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Monday 26 June 2017

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Meeting Room 1 - Town Hall, Huddersfield** at **10.30 am** on **Tuesday 4 July 2017**.

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

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

Julie Muscroft

Assistant Director of Legal, Governance and Monitoring

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

The Health and Adult Social Care Scrutiny Panel members are:-

Member

Councillor Elizabeth Smaje (Chair)

Councillor Richard Eastwood

Councillor Darren O'Donovan

Councillor Jean Calvert

Councillor Richard Smith

Councillor Sheikh Ullah

David Rigby (Co-Optee)

Peter Bradshaw (Co-Optee)

Sharron Taylor (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

Pages

1: Minutes of previous meeting

1 - 8

To approve the Minutes of the meeting of the Panel held on 4 April 2017.

2: Interests

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

3: Admission of the public

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

**4: Calderdale and Huddersfield NHS Foundation Trust
2017/18 Cost Improvement Programme.**

9 - 18

Representatives from Calderdale and Huddersfield NHS Foundation Trust will be in attendance to present the Trust's 2017/18 Cost Improvement Programme.

Contact: Richard Dunne, Principal Governance & Democratic Engagement Officer Tel: 01484-221000

5: Setting the Work Programme for 2017/18

19 - 32

The Panel will set its work programme for 2017/18.

Contact: Richard Dunne, Principal Governance & Democratic
Engagement Officer Tel: 01484-221000

6: Early Intervention and Prevention - Adults Pathways

33 - 38

The Panel will receive a report for information providing an update
on the work that has taken place to redesign the Adult Services
Pathway.

7: Dates of Meetings for 2017/18

The Panel will set its meeting dates for the 2017/18 municipal year.

Contact: Richard Dunne, Principal Governance & Democratic
Engagement Officer Tel: 01484-221000

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

OVERVIEW AND SCRUTINY PANEL FOR HEALTH AND SOCIAL CARE

Tuesday 4th April 2017

- Present: Councillor Elizabeth Smaje (Chair)
Councillor Andrew Marchington
Councillor Fazila Fadia
Councillor Judith Hughes
Peter Bradshaw
David Rigby
- Apologies: Councillor Sheikh Ullah
Councillor Steve Hall
Sharron Taylor (Co-Optee)
- In attendance: Professor Marios Adamou - South West Yorkshire
Partnership NHS Foundation Trust (SWYPFT)
Emma Bownas – Greater Huddersfield Clinical
Commissioning Group (CCG)
Tim Breedon – SWYPFT
Ruth Dixon – Care Quality Commission (CQC)
Vicky Dutchburn – Greater Huddersfield CCG
Kate Gorse-Brightmore – CQC
David Hamilton – Kirklees Council
Carol Harris - SWYPFT
Deinniol Owens – CQC
David Ramsey - SWYPFT
David Ross – CQC
Deborah Turner – North Kirklees CCG
Margaret Watt – Kirklees Council
Penny Woodhead – Greater Huddersfield CCG
Richard Dunne – Principal Governance and Democratic
Engagement Officer

1 Minutes of previous meeting

RESOLVED –

That the minutes of the meeting held on 7 March 2017 be approved as a correct record.

2 Interests

Co-Optee David Rigby declared an interest in Agenda item 4 (Attention Deficit Hyperactivity Disorder (ADHD) Services in Kirklees) on the grounds of being a

Overview and Scrutiny Panel for Health and Social Care - 4 April 2017

member of South West Yorkshire Partnership NHS Foundation Trust and item 5 (Care Quality commission) on the grounds of being a member of Locala.

3 Admission of the public

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

4 Attention Deficit Hyperactivity Disorder (ADHD) Services in Kirklees

The Panel welcomed Professor Marios Adamou and Carol Harris from South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and Vicky Dutchburn from Greater Huddersfield CCG to the meeting.

Ms Dutchburn outlined details of a Joint Development Plan that had been developed between Greater Huddersfield and North Kirklees CCG's and South West Yorkshire Partnership NHS Foundation Trust.

Ms Dutchburn explained that the CCG's and SWYPFT were working on a Service Improvement Plan that would address the Kirklees ADHD waiting list and move the service into a sustainable position. The Plan would also look to align the Kirklees Service with the Wakefield Service and bridge the gap between the required new capacity and future demands

Ms Dutchburn stated that the CCG's and SWYPFT were looking to confirm the definitive waiting list and develop an agreed and costed business case to clear the backlog.

In response to a question on the numbers of people who were referred from out of area Professor Adamou informed the Panel that approximately 100 people a year came from out of area and were mainly from Calderdale.

In response to a question on the Licences for technological support Ms Dutchburn explained in detail how the various packages of care were sold through licences and the methodology that was used to purchase the systems.

Ms Dutchburn informed the Panel that the technological support was NICE approved and provided computerised access to therapies. Professor Adamou explained that there weren't many services across the country that specialised in the use of diagnostic equipment.

Professor Adamou provided the Panel with an overview of a patient's journey which included a detailed explanation of the assessment process and the efficiency of the technology that was used to provide the initial diagnosis.

In response to a Panel question on rates of discharge Professor Adamou stated that around 35% of people that were referred to the service required a full diagnosis and provided an explanation of the impact of the rates of discharge and demand on the service.

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Ms Dutchburn informed the Panel of the challenge that the service had found with the childhood service which resulted in many people in adulthood re-presenting to the Adult ADHD service.

Ms Dutchburn provided a detailed explanation of the different pathways that were available following diagnosis and explained that some people were happy to just receive a diagnosis and self-manage their condition.

In response to a panel question Ms Dutchburn stated that feedback had been given to the Child and Adolescent Mental Health Services (CAMHS) and all of the learning from the feedback had been fed into the Healthy Child Programme which included a full CAMHS and ADHD Spectrum Service.

Ms Harris stated that joined up working between the Children's and Adult's Services was critical and would help to further develop the ways of working for both services.

In response to a further question on the waiting list Ms Dutchburn explained that the first phase of the plan to address the waiting list would be delivered by the 31 May 2017 and work on the list would include contacting people to establish what support they required.

In response to a panel question on what challenges the serviced faced going forward Ms Dutchburn stated that finance and the need for integration with social care were two key challenges.

Ms Dutchburn informed the Panel that there was an acknowledgement that wait times for the service wouldn't necessarily reach the gold standard but there was a clear aim to provide an equitable service.

Professor Adamou stated that the ADHD team was a highly performing team and turnover of staff was very low. The service was also able to recruit skilled individuals despite a difficult employment market.

Ms Dutchburn informed the Panel that commissioners had held conversations with Wakefield and Calderdale CCG's with a view to combining resources in order to get a better deal on the licences for technological support.

Ms Dutchburn explained that Calderdale CCG currently didn't commission an ADHD service but did provide support on a case by case basis which often resulted in referrals and funding for the Kirklees service. Commissioners were actively discussing with Calderdale CCG the option to develop a combined service.

In response to a question on the potential conflict with some of the primary areas of focus outlined in the service development journey Ms Dutchburn stated that the objective was to achieve the same consistent level of service across the various districts. Each area was in a different financial position and the aim was to try and get everyone up to the same standard of service.

In response to a question on whether the service would be able to report an improvement in the waiting list in the next financial year Ms Dutchburn stated that

Overview and Scrutiny Panel for Health and Social Care - 4 April 2017

commissioners couldn't give a definitive guarantee that this would be the case although there was a clear intent to clear the list and build more capacity.

In response to a question on the therapeutic outcomes achieved by the service Professor Adamou provided an explanation of the tool that the service had created to measure, track and prove positive outcomes.

Professor Adamou informed the Panel that within the next 12 months he expected the service to be able to also provide a cost benefit analysis of the outcomes and Kirklees would be one of the first areas to have the capability of calculating this measurement.

Professor Adamou explained that the funding the service received from out of area referrals helped to fund gaps in the service and contributed towards the work that was being done to increase capacity.

Ms Dutchburn stated that funding the service on a case by case basis was expensive and commissioners who took this approach ending up paying a premium for the service.

In response to a question on whether the service worked with employers to help improve the outcomes for people in work Professor Adamou stated that the service had regular dialogue with local employers to help provide support for people who were already in work. Professor Adamou added that many of the people that the service supported had significant impairment and for them work was more of an aspiration.

Professor Adamou informed the Panel that the service also had good links with the Department for Work and Pensions and these links had helped to improve the prospects of getting people back into work.

In response to a question that an improved service for young people would help improve their life chances Professor Adamou stated that he agreed that a strong service that provided appropriate support for young people would help their future chances and also help the transition between the children's and adult services.

RESOLVED –

- (1) That Attendees be thanked for attending the meeting
- (2) That a further update be arranged at a date to be confirmed

5 Care Quality Commission

The Panel welcomed attendees from the Care Quality Commission (CQC), Greater Huddersfield CCG, Calderdale CCG, SWYPFT and Kirklees Council to the meeting.

Mr Ross outlined the purpose of the CQC and explained the current CQC model of regulation which included the role of CQC in providing an independent voice on the state of health and adult social care in England.

Overview and Scrutiny Panel for Health and Social Care - 4 April 2017

Ms Dixon informed the Panel of the national picture from the CQC State of Care report on NHS acute hospitals and outlined details of the NHS acute trusts overall ratings which had been taken from the inspection results of 136 trusts.

Ms Dixon highlighted a summary of the main points from the inspections which included a concern that the safety of hospitals remained a key issue with four out of five trusts needing to improve.

Ms Dixon informed the Panel of the data for national delayed transfers of care by responsible organisation which showed an increasing trend across all areas of health and social care.

Ms Dixon presented the ratings for the Kirklees provider Calderdale and Huddersfield NHS Foundation Trust which showed the Trust's overall rating as requires improvement.

Ms Dixon outlined some key points from the Locala inspection which included a specific concern regarding the Maple award and concerns around Integrated Community Care teams and a backlog of patients.

The Panel was informed that the Mid Yorkshire Hospitals Trust would be inspected from the 15 May 2017. The Panel was told that the CQC had a number of concerns regarding the Trust which had resulted in several unannounced inspections.

The Panel was presented with an overview of CQC's next phase of regulation which would aim to achieve a more targeted, responsive and collaborative approach and an outline of the assessment framework that would be used in response to the changing provider landscape.

Ms Gorse-Brightmore presented an overview of the national picture for mental health NHS trusts which showed that 34% of trusts were good, 64% required improvement and 2% were assessed as being inadequate.

Ms Gorse-Brightmore informed the Panel of the local picture in Kirklees which included the outcomes from the inspections of the mental health trust South West Yorkshire Partnership NHS Foundation Trust, the independent mental health hospital in Dewsbury and substance and misuse services provider Lifeline Kirklees/On Trak.

Mr Ross presented an overview of the national primary medical services (PMS) ratings which showed that PMS in the North had the highest proportion of good ratings and the smallest proportion of inadequate and requires improvement locations.

Mr Ross informed the Panel of examples of good practice in PMS and common areas that required improvement. The Panel was also informed that the CQC was only inspecting 10% of Primary Dental Services which would include NHS, private and mixed practices.

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Mr Ross explained the work that was being done to develop the CQC's new Public Engagement Strategy which included an overview of the CQC strategic priorities and public engagement objectives.

A question and answer session followed that covered a number of issues that included:

- A query on whether CQC took account of the needs of a place when looking at issues such as access to emergency dental services.
- Confirmation that CQC was moving towards inspections that were place based.
- Details of the inspections of GP Practices that included a focus on referral pathways.
- A concern that the current approach by CQC to inspect by directorate resulted in missing work that was being developed on the integration of health services.
- Confirmation that CQC accepted that the integration of services should be an area of focus and that the new approach to inspections would try to take account of this issue.
- The approach taken by CQC to ensure that inspection teams included colleagues from different directorates to assist in those inspections where the provider delivered a range of different services.
- A question on whether CQC focused its inspections on commissioners.
- Clarification that CQC had no direct control over the work of commissioners.
- The approach CQC took to working in partnership with commissioners.
- The importance of ensuring that the inspections were able to adequately cover those organisations that provided services that crossed a number of health domains.
- The need for commissioners to feed up to NHSE the importance of ensuring that the new models of care were being adequately inspected.
- The importance of the Better Care Fund in helping to progress and improve the integration agenda.
- The plans by CQC to pilot towards the end of 2017 place based inspections.
- An explanation of the rationale for why CQC planned to only inspect 10% of dental practices.

RESOLVED –

(1) That all Attendees be thanked for their contribution to the discussion.

(2) That a further update be arranged with a focus on Adult Social Care Provision at a date to be confirmed.

6 Work Programme 2016/17

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

Cllr Smaje confirmed that the Panel had received the risk assessment that covered the safety aspects of podiatry services in Kirklees and that panel members were happy with the mitigation measures that had been introduced.

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It was also confirmed that the Panel had received the proposed consultation timeline for the changes to podiatry services and was satisfied with the timeline subject to confirmation of the definitive dates for the post consultation process.

Cllr Smaje provided the Panel with an overview of the recent West Yorkshire Joint Overview and Scrutiny Committee meeting which had focused on access to NHS Dental Services.

7 Date of Next Meeting

RESOLVED - That the date of the next meeting be confirmed as 25 April 2017.

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Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 4 July 2017

Title of report: Calderdale and Huddersfield NHS Foundation Trust 2017/18 Cost Improvement programme

Purpose of report:

To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions on the financial position of Calderdale and Huddersfield NHS Foundation Trust (CHFT).

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 – Report produced for information only
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 Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance? Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?	No – The report has been produced to support the discussions with CHFT.
Cabinet member portfolio	Cllr Viv Kendrick and Cllr Cathy Scott Adults and Public Health

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. **Summary**

- 1.1 The NHS continues to face significant financial pressures and as outlined in the NHS Five Year Forward Plan the NHS will need to find significant savings in excess of £20 billion in order to balance the books.
- 1.2 There has been no explicit description of how this gap will be closed but options include NHS commissioners reducing the level at which NHS activity is increasing each year, either by reducing demand or limiting access to care; NHS providers becoming more efficient; more funding; or a combination of these options.
- 1.3 Locally the Calderdale and Huddersfield NHS Foundation Trust (CHFT) face significant clinical, operational and financial challenges and currently operate with a large deficit.
- 1.4 CHFT has targeted cost savings of £17m for 2017/18 which will be split between transformational and housekeeping schemes with a further £3m of efficiency savings to be allocated.
- 1.5 Representatives from CHFT will be in attendance to present an overview of the schemes that have so far been developed. Attached to this report is:
 1. The Headlines and overview of the schemes.
 2. A more detailed description of the schemes and the targeted value for each Cost Improvement Programme.

2. **Information required to take a decision**

N/A

3. **Implications for the Council**

N/A

4. **Consultees and their opinions**

N/A

5. **Next steps**

That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.

6. **Officer recommendations and reasons**

That the Panel considers the information provided and determines if any further information or action is required.

7. **Cabinet portfolio holder's recommendations**

N/A

8. **Contact officer**

Richard Dunne, Principal Governance and Democratic Engagement Officer, Tel: 01484 221000 Email: richard.dunne@kirklees.gov.uk

9. **Background Papers and History of Decisions**

N/A

10. **Service Director responsible**

Julie Muscroft, Legal, Governance & Monitoring

Headlines

Target of £17m split between transformational and housekeeping schemes allocated to Divisions. Further £3m of efficiency requirement to be allocated, currently held at Trust level.

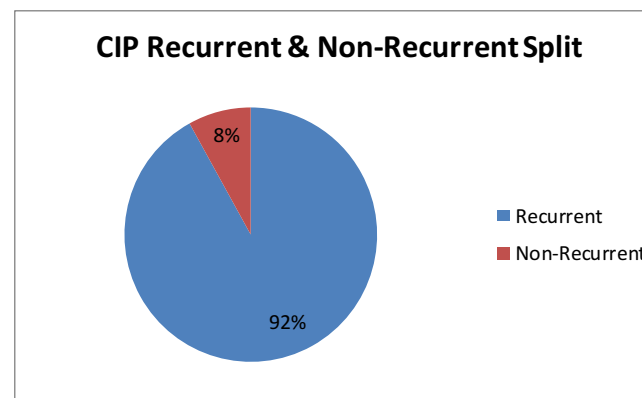
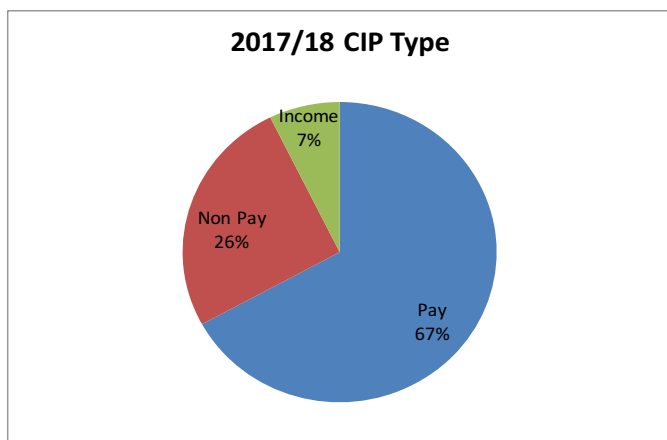
At end April £14.4m of schemes developed:

76% of schemes at GW2

92% recurrent

93% of schemes based on reduction of pay and non-pay

7% commercial or non-local commissioned income



Overview of Schemes

Portfolio	Overview of Scheme	Value £(M)
Medical Workforce	Job Planning Review	1.025
Nursing	Skill mix review, roster management, attendance management	0.653
Right Skills / Right Time	Job role review and redesign	0.997
Diagnostics	Staff optimisation, reduction in clinical variation and internal demand management	0.857
Operational Productivity	Bed Avoidance, Efficiency and Alternatives	1.555
Outpatient Productivity	Staffing efficiency, clinic template reviews, clinic management, DNA management	1.236
Clinical Standardisation	Continuous review of service delivery and standardisation of working practice	0.900
Commercial Income	Income related to: Pharmacy Manufacturing Unit, Health Informatics, IVF out of area and self funded,, overseas visitors	1.100
Pharmacy	Consolidation of pharmacy store , reduction of waste, review of high cost drugs	0.335
Procurement	Supply chain management	1.150
Divisional Housekeeping	Business as usual operational efficiency	4.500
Total		14.300



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CHFT CIP 2017/18

Portfolio Title	Description	Programme / Scheme	2017/18 CIP Value £
Medical Workforce	<p>The medical workforce in the Trust is a key asset to the organisation enabling our service delivery and ensuring safe, quality care for our patients. It is also our most expensive human resource costing the organisation £70m per annum. In 16/17 over £15m of this cost came from external agency locums and a further £4.7m from internal temporary staffing. In 17/18 the Trust has an ambitious target to reduce our medical workforce costs by £1m as part of CIP and needs to reduce agency spend by 29% to manage within the NHSI agency control total.</p> <p>The enabler for this will be investment in Allocate rostering system, and subsequent management and redesign of: Job Planning; Extra Hours; Standardisation; Visibility of work; Utilisation of Audit Day capacity. By realising capacity, and understanding where that capacity would lie, there is opportunity to use existing resource where the Trust is now reliant on agency/locum.</p>		1.02m
Nursing Workforce	<p>There are 3 programmes of work within this portfolio with several projects under each programme</p> <ul style="list-style-type: none"> • Workforce: There are 10 projects in this programme. The work looks mainly at skill mix and productivity improvements. Examples are improved rostering and service redesign in pre-assessment areas. • Nurses Uniforms and Laundry: There are 3 projects in the programme relating to uniforms: The cessation of laundry facilities for some areas, the numbers of uniforms allocated and the standardisation of uniforms and suppliers. • Mattress Hire: This is a clinically driven initiative led by the tissue viability team to improve the allocation of the correct mattress to patients using in-house stock. The schemes reduce hire costs. 	Nursing Workforce	0.34m
		Nursing Uniforms and Laundry	0.03m
		Mattress Hire	0.29m
Operational Productivity	<p>This portfolio covers:</p> <ul style="list-style-type: none"> • Bed avoidance schemes: (ambulatory and frailty pathways of care) • Bed efficiency schemes: improved patient discharge, service reconfiguration, schemes to reduce the bed base and improve LOS • Bed alternative schemes: reviewing rehabilitation care and opportunities around new models of step down care 		1.50m
Outpatients	<p>This portfolio focusses on ensuring outpatient services are efficient and effective by: delivering effective clinic slot utilisation; reducing DNAs in those specialties above Trust standard for numbers of new and follow up appointments; reviewing clinic templates to remove variation across outpatient services. Cash saving is delivered through reduced sessions.</p>		1.20m
Clinical Standardisation	<p>A review of clinical variation across specialties considering whether variation leads to improved outcomes and can be explained, or whether the variation is historical based on custom and practice and can be removed to improve efficiency. This work stream has the opportunity to consider all these drivers. Meetings with the clinical teams to discuss a pre prepared data pack to ensure clinical engagement and ownership is key to successful delivery. There is to be a rolling programme of specialties commencing with Head and Neck colleagues. Review of theatre scheduling forms part of this portfolio</p>		0.90m

Pharmacy	<p>There are 2 programmes of work within this portfolio:</p> <ul style="list-style-type: none"> • Medicines Optimisation: This is a nationally driven transformation programme that will deliver through a number of initiatives over the next 3-5 years however early gains are being sort through a joint initiative with the CCG. A gain share agreement linked to reduction in high cost drugs is funding a Clinical Specialist Pharmacist who is ward based and works to optimise the use of medicines. • Medicines Cost Reduction: This programme has several projects linked to reducing the cost of drugs. These include the continual interrogation of the DEFINE price benchmarking tool, information from the Model Hospital (Carter) team, additional pharmacy technicians on the wards to reduce waste and consolidation of the pharmacy stores. 	0.34m	
Diagnostics	<p>The Diagnostics portfolio has been developed to focus on a number of key work areas across the organisations including:</p> <ul style="list-style-type: none"> • Demand Management initiatives: To address variation in levels of demand across different service areas and clinicians • Staffing Optimisation: Schemes to optimise the workforce in Pathology and Radiology services • Review of all non-pay costs and maintenance contracts 	0.85m	
Right Skills, Right Time	<p>This is a workforce portfolio working initially with the four clinical divisions to introduce systematic assessment of service areas. Each Division has identified a minimum of 9 service areas to undertake assessments in the first year of the programme to identify productivity improvements and efficiency savings. Cash saving is delivered through reduced workforce and skill mix</p>	0.80m	
Estates and Facilities	<p>The programmes in this portfolio relate to making efficiencies by:</p> <ul style="list-style-type: none"> • Rationalising the estate • Increasing efficiencies in energy and facilities usage • Contract re-negotiations <p>Schemes are being developed jointly with our PFI partners and include the installation of a combined heat and power plant at CRH which will realise benefits in 18/19. Regional efficiencies are also being explored with WYAAT.</p>	Rationalising the estate	0.01m
		Increasing efficiencies in energy and facilities usage	0.39m
		Contract re-negotiations	0.28m
Procurement	<p>This portfolio incorporates regional efficiencies being developed with WYAAT and covers a large number of schemes in three main areas:</p> <ul style="list-style-type: none"> • NHS Supply Chain and Buying Team • Divisional contracts and supplies • Cross Divisional Leases Extension Negotiation 	NHS Supply Chain	0.24m
		Divisional Contracts / Supplies	0.76m
		Cross Divisional Leases	0.05m
Strategic Initiatives & Collaboration	<p>The schemes in this portfolio are a collection of all strategic income opportunities comprising income from: Out of area CCGs; Private patients; Overseas visitors accessing local services</p>	0.25m	
Commercial Income	<p>The Trust hosts 2 commercial entities which generate income for the organisation; The Health Informatics Services (THIS) and Huddersfield Pharmacy Specials (HPS) and this portfolio comprises productivity and income generation schemes relating to these areas.</p>	0.30m	

Divisional Housekeeping	Each division including Corporate holds a housekeeping portfolio which comprises mainly divisional transactional schemes incorporating benchmarking and divisional service reviews	Medicine Division	0.58m
		Surgery Division	1.75m
		Community Division	0.12m
		Family & Specialist Services	1.50m
		Corporate	0.43m
		The Health Informatics Service	0.50m
		TOTAL	14.43m

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Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 4 July 2017

Title of report: Setting the Work Programme for 2017/18

Purpose of report

To consider the areas of work for inclusion in the Panel's Work Programme for 2017/18.

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 <u>Strategic Director</u> & 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 for Governance and Commissioning Support?	No – This report has been produced for information and to help inform the Work Programme discussions.
Cabinet member portfolio	Cllr Viv Kendrick and Cllr Cathy Scott Adults and Public Health

Electoral wards affected: N/A

Ward councillors consulted: N/A

Public or private: Public

1. Summary

- 1.1 In April 2017, at the end of the 2016/17 municipal year, the Health and Social Care Scrutiny Panel met to reflect on the work it had undertaken; identify where work had been completed; and to highlight those projects that remained an ongoing priority.
- 1.2 In addition panel members also considered additional issues that they considered to be of a strategic priority that they would wish to include in the 2017/18 work programme.
- 1.3 Following the Panel's review officers drafted a work programme that detailed the potential issues that could be included in the Panel's work schedule for 2017/18.

- 1.4 To help inform the proposed work of the Panel the draft 2017/18 work programme was sent to Kirklees Adult Social Care, Public Health, Greater Huddersfield Clinical Commissioning Group (CCG), North Kirklees CCG, Calderdale and Huddersfield NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust and South West Yorkshire Partnership NHS Foundation Trust requesting that they review the proposed issues and add any comments to include:
- Detailing any proposed additional areas of focus (within the issues listed);
 - An indication of timescales for covering the issue(s);
 - Areas that they believe are not a priority and reasons why;
 - Highlighting any new issues for inclusion in the work programme.
- 1.5 Attached to this report is a copy of the draft 2017/18 work programme that incorporates comments received by Kirklees officers and health partners and details of any new issues that have been put forward for consideration by the Panel.
- 1.6 Members are asked to review the draft work programme and determine the issues for inclusion in the 2017/18 work schedule to include agreeing the approach to be taken for each issue.
- 1.7 Cabinet Members for Adults and Public Health and a senior representative from Adult Social Care will be in attendance to assist the Panel in setting its work programme for the year.
2. **Information required to take a decision**
N/A
3. **Implications for the Council**
N/A
4. **Consultees and their opinions**
N/A
5. **Next steps**
Following the Panel's discussion, the agreed work programme will be taken forward and work will commence on developing the Panel's work schedule for the coming year.
6. **Officer recommendations and reasons**
That the Panel review the draft work programme and agree the issues for inclusion in its 2017/18 work schedule.
7. **Cabinet portfolio holder's recommendations**
N/A
8. **Contact officer**
Richard Dunne, Principal Governance & Democratic Engagement Officer, Tel: 01484 221000 E-mail: richard.dunne@kirklees.gov.uk
9. **Background Papers and History of Decisions**
N/A
10. **Service Director responsible**
Julie Muscroft, Legal, Governance and Monitoring

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL (V3)

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2017/18

Issue	Put forward by	Approach and areas of focus	OFFICER/ HEALTH PARTNER COMMENTS
FULL PANEL DISCUSSION ISSUES			
<p>1. Financial position of North Kirklees CCG and Greater Huddersfield CCG</p>	<p>Carried forward from 2016/17</p>	<p>The Panel has received an update on the CCG’s financial position and agreed to continue to monitor the CCG’s finances to include:</p> <ul style="list-style-type: none"> • A focus on the work being undertaken to reduce costs and increase efficiencies to include : <ul style="list-style-type: none"> ○ Monitoring the impact of the ‘Talk Health Kirklees’ campaign. ○ Assessing the various CIP’s and reviewing the impact of any proposed changes to the commissioning of services. • Considering the wider transformation programmes being undertaken by both Greater Huddersfield CCG & North Kirklees CCG to include assessing their: contribution to increasing efficiencies and impact on services. (Potential to merge with the North Kirklees Transformation programme detailed below). 	<p>South West Yorkshire Partnership Foundation Trust (SWYPFT)</p> <p>No issues in the short term as contracts signed re 17/18, but CCG’s financial position may have implications longer term re impact on non-acute services.</p>
<p>2. North Kirklees CCG Transformation Programme</p> <p>NK CCG’s ambition is to move towards population based commissioning and break down the silos in current service delivery in order to focus on integrated patient centred care and health and wellbeing, whilst reducing health inequalities for the local population.</p>	<p>Carried forward from 2016/17</p>	<p>7 February 2017 – The Panel received an update on the development and implementation of a range of programmes which support the CCG’s ambition.</p> <p>No further areas of work have been identified and the Panel will need to consider its approach to monitoring this area of work. The Panel noted that the NKCCG programme is closely linked to the work that is being developed through CC2H, the Healthy Child Programme (HCP) and Meeting the Challenge</p>	<p>SWYPFT</p> <p>Locala are the lead for the Healthy Child Programme but SWYPFT, as a sub-contractor of the services, would be happy to contribute as required.</p> <p>Commissioning, Public Health and Adult Social Care (CPA)</p> <p>Potential for this item to be withdrawn from the</p>

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2017/18

Issue	Put forward by	Approach and areas of focus	OFFICER/ HEALTH PARTNER COMMENTS
FULL PANEL DISCUSSION ISSUES			
			<p>programme with the Panel focusing on the various strands of work being developed through CC2H, HCP and Meeting the Challenge.</p>
<p>3. Kirklees Sustainability and Transformation Plan (STP)</p>	<p>Carried forward from 2016/17</p>	<p>To maintain an overview of the Kirklees STP including :</p> <ul style="list-style-type: none"> • Progress of the implementation of the plan; • Monitoring impact of changes; • Assessing how local changes fit/link with the wider transformational changes taking place across West Yorks 	<p>CCGs Have suggested that it may be of benefit for the Panel to include a focus on public sector estate.</p> <p>There are likely to be some areas of proposed primary care development in Huddersfield e.g. Princess Royal that will be useful to update the Panel on. Timescales for updates are likely to be better if scheduled towards the end of the year.</p> <p>These updates can be done through the STP item or alternatively included as an item for Lead member briefing.</p>

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2017/18

Issue	Put forward by	Approach and areas of focus	OFFICER/ HEALTH PARTNER COMMENTS
FULL PANEL DISCUSSION ISSUES			<p>Calderdale and Huddersfield NHS Foundation Trust (CHFT) For the Panel to assess decisions being made at a West Yorkshire STP level, and how these impact on the local population. The two services that spring to mind at the moment are provision of Vascular Surgery and Stroke Services.</p> <p>SWYPFT Happy to provide input covering Mental Health and Learning Disability streams as required.</p> <p>CPA To Note that Cllr David Sheard has been appointed as Chair of the Health and Wellbeing Board and will be leading on this work.</p>
<p>4. Healthwise Optimisation Programme An initiative being considered by the CCG's that will support people prior to surgery who are deemed to be at high risk of complications that can occur during or after surgery. Initial</p>	<p>Health and Social Care Scrutiny Panel</p>	<p>Consider an overview of the programme including planned timescales for development and implementation of the programme.</p>	<p>SWYPFT No specific issues to highlight unless the Panel wish to look at the links between physical and Mental Health.</p>

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2017/18

Issue	Put forward by	Approach and areas of focus	OFFICER/ HEALTH PARTNER COMMENTS
FULL PANEL DISCUSSION ISSUES			
<p>areas of focus will cover obesity and smoking.</p>			
<p>5. Integration of Health and Social Care The integration of Health and Social Care is at the centre of government reforms and with the introduction of STP's there is a clear expectation for there to be significant measurable progress in health and social care integration by 2020.</p>	<p>Carried forward from 2016/17</p>	<p>To maintain an overview of progress of the Integration of Health and Social to include: considering how performance will be measured; assessing the pace of change; and reviewing the impact on the standard and quality of services being delivered in Kirklees.</p> <p>In addition the Panel will also consider the overall impact of the reductions in budgets across the whole of the health and social care economy to include assessing if there is any disproportionate impact on certain groups.</p> <p>The Panel will receive an update report to include an outline of the action plan early in the 2017/18 municipal year. (there is a potential to merge this area of work with item 20 Better care Fund)</p>	<p>SWYPFT Not applicable at a strategic level but there are links at an operational level such as the integrated teams that the Panel may wish to consider.</p> <p>CPA Support the inclusion of this work item. Due to the broad area of work it is suggested that the Panel may find it helpful to have a discussion with CPA in order to scope out specific areas of focus.</p> <p>Integration is moving at a pace and would agree this area of work could be linked with item 20 – Better Care Fund and include a focus on integrated commissioning.</p>
<p>6. CQC Inspections</p>	<p>Carried forward from 2016/17</p>	<p>To maintain an overview of the progress of the Action Plans developed by a number of local providers following an CQC inspection including:</p> <ul style="list-style-type: none"> • South West Yorkshire Partnership NHS Foundation Trust • Mid Yorkshire Hospitals NHS Trust 	<p>CCGs Suggestion to consider including GPs to the list of providers with a focus on the small number of practices that have been rated as</p>

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2017/18

Issue	Put forward by	Approach and areas of focus	OFFICER/ HEALTH PARTNER COMMENTS
FULL PANEL DISCUSSION ISSUES			
		<ul style="list-style-type: none"> • Calderdale and Huddersfield NHS Foundation Trust • Locala Community Partnerships 	inadequate. SWPFT Quality summit held 13 June 2017 and final report can be made available to the Panel.
7. Early Intervention and Prevention (EIP) – All Age Disability	Carried forward from 2016/17	The Panel will receive regular update reports on the following EIP /All Age Disability workstreams:- <ul style="list-style-type: none"> • Adults Pathway (to include supporting carers, volunteering, community capacity building, grant funding) – scheduled for July 2017 • YPAT – short breaks and respite care 	SWPFT Not applicable at a strategic level, but there are links to the work that SWYPFT are doing in localities including: volunteering, Recovery Colleges and Carers charter. CPA Proposed approach would be to have two scheduled updates during the year to include one interim update followed by a more detailed review in Q4 (Jan – March 2018) that summarises progress across 2017. Areas of focus to include : progress ; impact on people ; quality ; and performance
8. Kirklees Joint Strategic Assessment (KJSA) KJSA is seen as the local foundation of priority setting, informing	Carried forward from 2016/17	Item was included in the 2016/17 Work Programme (WP) but due to the volume of work it was agreed to move to the 2017/18 WP. Areas of focus:	CPA Proposal that this item is taken alongside the Kirklees element of the STP with the

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2017/18

Issue	Put forward by	Approach and areas of focus	OFFICER/ HEALTH PARTNER COMMENTS
FULL PANEL DISCUSSION ISSUES			
<p>commissioning strategies and plans and helping local people to hold providers and commissioners to account. The strategy provides the framework for joint commissioning plans and specific, detailed commissioning plans for the NHS, social care and public health. The JSA was being refreshed during 2015/16.</p>		<ul style="list-style-type: none"> • An overview of the process that is followed in the development of the KJSA • Presenting an example of the work that is carried out on updating a section of the KJSA • Outlining the approach that is taken to implementing actions to address the issue(s) and monitoring progress. <p>Officer Leads: Helen Bewsher/Rachel Spencer-Henshall</p>	<p>focus on how it's used and less emphasis on how it's put together.</p>
<p>9. The Healthy Child Programme (0-19 services) The Kirklees Integrated Healthy Child Programme (KIHCP) is seen as a catalyst for transforming work with children and young people across a range of systems, interventions, sectors and services over the next 5 - 10 years.</p>	<p>Carried forward from 2016/17</p>	<p>7 March 2017 - The Panel were presented with an update on the KIHCP procurement process; the approach being taken to implementing the programme; and progress of implementation. The Panel has agreed to maintain an overview of the development of the service.</p> <p>A report is scheduled to be considered by the Panel in September 2017.</p>	<p>Mid Yorks Hospitals NHS Trust To enhance the 0-19 service healthy child programme update item the Panel could look at how the system is working to ensure "Children have the best possible start in life". This is the most important priority for all sorts of reasons and the Trust believes it would be timely to have a deep dive into this topic.</p> <p>SWYPFT Locala are the lead provider but SWYPFT does have input on Child and Adolescent Mental Health Services.</p>

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2017/18

Issue	Put forward by	Approach and areas of focus	OFFICER/ HEALTH PARTNER COMMENTS
FULL PANEL DISCUSSION ISSUES			<p>CPA Support the continued focus on maintaining an overview of this area of work.</p>
<p>10. Integrated Wellness Model The wellness approach goes beyond looking at single-issue, healthy lifestyle services with a focus on illness, and instead aims to take a whole-person and community approach to improving health. Based on self-care and intervening as early as possible but as late as necessary, it is clear that individuals who manage their own lifestyles are healthier, more productive, have fewer absences from work, and make fewer demands for medical and social services.</p>	<p>Carried forward from 2016/17</p>	<p>7 March 2017 - The Panel received an update on the progress of work that has taken place to develop a Kirklees Wellness Model. Panel has agreed to keep the issue on the Work Programme and for a further update to be scheduled to include:</p> <ul style="list-style-type: none"> • Scoping out the detail of the Wellness Model’s functions; • Developing the details for the Service Specification; • Producing a timeline to include key milestones and decision making; • Understanding the outcomes and impact for service users; and • Clarification on what services/provision will align virtually or work on the periphery of the model. 	<p>CPA Support the continued focus on maintaining an overview of this area of work.</p>
<p>11. Robustness of Adult Social Care</p>	<p>Amanda Evans</p>	<p>A report is scheduled to be considered by the Panel in October 2017, which will include homecare provision; state and resilience of the adult social care market; and an update on preparations for winter.</p>	<p>CPA Confirm that timescale for this item should be October 2017 once the contracts are in place for domiciliary care.</p>
<p>12. Attention Deficit Hyperactive Disorder (ADHD) – Adults</p>	<p>Carried forward from 2016/17</p>	<p>4 April 2017 - The Panel were presented with an update on waiting times and numbers for Adult ADHD and an overview of the work that was being developed to enhance the capacity of service and improve the consistency of the service delivered across West Yorks. The Panel has agreed to arrange a further update at a date to be arranged</p>	<p>CPA Agree this is important but when taking into account the totality of the scrutiny work programme the Panel may wish to consider assessing</p>

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2017/18

Issue	Put forward by	Approach and areas of focus	OFFICER/ HEALTH PARTNER COMMENTS
FULL PANEL DISCUSSION ISSUES			
			where this issue fits within the overall priority of the Panel WP.
13. Quality of Care in Kirklees	Carried forward from 2016/17	In April 2017 CQC presented to the Panel an outline of its activity and an overview of the outcomes of the inspections in Kirklees. It was agreed that a further update be arranged with a focus on adult social care at date to be confirmed.	
14. Suicide Prevention The House of Commons Health Committee has recommended to Government that health overview and scrutiny committees should be involved in ensuring effective implementation of local authorities' suicide prevention plans. This should be established as a key role of these committees. Effective local scrutiny of a local authority's suicide prevention plan should reduce or eliminate the need for intervention by the national implementation board.	National Recommendation	The Panel will need to view and assess the Kirklees Suicide Prevention Plan and agree its approach to monitoring the effectiveness of the Plan.	SWYPFT SWYPFT's deputy director of nursing is leading on this work stream which is included in the West Yorks STP and would be happy to assist the Panel.
15. Changes to Podiatry Services – outcomes of consultation	Locala/GH CCG – S True/R Flack/V Dutchburn	A report on the outcomes of Locala's consultation on the Changes to Podiatry Services is scheduled to be considered by the Panel in November 2017.	
16. Mental Health Services – Transformation Programme SWYPFT are continuing to work through a major service	Carried forward from 2016/17	Panel to receive an update on the progress of the programme including: an overview of the key services that are/have been transformed; details of where implementation has taken place; and an overview of emerging outcomes including lessons learned.	SWYPFT Update could be provided jointly with CCG. Suggested timescale is Spring 2018.

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2017/18

Issue	Put forward by	Approach and areas of focus	OFFICER/ HEALTH PARTNER COMMENTS
FULL PANEL DISCUSSION ISSUES			
<p>transformation programme with a focus on: recovery; putting more people in charge of the care they get; providing more support to people when they need it; helping people to leave hospital when they are ready; and ensuring that GP's stay at the heart of care</p>			
<p>17. Care Closer to Home (CC2H) CC2H remains a key transformational change for Clinical Commissioning Groups (CCG's). A key aim of CC2H is to develop an integrated community based health care service for all including the frail, vulnerable, older people and end of life care. The programme has critical inter-dependencies with the two hospital services programmes (Righty Care Right Time Right Place and Meeting the Challenge). The CC2H contract is delivered by Locala and GHCCG is the lead commissioner.</p>	<p>Carried forward from 2016/17</p>	<p>7 February 2017 – The Panel considered an update on the implementation of the programme and received the February 2017 copy of the Locala Quality Dashboard.</p> <p>Areas that the Panel has agreed to focus on include:</p> <ul style="list-style-type: none"> • Maintaining an overview of progress of the programme; • Assessing the effectiveness of CC2H in supporting the two hospital services programme with a particular focus on the changes taking place across Mid Yorkshire Hospitals Trust. • Considering the impact of the reduction in funding for community pharmacy on the programme. <p>In addition panel members will need to undertake a further review of the Locala Quality Dashboard to identify if there are any themes they wish to focus on.</p>	
<p>18. CCGs' Primary Care Strategies Greater Huddersfield CCG and North Kirklees CCG have developed Primary Care Strategies which are seen as key elements of their respective strategic work</p>	<p>Carried forward from 2016/17</p>	<p>The Panel will review both strategies at its informal meeting 16 May 2017.</p> <p>In addition the Panel will:</p> <ul style="list-style-type: none"> • Consider if there are any specific elements that require a more detailed assessment. 	

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2017/18

Issue	Put forward by	Approach and areas of focus	OFFICER/ HEALTH PARTNER COMMENTS
FULL PANEL DISCUSSION ISSUES			
programmes		<ul style="list-style-type: none"> Assess the approach to monitoring the implementation of the strategies to include performance indicators. Look at the development of GP Federations in Kirklees and assess their role in the wider health care landscape. 	
19. Developing a working protocol with Healthwatch Kirklees and Kirklees Health and Wellbeing Board	Carried forward 2016/17	Further work is required to finalise the protocol. Lead member to agree a final draft before presenting to the wider panel for sign off.	
20. Health and Wellbeing Board – Better Care Fund (BCF) The BCF provides a significant financial incentive for the integration of health and social care. CCG’s and LA’s are required to pool budgets and agree an integrated spending plan on how they will use their BCF allocation.	Health and Social Care Scrutiny Panel	Approach to assessing this item to be confirmed. (potential to merge with Item 5 Integration of Health and Social Care)	

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2017/18

Issue	Put forward by	Approach and Areas of Focus	OFFICER /HEALTH PARTNER COMMENTS
LEAD MEMBER BRIEFING ISSUES			
21. Care Act 2014	Carried forward 2016/17	Lead Member to maintain an overview of the implementation of the reforms on the Council including impact of financial challenges and rising demand; and workforce challenges.	CPA Would suggest that consideration be given to withdrawing the item from the WP given the length of time that has passed since the Care Act was implemented.

22. Changes to GP Contracts Following a national review of the Personal Medical Services (PMS) contract all practices will be moved into a core funding contract and to ensure equitable funding the additional funds from the PMS contracts will be more fairly distributed across all practices.	Carried forward 2016/17	In July 2016 the Panel considered a report from GHCCG on the changes to GP contracts, funding and implications for practices in Greater Huddersfield. The Panel was informed of on local practice that was in dispute with NHS England about the process and policy and the funding regards this practice remains unclear. Lead Member will continue to monitor the situation and report back to the Panel.	CCGs Agreement now reached with the local practice and will provide an update to the Lead Member at the next scheduled briefing session.
23. Deprivation of Liberty Safeguards	Carried forward 2016/17	Lead Member to maintain a watching brief and arrange for a year end update report to be distributed to the wider panel.	CPA Support the continued inclusion of this item supported by a report for information.
MONITORING ITEMS Routine follow up to previous recommendations to demonstrate Scrutiny outcomes			OFFICER /HEALTH PARTNER COMMENTS
Issue	Areas of Focus		
24. Tuberculosis (TB) in Kirklees	Following an update in April 2016 the Panel agreed to continue to monitor TB in Kirklees to include arranging a further update to cover: <ul style="list-style-type: none"> • Looking at the work being undertaken to reduce TB rates in Bradford and Leeds and to highlight examples of good practice. • Getting clarification on staffing ratios for the current TB nursing establishment as per the recommendations from the Royal College of Nursing. • Receiving an action plan on the work being undertaken in Kirklees to reduce the high levels of TB in the borough. 		
25. Review of Mental Health Assessments	Panel will need to agree a time line for reviewing progress of the recommendations of the Ad-hoc Panel following the presentation of the report to Cabinet 25 July 2017.		CPA¹ It may be helpful to continue to monitor this alongside the SWYPFT transformation programme

¹General Comment from CPA: It would be helpful to clarify whether an item is being considered as “pre-scrutiny” to assist the formation of an item or as a review of a decision made or the implementation of that decision.

PROPOSED NEW ITEM	AREAS OF FOCUS	OFFICER/HEALTH PARTNER COMMENTS
<p>26. Interim Changes to hospital services</p> <p>To scrutinise any interim changes to hospital services that the Calderdale and Huddersfield NHS Foundation Trust (CHFT) are considering prior to reconfiguration.</p>	<p>CHFT are currently reviewing inpatient provision of Cardiology, Respiratory and Elderly Medicine.</p>	<p>New item proposed by CHFT</p>



Name of meeting: Overview and Scrutiny Panel for Health and Adult Social Care

Date: 4 July 20167

Title of report: Adult Services Pathway update

Purpose of report:

To provide Overview and Scrutiny panel members with a progress update on the Adult Services Pathway work.

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	Sue Richards 21 June 2017
Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?	No
Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?	No
Cabinet member portfolio	Cllr Viv Kendrick and Cllr Cathy Scott Adults and Public Health

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Summary

- This report provides members with a progress update on the Adult Services Pathway work. Covering information on the diagnostic work that has been completed so far in relation to the Adult Services pathway redesign. How this work now fits under the Front Door, Care Offer, Commissioning and Sufficiency projects in the Adult Services Transformation Programme. With further detail of the work to be covered in the Project Initiation Document objectives.
- An update on how this links to Communities Plus which is part of the Implementing Early Help programme

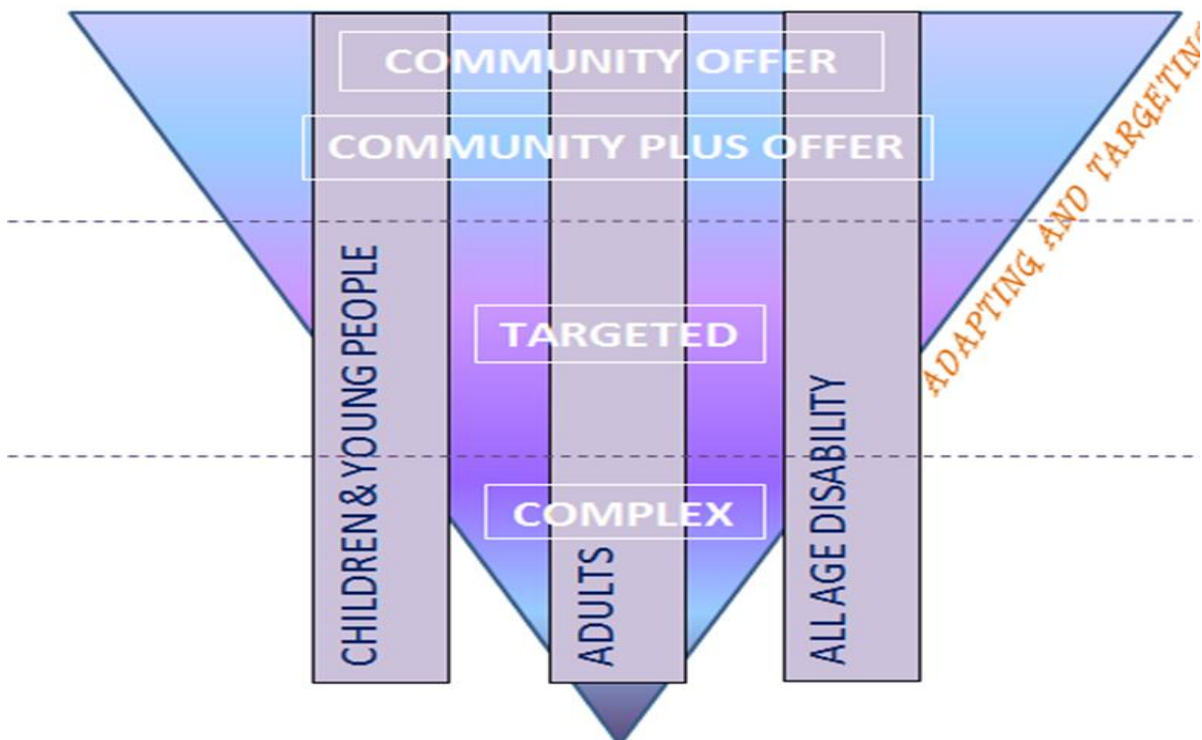
Background

In autumn 2014 iMPower, with support from the Council, undertook a service effectiveness review of Early Intervention and Prevention in Kirklees. An operating model was developed that reduced demand on high cost statutory social care services through improved Early Intervention and Prevention by maximising independence from the Adult Social Care system.

The Adult Pathway work aims to achieve this by improving hospital discharge, reablement services and our front door (Single Point of Access) and by designing a digital front door so people can easily see what support they may be entitled to, what there is locally in their community that could also meet their needs without the need for formal assessments and care, and importantly whether they are likely to be able to get help towards costs of care. It will also look to change the way Adult Services reviews and assesses its customers.

Kirklees Council is now working with an external transformation partner to have robust plans in place to ensure these outcomes are achieved.

Early Intervention and Prevention model



Adult Services Pathway

The Adult Pathway starts when the first enquiry is made at the front door and continues through to people potentially receiving services. The aim is that the Pathway will be made clearer for service users and professionals with guidance on how to follow the pathway and there will ultimately be a single method of accessing and sharing information with different professionals. Processes will be streamlined, simplified and made consistent across services, making sure that our customers have the best of opportunities for themselves as well as achieving the identified savings.

Adult Services Transformation

Work is ongoing as a priority to redesign the Adult services pathway. With significantly less funding in future years the council and key partners can no longer carry on doing the same things; we have to do things differently as we move forward.

A Transformation team is leading this area of work, membership includes Kirklees Council staff at all levels of the organisation, staff from our transformation partner and from our identified partner organisations.

We are working closely with our partners, particularly in Health and Housing, to ensure that we continue to meet the needs of our customers, in the most creative, appropriate and cost effective way.

Adult services are aiming to transform their operations in the future so that the service meets nine key design principles:

- Enabling greater self-management and independence
- Providing a safety net for the most vulnerable
- Enterprising (making the most of what we have)
- Understanding and meeting need.
- Affordable
- Focusing on council wide capabilities.
- Collaborative and integrating.
- Innovative and actionable.
- Shape the market.

These will be achieved through working on a number of key areas that have been identified as part of the initial diagnostic phase. They are:

- Front Door
- Care Offer
- Sufficiency
- Commissioning

These areas of focus will deliver overall savings of £ 16,357,281m within a 3 year timeframe.

These areas are designed to achieve the following:

1. Front Door

Manage demand through increased self-service and greater resolution at the first point of contact.

This will be achieved by:

- Integrating and transforming existing customer access points

- Enabling citizens and their representatives to self-serve on-line.

2 Care Offer

Change the way Adult Services reviews and assesses its customers to encourage independence and utilise community support.

This will be achieved by:

- Establishing a systematic review taskforce to ensure existing care packages are proportionate to need.
- Using strengths based approach to drive service user independence and encourage communities and family support.
- Reduce hand-offs and blockages throughout the customer journey.
- Strengthen the Resource Allocation System.

3. Sufficiency

Undertake more reablement and transfer in-house residential care to the provider market.

This will be achieved by:

- Enhancing the reablement offer and reinforcing the step up/step down provision
- Transfer in-house residential care to provider market nursing care.

4. Commissioning

This will:

- Create and implement an overarching commissioning led approach for shaping the Adult Social Care market.
- Retender and support successful implementation of the Domiciliary Care Contract.
- Complete redesign of Supporting People provision.

Communities Plus

Delivery of an Early Help offer is reliant on the ability to safely and appropriately enable people to “step down” or step away from services, where they are able to self - sustain their recovery, independence, coping, life skills or capacity to thrive.

This requires:

- The skills and practice of targeted workers to move people towards those actions that develop independence from Council services.
- Local availability of a variety of evidence based interventions and options to assist people to step away

Equally important is the ability to actively prevent the need for people to “step up” or step into the need for services. This requires:

- The skills of an integrated workforce to identify populations where prevention is most likely to be needed and effective
- Local availability of a variety of evidence based interventions and options that promote self-care, self-reliance and independence from Council services.

The “Communities Plus” tier of support is design to facilitate this step down/step up approach where it can effectively work with community provision and capacity to create and co-commission the range of locally available options, and to over time build the capacity and resilience of communities to deal with all preventable “step up”.

This does not replace what is already there in communities but supports that by the council doing the things that only they can do.

The internal recruitment process to the Communities Plus roles has started and interviews are expected to be completed by the end of August.

These roles include: Early Intervention and Prevention Partnership Manager, Third Sector Manager, Community Investment Manager, Service Manager Cohesion, Volunteer Development Co-ordinator, Community Co-ordinators, Faith and Community Integration Manager, Keyworkers and Casework Consultants.

Community Investment

Current community investment continues with the last grants issued from the Community Partnerships funding due to continue until the end of December 2017.

A new cross-Council strategy for ensuring consistency and best value in Community Investment is a key first priority for the new service.

Social Value

A scrutiny committee has been looking at ways we can consistent apply a 'social value' argument for how we deal with organisations we may wish to work with and give 'in kind' support rather than cash.

2. Information required to take a decision

N/A

3. Implications for the Council

The Adult Services Pathway Transformation programme is designed to deliver the Adult Services Intent and Ambition. Significant savings are expected to be made in some areas of the service, in line with the Council's Medium Term Financial Plan. Plans are in place and continue to be developed to ensure delivery of these.

4. Consultees and their opinions

N/A

5. Next steps

N/A

6. Officer recommendations and reasons

That the report be noted.

7. Cabinet portfolio holder's recommendations

N/A

8. Contact officer

Sue Richards, Assistant Director for Early Intervention & Prevention
Tel: 01484 221000 Email: sue.richards@kirklees.gov.uk

9. Background Papers and History of Decisions

<http://democracy.kirklees.gov.uk/ieListDocuments.aspx?CIId=139&MIId=4981&Ver=4>

10. Service Director responsible

Sue Richards, Assistant Director for Early Intervention & Prevention

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