considered report, be noted.

30 **Appointment of Chief Executive and Head of Paid Service (Reference from Personnel Committee)**

It was moved by Councillor Sheard, seconded by Councillor N Turner and;

RESOLVED –

That the appointment of Jacqui Gedman as Chief Executive and Head of Paid Service, including the roles of (Acting) Electoral Registration Officer and (Acting) Returning Officer be approved with immediate effect.

31 **Council Financial Outturn and Rollover Report 2016-2017 (Reference from Cabinet)**

RESOLVED –

That the item be deferred.

32 **Proposals for use of the new monies for Adult Social Care announced by the Chancellor in the Spring Budget 2017 (Reference from Cabinet)**

It was moved by Councillor Kendrick, seconded by Councillor Sheard and;

RESOLVED –

- 1) That the proposed financial strategy, as detailed in paragraph 2.3 of the considered report, be approved.
- 2) That the principles, and proposed areas of investment for 2017/18, as set out in paragraphs 2.4.2 and 2.4.3 of the considered report, be approved.
- 3) That officers be requested to develop the proposals further, taking into account the final guidance and allocations, and submit a report to a future meetings of Cabinet and Council as part of the Budget Strategy Update.

33 Corporate Plan 2017/2018 (Reference from Cabinet)

It was moved by Councillor Sheard, seconded by Councillor Pandor and;

RESOLVED –

That the Corporate Plan 2017/2018 be approved.

34 Written Questions to the Leader and Cabinet Members

Question by Councillor J Taylor to the Cabinet Member – Economy Portfolio (Councillor Mather)

“Can Cllr Mather let me know what the current rate of recycling is in Kirklees, how that performance compares with its peers and whether the trend is positive or negative?”

The Cabinet Member replied thereto.

Question by Councillor J Taylor to the Cabinet Member – Corporate Portfolio (Councillor Khan)

“Could Cllr Khan please update Council on the delays to the Library Consultation and the consequent budgetary impact?”

The Cabinet Member replied thereto.

Question by Councillor Armer to the Cabinet Member – Adults and Public Health Portfolio (Councillor Kendrick)

“Can the Cabinet Member confirm that this Council has a robust evacuation plan in place which is capable of catering for the need to evacuate and accommodate hundreds of people?”

The Cabinet Member replied thereto.

Question by Councillor J Taylor to the Cabinet Member – Corporate Portfolio (Councillor Khan)

“Can you advise me of the number of new Play Areas which have been built in the last 20 years and also the number of existing play areas which have been refurbished in that time frame?”

The Cabinet Member replied thereto.

Question by Councillor Lawson to the Leader of the Council – Councillor Sheard

“Will Cabinet undertake to review its decision to demolish the oldest building at Whitcliffe Mount School?”

Will it also undertake to do everything in its power to explore ways of keeping part or the whole of the building, through negotiations with future developers?”

The Cabinet Member replied thereto.

Question by Councillor Lawson to the Cabinet Member – Corporate Portfolio (Councillor Khan)

“Will the Cabinet Member confirm that associations of friends of borough-wide open spaces will be consulted in the Play Review at the same time as Councillors, before the consultation with the public begins?”

The Cabinet Member replied thereto.

Question by Councillor Bellamy to the Cabinet Member – Economy Portfolio (Councillor Mather)

“Can the Cabinet Member please give the Council an update on fly tipping in Kirklees and tell us if there has been an increase since the tip changes were implemented?”

The Cabinet Member replied thereto.

Question by Councillor N Turner to the Cabinet Member – Adults and Public Health (Councillor Scott)

“Would the Cabinet member give us an update as to the safety of Kirklees buildings, in the light of the awful fire in Grenfell Tower, and what plans are in place to ensure something similar could not happen here?”

The Cabinet Member replied thereto.

Question by Councillor Lawson to the Cabinet Member – Corporate Portfolio (Councillor Khan)

“How many enquiries and complaints have there been about this year’s Council Tax ‘single persons allowance’ reminder letter?”

The Cabinet Member replied thereto.

Question by Councillor J Taylor to the Cabinet Member – Economy Portfolio (Councillor McBride)

“Can Councillor McBride confirm how the Council ensures social value and promotion of the local economy factor in selecting suppliers for catering and entertaining within Kirklees?”

The Cabinet Member replied thereto.

Question by Councillor Holmes to the Leader of the Council – Councillor Sheard

“Why is there no route of appeal within the Community Asset Transfer process?”

The Leader of the Council replied thereto.

Question by Councillor Holmes to the Leader of the Council – Councillor Sheard

“I am now being forced into making a formal complaint against the Council, regarding how the Gomersal Community Group Expression of Interest to take over Red House Museum was rejected.

Will the Cabinet review its approach before I am possibly also forced to take this to the Ombudsman?”

The Leader of the Council replied thereto.

Question by Councillor Holmes to the Cabinet Member – Childrens Portfolio (Councillor Hill)

“What is the current position regarding Kirklees Council Children’s Services?”

The Cabinet Member replied thereto.

Question by Councillor Armer to the Cabinet Member – Corporate Portfolio (Councillor Khan)

"I am informed by an elderly widowed Kirkburton resident that she has received a letter from Welfare & Exchequer Service advising her that she is required to use the Council website to confirm her continuing qualification for single occupier discount on her Council Tax assessment. She is threatened with a penalty of £70 plus loss of her Council Tax discount if she fails to respond by 25th July.

In previous years she has been offered an option to do this by telephone, but this is not offered now. She is instead advised to have a friend or relative use the web service on her behalf or, despite her advanced years, make her way to a Customer Service Centre.

My resident does not possess any equipment capable of accessing the internet and does not have an internet service provider. She has no relatives living in the Borough and no friend she would feel comfortable with asking to do this. In desperation, she has asked me to complete the online form for her.

Does the Cabinet Member think that this menacing missive is an acceptable standard of service provision?"

The Cabinet Member replied thereto.

Question by Councillor Watson to the Cabinet Member – Corporate Portfolio (Councillor Khan)

"I recently attended a training session on safeguarding for councillors which was run at Dewsbury Town Hall. The session was an afternoon one with refreshments provided and this included bottles of mineral water. Does the council purchase mineral water centrally and if so how much is expected to be spent on mineral water during this financial year?"

The Cabinet Member replied thereto.

Question by Councillor Watson to the Cabinet Member – Economy Portfolio (Councillor Mather)

"There is a domestic recycling point at Leys Lane at Emley. This is a site where containers are placed for recycling bottles and so forth but the site is now being used as a dump with waste simply being piled up at the side of the road. Much of this appears to be waste of a commercial nature. Should this site be used for this purpose and if not what should be done to prevent this?"

The Cabinet Member replied thereto.

Question by Councillor Watson to the Cabinet Member – Economy Portfolio (Councillor Mather)

“There is a textile factory in Scissett by the name of Phoenix Textiles in respect of which there have been a number of complaints locally about smells emanating from the site. There is currently work under way to remediate this problem by way of the installation of a new chimney. Does the regulation of emissions from a site such as this fall within the council’s remit and in any event does the council know what chemicals are emitted from the site and causing the smell?”

The Cabinet Member replied thereto.

Question by Councillor Watson to the Cabinet Member – Childrens Portfolio (Councillor Hill)

“The OFSTED report on Services for Children in Kirklees which was published in November of last year recorded that;

“Current placement sufficiency arrangements are not meeting the needs of all children looked after. A very high percentage – 42.5% (277) – of the looked after population is placed outside Kirklees.”

The report went on to state with regards to foster carers:

“not enough potential carers are being identified and recruited to meet identified need.”

Foster care can be a challenging vocation and therefore it is understandable that it may be difficult to recruit carers and this leads to out of area placements but nevertheless the inspectors considered Kirklees to be inadequate in this regard. Is the team responsible for recruiting foster carers sufficiently resourced and is the situation improving?”

The Cabinet Member replied thereto.

Question by Councillor Watson to the Deputy Leader of the Council (Councillor Pandor)

“At one of the meetings of council recently, April I think, a briefing was presented by the deputy leader to the Council on the Key Cities group. The Key Cities Group is about providing our cities with more opportunities to boost the economic prosperity of the country.

Can the Deputy Leader please give some examples of how membership of the group has helped boost economic prosperity in Kirklees?

The Deputy Leader of the Council replied thereto.

Question by Councillor McGuin to the Cabinet Member – Corporate Portfolio (Councillor Khan)

“Can the Council assure me that the problems with bin collections in the Almondbury Ward area are being sorted out?”

The Cabinet Member replied thereto.

Question by Councillor McGuin to the Cabinet Member – Corporate Portfolio (Councillor Khan)

“Has the Council got any nearer to identifying a building to replace Tolson Museum?”

The Cabinet Member replied thereto.

Question by Councillor McGuin to the Leader of the Council (Councillor Sheard)

“Will the money left over from District Committees be passed to Ward Councillors?”

The Leader replied thereto.

Question by Councillor Wilkinson to the Cabinet Member – Economy Portfolio (Councillor McBride)

“Is there any progress regarding the future of the Co-op Building on New Street?”

The Cabinet Member replied thereto.

35 Minutes of Meetings of Cabinet

Item not considered (due to time constraints)

36 Holding the Executive to Account

Item not considered (due to time constraints)

37 Minutes of Other Committees

Item not considered (due to time constraints)

38 Written Questions to Chairs of Committees and Nominated Spokespersons

Item not considered (due to time constraints)

39 Oral Questions to Committee Chairs and nominated Spokespersons of Joint Committees/External Bodies

Item not considered (due to time constraints)

40 Response to Motion - Funding of Adult Social Care

Item not considered (due to time constraints)

41 Motion submitted in accordance with Council Procedure Rule 14 as to Real Term Cuts to England's Primary and Secondary Schools

It was moved by Councillor Marchington, seconded by Councillor Lawson and;

RESOLVED –

‘This Council:

- 1) Recognises that the financial outlook for local schools is likely to deteriorate as cost pressures increase;
- 2) Regrets the phasing out of the Education Services Grant and its impact on schools and the Council;
- 3) Recognises that the Government will push ahead with a major overhaul of school funding with the introduction of a new school funding formula, but is concerned by the failure of the Government to guarantee additional school funding to ensure schools don't lose out as a result of the new funding changes;
- 4) Calls upon HM Government to increase the schools budget in order to prevent a serious detrimental impact on class size, support for pupils with special needs or valuable extra-curricular activities;
- 5) Asks the Chief Executive to write to all local MPs, urging them to raise the Council's concerns with the Secretary of State for Education.'

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



**MINUTES OF THE MEETING OF THE
WEST YORKSHIRE COMBINED AUTHORITY
HELD ON THURSDAY, 29 JUNE 2017 AT COMMITTEE ROOM A, WELLINGTON
HOUSE, 40-50 WELLINGTON STREET, LEEDS**

Present:

Councillor Peter Box CBE (Chair)	Wakefield Council
Councillor Tim Swift (Vice-Chair)	Calderdale Council
Councillor Keith Aspden	York Council
Councillor Andrew Carter CBE	Leeds City Council
Councillor Susan Hinchcliffe	Bradford Council
Councillor Simon Cooke	Bradford Council
Roger Marsh OBE	Leeds City Region Enterprise Partnership
Councillor James Lewis	Leeds City Council
Councillor Stewart Golton	Leeds City Council
Councillor Shabir Pandor	Kirklees Council

In attendance:

Ben Still	WYCA
Caroline Allen	WYCA
Angie Shearon	WYCA

1. Membership of West Yorkshire Combined Authority

The Authority considered a report of the Director of Resources in respect of the following:

- The appointment of members and substitute members to WYCA by the Constituent Councils and the City of York Council, the Non-Constituent Council.
- The appointment of the Leeds City Region Local Enterprise Partnership member ("the LEP member") and substitute LEP member to WYCA.
- Granting of voting rights to the WYCA member appointed by the City of York Council and to the LEP member, and substitutes.

Resolved:

- (a) That the members and substitute members of WYCA appointed by the Constituent Councils and Non-Constituent Council, as set out in the appendix to the report be noted.
- (b) That the continuing appointment of Roger Marsh as the LEP Member of WYCA, and Bob Cryan as substitute LEP Member, to act in the absence of the LEP Member, be confirmed.
- (c) That the LEP Member and the Non-Constituent Council Member may vote at any meetings of WYCA (including any committee or sub-committee to which those members are appointed) on any decision, subject to the following exceptions:-
 - budget and levy setting; and
 - the adoption of any implementation plans appended to the Single Transport Plan which relate specifically to the combined area (that is, West Yorkshire).
- (d) That the substitutes for the LEP Member and the Non-Constituent Council Member may exercise the voting rights granted to the LEP Member and the Non-Constituent Council Member when acting in the absence of their respective member.

2. Appointment of the Chair and Vice Chair of the West Yorkshire Combined Authority

Members were asked to consider nominations for the positions of Chair and Vice Chair of the West Yorkshire Combined Authority for the municipal year 2017/18.

Councillor Peter Box was proposed and seconded for the position of Chair and Councillor Tim Swift was proposed and seconded for the position of Vice Chair.

Resolved:

- (a) That Councillor Peter Box be appointed as Chair of the Authority.
- (b) That Councillor Tim Swift be appointed as Vice Chair of the Authority.

3. Chair's Comments

Councillor Box referred to the recent tragedy at Grenfell Towers and terrorist attacks in Manchester and London and, on behalf of the Authority, expressed condolences to all those affected.

The Authority was also advised that Councillor Judith Blake had received a CBE in the Queen's Birthday Honours and, in Councillor Blake's absence, members asked that their congratulations be recorded.

Members were reminded that the meeting was being filmed for live or subsequent viewing via WYCA's website and any feedback from observers would be welcomed.

4. Apologies for absence

Apologies for absence were received from Councillors Judith Blake, David Sheard and Nicola Turner.

5. Declarations of disclosable pecuniary interests

There were no pecuniary interests declared by members at the meeting.

6. Exempt Information - Possible Exclusion of the Press and Public

Resolved: That in accordance with paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972, the public be excluded from the meeting during consideration of Appendices 1 and 2 to Agenda Item 20 on the grounds that they are likely, in view of the nature of the business to be transacted or the nature of the proceedings, that if members of the press and public were present there would be disclosure to them of exempt information and for the reasons set out in the report that in all the circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

7. Minutes of the meeting held on 6 April 2017

Resolved: That the minutes of the meeting of WYCA held on 6 April 2017 be approved and signed by the Chair.

8. Revised Committee Arrangements and Appointments

The Authority considered a report of the Director of Resources in respect of:

- To appoint West Yorkshire Combined Authority (WYCA) committees.
- To appoint members to WYCA committees, including an independent member to the Governance and Audit Committee.
- To appoint Chairs/Deputy Chairs of WYCA committees.
- To grant voting rights to some members of WYCA committees.
- To confirm the continuing appointment of Independent Persons.

Resolved:

- (a) That, in relation to **appointment of committees** –

- (i) That the following committees be appointed, each with the terms of reference set out in the relevant Appendix attached to the submitted report:
- Governance & Audit Committee (Appendix 1)
 - Leeds City Region Partnership Committee (Appendix 2)
 - Overview & Scrutiny Committee (Appendix 3)
 - Transport Committee (Appendix 4)
 - West Yorkshire & York Investment Committee (Appendix 5)
- (ii) That the following committees be appointed, each with the terms of reference set out in the relevant Appendix attached to the submitted report, with effect from 1 September 2017:
- Business Innovation & Growth Panel (Appendix 6)
 - Employment & Skills Panel (Appendix 7)
 - Green Economy Panel (Appendix 8)
 - Land & Assets Panel (Appendix 9)
- (b) That, in relation to **appointment of committee members** –
- (i) That in accordance with S17 Local Government and Housing Act 1989 the Authority appoint the following of its members to:
- the Transport Committee and West Yorkshire and York Investment Committee as set out in Appendix 10 of the submitted report, and
 - the LCR Partnership Committee as follows:
 - each of the 5 WYCA Members individually appointed by each constituent council, and
 - the non-constituent council WYCA Member.
 - Business Innovation and Growth Panel, Employment and Skills Panel, Land and Assets Panel as set out in Appendix 11 of the submitted report, these appointments to be of effect from 1 September 2017.
- (ii) That the Authority appoints its members to the Governance and Audit Committee, as set out in Appendix 10 to the submitted report, together with Andy Clayton as an independent member of the Governance and Audit Committee.
- (iii) That the Authority appoints members to the Overview & Scrutiny Committee as set out in Appendix 10 of the submitted report.
- (iv) That the Authority co-opt members to:

- the Transport Committee as set out in Appendix 10;
- the LCR Partnership Committee as set out in paragraph 2 of the report, including substitute arrangements for those members;
- the West Yorkshire and York Investment Committee as set out in paragraph 2 of the report; and
- the new Panels as set out in Appendix 11, with appointments to be of effect from 1 September 2017.

(c) That, in relation to **voting rights for committee members** –

- (i) it be noted that each member of a constituent council appointed to the Overview and Scrutiny Committee will have one vote.
- (ii) that any non-constituent council member co-opted to the Overview and Scrutiny Committee shall be a voting member of that committee (and of any sub-committee to which they may be appointed by that committee).
- (iii) that the independent member of the Governance and Audit Committee shall be a voting member of that committee.
- (iv) that all co-opted members of the LCR Partnership Committee shall be voting members of that committee.
- (v) that any constituent council member of the Transport Committee shall be a voting member of that committee (and of any sub-committee to which they may be appointed by that committee).
- (vi) that any constituent council member or non-constituent council member on the West Yorkshire and York Investment Committee shall be a voting member of that committee (and of any sub-committee to which they may be appointed by that committee).
- (vii) that each of the following members to be appointed to the new advisory Panels with effect from 1 September 2017 shall be a voting member:
 - each member co-opted from a local authority; and
 - each private sector representative.

(d) That WYCA appoints a Chair and Deputy Chair to each committee, as set out in Appendix 10 and 11 of the submitted report, any such appointment in respect of any new advisory Panel to be of effect from 1 September 2017.

(e) That Ian Brown and Carolyn Lord continue as Independent Persons available to act in relation to complaints concerning allegations of a breach of WYCA's Members' Code of Conduct on the existing terms for remuneration until WYCA's annual meeting in 2018.

9. WYCA Representation on Outside Bodies

The Authority considered a report of the Director of Resources regarding WYCA representation on outside bodies.

It was agreed that the representative on the Calder Valley Line Working Group should be amended to Councillor Tim Swift.

Resolved:

- (a) That the governance arrangements for Transport for the North and Rail North Ltd are subject to change, when TfN is established as a Strategic Transport Body.
- (b) That, subject to (a) above and the amendment to representation on the Calder Valley Line Working Group, that the appointments be made to the outside bodies for the municipal year 2017/18 as detailed in the Appendix attached to the submitted report.

10. Officer Scheme of Delegation

The Authority considered a report of the Director of Resources in respect of amendments to the Officer Delegation Scheme.

Resolved: That the amended Officer Delegation Scheme, as shown in the Appendix attached to the submitted report be approved.

11. Governance Arrangements

The Authority considered a report of the Director of Resources in respect of amendments to WYCA's Standing Orders and other governance documents.

Resolved:

- (a) That the following Standing Orders, as set out in the relevant appendices to the submitted report, be approved:
 - Procedure Standing Orders – Appendix 1
 - Access to Annex to the Procedure Standing Orders – Appendix 2
 - Code of Practice for recording meetings – Appendix 3
 - Scrutiny Standing Orders – Appendix 4
 - Contracts Standing Orders – Appendix 5
 - Financial Regulations – Appendix 6
- (b) That the Members' Code of Conduct attached as Appendix 7 and the Procedure for Considering Complaints against Members attached at Appendix 8 to the submitted report be approved.

- (c) That the Head of Legal and Governance Services be delegated authority to amend the quorum of any of the new Panels, in the event of any vacancies arising.

12. Code of Corporate Governance

The Authority considered a report of the Director of Resources in respect of a revised Corporate Governance Code and Framework and the Annual Governance Statement for inclusion in the annual statutory accounts.

Resolved:

- (a) That the revised Corporate Governance Code and Framework be approved.
- (b) That the Annual Governance Statement be endorsed.

13. Members' Allowances Scheme

The Authority considered a report of the Director of Resources in respect of the Members' Allowances Scheme.

Resolved: That the revised Members Allowances Scheme, attached as an Appendix to the submitted report, be adopted for the municipal year 2017/18.

14. Calendar of Meetings 2017/18

The Authority considered a report of the Director of Resources setting out a proposed calendar of meetings for 2017/18.

Resolved: That the Calendar of Meetings for 2017/18 be approved.

15. Capital Spending & Project Approvals

The Authority considered a report of the Director of Delivery on the progression of and funding for schemes from the West Yorkshire Plus Transport Fund (WY+TF) and Local Growth Deal projects.

The Authority approved the following 17 schemes which were detailed in the submitted report. It was noted that these had been recommended to WYCA for progression by the West Yorkshire & York Investment Committee on 16 June 2017.

Leeds Public Transport Investment Programme and LPTIP)	Decision Point 2
Leeds Bradford Airport Station	Decision Point 2
ULEV Taxi Scheme	Decision Point 2
Knottingley Rail Station P&R	Decision Point 2

Rail Park and Ride Phase 2	Decision Point 2
Elland Station (Calder Valley Line)	Decision Point 2
LCR Flood Alleviation for Growth Programme	Decision Point 2
Corridor Improvement Programme	Decision Point 2
Strategic Inward Investment Fund	Decision Point 2
Digital Sector Soft Landing Scheme	Decision Point 2
Business Growth Programme	Decision Point 2
Bradford Forster Square Station Gateway	Decision Point 3
LEP Loan - Gateway 45	Decision Point 4
LEP Loan – Fresh Pastures	Decision Point 4
Tackling Fuel Poverty Phase 4	Decision Point 5
Better Homes	Activity 6 – Change Request
Wakefield Civic Quarter	Activity 6 – Change Request

The Authority also approved the expenditure to the Districts for the DfT funding allocations for the Highways Maintenance Block and Highways Incentive funding which were outlined in the submitted report.

Resolved:

- (a) In respect of the **Leeds Public Transport Investment Programme and (LPTIP) - Decision Point 2 (Case Paper)** -
- (i) That the Leeds Public Transport Investment Programme proceeds through Decision Point 2 and the work commences on Activity 3: Outline Business Case on each of the project’s identified work streams within the programme.
 - (ii) That an indicative approval be given to the total programme value of £183.266m, with ultimate approval to spend being granted once the individual schemes have progressed through the Assurance Process to Decision Point 5.
 - (iii) That approval is given to WYCA’s contribution of £0.966m. This will be funded from the remainder of the WYCA funding, which had previously been approved for use on the NGT Project.
 - (iv) That development costs of £15.310m from the DfT’s £173.500m contribution for the development of the programme be approved, and that WYCA enter into a Funding Agreement with Leeds City Council for expenditure of up to £11.535m.
 - (v) That individual schemes within the programme are brought forward through the Assurance Process along their own Assurance Pathway.
 - (vi) That the Assurance Pathway, Approval Route and Approval Tolerance

for the Programme are approved.

- (b) In respect of **Leeds Bradford Airport Station - Decision Point 2 (Case Paper)** -
- (i) That the Leeds Bradford Airport Rail Station Scheme proceeds through Decision Point 2 and commences work on Activity 3 (Outline Business Case).
 - (ii) That an indicative approval to the total programme value of £25.0m be given with ultimate approval to spend being granted only once the scheme has progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).
 - (iii) That development costs of £0.50m from the Leeds Public Transport Investment Programme for the development of the scheme be approved.
 - (iv) That the future approvals at Decision Point 3 & Decision Point 4 (Full Business Case) are made through a delegation to WYCA's Managing Director, with the scheme returning to Investment Committee and WYCA at Decision Point 5.
- (c) In respect of **ULEV Taxi Scheme - Decision Point 2 (Case Paper)** -
- (i) That the ULEV Taxi Scheme proceeds through Decision Point 2 and the work commences on Activity 5: (Full Business Case with Finalised Costs).
 - (ii) That an indicative approval to the total project value of £3.180m be given, with ultimate approval to spend being granted once the scheme has progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).
 - (iii) That development costs of £25,000 in order to progress the scheme to Decision Point 5 (Full Business Case with Finalised Costs) from the OLEV grant be approved.
 - (iv) That the future approvals at Decision Point 5 are made through a delegation to WYCA's Managing Director. This Approval Route will be subject to the scheme remaining within the tolerances outlined above.
- (d) In respect of **Knottingley Rail Station P&R - Decision Point 2 (Case Paper)** -
- (i) That the Knottingley Rail Station Park and Ride project proceeds through Decision Point 2 and the work commences on Activity 4 (Full Business Case).
 - (ii) That an indicative approval be given to the total project value of £1.78m

with ultimate approval to spend being granted once the project has progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).

- (iii) That development costs of £474,259 in order to progress the scheme to Decision Point 4 to be funded from the WY+TF be approved.
 - (iv) That the future approvals at Decision Point 4 are made through a delegation to WYCA's Managing Director following consideration and recommendation by Investment Committee. Approval at Decision Point 5 will be made through the delegation to WYCA's Managing Director. This Approval Route will be subject to the scheme remaining within the tolerances outlined above.
- (e) In respect of **Rail Park and Ride Phase 2 - Decision Point 2 (Case Paper)** -
- (i) That the Rail Park and Ride Phase 2 programme proceeds through Decision Point 2 and the work commences by the individual schemes on Activity 4 (Full Business Case).
 - (ii) That an indicative approval be given to the total programme value of £12.5m with ultimate approval to spend being granted once the individual schemes have progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs). This will be funded through WY+TF funds re-profiled from Phase 1 of Rail Park and Ride.
 - (iii) That development costs of £477,100 in order to progress the schemes to Decision Point 4 be approved.
 - (iv) That the individual schemes return to Investment Committee and WYCA for approval at Decision Point 4 (Full Business Case) where the proposed Approval Route for Decision Point 5 through a delegation to WYCA's Managing Director will be confirmed. This Approval Route will be subject to the schemes remaining within the tolerances outlined above.
- (f) In respect of **Elland Station (Calder Valley Line) - Decision Point 2 (Case Paper)** –
- (i) That the Elland Station Package scheme replace the Calder Valley Line Enhancement scheme within the WY+TF.
 - (ii) That the Elland Station project proceeds through Decision Point 2 and the work commences on Activity 3 (Outline Business Case).
 - (iii) That an indicative approval to the total project value of £22.036m be given, with ultimate approval to spend being granted once the scheme

has progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).

- (iv) That development costs of £884,748 be approved in order to progress the scheme to Decision Point 3, and that WYCA enter into a Funding Agreement with Calderdale Council for expenditure of up to £834,748 to be funded from the WY+TF. The remaining £50,000 will be funded directly by Calderdale Council.
 - (v) That the future approvals at Decision Point 3 and Decision Point 5 be made through a delegation to WYCA's Managing Director. This Approval Route will be subject to the scheme remaining within the tolerances outlined above. The scheme will return to Investment Committee and WYCA at Decision Point 4 (Full Business Case).
- (g) In respect of the **LCR Flood Alleviation for Growth Programme - Decision Point 2 (Case Paper)** -
- (i) That the Leeds City Region Flood Alleviation for Growth Programme proceeds through Decision Point 2 and the work by the individual schemes commences on Activity 3 (Outline Business Case).
 - (ii) That an indicative approval to WYCA's remaining £12.2m contribution to the total programme value of £77m be given, with ultimate approval to spend being granted once the schemes have progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).
 - (iii) That the individual schemes return to Investment Committee for consideration and WYCA for approval at Decision Point 3 (Outline Business Case) or Decision Point 4 (Full Business Case), based on the level of detail produced by the Environment Agency business case process. At this stage individual Assurance Pathways and Approval Routes will be set for each scheme.
- (h) In respect of the **Corridor Improvement Programme - Decision Point 2 (Case Paper)** -
- (i) That the Corridor Improvement Programme, Phase 1 proceeds through Decision Point 2 and the work commences on the 13 individual schemes on Activity 3 (Outline Business Case).
 - (ii) That an indicative approval to the Phase 1 programme value of £67.8m be given, with ultimate approval to spend being granted once the individual schemes have progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).
 - (iii) That development costs of £4,482,500 in order to progress the 13

individual schemes in Phase 1 to Decision Point 3 (Outline Business Case) to be funded from the WT+TF be approved. This will include £0.408m of WYCA Programme Management costs. That WYCA enter into a Funding Agreement:

- with Bradford for expenditure of up to £1.245m;
- with Calderdale for expenditure of up to £0.430m;
- with Kirklees for expenditure of up to £0.800m;
- with Leeds for expenditure of up to £1.525; and
- with Wakefield for expenditure of up to £0.075.

(iv) That the individual schemes return to Investment Committee (for recommendation) and WYCA (for approval) at Decision Point 3 (Outline Business Case). As part of this approval, individual Assurance Pathways and Approval Routes will be set for each scheme.

(i) In respect of the **Strategic Inward Investment Fund - Decision Point 2 (Case Paper)** -

(i) That the Leeds City Region Strategic Inward Investment Fund proceeds through Decision Point 2 and the work commences on Activity 5 (Full Business Case with Finalised Costs).

(ii) That an indicative approval to the total scheme value of £12.45m Strategic Inward Investment Fund be given, with ultimate approval to spend being granted once the project has progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).

(iii) That the future approvals at Decision Point 5 be made through a delegation to WYCA's Managing Director following consideration and a recommendation by Investment Committee. This Approval Route will be subject to the scheme remaining within the tolerances outlined above.

(j) In respect of the **Digital Sector Soft Landing Scheme - Decision Point 2 (Case Paper)** -

(i) That the Digital Sector Soft Landing Scheme proceeds through Decision Point 2 and the work commences on Activity 5 (Full Business Case with Finalised Costs).

(ii) That an indicative approval to the total scheme value of £1m be given, with ultimate approval to spend being granted once the project has progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).

(iii) That the future approval at Decision Point 5 be made through a

Delegation to WYCA's Managing Director following consideration and a recommendation by Investment Committee. This Approval Route will be subject to the scheme remaining within the tolerances outlined above.

- (k) In respect of the **Business Growth Programme - Decision Point 2 (Case Paper)** -
- (i) That the Business Growth Programme proceeds through Decision Point 2 and the work commences on Activity 5 (Full Business Case with Finalised Costs).
 - (ii) That an indicative approval to the total scheme value of £9m be given, with ultimate approval to spend being granted once the project has progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).
 - (iii) That the future approval at Decision Point 5 be made through a delegation to WYCA's Managing Director following consideration and a recommendation by Investment Committee. This Approval Route will be subject to the scheme remaining within the tolerances outlined above.
- (l) In respect of **Bradford Forster Square Station Gateway - Decision Point 3 (Outline Business Case)** -
- (i) That the Bradford Forster Square Station Gateway project proceeds through Decision Point 3 and the work commences on Activity 4 (Full Business Case).
 - (ii) That an indicative approval to the total project value of £17.311m be given (which includes a £17.061m contribution for WY+TF), with ultimate approval to spend being granted once the project has progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).
 - (iii) That development costs of £3,671,314 to be funded from the WY+TF in order to progress the scheme to Decision Point 4 (Full Business Case) be approved. That WYCA issues an addendum to the existing Funding Agreement with Bradford Council for expenditure of up to £3,671,314.
 - (iv) That the scheme returns to Investment Committee (for recommendation) and WYCA (for approval) at Decision Point 4, with the intention that approval at Decision Point 5 (Full Business Case with Finalised Costs) be made through the delegation to WYCA's Managing Director, subject to the scheme remaining within the tolerances confirmed at Decision Point 4.
- (m) In respect of **LEP Loan - Gateway 45 - Decision Point 4 (Full Business Case)** -

- (i) That the Gateway 45 loan proceeds through Decision Point 4 and the work commences on Activity 5 (Full Business Case with Finalised costs).
 - (ii) That an indicative approval to the total loan value of £3.3m be given, with ultimate approval to the loan being granted once the project has progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).
 - (iii) That Leeds City Council are instructed that the current charge held as security for the earlier £3m LEP loan is released and imposed solely on part of the site.
 - (iv) That the approval of the loan agreement at Decision Point 5 be made through the delegation to WYCA's Managing Director, subject to the scheme remaining within the tolerances set out above.
- (n) In respect of **LEP Loan – Fresh Pastures - Decision Point 4 (Full Business Case) -**
- (i) That the Fresh Pastures loan proceeds through Decision Point 4 and the work commences on Activity 5 (Full Business Case with Finalised costs).
 - (ii) That an indicative approval to the total loan value of £0.8m be given, with ultimate approval to the loan being granted once the project has progressed through the Assurance Process to Decision Point 5 (Full Business Case with Finalised Costs).
 - (iii) That the approval of the loan agreement at Decision 5 be made through the delegation to WYCA's Managing Director, subject to the scheme remaining within the tolerances set out above.
- (o) In respect of **Tackling Fuel Poverty Phase 4 - Decision Point 5 (Full Business Case with Finalised Costs) -**
- (i) That the reduction of LGF investment of Phase 1 of the Tackling Fuel Poverty Programme from £2,857,177 to £2,709,000, due to the withdrawal of the Calderdale Almshouse scheme be approved.
 - (ii) That Phase 4 of the Tackling Fuel Poverty Programme for delivery in targeted areas of Calderdale and Kirklees to progress from Activity 5 (FBC with Finalised Costs) to Activity 6 (Delivery) be approved. The reduction of Phase 1, together with the inclusion of Phase 4 projects, brings the total LGF investment in the Tackling Fuel Poverty Programme to £6m. This is in line with the indicative budget noted in the report to November 2016 Investment Committee.
 - (iii) That WYCA funding of £1,007,800 be approved and that WYCA enters

into a Funding Agreement with Kirklees for expenditure of up to £500,000 and with Calderdale for expenditure of up to £507,800, and that WYCA authorise delegation to the Managing Director to finalise the agreements.

(p) In respect of **Better Homes Activity 6 (Delivery) – Change Request –**

(i) That the exception that Year 1-3 baseline targets in respect of the following KPIs for the Better Homes programme be approved:

- Target number of homes improved revised from 12,000 to 3,580.
- Suspension of marketing and assessment targets.
- Revise target apprenticeships created, to apprenticeships supported.
- That the Better Homes Yorkshire KPIs are updated in accordance with Schedule 11 of the Framework Agreement.

(q) That in respect of **Wakefield Civic Quarter - Activity 6 (Delivery) – Change Request** the following exception be approved:

- That a condition of the approved £1.1m grant for the Wakefield Civic Quarter project is that it is repaid (to a maximum amount of £1,1m) from a 50:50 share of any disposal proceeds. If the disposal involves a complex funding package and a lesser share is proposed, a further exception report will be prepared for the Investment Committee.

(r) That in respect of **Highways Maintenance Block and Highways Incentive Funding** expenditure to the Districts of £25.971m for the Highways Maintenance Block and £2.432m for the Highways Incentive Funding, which will be funded from the DfT's allocation to WYCA be approved.

16. **WYCA Corporate Plan 2017/18**

The Authority considered a report of the Director of Policy, Strategy and Communications which sought endorsement of the organisation's Corporate Plan for 2017/18.

Councillor Box advised members that the Corporate Plan had been amended to include Inclusive Growth as one of the key priorities and it was considered that the document provided a good balance on what WYCA had achieved and outlined the plans for the forthcoming year. It was agreed that the Corporate Plan should now be published on the website and circulated to the District Councils for inclusion on their own agendas.

Resolved: That the Corporate Plan 2017/18 be endorsed.

17. HS2 Growth Strategy

The Authority considered a report of the Director of Policy, Strategy and Communications on the development of a Leeds City Region HS2 Connectivity Strategy and the proposal that oversight of its development be delegated to the Transport Committee with a view to its adoption as a daughter document to the Strategic Economic Plan.

It was intended that the Strategy would support and complement the Phase 2 Hybrid Bill and, to enable this, it was proposed that an initial submission be made to Government in Autumn 2017, followed by more detailed strategy development during 2018. It was agreed that oversight of the strategy be delegated to the Transport Committee but the final version would be brought back to a future meeting for adoption.

Members discussed the economic impact, connectivity and employment opportunities HS2 would bring to the region and also the challenges in respect of disruption during its development. It was noted details of the Government's potential scheme would not be known until later in the year but Councillor Wakefield advised members that discussions were being held at the HS2 Regional Programme Board with Network Rail and the DfT and they had been made aware of both the region's ambitions and the points raised by members in respect of disruption.

Resolved: That a Leeds City Region HS2 Connectivity Strategy be developed and that oversight of this development be delegated to the Transport Committee.

18. Transport for the North

The Authority considered a report of the Director of Policy, Strategy and Communications which:

- Provided an update on Transport for the North's development of a Transport Strategy and on road and rail priorities for Transport for the North, including the development of a Northern Powerhouse Rail network.
- Sought approval for the recommendations from the East-West Trans-Pennine corridor study to be provided as an input into the Transport for the North's further work on the Central Corridor.

Members discussed the importance of ensuring that WYCA's priorities continued to be reviewed and that they be communicated as widely as possible to the public. It was requested that the report be circulated to each constituent authority for consideration at their Executive Board to ensure there was a unified approach to the priorities. A report would be brought to the next meeting.

Resolved:

- (a) That progress on WYCA's road and rail priorities for Transport for the North

including the Northern Powerhouse Rail network be noted.

- (b) That Transport for the North's work to consider connectivity improvements across the Central Corridor be endorsed.
- (c) That the recommendations from the East-West Trans-Pennine corridor study be provided as an input into Transport for the North's further work on the Central Corridor.
- (d) That the report be circulated to each constituent council for consideration at their Executive Board.
- (e) That a report be prepared for the next meeting of WYCA to be held on 3 August 2017.

19. A Clearer West Yorkshire Combined Authority Brand Identity

The Authority considered a report of the Director of Policy, Strategy and Communications which set out options for a clearer, more compelling brand identity for the organisation and wider region that would better enable it to achieve its communications and profile-raising objectives.

The report also set out what a potential implementation plan for an organisational rebrand could look like, detailing the changes needed to be made to both communications channels and assets and non-communications activities such as processes, systems and organisational culture.

The recommendations set out in the report were not approved as members considered that the devolution agenda should be the priority and it was therefore agreed that the organisational rebranding should be deferred and considered at a future date.

Resolved: That the recommendations in the report were not accepted and the organisational rebranding be deferred to a future meeting in the context of a wider devolution agreement.

20. WYCA Accommodation Options

The Authority considered a report of the Managing Director which provided information on options for the HQ office accommodation for WYCA and to agree a way forward.

Members noted the need for improved head office facilities for WYCA and considered the options outlined in the submitted report. It was agreed that further work on detailed design and costs to refurbish Wellington House should be undertaken and a report prepared for a future meeting.

Resolved: That Option D of retaining and investing in Wellington House, until its value rises sufficiently to get a return on the investment, is progressed to a detailed design, costs and plan, and that any constraints in the building could be overcome. That an immediate sum of up to £100k is made available from reserves to progress this work which will be subject to the WYCA Project Assurance processes.

21. Minutes of the Meeting of the West Yorkshire and York Investment Committee held on 8 March 2017

Resolved: That the minutes of the meeting of the West Yorkshire & York Investment Committee held on 8 March 2017 be noted.

22. Minutes of the Meeting of the Overview & Scrutiny Committee held on 22 March 2017

Resolved: That the minutes of the meeting of the Overview & Scrutiny Committee held on 22 March 2017 be noted.

23. Draft Minutes of the Meeting of the Governance & Audit Committee held on 6 April 2017

Resolved: That the draft minutes of the Governance & Audit Committee held on 6 April 2017 be noted.

24. Draft Minutes of the Meeting of the Transport Committee held on 21 April 2017

Resolved: That the draft minutes of the meeting of the Transport Committee held on 21 April 2017 be noted.

25. Draft Minutes of the Overview & Scrutiny Committee held on 28 April 2017

Resolved: That the draft minutes of the meeting of the Overview & Scrutiny Committee held on 28 April 2017 be noted.

26. European Structural and Investment Funds (ESIF) - Sustainable Urban Development (SUD)

Further to minute 6, Exempt Information, the press and public were excluded from the meeting for this item.

The Authority considered a report of the Director of Resources on the Call for SUD (Sustainable Urban Development).

Members considered the full Call which had been produced in draft form together with a covering note.

It was expected that the Call will be published in mid-July. Members noted that the final iteration of the Call may be subject to final editing by the Managing Authority prior to formal publication but the changes would not alter the substance of the Call.

Resolved: That the SUD Call, to be published by the Managing Authority in July 2017, be approved.

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Name of meeting: Council

Date: 13 September 2017

Title of report: Declaration of Vacancy for Batley East Ward

Purpose of report

To note that Ms Amanda Stubley has ceased to be a Councillor as a result of her absence, to formally declare a vacancy in the Batley East Ward and to note a by-election will be held to fill the vacancy

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?	N/A
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports)?	N/A
The Decision - Is it eligible for "call in" by Scrutiny?	N/A
Date signed off by Director & name Is it also signed off by the Service Director for Finance, IT and Transactional Services? Is it also signed off by the Service Director - Legal Governance and Commissioning?	
Cabinet member portfolio	N/A

Electoral wards affected: Batley East

Ward councillors consulted: N/A

Public or private: Public

1. Summary

1.1 Ms Stubley has not attended a meeting of the authority for six months. Under Section 85 of the Local Government Act 1972 if a councillor fails throughout a period of six consecutive months from the date of his/her last attendance to attend any meeting of the authority, he/she shall, unless the failure was due to some reason approved by the Council before the expiry of that period, cease to be a member of the authority.

1.2 Section 86 of the Local Government Act 1972 requires an authority to declare a vacancy in such circumstances.

2. Information required to take a decision

2.1 Ms Stubley last attended a meeting of the Council on 15 February 2017 when she attended the Budget Council meeting. She therefore had

until midnight 15 August 2017 to attend a further meeting to avoid the effect of section 85 set out at paragraph 1.1.

- 2.2 Officers have undertaken thorough checks of records and minutes of meetings. There is no record of Ms Stubley attending a meeting between 15 February 2017 and 15 August 2017. Within that period Council has not given its approval to any reason for failure to attend and therefore Ms Stubley ceased to be a councillor by virtue of Section 85 of the Local Government Act 1972.

Declaration of Vacancy

- 2.3 Section 86(1)(c) of the Local Government Act 1972 provides that where a councillor ceases to be a member of the authority by reason of failure to attend meetings of the authority, the authority shall, except in any cases in which a declaration has been made by the High Court, forthwith declare the office to be vacant. In this case no declaration has been made by the High Court. This is a statutory duty of the Council and it is therefore required that Council declares the vacancy.

3. Implications for the Council

3.1 Early Intervention and Prevention (EIP)

N/A

3.2 Economic Resilience (ER)

N/A

3.3 Improving Outcomes for Children

N/A

3.4 Reducing demand of services

N/A

3.5 Other Implications

N/A

4. Consultees and their opinions

Chief Executive

5. Next steps

- 5.1 For the purposes of filling a casual vacancy of office in relation to the election under section 87(1)(f) of the Local Government Act 1972, the vacancy is deemed to be the date on which the authority declares the vacancy. For the avoidance of doubt, this date will be 13th September 2017. Public notice of the vacancy must be given immediately after this declaration.

6. Officer recommendations and reasons

6.1 That Council notes that Ms Stubley has ceased to be a member of this authority by reason of her absence

6.2 That Council declares as vacant the office held by Ms Stubley as a councillor for the Batley East ward

6.3 That Council notes a by-election will be held to fill the vacancy

7. Cabinet portfolio holder recommendation

N/A

8. Contact officer

Julie Muscroft – Service Director – Legal, Governance and Commissioning (Monitoring Officer)

01484 221000

Julie.muscroft@kirklees.gov.uk

9. Background Papers and History of Decisions

None

10. Service Director responsible

Julie Muscroft – Service Director – Legal, Governance and Commissioning (Monitoring Officer)

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Name of meeting: Council

Date: 13 September 2017

Title of report: Update on the Council financial outturn & rollover report 2016-17 deferred at Council on 11 July 2017

Purpose of report

To receive an update on the Council financial outturn and rollover report deferred at Council on 11 July 2017.

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 This report updates members on the report deferred at Council on 11 July
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 Strategic Director & name	Jacqui Gedman 20 July 2017
Is it also signed off by the Service Director for Financial, IT & Transactional Services ?	Yes 20 July 2017
Is it also signed off by the Service Director - Governance & Commissioning Support ?	Yes 20 July 2017
Cabinet member portfolio Corporate	Give name of Portfolio Holders Cllr Graham Turner Cllr Musarrat Khan

Electoral wards affected: None

Ward councillors consulted: None

Public or private: Public

1. Summary

1.1 The Council financial outturn & rollover report 2016-17, incorporating General Fund Revenue, Housing Revenue Account, Capital and Treasury Management, was presented to Cabinet on 31 May 2017.

1.2 The report was approved at Cabinet and subsequently presented to Council on 11 July 2017. During the Council meeting, a number of

discrepancies were highlighted by members with figures presented within some of the Tables within the report.

- 1.3 Members agreed at the Council meeting on 11 July 2017 to defer the report, pending clarification by officers on the discrepancies highlighted, and that a revised report would be re-presented to Cabinet and Council at the earliest opportunity.

2. Information required to take a decision

- 2.1 The discrepancies referred to at the Council meeting on 11 July 2017 have been reviewed by officers, and mainly relate to typographical errors within the detailed Tables, plus one minor roundings issue with one of the figures. These have now been corrected as part of the re-presented report.
- 2.2 The discrepancies highlighted at the Council meeting on 11 July, and the corresponding corrected figures included in the re-presented report, are summarised at Appendix 1.

3. Implications for the Council

- 3.1 The re-presented report includes the corrections set out at Appendix 1.
- 3.2 The overall 2016-17 revenue and capital budget and outturn positions set out in the original report remain unaffected by the corrections noted at Appendix 1. This means that the recommendations in the re-presented 2016-17 financial outturn and rollover report remain the same as set out in the original report presented to Cabinet on 31 May and Council on 11 July 2017.

4. Consultees and their opinions

This report has been prepared by the Chief Financial Officer (Service Director, Financial, IT and Transactional Services), in consultation with the relevant Portfolio-holders.

5. Next steps

The corrections noted at Appendix 1 have been included in the re-presented 2016-17 financial outturn and rollover report 2016-17. The re-presented report is also included on this Cabinet agenda for member consideration.

6. Officer recommendations and reasons

Cabinet are asked to support the following officer recommendations :

- 6.1 to note the update on the report deferred at Council on 11 July;
- 6.2 to note that corrections set out at Appendix 1 which relate to the original discrepancies highlighted at the 11 July Council meeting; and

6.3 to note that the 2016-17 revenue and capital budget and outturn positions, end recommendations set out in the original report remain unaffected by the corrections noted at Appendix 1.

7. Cabinet portfolio holders recommendation

The Leader recommends that this report and the accompanying Council financial outturn & rollover report 2016-17; incorporating General Fund Revenue, Housing Revenue Account, Capital & Treasury Management, should be presented to the Council meeting on 13 September 2017.

8. Contact officer

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James Buttery Finance Manager
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9. Background Papers and History of Decisions

Council financial outturn and rollover report 2016-17 presented to full Council on 11 July 2017.

10. Service Director responsible

Debbie Hogg, Chief Financial Officer (&Service Director, Financial, IT & Transactional Services) ; debbie.hogg@kirklees.gov.uk

Discrepancies highlighted at 11 July Council meeting and Officer amendments :

<i>Original report reference</i>	<i>Discrepancy highlighted in original report</i> <i>(figures quoted below k=£000)</i>	<i>Amended figure incorporated into re-presented report</i>	<i>Nature of the discrepancy</i>	<i>Impact of amendment on overall Council financial position</i>
Summary report, para 1.22; Table 2 ; strategic priorities budget	The individual budgets reported for Strategic Priorities, Baseline, Risks & Pressures, and One-Off Initiatives, total £71,051k. The sub-total in the same table is reported as £91,051k. This results in a discrepancy of £20,000k	Strategic Priorities Budget in the Table has been amended from £5,134k to £25,134k. The £91,051k sub-total is correct.	Typographical error in the original budget figure presented for Strategic Priorities	No impact. The overall capital budget, outturn and variance figures quoted in the original report remain unchanged.
Appendix B – revenue outturn; general fund Table	The individual Directorate figures for net controllable budgets, total £259,631k. The sub-total shown in the same table is reported as £253,906k. This results in a discrepancy of £5,725k.	The following individual net controllable budgets have been amended : Place from £35,738k to £33,489k and Economic Resilience from £14,405k to £10,929k. The £253,906k sub-total is correct.	Typographical error in the original net controllable budget figures presented for Place and Economic Resilience	No impact. The overall general fund revenue budget, outturn and variance figures quoted in the original report remain unchanged.
Appendix B – revenue outturn; general fund Table	The funding transfer from/to reserves figures for individual Directorates totals £12,096k. The sub-total in the same table is reported as £12,702k This results in a discrepancy of £606k	Place funding transfer figure has been amended from nil to £606k. The £12,702k sub-total is correct.	Typographical error in the original funding transfer figure presented for Place.	No impact. The overall general fund revenue budget, outturn and variance figures quoted in the original report remain unchanged

Original report reference	Discrepancy highlighted in original report (figures quoted below k=£000)	Amended figure incorporated into re-presented report	Nature of the discrepancy	Impact of amendment on overall Council financial position
Appendix B – HRA Summary Outturn Table	Individual revenue outturn figures for repair & management, housing management and other expenditure, total £80,404k. The sub-total in the same table is reported as £80,504k This results in a discrepancy of £100k.	The figure for repair & maintenance revenue outturn has been amended from £21,139k to £21,239k. The £80,504k sub-total is correct.	Typographical error in the original repair and maintenance figure presented for HRA	No impact. The overall HRA revenue budget, outturn and variance figures quoted in the original report remain unchanged.
Appendix C – general fund reserves and balances table	Earmarked reserves - individual figures for school balances and dedicated schools grant total (£19,899k) The sub-total in the same table is reported as (£19,900k) This results in a discrepancy of £1k.	The figure for dedicated schools grant has been amended from £6,407k to £6,408k. The (£19,900k) sub-total is correct.	Minor roundings issue with the figures as summarised for the table.	No impact. The overall revenue reserves position as reported across years in the original report, remain unchanged.

Name of meeting: Council

Date: 13 September 2017

Title of report: Council financial outturn & rollover report 2016-17;
 incorporating General Fund Revenue, Housing Revenue
 Account, Capital & Treasury Management

Purpose of report

To receive information on the Council's 2016-17 financial outturn position for General Fund revenue, Housing Revenue Account (HRA) and Capital Plan, including proposals for revenue and capital rollover from 2016-17 to 2017-18. This report also includes an annual review of Council Treasury Management activity.

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 The report includes proposals to roll forward capital underspend from 2016-17 into 2017-18, to spend against specific activities.
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports)?	Yes 29 March 2017
The Decision - Is it eligible for "call in" by Scrutiny?	No
Date signed off by Strategic Director & name	Jacqui Gedman 18 July 2017
Is it also signed off by the Service Director for Financial, IT & Transactional Services ?	Yes 18 July 2017
Is it also signed off by the Service Director - Governance & Commissioning Support ?	Yes 18 July 2017
Cabinet member portfolio Corporate	Give name of Portfolio Holders Cllr Graham Turner Cllr Musarrat Khan

Electoral wards affected: None

Ward councillors consulted: None

Public or private: Public

1. Summary

1.1 The Council's General Fund (net) revenue (or 'controllable') budget for 2016-17 was set at **£310.8m**.

- 1.2 There was a (net) funding transfer from reserves to general fund during the year totalling **£0.9m** in 2016-17. This resulted in a revised budget of **£311.7m**.
- 1.3 Council spend was **£314.4m** in 2016-17. There was a reported **overspend of £2.7m**; equivalent to 0.8% variance against revised budget. This is summarised in Table 1 below.

Table 1 – Summary 2016-17 general fund revenue outturn position :

Activity	Net Controllable Budget	Approved Funding Transfers from (+) / to (-) reserves	Revised Budget	Outturn	Variance
	£000	£000	£000	£000	£000
Directorates	253,906	12,702	266,608	273,118	6,510
Central Budgets	55,832	(11,848)	43,984	40,809	(3,175)
District Committees	1,098	-	1,098	454	(644)
Total	310,836	854	311,690	314,381	2,691

- 1.4 The £6.5m overspend at Directorate level includes service volume pressures in Children’s services at £6.0m, and significant additional investment during the year in Children’s service improvements at about £6.6m. There were service volume pressures in Adult Services at £5.4m.
- 1.5 The above service pressures were offset in part by other Directorate (net) underspends, including Place at (£2.8m), and Resources at (£2.9m); in part reflecting early delivery of savings required in 2017-18.
- 1.6 Cross-Directorate service activity relating to Early Intervention and Prevention, and Economic Resilience are currently undergoing major service re-design. In total, there was a combined underspend of £7.1m against these activities; in part reflects early delivery of savings required in 2017-18, in part reflects budgets not committed during the year pending completion of service re-design.
- 1.7 There were also offsetting underspends in Central Budgets totalling (£3.2m); mainly treasury management savings and inflation contingency not required.
- 1.8 Annual revenue rollover proposals are informed by Council Financial Procedure Rules, which state that revenue rollover proposals cannot exceed the overall net underspend position of the Council. As the Council is reporting an overall overspend position in 2016-17, there is no revenue rollover available.
- 1.9 District Committee managed budgets underspent by £644k at year end.

The governance arrangements for activity budgets managed through District Committees means there can be significant timing issues between budgets being approved at individual District committee level, and actual spend in relation to the approved budget.

- 1.10 The Chief Financial Officer (Service Director, Financial, IT & Transactional Services) will incorporate regular monitoring and review of overall Council reserves requirements as part of the Quarterly financial reporting cycle to Cabinet through 2017-18. This will include consideration of potential re-direct of existing earmarked reserves to support any unfunded District Committee spend commitments falling in 2017-18 due to timing issues noted in paragraph 1.9 above.
- 1.11 Council general fund revenue reserves and balances reduced from £113.2m at the start of the year, to **£90.1m** as at 31 March 2017.
- 1.12 There was a net drawdown of £23.1m during the year. This includes £19.8m to support Council budget plans in 2016-17, approved at Budget Council in February 2016.
- 1.13 It also includes the (net) transfer of £0.9m from Council reserves to general fund during the year, as summarised at Table 1 above.
- 1.14 The net drawdown also reflects the **£2.7m** overspend, which transferred to reserves at year end; effectively representing an unplanned drawdown against reserves.
- 1.15 Of the £90.1m reserves as at 31 March 2017, there are further approved reserves drawdowns in 2017-18; £11.1m to support Council budget plans in 2017-18, and a minimum general balances requirement of £5m; both of these approved at full Budget Council in February 2017.
- 1.16 This then leaves £73.9m reserves, of which £11.9m is statutorily ring-fenced for schools, and which the Council has no flexibility to apply for other purposes.
- 1.17 Of the remaining £62m reserves at the start of 2017-18, **£31.8m** reflects earmarked funding set aside for a range of spend commitments ; in part reflects timing issues between “one-off” external funding contributions received and expenditure incurred on a range of developmental activity. It also includes earmarked reserves set aside to support the organisation’s ongoing transformation to New Council.
- 1.18 The remaining **£30.2m** reserves at the start of 2017-18 consists of ‘risk’ reserves plus unallocated balances. This is available to support the overall ‘financial resilience’ of the Council. This amount is net of all the commitments noted in paragraphs 1.15 to 1.17 above, including the £11.1m reserves being used to support budget plans in 2017-18.
- 1.19 Financial resilience reserves at the start of 2017-18 are £10.1m higher than they might otherwise have been due to a number of early measures implemented as part of the 2016-17 final accounts process. These

measures were, set out in an 'Early Closedown Review' report to Cabinet on 2 May 2017. The link to this report is included below for information (Agenda - Item 8) :

[early closedown review 2016-17](#)

- 1.20 The Council's Housing Revenue Account (HRA) accounts for all Council housing related revenue expenditure and income in a separate statutory (ring-fenced) account. The HRA budgeted for a net surplus of (£2.9m), in 2016-17 but the actual net surplus was (£9.2m); a favourable variance of (£6.3m) against an annual turnover of £94.5m ; equivalent to (6.7%).
- 1.21 HRA reserves as at 31 March 2017 were (£52.0m); an increase of (£9.2m) in the year, entirely due to the (£9.2m) HRA surplus transferred to reserves at year end. There are no HRA revenue rollover proposals this year.
- 1.22 The Council's overall capital budget for 2016-17 was £110.5m, and actual spend was £69.3m, resulting in an underspend of (£41.2m); (37.3%) variance compared to budget. This is summarised in Table 2 below.

Table 2 – Summary Capital Outturn 2016-17

Description	Budget	Outturn	Variance
	£000	£000	£000
Strategic Priorities	25,134	10,926	(14,208)
Baseline	55,416	36,724	(18,692)
Risks & Pressures	5,501	5,406	(95)
One-Off Initiatives	5,000	0	(5,000)
General Fund	91,051	53,056	(37,995)
Housing Revenue Account	19,478	16,210	(3,268)
Total	110,529	69,266	(41,263)

- 1.23 Of the capital underspend, the proposal is to roll-forward all existing commitments into 2017-18; £36.8m general fund and £2.4m HRA; £39.2m in total.
- 1.24 Council Financial Procedure Rules require that the Council receives an annual report on Treasury Management borrowing and investment activity during the financial year, and a review of treasury management activity for 2016-17 is incorporated into this report, for information.

2. Information required to take a decision

- 2.1 Appendix A, Sections 1-4 attached, sets out in more detail the financial outturn position of the Council in 2016-17 in relation to the Council's general fund revenue, HRA revenue, Council capital budgets, and performance on treasury management activity.

- 2.2 Annual revenue rollover proposals are informed by Council Financial Procedure Rules, which set out the following principles to annual revenue rollover considerations :
- i) total rollover proposals cannot exceed the overall net underspend position of the Council, and
 - ii) rollover proposals by Directorate should not exceed the net underspend position by Directorate
- 2.3 There are no revenue rollover proposals from 2016-17 to 2017-18 as the reported £2.7m overspend does not meet the Financial Procedure Rule principles for revenue rollover set out in paragraph 2.2 i) above.
- 2.4 The reported £2.7m general fund revenue overspend in 2016-17 is effectively offset by existing Council revenue reserves as at 31 March 2017.
- 2.5 The (£9.2m) HRA surplus in 2016-17 reverts to HRA reserves at year end. There are no HRA revenue rollover proposals from 2016-17 to 2017-18. HRA capital rollover proposals total £2.4m and this will be financed from the £9.2m surplus transferred to HRA reserves.
- 2.6 The balance of £6.8m HRA surplus transferred to HRA reserves will be considered as part of the overall resourcing available to support the re-fresh of the longer term HRA business plan through 2017-18.
- 2.7 Total capital rollover proposals (including HRA) total £39.2m. These are factored into the updated Capital Plan 2017-22, alongside revisions to external funding assumptions and a review of profiled spend across years. These are set out in more detail at Appendix A, section 3.
- 2.8 The annual re-fresh of Council's multi-year budget strategies and plans will be reported to full Council in Autumn 2017, and will include a further review of the updated capital plan as part of this annual re-fresh.

3. Implications for the Council

- 3.1 This report provides information on the Council's overall financial performance in 2016-17 against available resources, incorporating as well an overall updated capital plan for 2017-22. The overall activity to which the report's financial performance relates, supports the delivery of the following Council objectives and Priorities within available resources:
- i) Early Intervention and Prevention (EIP)
 - ii) Economic Resilience (ER)
 - iii) Improving Outcomes for Children
 - iv) Reducing demand of services
- 3.2 The Council continues to face significant financial challenges and must ensure it can achieve a sustainable balanced budget over the medium term and beyond.

- 3.3 Approved revenue budget plans include a significant planned (net) saving requirement of £54m in 2017-18 and further savings of £50m over the following 3 years; £104m in total over the 2017-21 period. The planned savings requirement in 2017-18 is also net of the approved drawdown of £11.1m from available reserves to deliver an overall balanced general fund revenue budget in 2017-18.
- 3.4 The 'early closedown review' report to Cabinet on 2 May 2017 included a number of early measures incorporated in the 2016-17 final accounts process that released a further £10.1m revenue resources into risk reserves at year end.
- 3.5 While this has improved the overall financial resilience of the Council, it is anticipated that further actions will be required to ensure the Council can continue to manage within its means. This includes strengthened governance arrangements, supported by the Council's Transformation Business Partner, to monitor and review progress on the deliverability of the £54m planned savings requirement through 2017-18.
- 3.6 The impact on the HRA of an annual 1% rent reduction for social housing tenants over the 2016-20 period is a forecast reduction in annual rental income of £10.5m by 2020, against an annual turnover of £95m (equivalent to about 11%) The financial impact of this has previously been factored into the HRA business plan which will continue to be re-freshed and updated regularly through the year to help inform both medium and longer term HRA budget planning.
- 3.7 A key indicator used to ensure borrowing fulfils the criteria of being affordable, prudent and sustainable, is the actual proportion of overall revenue budget taken up with interest and debt repayments. The actual percentage was 7.91% in 2016-17. When the Capital Plan was presented to Budget Council in February 2017, the estimated percentage in 2017-18 was 8.04%, increasing to 8.96% by 2021-22.
- 3.8 After taking account of capital rollover, the re-phasing of schemes and changes to grant assumptions factored into the update 5 year capital plan 2017-22, the overall impact on the estimated percentages is not materially different. As revenue resources remain under considerable pressure, close scrutiny will need to continue to ensure overall Council borrowing remains Prudent and sustainable going forward.

4. Consultees and their opinions

This report has been prepared by the Chief Financial Officer (Service Director, Financial, IT and Transactional Services), in consultation with the Executive Team.

5. Next steps

Subject to member approval, capital rollover proposals and the update of the 5 year capital plan will be incorporated into in-year financial

monitoring in 2017-18, and reported quarterly to Cabinet, from Quarter 2 onwards.

6. Officer recommendations and reasons

Cabinet are asked to support the following officer recommendations :

General Fund Revenue

- 6.1 note the revenue outturn position for 2016-17 (Appendix A, Section 1 & Appendix B);
- 6.2 note the year end position on corporate reserves, including available 'financial resilience' reserves (Appendix A, Section 1, paragraphs 1.38 to 1.51, & Appendix C);
- 6.3 note the regular monitoring & review of corporate reserves in 2017-18 to be reported to Cabinet as part of the Quarterly financial monitoring cycle; including consideration of the potential re-direct of earmarked reserves to support deferred District Committee spend commitments (Appendix A, Section 1, paragraphs 1.28 to 1.29);

Housing Revenue Account (HRA)

- 6.4 note the revenue outturn position for 2016-17 (Appendix A - Section 2 and Appendix B);
- 6.5 note the year end position on HRA reserves (Appendix A, Section 2 paragraph 2.12, Table 1) ;

Capital

- 6.6 note the Council capital outturn position for 2016-17 (Appendix E)
- 6.7 approve £39.2m capital rollover from 2016-17 to 2017-18 (Appendix A, section 3, paragraphs 3.5 to 3.7);
- 6.8 approve the revised Capital Plan for the 5 year period 2017-22, after taking into account rollover, the re-phasing of schemes and changes to grant assumptions (Appendix A, section 3, paragraphs 3.9 to 3.17, & Appendix G);
- 6.9 note the further review of the updated capital plan to inform the annual re-refresh of Council multi-year budget strategies and plans to be reported to full Council in Autumn 2017 (Appendix A, Section 3, paragraph 3.8);

Treasury Management

- 6.10 note the review of treasury management activity for 2016-17 (Appendix A, Section 4);

7. Cabinet portfolio holders recommendation

The Leader recommends that the attached Council financial outturn & rollover report 2016-17; incorporating General Fund Revenue, Housing Revenue Account, Capital & Treasury Management, should be presented to the Council meeting on 13 September 2017.

8. Contact officer

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9. Background Papers and History of Decisions

Annual budget report 2016-19
Annual budget report 2017-21
Early review of Closedown report 2016-17
CIPFA's code of Practice on Treasury Management in the Public Services
CIPFA's Prudential Code for Capital Finance in Local Authorities
Public Works Loan Board website

10. Service Director responsible

Debbie Hogg, Chief Financial Officer (&Service Director, Financial, IT & Transactional Services) ; debbie.hogg@kirklees.gov.uk

SECTION 1 – GENERAL FUND REVENUE OUTTURN 2016-17

1. Summary revenue outturn position

- 1.1 The Council's general fund net revenue (controllable) budget for 2016-17 was set at **£310.8million (m)**.
- 1.2 Any reported variance against net revenue budget also takes into account approved (net) funding transfers between reserves and general fund during the year.
- 1.3 There was a (net) funding transfer from reserves to general fund totalling **£854k** in 2016-17. This resulted in a revised budget of **£311.7m**.
- 1.4 Council spend was **£314.4m** in 2016-17.
- 1.5 There was a reported **overspend of £2.7m**; equivalent to 0.8% against the revised budget of **£311.7m**.
- 1.6 The revenue outturn position is summarised by Directorate at Appendix B, the reserves position summarised at Appendix C and the more significant variances against Directorate activity, reported at Appendix D.

Service Directorates

- 1.7 Overall, Directorates overspent by £6.5m against a revised budget of £266.6m; equivalent to 2.4% variance.
- 1.8 There was significant investment during the year totalling £6m on measures to support a number of key service improvements in Children's Services. These include additional capacity to support interim management arrangements and additional volumes of work. Some of these measures are "one-off" investment, some recurrent (see also paragraph 1.9 below)
- 1.9 These service improvements are ongoing and have been supported by the Government appointment of an Independent Children's Commissioner to oversee these improvements. This follows the OFSTED inspection of the Council's Family & Safeguarding Service, which was reported to Cabinet on 28 November with an assessed rating of 'inadequate'.
- 1.10 In addition, there were volume pressures totalling £6.7m in relation to numbers of looked after children and associated placement or placement equivalent support. This includes pressures on External residential placements £2.0m; internal/external fostering at £2.8m; leaving care supported accommodation £946k and special guardianship/child arrangement orders at £785k.
- 1.11 The annual budget report to full Council on 15 February 2017 included additional resources allocated to Children's activity totalling £11.1m from 2017-18 onwards; £7.4m relating to volume pressure relating to numbers of looked after children,

and £3.7m relating to ongoing service improvement capacity requirement across all levels of the service.

- 1.12 There were also significant Adult Social Care demand led pressures at £5.4m; mainly Learning Disabilities at £4.2m, Mental Health at £0.9m and Physical Disabilities at £0.7m. These service pressures have been reported regularly through the year through quarterly monitoring reports presented to Cabinet, including a separate report on learning disabilities overspend, which was reported to Cabinet on 12 December 2016.
- 1.13 The annual budget report to full Council on 15 February 2017 included additional resources totalling £3m allocated across Adult Social Care demand led activity, specifically in acknowledgement of the extent of current and forecast future service pressures. This is in addition to a £4m base budget uplift previously allocated to service budget from 2017-18 onwards, as part of the budget strategy update report 2017-21, presented to full Council on 12 October 2016.
- 1.14 There was an overall underspend of (£2.7m) against Place Directorate activity. The most significant underspends include additional income from the Driver Training Contract at (£866k). Schools Facilities Management had a surplus of (£1.5m); mainly increased efficiencies on food and labour costs in relation to the provision of universal free school meals. Corporate Landlord also underspent by (£1.4m); in part reflects reduced overall asset portfolio, in part lower facilities management costs. The cost offsets noted here were all factored into Directorate budget plans in 2017-18 as planned savings.
- 1.15 There were a number of cost offsets against the above, including exceptional costs incurred of £1.1m to deal with environmental contamination at a site in Huddersfield. There were also volume pressures on Waste management totalling £151k, and volume pressures on home to school transport of £1.1m. Additional revenue resources totalling £1m were added to Waste Management budget allocation from 2017-18 onwards to reflect both current year and anticipated volume pressures going forward.
- 1.16 There was an overall underspend of (£2.9m) against Resources Directorate activity. This includes (£1.9m) early delivery of 2017-18 savings on the following; (£1.1m) Library & Information Centre activity, (£505k) on IT and (£257k) savings on corporate subscriptions and annual audit fee.

Cross-Directorate

- 1.17 There was an overall (£7.1m) underspend on Cross-Directorate theme activity. This includes Economic Resilience at (£3.4m); mainly reflects deferred implementation of service re-design resulting in certain budgets not being committed during the year.
- 1.18 Early Intervention and Prevention theme activity underspent by (£3.7m). This includes (£3.1m) early delivery of savings required in 2017-18, and in part, (£2.5m) due to the deferred implementation of service re-design, again resulting in certain budgets not being committed during the year. Also pending completion

of service re-design, vacancies held across service activity totalled (£958k). This was in-part offset by an overspend on Supporting People activity totalling £2.9m.

Central Budgets

- 1.19 Central Budgets underspent by (£3.2m) in 2016-17, against a revised budget of £44.0m. The treasury management underspend was (£1.9m). The treasury management underspend is net of two approved transfers to risk reserves at year end.
- 1.20 The first of these relates to a specific treasury management underspend of (£8.0m) in 2016-17 resultant from a change to Council treasury management policy approved as part of the overall annual report approval at Budget Council on 15 February 2017.
- 1.21 The policy change relates to a re-profiling of the amount set aside from revenue resources annually for repayment of debt; also referred to as the Council's minimum revenue provision or MRP. The policy change was implemented in 2016-17, resulting in an immediate cash benefit to the Council of (£8.0m) in 2016-17, in addition to future year cash benefits from MRP re-profiling factored into annual treasury management budgets over the 2017-21 period.
- 1.22 The annual budget report approved the transfer of the 2016-17 (£8.0m) underspend to Council risk reserves at year end; one of the Council's early measures to increase financial resilience reserves at the start of 2017-18, in light of the unprecedented scale of the financial challenges and risks facing the Council, in particular over the forthcoming 12 months.
- 1.23 The other approved transfer to risk reserves at year end relates to direct revenue funded capital expenditure. Approved revenue budget funding totalling £1.8m are normally transferred from service budgets to treasury management in the first instance. These budgets would then have been applied to fund capital expenditure. The early closedown review report to Cabinet on 2 May 2017, included the recommendation to use borrowing, thereby freeing up an equivalent (£1.8m) revenue resources, for transfer to risk reserves at year end.
- 1.24 Net of the approved transfers set out at paragraphs 1.22 and 1.23 above, the reported year end treasury management underspend at (£1.9m) largely reflects lower borrowing requirement than anticipated due to slippage in the capital plan. This underspend has also been factored into the approved 2017-21 budget plans.
- 1.25 There were also savings in contingency budgets relating to inflation at (£1.1m); energy and inflation contingency not required. Approved budget plans for 2017-21 include significant inflation savings over the period; effectively cash limited (zero inflation) on a range of non-employee budgets over the next 4 years.
- 1.26 Other contingency underspends include insurance fund surplus at (£1.7m) and carbon reduction commitment budget not required at (£0.5m). Again, these underspends had been anticipated in 2017-21 budget plans.

1.27 As part of the Chief Financial Officer's year-end review of year end earmarked reserves requirements, there was an offsetting transfer from contingency budgets to earmarked reserves, totalling £1.9m. This is in respect of the Council's share of potential future payments due to Municipal Mutual Insurance (MMI) under a scheme of arrangement between MMI and its creditors.

District Committee Managed Budgets

1.28 District Committee managed budgets underspent by £644k in 2016-17 against a revised budget provision of £1.1m. This underspend relates to timing issues between approvals to spend at an individual District Committee level, and when actual spend is incurred.

1.29 The Chief Financial Officer will incorporate regular monitoring and review of overall Council reserves requirements as part of the Quarterly financial reporting cycle to Cabinet through 2017-18. This will include consideration of the re-direct of existing earmarked reserves to support any unfunded District Committee spend commitments falling in 2017-18 due to timing issues noted in paragraph 1.28 above.

Collection Fund

1.30 The Collection Fund is a ring-fenced revenue account. It is administered by the Council (the billing authority).

1.31 Responsibilities include council tax and business rates annual billing, income collection, and annual planned payments from the Collection Fund to the billing authority's own general fund, relevant precepting bodies (fire, police and parishes), and central government.

1.32 Planned payments to the relevant bodies are set in advance of each financial year as part of the formal budget approval process, based on estimated income. Actual income collected during the year can vary from estimated, and any such differences are retained within the Collection Fund as surpluses or deficits.

1.33 The intention is that any (surpluses)/deficits built up are 'smoothed out' over time, through adjusting annual re-payments to/from the Council's general fund. Due to timing issues and emerging income trends, it often takes a number of financial years to achieve smoothing out of surpluses/deficits accumulated, in practice.

1.34 Table 1 below reflects the change in the Council share of the Collection Fund (surplus)/deficit, between 2015-16 and 2016-17, including income performance in-year:

Table 1- Collection fund (Council share); 2016-17 outturn

Collection Fund	Council Tax	Business Rates
	£000	£000
Actual (surplus) / deficit at 1 April 2016	(4,660)	5,032
Transfer to (+) /from (-) general fund in 2016-17	3,921	(4,214)
Balance of (surplus) / deficit carried forward	(739)	818
In-year income performance (surplus)/deficit	(2,283)	493
Actual (surplus)/deficit at 1 April 2017	(3,022)	1,311
Transfer to (+) /from (-) general fund in 2017-18	2,000	(1,900)
Balance of (surplus) carried forward	(1,022)	(589)

- 1.35 In-year income performance on council tax reflects a surplus of (£2.3m); equivalent to (1.5%) against planned income of (£149.4m), and is mainly due to council tax income collection performance in excess of targeted.
- 1.36 In-year income performance on business rates reflects a deficit of £493k ; equivalent to 0.1% against planned income of £51.4m, and is due mainly to continued volatility on outstanding backdated rating valuation appeals.
- 1.37 Council approved budget plans for 2017-21 had largely anticipated the in-year Collection fund income performance trends noted above, in setting 2017-18 council tax base and business rates estimates. However, the position with regard to rating valuation appeals remains volatile.

Council Reserves

- 1.38 Reserves here means accumulated “one-off” resources built up over time. These are categorised under a number of broad categories, and summarised at Table 2 below:

Table 2 – Current Reserves position

General Fund Reserves	31 st March 2016	Transfers in (-) /out (+)	31 st March 2017	Budget Approved Movements 2017-18	Remaining reserves
	£000	£000	£000	£000	£000
Schools (statutory)	(19,900)	8,048	(11,852)	-	(11,852)
Earmarked (excluding Risk)	(57,316)	17,822	(39,494)	7,700	(31,794)
Earmarked - Risk Reserves	(9,968)	(18,078)	(28,046)	-	(28,046)
Unallocated Balances	(25,972)	15,254	(10,718)	8,485	(2,233)
Total Finance Resilience Reserves	(35,940)	(2,824)	(38,764)	8,485	(30,279)
Grand Total	(113,156)	23,046	(90,110)	16,185	(73,925)

- 1.39 Overall, Council general fund reserves have reduced from (£113.2m) as at April 2016, to (£90.1m) as at 31 March 2017; equivalent to a 20% (net) reduction in revenue reserves over the 12 month period.
- 1.40 There was a net drawdown of £23.1m reserves during 2016-17. Appendix C attached includes a more detailed review of the Council's general fund reserves movements between years.
- 1.41 The £23.1m net drawdown includes £19.8m drawn down as part of Council approved 2016-17 budget plans to deliver an overall balanced budget.
- 1.42 Risk reserves movements in-year includes the 'transfer-in' of a specific 2016-17 (£8.0m) treasury management underspend;; change in treasury management policy on minimum revenue provision for debt repayment (see also, paragraphs 1.21 to 1.22 earlier).
- 1.43 It also included the transfer-in of (£1.8m) revenue resources released from Treasury Management budgets; substitute fund approved revenue funded capital expenditure from borrowing (see also, paragraph 1.23 earlier).
- 1.44 The 'early review of closedown' report also included funding of £5.4m Council wide voluntary severance costs from 'in-year' generated capital receipts; allowable under Government flexible capital receipts funding guidelines. These costs would otherwise have been met from existing earmarked (workforce restructure) reserves. The equivalent (£5.4m) reserves 'saving' was re-directed from earmarked to risk reserves.
- 1.45 The same report also noted that the Chief Financial Officer would be undertaking a year-end review of earmarked reserves requirements, and subsequently identified (£2.9m) existing earmarked reserves that were no longer required for the original purposes that they had been set aside for. This was also transferred to risk reserves at year end.
- 1.46 As part of the same exercise, (£1.9m) was also transferred from central budgets to earmarked reserves at year end for the Council's share of potential future payments due to Municipal & Mutual Insurance (see also paragraph 1.27 earlier).
- 1.47 Budget Council in February 2017, approved a further drawdown from reserves, totalling £11.1m in 2017-18, to support the Council's budget plans in 2017-18 in the delivery of a balanced budget. There was also approval for a minimum £5m 'balances' requirement.
- 1.48 Adjusting for the above, remaining reserves at the start of 2017-18 total £73.9m. Excluding £11.9m statutory (school) reserves, which cannot be re-directed by the Council for any other purpose, remaining earmarked reserves at the start of 2017-18, totals £62.0m.
- 1.49 The £62m includes the following :
- i) £31.8m earmarked reserves (excluding risk). This is non-recurrent funding set aside in part due to timing issues between "one-off" external funding

contributions received and expenditure incurred on a range of developmental activity. It also includes earmarked reserves set aside to support the organisation's ongoing transformation to New Council

- ii) £30.2m 'risk' reserves, inclusive of £2.2m unallocated balances; effectively reflects the extent of the 'financial resilience' reserves available to the Council at the start of 2017-18.

1.50 Early measures included in the early closedown report to Cabinet on 2 May 2017 effectively increased the level of financial resilience reserves by £10.1m than they would otherwise have been at the start of 2017-18.

1.51 It is recommended that Council reserves should be retained for their agreed purposes as set out above, and that further assessments of reserves requirements will be undertaken through the year, and reported to Cabinet as part of established quarterly corporate revenue monitoring reporting processes.

Future developments

1.52 The annual Budget Report 2017-21 approved at Budget Council on 15 February 2017, includes a planned savings of £54m in 2017-18 alone, to deliver a balanced budget, and further planned savings of £50m over the following 3 years; £104m planned savings requirement in total over the 2017-21 period.

1.53 To ensure that the longer financial position of the Council is affordable and sustainable within approved budget plans over the 2017-21 period, the Council will need to deliver in line with the Medium Term Financial Plan. This means working at pace, with support from the Council's external Transformation Business Partner. This includes strengthened corporate financial and programme governance arrangements, to monitor and review progress on the deliverability of the £54m planned savings requirement through 2017-18.

1.54 While early measures set out in the early closedown report to Cabinet on 2 May 2017 have improved the overall level of financial resilience reserves available to the Council, it is anticipated that further actions will be required during the year to ensure the Council can continue to manage within its means.

SECTION 2 – HOUSING REVENUE ACCOUNT OUTTURN 2016-17

2. Key Points

- 2.1 The Housing Revenue Account (HRA) is a statutory ring-fenced account. All income streams and costs relating to the provision of landlord services to about 23,000 Council tenancies, are wholly accounted for in a separate statutory, ring-fenced account.
- 2.3 The HRA is wholly self-financing, and as with the general fund, has to live within its means.
- 2.4 The HRA budgeted for a (£2.9m) surplus in 2016-17. The actual surplus was (£9.2m); a favourable variance of (£6.3m) against an annual turnover of (£94.5m); equivalent to (6.7%). This is summarised at Appendix B. The surplus transferred to HRA reserves at year end.
- 2.5 The most significant variance was an underspend of (£3.1m) on revenue contribution to capital expenditure. This was due to slippage on the HRA capital plan in 2016-17 which underspent by (£3.3m) overall (see also, Appendix E).
- 2.6 Other highlight variances include repair & maintenance at (£1.1m) and Other Expenditure; reduction in bad debt provision requirement at (£1.3m). Highlight variances across a range of HRA activity headings are summarised at Appendix D.
- 2.7 HRA rollover proposals from 2016-17 to 2017-18 total £2.4m and are all capital related (see also, Appendix A, Section 3, paragraph 3.6). This will be funded from the £9.2m surplus transferred to HRA reserves at year end. This then leaves a balance of uncommitted HRA surplus at £6.8m which will carry forward in HRA reserves.
- 2.8 The HRA faces a number of significant financial challenges over the medium term. In particular, the Government national social housing rent policy, now enacted through the Welfare & Work Reform Act, has meant an absolute 1% annual rent reduction from April 2016; each year for the next 4 years, for social housing rents.
- 2.9 The financial impact has been a forecast rental income loss of £10.5m per annum by 2020. Rental income accounts for 90% of total HRA income. The modelled financial impact of this has been factored into Council approved HRA budget plans over the 2017-21 period, and longer term HRA business plan forecasts.
- 2.10 The HRA business plan will be re-freshed through 2017-18, and will include consideration of the £6.8m uncommitted surplus (as per paragraph 2.7 above), as part of the overall resourcing available to fund HRA business plan medium and longer term requirements.

HRA Reserves

- 2.11 The HRA statutory ring-fence applies equally to HRA reserves. In-year surpluses or deficits at each year end transfer to HRA general reserves, which build up over time and can be drawn down to support both HRA revenue and capital resourcing requirements.
- 2.12 In addition, there is also a major repairs reserve. This is funded from the annual depreciation charge to HRA . This reserve can only be statutorily used for capital debt repayment or capital investment. The year-end HRA reserves position is summarised in Table 1 below:

Table 1 - HRA Reserves at April 2017 :

HRA Reserves	Balance as at 31 march 2016	Surplus transfer from HRA	Reserve s used to repay capital debt	Reserves used to fund capital expenditure	Balance as at 31 March 2017
	£000	£000	£000	£000	£000
General Reserves	(37,304)	(9,209)	0	0	(46,513)
Working balance	(1,500)	0	0	0	(1,500)
Risk reserves	(4,000)	0	0	0	(4,000)
Major Repairs	0	(17,224)	6,259	10,965	0
Total	(42,804)	(26,433)	6,259	10,965	(52,013)

- 2.13 Net movement in HRA general reserves during 2016-17 reflects the £9.2m year-end surplus transfer to HRA reserves.
- 2.14 HRA reserves commitments over the medium term include £4.0m set aside for business risks; in particular, with regard to a number of welfare reform changes such as universal credit, and potential transitional impact on HRA rent arrears. There is also a set aside £1.5m working balance.
- 2.15 As noted at paragraph 2.7 earlier, in total £2.4m of the £9.2m surplus transferred to reserves at year end will be used to fund HRA capital rollover proposals from 2016-17 to 2017-18. This would then leave a balance of £44.1m general reserves available to support future HRA business plan requirements.
- 2.16 Current HRA reserves strategy is largely driven by long term HRA business plan requirements; in particular the planned build-up of capital resources in earlier years, rolled forward through general reserves. This funding will then be released over the longer term in line with capital investment needs to maintain housing stock decency over the 30 year lifetime of the HRA business plan.
- 2.17 The recently enacted Housing & Planning Act 2016 includes government policy intent with regard to high value council housing assets; namely an annual levy or charge to Council HRA's, which will then be re-directed to private registered providers to compensate them for loss of housing stock

through the introduction of right to buys in this sector.

- 2.18 The indicative levy calculation for individual Councils and accompanying consultation has not been released yet by government. The current timescale is uncertain. It is anticipated that short-term, existing HRA general reserves would have to absorb any short-term cash-flow impact at the point of implementation of the levy.
- 2.19 Subject to further Government clarification on the detail and timeline of any implementation, this is acknowledged to represent a significant future budget pressure on the HRA which would need to be modelled through the HRA business plan, and the resource implications incorporated accordingly into future budget rounds.

HRA borrowing 'cap'

- 2.20 As part of HRA self-financing implementation, Government set different borrowing limits for Councils with HRA's. This Council's HRA borrowing limit was set at £247.6m as at April 2012.
- 2.21 In practice, actual HRA debt outstanding at the time was £215.6m. The difference between HRA debt outstanding and the borrowing limit is also referred to as 'borrowing headroom'; £32m in this case. Since April 2012, the Council has continued to re-pay HRA debt annually, in line with current Council treasury management policy, and as at 31 March 2017, HRA debt outstanding was **£186.2m** (see also, Appendix F), effectively increasing the HRA borrowing headroom to £61.4m.
- 2.22 While there is borrowing headroom, as with the general fund, the Council has to ascertain whether or not the HRA can "afford" to take on new borrowing, in view of the additional financing costs that HRA would have to incur. Consideration of any scope to review the current approach will be taken as part of the regular re-refresh of the HRA business plan.

Future developments

- 2.23 The annual 1% rent reduction each year for the next 4 years presents a significant financial risk to the HRA. There are also a number of other business risks potentially impacting on HRA, including the impact of universal credit on income collection, and the levy proposal noted earlier in paras 2.15 to 2.17 above. These business risks will continue to be reviewed in conjunction with the regular re-refresh of the HRA business plan in-year, to inform future budget rounds.
- 2.24 This also includes the planned delivery of significant efficiency savings over the medium term; in particular sustainable medium term savings following the merger between Building Services & the Council's Arms Length Management Organisation partner, Kirklees Neighbourhood Housing (KNH), implemented in October 2016.

SECTION 3 – CAPITAL OUTTURN 2016-17

3. Capital Outturn Summary Position

- 3.1 The Capital Plan for 2016-17 (inclusive of rolled over funds from 2015-16) was approved by Council on 29th June 2016 and totalled £102.0m. Following adjustments reported as part of Quarter 3 monitoring to Cabinet, the Capital Plan stood at £103.2m.
- 3.2 Subsequent adjustments increased the Capital Plan total to **£110.5m** by the end of the financial year. The increase in budget of £7.3m is mainly due to the £5.4m staff capitalisation with matched funding from in-year capital receipts (see also, Appendix A, Section 1, paragraph 1.44). A breakdown of budget changes can be found in Appendix E iii).
- 3.3 Actual spend at year end was £69.3m. There is a headline outturn **underspend of £41.3m** (37.3% variance compared to budget).
- 3.4 The outturn position across headline activities and highlight variances are explained at Appendix E i) and ii), along with explanations of the principal variations.

Capital Rollover Proposals

- 3.5 The General Fund underspend is £38m. Of this, £36.8m relates to slippage rather than anticipated scheme underspends. The proposal is to roll-forward this into future years. The remaining £1.2m underspend has been identified with no existing commitments. This will not be rolled forward into 2017-18.
- 3.6 The Housing Revenue Account (HRA) underspend is £3.3m. Of this, £2.4m relates to slippage and it is proposed that this also be rolled forward into future years. This includes baseline works of £500k, Estate Environmental of £1m and Strategic Priorities of £900k.
- 3.7 At this stage there is no recommendation for extra investment over and above the recommended plan for 2017-18 to 2021-22 noting that Cabinet will be updated on the Council's exposure to capital risks and pressures during the upcoming financial year.
- 3.8 The annual re-refresh of Council's multi-year budget strategies and plans will be reported to full Council in Autumn 2017, and will include a further review of the updated capital plan as part of this annual re-refresh.

Updated Capital Investment Plan 2017-22

- 3.9 The Capital Plan approved at Budget Council on 15 February for the period 2017-22 totalled £346.3m. This has been now been updated to take account capital rollover proposals totalling £38.5m. The plan has also been updated to reflect minor changes in the estimated levels of external grant funding/contributions available over the 2017-22 period. Services have also

taken the opportunity to review progress on programmes and schemes with a view to achieving a more realistic capital budget profile over the 5 year Plan period, including an appropriate profiling of capital rollover proposals over the period.

- 3.10 The revised Capital Investment Plan for the period 2017-22 totals £362.1m. The Plan is summarised at Table 1 below (see Appendix G i) – G iii)) for detail, including capital resourcing detail).

Table 1 - Overall Expenditure Summary 2017-18 to 2021-22

	17-18 £000	18-19 £000	19-20 £000	20-21 £000	21-22 £000	Total £000
Strategic Priorities	33,343	25,987	22,409	5,343	545	87,627
Baseline	53,935	28,422	26,125	25,398	22,060	155,940
One-Off Initiatives	95	0	0	0	0	95
Risks & Pressures	2,500	2,500	2,500	2,500	2,500	12,500
Total General Fund	89,873	56,909	51,034	33,241	25,105	256,162
HRA	20,022	23,020	18,172	17,646	27,105	105,965
Council Total	109,895	79,929	69,206	50,887	52,210	362,127

- 3.11 In addition to capital rollover, other key revisions to the 5 year Plan include the proposed reduction by £1m of uncommitted borrowing from Risks & Pressures from 2017-18 onwards, the reduction of £165k from the Powerhouse scheme within Strategic Priorities in 2017-18, and the reduction of £662k in relation to Huddersfield Leisure Centre, which is no longer required in 2017-18. Also, £1m rollover is not required for the Councils short term loan facility to Kirklees College, since the maximum £6m loan facility (approved by Cabinet 23rd August 2016) was already built into the February Budget Capital Plan.
- 3.12 The above proposals total £2.8m and were all funded by borrowing. Their removal from the capital plan would generate additional treasury management revenue savings of £189k per annum from 2017-18 onwards.
- 3.13 Cabinet approval was given on 20 September 2016 to fund a further £4m loan advance to Kirklees Stadium Development Ltd from the Risks and Pressures line, in addition to the £9m loan previously approved. The plan for the HD-One scheme within Strategic Priorities has been updated to £13m overall to fund the loan on a commercial basis which is secured against specific developments.
- 3.14 The main Strategic Priority schemes funded by borrowing (Huddersfield Town Centre Action Plan, Dewsbury Town Centre Action Plan, European Grant Funding Opportunities and Spenborough Sports Facility) have been reviewed to ensure the capital budget profiles across years remain realistic. Overall borrowing requirements (including rollover) remain unchanged.
- 3.15 Strategic Priorities Programme includes funding allocated (mandated) from the Combined Authority to the Council, to fund early feasibility work on West Yorkshire Transport Fund (WYTF) strategic priorities. The updated plan reflects existing mandates rolled forward from 2016-17. No further mandates

have yet been agreed for 2017-18, however the plan will be updated to reflect new mandates throughout the new financial year.

3.16 The Department for Education has confirmed the education basic need grant allocations for the 2017-20 period. Years 4 and 5 assume a continuation of the new year 3 allocation. Overall there has been a significant funding reduction over the 5 years from £30.4m to £17.5m; an overall reduction of £12.9m over the period compared to previous estimates. This reduction has entirely fallen on the New Pupil Places Programme within Strategic Priorities.

3.17 Other changes incorporated into the Plan, affecting Baseline plans, relate to:

- i) The Disabled Facilities Fund which is part of the Better Care Fund can only be used for the specific purpose of providing adaptations for disabled people who qualify under the scheme. A grant allocation of £2.7m, an increase of £0.2m, for 2017-18 was announced on 20th April 2017 and is built into the Housing Private capital plan.
- ii) Cabinet approval (20 September 2016) was given for £150k of Better Care Fund grant to be allocated to the Adults Capital Plan pending the firming up of capital spend proposals from the service.
- iii) Government announced on 4th March 2017 an un-ringfenced grant “to support local authorities to make capital investments in provision for pupils with special educational needs and disabilities. Local authorities can invest in new places and improvements to facilities for pupils with education, health and care (EHC) plans in mainstream and special schools, nurseries, colleges and other provision.” Kirklees allocation is £352k each year for the next 3 years and has been included within the Children and Young Peoples Baseline capital plan.
- iv) The Department for Education announced in March 2017 that the level of Capital Maintenance grant for 2017-18 will be £3.7m (a reduction of £57k compared to the previous assumption of £3.6m).
- v) a net increase in external grant funding (£905k) for Highways in 2017-18.

Prudential Indicators

3.18 The overall capital resourcing of the updated 2017-22 capital plan is set out in more detail at Appendix G iii). This includes borrowing over the 2017-22 period totalling £115.4m; equivalent to 31.2% of total capital funding of £362.1m over the period.

3.19 The Council is able to undertake borrowing without central government approval under a code of practice called the Prudential Code. This requires prudential indicators (indicators/limits which help manage the Council's borrowing and treasury management activities) to be set as part of the budgeting process, monitored through the year and reported at outturn.

3.20 Appendix F provides a schedule of the prudential indicators applicable to affordability and prudence which have been reported as part of capital

monitoring in 2016-17. Indicators applicable to treasury management are reported in the Annual Report on Treasury Management.

- 3.21 The impact on the prudential indicators from the adoption of the proposed updated 5 Year Capital Plan 2017-22 including rollover has a minimal impact due to actively using short term borrowing which has low interest rates. This therefore has a low impact on debt charges.
- 3.22 The proportion of the revenue budget absorbed by repaying debt and interest is a matter of local decision. However, as borrowing grows as a proportion of the revenue budget, the Council's ability to provide day to day services is restricted as repayment of debt is a first call on the Council's finances.

SECTION 4 – TREASURY MANAGEMENT

4. Borrowing and Investment Strategy 2016/17

- 4.1 With the continuation of instabilities in the financial markets and fragility of economic activity, the over-riding policy was one of ensuring the security of the Council's balances. The Council chose to invest externally balances of around £30 million, largely for the purpose of managing day-to-day cash flow requirements, with any remaining balances invested "internally", offsetting borrowing requirements. The investment strategy was designed to minimise risk, investments being made primarily in instant access accounts or short-term deposits, with the major British owned banks and building societies, or Money Market Funds.
- 4.2 It was expected that the Council's external borrowing would increase by up to £30 million, arising mainly from the need to replace balances used. With short-term rates forecast to stay low over the next three years, it is proposed that new borrowing be kept to relatively short periods (up to 10 years).

The economy and interest rates

- 4.3 Politically, 2016/17 was an extraordinary twelve months which defied expectations when the UK voted to leave the EU and Donald Trump became President of the USA. Uncertainty arising from these outcomes and the slowdown of the Chinese economy in early 2016 all resulted in significant market volatility during the year.
- 4.4 The referendum result caused a sharp fall in the Sterling exchange rate and initial falls in interest rates and equity prices. Higher import prices, together with higher energy prices, resulted in CPI rising to 2.3% year/year in March 2017. Repercussions on economic growth were judged by the Bank of England to be sufficiently severe to prompt a cut in Base Rate to 0.25% in August and embark on further gilt and corporate bond purchases. Despite growth forecasts being downgraded, economic activity was fairly buoyant and the labour market also proved resilient. The UK's sovereignty rating was downgraded to AA by two of credit rating agency.
- 4.5 At the beginning of each quarter, interest rates for the UK were as follows:

		<u>Base rate</u>	<u>50 year PWLB (maturity)*</u>
2016	Apr	0.50%	2.95%
	Jul	0.50%	2.17%
	Oct	0.25%	2.17%
	Jan	0.25%	2.50%
2017	Apr	0.25%	2.34%

*Includes the 0.20% discount that the Council can access as part of the "certainty rate" scheme.

Investment activity

- 4.6 The Council's treasury management investments totalled £31.3 million as at 31 March 2017 (£38.3 million 31 March 2016). The Council invested an average balance of £41.8 million externally during the year (£59.0 million 2015/16). Income of £0.153 million was generated through these investments (£0.264 million 2015/16). Appendix H shows where investments were held at the beginning of April, the end of September and the end of March, by counterparty, by sector and by country. The Council's average lending rate for the year was 0.37% (0.45% 2015/16), being above the weighted average 7 day London Interbank borrowing rate of 0.33%. The fall in rates between the years reflects the Base Rate cut in August.
- 4.7 The majority of investments were placed in instant access bank deposit accounts/Money Market Funds (MMFs). MMFs offer greater diversification of counterparties and thus lower risk, as well as instant access and relatively good returns.
- 4.8 At the end of November, the Bank of England released the results of its latest stress tests on the seven largest UK banks and building societies (Barclays, HSBC, Lloyds/Bank of Scotland, Santander UK, HSBC, RBS/NatWest and Nationwide BS). The 2016 stress tests were more challenging and designed under a new Bank of England framework, which tested the banks' resilience. No banks failed the test, but Royal Bank of Scotland, Barclays and Standard Chartered Bank were found to be the weakest performers. It should be noted that the tests were based on banks financials as at 31 December 2015 (11 months out of date), but our advisors, Arlingclose, regularly undertake analysis of relevant ratios in order to keep its clients informed of current bank creditworthiness.

Borrowing requirement and debt management

- 4.9 In terms of borrowing, long-term loans at the end of the year totalled £400.5 million and short-term loans (excluding interest accrued) £37.7 million (£408.4 million and £16.0 million 31 March 2016), an overall increase of £13.8 million. The only new long-term borrowing in the year was an interest free loan for £109k from West York Combined Authority, linked to a housing development scheme being undertaken by the Council. Appendix I details repayments of long-term loans during the year and short-term loans outstanding as at 31 March 2017.

	Actual £m
Decrease in Capital Financing Requirement excluding PFI	-4.7
Decrease in net balances	17.8
Increase in external borrowing and deferred liabilities	13.1

The Capital Financing Requirement (CFR) is the authority's underlying need to borrow for a capital purpose.

- 4.10 Fixed rate loans account for 82.5% of total long-term debt giving the Council stability in its interest costs. The maturity profile for fixed rate long-term loans is shown in Appendix J and shows that no more than 11% of fixed rate debt is due to be repaid in any one year. This is good practice as it reduces the Council's exposure to a substantial borrowing requirement in future years when interest rates might be at a relatively high level.
- 4.11 The primary source of the Council's borrowing is from the Government ie Public Works Loan Board (PWLB). In January 2015, DCLG announced that the PWLB would be abolished. It is likely that Treasury will take over the PWLB's responsibilities and lending arrangements will remain unaffected.
- 4.12 In June 2016, the Council received deed polls from Barclays Bank stating that it would not exercise its options to increase interest rates on £30 million of LOBO (Lender's Option, Borrower's Option) loans held by the Council. This effectively makes the loans fixed rate maturity loans. The interest rates on these loans range from 3.81% to 4.10%. This effectively brings the total of LOBO loans down to £76.6 million which represents 17.5% of total external borrowing. LOBO loans are when the lender has the option to propose an increase in the interest rate at set dates, following which the Council has the option to either accept the new rate or to repay the loan at no additional cost. No options were exercised during the year.
- 4.13 The Local Capital Finance Company was established in 2014 by the Local Government Association as an alternative source of local authority finance. It plans to issue bonds on the capital markets and lend the proceeds to local authorities. It has yet to issue any loans but officers will continue to monitor developments of this potential new funding source.
- 4.14 In terms of debt rescheduling, the premium charge for early repayment of PWLB debt remained relatively expensive for the loans in the Council's portfolio and therefore unattractive for debt rescheduling activity.
- 4.15 The average borrowing rate for 2016/17 was 4.78% (4.95% 2015/16).

Trends in treasury management activity

- 4.16 Appendix K shows the Council's borrowing and investment trends over the last 9 years. The analysis shows that at the onset of the "Credit Crunch" (2008), the Council was externally investing over £100 million, with average investment rates over 5%. From 2009/10 onwards as the banking crisis grew worse and investment rates fell, the Council adopted a policy of holding external investments for cash flow purposes only, initially at around £50 million and then further reduced to £30 million. Any further balances have effectively been "invested internally" to offset new borrowing requirements. For the first time in six years, the net debt position increased as the Council began to use its balances to support budget pressures.

- 4.17 The Capital Financing Requirement (CFR) for General Fund and HRA is currently £412.8 million and £186.2 million respectively. It is funded by external borrowing and balances internally invested.

Revenue Budget Monitoring

- 4.18 The outturn showed an under-spend of £11.6 million on a net spend of £23.6 million. The under-spend arose largely from the policy on debt repayment being modified (£8.0 million) and the decision to replace service revenue contributions to fund capital with borrowing (£1.8 million). There was member approval to transfer the cash benefit from these 2 measures, to strengthen available risk reserves at year end (see also, Appendix A Section 1, paragraphs 1.22 to 1.23).

Risk and Compliance Issues

- 4.19 The Council can confirm that it has complied with its prudential indicators for 2016/17, which were approved as part of the Treasury Management Strategy. Details can be found in Appendix L. Indicators relating to affordability and prudence are reported at Appendix A, Section 3 ,paragraphs 3.18 to 3.22).
- 4.20 On two occasions (June and September 2016) when the Council has received unexpected monies late in the day, officers have had no alternative but to put the monies into the Barclays Business Reserve Account overnight. This led to a marginal breach of the investment limit on Barclays on each occasion (£553k and £733k), mainly because the Council was also investing with Barclays at the time, taking advantage of a preferential rate offered as a new current account customer. The offer ended in October and the Council has not invested with Barclays since then.
- 4.21 In addition at the end of April 2016, a Barclays' software problem prevented the Council from transmitting funds to other counterparty deposit accounts. This caused the Council to have £11 million in excess of its own investment limit with Barclays over the weekend. The Council was compensated by Barclays for any loss of interest and the problem has not re-occurred.
- 4.22 In line with the strategy, the Council has not placed any direct investments in companies as defined by the Carbon Underground 200.
- 4.23 The Council is aware of the risks of passive management of the treasury portfolio and, with the support of the Council's consultants (Arlingclose), has proactively managed the debt and investments over the year.
- 4.24 The CIPFA Code of Practice requires that treasury management performance be subject to regular member scrutiny. The Corporate Governance and Audit Committee performs this role and members have received reports on strategy, half yearly monitoring and now the outturn for the year 2016/17. Training was provided to Members in March 2015 and consideration should be given to requesting Arlingclose to provide a refresh in the summer.

REVENUE OUTTURN 2016-17

APPENDIX B

General Fund	Net Controllable Budget	Funding transfer from (+) / to (-) reserves	Total Resources available	Revenue Outturn	Variance	Variance
	£000s	£000	£000	£000s	£000s	%
Children & Young People	57,959	9,540	67,499	80,984	13,485	20.0%
Commissioning, Public Health & Adults	84,217	648	84,865	91,193	6,328	7.5%
Place	33,489	606	34,095	31,375	(2,720)	(8.0%)
Resources	36,631	518	37,149	34,211	(2,938)	(7.9%)
Communities, Transformation & Change	5,299	272	5,571	5,101	(470)	(8.4%)
Economic Resilience	10,929	1,118	12,047	8,627	(3,420)	(28.4%)
Early Intervention & Prevention	25,382	-	25,382	21,627	(3,755)	(14.8%)
Directorate Totals	253,906	12,702	266,608	273,118	6,510	2.4%
Central Budgets	55,832	(11,848)	43,984	40,809	(3,175)	(7.2%)
District Committee managed budgets	1,098	-	1,098	454	(644)	(58.7%)
Grand Total	310,836	854	311,690	314,381	2,691	0.8%

APPENDIX B (continued)

Housing Revenue Account	Net Controllable Budget	Revenue Outturn	Variance	Variance
	£000s	£000s	£000s	%
Repair & Maintenance	22,377	21,239	(1,138)	(5.1)
Housing Management	32,474	31,785	(689)	(2.1)
Other Expenditure	28,856	27,480	(1,376)	(4.8)
Total operating expenditure	83,707	80,504	(3,203)	(3.8)
Rent Income	(82,639)	(82,791)	(152)	0.2
Other income	(11,839)	(11,745)	94	-0.8
Total operating income	(94,478)	(94,536)	(58)	nil
Revenue contribution to capital expenditure	7,919	4,823	(3,096)	(39.0)
Net surplus (-) /deficit (+)	(2,852)	(9,209)	(6,357)	(30.2)
Planned Transfer to HRA Reserves	2,852	9,209	6,357	-
Net Surplus (-) / deficit (+)	0	0	0	-

APPENDIX C

GENERAL FUND RESERVES & BALANCES	Reserves at 1 April 2016	Reserves supporting 2016-17 MTFP	in-year movements (Council approval Feb/July 2017)	Planned use of reserves in-year	Early closedown review - Cabinet Report May 2017	Year end transfer to General Reserves - Council overspend	Reserves at 1 April 2017	Reserves supporting 2017-18 MTFP	Remaining reserves at April 2017
	£000	£000	£000	£000	£000	£000	£000	£000	£000
STATUTORY (SCHOOL) RESERVES									
Earmarked Reserves - School Balances	(13,492)	-	-	3,960	-	-	(9,532)	-	(9,532)
Earmarked Reserves - Dedicated Schools Grant	(6,408)	-	-	4,088	-	-	(2,320)	-	(2,320)
Statutory (School) Reserves Total	(19,900)	-	-	8,048	-	-	(11,852)	-	(11,852)
EARMARKED (OTHER)									
Prepayments (PFI)	(3,148)	-	-	(167)	-	-	(3,315)	-	(3,315)
Joint Adults Social Care / Health	(7,964)	-	-	227	34	-	(7,703)	7,700	(3)
Workforce Restructure	(10,910)	-	300	119	5,400	-	(5,091)	-	(5,091)
Insurance (Municipal Mutual Insurance)	-	-	-	-	(1,900)	-	(1,900)	-	(1,900)
Revenue Grants / Contributions	(15,038)	1,221	-	1,825	1,155	-	(10,837)	-	(10,837)
Revenue Rollover	(9,752)	397	3,307	1,543	499	-	(4,006)	-	(4,006)
Business Rates Reserve	(3,714)	3,145	-	56	512	-	(1)	-	(1)
New Council Transformation	(4,000)	-	(1,433)	489	-	-	(4,944)	-	(4,944)
Other Earmarked Reserves	(2,790)	-	-	401	692	-	(1,697)	-	(1,697)
Earmarked Reserves (Other) Total	(57,316)	4,763	2,174	4,493	6,392	-	(39,494)	7,700	(31,794)
EARMARKED - RISK	(9,968)	-	(8,000)	-	(10,078)	-	(28,046)	-	(28,046)
UNALLOCATED BALANCES	(25,972)	15,037	(2,174)	-	(300)	2,691	(10,718)	8,485	(2,233) *
Financial Resilience Reserves Total	(35,940)	15,037	(10,174)	-	(10,378)	2,691	(38,764)	8,485	(30,279)
All Reserves & Balances	(113,156)	19,800	(8,000)	12,541	(3,986)	2,691	(90,110)	16,185	(73,925)

* Includes £5m minimum balances requirement

General Fund Outturn highlight variances

APPENDIX D

Directorate	Activity	Highlight Variances £000	Additional comments on highlight variances
Children & Young People	Safeguarding & family support; demand led activity	+6,745	(Underlying overspend +3,570k in 2015-16). Includes internal/external fostering +2,827k, external placements +2,026k, leaving care supported accommodation +946k, Special guardianship/child arrangement orders +785k
	Safeguarding & family support	+5,982	Mainly net cost of additional agency staffing costs at + 5,243k due to Interim Service Management arrangements
	Safeguarding Assurance	+1,085	Mainly due to Medium Term Financial Plan savings not achieved +£195k , Agency costs +£786k, and unfunded posts +£134k.
	Learning & Skills	(577)	Includes specialist learning support -£223k, savings on employee budgets; savings across a range of support services provided to Partnership Service activity at -£290k
	Disabled Children's Service	+200	Mainly pressure on direct payments +£342k & +£158k Agency staffing, offset by drawdown from Kirklees Integrated Community Equipment Store pooled reserves (£327k)
	Child Sexual Exploitation Team	+369	Additional costs arising from Child Sexual Exploitation unfunded to be met from reserves

Directorate	Activity	Highlight Variances £000	Additional comments on highlight variances
	Safeguarding & family support; Legal Costs	+474	Pressure on legal disbursements
Commissioning, Public Health & Adults	Placement equivalent demand	+5,453	(Underlying overspend £1,700k in 2015-16) ; Older People (£0.3m), Physical disabilities +£0.7m, Learning disabilities +£4.2m and Mental health +£0.9m,. In addition there has been £2m Better Care Funding already allocated to placement equivalents from 16/17 monies for supporting social care.
	(Older People) In-house residential	+538	Net employee overspends ; largely agency costs arising from sickness/vacancy cover.
	Best Partnering	+953	Deferral of assumed budget savings from joint review of commissioned activity currently directly provided by Adults.
	Re-ablement	+304	Budget savings not made in full
	Commissioning	(800)	Includes Contracted Services including extra care housing (£172k), savings in other contracted services (£414k), reduced Kirklees Integrated Community Equipment Store contribution (£361k); part offset by Deprivation of Liberty Safeguarding - External Assessors to meet demand +£366k

Directorate	Activity	Highlight Variances £000	Additional comments on highlight variances
	Public Health	+224	Mainly savings on Substance Misuse, Smoking and Sexual Health (£778k), Healthy Child programme (£146k), Weight Management Resources +£34k, Health Checks (£208k), Health Protection (£109k), staff savings (£347k) and other PH savings (£238k) to offset the public health grant reduction of £2,016k in 2016-17.
Place	Waste Services	+1,176	Exceptional costs relating to site environmental clean-up (Hunters) at +£1,129k, Waste disposal volumes (tonnages) at +£151k . Delayed implementation of budget savings at +£501k ;partly offset by other savings in- year across a range of activity at (£605k)
	Driver Training	(866)	Higher than anticipated referral numbers across the region for driver training
	Policy, Strategy & Commissioning	(471)	Early delivery of 2017-18 planned savings.
	Transport	(233)	Mainly sales (£247k) favourable
	Strategic Housing	(219)	Includes underspends on employees (£46k), reduced costs on stair-lift requirement at (£41k) and minor underspends across a range of other activity totalling (£80k)
	Markets	+200	Income target shortfall +£332k partly offset by savings across various cost headings (£132k)

Directorate	Activity	Highlight Variances £000	Additional comments on highlight variances
	Schools Transport	+1,148	Mainly relates to volume pressures on Home to School Transport at (£1,067k)
	Schools Facilities Management	(1,544)	In the main, relates to Catering surplus (£1,193k) due to increased efficiency on labour and food costs of supplying Universal Free School Meals; Cleaning surplus of (£330k)
	Corporate Landlord	(1,354)	Capacity created to fund transformational type works e.g. asset transfers, reduced number of buildings and lower facilities management spend
Resources	Customer & Exchequer services	(1,758)	Mainly due to Library & Information Centres savings in advance (£1,071k), Welfare & Complimentary Benefits employee savings (£327k), and additional Benefit Subsidy Grant of -£454k
	Support for Council as Democratic Org	(356)	Includes Councillor allowances at -177k and Governance services - 80k;
	Looking Local	+248	Operates as a traded activity; reflects net income shortfall in-year against traded activity
	Corporate & Democratic Core	(257)	Mainly savings on annual Council subscriptions /external audit fees.

Directorate	Activity	Highlight Variances £000	Additional comments on highlight variances
	Information Technology	(505)	Release of budgets set aside for Transformation projects to help mitigate other Council pressures.
Communities, Transformation & Change	All Service activity	-	No key variances at Outturn
Cross-Directorate Themes	Economic Resilience	(3,420)	Mainly (£3,593k) underspend on add back budgets partially offset by slippage in delivery of achieving current year budget savings in the Integrated Community Safety Hub model
	Early Intervention & Prevention	(3,755)	Includes underspend on add-back budgets at (£2,475k), plus Early Intervention & Targeted Support savings made early at (£2,285k) and other vacancy management totalling (£958k) pending wider service review, plus Community grants budget savings in advance (£756k) ; partly offset by overspend on Supporting People activity of +2,922k
Central Budgets	Treasury Management	(1,876)	Mainly due to reduced borrowing cost; capital rollover from 2015-16 to 2016-17 being less than had been anticipated when budgets were set.
	Contingencies	(1,389)	Includes Contingency and energy inflation not required at (£1,104k), savings on carbon reduction commitment budget at (£500k), and insurance fund surplus of (£1.7m). The variance here takes account of the year end transfer of £1.9m to Council earmarked reserves in respect of the Council's share of

Directorate	Activity	Highlight Variances £000	Additional comments on highlight variances
			potential future payments due to Municipal Mutual Insurance (MMI) under a scheme of arrangement between MMI and its creditors
	Joint Committees	(213)	Mainly relates to saving on the annual Integrated Transport Authority levy payment to the Combined Authority
Ring-fenced Corporate Budgets	District Committee managed budgets	(644)	Largely reflects deferred spend commitments against budgeted Activity

APPENDIX D (continued)

Housing Revenue Account (HRA) revenue outturn 2016-17 ; highlight variances

Directorate	Activity	Variance £000	Additional comments on variances
HRA	Repairs & Maintenance	(1,138)	Mainly reflects year end trading surplus transfer from building services to HRA at (£888k), contingency budget not required (£300k), empty homes theme at (£80k) , re-chargeable repairs reduced costs at (£280k), and unplanned works at (£191k) ; partly offset by Responsive theme +£458k and Planned works +138k
	Housing Management	(689)	Includes reduced costs for Excellent Homes for Life PFI at (£290k), deferred development costs on new build at (£221k) and reduced cost of communal lighting at (£131k)
	Other Expenditure	(1,376)	Mainly due to reduced bad debt provision - delayed implementation of Universal credit (£1,337k)
	Income	(58)	Includes dwellings rent Income at (£152k), Service charges at (£135k); part offset by ;part offset by reduced rechargeable repairs income at £280k
	Revenue Contribution to capital expenditure	(3,096)	Reduced funding requirement due slippage on capital plan expenditure in-year

CAPITAL PLAN 2016/17 OUTTURN – SUMMARY

APPENDIX E i)

Capital Plan	Revised Budget	Outturn	Variance	Variance
	£'000	£'000	£'000	%
Strategic Priorities Total	25,134	10,926	(14,208)	(56.5)
Baseline				
Childrens & Young People	10,706	5,946	(4,760)	(44.4)
Adults	500	20	(480)	(96.0)
Place	39,279	27,774	(11,505)	(29.3)
Communities, Transformation & Change	1,424	176	(1,248)	(87.6)
Resources	1,633	1,484	(149)	(9.1)
Leeds City Region Revolving Fund	1,874	1,324	(550)	(29.3)
Baseline Total	55,416	36,724	(18,692)	(33.7)
One-Off Initiatives	5,501	5,406	(95)	(1.7)
Risks & Pressures	5,000	0	(5,000)	(100.0)
General Fund Total	91,051	53,056	(37,995)	(41.7)
HRA	19,478	16,210	(3,268)	(16.8)
Overall Total	110,529	69,266	(41,263)	(37.3)

Strategic Priorities Capital Plan	Highlight Variance	Comments on Highlight Variances
	£'000	
New Pupil Places in Primary Schools	(8,140)	Slippage to the start on site date at Beaumont Academy has meant that only enabling works will go ahead this financial year and the New North primary school will not start on site until 2017/18. Any underspend in funding on Strategic Priorities will be required to rollover to 2017-18 to enable the rolling programme on schools to be delivered as part of the Schools Investment Needs Strategy.
Spensborough Sport Facility	(619)	Expenditure in 2016/17 was for feasibility only.
Huddersfield Sport Centre	(712)	Final retention payment agreed was less than the estimated figure after the gain share was determined on the contract. £50k rollover required for outstanding commitments & fee element
Kirklees College Loan	(1,000)	The College has not fully utilised the short term loan facility this year
Local Growth Fund	(644)	There have been some delays encountered compared to the original timetable, as is common with large and complicated housing developments. However, as the project is now due to start delivery, all the resource identified is still required, and should be rolled forward to allow for successful implementation.
Pioneer House	(1,070)	The project has not spent/committed expenditure at the rate anticipated during 2016/17 but will progress fairly quickly in 2017/18 and the expenditure is required to continue with these project.
Strategic Priorities Total	(12,185)	

Baseline Capital Plan	Highlight Variance	Comments on Highlight Variances
	£'000	
Childrens		
Basic Need	(842)	The 2016-17 Basic Need Programme was approved at the 8th March 2016 Cabinet. Any underspend in funding will be required to rollover to 2017-18 to enable the rolling programme to be delivered and borrowing on DCYP Strategic Priorities to be reduced
Capital Maintenance	(1,137)	The underspend on 16/17 budget is largely due to the masterplan for essential works at Woodley School being determined. Underspends in other areas will help mitigate against the reduction in grant funding for 2017/18.
One-off Initiatives	(2,536)	Some contributions not received from developers. Majority of funds remain unallocated either whilst discussions occur to identify schools to benefit or funds held pending emergence of new Investment Need Strategy. Contingency amounts for outstanding commitments on disputed final accounts and internal charges not accrued for. Any potential underspend will be used to mitigate against the reduction in Basic Need funding in future years. Required for match funding on Early Years Capital successful bid for '30 hours free childcare' Scheme will be committed by year end
Childrens Total	(4,515)	
Place		
Housing (Private)	(1,493)	Includes Section 106 budget of £969k for which there are no schemes ongoing, Demolition at Wakefield Road budget of £176k awaiting a CPO and Capital Allowances budget of £193k which is to be spent on future Large Housing Schemes work
Highways	(2,413)	There are four causes of underspend in the Higways Capital Plan: (i) Works ongoing and not complete at the financial year end £650k which include road surfacing at Town Street and Whitehead Lane, Streetlighting programme, VMS signs and the flood management programme (ii) Specific funded works programmes re-profiled for construction in 17/18 £480k which include retaining walls through the Challenge Fund and car parks through RCCO (iii) Scheme delays through external influences £740k which include permissions for unadopted road works, Springwood car park approvals, Scrutiny review of Hudds Town Centre Access and Connectivity Project to influence completion of Hudds TC works and Hudds TC Cycle Infrastructure through CCAG2 (iv) Safer Roads £540k.
		The projects have not spent/committed expenditure at the rate anticipated during 2016/17 but the projects will continue in

Economic Delivery	(2,184)	2017/18 and the expenditure is required to continue with these projects.
Corporate Landlord Asset Investment	(998)	Includes £377k schemes slipped in year and/or late additions but not yet committed, responding to changing priorities and £586k schemes on site and/or committed but not yet complete.
Asset Strategy	(2,505)	In the late 2016 the Strategic Assets programme was re-profiled to reflect a number of strategic corporate priorities and the changing pace for moves toward New Council. This took into account a number of logistical issues in the availability of sites and resources to achieve the original programme. Accordingly, a number of schemes were revised to start in 2017/18. These decisions had an impact on the subsequent programming of 6 larger schemes (circa £2.1m) and RCCO contributions (£450k) to the Strategic Assets programme which were added late in the year. The majority are schemes which have been carried forward as work in progress and are due to complete on May and June 2017
Place Total	(9,593)	
KAL Self-Funded	(899)	KAL have underspend in 2016/17 while developing business plans for schemes at two sites. Total cost of the two schemes will be around £3m; KAL have requested that rollover is carried forward to enable these schemes to progress.
CTC Total	(899)	
Baseline Total	(15,007)	
Risks & Pressures Total	(5,000)	Cabinet Approval given on 20.9.16 to fund the loan advance to Kirklees Stadium Development Ltd from the Risks & Pressures line. The commitment against these resources is anticipated to fall into future years.

HRA Capital Plan	Highlight Variance	Comments on Highlight Variances
	£'000	
Baseline	(1,012)	Member led budget
Strategic Priorities	(1,800)	This variance is the sum of two projects individual variances. One project was delayed, with further options to be considered during 17/18, this resulted in a variance of (£800K). With regards to the other project, the rollover was not required, resulting in a variance of (£1,000K)
HRA Total	(2,812)	

**BREAKDOWN OF CAPITAL BUDGET CHANGES
(SINCE QUARTER 3 MONITORING)**

	£'000	£'000
Quarter 3 Budget		103,175
Revenue contributions to Capital**		
Asset Utilisation – Headlands Depot	200	
Asset Utilisation - Depot Rationalisation	250	
Highways – Multi Storey works	100	
Children’s Social Care IT system	133	
Individual schemes less than £100k (Director delegated authority)	<u>257</u>	940
Additional External Funding :		
Highways – West Yorkshire transport Fund	380	
Highways – Environment Agency Flood Mngt	269	
Economic Delivery – Dewsbury THI	110	
East Brierley Loan	175	
Individual schemes Less than £100k (director delegated authority)	<u>81</u>	1,015
Revised Budget		<u>105,130</u>
Capitalisation of staff voluntary severance (funded by “in-year” generated capital receipts)		5,400
FINAL REVISED BUDGET		<u>110,530</u>

***borrowing subsequently used to fund capital instead of revenue contributions, as per member approval; early closedown report 2016-17 to Cabinet on 2 May*

APPENDIX F

PRUDENTIAL INDICATORS ACTUALS 2016/17

Capital Expenditure, Capital Financing Requirement and External Debt

The table below draws together the main elements of Capital Plan expenditure and financing arrangements. The table also shows the Capital Financing Requirement (CFR), which is the Council's underlying external indebtedness for a capital purpose, compared with the expected borrowing position.

	2015/16	2016/17	
	Actual £000s	Estimate* £000s	Actual £000s
Capital Expenditure			
General Fund	50,796	72,141	53,056
HRA	22,655	19,478	16,210
Sub-total (excl. PFI)	73,451	91,619	69,266
General Fund - PFI	1,539	0	1,392
HRA – PFI	151	173	174
Total	75,141	91,792	70,832
Financed by -			
Borrowing	11,264	26,697	17,092
PFI	1,690	173	1,566
Other	62,187	64,922	52,174
Total	75,141	91,792	70,832
CFR as at 31 March			
General Fund excl PFI	411,332	413,930	412,844
General Fund PFI	58,058	55,473	55,474
HRA excl PFI	192,440	186,181	186,181
HRA PFI	58,910	56,824	56,824
Total CFR	720,740	712,408	711,323
External debt as at 31 March			
Borrowing (excl interest accrued)	424,418	451,216	438,208
Other LT Liabilities	121,360	116,718	116,553
Total debt	545,778	567,934	554,761

*The PI estimates include an allowance for anticipated slippage of capital expenditure during the year.

The difference between the CFR and total debt reflects the amount of internal balances that are being “borrowed” to finance capital indebtedness.

Limits to Borrowing Activity

The first key control over the Council's borrowing activity is a Prudential Indicator to ensure that over the medium term, net borrowing will only be for a capital purpose. Net external borrowing should not, except in the short-term, exceed the total CFR. This allows some flexibility for limited early borrowing for future years. As can be seen from the table above, the Council kept its total debt within the CFR and this has also been the case in previous years.

A further two Prudential Indicators control overall level of borrowing. These are the Authorised Limit and the Operational Boundary. The Authorised Limit represents the limit beyond which borrowing is prohibited. It reflects the level of borrowing which, while not desired, could be afforded in the short-term, but is not sustainable. It is the expected maximum borrowing need with some headroom for unexpected movements. This is the statutory limit determined under section 3(1) of the Local Government Act 2003.

The Operational Boundary is based on the probable external debt during the course of the year. It is not a limit and actual borrowing could vary around this boundary for short times during this year.

	2015/16	2016/17	
	Actual (max) £m	Limits/ Boundary £m	Actual (max) £m
<u>Authorised limit for external debt</u>			
Borrowing	443.7	554.6	438.2
Other Long Term Liabilities	126.3	121.4	121.4
Total	570.0	676.0	559.6
<u>Operational boundary for external debt</u>			
Borrowing	443.7	505.2	438.2
Other Long Term Liabilities	126.3	121.4	121.4
Total	570.0	626.6	559.6

The Council was well within its Authorised limit and Operational Boundary for the year.

There is also a limit on HRA indebtedness set by the Department for Communities and Local Government under the recent HRA self-financing reform. The limit is set at £247.6 million for the HRA CFR, excluding PFI liabilities. The actual HRA CFR excluding PFI liabilities as at 31 March 2016 is £186.2 million which is well within the limit.

Affordability Prudential Indicators

Ratio of financing costs to net revenue stream

This indicator identifies the cost of capital (borrowing costs net of investment income) against the net revenue stream. The net revenue stream for General Fund is defined as the amount to be met from unringfenced government grants and local taxpayers, and for HRA it refers to the total HRA income (rent, other income and grant).

	2015/16	2016/17	
	Actual	Estimate	Actual
<u>Ratio of financing costs to net revenue stream</u>			
General Fund	12.65%	12.70%	10.00%
General Fund excl PFI	10.61%	10.70%	7.91%
HRA	30.89%	30.22%	32.07%
HRA excl PFI	28.51%	27.93%	30.07%

The actual for General Fund for 2016/17 was less than estimated largely due to the Council's decision to change its policy for the repayment of debt (MRP), thus resulting in a much lower charge for 2016/17. The PIs have increased for HRA because of an increased depreciation charge for council dwellings.

BASELINE CAPITAL PLAN	Funding	2017/18 Budget £'000	2018/19 Budget £'000	2019/20 Budget £'000	2020/21 Budget £'000	2021/22 Budget £'000	Total Budget £'000
Learning & Early Support							
Basic Need	G	1,742	500	500	500	500	3,742
Capital Maintenance	G	4,880	3,600	3,400	3,200	3,000	18,080
Devolved Formula Capital	G	1,246	950	900	850	800	4,746
One-Off Initiatives	S106	2,322	352	352	352	0	3,378
Learning & Early Support Total		10,190	5,402	5,152	4,902	4,300	29,946
Adults Social Care Operation	G	1,190	0	0	0	0	1,190
Economy Regeneration & Culture							
Housing Private Sector							
Disabled Facilities Grants	B/G/R	2,877	2,600	2,600	2,600	2,600	13,277
Discretionary Assistance	R	183	100	100	100	100	583
Minor Adaptations	R	326	290	290	290	290	1,486
Other	G/R	2,100	0	0	428	0	2,528
		5,486	2,990	2,990	3,418	2,990	17,874
Economic Resilience	B	3,084	900	900	900	900	6,684
KAL - Self Funded	B*	2,266	1,059	617	617	617	5,176
Economy Regeneration & Culture Total		10,836	4,949	4,507	4,935	4,507	29,734
Commercial Regulatory & Operational Services							
Highways							
<i>Maintenance :</i>							
Principal Roads	G	2,613	2,600	2,600	2,600	2,600	13,013
Roads Connecting Communities	G	2,100	1,574	1,369	1,164	856	7,063
Local Community Roads	B/G	2,814	2,247	2,247	2,247	2,247	11,802
Structures	G	1,888	1,200	1,200	1,200	1,200	6,688
Street Lighting Replacement Strategy	B*	2,605	3,000	3,000	3,000	1,000	12,605
Unadopted Roads	B	189	50	50	50	50	389
<i>Integrated Transport :</i>							
Integrated Public Transport	G	342	450	0	0	0	792
Network Management	B/G	800	400	100	100	100	1,500
Cycling & Walking	B/G	1,491	20	20	20	20	1,571
Safer Roads	B/G	1,556	750	650	650	650	4,256
Town Centre Car Parking	B	229	100	100	100	100	629
Flood Management and Drainage Improvements	B/G	918	680	680	680	680	3,638
		17,545	13,071	12,016	11,811	9,503	63,946
Corporate Landlord Asset Investment	B	3,597	2,000	2,000	1,300	1,300	10,197
Strategic Asset Utilisation/Rationalisation	B	3,615	300	0	0	0	3,915
Transport	B	2,614	1,500	1,250	1,250	1,250	7,864
Environment & Strategic Waste	B	147	100	100	100	100	547
School Catering	B	253	200	200	200	200	1,053
Commercial Reg & Operational Total		27,771	17,171	15,566	14,661	12,353	87,522
Services Solutions, Transformation & Change							
District Committees	B	349	0	0	0	0	349
Services Solutions, Transf & Change Total		349	0	0	0	0	349
Finance & Transactional Services							
Information Technology	B*	1,049	900	900	900	900	4,649
Finance & Transactional Services Total		1,049	900	900	900	900	4,649
Leeds City Region Revolving Fund	B	2,550	0	0	0	0	2,550
TOTAL BASELINE		53,935	28,422	26,125	25,398	22,060	155,940

KEY :

B = Borrowing	G = Grant	R = Capital Receipts
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B* = These programmes were previously categorised as **service funded**. Work is ongoing to remove this category and have one system of prudential borrowing.

STRATEGIC PRIORITIES	Funding	2017/18 Budget £'000	2018/19 Budget £'000	2019/20 Budget £'000	2020/21 Budget £'000	2021/22 Budget £'000	Total Budget £'000
A62 Leeds Road Corridor (Cooper Bridge)	G	111	0	0	0	0	111
A653 Dewsbury to Leeds Corridor (Mirfield to Dewsbury)	G	71	0	0	0	0	71
A629 Huddersfield to Halifax Corridor	G	-95	0	0	0	0	-95
M62 Junction 24a	G	32	0	0	0	0	32
Highways Non-Core Schemes	G	149	0	0	0	0	149
Dewsbury Learning Quarter	B/G	2,445	0	2,000	0	0	4,445
Huddersfield Town Centre Action Plan	B	500	3,172	5,672	1,637	0	10,981
Dewsbury Town Centre Action Plan	B	150	1,850	2,000	1,000	0	5,000
European Grant Funding Opportunities	B	1,750	1,250	0	0	0	3,000
Town & Village Centres	B	10	0	0	0	0	10
Empty Clusters	G	177	0	0	0	0	177
New Huddersfield Sports Centre	B	50	0	0	0	0	50
Sports Facility (Spenborough area)	B	619	4,000	8,000	2,000	0	14,619
New Pupil Places in Primary Schools	G	11,083	11,251	4,737	706	545	28,322
Reprovision of Lydgate Special School	B	838	214	0	0	0	1,052
HD-One (KSDL)	B	8,750	4,250	0	0	0	13,000
Kirklees College Loan	B	6,000	0	0	0	0	6,000
Contingencies	B	39	0	0	0	0	39
Local Growth Fund	B	664	0	0	0	0	664
STRATEGIC PRIORITIES TOTAL		33,343	25,987	22,409	5,343	545	87,627

RISKS & PRESSURES TOTAL	B	2,500	2,500	2,500	2,500	2,500	12,500
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ONE-OFF INITIATIVES TOTAL	B	95	0	0	0	0	95
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HOUSING REVENUE ACCOUNT PLAN

	Funding	2017/18 Budget £'000	2018/19 Budget £'000	2019/20 Budget £'000	2020/21 Budget £'000	2021/22 Budget £'000	Total Budget £'000
HRA STRATEGIC PRIORITIES							
Miscellaneous Properties-Conversions/Back into Stock		817	703	680	694	708	3,602
New Build Phase 1 - Ashbrow Extra Care		500	6,000	694	0	0	7,194
New Build Phase 2 - Soothill Extra Care		0	0	3,631	3,703	0	7,334
New Build Phase 3		0	0	0	0	7,555	7,555
New Build Phase 4 - Environmentally Friendly Housing		2,036	2,075	0	0	0	4,111
New Build - KNH/Building Services Pilot		800	0	0	0	0	800
Strategic Priorities		0	0	0	0	5,504	5,504
		4,153	8,778	5,005	4,397	13,767	36,100
HRA BASELINE							
Heating Programmes(Boilers)		1,583	1,555	1,477	1,481	1,480	7,576
Maintaining Decency		8,530	8,248	7,216	7,205	7,204	38,403
Batched works		268	265	255	260	265	1,313
Fire Safety Works		295	47	47	48	50	487
Tenant Allowances		255	259	265	270	275	1,324
Fuel poverty		781	662	638	650	663	3,394
Major Adaptations		2,443	2,490	2,539	2,590	2,642	12,704
Minor Adaptations		244	249	254	259	264	1,270
Estate & Environmental Works (Managed through District)		1,470	467	476	486	495	3,394
		15,869	14,242	13,167	13,249	13,338	69,865
TOTAL		20,022	23,020	18,172	17,646	27,105	105,965

FUNDING SUMMARY	2017/18 Budget £'000	2018/19 Budget £'000	2019/20 Budget £'000	2020/21 Budget £'000	2021/22 Budget £'000	Total Budget £'000
TOTAL FUNDING REQUIREMENT	109,895	79,929	69,206	50,887	52,210	362,127
Funded by...						
Direct/Earmarked Contributions to Schemes						
Capital Grants / Contributions						
- In year	24,687	23,277	15,041	14,586	13,676	91,267
- Funding brought forward from previous year	16,142	1,708	1,656	1,656	1,228	22,390
- Funding carried down to following year	(1,708)	(1,656)	(1,656)	(1,228)	(1,228)	(7,476)
Earmarked Capital Receipts	4,768	3,141	2,011	1,826	4,637	16,383
Revenue Contributions (HRA)	5,640	6,980	4,506	4,589	12,073	33,788
Reserves (HRA)	13,162	13,162	11,917	11,493	10,658	60,392
Pooled resources						
Non Earmarked Capital Receipts	6,000	6,000	6,000	6,000	6,000	30,000
Corporate Prudential Borrowing	41,204	27,317	29,731	11,965	5,166	115,383
TOTAL FUNDING REQUIREMENT	109,895	79,929	69,206	50,887	52,210	362,127

FUNDING SUMMARY INCLUDING ASSUMED SLIPPAGE

For revenue budget planning and associated Prudential Indicators it is appropriate to make overall assumptions about slippage. This table shows the corporate assumptions made for that purpose and assumes a level profile of spend over the five years. This is considered a realistic assumption based on historical information on slippage on major capital programmes of this level.

	2017/18 Budget £'000	2018/19 Budget £'000	2019/20 Budget £'000	2020/21 Budget £'000	2021/22 Budget £'000	Total Budget £'000
Assumed Slippage b/f	0	21,936	14,612	13,678	8,344	58,570
General Fund Maximum Authorised Spend	89,873	56,909	51,034	33,241	25,105	256,162
Assumed Slippage c/f	(21,936)	(14,612)	(13,678)	(8,344)	(6,036)	(64,606)
	67,937	64,233	51,968	38,575	27,413	250,126
HRA Planning Allocation	20,022	23,020	18,172	17,646	27,105	105,965
TOTAL FUNDING REQUIREMENT	87,959	87,253	70,140	56,221	54,518	356,091
Funded by...						
Direct/Earmarked Contributions to Schemes						
Capital Grants / Contributions						
- In year	24,687	23,277	15,041	14,586	13,676	91,267
- Funding brought forward from previous year	16,142	9,483	6,273	4,615	4,182	40,695
- Funding carried down to following year	-9,483	-6,273	-4,615	-4,182	-3,914	-28,467
Earmarked Capital Receipts	4,768	3,141	2,011	1,826	4,637	16,383
Revenue Contributions (HRA)	5,640	6,980	4,506	4,589	12,073	33,788
Reserves (HRA)	13,162	13,162	11,917	11,493	10,658	60,392
Pooled resources						
Non Earmarked Capital Receipts	6,000	6,000	6,000	6,000	6,000	30,000
Corporate Prudential Borrowing	27,043	31,483	29,007	17,294	7,206	112,033
TOTAL	87,959	87,253	70,140	56,221	54,518	356,091

APPENDIX H

Kirklees Council Investments 2016-17										
Counterparty	Credit Rating Mar 2017*	1 April 2016			30 September 2016			31 March 2017		
		£m	Interest Rate	Type of Investment	£m	Interest Rate	Type of Investment	£m	Interest Rate	Type of Investment
Specified Investments										
Bank of Scotland	Bank	F1/A+			6.0	0.40%	Instant Access	1.3	0.20%	Instant Access
Svenka Handelsbanken	Bank	F1+/AA	2.9	0.45%	Instant Access				0.20%	Instant Access
Std Life	MMF**	AAAmf	7.5	0.49%	Instant Access	7.5	0.37%	Instant Access	8.7	0.28%
Aviva	MMF**	Aaa-mf	7.3	0.48%	Instant Access	8.6	0.31%	Instant Access	7.3	0.22%
Aviva - Govt	MMF**	Aaa-mf				1.5	0.17%	Instant Access		
Deutsche	MMF**	AAAmf	6.7	0.46%	Instant Access	6.2	0.32%	Instant Access	6.9	0.20%
Goldman Sachs	MMF**	AAAmf	6.0	0.44%	Instant Access	7.7	0.30%	Instant Access	7.1	0.20%
Santander UK	Bank	F1/A	5.0	0.65%	31 day notice	3.0	0.40%	31 day notice		
Non-specified investments										
Barclays***	Bank	F1/A	2.9	0.10%+0.40%	Instant Access	2.9	0.10%+0.40%	Instant Access		
			38.3			46.5			31.3	
Sector analysis										
			£m	%age		£m	%age		£m	%age
Bank			10.8	28%		10.3	22%		1.3	4%
Building Society										
MMF**			27.5	72%		36.2	78%		30.0	96%
Local Authorities/Cent Govt										
			38.3	100%		46.5	100%		31.3	100%
Country analysis										
			£m	%age		£m	%age		£m	%age
UK			7.9	21%		7.9	17%		1.3	4%
Sweden			2.9	7%		2.4	5%			
MMF**			27.5	72%		36.2	78%		30.0	96%
			38.3	100%		46.5	100%		31.3	100%

*Fitch short/long term ratings, except Aviva MMF (highest Moody rating). See next page for key. ** MMF – Money Market Fund. These funds are domiciled in Ireland for tax reasons, but the funds are made up of numerous diverse investments with highly rated banks and other institutions. The credit risk is therefore spread over numerous countries, including the UK. The exception to this is the Aviva Government Liquidity Fund which invests directly in UK government securities and in short-term deposits secured on those securities.

Key – Fitch’s credit ratings:

		Long	Short	
Investment Grade	Extremely Strong	AAA	F1+	
		AA+		
	Very Strong	AA		
		AA-		
		A+		
	Strong	A		F1
		A-		
		BBB+		F2
	Adequate	BBB		
BBB-		F3		
Speculative Grade	Speculative	BB+	B	
		BB		
		BB-		
	Very Speculative	B+		
		B		
		B-		
	Vulnerable	CCC+		C
		CCC		
		CCC-		
		CC		
C				
Defaulting	D	D		

Appendix I

Long-term loans repaid and short-term loans outstanding 31 March 2017

Long-term loans repaid during 2016/17

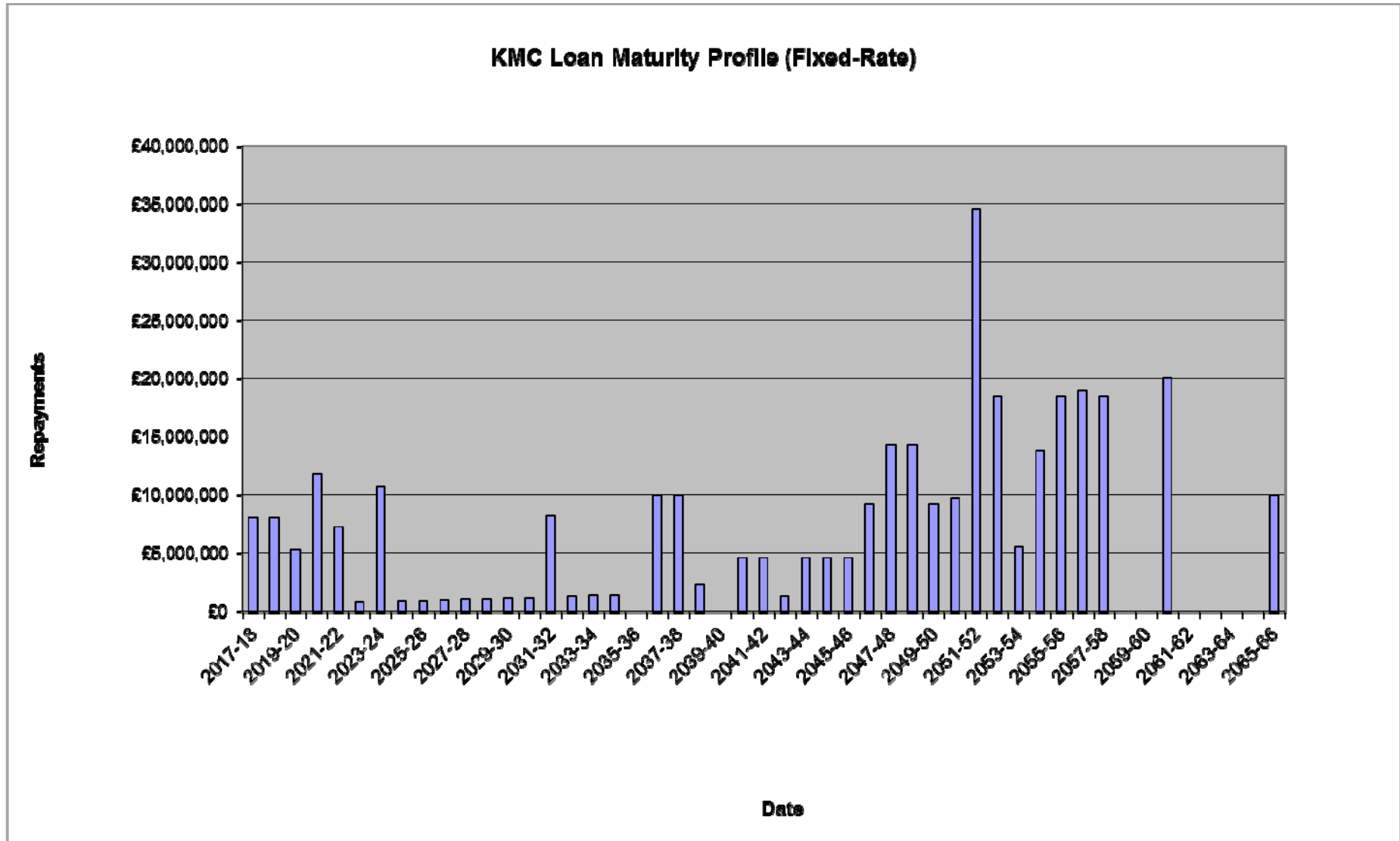
	Amount £000s	Rate %	Date repaid
Repayments on maturity			
PWLB (468634)	9,225	11.0	1 Jul 16
PWLB (498418)	4,613	3.84	15 Mar 17
Repayments on annuity loans			
PWLB (496956)*	308	4.58	29 Sep 16
PWLB (496956)*	315	4.58	29 Mar 17
Total	14,461		

* represents loan extended to Kirklees College, for which the College is making similar repayments to the Council

Short-term loans outstanding 31 March 2017

	Amount £000s	Rate %	Length (days)
Temporary borrowing from the Money Market			
Police and Crime Commissioner Warwickshire	1,000	0.25	35
Leicester City Council	5,000	0.35	18
Halton Borough Council	10,000	0.25	14
Neath Port Talbot Council	5,000	0.25	10
Middlesbrough Council	7,500	0.30	11
Local lenders/Trust Funds	1,196		
Long-term loans due to mature in the next twelve months	8,032		
Total*	37,728		

* excludes interest accrued



Appendix K

Kirklees Council - Borrowing and Investment Trends

At 31 March	2017	2016	2015	2014	2013	2012	2011	2010	2009
Investments	31.3m	38.3m	38.7m	33.1m	30.2m	19.3m	42.7m	38.7m	102.1m
ST Borrowing (excl interest accrued)	37.7m	16.0m	21.1m	29.6m	27.3m	30.6m	33.2m	18.6m	9.1m
LT Borrowing	400.5m	408.4m	422.6m	432.4m	452.1m	471.5m	527.1m	525.1m	528.4m
Total Borrowing	438.2m	424.4m	443.7m	462.0m	479.4m	502.1m	560.3m	543.7m	537.5m
Deferred liabilities (non PFI)	4.1m	4.3m	4.4m	4.5m	4.7m	4.8m	5.0m	5.1m	5.2m
Net debt position	411.0m	390.4m	409.4m	433.4m	453.9m	487.6m	522.6m	510.1m	440.6m
Capital Financing Requirement (excl PFI)									
General Fund	412.8m	411.3m	422.2m	447.5m	448.5m	458.6m	458.9m	435.9m	369.5m
HRA	186.2m	192.4m	196.6m	203.3m	209.3m	215.6m	242.4m	241.0m	241.0m
Total CFR	599.0m	603.7m	618.8m	650.8m	657.8m	674.2m	701.3m	676.9m	610.5m
Balances "internally invested"	156.7m	175.0m	170.7m	184.3m	173.7m	167.3m	136.0m	128.7m	67.8m
Ave Kirklees' investment rate for financial year	0.4%	0.5%	0.4%	0.4%	0.5%	0.6%	0.8%	1.5%	5.2%
Ave Base rate	0.3%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%	0.5%
Ave LT Borrowing rate	2.5%	3.2%	3.7%	4.3%	4.1%	4.4%	5.3%	4.7%	4.6%

APPENDIX L

Treasury Management Prudential Indicators

Interest Rate Exposures

While fixed rate borrowing can contribute significantly to reducing the uncertainty surrounding future interest rate scenarios, the pursuit of optimum performance justifies retaining a degree of flexibility through the use of variable interest rates on at least part of the treasury management portfolio. The Prudential Code requires the setting of upper limits for both variable rate and fixed interest rate exposure:

	Limit Set 2016-17	Actual 2016-17
Interest at fixed rates as a percentage of net interest payments	60% - 100%	83%
Interest at variable rates as a percentage of net interest payments	0% - 40%	17%

The interest payments were within the limits set.

Maturity Structure of Borrowing

This indicator is designed to prevent the Council having large concentrations of fixed rate debt needing to be replaced at times of uncertainty over interest rates.

Amount of projected borrowing that is fixed rate maturing in each period as a percentage of total projected borrowing that is fixed rate	Limit Set 2016-17	Actual Levels 2016-17
Under 12 months	0% - 20%	0% - 5%
12 months to 2 years	0% - 20%	2% - 3%
2 years to 5 years	0% - 60%	5% - 8%
5 years to 10 years	0% - 80%	5% - 7%
More than 10 years	20% - 100%	80% - 84%

The limits on the proportion of fixed rate debt were adhered to.

Total principal sums invested for periods longer than 364 days

The Council has not invested any sums longer than 364 days.

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Name of meeting: Full Council

Date: 13th September 2017

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

Purpose of report:

To seek endorsement for the Council's new Inclusion and Diversity Strategy and Action Plan.

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, 23.08.17
Is it also signed off by the Service Director - Finance, IT and Transactional Services?	Debbie Hogg, Service Director – Finance, IT and Transactional Services, 24.08.17
Is it also signed off by the Service Director - Legal, Governance & Commissioning?	John Chapman, Interim Deputy Head of Legal Services, 24.08.17
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 and collaborates with its communities and employees. 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.

As stated, once adopted the new strategy will support and enhance how employees, councillors and communities work on I&D with a strong focus on developing a beyond compliance culture and work I&D on an informed intelligence led basis. The actions and future thinking contained in the Strategy and approach aims to address these issues by giving I&D 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 become part of the Council's core business with appropriate governance structure put in place. An Annual I&D Report will be produced and the Action Plan will be refreshed and updated every year.

6. Officer recommendations and reasons

For Full Council to:

- Endorse the new I&D Strategy and Action Plan

7. Cabinet portfolio holder's recommendations

Cllrs David Sheard and Shabir Pandor recommend that the Strategy and Action Plan is approved.

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 Cabinet, 25th July 2017 - New Inclusion and Diversity Strategy and Action Plan

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

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**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 Statement 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: Council

Date: 13th September 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 Council approve a response to the recommendations of the Panel from the South West Yorkshire Foundation Trust (SWYT) and Greater Huddersfield CCG.

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 Service Director, Legal Governance and Commissioning	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.
- 2.8 Cabinet on the 25th July 2017 noted the Ad-Hoc Report and agreed that the report be submitted to the meeting of Council on 13 September 2017 for information.
- 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 Council, the Overview and Scrutiny Management Committee will consider monitoring requirements to ensure agreed recommendations are implemented.

6. Officer recommendations and reasons

- 6.1 That Council 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
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Email: scrutiny.governance@kirklees.gov.uk

Date: April 2017

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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.

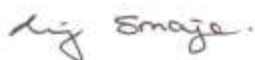
The Panel has now completed its investigation and has made a number of recommendations aimed at improving service delivery and outcomes for service users.

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 Waplington, 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

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	<p>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</p> <p>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.</p>								

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: Council

Date: 13 September 2017

Title of report: Appointment of Independent Person in the Code of Conduct/Standards regime under the Localism Act 2011

Purpose of report

To make recommendation to Council to appoint the Independent Person (IP) to assist the Monitoring Officer in the Standards regime. A review of the IP role took place following a review of the Standards regime which was endorsed by Council on 26 April 2017.

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
Is it in the Council's Forward Plan (Key Decisions and Private Reports)?	No
Is it eligible for "call in" by Scrutiny ?	No
Date signed off by <u>Director</u> & name Is it signed off by the Service Director of Finance, IT and Transactional Services? Is it signed off by the Service Director – Legal, Governance & Commissioning	
Cabinet member portfolio	Resources – Cllr Graham Turner

Electoral wards affected:	N/A
Ward councillors consulted:	Group Business Managers for each group
Public or private:	Public

2. Summary and Information Required to Take a Decision

Independent Persons

- 2.1 Under the Localism Act 2011 the Council was required to establish its own Standards process/Code of Conduct. This replaced the previous National Members Standards regime. The Localism Act also required that an Independent Person is appointed who must be consulted prior to a decision to carry out an investigation as part of any Standards process.
- 2.2 In Kirklees' earlier Standards process (prior to 26 April 2017) the role of the Independent Person is to be a point of consultation should the Monitoring Officer wish to decide that an investigation take place. The Independent Person is also part of the Panel which the Monitoring Officer consults at an early stage in the process to decide what action (if any) should be taken by the Member who is subject of the complaint.
- 2.3 In the current Standards process following the review, the role of the IP has been developed and expanded and in addition to being consulted as to whether an investigation should take place the IP also takes the following decisions with the Monitoring Officer: -
- whether a complaint should proceed for early dismissal and whether it is a valid complaint
 - whether there has been a breach of the Code of Conduct at the informal resolution stage (decision taken with the Chair of Standards)
- 2.4 The original Independent Persons were appointed for 2 years from 24 October 2012 when the new Local Standards process was first adopted by Kirklees. This was agreed by Council on 24 October 2012 following a verbal report by the Acting Assistant Director – Legal, Governance and Monitoring. The appointment was renewed for a further two years on 5 November 2014 and for a further year on 9 November 2016.
- 2.5 Due to the changes to the standards process and the expansion of the role the position of Independent Person was advertised in June 2017 with an annual allowance of £500 plus expenses. Following a recruitment exercise, Michael Stow who is the current IP, was selected as the successful applicant by the Monitoring Officer and Chair of Standards, subject to the approval of Council. This will mean Kirklees has one Independent Person.
- 2.4 Mr Stow has now been an Independent Person with Kirklees Council since 2012, has experience of the role and is a retired Local Government Officer who worked at Director level. He has been consulted on a regular basis to obtain advice in relation to complaints received in relation to Councillors. A description of the role and selection criteria used for consideration of the Independent Person position is attached at Appendix A for information.

- 2.6 This report sets out the **recommendation** considered by Corporate, Governance and Audit Committee in relation to the appointment of Michael Stow as Independent Person for a two year period.
- 2.7 Members of Council are asked to consider the report having regard to the comments from Corporate, Governance and Audit and **approve the appointment of the Independent Person, Michael Stow.**

3. Implications for the Council

The Council is required by law (under the Localism Act 2011) to have an Independent Person appointed to consult in relation to the Code of Conduct complaints and incorporated within the Standards regime. If the Council fails to appoint an Independent Person they would be in breach of this requirement and could face legal challenge.

3.1 Early Intervention and Prevention (EIP) N/A

3.2 Economic Resilience (ER) N/A

3.3 Improving Outcomes for Children N/A

3.4 Reducing demand of services N/A

4. Consultees and their opinions

- 4.1 There has been consultation with the Group Business Managers regarding the role, remuneration and advertisement of the role. Consultation has taken place with the Chair of Standards regarding the selection of the Independent Person. Corporate, Governance and Audit Committee approved the recommendation but requested that further information in relation to the role and background was contained in the report to Council. This information has been included.

5. Next steps

- 5.1 The Independent Persons appointment will be confirmed.

6. Officer recommendations and reasons

- 6.1 That Michael Stow be appointed as Independent Person for a period of 2 years.

7. Cabinet portfolio holder recommendation

N/A

8. Contact officer and relevant papers

Samantha Lawton

Appendix A – Role Description and Selection Criteria of Independent Person

9. Service Director responsible

Julie Muscroft
Service Director
Legal, Governance and Commissioning

Email: julie.muscroft@kirklees.gov.uk

Telephone: 01484 221000

KIRKLEES COUNCIL INDEPENDENT PERSON - STANDARDS

Role Description for Independent Persons

1. Kirklees Council is to appoint at least one person to carry out the role of “Independent Person” which is a role created under Section 28(7) of the Localism Act 2011. The Council has a duty under that Act to promote and maintain high standards of conduct for its elected and co-opted members.
2. The statutory role of the Independent Person arises where the Council has received an allegation that one of its members has breached the Council’s Code of Conduct for Members.

In those circumstances:

- a) If the Council decides to investigate the allegation, the Council **must** consult the Independent Person, and take their views into account, before making a decision on that allegation; and
 - b) The Council **may** seek the views of the Independent Person about any other aspect of the allegation, whether or not it decides to investigate; and
 - c) The member of the Council who is the subject of the allegation **may** also seek the views of the Independent Person at any time.
3. In practice when the Council receives a written allegation of a breach of the Code of Conduct, its Monitoring Officer and Independent Person will decide, after consultation with the Group Business Managers whether the complaint merits formal investigation or should be dealt with in some other way. The Monitoring Officer, Independent Person and Chair of Standards will make the decision before deciding how to proceed.
 4. When a complaint has been investigated, the Independent Person will receive a copy of the investigation report from the Council and asked for his or her view on it and any views s/he may have upon how the Council should determine the allegation. These views will then be taken into account in the final decision making process.
 5. The views of the Independent Person may be sought by the Council at other stages in the process, for instance they will be jointly responsible with the Monitoring Officer in deciding whether an allegation should proceed through the early dismissal process or progress through the Standards procedures.
 6. It is envisaged the views of the Independent Person will usually be sought by the Council (through its Monitoring Officer) in writing, either by letter or email, and that the response of the Independent Person will usually be conveyed in the same way. On occasions however advice may be sought by telephone or at a meeting.

7. As part of the statutory role, the Independent Person will also be available for consultation by any Council member who is the subject of an alleged breach of the Code of Conduct. Such consultation may be sought at any time during the process and may be carried out by telephone, written correspondence (email or letter) or at a meeting.

(This advisory role to an individual Council member will only arise where the member is subject to an alleged breach of the relevant Code of Conduct. An Independent Person will not be expected – and should decline – to give advice to Council members in any other circumstances. Where such advice is required, Council members will be expected to seek it from the Monitoring Officer or some other appropriate Council officer).

8. An Independent Person will be encouraged to acquire some understanding of the work of the Council and how it operates. Support will be provided by the Council's Monitoring Officer, who will arrange any necessary training and the provision of such information which is considered necessary to enable the Independent Person to perform the role properly.

INDEPENDENT PERSON SELECTION CRITERIA SKILLS AND COMPETENCIES

As well as being of good character, the Independent Person will have:

- A keen interest in standards in public life
- A wish to serve the local community and uphold local democracy
- The ability to be objective, independent and impartial
- Sound decision making skills
- Leadership qualities, particularly in respect of exercising sound judgement
- A calm rational approach

The Independent Person will:

- Live in Kirklees
- Be a person in whose impartiality and integrity the public can have confidence
- Understand and comply with confidentiality requirements
- Have a demonstrable interest in local issues
- Have an awareness of the importance of ethical behaviours
- Possess good written and oral communication skills together with a willingness to seek out and listen to the views of others on matters pertaining to standards issues
- Be able to deal with substantial documentation and to analyse and interpret that which is important, meaningful and relevant to the business of Kirklees Council and their stated objectives regarding standards
- Be able to attend the meetings of Kirklees Council as and when required
- Be able to communicate via email
- Be able to challenge constructively the accepted views of others and put forward clear and logical alternatives as a means of achieving the objectives of Kirklees Council with regard to standards

Desirable additional criteria are:

- Knowledge/experience of local government or other public service and/or of large complex organisations and awareness of and sensitivity to the political process
- Knowledge and understanding of judicial/quasi-judicial or complaints processes
- Have had involvement in or knowledge of Public Authorities, Voluntary Organisations, Commercial Institutions, Professional or Employee Organisations and or Community or race relations activities
- Experience of working in committees, research groups, investigative panels or other social economic, or commercial agencies fulfilling the needs of the wider community
- Experience of dealing with complaints procedures in a large organisation
- Experience of dealing with issues of ethical conduct in employment or public service

- Experience in dealing with difficult issues which need constructive and sensitive solutions

You should demonstrate in your application how you meet the above criteria as this will assist the short-listing process.

Means of assessment will be by application form and by interview.

NOTE:

- Any new appointment will be for a period of between 1 and 4 years and may be reviewed for a further term by mutual agreement
- You will be required to be contactable at all times during normal working hours by telephone or by email and be available to attend hearings which may be held in the day time and at relatively short notice (although your duties are likely to be occasional)
- You must not currently have and must not enter into any contractual relations with the authority under which you gain personally
- You will be working on a voluntary basis with a reasonable allowance for carrying out the duties of this position

Eligibility for Appointment

A person cannot be appointed as an Independent Person if they are or were within a period of 5 years prior to the appointment:

- A member, co-opted member or officer of the authority
- A member, co-opted member or officer of a constituent authority
- A member, co-opted member or officer of a Parish or Town Council within Kirklees

or a relative or close friend of the above.

You must not have a public profile in relation to political activities.

Adult Social Care

Council Debate

13th September 2017

Introduction

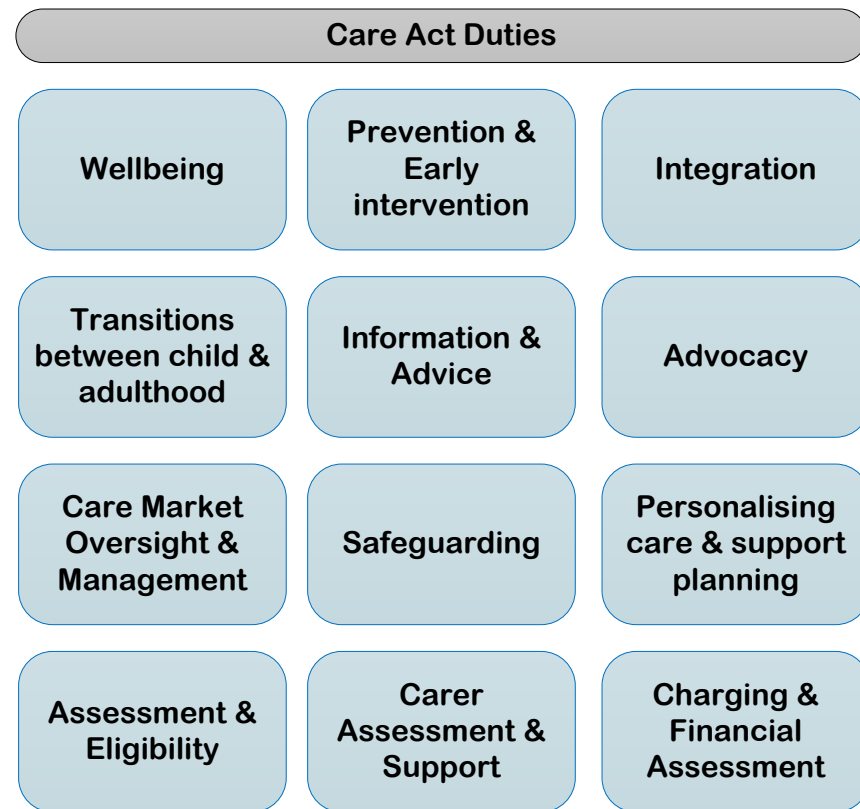
- Adult Social Care, unlike NHS Care is not free at the point of delivery.
- Demand is growing due to an ageing population.
- Demand is also growing as younger people with profound disabilities are living much longer.
- There is wide recognition that the adult social care system is at the point of collapse but there is no consensus on the solution.
- The solution lies somewhere in the balance of responsibilities between individuals, their families, local government and central government.

Social care policy: national reviews of social care

- 2002 HM Treasury - Wanless Report
- 2005 Green Paper Independence, Wellbeing and Choice
- 2006 Securing Good Care for Older People (Wanless; The King's Fund)
- 2006 White Paper Our Health, Our Care, Our Say
- 2009 Green Paper Shaping the Future of Care Together
- 2010 White Paper Building the National Care Service
- 2011 Dilnot Commission, Fairer Care Funding
- 2012 White Paper Caring for our Future
- 2014 Care Act
- 2014 Barker Commission (The King's Fund)
- 2017 Government announces intention to publish Green Paper on future of Adult Social Care

National social care reviews & legislation

- Separate reviews, green and white papers over the past 20 years.
- Biggest impact was Care Act 2014 →

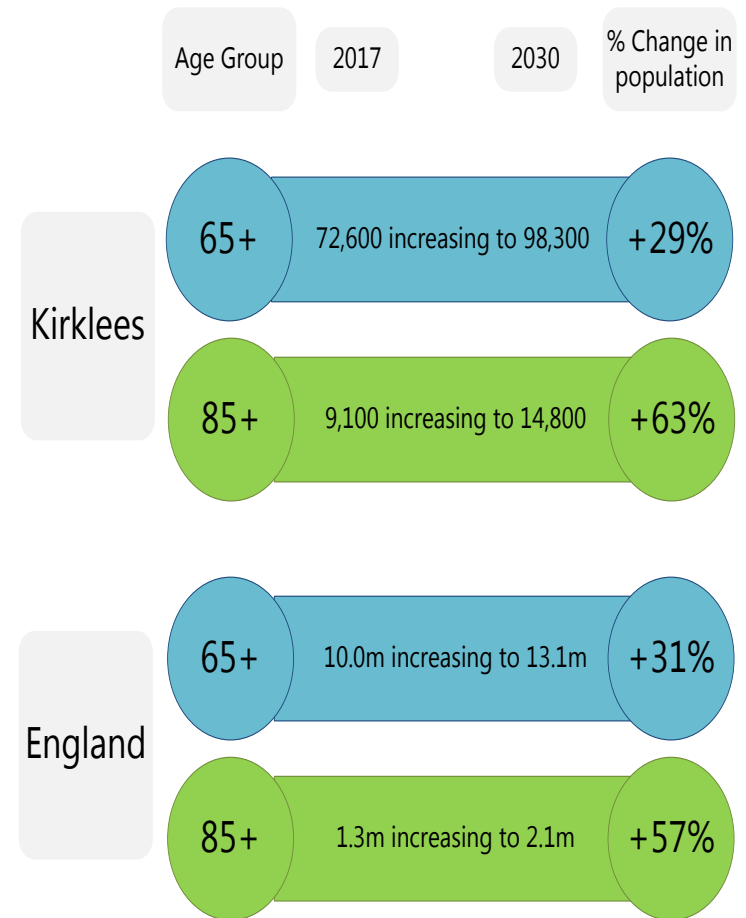


Demographic demands – Older People

- An extra 25,700 older people by 2030
 - More likely to have 3 or more long term conditions
 - 1 in 3 likely to be living with some form of Dementia

By 2030:

- 1 in 3 older people will be aged 75-84
 - 34,600 people
 - Increase of 50% from today
- 1 in 6 older people will be aged 85+
 - 14,800 people
 - Increase of 63% from today



Understanding this demand

- Not a new problem
- Social care system absorbing demand for years
- Some get support from family and carers
- Some get support from the council

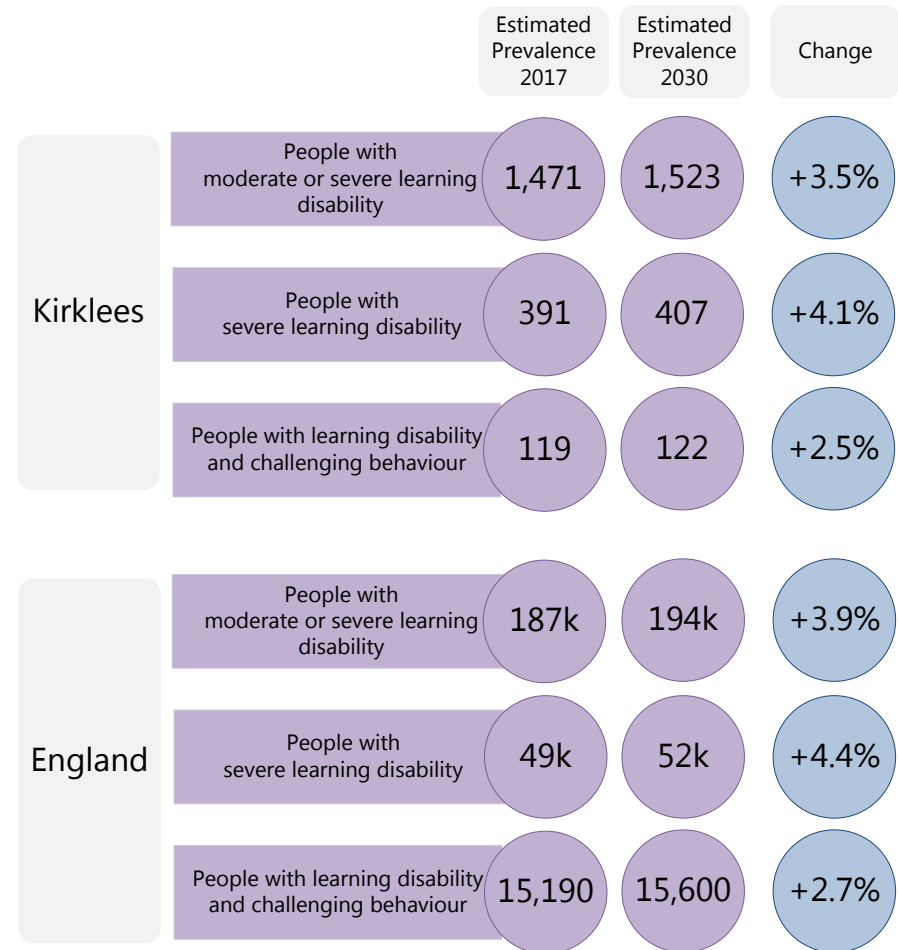


Older people in Kirklees unable to manage at least one self-care task on their own:

- 2,600 more people unable to manage their personal care than 5 years ago.
- 5,000 more people unable to manage their personal care than 10 years ago.
- 7,000 more people unable to manage their personal care than 15 years ago.
- **Expected to be 6,500 more people unable to manage 10 years from today.**

Demand – Learning disabilities

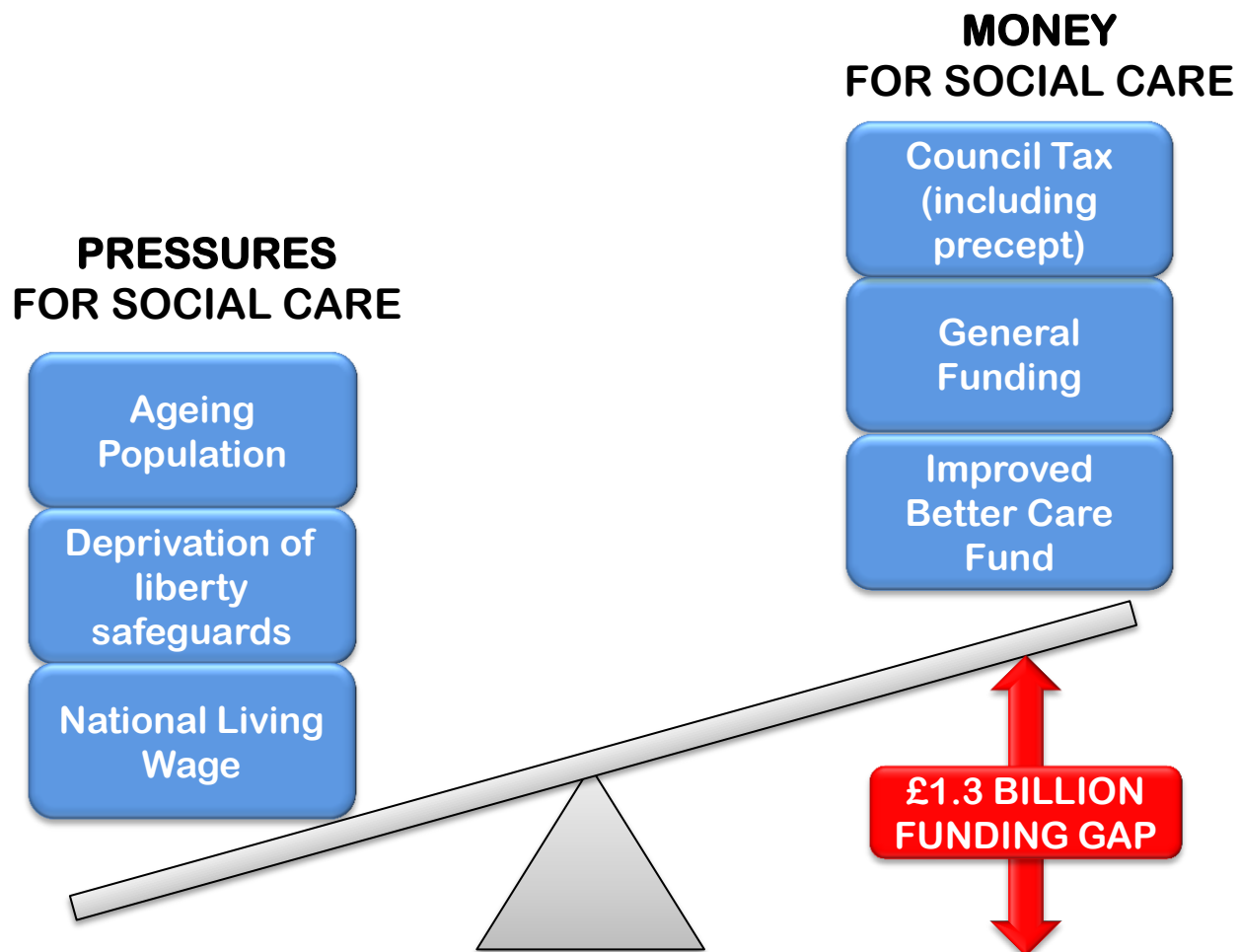
- Increased numbers of children living into adulthood with disabilities.
- An extra 120 people with severe and complex learning disabilities by 2030.
- Transforming Care Programme (outcome of Winterbourne View) means people with more complex needs living in community settings.
- The proportion of people wanting to live independently of their families is increasing.



Importance of Carers in Kirklees

- 45,400 carers locally, of which around 10,400 over 65.
- Since 2001, the Kirklees carer population has grown by 13.8%.
- Estimated value of informal care locally was £848m in 2015.
- Increased legal protection for carers in the Care Act.

Understanding the national imbalance



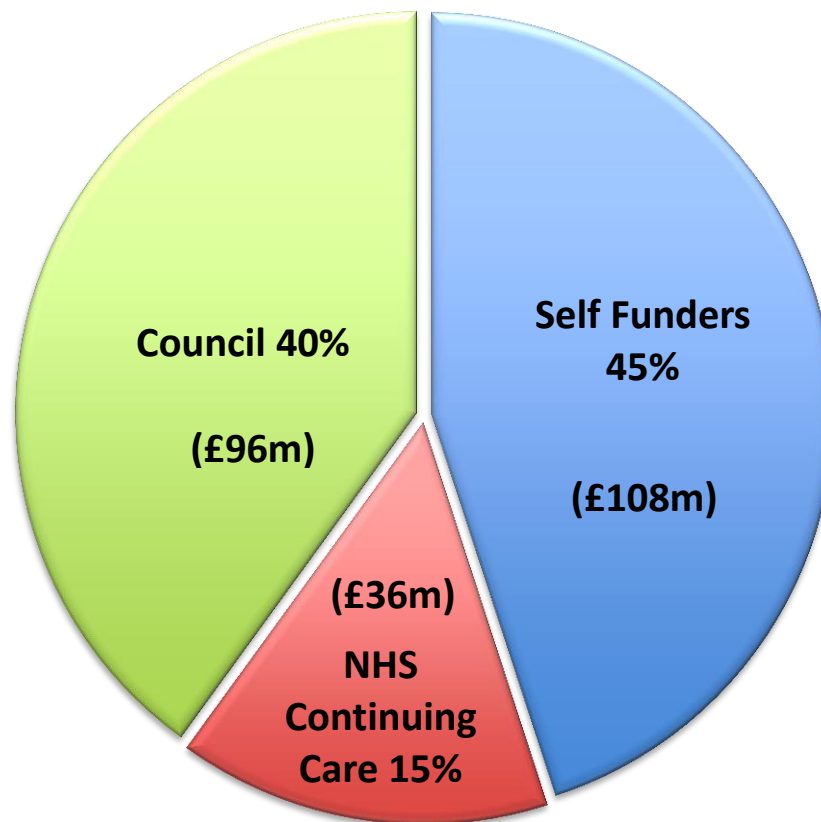
The money - local and national

- Kirklees council spends 35% of its budget or £101.8m on adult social care.
- National funding gap - the LGA estimates that adult social care faces a funding gap of £1.3 billion by 2020 (as part of overall £5.3b gap).
- Spend on social care vs NHS vs other priorities for spend
- Those with capital and income above £23,250 pay full fees (self-funding).
- Self funders in Yorkshire & Humber pay on average 9% more per week than those funded by a local authority in residential care.
- Value of informal care locally was £848m in 2015.

Local spending

Adult Social Care Market in Kirklees
has a total value of around

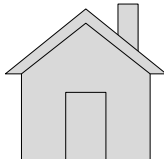
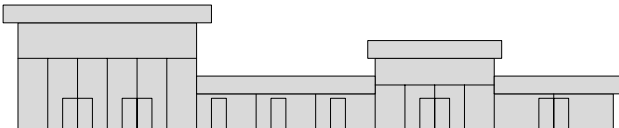

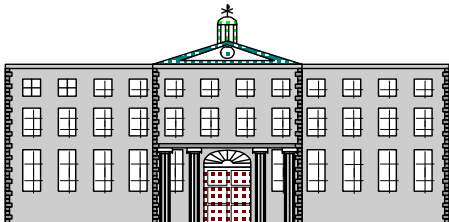
£240m



Self funders

- The number of people who fund their own care will grow.
- National studies suggest that between 15% and 57% of older people fund their own residential care.
- Locally, around 40% of people entirely fund their own home care and around 21% top up public funded residential care.
- We expect the number of older people to be funding all their residential care to increase by a third.

How much can care cost the council?

		Type of Care & Support	Average Weekly Cost	Average Annual Cost
Home Care		6-7 hours of home care	£110	£5,800
Supported Living		Adult with learning disabilities	£700	£36,000
		Adult with physical disabilities	£400	£21,000
Extra Care		Older person in extra care	£200	£10,500
Care Home		Older person in a care home	£500	£14,500
		Adult with learning disabilities	£1000	£52,000

- Care costs can vary significantly dependent on need.
- The contribution people make to the cost of their care is means tested, people can opt to defer payment.
- People can also pay to top up care they get from the council

Case Study 1 – Alan 85 year old

- Alan is an independent 85 year old living in Batley. He has savings of £15k and owns his own home.
- Alan experienced a bad fall, then 12 months later he had a stroke.
- He has relatives who support him when he needs it.
- Alan would contribute to any home care.
- Alan would self fund any care home or extra care place.
- Kirklees Council would jointly fund with health any re-ablement.
- Kirklees Council would ensure there was a range of quality home care and accommodation provision in Alan's area that is accessible to him.

Case Study 2 – Mandy 24 year old

- Mandy has learning disabilities, she is originally from Meltham.
- She has lived in a specialist care home since she left home at 19.
- Mandy has no savings and would not contribute to her care.
- Health would fund support that meets her health needs.
- Kirklees Council would fund her accommodation, care and support.

What can reduce demand?

- The effectiveness of **short-term help** and the approach to **prevention**.
- The availability and cost effectiveness of **supported housing** including **Extra-Care Housing** for Older People.
- The way in which the needs of people with lower care needs are met including increasing the use of **assisted technology**.
- The way in which people with long-term conditions are helped **to self-manage their conditions** including dementia care.
- The **focus on the strengths of the person** being assessed and **the involvement of family and community** in a person's care.
- The way in which providers deliver outcomes including the **availability and vibrancy of the voluntary sector**.
- The partnership with **carers and carer organisations**.

Where have other councils found savings?

- reductions in the number of people in **residential placements**
- reductions in **domiciliary care placements**
- reductions in the number of **assessments** carried out
- reductions in **local authority staff**
- reductions/no increases in **payments** to local authority funding to providers (homes and domiciliary care)
- reductions in **grants** to voluntary sector providers
- **decommissioning** local authority owned homes
- reductions in **step-down beds**
- reductions in **additional services** (e.g. meals on wheels)



Local change now – Avoid, Reduce, Delay

- Avoid the need for care by providing information, advice and through prevention and using the resources that individuals have (informal carers, local community support etc)
- Reduce the size of care packages through re-ablement, using assistive technology, proactive reviews, creativity
- Delay: keeping individuals as independent as possible and in their own homes rather than in residential or nursing care

Local change now - Transformation

Working with our partners Deloitte – The Transformation programme in Adult Social Care is organised into five, interdependent work streams:

- 1. All Age Disability Care Offer** – review high cost placements, develop alternative accommodation offers
- 2. Commissioning** – further develop Extra Care Housing , review commissioning approach
- 3. Sufficiency** – enhance reablement offer and maximise independence, improve respite care offer
- 4. Front door** – demand management, self serve on line
- 5. Care offer** – review care packages , strength based approach

Significant savings (more than £30m) over the next 3 years will be delivered through this programme

Conclusions

- Population, number of complex cases and demand going up.
- More people will want to use care technology, self care and find their own support.
- Tough choices to make about funding, we need to use early intervention to reduce numbers of people that get highest levels of support where we can.
- Provider's unit costs have been squeezed for years, its affecting the workforce and stability of care market.
- We are changing:
 - Need to develop a broader range of accommodation and care options including community plus and informal carer support.
 - Need to have pragmatic discussions with the population about what we will be able to provide in the future, and why support people receive directly from the council will reduce at a faster rate.
 - Need to accelerate discussions about pooling budgets, staff and buildings with partners.