

# Public Document Pack



**Service Director – Legal, Governance and  
Commissioning**

**Julie Muscroft**

The Democracy Service  
Civic Centre 3  
High Street  
Huddersfield  
HD1 2TG

**Tel:** 01484 221000

Please ask for: Andrea Woodside

Email: [andrea.woodside@kirklees.gov.uk](mailto:andrea.woodside@kirklees.gov.uk)

Monday 5 November 2018

## Notice of Meeting

Dear Member

### **Cabinet**

The **Cabinet** will meet in the **Council Chamber - Town Hall, Huddersfield** at **4.00 pm** on **Tuesday 13 November 2018**.

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

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

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

**Julie Muscroft**

**Service Director – Legal, Governance and Commissioning**

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

## **The Cabinet members are:-**

### **Member**

Councillor Shabir Pandor  
Councillor David Sheard

Councillor Masood Ahmed  
Councillor Viv Kendrick

Councillor Musarrat Khan  
Councillor Naheed Mather  
Councillor Peter McBride  
Councillor Cathy Scott  
Councillor Graham Turner

### **Responsible For:**

Leader of the Council  
Deputy Leader of the Council and holder of the  
Deputy Leaders Cabinet Portfolio  
Cabinet Member - Learning and Aspiration  
Cabinet Member - Children (Statutory  
responsibility for Children)  
Cabinet Member - Health and Social Care  
Cabinet Member - Communities and Environment  
Cabinet Member - Economy  
Cabinet Member - Housing and Democracy  
Cabinet Member - Corporate

# Agenda

## Reports or Explanatory Notes Attached

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**Pages**

**1: Membership of the Committee**

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

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**2: Interests**

1 - 2

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

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**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.

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**4: Deputations/Petitions**

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

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

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**5: Public Question Time**

The Committee will hear any questions from the general public.

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**6: Member Question Time**

To consider questions from Councillors.

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**7: Arrangements for the Establishment of a West Yorkshire Urban Traffic Management Control Service** 3 - 8

A report seeking approval for the establishment of a joint West Yorkshire Urban Traffic Management Control Service to be hosted by Leeds City Council.

**Officer:** Simon Taylor, Head of Development Management, Tel 01484 221000

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**8: West Yorkshire Plus Transport Fund Scheme Update** 9 - 26

A report highlighting the progress made to date on the West Yorkshire Plus Transport Fund (WY+TF) scheme programme and to introduce governance arrangements for the processing of grants and funding.

**Wards:** All

**Officer:** Simon Taylor, Head of Development Management, Tel 01484 221000

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**9: HRA 5 Capital Plan** 27 - 42

A report to consider the adoption of a 5 year capital improvement plan to Council Housing and to approve the approach, associated budgets and programmes.

**Wards:** All

**Officer:** Helen Geldart, Head of Housing Services, Tel 01484 221000

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**10: Corporate Financial Monitoring Report Quarter 2 for 2018/19** 43 - 66

A report to inform Cabinet on financial monitoring for General Fund Revenue, Housing Revenue Account (HRA) and Capital Plan, as at Quarter 2 (month 6), 2018-19.

**Wards:** All

**Officer:** Eamonn Croston, Service Director, Finance, Tel: 01484 221000

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**11: Annual Inclusion & Diversity Report & Year 2 Action Plan** 67 - 86

A report updating Cabinet on progress on Year 1 of the Council's Inclusion & Diversity (I&D) Strategy and Action Plan 2017-21 and to outline the priorities and activities for 2018/19.

**Wards:** All

**Officer:** David Bundy, Corporate Policy Officer, Tel 01484 221000

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**12: To decommission specialist provision at Headlands CE (VC) JI&N School and deliver the service in a different way – Outcome report** 87 - 110

A report to advise Cabinet on the outcomes from the non-statutory consultation and to seek approval to move to the representation stage of the legal process to decommission 6 transitional places at Headlands CE(VC) JI&N School for children with Autistic Spectrum Disorder.

**Wards:** All

**Officer:** Mandy Cameron, Head of Service, Education Safeguarding and Inclusion, Tel 01484 221000

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**13: West Yorkshire and Harrogate Health and Care Partnership** 111 - 154

A report outlining the revisions to the proposed West Yorkshire and Harrogate Health and Care Partnership agreement – the Memorandum of Understanding (MoU). To seek approval for the Chief Executive to negotiate and sign the final agreed MoU on behalf of the Council.

**Wards:** All

**Officer:** Richard Parry, Strategic Director for Adults and Health, Tel 01484 221000

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**14: Kirklees Health and Wellbeing Plan 2018-2023**

155 -  
206

A report seeking approval of the Kirklees Health and Wellbeing Plan 2018-2023

**Wards:** All

**Officer:** Richard Parry, Strategic Director for Adults and Health and Phil Longworth, Senior Manager Integrated Support Tel 01484 221000

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**15: Adult Social Care Offer**

207 -  
238

To advise Cabinet on the development of the Adult Social Care Offer following the public consultation, and to seek the Cabinet's approval for elements of the Care Offer to be implemented on 1 March 2019.

**Wards:** All

**Officer:** Amanda Evans, Service Director for Adult Social Care Operations Tel 01484 221000

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<b>KIRKLEES COUNCIL</b>			
<b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b>			
<b>DECLARATION OF INTERESTS</b>			
<b>Name of Councillor</b>			
<b>Item in which you have an interest</b>	<b>Type of interest (eg a disclosable pecuniary interest or an "Other Interest")</b>	<b>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]</b>	<b>Brief description of your interest</b>

Signed: ..... Dated: .....

## NOTES

### Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

Any beneficial interest which you, or your spouse or your civil partner has in securities of a body where -

- (a) that body (to your knowledge) has a place of business or land in the area of your council or authority; and
- (b) either -

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

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

**Name of meeting:** Cabinet  
**Date:** 13<sup>th</sup> November 2018  
**Title of report:** Arrangements for the Establishment of a West Yorkshire Urban Traffic Management Control Service

**Purpose of report:** The report seeks Cabinets approval for the establishment of a joint West Yorkshire UTMC service to be hosted by Leeds City Council

<b>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?</b>	Yes
<b>Key Decision - Is it in the <a href="#">Council's Forward Plan (key decisions and private reports?)</a></b>	Yes
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	Yes
<b>Date signed off by <u>Strategic Director</u> &amp; name</b>  <b>Is it also signed off by the Service Director for Finance?</b>  <b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b>	Karl Battersby – 24 October 2018  Eamonn Croston – 26 October 2018  Julie Muscroft – 26 October 2018
<b>Cabinet member <a href="#">portfolio</a></b>	Cllr Peter McBride - Cabinet Lead Member – Economy (inc. Transportation) Cllr Naheed Mather - Cabinet Lead Member – Communities Cllr Graham Turner - Cabinet Lead Member - Corporate

**Electoral wards affected: All**

**Ward councillors consulted: None**

**Public or private: Public**

## 1. Summary

1.1 The purpose of this report is to provide information to the council's cabinet about the proposals for the establishment of a West Yorkshire Urban Traffic Management Control (West Yorkshire UTMC) Service. It sets out the background to the development of the proposal and requests delegated authority for the Strategic Director for Economy and Infrastructure to progress with arrangements for establishing the service which will be hosted by Leeds City Council.

1.2 The establishment of a West Yorkshire UTMC service would benefit all West Yorkshire Councils in delivering a more resilient and cost effective service using

funding allocated from the West Yorkshire Transport Plus Fund to help facilitate the change.

1.3 The new service would take over responsibility for the design of new traffic signal installations for all of West Yorkshire and would be responsible for their operation, co-ordination and maintenance under the governance of a service level agreement. Local authorities would however retain ownership of the traffic signal asset together with responsibility and for payment of associated energy costs.

1.4 The Key Benefits of the West Yorkshire UTMC service would be:-

- Provision of a well-resourced West Yorkshire UTMC service, better able to maximise opportunities afforded by economies of scale and efficiencies.
- Provision of a consistent UTMC service across West Yorkshire.
- Better management of congestion to unlock capacity on the highway network.
- Improved journey time reliability.
- Better management of unplanned events.
- Improving air quality.
- Increased employment and promotion of economic growth by the completion of transport schemes across West Yorkshire regardless of administrative boundaries.

1.5 Initial discussions into the possibility of establishing a joint service have taken place between the council leaders and chief executives. As a result of these discussions agreement in principle has been reached to support the development of a joint service solution.

1.6 Cabinet is asked to:-

- Note in principle the arrangements for the establishment of a West Yorkshire UTMC joint service, subject to the outcome of the consideration of the full business case by the combined authority;
- Approve in principle, that should a joint West Yorkshire shared service be established that Leeds City Council will become the host authority;
- Authorise the Strategic Director for Economy and Infrastructure in consultation with the portfolio holder to progress with the other local authorities any arrangements necessary to support the implementation of the joint West Yorkshire UTMC service.
- Note the potential requirement to transfer staff via TUPE from Kirklees Council to Leeds City Council, to work within the West Yorkshire UTMC service.
- Note the proposed creation of an organisational unit with Leeds City Council's City Development Directorate for the West Yorkshire UTMC service and that the proposed West Yorkshire Joint Service maybe based at the Joint Services Building in Morley subject to the outcome of the Full Business case and completion of all legal requirements: and
- Note that this report discusses the fact that further work is required in relation to the establishment of The Joint West Yorkshire UTMC service and that once final agreement has been reached in relation to the operational arrangements for this service a further report will be presented to the cabinet for approval.

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

2.1 Currently UTMC services are delivered independently by each of the West Yorkshire authorities with the exception of Calderdale who procure their services from Leeds

City Council. The four West Yorkshire UTMC teams work in different locations to varying service level agreements, with some limited formal cross boundary operations (e.g. shared external maintenance contracts, shared supply and installation contracts).

- 2.2 The Joint West Yorkshire UTMC project comprises of 3 distinct parts:-
- a. The joining up of all districts UTC/UTMC computer systems into two comprehensive systems located within the cloud.
  - b. The undertaking of on-street improvements to UTC equipment at key junctions on the West Yorkshire Key Route Network.
  - c. The re-organisation of the West Yorkshire UTMC services through the consolidation of the four existing West Yorkshire UTMC teams.
- 2.3 Discussion in relation to the principle of establishing a joint West Yorkshire UTMC, were held with respective Council Leaders and Chief Executives as the development of an expression of interest for the project. These discussions were positive to the proposal and an in principle agreement was reached, supporting exploration of this project.
- 2.4 The project was included in the 2015 West Yorkshire - Plus Transport Fund submission to government. Based on a £7.3m cost and journey time, benefits for all modes of transport, the project projected benefits of £28.5m and the production of a projected GVA/£ spent score of 3.9 which ranked it among the top 3 highest scoring schemes in the list of 33 agreed projects.
- 2.5 An outline Business Case for elements (a) through (c) was considered by the combined authority on the 5<sup>th</sup> of April 2018 and approval was given to progress the project to Full Business Case (FBC). The FBC submission for elements (a) and (b) at the Combined Authority approvals procedure decision point 4 was submitted in July 2018 and is currently progressing through the approvals process. A further FBC for element (c) is proposed to be submitted in December 2018.
- 2.6 Key Stakeholders have been briefed about the work of the project board to ensure that they understand the direction of travel towards a joint service. Regular briefings continue to be produced.
- 2.7 Each Local Authority will have key staff in the areas of Legal, IT, HR, Finance, Procurement, Communications and Business Support involved in progressing the joint service development. The formal process of engagement with staff, elected members and the key officers, who will establish the service has not commenced as the governance model needs to be agreed.
- 2.8 The staffing structure and funding model for the new joint service is being developed jointly by the districts via the project board. This will require further discussion regarding arrangements for staff, and consultation with trade unions once proposals have been agreed.

## **OTHER CONSIDERATIONS**

- 2.9 Traffic signals design and operation is a bespoke area of engineering and there is a national, regional and local problem with recruitment and retention of staff with the necessary skills. As of December 2017, there were 27 staff across the region employed by the four UTC teams and several vacancies. The average age of staff employed is 48 years of age with 19 members of staff (70%) above the age of 45. Consequently it is likely that staff shortages will be exacerbated in the near future as staff retire.

- 2.10 Current thoughts for the West Yorkshire UTMC Service would see the service led by a Head of Service with a staffing structure which is being designed around three core service functions, namely scheme design, maintenance & operation and research & development. Detailed proposals are still currently being developed by Leeds City Council and are being developed based on best practice drawn from across the UK.
- 2.11 Staff from Bradford, Wakefield and Kirklees will be transferred into the employment of Leeds City Council within the West Yorkshire UTMC service. The proposal does not affect any staff in Calderdale MBC as their UTMC service is currently provided by Leeds City Council. The transfer of staff requires detailed HR processes to address TUPE, assimilation, due diligence etc. as well as formal consultation with the staff and trade unions in the coming months. For Kirklees employees who TUPE transfer to Leeds City Council their pension benefits within the West Yorkshire Pension Fund will transfer to Leeds City Council. The value of the pension benefit for transferring employees will not be affected by the transfer.
- 2.12 There has been informal engagement with the affected staff and trade unions by each local authority throughout the development of the Business Case submissions. Unions have been approached at a regional level to advise of the intention to explore the creation of a joint West Yorkshire UTMC service.
- 2.13 It is anticipated around 36 full time equivalent (FTE) staff will be required to discharge this function. This will include both existing Leeds employees and approximately 18 staff transfer from the other 3 West Yorkshire local authorities. This will include employing a Head of Service for the function. There will be 6 staff within Kirklees who will transfer to the new service.
- 2.14 Subject to approvals of the Business Cases funding later this year and completing all the associated legal agreements it is currently proposed that the West Yorkshire UTMC Service will be based in the West Yorkshire Joint Services building in Morley. Using mobile and flexible working arrangements it is also envisaged that staff will be deployed to districts when engaged on the design of the project, as part of a wider project team. Appropriate arrangements will be put in place to ensure that they have adequate resources.
- 2.15 All of the 5 West Yorkshire councils are the designated Highway Authority and Local Traffic Authority for their own geographical area, with their responsibilities being laid down in the Highways Act 1980, Road Traffic Regulation Act 1984 and Traffic Management Act 2004. The Combined Authority is not a Highway Authority, nor a Local Traffic Authority, but it does have powers for integrated transport in West Yorkshire. Under the Local Transport Act (2008) districts can, with agreement, transfer local highway powers to a Combined Authority or other district Council as an Executive decision. The receiving authority then becomes responsible for the legal obligations for the function transferred e.g. urban traffic control. Alternatively, informal, non-legally binding service level agreements, or formal co-operation contracts could be put in place between districts or a "host" authority to cover the UTC functions. Currently the use of non-legally binding service level agreements are being promoted as the preferred approach to governance of the joint service.
- 2.16 It is anticipated that the Full Business Case for elements (a) through to (c) will be submitted for approval by the Combined Authority at their decision point 6 for the WY-UTMC Service will be submitted in December 2018. Approval of this submission will release the requisite funds necessary for the establishment of the service and configuration of the Joint Services building at Morley.



### **3. Implications for the Council**

#### **3.1 Early Intervention and Prevention (EIP)**

Not Applicable

#### **3.2 Economic Resilience (ER)**

3.2.1 The establishment of a West Yorkshire combined UTMC function should lead to better working which in turn will provide for improved communications across the West Yorkshire region leading to a more efficient traffic signal network.

#### **3.3 Improving Outcomes for Children**

Not Applicable

#### **3.4 Reducing demand of services**

3.4.1 There will be no reduction in demand for services for Kirklees. The transport network will continue to rely on traffic signal to manage traffic flows, reducing congestion and improving air quality. By creating a West Yorkshire function, it should create opportunities for meeting increasing demands on the transport network.

#### **3.5 Other (e.g. Legal/Financial or Human Resources)**

3.5.1 It should be noted that there is still further work to be undertaken to finalise the overall business case for a combined West Yorkshire UTMC service.

3.5.2 This business case will be presented to each of the districts respective executives for approval later in the year. The business case will highlight all financial costs together with any Service level agreements needed to be implemented across each of the districts and the impact on revenue budgets that this may identify.

3.5.3 Subject to approval there would be a requirement for staff to transfer from Kirklees Council to Leeds City Council. It is recognised that the Transfer of Undertaking (Protection of Employment) Regulations 2006 ("TUPE") would apply to any transfer of staff between authorities.

### **4 Consultees and their opinions**

4.1 The leaders and Chief Executives of all five local authorities of all five West Yorkshire Local Authorities have been briefed and are fully supportive

4.2 The West Yorkshire Key Route Network Board via the Combined Authority who consult with Bus Operators and the Road Haulage association

4.3 Trade Unions and a regional and local level with regards to the new service and staffing implications

### **5 Next steps**

5.1 Further work is currently ongoing to prepare a detailed business case highlighting operational, financial and legal requirements in determining the viability of the proposed combined UTMC service.

## **6. Officer recommendations and reasons**

- 6.1 That Cabinet notes in principle the arrangements for the establishment of a joint West Yorkshire UTMC service subject to the outcome of the consideration of Full Business cases by the Combined Authority, which would bring about smarter working across the city region leading to a more joined up approach to managing and investment in the traffic signals infrastructure.
- 6.2 That Cabinet approve in principle to a joint West Yorkshire UTMC service and that Leeds City Council would become the host authority.
- 6.3 That Cabinet notes the creation of an organisational unit within Leeds City Council within their City Development Directorate for the West Yorkshire UTMC service, with the location for the service being based at the joint services building in Morley.
- 6.4 That Cabinet note the potential need to transfer staff via TUPE from Kirklees Council into the employment of Leeds City Council to work within the West Yorkshire UTMC service.
- 6.5 A further report (including full business case) will be presented to Cabinet for consideration once all legal, financial (business model and service level agreements) and operational implications have been completed.

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

- 7.1 Cllr McBride - Cabinet portfolio holder and lead on Economy has expressed that consideration ought to be given to the shared UTMC service being operated by the West Yorkshire Combined Authority.

## **8. Contact officer**

Simon Taylor - Head of Development Management  
(01484) 221000  
[simon.taylor@kirklees.gov.uk](mailto:simon.taylor@kirklees.gov.uk)

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

Not applicable.

## **10. Strategic Director responsible**

Karl Battersby - Service Director for Economy and Infrastructure  
(01484) 221000  
[karl.battersby@kirklees.gov.uk](mailto:karl.battersby@kirklees.gov.uk)



**Name of meeting**                      **Cabinet**  
**Date**                                        **13 November 2018**  
**Title of report**                         **West Yorkshire plus Transport Fund Scheme Update**

**Purpose of report**

To report progress made to date on our West Yorkshire plus Transport Fund (WY+TF) scheme programme and to set out the governance arrangements for the processing of grants and funding.

<b>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?</b>	No
<b>Key Decision - Is it in the <a href="#">Council's Forward Plan (key decisions and private reports?)</a></b>	No
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	Yes
<b>Date signed off by Strategic Director &amp; name</b>	Karl Battersby – 25 October 2018
<b>Is it also signed off by the Service Director - Finance?</b>	Eamonn Croston – 5 November 2018
<b>Is it also signed off by the Service Director - Legal Governance and Commissioning?</b>	Julie Muscroft - 5 November 2018
<b>Cabinet Member Economy</b>	Cllr Peter McBride Strategic Planning Regeneration and Transport  Cllr Naheed Mather Strategic Housing, Regeneration and Enforcement

**Electoral wards affected: All**

**Ward councillors consulted: None**

**Public or private: Public**

**1. Summary**

- 1.1 Progress reports are provided for our West Yorkshire Transport Fund (WY+TF) schemes currently in development. The intention is to provide regular updates on progress of the WY+TF.
- 1.2 The report sets out the Kirklees Governance Process which is used to seek sign off for funding / grant approvals. The Governance Process (Appendix 1) is administered by Transportation and Major Projects under the direction of the Major Projects Board which is chaired by the Strategic Director Economy and Infrastructure.
- 1.3 For each of our WY+TF schemes this report gives

- a brief scheme update;

- the Combined Authority's Assurance Process Activity the scheme is currently at (Appendix B),
- the approved funding to date and its status, and
- the next steps.

## 2. Information required to take a decision

- 2.1 Kirklees, together with the other four WY district councils, the WY Combined Authority and York, have created a government funded West Yorkshire plus Transport Fund that will facilitate major investment in transport to create an environment where economic growth will occur across WY. This is to be achieved through the delivery of two complementary packages of schemes

### **Core Projects**

Projects which are the catalysts and enablers of change, have the greatest direct short term economic impact (in terms of jobs supported per £ invested), and self-generate further funding to reinvest in more transformational projects.

### **Gateway Schemes**

Schemes that improve the entry to our cities and towns and will often involve significant partner investment.

- 2.2 In July 2014, the Government announced that the West Yorkshire Combined Authority had secured funding to establish a £1bn fund over 15 years.

Funding for the first 6 years has been secured from the Government but the following 9 years funding is dependent upon successful delivery of the WY+TF programme and corresponding economic growth during the initial 5 years which equates to circa £420m of spend.

- 2.3 As a result of this challenging timeframe focus for the WY+TF is now firmly on scheme delivery. Updates are given for all the Kirklees schemes detailed in Table 1.
- 2.4 For each of our transportation schemes there is an agreed Assurance Process that each and every scheme has to go through. The Assurance Process (Appendix 1) is administered by the West Yorkshire Combined Authority (WYCA) Portfolio Management Office.
- 2.5 To date Cabinet has received three reports which relate to the West Yorkshire plus Transport Fund.
- 2.6 On 9th February 2016 Cabinet approved the 'West Yorkshire Transport Fund – Scheme Principles' report which highlighted a number of key highway design principles that could be used as a basis for the design and development of the Kirklees WY+TF schemes, these were
- Balancing strategic needs against local concerns;
  - Creating "Gateways" for our main town and urban centres;
  - The acquisition/appropriation of land for highway purposes;
  - The future use and management of the road-space of our key transport corridors; and

- The environmental and economic benefits of greening up our key transport corridors (Green Streets).
- 2.7 On 22<sup>nd</sup> August 2017 Cabinet agreed to underwrite land acquisition costs until finance is subsequently secured from WY+TF and costs reimbursed. As a consequence of this decision a rolling 'WY+TF Land Acquisition Fund' has been set up in the Council's Capital Plan.
- 2.8 On 17<sup>th</sup> December 2017 Cabinet received a scheme update together with an introduction to the Assurance Process (administered by the West Yorkshire Combined Authority) which all WY+TF schemes must follow.

### **Scheme updates**

#### **2.9 Halifax - Huddersfield A629 corridor – Phase 5**

- 2.9.1 A629 Phase 5 forms a later phase of an infrastructure investment programme of projects to the entire A629 corridor from Halifax to Huddersfield. All other phases are being delivered by Calderdale Council. Phase 5 covers the sector of the A629 between Huddersfield ring road and Ainley Top roundabout. Works in this phase will include improvements to
- Blacker Road / Edgerton Grove Road/New North Road / Edgerton Road Junction;
  - East Street / Birkby Road/Halifax Road Junction (Cavalry Arms Junction);
  - The highway between Cavalry Arms to Birchencliffe Hill; and
  - Yew Tree Road to Ainley Top Roundabout.
- 2.9.2 The scheme is in Stage 4 of the Assurance Process. The Strategic Outline Business Case (OBC) - Activity 3 which set out the need for intervention (the case for change) was formally approved on 10<sup>th</sup> March 2018.
- 2.9.3 As part of the OBC process preferred scheme options were developed and consulted on. As a result representations made during consultation events held in June 2018 scheme layouts were refined.
- 2.9.4 To achieve the required level of benefits (shorter route journey times and reduced congestion) it is necessary to acquire some third party owned land / property to facilitate improvements to the highway.
- 2.9.5 A report 'WY+TF A629 Halifax Road - Phase 5 Scheme Approval and progression of Compulsory Purchase Order process ("CPO") Resolution' is due to be considered by Cabinet at the 16 October 2018 meeting. The report seeks approval for the making of a CPO and permission to implement the road improvements, subject to FBC approval and the securing of any necessary Traffic Regulation Orders.
- 2.9.6 The approval of our OBC released £4.113m of funding to progress the project to Full Business Case – Activity 4 (FBC). The funding will be released will be released to the Council, it will then need to be accepted. In accordance with the Governance Process approval to

accept this grant will be sought from the Chief Finance Officer and the Strategic Director Economy and Infrastructure.

2.9.7 The FBC stage will now see the project progress through detailed design to tender stage for construction of the works. Providing that the project remains Value for Money, after return of tenders, then the project will likely achieve FBC approval where funds will be released to construct the scheme.

2.9.8 The target date for the FBC is May 2019. The outturn cost of the scheme is currently estimated at £12.09m, to be met from the WY+TF programme. Delivery of the scheme is expected to be by 2021 at the latest.

## 2.10 **A62/A644 (Wakefield Road) Link Road**

2.10.1 The existing A62 / A644 Cooper Bridge junction comprises of a signalised three armed roundabout connecting the A62 Cooper Bridge Road (southern arm), the A644 Wakefield Road (western arm) and the A62 Leeds Road (eastern arm). The junction is congested in the AM and PM traffic peaks.

2.10.2 The A62/A644 (Wakefield Road) scheme is intended to address current and future vehicular demand in the area. A description of the scheme now being progressed through to OBC Activity 3 of the Assurance Process is as follows:

- Highway improvement works to the junction of Bradley Road / Colne Bridge Road (incorporating Oak Road);
- Construction of the Link Road (Bradley to the A644 Wakefield Road);
- Highway improvement works to the junction of A62 Cooper Bridge Road, A644 Wakefield Road, A62 Leeds Road (incorporating the 'Three Nuns' junction) to form a Gateway to Huddersfield; and
- Widening (in part) of the A644 Wakefield Road.

2.10.3 The target date for submission of the OBC is February 2019. Further funding to continue development of the scheme through to FBC will be sought and included as part of the OBC.

2.10.4 Formal approval of our OBC will release funding to progress the project to Full Business Case (Activity 4). The funding will be released will be released to the Council, it will then need to be accepted. In accordance with the Governance Process approval to accept this grant will be sought from the Chief Finance Officer and the Strategic Director Economy and Infrastructure.

2.10.5 At this stage in the design process three route options/ configurations are being looked at in some detail. Regardless of which option is favoured there will be a necessity to acquire some third party owned land/property thus it is highly likely that a report will be brought for Cabinet to consider.

2.10.6 Detailed scheme consultation with ward members, affected land owners and key stakeholder's will follow in the near future. Scheme

engagement is planned for December 2018. There is likely to be some engagement with public and Members in Calderdale as the scheme potentially crosses into the Calderdale administrative boundary.

2.10.7 The overall scheme budget for the works is £77 million to be largely met from the WY+TF programme. The scheme is expected to be in construction during 2022 and be delivered by 2023.

## 2.11 **A62 Leeds Road Smart Corridor Phase 1 - Huddersfield (Corridor Improvement Package)**

2.11.1 Phase 1 of the corridor improvements starts at the junction of Huddersfield Ring Road / Southgate / Northumberland Street and ends at the junction of A62 / Old Fieldhouse Lane, a corridor length of approximately 2km.

2.11.2 The scheme will involve large scale modifications to the following junctions

- Huddersfield Ring Road / Southgate / Northumberland Street;
- Leeds Road / Lower Fitzwilliam Street / Gasworks Street;
- Leeds Road / Thistle Street / Hillhouse Lane; and
- Leeds Road / Old Fieldhouse Lane.

2.11.3 The scheme provides capacity improvements to the individual junctions, the removal of the Great Northern Street gyratory, on-road cycle provision, enhanced bus stop improvements and the inclusion of Green Infrastructure.

2.11.4 The Strategic Outline Business Case (OBC) was approved by Investment Committee on 5<sup>th</sup> September 2018. Formal approval for the OBC by the Combined Authority was given on 11<sup>th</sup> October 2018. The scheme is at Activity 4 of the Assurance Process.

2.11.5 The outturn cost of the scheme is currently estimated at £8.756m, £7.906 million to be met from the WY+TF programme and the remainder subject to a successful bid outcome to the European Regional Development Fund. Delivery of the scheme is expected to be by the end of 2020 at the latest.

2.11.6 Formal approval of our OBC has released £0.605m of funding to progress the project to Full Business Case plus Costs (Activity 5). The funding will be released to the Council, it will then need to be accepted. In accordance with the Governance Process approval to accept this grant will be sought from the Chief Finance Officer and the Strategic Director Economy and Infrastructure.

2.11.7 Detailed consultation on the preferred scheme with ward members, key stakeholder's and the public is planned for November 2018 with the completed FBC due by March 2019. Delivery of the scheme is expected to be by the end of 2020 at the latest.

## 2.13 **Holmfirth Town Access Plan (Corridor Improvement Package)**

2.13.1 Victoria Street in the centre of town is one of the main areas for shopping activity whilst also providing the pedestrian connection to link

Huddersfield Road with Towngate. However Victoria Street is often congested as a result of it functioning as the main transport link between the A6204 and Towngate.

- 2.13.2 A scheme is being developed to reduce the amount of traffic currently using Victoria Street. This reduction will be facilitated by the provision of a new highway link. A number of options to provide this link are under consideration. The new link will allow for the dilution of traffic over a wider area thus reducing traffic congestion in and around Victoria Street, A6204 and Towngate for the benefit of all travel modes and allow for a much improved pedestrian environment not only on Victoria Street but within the wider area. It will be necessary to consider the important conservation and heritage elements of the town as part of the process.
- 2.13.3 A preferred option for the new highway link will emerge on the basis of a detailed economic assessment currently being undertaken. The total available scheme budget is £4.9m.
- 2.13.4 Detailed scheme consultation with ward members, any affected land owners and key stakeholders will follow in the near future. Full scheme engagement with the wider public and stakeholders is planned early in 2019.
- 2.13.5 Although all efforts will be made to avoid third party land it likely that some land / property acquisition will be required. The preference is for any land / property to be purchased by negotiation, if for any reason it cannot a separate report will be brought for Cabinet to consider such a proposal. Planning consent / listed building consent may be required.
- 2.13.6 Current programme timeline indicates that we will submit the OBC in February 2019. Delivery of the scheme is required by 2021 in order to secure the funding.
- 2.13.7 Formal approval of our OBC will release funding to progress the project to Full Business Case (Activity 4). The funding will be released will be released to the Council, it will then need to be accepted. In accordance with the Governance Process approval to accept this grant will be sought from the Chief Finance Officer and the Strategic Director Economy and Infrastructure.

## 2.14 **Huddersfield Southern Gateways - HSG (Corridor Improvement)**

- 2.14.1 The physical severance impact of Huddersfield Ring Road on its southern side (Queensgate/Shorehead) is significant, resulting in poor connectivity for pedestrians and non-motorised forms of transport between the town centre and the surrounding area which includes the university campus.
- 2.14.2 Traffic congestion is also a problem at key “hotspot” junctions including Lockwood Bar and Folly Hall on the A616, Longroyd Bridge on the A62. A package of multi-modal transport improvements on the southern approaches to Huddersfield has the potential to transform this situation.
- 2.14.3 Huddersfield Southern Gateways will provide



- The right conditions for regeneration, growth and diversification of the local economy;
  - An increase in the capacity of the district's highway to accommodate the development outlined in the Kirklees Local Plan;
  - Reductions in journey times and congestion for vehicular traffic at key strategic junctions/pinch points; and
  - A sense of arrival into Huddersfield town centre.
- 2.14.4 Feasibility design work has been undertaken and costed for. At this stage in the process, HSG is likely to outturn at a cost estimate of £8.2m. Improvements are planned to Queensgate, Lockwood Bar, Folly Hall and Longroyd Bridge.
- 2.14.5 At Longroyd Bridge in order to increase junction capacity and therefore reduce congestion it will be necessary to widen Longroyd Lane. To facilitate this it will be necessary to demolish No's 1 to 7 Longroyd Lane which are listed. Discussions with Historic England on ongoing and planning permission will be required
- 2.14.6 To achieve the required level of benefits for HSG it will be necessary to manage some traffic movements and the on street parking of vehicles on parts of the scheme. We will utilise the Traffic Regulation Order (TRO) process to advertise and manage these changes.
- 2.14.7 Although all efforts will be made to avoid third party land it likely that some land/property acquisition will be required. The preference is for any land/property to be purchased by negotiation.
- 2.14.8 If issues any issues arise that cannot be resolved by officers in relation to 2.14.5, 2.14.6 and 2.14.7 then a separate report will be brought before Cabinet for a resolution.
- 2.14.9 Current timeline indicates that we will submit the OBC in late November 2018 with a decision expected from Investment Committee in February 2019. FBC submission is planned for Autumn 2019.
- 2.14.10 Formal approval of our OBC will release funding to progress the project to Full Business Case (Activity 4). The funding will be released to the Council, it will then need to be accepted. In accordance with the Governance Process approval to accept this grant will be sought from the Chief Finance Officer and the Strategic Director Economy and Infrastructure.
- 2.14.11 Construction must be underway by March 2021 in order to secure the funding. Detailed consultation with ward members, affected land owners and key stakeholder's will follow in the near future.
- 2.15 Mirfield to Dewsbury to Leeds (M2D2L)**
- 2.15.1 The A644 and A653 transport corridors from Mirfield into Dewsbury and through to Leeds are in scope for M2D2L.

- 2.15.2 An options report which has looked at both corridors has identified a short list of intervention options that merit further, more detailed work. The list has been agreed with Leeds City Council.
- 2.15.3 Each option will now be looked at in more detail to identify more detailed proposals. These will be then modelled to determine benefits.
- 2.15.4 An Expression of Interest (Activity 1) will be issued to the Combined Authority in late December. The outcome will be to determine the scope of M2D2L and the level of funding that will be required to deliver an aspirational package of measures.
- 2.15.5 Formal approval of our EoI will release funding to progress the project to Outline Business Case (Activity 3). The funding will be released to the Council, it will then need to be accepted. In accordance with the Governance Process, approval to accept this grant will be sought from the Chief Finance Officer and the Strategic Director Economy and Infrastructure.
- 2.15.6 Current timeline indicates that we will submit the OBC in July 2019.

## 2.17 **North Kirklees Orbital Route (NKOR)**

- 2.17.1 The A644 and A638 are strategic transport corridors Kirklees. These key routes provide highway based connectivity between Dewsbury and its neighbouring towns of Brighouse, Halifax, Huddersfield and Wakefield.
- 2.17.2 Both corridors are often congested, travel times are slow and the journey time reliability of the overall route is poor.
- 2.17.3 The North Kirklees Orbital Route (NKOR) is a proposal for a new road scheme. The overall aim of the scheme would be to reduce congestion along both routes in particular the Kirklees neighbourhoods of Scout Hill, Ravensthorpe, Mirfield and Dewsbury in addition to Ossett, Horbury Bridge and Middletown in Wakefield.
- 2.17.4 Work is now underway to produce an Option Assessment Report which will help us to determine the viability of NKOR, this detailed report will address as a minimum the following requirements
  - Define the geographical area to impact to be addressed by the intervention;
  - Present a sound body of analysis to provide evidence of the problems and challenges and need for intervention;
  - Document the process of option generation, sifting and assessment;
  - Summarise the headline results across all options considered and provide conclusions on the comparative performance of options; and
  - Identify the better performing options (including a low cost solution) to be taken forward for further more detailed appraisal.

2.17.5 A successful bid for feasibility funding has been made to WYCA. The £247,500 grant funding will be released to the Council, it will then need to be accepted. In accordance with the Governance Process approval to accept this grant will be sought from the Chief Finance Officer and the Strategic Director Economy and Infrastructure.

## 2.18 **Huddersfield Station Gateway**

2.18.1 Huddersfield Station Gateway is an umbrella scheme that proposes a number of improvements both within the station curtilage and the immediate surrounding area. The proposals are

- Subway connection between the station and St George's warehouse;
- A new western entrance;
- A lift / stair tower which to provide direct pedestrian linkage from the western side to the town;
- Improved access arrangements (Highway / Cycling / Pedestrian);
- New parking; and
- Strategic land acquisition.

2.18.2 Delivery of Huddersfield Station Gateway is dependent upon a number of phases coming forward and subject to funding becoming available.

## 2.19 **Huddersfield Station Gateway (Phase 1)**

2.19.1 Phase 1 of Huddersfield Station Gateway seeks to deliver by 31 March 2021 additional eastern entrances at the station, improved access arrangements and strategic land acquisition.

2.19.2 WYCA has endorsed the council's Expression of Interest (EoI) for Phase 1 at £5.5m from the Growth Fund, and invited an Outline Business Case (Activity 3).

2.19.3 A successful bid for revenue funding for Phase 1 has been made to WYCA. The £115,000 grant funding will be released to the Council, it will then need to be accepted. In accordance with the Governance Process approval to accept this grant will be sought from the Chief Finance Officer and the Strategic Director Economy and Infrastructure.

## 2.20 **Huddersfield Station Gateway (Phase 2)**

2.20.1 WYCA has also endorsed a further £5m at the EoI stage for Phase 2 which is intended to provide match funding to support the aspirations emerging from the proposed Transpennine Route Upgrade (TRU).

2.20.2 Whilst TRU will likely involve some large scale improvements at the rail station it may not include all the aspirational package of measures we are seeking over and above Phase 1 (i.e. subway extension, new western entrance etc.) may be considered either in full or in part and included in either Phase 2 or subsequent works.

2.20.3 The Secretary of State is due to make an announcement on TRU in December 2018 after which Phase 2 and any subsequent Phases can be scoped.

## 2.21 **Kirklees Governance Process - Funding / Grant Approvals**

2.21.1 Appendix 1 sets out for Members the way in which submissions to the combined authority will be governed. This sets out the range of programme stages from project feasibility/development to delivery.

2.21.2 Importantly now that a Major Projects Board has been set up to oversee these projects there is now a clear sight of where approval to submit documentation resides, and what the process for drawing down funds from allocated from the West Yorkshire transport fund.

2.21.3 Part of the reason for this approach is to have a transparency in the process but to also ensure that procedures are efficient to allow projects to continue seamlessly through the various stages. As can be seen a number of decisions will be made with the strategic director and the portfolio holder.

## 3. **Implications for the Council**

### 3.1 **Early Intervention and Prevention (EIP)**

None

### 3.2 **Economic Resilience (ER)**

3.2.1 The West Yorkshire 'Plus' Transport Fund underpins growth by improving the City Region's roads and railways, connecting people to jobs, and goods to markets.

3.2.2 Good local and regional transport links underpin the development of business and the creation of new jobs. The fund is targeted at reducing congestion, improving the flow of freight and making it easier for people to commute to and from expected major growth areas.

3.2.3 Improved transport provision within Kirklees and to neighbouring towns and cities supports the district's economy. It will support the growth and diversification of the economy by encouraging sustainable access to employment and training opportunities.

### 3.3 **Improving Outcomes for Children**

None

### 3.4 **Reducing demand of services**

None

### 3.5 **Legal / Financial or Human Resources**

3.5.1 Legal

None as a consequence of this report but as scheme development progresses there will be a need for increased Legal Service involvement.

Legal Services have had sight of the Kirklees Governance Process - Funding / Grant Approvals and agreed the final drafting which is attached as Appendix 1.

### 3.5.2 Financial

The funding for the Kirklees scheme programme is being provided for by West Yorkshire Transport Fund in addition to some developer contributions.

Financial Agreements between Kirklees and WYCA are in place for each of our WY+TF schemes. These are updated as schemes progress from inception through to delivery.

Quarterly claims are made to WYCA to recover any expended scheme costs that occurred within the claiming period as detailed in the current Financial Agreement.

### 3.5.3 Human Resources

All staff time working hours spent on development and delivery of the Kirklees WY+TF programme of schemes is recoverable. This applies to both internal and external staffing resource.

## 4. **Consultees and their opinions**

- 4.1 This report has been to SLT, ET and LMT. A presentation of the report was given to Leadership Management Team (LMT) where it was well received. Economy Portfolio members were briefed on 29 October 2018.

## 5. **Next steps**

- 5.1 Continue with scheme development as detailed.

## 6. **Officer recommendations and reasons**

Cabinet is requested to

- 6.1 Note the Kirklees Governance process in relation the grants, funding and future cabinet approvals.
- 6.2 Note the progress made on scheme development to date.

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

- 7.1 The report was discussed with the Economy Portfolio

Cllr Peter McBride  
Strategic Planning Regeneration and Transport

Cllr Naheed Mather  
Strategic Housing, Regeneration and Enforcement

8. **Contact officer**

- 8.1 Keith Bloomfield  
Theme Lead Transport and Major Projects  
(01484) 221000  
[keith.bloomfield@kirklees.gov.uk](mailto:keith.bloomfield@kirklees.gov.uk)

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

- 9.1 Cabinet approved report 'West Yorkshire Transport Fund – Scheme Principles' dated 9th February 2016
- 9.2 On 22nd August 2017 Cabinet agreed to underwrite land acquisition costs until finance is subsequently secured from WY+TF and costs reimbursed. As a consequence of this decision a rolling 'WY+TF Land Acquisition Fund' was set up in the Councils Capital Plan.
- 9.3 On 17th December 2017 Cabinet received a scheme update together with an introduction to the Assurance Process (administered by the West Yorkshire Combined Authority) which all WY+TF schemes must follow.

10. **Director responsible**

Karl Battersby  
Strategic Director Economy and Infrastructure  
(01484) 221000  
[Karl.battersby@kirklees.co.uk](mailto:Karl.battersby@kirklees.co.uk)

**Table 1** WY+TF schemes in programme

<b>WY+TF Project name ( Kirklees Schemes )</b>	<b>Type</b>
Halifax - Huddersfield A629 Corridor (Phase 5)	Transportation Scheme
A62 to Cooper Bridge	Transportation Scheme
Corridor Improvement Package A62 Smart Corridor Phase 1	Transportation Scheme
Corridor Improvement Package Holmfirth Town Access Plan	Transportation Scheme
Corridor Improvement Package Huddersfield Southern Gateways	Transportation Scheme
Mirfield to Dewsbury to Leeds (M2D2L)	Transportation Scheme
North Kirklees Orbital Route	Study
Huddersfield Station Gateway Phase 1	Transportation Scheme
Huddersfield Station Gateway Phase 2	Transportation Scheme

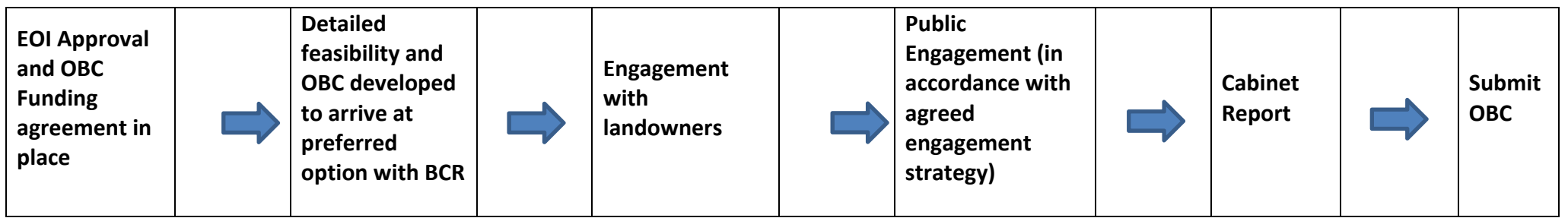
Appendix 1

WY Combined Authority Projects

Kirklees Governance Process - Funding / Grant Approvals

Stage	Activity	Stage	Approval to Submit Documentation	Funding	Acceptance of Funding Agreement	COR Requirements	Cabinet Report Requirements	Comments
Pipeline Eligibility	1	Project Feasibility / Development	Strategic Director	Use revenue or capital holding account to develop EOI. (Revenue or at risk )	N/A	N/A	Not required, but scheme ideas to be discussed at Portfolio Holder briefing.	
	2	EOI	Portfolio Holder + Strategic Director	EOI approval usually comes with Funding Agreement to cover development costs and OBC costs	<p><b>Service Director</b></p> <p>Less than £100k-</p> <p><b>Chief Finance Officer and Strategic Director</b></p> <p>In excess of £100k but less than 5% of the gross revenue budget (or for capital projects or excess of £100k but less than 5% of the activity capital plan where the grant funding is for capital purposes) for the activity.</p> <p>If the quantum of the grant is in excess of £250,000 then the decision to accept grant funding constitutes a key decision and therefore there will need to be compliance with the Council's Access to Information Rules</p>	Any fees, services and works will need CORs doing after EOI Funding Agreement received. (some retrospectively)	<p>Not required</p> <p>(Any engagement to follow the agreed engagement strategy)</p> <p>The flow process shown below activity 3 indicates the pathway for EOI through to OBC.</p>	<p>The Highways Capital Plan (which lists all the WY+TF schemes) will be updated with the additional scheme/s.</p> <p>The Highways Capital Plan will always include agreed funding to-date.</p>
Development	3	OBC	<p>Portfolio Holder to advise preferred approvals route after consideration of, but not limited to</p> <p>Preferred Scheme Option Engagement Feedback Land implications Cost Programme</p>	OBC approval usually comes with a Funding Agreement to cover future costs to FBC+ Land Acquisition.	<p><b>Service Director</b></p> <p>Less than £100k</p> <p><b>Chief Finance Officer and Strategic Director</b></p> <p>In excess of £100k but less than 5% of the gross revenue budget (or for capital projects or excess of £100k but less than 5% of the activity capital plan where the grant funding is for capital purposes) for the activity.</p> <p><b>Chief Finance Officer in consultation with the Service Director Legal Governance &amp; Commissioning and the appropriate Strategic Director</b></p> <p>Are authorised to apply for, and or approve the acceptance of grants in all other circumstances.</p> <p>If the quantum of the grant is in excess of £250,000 then the decision to accept grant funding constitutes a key decision and therefore there will need to be compliance with the Council's Access to Information Rules</p>	CORs needed to cover fees, works and services.	<p><b>IF</b> the Portfolio Holder determines it appropriate a Cabinet Report will be submitted, the report to cover as a minimum</p> <ul style="list-style-type: none"> <li>• Preferred Option</li> <li>• Engagement feedback</li> <li>• Land acquisition by agreement backed up by CPO Resolution</li> <li>• Agreement to implement scheme subject to OBC and FBC approval (within tolerance)</li> </ul> <p>The Cabinet report will be requesting Cabinet to resolve to make key decisions and therefore the Access to Information Rules will need to be observed</p>	The Highways Capital Plan will be updated in order to reflect the agreed funding to date.



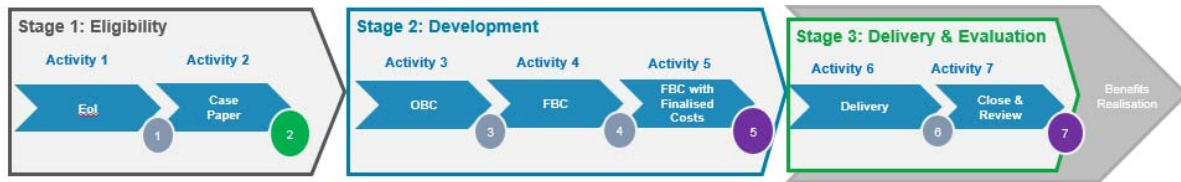


Stage	Activity	Stage	Approval to Submit Documentation	Funding	Acceptance of Funding Agreement	COR Requirements	Cabinet Report Requirements	Comments
Pipeline	4	FBC	Portfolio Holder + Strategic Director	FBC approval usually comes with Funding Agreement to cover full scheme costs	<p><b>Service Director</b></p> <p>Less than £100k</p> <p><b>Chief Finance Officer and Strategic Director</b></p> <p>In excess of £100k but less than 5% of the gross revenue budget (or for capital projects or excess of £100k but less than 5% of the activity capital plan where the grant funding is for capital purposes) for the activity.</p> <p><b>Chief Finance Officer in consultation with the Service Director Legal Governance &amp; Commissioning and the appropriate Strategic Director</b></p> <p>Are authorised to apply for, and or approve the acceptance of grants in all other circumstances.</p> <p>If the quantum of the grant is in excess of £250,000 then the decision to accept grant funding constitutes a key decision and therefore there will need to be compliance with the Council's Access to Information Rules</p>	CORs needed to cover fees, works and services.	N/A	
	5	FBC + Full Costs	Portfolio Holder + Strategic Director	As for FBC above	<p><b>Service Director</b></p> <p>Less than £100k</p> <p><b>Chief Finance Officer and Strategic Director</b></p> <p>In excess of £100k but less than 5% of the gross revenue budget (or for capital projects or excess of £100k but less than 5% of the activity capital plan where the grant funding is for capital purposes) for the activity.</p> <p><b>Chief Finance Officer in consultation with the Service Director Legal Governance &amp; Commissioning and the appropriate Strategic Director</b></p> <p>Are authorised to apply for, and or approve the acceptance of grants in all other circumstances.</p> <p>If the quantum of the grant is in excess of £250,000 then the decision to accept grant funding constitutes a key decision and therefore there will need to be compliance with the Council's Access to Information Rules</p>	CORs needed to cover fees, works and services.	<p>May need to go back to Cabinet with a report before FBC + Costs if any significant changes have occurred or after FBC + Costs.</p> <p>If any decision sought from Cabinet will constitute a key decision it will be necessary to comply with the Access to Information Rules</p>	

<b>Delivery and Evaluation</b>	<b>6</b>	Delivery	Strategic Director	N/A	N/A	CORs needed to cover fees, works and services	N/A	
	<b>7</b>	Close and Review	Strategic Director	N/A	N/A	N/A	N/A	

**Appendix 2** The Assurance Process (administered by the West Yorkshire Combined Authority)

**WYCA ASSURANCE PROCESS**



PMO	Stage 1, 2 and 3 Guidance and Templates
	Monitoring and Reporting, PIMS

Promoter	Expression of interest (EOI)	Outline Business Case (OBC)	Full Business Case (FBC)	Full Business Case (FBC) with final costs	Draft Project Closure Report	Project Closure Report
		Benefits Realisation Plan			Benefits Realisation Reports	

WYCA	EOI Eligibility Check	Case Paper	Outline Appraisal Report	Full Appraisal Report	Updated Full Appraisal Report
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Control Areas		
<ul style="list-style-type: none"> <li>Risk &amp; Issue Management</li> <li>Outputs, Outcomes and Benefits Realisation</li> </ul>	<ul style="list-style-type: none"> <li>Cost Management</li> <li>Planning &amp; Scheduling</li> </ul>	<ul style="list-style-type: none"> <li>Change Control and Exception Management</li> </ul>

**KEY:** ● Decision Point ● Key Decision Point (IC/CA Approval Required) ● Key Decision Point



**Name of meeting: Cabinet**

**Date: 13<sup>th</sup> November 2018**

**Title of report: HRA 5 Capital Plan**

**Purpose of report**

To consider the adoption of a 5 year capital improvement plan to Council Housing, approve the approach, associated budgets and programmes.

<b>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?</b>	<b>Yes</b> <b>If yes give the reason why</b> <b>Project spend is over £250,000</b>
<b>Key Decision - Is it in the <a href="#">Council's Forward Plan (key decisions and private reports?)</a></b>	<b>Yes</b> <b>14<sup>th</sup> September 2018</b>
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	<b>Yes</b>
<b>Date signed off by Strategic Director &amp; name</b>	<b>Karl Battersby – 5 November 2018</b>
<b>Is it also signed off by the Service Director - Finance?</b>	<b>Eamonn Croston – 26 October 2018</b>
<b>Is it also signed off by the Service Director - Legal Governance and Commissioning?</b>	<b>Julie Muscroft - 26 October 2018</b>
<b>Cabinet member <a href="#">portfolio</a></b>	<b>Cllr Cathy Scott</b> <b>Housing and Democracy</b>

**Electoral wards affected: All**

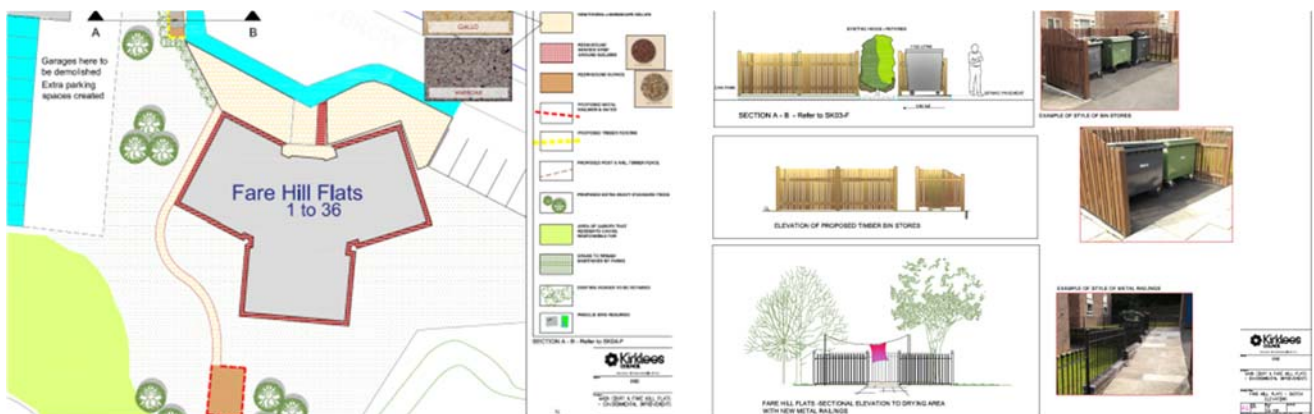
**Ward councillors consulted: Portfolio Lead, Cllr Cathy Scott**

**Public or private: Public**

## 1.0 Summary

- 1.1 The Council's Decent Homes programme was delivered between 2003 and 2017, during this period we spent over £313m on council housing improvements. The principled approach was based on a criteria which determined where property components were failing and prioritised a programme of replacements.

- 1.2 Components were typically assessed in isolation from each other as the criteria stipulated 2 failed major components resulted in a Non-Decent Home (DCLG quality criteria). We therefore replaced the minimum amount of components to ensure compliance to the Decency Standard at any time.
- 1.3 The installation date of a component triggered the next replacement date based on agreed lifecycles so we returned to properties occasionally to replace single components, in some cases visited the same home at intervals of 2, 3 or 4 years. We therefore delivered over 15 years of mainly single element schemes: window and door replacements, kitchen or bathroom, heating or rewire, roofing
- 1.4 The proposed 5 year HRA Capital plan establishes a combined elemental approach and will support improvements in the way we deliver capital programmes and deploy our workforce; it will develop trade skills, promote multi-skilling, and will provide opportunity to recruit and train into property services helping to overcome anticipated shortages in skilled labour and an ageing workforce.
- 1.5 The plan will deliver more property improvements resulting in a better quality homes for council tenants and reduce long term and duplicated disruption associated with return visits to replace single components. Once established we will supplement by delivering environmental improvements to the surrounding areas; we are currently trialling a pilot to 6 storey blocks at Newsome which include improvements to parking, lighting, paths and roads, amenity space, block appearance and communal facilities:



- 1.6 The plan will deliver improvements in the way we provide key property services to our tenants, develop social value, reduce cost and improve the quality of existing social housing in Kirklees:

- Reduced disruption to tenants by combining more components into one visit

- Combining Improvements to the environment; parking, lighting, roads, paths, green spaces
- Suitable/sustainable specifications/materials to meet modern day living and digital inclusion
- Use of local suppliers for goods and specialist services
- Apprenticeships, training and employment opportunities for Kirklees residents
- Reduced costs: prelim and delivery – average saving of between £4-5000.00 per property over the existing elemental approach (established during 8 pilot properties in 2017)
- Establishing housing stock at an acceptable baseline condition and aligning future programmes for cost certainty and financial planning
- Improve workforce planning and deployment, increased productivity and efficiency through multi-skilling

## 2.0 Decision required

2.1 The recommendation to adopt of the following plan and associated capital expenditure:

### Year 1 – 2018/19: £10,889m (Committed)

The current year consists mainly of the completion of the balance of 6 storey blocks and rollover schemes from 2017/18:

- Newsome: Wain Court
- Newsome: Farehill Flats
- Lockwood: Swann Court
- Almondbury: Fernside
- Dale Lane full elemental
- Various Borough wide roofing and rewire schemes – elemental

### Year 2 – 2019/20 £11,006m

Area	Estates	Total Properties
Batley / Spen	Staincliffe	200
Dewsbury	Cedars	77
Hudds South	Cowlersley	120
Dewsbury	Hazels	134
Dewsbury	Overthorpe	224
Hudds North	Lindley	85
Batley/Spen	Stubley	80

### Year 3 – 2020/21 £10,522m

Batley / Spen	Firthcliffe	137
Batley / Spen	Healds Hall	137
Dewsbury	Princess	209
Hudds North	Pennine Crescent	96
Hudds North	Salendine Nook	32
Hudds South	Sycamore	281

### Year 4 – 2021/22 £11,346m

Hudds South	Moorcroft	84
Hudds South	Botham Hall	185
Hudds South	Emley	41
Hudds South	Shepley	31
Dewsbury	Walnut	26
Dewsbury	Shaw Cross	315
Dewsbury	Thornhill Edge	95
Dewsbury	Valley	211

### Year 5 – 2022/23 £10,960m

Dewsbury	Finching Grove	59
Dewsbury	Greenside	110
Dewsbury	Kitson Hill	55
Batley / Spen	Garden	44
Batley / Spen	Norristhorpe	41
Batley / Spen	Misc. blocks	41
Batley / Spen	Upper Barker St	124
Hudds North	Bradley	468

## 3.0 Information required to take a decision

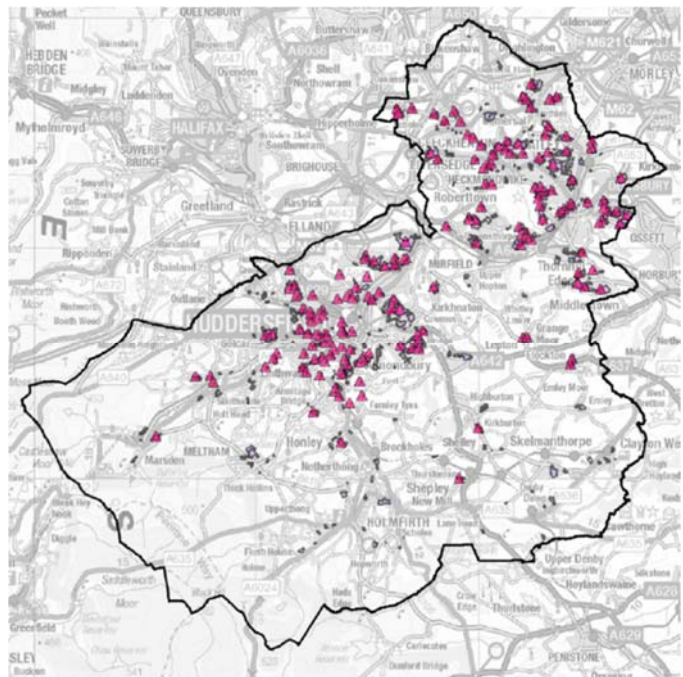
- 3.1 Access to a good home is vitally important to ensuring a good start in life and the ability for our residents to thrive and prosper, the plan recognises the importance of maintaining existing Council housing to the best possible standard but invariably this is more than bricks and mortar, it takes careful consideration and planning to ensure we also enable sustainable communities with the home as the focal point.
- 3.2 The plan considers how we can collaborate with Adult Social Care and Children Services to identify areas of high vulnerability and design specifications to help tenants to overcome daily challenges and support independence. Where possible specifications will incorporate physical adaptation and future proofing to reduce pressures on Health Services to allow tenants to live independently for longer and digital inclusion to support skills training and personal development.
- 3.3 The efficiency of housing is key to reducing fuel poverty and the plan will incorporate detailed SAP modelling to ensure thermal efficiencies through the fabric of the building and reduced running costs through the use of renewable technologies. The average stock wide SAP currently stands at 69.28 although in some wards it is as low



as 66.00 following over 15 years of thermal efficiency improvements we still have opportunity to improve thermal efficiency and reduce energy cost across the housing stock.

3.4 Sequencing and delivering the plan is critical in achieving the commercial and operational benefits forecasted; we cannot deliver capital improvements in every estate every year given budget and resource constraints so the plan uses stock condition information to prioritise areas, once levelled and smoothed; result in a balanced presence across the District and a logical geographical order. Conversely, If we maintain our current approach of delivering elemental schemes up to 2023 the following map illustrates the resulting scatter gun delivery plan, clearly there is duplication of effort and un-related running order resulting in visits to the same properties in consecutive years to replace key components; kitchen, bathroom, heating, rewire, roofing, windows and doors;

- We would work across most if not all 306 estates in the next 5 years, most years
- Continue to replace components in isolation to each other
- Incur the recurring delivery costs annually
- Potentially visit the same address every year
- Disrupt tenants and may affect decorations at each visit
- Create a future legacy of duplicated cost and intensive delivery, profiling the current approach
- We will not deliver the aspirational Kirklees Standard for housing



Looking back this is the identical profile dating back to the start of decent homes in 2003, by example the following table illustrates the actual delivery profile to the Brackenhall estate from 2013-17

Brackenhall	Total Properties	2013	2014	2015	2016	2017	2018	Totals
kitchens	375	3	1	31	4	3	1	43
bathrooms	375	5	14	41	3	3	4	70
Kitchen rewire	375	3	1	31	3	3	1	42
Rest of house rewire	375	3	3	25	5	1	0	37
Heating system	375	15	5	1	5	9	2	37
Boiler	375	17	10	8	16	18	7	76
Windows	375	0	0	1	0	0	0	1
External doors	375	3	8	5	6	1		23
Roof	375	0	0	0	1	0	0	1

The table clearly illustrates the number of years we have returned to Brackenhall to undertake component replacements. When compared to the total number of properties it appears that we have only improved a small percentage total properties over the 5 year period despite the cost and disruption associated to returning to the estate many times in 5 years.

- 3.5 The existing revenue based repairs services will supplement the plan by maintaining existing provisions to respond to component failure outside planned replacement dates, we will continue to repair and replace components as required, although, we will; wherever possible defer replacements until the planned replacement date detailed in the HRA Capital plan. During the initial years of delivery we expect to `top slice` capital allocation to fund out of programme ad-hoc component replacements, hence avoiding housing disrepair acute failure.
- 3.6 Stock condition survey data is fundamental when establishing a capital plan, the 5 year plan was developed using 25% survey held against all council housing, we continue to survey with a target of 40% survey against all archetypes by March 2019, once established we will develop years 6-10 of the plan. In conjunction to the surveying programme we are updating Net Present Values (NPV) against every property to inform where investment is supported or otherwise. Where NPV is negative we will prioritise our focus to determine what factors are affecting NPV and how the capital plan can help to overcome poor financial/strategic performance.
- 3.7 **Better homes and Communities** is the overarching theme of the plan, we recognise the importance of improving the estates and the environment in conjunction with housing. Capital allocation includes a £5m provision up to 2022/23 to undertake improvements to Council estates so specifications will include suitable improvements to tackle the dated appearance of estates, provide community and communal facilities and reduce ongoing maintenance cost. We are working with KC colleagues to co-ordinate HRA and GF activities to deliver combined improvements to environment and infrastructure. (See also 1.5)
- 3.8 Existing Council housing should be considered in the same context as housing growth and the requirement to build new affordable housing, we therefore aim to develop a Kirklees standard for refurbishment which aligns to specifications for new build, in particular ensuring existing housing is modern, thermally efficient, suitably equipped and versatile for future need. In some cases NPV will inform of an unviable investment in existing housing so will use the HRA capital plan as the vehicle to remodel and reconfigure housing to meet need, coordinating with the Councils programmes of new build to continue to support a healthy HRA and Council Tax receipt.
- 3.9 Efficiency and cost saving means we can deliver more for the same, the plan delivers a combined package of improvements at a single visit therefore taking advantage of reduced delivery costs and higher volumes to drive down procurement cost, if further reduces repairs expenditure as we modernise housing and install robust components and design out defect. Savings are recycled to deliver more and higher standards, therefore create long term tenancies.

### 3.9.1 Cost of Delivery comparison:

<b>1. Elemental (assuming multiple visits over 10-15 years)</b>				
	Measured work	Overhead/profit 30%	Site Prelim 5%	Total cost
	£	£	£	£
Kitchen	3,203	992	165	4,360
Bathroom	1,704	511	85	2,300
Roof	8,074	2,341	403	10,818
Rewire	2,007	602	100	2,709
Heating	2,693	646	135	3,474
CPI@ 2.5% on 20% of cost over 10 years	-	-	-	1,355
<b>Property Total</b>	<b>17,681</b>	<b>5,092</b>	<b>888</b>	<b>25,016</b>
<b>2. Combined HRA Capital Plan (single visit within 15 years)</b>				
				Total cost
				£
Kitchen				£3,302
Bathroom				£1,704
Roof				£8,074
Rewire				£2,007
Heating				£2,693
*OHP & Prelim 15%				£2,667
<b>Property Total</b>				<b>£20,447</b>
*Industry standard on large long term projects of a similar nature delivered by similar direct workforce contractors				
<b>Reduced cost</b>				<b>£4,569</b>

### 3.9.2 Return On Investment (ROI) profiled over the 10 year period:

	Year 1 2018/19 £000	Year 2 2019/20 £000	Year 3 2020/21 £000	Year 4 2021/22 £000	Year 5 2022/23 £000	Total Outlay for years 2 – 5 £000
<b>Required Investment Value (£) Capital</b>	<b>10,889</b>	<b>11,006</b>	<b>10,522</b>	<b>11,346</b>	<b>10,960</b>	<b>43,834</b>
<b>Available / Committed Funding</b>	<b>10,889</b>	<b>9,005</b>	<b>9,004</b>	<b>9,009</b>	<b>9,189</b>	<b>36,207</b>
<b>Funding requirement</b>	<b>0</b>	<b>2,001</b>	<b>1,518</b>	<b>2,337</b>	<b>1,771</b>	<b>7,627</b>
<b>Return On Investment</b>	<b>n/a</b>	<b>3,956 (920 homes)</b>	<b>3,835 (892 homes)</b>	<b>4,248 (988 homes)</b>	<b>4,050 (942 homes)</b>	<b>16,089 (3742 homes)</b>

\*Repairs expenditure calculation (based on 2015/16 data): Average repair cost: £124 \* 86000 repairs per annum / 22000 properties – savings reduced as will not become effective in year and not all repairs will be avoided

3.9.3 Surveying plays a significant part in shaping the HRA capital plan we have therefore developed a surveying brief and trained our surveyors to make informed decisions considering the condition of homes holistically as opposed to elementally and make recommendations that support a combined approach to replacement, example:

- If the property requires a full rewire, the kitchen and bathroom have 5 or less years remaining life, bring forward the kitchen/bathroom and replace during the rewire
- If erecting scaffold to replace the roof, replace Rain Water Goods, soffit and fascia, carry out pointing or render to the building fabric.

Surveyors are therefore encouraged and empowered to make strategic surveying decisions to support the delivery of a combined capital delivery programme that support sound long term financial investment and reduce disruption to tenants.

3.9.4 With the introduction of any new approach we need to understand how to measure performance and recognise what success looks like to ensure effectiveness; we therefore look to introduce a range of Key Performance Indicators (KPI) based on the following key themes:

- Customer satisfaction with completed works – minimum target 95%
- Improved surroundings – Environment and communal facilities
- Reduced delivery costs (in-line with private sector)
- Reduced responsive repair expenditure (repair spend per property annually)
- Sustained tenancies – reduced empty property turnover
- Delivery of a Kirklees standard
- Reduced demand on Health and Social Care Services
- Job Creation and increases in local employment
- Reduced waste through construction activity.

3.9.5 Risk Register:

**See Appendix 1**

**4.1 Implications for the Council: Shared Outcomes**

**4.2 Best Start:** The HRA capital plan will develop modern and safe housing providing a stable environment for children to flourish and develop.

**4.3 Well/Independent:** Safeguarding health and well-being is priority, ensuring homes meet long term need is a key consideration when delivering council house improvements, 42% of the total population of Kirklees is over the age of 45 of which 12% live in council housing, the plan will deliver specifications that include adaptation and change of layout to support independent living and the changing needs of families.

**4.4 Aspire and Achieve:** Good quality housing provides stability, the home should provide a conducive learning environment for the children and adults, with over 67000 school age students and over 28700 further education students; Kirklees is a district steeped in education, Council housing plays a major part in supporting learning, the HRA Capital plan will deliver improvements to housing generally and establish digital inclusion through connectivity allowing residents to access learning and develop skills required to support long term employment.

- 4.5 Sustainable Economy:** The HRA plan is set to deliver over £44m of property and £5m of environmental improvements up to 2022/23, we expect over 90% of the project to be delivered by Property Services providing unprecedented opportunity to establish a directly employed local workforce, support apprenticeship opportunity and offer local employment. With over 40% of the project value (£19.6m) assigned to materials; the plan establishes an opportunity to achieve local supplier arrangements through DPS and make significant savings of between 5-15% through bulk purchasing while delivering increased social value through the use of local suppliers.
- 4.6 Safe and Cohesive:** We recognise the importance of a safe and secure home, the HRA plan will deliver physical improvements to enhance the overall security of council properties but the plan goes further by establishing a connection to the surrounding environment; particular the streets and estates in which properties are situated, The estate and environment capital provision will fund improvements to the overall look and security of estates ranging from lighting, parking, available amenity space and the provision of communal facilities in safe environments.
- 4.7 Clean and Green:** Council housing in Kirklees currently delivers an overall average SAP rating of 69.28; compared to the National average rating of 59.00, we compare well however, properties in Kirklees consume 17688 kWh of energy per property annually compared to 16481 kWh Nationally, the HRA plan will deliver energy efficient measures to reduce energy use by installing `A` rated boilers, room sensors, heating controls and new windows, doors and roofs to reduce heat loss, overall these measures will improve SAP and reduce carbon emissions throughout the district supporting the Council's pledge to provide cleaner and greener environments. Environmental improvements will deliver greener estates with increased planting schemes and useable recreation space throughout estates and wider neighbourhoods
- 4.8 Efficient and Effective:** The plan represents a step change in the delivery of large capital programmes; through forward planning and combining elemental replacements. We will streamline our approach by planning resource over 5 years, placing long term orders with suppliers, drive efficiency and reduce overall waste, the expected saving per property of £4000.00 will provide the opportunity to do far more work and deliver a higher Kirklees standard to council homes
- 4.9 Economic Resilience (ER)** The HRA plan will provide a much higher quality of council housing with reduced repair liability and support the increased provision of much needed affordable housing for the district. The new approach to delivery will reduce pressures on both capital and revenue budgets in coming years. The improvement in council housing will support long term tenancy and safeguard the housing revenue account over the long term.
- 4.10 Legal/Financial or Human Resource.** Over 90% of the programme is expected to be delivered by KNH Ltd, the remainder will be procured through existing compliant council frameworks, we anticipate the establishment of a local Dynamic Purchasing System for materials and specialist subcontractors on appointment to a standard Joint Contract Tribunal (JCT) contract.
- 4.11 Public Sector Equality Duty:** Public sector authorities are bound by the Public Sector Equality Duty set out in section 149 of the Equality Act 2010. This requires the Council to have regard to the effect of the proposed development of any differential impacts on groups with protected characteristics. The protected characteristics being race,

disability, and gender and also covers sexual orientation, age, religion or belief, marriage and civil partnership, pregnancy and maternity and gender reassignment. A stage 1 Equality Impact Assessment (Screening Tool) has been completed to assess the likely impact on equality groups. This indicated that the development is likely to have little or no impact on groups with protected characteristics. No further equalities impact assessments are therefore required.

**4.12 Finance:** Recent approval to provide £7.6m additional funding as part of the `Council budget strategy update report on 10/10/18). Stress testing by the finance team confirms affordability for the period up to 2022/23.

**4.13 Human Resources:**

KNH Property services will assume the following client responsibilities:

- Property Services: Principle Contractor: Construction Design and Management (CDM)
- Asset Team: Contract administrator
- Asset Team: Project Manager
- Asset Team: Employers agent
- Asset team: Commercial Management

Kirklees Council PRP will provide a project monitoring role including:

- Quantity Surveying - checking that valuations align with work completed and the contract
- Building Control/planning

**4.14 Consultees and their opinions:** Cllr Cathy Scott, Portfolio Holder (Housing and Democracy) has been involved in shaping the proposals and is supportive of the new approach.

**5.0 Next steps**

5.1 Continue to progress to delivery of the HRA Capital Plan

**6.0 Officer recommendations and reasons**

6.1 Cabinet give their approval for KNH to progress to the delivery of the 5 year HRA Capital Plan.

6.2 The establishment of a 5 year plan will set precedence in the way we deliver capital programmes and establish robust rules to plan the balance of 30 years HRA capital investment programme to council housing, it will achieve significant savings over the duration and deliver significant improvements to council housing and housing estates, it will provide unprecedented opportunity to train, develop and deploy our resources and drive significant local social value through procurement of materials and specialist suppliers.

## **7.0 Cabinet portfolio holder's recommendations**

- 7.1 Councillor Cathy Scott was briefed on the proposal to deliver the HRA Capital Plan on 27<sup>th</sup> September 2018; in support she commented:

*"I am in complete support of this new approach to the capital plan. It will provide a holistic approach that will not only support Kirklees Housing Strategy but also provide good quality housing for the residents of Kirklees through a neighbourhood approach that includes all aspects of Council services including environmental factors such as waste, highways, parks and green space. Good quality homes also link to health and wellbeing, economic prosperity, security and also help people achieve their aspirations, so to commit to a 5 year programme will ensure that we provide opportunities for people to prosper and help others to move out of poverty"*

## **8.0 Contact officer**

Helen Geldart, Head of Housing, Kirklees Council  
Telephone: 01484 221000  
Email: helen.geldart@kirklees.gov.uk

Asad Bhatti, Head of Asset Management, Kirklees Neighbourhood Housing  
Telephone: 01484 221000  
Email: Asad.Bhatti@knh.org.uk

## **9.0 Background Papers and History of Decisions**

Cabinet Report 2.10.18 - Council budget strategy update report 2019-22  
<https://democracy.kirklees.gov.uk/ieListDocuments.aspx?CId=139&MId=5721>

## **10.0 Service Director responsible**

Naz Parkar, Service Director for Housing  
Telephone: 01484 221000  
Email: naz.parkar@kirklees.gov.uk

Appendix 1: 5 Year HRA Capital plan risk register

Risk	Impact	Mitigation	Outcome
Lack of HRA Capital funding	Delays and slippage to delivery of the plan, as a consequence the Kirklees standard will not be delivered within the 30 year horizon leading to increased repair costs, higher void turnover, rent/council tax loss and overall dissatisfaction from tenants and wider stakeholders	Recent approval to provide £7.6m additional funding as part of the Council budget strategy update report on 22/10/18)	5 and 30 year plans delivered on time and to budget
Political/ stakeholder objection	3.4 outlines the sequence of delivery if we revert to the basic principles of a district wide elemental plan, although not affordable or sustainable; the sequence does mean we maintain a physical presence in most estates satisfying elected members and their constituents of continued activity in the respective neighbourhoods, however higher cost will continue to rise, operational pressure on resource will become unmanageable and we will not achieve the higher overall standard of council housing required to deliver the safe and modern housing to support long term tenancies protect the asset value and achieve the Councils corporate outcomes.	Adoption of the 5 year HRA Capital plan and running order	5 and 30 year plans delivered on time and to budget
Inflation above CPI projections	There remains a risk of inflation above CPI, we assume 2.5% for the HRA business plan although recognise the impact of Brexit may have an acute impact from 2019 to 2023 and the resulting departure from the single market may unsettle the	We expect to overcome increase through savings in procurement of materials and services and the establishment of longer term agreements with	Sufficient financial provision to deliver forecasted outputs



	market place for materials and labour.	key local suppliers. To safeguard our labour provision we continue to develop our apprenticeship programme and attract and train local applicants to overcome expected labour shortages	
Lack of skilled resource	Our ageing workforce suggests a reduction in fully skilled tradespersons over the next 10 years, this is expected to be further compounded by continued demand on a diminishing national workforce as migrant workers are expected to return to their country origin post Brexit, although we expect our workforce to develop additional skills we are faced with loss of basic single trades currently in post, the demands of the HRA capital plan places significant pressures to safeguard resource.	To safeguard our labour provision we continue to develop our apprenticeship programme and attract and train local applicants to overcome expected labour shortages	Adequate and suitably qualified trades persons for the duration of the programme and a pipeline of apprentice trained trades persons with recognized qualifications and suitable on the job training.
Impact of supplier price increases	Approximately 40% of measured work costs relate to materials, our current arrangements don't fully exploit value for money through economies of scale, this is mainly due to the uncertainty of our work activity hence unable to fully negotiate or lock in prices for the longer term. As a result we are subject to the obligatory annual price increases ranging from 5-13%, resulting in long term unaffordability	Upon the approval of the 5 year HRA plan we will commence refreshing our procurement arrangements through strategic category management, engage with suppliers and provide firm quantities to lock in rates for the 5 year period and beyond. In doing so we expect suppliers to waive price increases in lieu of contractual commitments that	Sustainable and compliant procurement

		span over a number of years	
Leaseholder under-recovery	<p>We have approximately 1115 leaseholders residing throughout council housing blocks that will be subject to Capital improvements, although we are not responsible to replace internal components to leasehold flats we are responsible for the fabric of building and hence will replace roof, roof line, windows, communal doors and external communal components such as boundary walls, gates, drying areas etc. Presently there are 11 iterations of the standard Kirklees council lease and each stipulates we cannot carry our preventative maintenance only repairs when item is in a state of disrepair and up to the value of £250 without section 20 consultation, for works above £250 we cannot consider the use of property services as the default contractor as they do not represent value for money as they are not subject to market testing. Considering we have 1115 leaseholders and the average chargeback of around £2,500 per leaseholder, there is a risk that the HRA could finance up to £2.7m of leaseholder block improvements</p>	<p>Revise all lease agreements to allow preventative maintenance and following the establishment of a transparent cost model, facilitate the use of Property Services to submit tenders for improvements to the leaseholder proportion of council owned blocks</p>	<p>Recovery on Capital outlay</p>
Unsuitable specification and materials	<p>May lead to increased and ongoing repair costs, premature component failure and potential disrepair. The failure to deliver safe and decent homes and potential legal dispute with suppliers.</p>	<p>We are developing and 'fit for purpose' in conjunction with advise from Building control, standards; preambles and performance specifications will be aligned to</p>	<p>Robust employers requirement detailing fit for purpose specification and scope.</p>

		<p>deliver the highest possible standards of workmanship and defect free installations. The ability to negotiate with suppliers to lever improved specification and warranty will be heavily influenced by the approval of this business case and the agreement to fund a 5 year programme with known substantial materials quantities, we can furthermore negotiate training for workforce to undertake warranty works should it arise; hence managing DLP more effectively.</p>	
<p>Grenfell &amp; Hackitt recommendation/Green paper on social housing</p>	<p>Social Housing is going through unprecedented change with expected wide sweeping change in the way we deliver social housing. The overwhelming focus is on the <b>safety and quality</b> of the home, the tenant voice is key to understanding concerns prior to agreeing suitable physical interventions to council housing deliver the improvements, interventions maybe far reaching as we look to remodel layouts to meet revised Building and fire safety regulations, the costs associated to deliver such improvements may result in an affordability</p>	<p>Recognise and assess the types of housing at risk and develop an annex to the Kirklees standard incorporating provision to remodel and repurpose housing to meet the new standards, Establish accurate budget costs and make application to HRA Capital fund to secure additional funding as draw down when required</p>	

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**Name of meeting:** Cabinet  
**Date:** 13th November 2018  
**Title of report:** Corporate Financial Monitoring Report, Quarter 2, 2018-19

### Purpose of the Report

To receive information on financial monitoring for General Fund Revenue, Housing Revenue Account (HRA) and Capital Plan, as at Quarter 2 (month 6), 2018-19.

<b>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?</b>	<b>Yes</b>
<b>Key decision - is it in the <a href="#">Council's Forward Plan (key decisions and private reports)</a>?</b>	<b>Key decision - Yes</b>
<b>The Decision - Is it eligible for “call in” by <a href="#">Scrutiny</a>?</b>	<b>Yes</b>
<b>Date signed off by Strategic Director &amp; name</b>	<b>Rachel Spencer- Henshall – 5 November 2018</b>
<b>Is it also signed off by the Service Director for Finance?</b>	<b>Eamonn Croston – 1 November 2018</b>
<b>Is it also signed off by the Service Director – Legal, Governance &amp; Commissioning?</b>	<b>Julie Muscroft – 2 November 2018</b>
<b>Cabinet member portfolio - Corporate</b>	<b>Give name of Portfolio Holders Cllr Graham Turner</b>

**Electoral wards affected: None**

**Ward Councillors consulted: None**

**Public or private: Public**

## 1. Summary

### General Fund

- 1.1 The Council's General Fund controllable (net) revenue budget for 2018-19 was set at **£291.2m**. The budget includes planned (net) revenue savings of £16.2m in 2018-19.
- 1.2 A further £3.7m 'temporary resources' has been added to this budget in-year, reflecting planned drawdown from "one-off" earmarked reserves to fund a number of "one-off" deferred expenditure commitments/other developments. This includes £1.6m from the revenue grants reserve, £1.5m from the revenue rollover reserve (previous year approvals) and £0.6m from the adverse weather reserve. There is

also an assumed contribution to Financial Resilience Reserves of £4.1m, released out of Central budgets from the overprovision of MRP (Minimum Revenue Provision). See also paragraph 1.11. This results in a net transfer to reserves of £0.4m and a revised budget of **£290.8m** at Quarter 2.

1.3 There is a forecast overspend of £4.8m against the £290.8m revised budget at Quarter 2; equivalent to 1.7 % variance against revised budget. This represents the following:

- i) The council is making good progress with a forecast headline delivery of £12.6m against £16.2m planned savings; equivalent to 78%.forecast delivery. The balance of forecast undelivered savings of £3.6m includes continued pressures on schools transport at £1.6m and volume pressures on external residential placements plus other volume led placements within Children’s at £1.1m.
- ii) There are £1.2m net unplanned pressures elsewhere including £7.9m relating to High Needs, offset by the release of £5m MRP saving and £400k from treasury management budgets within Central.

1.4 The forecast revenue outturn as at Quarter 2 is summarised by Strategic Director Portfolios in Table 1 below.

**Table 1 - Overview of 2018-19 general fund forecast revenue outturn position at Quarter 2**

Strategic Director Portfolios	Annual forecast		
	Revised Budget	Forecast	Variance
	£000	£000	£000
Children & Families	75,610	83,936	8,326
Adults & Health	105,950	105,936	(14)
Economy & Infrastructure	41,108	43,185	2,077
Corporate Services	29,455	29,215	(240)
Central Budgets	38,707	33,310	(5,397)
<b>Grand Total</b>	<b>290,830</b>	<b>295,582</b>	<b>4,752</b>

1.5 There is currently a £7.9m pressure identified within the High Needs funding block of the Dedicated Schools Grant, shown within Children and Families in Table 1 above. This includes a projected overspend figure of £3.6m in respect of placements of Kirklees children in independent and other local authority specialist provisions; compared to a £2.7m overspend in 2017-18. The average annual number of active placements in independent specialist provision has significantly increased over the last few years moving from an average of 88 active placements in 2016-17 to a current average of 139 as at September 2018, an increase of 58%. An increase of similar proportions is also evident over the same period in the annual average number of children placed in other local authority specialist provision, moving from an average of 20 children in 2016-17 to a current average of 33 children.

1.6 The balance of the High Needs pressure is made up of £1.6m for support funding payments for high needs students in the local further education sector (predominantly at Kirklees College), £1.6m additional funding commitments in the special schools sector and £1.1m in respect of top-up funding to support numbers of increasingly complex need children within the mainstream schools

sector.

- 1.7 The Government's new National Funding Formula (NFF) for High Needs acknowledges that Kirklees requires more funding to support high needs issues from birth through to age 25. The initial outcome of the new formula indicated a near 21% increase in funding is merited, however maximum annual increases are capped at 3%, which translates to around £0.3m in 2018-19, increasing to £1.0m per year thereafter for Kirklees,
- 1.8 Following a recent Kirklees-wide High Needs Strategic Review (reported to Cabinet in February 2018) the Council, working with key education partners across the district, is working on a comprehensive action plan to deliver a more effective, whole systems approach. This will begin to be implemented during 2018-19 and has been used to inform the recent Budget Strategy Update Report to Council, 10th October 2018.
- 1.9 There is an option to mitigate the High Needs pressure in-year through the Government DSG grant mechanism that allows funding pressures to be rolled into future years as a 'deficit', provided they can be mitigated through planned cost reductions over a reasonable time-frame. However, as reported in the 2017-18 Financial Outturn and Rollover Report to Cabinet on 29<sup>th</sup> June 2018, this approach is considered by officers to be unrealisable, given both the scale and recurrent nature of these pressures and the timeline and measures to be put in place to deal with this. Instead it is proposed that the overspend is managed within the overall general fund in-year.
- 1.10 In line with the Council's reserves strategy set out in the budget report to Council on 14th February 2018, ring-fenced resources released from the proposed MRP (Minimum Revenue Provision) revision will be transferred from central budgets to reserves at each year end and their proposed use to take account of medium to longer term organisational flexibility and financial resilience requirements reviewed periodically. In light of the high needs issues highlighted in paragraphs 1.5 to 1.9 and following Cabinet approval as part of the Quarter 1 Financial Monitoring Report £5.0m of the £9.1m unallocated MRP budget has been used at this stage as an application of organisational flexibility to mitigate unfunded pressures in-year, with the balance of £4.1m transferring to financial resilience reserves. The service will consider any options for reducing costs through the remainder of the year.
- 1.11 As noted in the Budget Strategy Update Report, there is scope in future years to move funds from the Schools Block to the High Needs block, for example, to address financial pressure in the High Needs account. Up to 0.5% of the total Schools Block can be moved with the agreement of the Schools Forum; equivalent to £1.4m. If agreement was not reached, the Council would need the approval of the Secretary of State. Any proposed movements above 0.5%, even with Schools Forum consent, would still require Secretary of State approved.
- 1.12 The Council will keep under review the significant and growing high needs block funding pressures through the remainder of the current budget round and will take a view on the potential flexibility as described in the above paragraph, taking account as well the provisional schools funding allocations for 2019-20 which will be released at the same time as the 2019-20 provisional financial settlement announcement.
- 1.13 There is a pressure of £1.1m within Child Protection and Family Support relating to External Residential Placements. Reviews of each placement have taken place within the service and there are plans to bring some children back into Kirklees when appropriate arrangements are in place. The service has also engaged with CCG (Clinical Commissioning Group) to ensure the health contribution is at the appropriate level. Work is underway to develop Early Intervention and Edge of Care processes

which will hopefully impact on the future number of children and young people that need to be placed externally. However, this will be influenced by the availability of suitable in-house capacity and the wider development of a sufficiency strategy.

- 1.14 Within Adults and Health there is a net pressure of £0.9m, the key elements of which are a forecast underspend of £3.0m owing to a lack of capacity in the Independent Sector Home Care market resulting in lower spend. In turn, this is causing a significant alternate spend on residential placements and short term packages contributing to a forecast pressure in this area of £3.7m as at Quarter 2. In addition, the In-House Residential (Older People) budget is £0.23m overspending.
- 1.15 Government confirmed a national in-year (2018-19) £240m package of social care funding to ease pressure on the NHS over the winter months; subsequently confirmed as part of the Autumn Budget announcement on 29 October 2018. Kirklees' share of this additional in-year funding is £1.86m. The funding must be spent on providing adult social care services, and be in addition to existing planned spending.
- 1.16 The Council is proposing to use this one-off additional funding to support four key elements of the adult social care system; increased funding for placements in residential care and new, short stay 'Choice and Recovery' beds; supporting local domiciliary care providers to adopt new ways of working and to reduce demand for domiciliary care; continue to ensure that those with the greatest need receive domiciliary care and start the introduction of a new model of intermediate care and re-ablement earlier than planned; and to increase the capacity in both hospital based social work teams. Quarter 2 monitoring reflects an initial drawdown of £0.9m of this funding to offset the pressure highlighted in para 1.15 above; the balance to be released subsequently targeted to the areas of anticipated additional spend highlighted above. This will be reflected in future monitoring as appropriate.
- 1.17 These proposals have been developed alongside the previous plans approved by Cabinet for use of the Improved Better Care Fund, Adults Social Care Grants and Leeds Business Rate Pool and form a crucial part for the wider transformation programme across health and social care.
- 1.18 There is an additional £2.8m resource set aside in reserves for Social Care Investment and Transformation. The funding is made up of £1.6m additional income from the 100% business rates pilot plus £1.2m additional Adult Social Care (ASC) grant from government. Specific resource allocation recommendations for this additional funding were approved at Cabinet on 18<sup>th</sup> August 2018 and the reserve will be drawn down over a two year period to match actual spend. It should be noted that whilst the ASC grant must be spent fully on Adult Social Care, there are no additional specific reporting requirements in year.
- 1.19 There is an overspend on schools transport of £1.6m due to volume pressures and the delayed implementation of savings rolled forwards from 2017-18. These savings are currently under review in terms of deliverability and timing. Also within Commercial Regulatory and Operational Services there is a £0.4m pressure relating to the loss of the West Yorkshire Driver Training Contract and a £0.3m pressure in Bereavement due to a loss of income arising from the cremator replacement project.
- 1.20 There has been further additional in-year investment including £542k restorative practice in Children's Services offset by grant (plus a further £180k rolled forward from 2017-18), £200k investment in the SENACT team (Special Educational Needs Assessment and Commissioning Team) in-year from Special Educational Needs Reform grant, and £200k for the GDPR (General Data Protection Regulations)



team to be met from the Other Revenue Grants reserves in-year. The required base budget adjustments for this investment have been factored into the re-refresh for the 2019-20 budget round.

### **General Fund Reserves**

- 1.21 Existing earmarked reserves and general balances requirements have been reviewed and realigned based on the recommendations approved in the Budget Strategy Update Report to Cabinet and Council earlier this year. The reserves position as set out in Appendix 2 reflects the following changes as set out below.
- 1.22 The current minimum balances requirement of £5m has been adjusted to £10m going forwards. The increased level is deemed more appropriate for a council with an annual revenue budget requirement of just under £300m, based on a review of Councils in the local and wider region.
- 1.23 A £3m reserve has been set aside to support a new local government accounting code requirement in 2018-19, intended to strengthen balance sheet transparency. This includes a mandatory set aside or provision requirement against the potential risk of future loan default. The initial £3m level will be further reviewed in line with emerging technical code guidance in consultation with Grant Thornton, our external auditors.
- 1.24 Specific reserves have also been created for Strategic Investment Support; to fund a range of regeneration activity and Adverse Weather; to mitigate risk of unpredictable severe weather events in the district. Both of these reserves are at £4m.
- 1.25 The above specific reserve requirements have been facilitated through the release of other earmarked reserves held. This includes the release of the £3.3m PFI prepayments reserve, to be incorporated into Central Base Budgets going forwards.
- 1.26 Existing workforce restructure and transformation reserves totaling £10m have also been released. Spend commitments against these reserves will instead be reflected as capitalised costs within updated capital plans, allowed for under the current flexible capital receipts strategy.
- 1.27 The balance of existing reserves re-directed to accommodate the new reserves requirements set out above has been redirected from revenue grants reserve as they are no longer required; £0.7m in total.
- 1.28 General fund reserves and balances are forecast to reduce through 2018-19 by £1.6m, from £88.8m at the start of the year, to £87.2m as at 31 March 2019. The forecast reduction consists of the net £0.4m contribution to earmarked reserves referred to at paragraph 1.2 above and the forecast overspend in year of £4.8m, partly offset by the creation of the new £2.8m social care reserve. The social care reserve will be drawn down over the 2018-20 period as appropriate to meet the expenditure commitments as approved at Cabinet, 21<sup>st</sup> August 2018
- 1.29 The forecast £87.2m general fund reserves and balances at year end includes £9.8m relating to statutory schools reserves (which cannot be re-directed for non-school uses), leaving £10.0m general balances and £67.4m usable reserves. The forecast usable reserves level at 31<sup>st</sup> March 2019 is equivalent to 23.1% of the current year £291.2m (net) controllable revenue budget. Within usable reserves, £30.9m relate to earmarked reserves commitments with £36.5m financial resilience reserves remaining to mitigate against future budget and other unfunded risks.

1.30 The forecast general balances of £10.0m at year end reflects the revised minimum balances requirement as mentioned in paragraph 1.21 above. The revenue rollover approved at Council on 11<sup>th</sup> July is reflected in the transfer of £1.6m from general balances to the rollover reserve in-year. This will be subject to a future report to Cabinet in due course with specific proposals for its use on place based public realm activity.

### Collection Fund

1.31 The Collection Fund accounts separately for council tax and business rates income and payments. The position as at Quarter 2 is summarised at Table 2 below:

**Table 2 – Collection Fund Summary**

	<b>Council Tax £'000</b>	<b>Business Rates £'000</b>	<b>Total £'000</b>
(Surplus)/Deficit as at 1st	(2,321)	(4)	(2,325)
Re-payments to/(from) General fund in 18-19	3,500	-	3,500
In Year financial performance	(200)	(1,750)	(1,950)
(Surplus)/Deficit at 31st	979	(1,754)	(775)

1.32 Council tax is projecting an in-year surplus of £0.2m, due to improved performance in income collection. This is equivalent to 0.1% against Kirklees' annual council tax requirement. Business Rates is projecting an in-year surplus of £1.8m. This is equivalent to 1.8% against planned income and reflects a one-off adjustment of the provision requirement for rates appeals relating to the 2017 rating list. Current Valuation Office data suggests that new appeals from this list are significantly lower in volume than previous ratings list appeals.

1.33 Taking into account the opening balance and repayments to the general fund in year, the above in-year projections result in an overall forecast surplus for the collection fund of £0.8m at 31st March 2019; £1.0m deficit with respect to council tax and £1.8m surplus from business rates.

1.34 The £1.6m additional resource from the 100% business rates pilot described at paragraph 1.15 does not feature in the table above as it is not accounted for through the collection fund. The £1.6m relates to business rates grants due to the Council over and above the amount budgeted for and will be recognised in the general fund; with the income subsequently realigned to the new social care reserve.

### Housing Revenue Account

1.35 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 forecast revenue outturn is a surplus of £894k against an annual turnover budget of £91.7m in 2018-19; equivalent to just 1.0%. Estimated HRA reserves at 31 March 2018, net of set aside for business risks and a minimum working balance, is £53.7m.

### Capital

1.36 The Council's revised capital budget for 2018-19 is £123.6m. This includes the re-profiling of the existing plan over the 2018-23 period and the addition of 2017-18

rollover; both of which were approved through the 2017-18 Financial Outturn and Rollover report to Cabinet and Council in June and July respectively.

1.37 The forecast capital outturn at Quarter 2 is £89.4m (Q1 £105.3m). and therefore there is a projected underspend of £34.2m; equivalent to 28% of budget. This is summarised in Table 3 below and further details of the key highlights are shown in Appendix 6.

1.38 As reported as part of the Budget strategy Update report to full Council on 10 October, officers are currently undertaking a more fundamental review of capital plan requirements over the 2018-24 period, and this work is currently ongoing. It is anticipated that as part of the annual budget report to Budget Council in February 2019, this will include a significant further re-profiling/slippage of in-year capital budgets into future years, with an anticipated further narrowing of the gap between the reported in-year capital budget and forecast outturn for 2018/19.

**Table 3 – Forecast Capital Outturn 2018-19 at Quarter 2**

<b>By Category</b>	<b>Revised Budget £000</b>	<b>Actuals to date £000</b>	<b>Annual forecast £000</b>	<b>Variance £000</b>
Strategic Priorities	31,401	6,098	13,173	(18,228)
Baseline	63,561	16,040	51,384	(12,177)
Risks & Pressures	800	0	0	(800)
<b>General Fund</b>	<b>95,762</b>	<b>22,138</b>	<b>64,557</b>	<b>(31,205)</b>
Strategic Priorities	9,348	711	7,598	(1,750)
Baseline	18,478	4,079	17,251	(1,227)
<b>Housing Revenue Account</b>	<b>27,826</b>	<b>4,790</b>	<b>24,849</b>	<b>(2,977)</b>
<b>Total</b>	<b>123,588</b>	<b>26,928</b>	<b>89,406</b>	<b>(34,182)</b>
Funding Slippage – Borrowing*	(14,822)	-	-	14,822
Funding Slippage – Grants*	(7,447)	-	-	7,447
<b>Overall Funding Requirement</b>	<b>101,319</b>	<b>26,928</b>	<b>89,406</b>	<b>(11,913)</b>

\* Relates to General Fund only

1.39 The 2018-19 budgeted funding requirement underpinning the Capital Plan includes a 'slippage' assumption of £22.2m (£7.4m Grants & £14.8m Corporate Borrowing), resulting in an assumed total funding requirement for the Capital Plan of £101.3m. Based on forecasted expenditure of £89.4m, this produces an adjusted variance at year end of -£11.9m against budgeted funding assumptions for the year as at Quarter 2.

1.40 Treasury management budgets are based on the overall budgeted funding requirement level of £101.3m and as such, a saving would be created on these budgets if the current forecast of £89.4m materialised at year end. It is anticipated that forecasts will adjust further in light of emerging intelligence during the year on the timing of external funding allocations being agreed and other possible slippage factors. Officers are continuing to work on reviewing the profiling and forecasts throughout the remainder of the year to produce a more realistic match and the outcome will be reflected in subsequent quarterly financial monitoring reports.

## 2 Information required to take a decision

2.1 The Appendices accompanying this report provide a more detailed breakdown of the Quarter 1 financial monitoring position, as follows:

- i) Appendix 1 sets out by service area, the forecast general fund revenue outturn position in 2018-19;
- ii) Appendix 2 summarises the forecast general fund reserves and balances movements in-year,
- iii) Appendix 3 summarises the forecast HRA financial position including movements in HRA reserves in-year;
- iv) Appendix 4 highlights the more significant general fund and HRA forecast variances across service areas;
- v) Appendix 5 sets out in more detail the Quarter 2 capital monitoring forecast summary;
- vi) Appendix 6 sets out in more detail, reasons for the more significant forecast capital variances across strategic priority and baseline capital schemes.

### **3. Implications for the Council**

- 3.1 The report provides summary information on current and forecast financial performance against annual Council revenue and capital budgets, as at Quarter 2, 2018-19. These budgets support the overall 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

#### **Financial, Legal & Other Implications**

- 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 Current approved budget plans include a planned (net) saving requirement of £16.2m in 2018-19. Quarter 2 monitoring forecasts indicate the delivery in year of £12.6m net savings compared to planned savings; equivalent to 78% against target savings. There are also additional net forecasted unplanned pressures of £1.2m elsewhere; resulting in a total £4.8m projected overspend.
- 3.4 As noted at paragraph 1.11, it is proposed that £5.0m of the MRP (Minimum Revenue Provision) revision will be used to part offset the forecast high needs pressure at Quarter 2. High Needs pressures and actions relating to the strategic review have been factored into the recent Budget Strategy Update Report to Council and it is noted that the service will consider any options for reducing costs through the remainder of the year.
- 3.5 The remaining £4.8m overspend at Quarter 2 largely reflects timing/non-deliverability issues in relation to a number of in-year and 2017-18 planned savings. A review of current savings deliverability was incorporated into the Budget Strategy Update report to Council along with the unfunded pressures highlighted at both Q1 and Q2, most significantly with regard to high needs.
- 3.6 Notwithstanding the above, it is expected that Strategic Directors work to identify opportunities for spending plans to be collectively brought back in line within the

Council's overall budget by year end.

- 3.7 Building on the work of the Transformation Business Partner the Council is continuing to ensure robust financial governance, programme management, monitoring and review across a range of key activities. This includes deferred savings rolled forwards from 2017-18.
- 3.8 The overall projected overspend is slightly worse overall than that reported at Quarter 1, mainly as a result of additional high needs pressures reported in-year. It is expected that strategic directors ensure as far as possible that management actions are taken between now and year end to manage down the net overspend position to a nearer overall break-even position. The recent MTFP Update report to Council reflects a budget gap of £7m for 2019-20, over and above the £10m savings proposals already in existing budget plans. Any underlying pressures potentially rolling forwards into 2019-20 will therefore require corrective action in the current year, or early consideration of alternative proposals.
- 3.9 The financial resilience reserve forecast at £36.5m at year end, is directly impacted on by the Council's forecast position. The purpose of this reserve is in part to mitigate against budget and other unfunded risks included in the corporate risk register. Because it is "one-off" in nature, it is short-term funding only and it is not a sustainable resource available to offset ongoing budget pressures. The recent budget strategy update report set out proposals within the Council's reserves strategy to build and maintain financial resilience reserve levels in view of the uncertainty surrounding the national funding landscape post 2019-20.
- 3.10 The Collection Fund financial performance reflected at Quarter 2 suggests that in the region of £0.8m can be re-paid to the general fund in 2019-20. This was reflected in the recent Budget Strategy Update Report to Council.
- 3.11 The capital monitoring forecast includes timing issues in particular with regard to strategic priority capital schemes. Council treasury management financing cost requirements (new borrowing) already factor in assumed slippage in borrowing requirement of £14.8m in 2018-19 against the approved capital plan.
- 3.12 Given the anticipated adjustments to capital forecasts over the remainder of the financial year, it is expected that outturn borrowing commitments will be in line with treasury management budget forecasts for the year (paragraph 1.27).

#### **4. Consultees and their opinions**

This report has been prepared by the Service Director Finance, in consultation with the Executive Team.

#### **5. Next Steps**

To present this report to Cabinet as part of the Quarterly financial monitoring reporting cycle.

#### **6. Cabinet portfolio holders recommendations**

The portfolio holder notes the good progress being made in managing the in-year savings programme although recognising the continuing underlying financial challenges facing the Council.

## **7. Officer recommendations and reasons**

Having read this report and the accompanying Appendices, Cabinet are asked to:

- 7.1 note the Quarter 2 forecast £4.8m revenue monitoring overspend;
- 7.2 note the expectation that Strategic Directors work to identify opportunities for spending plans to be collectively brought back in line within the Council's overall budget by year end.
- 7.3 approve the planned use of the £1.86m winter pressures monies referred to at paragraphs 1.15-1.17 in this report.
- 7.4 note the forecast planned use general fund earmarked reserves in-year, and note the forecast year end position at £87.2m;
- 7.5 note the anticipated overall forecast year end surplus of £0.8m on the Collection Fund;
- 7.6 note the Quarter 2 forecast HRA surplus at £894k and forecast reserves position at year end of £53.7m.

## **8. Contact Officer**

James Anderson, Senior Finance Manager  
[james.anderson@kirklees.gov.uk](mailto:james.anderson@kirklees.gov.uk)

Sarah Hill, Finance Manager  
[sarahm.hill@kirklees.gov.uk](mailto:sarahm.hill@kirklees.gov.uk)

## **9. Background papers and History of Decisions**

Budget Strategy Update Report 2019-22  
Annual budget report 2018-20  
Annual outturn and rollover report 2017-18

## **10. Service Director responsible**

Eamonn Croston, Service Director Finance.  
[eamonn.croston@kirklees.gov.uk](mailto:eamonn.croston@kirklees.gov.uk)

## Appendix 1

Corporate Revenue Budget Monitoring 2018/19 – Quarter 2									
	Year To Date			Annual					
Strategic Director portfolio responsibilities	Controllable Budget (Net)	Actuals	Variance	Controllable Budget (Net)	Planned use of reserves	Revised Budget	Forecast	Variance	Change in Variance from Q 1
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Child Protection & Family Support	29,536	28,915	(621)	58,194	-	58,194	58,665	471	(567)
Learning , Early Support & Schools	17,544	24,580	7,036	17,416	-	17,416	25,271	7,855	1,390
<b>Sub Total (Children &amp; families)</b>	47,080	53,495	6,415	75,610	-	75,610	83,936	8,326	823
Adults Social Care Operations	30,655	32,358	1,703	43,691	-	43,691	41,936	(1,755)	(1,724)
Policy, Intelligence & Public Health	(1,300)	(1,548)	(248)	(1,406)	898	(508)	(521)	(13)	(11)
Commissioning, Quality & Performance	31,159	31,375	216	53,873		53,873	56,198	2,325	2,081
Integration, Access & Community Plus	4,293	3,738	(555)	8,894		8,894	8,323	(571)	(356)
<b>Sub Total (Adults &amp; health)</b>	64,807	65,923	1,116	105,052	898	105,950	105,936	(14)	(10)
Economy, Regeneration & Culture	3,161	3,040	(121)	8,463	1,180	9,643	9,515	(128)	(60)
Commercial, Regulatory & Operational Services	5,706	7,502	1,796	30,875	590	31,465	33,670	2,205	38
<b>Sub Total (Economy &amp; Infrastructure)</b>	8,867	10,542	1,675	39,338	1,770	41,108	43,185	2,077	12
Finance & Transactional Services	41,842	41,729	(113)	19,388	464	19,852	19,742	(110)	14
Governance & Commissioning	925	1,022	97	2,137		2,137	2,234	97	20
Corporate Services	4,659	4,429	(230)	6,895	571	7,466	7,239	(227)	(48)
<b>Sub-Total (Corporate Services)</b>	47,426	47,180	(246)	28,420	1,035	29,455	29,215	(240)	(14)
Central Budgets	14,951	14,951	-	42,807	(4,100)	38,707	33,310	(5,397)	(397)
<b>General Fund Total</b>	183,166	192,091	8,960	291,227	(397)	290,830	295,582	4,752	383

## Appendix 2

	General Fund Earmarked Reserves							
	As at 1st April 2018	Reserves realignment Review per MTFP update report	Revised Balance	Planned drawdown in-year	Planned contribution in- year	Unplanned use of Reserves (forecast overspend)	Earmarked Reserves Review *	Forecasted Reserves Position as at 31st March 2019
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Statutory (School Reserves)</b>	<b>(9,827)</b>	-	<b>(9,827)</b>	-	-	-	-	<b>(9,827)</b>
<b>Earmarked</b>								
Financial Resilience Reserves	<b>(37,146)</b>		<b>(37,146)</b>		<b>(4,100)</b>	<b>4,752</b>		<b>(36,494)</b>
<b>Earmarked (Other)</b>								
Workforce Restructure	(5,091)	5,091	0	-	-	-	-	0
Transformation	(4,944)	4,944	0	-	-	-	-	0
Rollover	(1,925)	-	(1,925)	1,479	-	-	(1,512)	(1,958)
Revenue Grants (various)	(10,615)	703	(9,912)	1,668	-	-	-	(8,244)
Trouble Families	(1,924)	-	(1,924)	-	-	-	-	(1,924)
Prepayment Reserve (PFI)	(3,055)	3,055	0	-	-	-	-	0
Insurance	(1,900)	-	(1,900)	-	-	-	-	(1,900)
Other	(2,905)	-	(2,905)	24	-	-	-	(2,881)
Ward Based Activity	(644)		(644)	(68)			(62)	(774)
Social Care Reserve	-				<b>(2,800)</b>			<b>(2,800)</b>
Property and Other Loans		(3,000)	(3,000)					(3,000)
Adverse Weather		(4,000)	(4,000)	600				(3,400)
Strategic Investment Support		(4,000)	(4,000)					(4,000)
<b>Total - Other</b>	<b>(33,003)</b>	<b>2,793</b>	<b>(30,210)</b>	<b>3,703</b>	<b>(2,800)</b>	-	<b>(1,574)</b>	<b>(30,881)</b>
<b>Sub-total Earmarked/Usable</b>	<b>(70,149)</b>	<b>2,793</b>	<b>(67,356)</b>	<b>3,703</b>	<b>(6,900)</b>	<b>4,752</b>	<b>(1,574)</b>	<b>(67,375)</b>
<b>General Balances</b>	<b>(8,807)</b>	<b>(2,793)</b>	<b>(11,600)</b>				<b>1,574</b>	<b>(10,026)</b>
<b>Grand Total</b>	<b>(88,783)</b>	<b>0</b>	<b>(88,783)</b>	<b>3,703</b>	<b>(6,900)</b>	<b>4,752</b>	<b>0</b>	<b>(87,228)</b>

\* Transfer of £1.6m approved rollover from general balances and the creation of the new Social Care reserve



## Housing Revenue Account 2018/19 – Quarter 2

	Year to Date			Annual			Change in Variance from Q1 £'000
	Controllable Budget (Net)	Actuals	Variance	Revised Budget	Forecast	Variance	
	£'000	£'000	£'000	£'000	£'000	£'000	
Repairs & Maintenance	13,302	11,953	(1,349)	22,800	22,788	(12)	(18)
Housing Management	18,804	18,236	(568)	34,343	33,780	(564)	(161)
Other Expenditure	540	609	69	28,290	27,379	(911)	(1,006)
<b>Total Expenditure</b>	<b>32,646</b>	<b>30,798</b>	<b>(1,848)</b>	<b>85,433</b>	<b>83,947</b>	<b>(1,486)</b>	<b>(1,185)</b>
<b>Rent &amp; Other Income</b>	<b>(45,624)</b>	<b>(43,540)</b>	<b>2,084</b>	<b>(91,747)</b>	<b>(91,155)</b>	<b>592</b>	<b>(2)</b>
Revenue Contribution to Capital Funding	0	0	0	6,313	6,313	0	0
Planned transfer to HRA Reserves	0	0	0	0	0	0	0
<b>Total</b>	<b>(12,978)</b>	<b>(12,742)</b>	<b>236</b>	<b>0</b>	<b>(894)</b>	<b>(894)</b>	<b>(1,187)</b>

## HRA RESERVES

	Balance as at 31 March 2018	Planned Transfers to Reserves	Other Approved Movements in Reserves	Balance at 31 March 2019
	£'000	£'000	£'000	£'000
Set aside for business risks	(4,000)	-	-	(4,000)
Forecast in Year Surplus/Deficit	-	-	(894)	(894)
Set aside to meet Investment needs (as per HRA Business Plan)	(54,858)	-	7,538	(47,320)
Workforce Restructure	-	-	-	-
Working balance	(1,500)	-	-	(1,500)
Planned transfer from HRA	-	-	-	-
<b>Total</b>	<b>(60,358)</b>	<b>0</b>	<b>6,644</b>	<b>(53,714)</b>

## Key Highlights – Child Protection &amp; Family Support

Activity Level	Progress Against Planned Savings	Annual Budget £'000	Variance to Date £'000	Variance for the year £'000	Comments
External Residential Placements	% of Children placed outside Kirklees	6,134	507	716	Pressure on volume led External placements.
Various	Accelerated Progression/Turnover Savings	17,949	(1,036)	(774)	Slippage savings to date on substantive vacant posts /Turnover.
Various	Net volume placement savings/pressures linked to Outturn 17/18	18,828	(436)	369	Pressure on volume led placements including External / Internal Fostering, Leaving Care Supported Accommodation, Supported Lodgings, Special Guardianship, Child Arrangement, Adoption Orders.

## Key Highlights – Learning &amp; Early Support &amp; Schools

Activity Level	Progress Against Planned Savings	Annual Budget £'000	Variance to Date £'000	Variance for the year £'000	Comments
High Needs	Independent Schools Fees	2,513	2,147	3,600	Service pressure on placement costs
High Needs	Further Education High	800	740	1,600	Payments to Kirklees College
High Needs	Schools High Needs Top-Up funding	20,600	1,292	1,400	Top up funding to Schools
High Needs	Special Schools			1,600	Additional funding commitments in the Special Schools sector
High Needs	Less anticipated increase to High Needs DSG Funding			(300)	

## Key Highlights – Adults Social Care Operation

Activity Level	Progress Against Planned Savings	Annual Budget £'000	Variance to Date £'000	Variance for the year £'000	Comments
Self-Directed Support – Older People	Reduced spend on independent sector home care & Apply proportional spend on direct payments & Review taskforce.	2,598	(7)	(957)	Lack of capacity in the independent Sector Home Care market is resulting in lower spend, and is anticipated to result in alternate spend on placements/short term packages and direct payments.
Self-Directed Support – Physical Disabilities	Reduced spend on independent sector home care & Apply proportional spend on direct payments	7,555	(203)	(806)	Lack of capacity in the Independent Sector Home Care market is resulting in lower spend, and is anticipated to result in alternate spend on placements/short-term packages, and direct payments. Spend on Physical Disabilities direct payments below budgeted level.
Independent Sector – Older People	Reduction of Older People Placements	17,392	1,132	1,149	Lack of capacity in the Independent Sector Home Care market is resulting in alternate spend on placements/short-term packages. Nursing costs are higher than anticipated.

## Key Highlights – Commissioning, Quality &amp; Performance

Activity Level	Progress Against Planned Savings	Annual Budget £'000	Variance to Date £'000	Variance for the year £'000	Comments
Supporting People		4,130	417	535	Workstream in progress – overspend due to timing delay/slippage. Expected to reach required level for the following year.
Self-Directed Support - Learning Difficulties	Apply proportional spend on direct	14,277	(386)	(565)	Lower activity and costs than anticipated. Higher contribution levels than anticipated.
Independent Sector Residential & Nursing- Learning Difficulties	Reduction of Learning Difficulties Placements	15,941	(612)	1,508	Higher residential activity and higher nursing costs than anticipated.
Independent Sector Residential & Nursing- Mental Health	Reduction of Mental Health Placements	4,054	670	983	Higher residential costs than anticipated.

## Key Highlights – Commercial, Regulatory &amp; Operational Services

Activity Level	Progress Against Planned Savings	Annual Budget £'000	Variance to Date £'000	Variance for the year	Comments
Schools Transport	Combined Authority working	2,553	610	1,618	Slippage in planned saving and higher than budgeted volumes.
Car Parking	Changes to parking tariffs	(3,249)	268	268	Delayed implementation of new proposals.
Schools Facilities Management Catering	Assumed continuation of Universal Infant School Free Meals	(2,173)	(260)	(260)	The current forecast underspend is mainly from two areas, the first is food where inflation has not been anticipated to date and employees where staff turnover has reduced anticipated costs.
Bereavement Service		(861)	278	278	Revised timetable for planned cremator replacement project, amended estimate of income achievable while works being carried out.
Driver Training		(501)	377	377	Kirklees no longer have the contract to deliver the driver training courses on behalf of West Yorkshire Police.

## Corporate Capital Budget Monitoring 2018/19 – Month 6

	Revised Budget	Forecast	Variance	Variance	Change in Variance since Month 3
	£'000	£'000	£'000	%	
<b>General Fund</b>					
Strategic Priorities					
Learning & Early Support	11,125	8,753	(2,372)	(21)	(1,387)
Economy Regeneration & Culture	19,276	4,320	(14,956)	(78)	(7,606)
Adults	1,000	100	(900)	(90)	(900)
<b>Strategic Priorities Total</b>	<b>31,401</b>	<b>13,173</b>	<b>(18,228)</b>	<b>(58)</b>	<b>(9,893)</b>
Baseline					
Learning & Early Support	10,343	8,443	(1,900)	(18)	357
Adults Social Care Operation	500	400	(100)	(20)	(100)
Economy Regeneration & Culture	17,511	11,004	(6,507)	(37)	(4,205)
Commercial Regulatory & Operational	29,133	25,506	(3,627)	(12)	(3,422)
Office of the Chief Executive	282	239	(43)	(15)	0
Finance & Transactional Service	2,792	2,792	0	0	0
Corporate Services	3,000	3,000	0	0	0
<b>Baseline Total</b>	<b>63,561</b>	<b>51,384</b>	<b>(12,177)</b>	<b>(19)</b>	<b>(7,370)</b>
<b>Risks &amp; Pressures</b>	<b>800</b>	<b>0</b>	<b>(800)</b>	<b>(100)</b>	<b>200</b>
<b>GENERAL FUND TOTAL</b>	<b>95,762</b>	<b>64,557</b>	<b>(31,205)</b>	<b>(33)</b>	<b>(17,063)</b>
<b>Housing Revenue Account</b>					
Strategic Priorities	9,348	7,598	(1,750)	(19)	2,501
Baseline	18,478	17,251	(1,227)	(7)	(998)
<b>HOUSING REVENUE ACCOUNT TOTAL</b>	<b>27,826</b>	<b>24,849</b>	<b>(2,977)</b>	<b>(11)</b>	<b>1,503</b>
<b>OVERALL COUNCIL TOTAL</b>	<b>123,588</b>	<b>89,406</b>	<b>(34,182)</b>	<b>(28)</b>	<b>(15,560)</b>
Financing Slippage – Borrowing*	(14,822)	-	14,822	-	
Financing Slippage – Grants*	(7,447)	-	7,447	-	
<b>TOTAL FUNDING REQUIREMENT</b>	<b>101,319</b>	<b>89,406</b>	<b>(11,913)</b>	<b>(12)</b>	<b>(15,560)</b>

\*relates to General Fund only

## Capital Monitoring Key Highlights – Strategic Priorities

Activity Level	Annual Budget £'000	Variance for the year £'000	Comments
<b>Learning &amp; Support (New Pupil Places)</b>	11,125	(2,372)	The build for Brambles Primary Academy (the New North primary school) will not start until late 2018/19 due to complex site issues. The underspend of £2,146k is due to be re-profiled into the next financial year.
<b>Property Investment Fund</b>	8,000	(7,850)	Development agreement is due to signed in relation to a loan for 103 New Street. Although there will be some minor spend this year, drawdown for this scheme is expected from next year.
<b>Kirklees College Loan</b>	6,000	(6,000)	No further utilisation of the revolving credit facility anticipated.
<b>HD One</b>	1,000	(900)	The HD One Development start date for the John Smith's Stadium site, has been put back and is now not due on site until May 2019. The Council is providing a secured loan facility to Kirklees Stadium Development Ltd (KSDL) which would allow KSDL to take a majority equity stake in the complex.
<b>Adults Pump Prime &amp; Commissioning Specialist Accommodation</b>	750	(750)	A number of schemes are under consideration and the plan will be updated as part of the budget process. Hence, it is acknowledged that this budget is not required this year and should be re-profiled into next year.
<b>Local Growth Fund</b>	550	(450)	Monies provided by West Yorkshire Combined Authority (WYCA) to cover works at three agreed sites. Anticipated to spend only £100k this year on existing agreed sites.
<b>Pioneer House</b>	376	604	Original contractor went into administration and KNH have taken over the work. Likely to be overspent but will be met from elsewhere in the plan.
<b>Strategic Priorities Total</b>	<b>27,801</b>	<b>(17,718)</b>	



## Capital Monitoring Key Highlights – Baseline

Activity Level	Annual Budget £'000	Variance for the year £'000	Comments
<b>Learning &amp; Early Support</b>			
Basic Need	835	(505)	The projected underspend in the Basic Need 18/19 programme will be required to fund the rolling programme of Basic Need future pressures including secondary places for the Year 7 peak in 2019/20.
One-Off Initiatives	3,769	(1,108)	Mainly due to underspend on Section 106 contributions at-£595k. Also, underspend of -£302k for Special Educational Needs (SEN). This funding is the first year of a three year grant, construction works will not start until 2019/20, only professional fees will be incurred this financial year
<b>Learning &amp; Early Support Total</b>	<b>4,604</b>	<b>(1,613)</b>	

Activity Level	Annual Budget £'000	Variance for the year £'000	Comments
<b>Economy &amp; Regeneration</b>			
Housing Private Sector	6,082	(2,542)	The Large Housing Sites scheme is currently being worked up and the S106 contributions (£800k) are linked to this scheme. It is therefore suggested that S106 budget is re-profiled into 2019/20 to match anticipated spend next financial year.
KAL Self-financed	3,456	(1,700)	Dewsbury Sports Centre scheme due to start late 2018/early 2019, with only £100k spend this year. Proposed that £1.4m is pushed into next year alongside £300k for changing facilities which will not happen this year.
<b>Economy &amp; Regeneration Total</b>	<b>9,538</b>	<b>(4,242)</b>	

## Capital Monitoring Key Highlights – Baseline

Activity Level	Annual Budget £'000	Variance for the year £'000	Comments
<b>Commercial Regulatory &amp; Operational</b>			
Transport	2,377	(1,343)	There are a number of large vehicles due to be purchased from this year's capital allocation but will possibly not be received until 2019-20
Corporate Landlord	6,123	(1,337)	Some works are still uncommitted at this stage of the financial year and an element of risk remains to deal with any emergency additions to the programme. Approximately 5% of the construction value is held as retention on the majority of schemes and will not be spent in this financial year but needed to rollover as contractually committed funding. We are currently in discussions with Services regarding the planning of the boiler replacements at Dewsbury & Huddersfield Town Halls around their events programmes and the complex nature of the work to be undertaken at Greenhead Conservatory may cause delays in programming. We would look to have these schemes contractually committed this financial year.
Highways	19,450	(947)	Expecting an underspend on Dewsbury Bus Station Scheme which is funded by LTP IT grant and will be rolled over into 2019-20
<b>Commercial Regulatory &amp; Op Total</b>	<b>27,950</b>	<b>(3,627)</b>	

## Capital Monitoring Key Highlights – Risks &amp; Pressures

Activity Level	Annual Budget £'000	Variance for the year £'000	Comments
<b>Risks &amp; Pressures</b>	800	(800)	No anticipated commitment at this stage against these resources. £200k has been transferred into Strategic Priorities (Huddersfield Leisure Centre) to undertake urgent repair works.

## Capital Monitoring Key Highlights – Housing Revenue Account

Activity Level	Annual Budget £'000	Variance for the year £'000	Comments
<b>HRA Strategic Priorities</b>			
New Build Phase 4	4,111	(4,111)	Underspend reflects re-phase of anticipated timing of delivery of scheme.
Re-modelling / High Rise	2,000	(1,750)	The underspend identified will be slipped into the future year with Berry Brow being the first high rise to be delivered.
<b>HRA Strategic Priorities Total</b>	<b>6,111</b>	<b>(5,861)</b>	
<b>HRA Baseline</b>			
Estate Improvements	1,988	(988)	Environmental works to Wain Court are now costed up at £211k this will set the scene for other 6 storey blocks with priority to Swann Court/Fernside following on from Wain Court. They remainder 6 storey blocks will be reviewed and budget will be slipped into future year.
Adaptations	2,739	(239)	This is a demand driven budget and variance reflects anticipated expenditure for 18/19
<b>HRA Baseline Total</b>	<b>4,727</b>	<b>(1,227)</b>	
<b>HRA TOTAL</b>	<b>10,838</b>	<b>(7,088)</b>	



**Name of meeting:** Cabinet

**Date:** 13 November 2018

**Title of report:** Annual Inclusion & Diversity Report & Year 2 Action Plan

**Purpose of report:**

To update the Cabinet on progress on Year 1 of the Council's Inclusion & Diversity (I&D) Strategy and Action Plan 2017-21 and to outline the priorities and activities for 2018/19.

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 <a href="#">Council's Forward Plan (key decisions and private reports?)</a>	No
The Decision - Is it eligible for call in by Scrutiny?	Yes
Date signed off by <u>Director</u> & name	Rachel Spencer-Henshall, Strategic Director for Corporate Strategy and Public Health
Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?	N/A
Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?	Julie Muscroft, Assistant Director - Legal, Governance and Monitoring
Cabinet member <a href="#">portfolio</a>	Cllr Shabir Pandor

**Electoral wards affected:** All

**Ward councillors consulted:** None

**Public or private:** Public

**1. Summary**

Our Inclusion and Diversity Strategy 2017-21 enters its second year and as a public authority under the Equality Act 2010 we are required to:

- report on progress against our existing objectives; and
- establish new ones for the coming year

Our Year 1 objectives were deliberately internally focused in order to get our “house in order” regarding some basic processes such as effective data collection. Some of these remain areas for improvement and are still being worked on; however, Year 2 is more outward-facing and ambitious, in-keeping with the organisation’s commitment to make I&D a key priority.

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

The attached information:

- I&D annual report 2017/18
- Year 2 I&D Action Plan

Provides the committee with the necessary information to review progress and comment on outcomes and priorities for the coming year.

## 3. **Implications for the Council**

The Annual Report highlights progress made in the last 18 months and also highlights areas for improvement which will be either part of the year 2 action plan or will be picked up in complementary programmes of work which support the action plan.

The Year 2 Plan of the I&D strategy has been developed by the council's cross-service I&D Hub in a outcome based, intelligence-led manner.

The plan incorporates some high impact work with vulnerable communities, such as new migrants, as well as high profile partnership activities such as a Diversity Awards event. Activities such as these make the plan more outwards facing. Other priority areas include:

- Increase the number of Supported Internships for students with a learning disability; working with Kirklees College and REAL Employment and through the use of a process called "job carving", key tasks can be identified which together can form a substantial and permanent, paid role for the intern to progress into
- Specific effort will go into jobs at Grade 13 and above, where the evidence from our [Workforce Profile Data](#) shows us that the representation of BME, Disability and Younger People is particularly deficient
- Introduce comprehensive Diversity Training for employees and councillors with a particular focus on managing unconscious bias
- Expand the Council commissioned migration welcome mentor programme - a volunteer will help new arrivals and longer-term migrants who are isolated/struggling to access key services

The above and the other activities outlined in the Year 2 plan will continue to raise the profile and importance of I&D across the organisation.

## 4. **Consultees and their opinions**

The council's cross service I&D Hub which includes representation from all Employee Networks.

## 5. **Next steps**

The attached Annual Report will be discussed at Full Council on 12 December 2018.

## 6. **Officer recommendations and reasons**

For the Cabinet note the Annual Report and the progress made in Year 1 of the I&D Strategy 2017-21 and to agree the priorities set out in the Year 2 action plan.

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

To note progress and to support the Year 2 priorities.

8. **Contact officer**

David Bundy, Corporate Policy Officer, Strategy and Policy Team

Tel: 01484 221000

Email: [david.bundy@kirklees.gov.uk](mailto:david.bundy@kirklees.gov.uk)

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

[Report to Overview and Scrutiny Management Committee](#) 05 November 2018 –  
Inclusion & Diversity Update

[Report to Overview and Scrutiny Management Committee](#), 27 March 2017 - update on  
Inclusion & Diversity

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

10. **Strategic Director responsible**

Rachel Spencer-Henshall, Strategic Director of Corporate Strategy and Public Health

## Introduction

This is Kirklees Council's second Inclusion and Diversity (I&D) Annual Report. Our [Inclusion and Diversity Strategy and Action Plan 2017 – 2021](#) now moves into its second year and this report highlights the progress made in the first year (which has had a primarily internal focus) against the seven core principles/areas set out in the Action Plan and the associated [I&D Policy Statement](#):

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

Kirklees as a place has a diverse set of communities, each with different histories, capacities and needs. Some communities may live together within a shared neighbourhood, while other communities may be geographically dispersed but sharing a common interest.

This report highlights areas where improvements have been made and their impact. However equally it is candid and honest about where further development is required. The “**Looking Forwards**” section at the end of this report provides some indication of how we hope to progress in the future. A more detailed Year 2 action plan is also being prepared.



## 1. A committed and diverse workforce ...

### 1.1 Achievements

- ✓ We now have in place a process to collate and publish our workforce profile which is helping us to develop more proactive and creative recruitment practices.
- ✓ There has been an emphasis on attracting and retaining high quality employees and “growing our own”.
  - The council has supported over 70 apprentices in the last year.
  - Targeted apprentice adverts to match council’s needs and designed assessment centres that are specifically geared to young people.
  - Promoted apprenticeships in schools, offering support where needed.
  - Developed non-traditional apprenticeships such as marketing and digital.
- ✓ Developing our Workforce, we have:
  - Developed a good quality apprenticeship programme with a broad range of skills and behaviours, support and development.
  - Developed support packages for managers to help them manage their apprentices
  - Been recognised as “highly commended” in the [Apprenticeship Awards 2017](#).
- ✓ The Council’s first Gender pay gap [Report](#) has been published in March 2018 to ensure compliance with the latest requirements of the Public Sector Equality Duty. The figures reflect the fact that:
  - We have retained a number of services in house which employ high proportions of female workers in comparison to other local authorities.
  - The make-up of council staff differs where some organisations use in house services compared to contracting services.
  - A large proportion of our senior staff measured at grade 17 and above are female and this is a change from recent years.

### 1.2 Impact

- Improved data about our workforce profile means that we can understand where the gaps are and therefore target our recruitment more effectively and undertake it in a way which attracts people from different groups and backgrounds. The impact on our workforce profile will become more apparent over the next 1 – 2 years.
- In terms of the apprentices taken on, the equality profile data that we have is presented below.

Ethnic Grouping	Headcount	%
BME	11	14%
Unknown	20	26%
White	45	60%
<b>Total</b>	<b>76</b>	

Gender	Headcount	%
Female	39	51%
Male	37	49%
<b>Total</b>	<b>76</b>	

Age Range	Headcount	%
16-20	45	60%
21-25	24	32%
26-30	4	5%
31-35	1	1%
36-40	1	1%
41-45	1	1%
<b>Total</b>	<b>76</b>	

Disability	Headcount	%
No	45	59%
Unknown	31	41%
<b>Total</b>	<b>76</b>	

### 1.3 Areas for improvement

- We still need equality profile information on all nine protected characteristic groups, including improved data collection on gender reassignment, pregnancy and maternity, religion or belief, and sexual orientation.
- More work needs to be done to attract apprentices and improve the profile of the workforce especially at grade 12 and above from BME Communities and we need better data collection on other equality groups.
- We will better prepare care leavers for apprenticeships by piloting paid work experience one day a week (initially for 4-5 individuals) and provide targeted training for managers to help them offer effective support in the workplace
- On our gender pay gap we continue to ensure recruitment for all posts is open and inclusive and pay award proposals for 2018/19 will help to reduce gender pay gaps. We are committed to reducing the gender pay gap and will look into additional initiatives to address this further.

## 2. Positive and inclusive approach...

### 2.1 Achievements

- ✓ The Council has become a full member of [Inclusive Employers](#) who are the UK's first and leading membership organisation for employers looking to build inclusive workplaces and practices.
- ✓ Launched the [Diversity Calendar](#) encouraging/giving permission to staff to celebrate events in their teams as appropriate.
- ✓ Better use of Employee Networks, the I&D Hub, and partner organisations to publicise job opportunities to a more diverse audience.
- ✓ Have worked with our partners in particular the Third Sector to shape our approach.
- ✓ We made a commitment in May 2017 as a 'Disability Confident Committed' employer (part of a national scheme). This involved undertaking a self-assessment and identifying/working on additional actions throughout the year to support this commitment
- ✓ We have established a cross-service I&D Hub, chaired by a Service Director, as the primary forum to coordinate and lead the work programme across the organisation



### 2.2 Impact

- With Inclusive Employers our membership gives us access to a range of tools, training and support, including priority access to [events](#) and [resources](#), that will help us to learn and develop on our way to being a more inclusive organisation; it will also bring external challenge to our working practice and service delivery helping us to embody best practice.
- Becoming a Disability Confident employer means we are committed to doing all we can to encourage applications from disabled people. While we have some very good practice in place we also know we can always do more. We will continue to review our practices to improve things –we will monitor applications for jobs to see how these impacts on recruitment of disabled people.
- Having the I&D Hub has provided enhanced leadership and coordination, resulting in a stronger strategic focus and improved innovation and creativity in terms of ideas which will be outcome based and deliver more tangible impacts impact.

### 2.3 Areas for improvement

- The council needs to tap into the external support and challenge from organisations such as Inclusive Employers to enhance best practice and address under performance.
- The I&D Hub will continue to provide leadership and extra capacity; however, all services need to incorporate I&D as part of their service priorities and day to day activities.

### **3. Zero tolerance...**

#### **3.1 Achievements**

- ✓ Revised guidance for employees and managers has been developed and published about procedures relating to bullying and harassment. Importantly, clarification has been given to how hate crime should be managed when affecting employees.

#### **3.2 Impact**

- The total of reported hate crime incidents in 2016/17 was three, in the last two months of 2018 there has been three reported incidents – all of these incidents have been of a racist nature.
- Since the clarification and reissuing of the guidance the trend would seem to be an upwards one.
- This is a positive move as it shows an increased confidence in people's ability to report hate crime.

#### **3.3 Areas for improvement**

- Greater awareness among all employees about the process of reporting incidents is required – under reporting is a national issue particularly on hate crimes.
- Consideration is now underway about how awareness is increased and how managers are equipped to support their staff experiencing such incidents.
- Understanding of people's perception of bullying and harassment also needs to be better understood.

## 4. The way we do things in Kirklees...

### 4.1 Achievements

- ✓ A Reasonable Adjustment Passport launched in June 2017 as part of a refreshed guidance pack for managers and a Working Carers Passport was launched in June 2018.
- ✓ Ongoing learning and development opportunities for our staff – including the addition of diversity calendar to the Council’s personal online development tool MiPod and new e-learning I&D modules on MiPod Xtra.
- ✓ Our National Inclusion Week (NIW) 2017 activities on the theme “Connect for Inclusion” included an internal intranet communication campaign around the daily challenges, a NIW-themed ‘From Equality to Inclusion’ workshop for staff, our Young Employees Network undertaking intergenerational work with communities.
- ✓ Greater support to the BME Network and organisation of Black History Month and other activities.
- ✓ NIW 2018 was all about “Everyday Inclusion” where the organisation was set daily challenges by the directors (provided by Inclusive Employers). Other activities included:
  - An inclusive volunteering event with the Third Sector
  - A drop in session in the Council for employees to find out more about I&D and related services, including Employee network
  - A Staff workshop on I&D run by Learning and Development
  - Attendance at a regional NIW event in Leeds, hosted by Inclusive Employers and Asda, which focused on sharing good practice on I&D

### 4.2 Impact

- Both passports will ensure that all adjustments and agreed arrangements are recorded into one document to minimise the need to re-negotiate existing adjustments and arrangements every time the employee changes jobs, is relocated or changes manager.
- The profile of I&D was raised across the council, including a blog post on NIW from Chief Executive and the organisation and promotion of activities such as the Young Employees Network’s visit to a local care home highlighted the positive benefits of connecting with people from different backgrounds and experiences.

### 4.3 Areas for improvement

- While it is positive the above passports are in place communication about them to managers and employees needs to be improved and their effectiveness needs to be monitored.
- Our involvement in NIW needs to be the basis of a more coordinated approach to celebrating and promoting good practice on I&D throughout the whole year. As stated earlier in this report we are now members of Inclusive Employers which will help in respect of external support and resources, plus in 2018 /19 we will be working alongside and highlighting the work of community groups, local businesses and charities to raise the profile of Diversity across the district.

## 5. Inclusive policies

### 5.1 Achievements

- Our Kirklees People Strategy was launched in November 2017 and is about achieving our vision and shared outcomes through a strong focus on great people. The strategy clearly states that inclusion & diversity is integral here, and since the launch we have been specifically looking at how we can support a positive and inclusive approach in Kirklees – for example:
  - Coaching is being promoted as an opportunity that is open to all employees, with work being undertaken with our employee networks to encourage participation.
  - We are making better use of workforce ‘data packs’ to encourage managers to think about and plan for the future to address any issues/gaps (including diversity).
  - Services have considered the ‘inclusivity’ gap in putting forward candidates for our new Level 3 team leader/supervisor apprenticeship (funded by the Apprenticeship Levy) and we are using equality monitoring to look at participation/gaps, provide challenge and agree next steps.
  - A specific workshop on inclusion and diversity is being included part of the Level 3 apprenticeship programme.
- ✓ Our ‘Flexible, mobile and agile ways of working policy statement’ outlines our organisational commitment to encourage and support a culture which is open to working in different ways. It was updated in 2017 to include the ‘mobile and agile’ element, which focuses on the inclusive principle of freedom to work at the right time, anyplace.
- ✓ As highlighted previously under ‘Zero Tolerance’, our guidance for managers on hate crime and bullying and harassment has been updated. We have also updated guidance for managers and employees (including a new Reasonable Adjustment Passport) as part of our Disability Confident commitment.

### 5.2 Impact

- This is all helping raise the profile of inclusion and diversity again and ensure it is increasingly being seen as part of ‘the way we do things in Kirklees’ rather than a separate area.

### 5.3 Areas for improvement

- While the People Strategy is explicit about the importance of inclusion and diversity and this being part of our cultural transformation, much more work is still needed to embed this and make it a reality. Our Inclusive Employers membership will help to support this.
- We will need to ensure a stronger I&D focus across a range of work areas – for example through looking at inclusive recruitment, inclusive communication, inclusive leadership and management, induction etc.

## 6. Spread the word...

### 6.1 Achievements

- ✓ Internal communications across the Council have regularly included I&D topics and issues including the Chief Executive's Blog.
- ✓ During National Inclusion Week there was a comms campaign around I&D as outlined in the "**The way we do things in Kirklees...**" section above.
- ✓ In March 2018 Team Kirklees Awards focused on the category "Valuing Diversity" across Kirklees and working together to be inclusive.



[Tick Tock...are you ready for the GDPR changes?](#)



[Winners! 'Team Kirklees Award' for valuing diversity](#)



[Jacqui's new blog - Going Large on Diversity](#)

### 6.2 Impact

- The blog post from our Chief Executive entitled "Going Large on Diversity" has made a significant commitment and statement of intent from senior management about I&D being a key organisation priority, with the expectation that all services and employees should actively contribute.
- The impact of our involvement in NIW is highlighted in the section "**The way we do things in Kirklees...**"

### 6.3 Areas for improvement

- We need to improve our internal and external communications on I&D to raise awareness of good practice, call people and services to action and engage our communities and partners to collaborate more effectively in the future.

## 7. Listen and act...

### 7.1 Achievements

- ✓ Increased support has been given to the Council's employee networks who have been in existence for varying numbers of years. All employee network chairs now sit on the Council's corporate I&D Hub where ideas to improve I&D are discussed contributions are made to Council strategic priorities
- ✓ All networks have been active in the past year in different ways; however, this particularly applies to the Young Employee Network work who in 2017/18:
  - Held a seminar for managers and young employees.
  - During Democracy Week organised a workshop for young people in the community.
  - As part of National Inclusion Week visited Care Home to treat the service users to some fun and pampering activities such as making cakes, hand painting and hair and make-up.
  - Raised money for local charities.
  - Organised out of work placements for network members in All Age Disability and Transformation Services.

And the BME Network who have had:

- a Talent Growth workshop attended by 60 members looking to develop their careers.
- a Pensions awareness workshop outlining options available.
- a Human Resources/review workshop.
- Black History Month event, focusing on a celebratory (open to all) session on 18 October 2018.

### 7.2 Impact

- As outlined below more work needs to be done with our employee networks, however a positive template has been set by the Young Employees Network on how the council as a whole can benefit from the active contribution of valued and motivated employees.

### 7.3 Areas for improvement

- Our commitment at the beginning of 2017 was to rejuvenate all employee networks. This commitment has been achieved with the Young Employees Network and the Black and Minority Ethnic Network is gaining momentum as well; however, a good deal of work still needs to take place to support all the other networks to enable them to thrive. All services and managers need to recognise the positive contribution being made by the networks to the council's core business and a particular emphasis needs to be placed on managers enabling staff to be actively involved in networks. There is concrete evidence of employees being prevented from attending and getting involved in networks despite being encouraged to do so by senior managers including a specific Blog on the networks and this issue by the Chief Executive.



## Looking Forwards

Work is now underway to have a more externally focused and outward-facing approach to year 2 and beyond in the Strategy and Action Plan.

The council will continue to go beyond minimum legal compliance and actively promote diversity as an asset for the way we work. We will continue to explore new and innovative ways of working based on inclusion which will help improve services, employment practices, productivity and the overall quality of life for all our communities.

The outward-facing nature of our work on I&D in the future will also be far more partnership based to maximise the collective potential of for example: local businesses, community and voluntary organisations, the University and colleges to benefit the citizens of Kirklees.

Meanwhile we will continue to improve our data and monitoring to help inform improved practice on I&D moving forwards.

The areas for improvement highlighted in this report will be part of continuing work programmes and embedded in the relevant Service Delivery Plans across the Council which will complement the more outwards facing outcomes in the year 2 action plan.

# Kirklees Council's Inclusion and Diversity Year 2 Action Plan 2018-19

## “From Equality to Inclusion”

### Context

This is the second year of the Council's Inclusion and Diversity (I&D) Strategy 2017-21. The progress made in the first year can be seen in the Annual Report 2018. The renewed focus given to this agenda by the Council's Leadership is evidenced by the commitment to build on last year and make this year's plan more ambitious and more outward-facing, and this Year 2 action plan captures that commitment.

Our approach of moving from Equality to Inclusion remains true to the following:

“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.”

This second-year plan highlights the principal I&D outcomes which have been developed by the cross-service Hub, including Employee Networks. All the areas in the plan will have delivery plans to support their implementation. Year 2 outcomes and activities have been developed with a greater community impact as their focus. The “Areas for Improvement” from Year 1, highlighted the Annual Report 2017/18, will be progressed through the relevant Service Development Plans.

### Monitoring

The implementation of the activities in this plan will be overseen by the council's I&D cross-service Hub. Progress will be monitored by councillors and an Annual Report will be produced for the end of 2019 and published on the council's website.

# KIRKLEES INCLUSION AND DIVERSITY STRATEGY ACTION PLAN 2017 – 2021: YEAR 2

Outcomes <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>	Timescales
<p><b>We want a committed and diverse workforce</b></p>	<ul style="list-style-type: none"> <li>• Introduce targeted and creative recruitment methods including recruitment fairs and outreach to proactively engage with and attract identified under-represented groups – different methods will be required for different types of jobs and communities                             <ul style="list-style-type: none"> <li>○ Specific effort will go into jobs at Grade 13 and above, where the evidence from our <a href="#">Workforce Profile Data</a> shows us that the representation of BME, Disability and Younger People is particularly deficient</li> </ul> </li> </ul>	<p><b>Degree to which our workforce represents all communities in Kirklees at all levels</b></p>	<p>To begin November 2019 and beyond</p>

	<ul style="list-style-type: none"> <li>Assess job profiles when recruiting to remove barriers such as unnecessary qualifications and experience and introduce wider criteria for assessing a person's abilities</li> </ul>		To begin January 2019
	<ul style="list-style-type: none"> <li>Increase the number of Supported Internships for students with a learning disability; working with Kirklees College and REAL Employment and through the use of a process called "job carving", key tasks can be identified which together can form a substantial and permanent, paid role for the intern to progress into</li> </ul>		To begin January 2019
	<ul style="list-style-type: none"> <li>Provide a range of personal and career development support for identified under-represented groups and have active workforce planning programmes across the whole council supported by the People's Strategy</li> </ul>		Start date to be determined
<b>Taking a positive and inclusive approach to everything we do</b>	<ul style="list-style-type: none"> <li>Building on initiatives such as National Inclusion Week (NIW) and sharing good practice, celebrate diversity and promoting inclusion across the district on a partnership basis</li> </ul>	<b>Kirklees staff, citizens and partners feel valued and included</b>	Ongoing – building towards NIW September 2019

	<ul style="list-style-type: none"> <li>In collaboration with the Voluntary and Community Sector undertake a programme of Inclusive Volunteering to understand the barriers and then create more volunteering opportunities for people from different backgrounds</li> </ul>		To begin January – reassess November 2019
	<ul style="list-style-type: none"> <li>Introduce Diversity Training and Development for: <ul style="list-style-type: none"> <li>the Executive and Cabinet to provide strategic leadership on I&amp;D (phase 1)</li> <li>employees and managers, including our subsidiaries, focusing on appropriate behaviour and language, and addressing issues of unconscious bias (phase 2)</li> <li>a small team of inclusion and diversity Leaders to cascade good practice on I&amp;D across all departments (phase 3)</li> </ul> </li> </ul>		Phase 1 January - March 2019, Phase 2 February – September 2019 Phase 3 February – May 2020
	<ul style="list-style-type: none"> <li>Hold a partnership-based Diversity Conference and Awards Event</li> </ul>		Autumn 2019
	<ul style="list-style-type: none"> <li>A communications campaign centred on “We’re Kirklees” to raise the profile of I&amp;D (e.g. showcase diversity and talent amongst employees and communities)</li> </ul>		To begin February 2019

	<ul style="list-style-type: none"> <li>• Re-invigorate the Employee Networks, particularly the Disabled Employees Network, LGBT and Working Carers Network ensuring their priorities and actions are supported by this plan and they are able to contribute to the Council's core business</li> <li>• Supporting all the networks to become safe spaces to talk more openly about people's experiences</li> </ul>		November 2019
<b>An organisation intolerant of bullying, harassment and discrimination, where poor behaviour is challenged and tackled</b>	<ul style="list-style-type: none"> <li>• Introduce two additional questions to the council staff survey to help assess this on an annual basis</li> </ul>	<b>Staff confidence in how the Council addresses bullying harassment and discrimination</b>	February 2019
	<ul style="list-style-type: none"> <li>• Carry out a baseline analysis of responses by protected characteristics and by service/grade</li> </ul>		March 2019
	<ul style="list-style-type: none"> <li>• Establish and communicate a collective understanding of what constitutes bullying and harassment</li> </ul>		April 2019
	<ul style="list-style-type: none"> <li>• Communicate what services and managers will do to support employees who feel they are being bullied and/or harassed</li> <li>• Improve people's understanding and perceptions of bullying and harassment and the impact it has on different groups</li> </ul>		June 2019

<p><b>A partnership approach to support resettlement and integration</b> (complementary to the Migration and Refugee Resettlement Delivery Plan 2018-19)</p>	<ul style="list-style-type: none"> <li>• Staff awareness raising and training online package - migration, how people arrive, experiences, cultural adaptation (understanding differences and similarities in cultures and social norms etc.) to help new arrivals to access the support needed in a timely way (a significant amount of support is provided by the voluntary and faith sector) <ul style="list-style-type: none"> <li>○ Workshop based sessions for those who are working more intensively with migrants</li> </ul> </li> <li>• Work to support the integration of new communities in to existing and settled communities</li> </ul>	<p><b>Increased Council and partners awareness about migration and refugee resettlement</b></p>	<p>To begin February 2019</p>
	<ul style="list-style-type: none"> <li>• Support services and organisations to be as accessible as possible by those whose first language isn't English</li> </ul>		<p>To begin February 2019 and beyond</p>
	<ul style="list-style-type: none"> <li>• Expand the Council commissioned welcome mentor programme - a volunteer will help new arrivals and longer-term migrants who are isolated/struggling to access key services</li> <li>• Gain a better understanding of all our communities across the generations, including new migrants and other groups</li> </ul>		<p>To begin February 2019 and beyond</p>

	<ul style="list-style-type: none"><li>• Creating volunteering and work experience opportunities for new migrants</li></ul>		To begin March 2019
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**Name of meeting:** Cabinet

**Date:** 13 November 2018

**Title of report:** To decommission specialist provision at Headlands CE(VC) JI&N School and deliver the service in a different way - Consultation Outcome report.

**Purpose of report:** To present Cabinet with the outcomes from the non-statutory consultation to deliver services in a different way and to seek approval to move to the representation stage of the legal process to decommission 6 transitional places at Headlands CE(VC) JI&N School for children with Autistic Spectrum Disorder.

<b>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?</b>	<b>Yes</b>
<b>Key Decision - Is it in the <a href="#">Council's Forward Plan (key decisions and private reports?)</a></b>	<b>Yes</b>
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	<b>Yes</b>
<b>Date signed off by <u>Strategic Director</u> &amp; name</b>	Saleem Tariq 29 October 2018
<b>Is it also signed off by the Service Director for Finance IT and Transactional Services?</b>	Eamonn Croston 2 November 2018
<b>Is it also signed off by the Service Director for Governance and Commissioning?</b>	Julie Muscroft (John Chapman) 29 October 2018
<b>Cabinet member <a href="#">portfolio</a></b>	<b>Cllr Masood Ahmed – Children Cllr Viv Kendrick – Children</b>

**Electoral wards affected:** All

**Ward councillors consulted:** Yes

**Public or private:** Public

## **APPENDICES**

- Appendix A - Distribution list for consultation document.
- Appendix B - Consultation document.
- Appendix C - Detailed feedback received in response to consultation by stakeholder

## 1. Summary

On **10 July 2018** Cabinet members authorised officers to develop plans for a non-statutory consultation for September 2018 on the proposals to decommission 6 transitional places at Headlands CE(VC) JI&N School for children with Autistic Spectrum Disorder and deliver the service in a different way.

### **The LA proposal is**

- To decommission 6 transitional places and outreach at Headlands CE(VC) JI&N School for children with Autistic Spectrum Disorder
- To work with the families of any affected children to ensure that their needs can continue to be met with minimum disruption
- The capacity released through a decommission would be used to enhance the central outreach offer for primary age children
- The LA would undertake an analysis of the effectiveness of the enhanced central outreach team to see if it meets the needs of children with Complex Communication and Interaction Needs within their local schools, and determine any future provision that may be required

## 2. Information required to take a decision

### **2.1 The statutory process for school re-organisation.**

The proposed re-organisation of the specialist provision at Headlands CE (VC) JI&N School for children with Autistic Spectrum Disorder will be subject to School Organisation (Prescribed Alterations to maintained Schools) (England) Regulations 2013.

**2.2** This regulation requires a statutory process to be followed for establishing, removing or altering a special educational needs provision at voluntary and foundation schools. Either the LA or the GB can propose the change for voluntary and foundation schools. A statutory process must then be followed, and the LA is the decision maker.

The LA is proposing these changes, but must follow the four stage statutory process set out below.

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

**2.3** It was agreed that a non-statutory consultation would take place with key stakeholders to enable them to have an opportunity to comment on the proposals. At the meeting on the 10<sup>th</sup> July, members requested that officers report the outcomes of the non-statutory consultation to Cabinet for further consideration of the next steps.

## **2.4 Consultees and their opinions**

**2.4.1 Consultation Strategy and Methodology.** A four week term-time non-statutory consultation about the proposals to decommission specialist provision at Headlands CE(VC) JI&N School and deliver the service in a different way took place between 4 September 2018 and 1 October 2018, to seek the views of parents/carers, school staff, professionals, governors, pupils, other schools with specialist provisions, ward members, wider community stakeholders and other interested parties.

**2.4.2** The 'Digital by Design' approach was adopted to bring processes into line with current council policies. Paper copies were also made available if requested. Responses to the consultation could be made online via the council website, where the full details of the consultation were also available to view. Letters were sent to the families of pupils at Headlands CE(VC) JI&N School with a link to the web page. Letters with the link to the web page were also sent to school staff, school governors, ward members, MPs, the Diocese, neighbouring Local Authorities and other key stakeholders. Copies of the consultation document were sent to Trade Union representatives, community centres/groups, libraries and health centres in the area. A brief outline and a link to the consultation was published on HeadsUP! and in the weekly governors bulletin. A complete distribution list is attached at Appendix A.

**2.4.3** A copy of the consultation document 'Non-statutory consultation: The LA proposes to decommission specialist provision at Headlands CE(VC) JI&N School and deliver the service in a different way' can be found at Appendix B.

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

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

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

**2.4.7** There were no attendees at the public consultation 'drop-in' session, which took place between 2.45pm and 3.45pm on 19 September 2018 at Headlands CE(VC) JI&N School.

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

**2.4.9** Bespoke meetings for staff and governors at Headlands CE(VC) JI&N School were held on the 19<sup>th</sup> September. At the staff meeting two trade union representatives and HR were in attendance to answer any questions about the proposal but no members of staff attended. 1 governor attended and talked about the proposal to an LA officer.

#### **2.4.10 Response to Consultation**

**2.4.10.1** We asked stakeholders the following question and asked for their comments:- *‘Do you support or oppose the proposals relating to the specialist provision at Headlands CE(VC) JI&N School and delivering the service in a different way?’*

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

**2.4.10.3** The consultation was primarily undertaken online, adopting the ‘Digital by design’ approach, during the consultation period there were also approximately 35 paper documents distributed either via Royal Mail or at the consultation event. See points 4.2 and 4.5 above for further detail.

**2.4.10.4** The Council received 3 responses in relation to this consultation. The types of stakeholders responding to the consultation are detailed in the table below.

<b>Type of respondent</b>	<b>Number received</b>
Parent/carer	2
Governor	1
Member of staff	0
Pupil	0
Local resident	0
Other	0
Not stated	0
<b>Total</b>	<b>3</b>

**2.4.10.5** Responses received were made via the online form on the Kirklees website and by email.

#### **2.4.11 Key Themes from the Consultation Responses**

**2.4.11.1** All responses are included in full in Appendix C. The responses have been analysed to identify key themes and these have been summarised along with an officer commentary on the issues raised.

The feedback from the consultation features the following themes:-

<b>Key Theme: The consultation process</b>	
<b>Summary response</b>	<b>Officer commentary</b>
<p>A parent raised concern that the LA have enforced a change before a decision is made.</p>	<p>The Governing Body at Headlands CE(VC) JI&amp;N School have made a request to close the specialist provision at the school. By Law the LA must follow a statutory process to decommission specialist provision places. (See section 2 Information required to take a decision).</p> <p>The decision about any closure is made by Kirklees Cabinet at the final stage of the statutory process. The new regulations removed the statutory requirement to carry out a 'pre-publication' consultation for establishing, removing or altering a special educational needs provision, the LA carried out a 4 week term time non-statutory consultation ('pre-publication' consultation) on the proposals in order to provide an opportunity for stakeholders to review the proposals and comment on them. These comments are considered within the decision making process. The decision regarding the request to close Headland's specialist provision has not yet been made by Cabinet.</p>
<p>The respondent also raised concerns that staff had already moved prior to any decision being made.</p>	<p>As a result of the governing body's request to consider closure of the specialist provision, the LA had a duty to ensure that the parents of any children affected by a potential decision to close the specialist provision were aware of the impact this might have upon them. This involved early engagement with those parents where alternative options were discussed should the closure go ahead. These options included the right to remain at the Headlands CE(VC) JI&amp;N School should the closure be agreed, return to local mainstream provision or to take up a placement at an alternative provision for children with similar needs. Parents of children currently in the provision chose to move their children to another provision prior to the final decision being made, with a request for transition to take place early on in the Autumn term. This was parental choice</p>

	<p>not an implementation of the decision to close.</p> <p>The LA also engaged with staff who might be affected by a closure to ensure that they were fully informed of the potential impact of a decision made to close the specialist provision. All affected staff made an independent decision to secure alternative employment elsewhere outside of this process. This was a personal choice of staff and not the result of a managed move by the LA.</p>
<b>Key Theme: Change in outreach support</b>	
<b>Summary response</b>	<b>Officer commentary</b>
A parent felt that this proposal would overstretch outreach services leading to longer waiting times.	<p>There is no proposal to reduce outreach services. The proposal is that any resources released as a result of a closure would be used to enhance existing outreach support regardless of where that is delivered from and, as such, provide a more timely response. Outreach support will continue to be available for both children with an Education, Health and Care Plan as well as those without.</p> <p>The LA continuously reviews specialist provisions and some changes, such as those requested by the Governing Body at Headlands School, are subject to a statutory process.</p>
<b>Key Theme: Providing services within legal timescales</b>	
<b>Summary response</b>	<b>Officer commentary</b>
A parent felt that the LA currently doesn't provide legally required services within legal timescales	<p>It is very difficult for the LA to respond to individual cases without additional information to that which was provided in the consultation response. LA officers will respond to this as a separate matter to better understand concerns and take any action required.</p>

### 3 Implications for the Council

#### 3.1 Early Intervention and Prevention (EIP)

One of the core principles of Kirklees specialist provisions is the delivery of support and intervention to children in as timely a manner as possible, and wherever possible within their locality, in order to address needs and identify strategies either through

outreach support or where needs are more complex, through the provision of specialist places in order to meet need and prevent further difficulties arising. A child referred for outreach would not need to have an Education Health Care Plan (EHCP).

### **3.2 Economic Resilience (ER)**

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

### **3.3 Improving outcomes for children**

Specialist provision outreach offers high quality advice, guidance and support to our schools in meeting a range of special educational needs and disabilities, as well as increased opportunities for growing capacity across the school workforce, which in turn will improve outcomes for children.

### **3.4 Reducing demand of services**

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

### **3.5 Human Resources implications**

There would be no human resources implications resulting from the decommissioning of the specialist provision for children with Autism at Headlands CE (VC) JI&N School, this is due to staff securing employment elsewhere outside of this process.

### **3.6 Financial Implications**

There would be no financial Implications arising from these proposals for the Council. There would be a change to the current pattern of specialist provision, but the overall financial effect to the Council is nil.

### **3.7 Equalities Impact Assessment**

The Equality Act 2010 places the Council under a duty - the Public Sector Equality Duty - to have due regard to the need to achieve equality objectives when carrying out its functions. An Equalities Impact Assessment has been carried out on the proposals. The proposals entail the de-commissioning of under-utilised specialist provision places as a result of a governing body decision. The objective of the proposals is to re-design some services so that children with needs in this area can have those needs met in the most effective way possible whilst achieving a greater utilisation of existing resources through outreach support.

After the non-statutory consultation, the proposal to deliver the service in a different way is still intended, and is very likely to have a positive impact for pupils and their families living in Kirklees because the aims are to strengthen existing specialist provision and outreach arrangements where they are needed, in line with demand. The updated EIA can be found here: <https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactassessments.asp>



Then select 'Children' and 'Learning and Early Support,  
The stage 1 report is named '181105 Stage 1 EIA Headlands Autism Outcome'  
The stage 2 report is named '181105 Stage 2 EIA Headlands Autism Outcome'

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

### 3.8 The Councils key principles

- **Working with people not doing to them**  
The LA undertook a four week term-time non-statutory consultation to ensure that a wide range of stakeholders could express their views. LA officers have worked closely with affected families and with staff ensuring they were aware of the proposals at the earliest opportunity, how they could participate in the consultation process and aware any choices that might be available to them.
- **Working with partners**  
The LA has worked with its partner agencies to undertake a high needs review. The review recognises the importance of children needs being met in their local school where ever possible. The resources released through the decommission of fixed places would be used to enhance the outreach offer, supporting local schools to meet the needs of children with additional needs.
- **Place – based working**  
Ensuring services are focused on the needs of the community and delivering excellent value for money.

## 4. Consultees and their opinions

### 4.1 Conclusions to be drawn from the non-statutory consultation

The conclusion to be drawn from the non-statutory consultation is that there were very few responses received. The governing body at Headlands CE (VC) JI&N School responded with the following: "The governing body has had lengthy discussions, including discussions with the LA to try and resolve issues and as a board. About the future of the Specialist Provision at Headlands over a period. Financial challenges and difficulties with recruitment of staff were considered alongside the benefits the provision brings to the wider school community. In the end there was a majority vote by the governing body members to decommission of the specialist provision. This was not a unanimous vote but the decision is accepted by all."

LA officers arranged bespoke meetings at the school with parents, staff and Governors. The responses that were received questioned the process, staff and pupil movement ahead of a decision and increased pressure on outreach services. For which explanations have been provided in officer commentary in the above section 2.4.11.1 No concerns have been raised which represent a material reason to change the proposal.

## 5. Next steps

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

Activity	Date
Cabinet Report seeking permission to begin consultation as part of the statutory processes	10 July 2018
Four week non-statutory consultation	4 September – 1 October 2018
Outcome report to cabinet and approval to next stage	13 November 2018
Publication of notices and four week representation period*	November/December 2018
Final decision by Cabinet*	January 2019
Implementation*	From 1st February 2019

\* These dates are subject to Cabinet approval and may change

## 6. Officer Recommendations and Reasons

### 6.1 Cabinet is recommended to:-

Note the responses to the non-statutory consultation proposal to decommission specialist provision at Headlands CE (VC) JI&N School and deliver the service in a different way.

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

- Publish statutory notices to decommission 6 transitional places and outreach at Headlands CE(VC) JI&N School for children with Autistic Spectrum Disorder

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

## 7. Cabinet Portfolio Holder's Recommendations

We, the Cabinet Members for Children's Services note the responses to the non-statutory consultation proposal to decommission specialist provision at Headlands CE (VC) JI&N School and deliver the service in a different way.

We endorse the recommendations set out by officers to publish statutory notices to decommission 6 transitional places and outreach at Headlands CE(VC) JI&N School for children with Autistic Spectrum Disorder.

## 8. Contact Officer

Mandy Cameron.  
Head of Education Inclusion & Safeguarding  
01484 221000

[mandy.cameron@kirklees.gov.uk](mailto:mandy.cameron@kirklees.gov.uk)

Martin Wilby  
Acting Deputy Assistant Director - LA Statutory Duties  
01484 221000  
[martin.wilby@kirklees.gov.uk](mailto:martin.wilby@kirklees.gov.uk)

## 9. Background papers and history of decisions

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

- Cabinet Report 2nd June 2015 - Report on the statutory proposals for Flatts Nursery School, Rawthorpe St. James CE (VC) I&N School and Rawthorpe Junior School.  
<http://bit.ly/2June15>
- Cabinet - Date: 5th April 2016 - Overview of progress made in relation to changes to specialist provision for disabled children and those with special educational needs across Kirklees. The report requests approval to take forward proposals for adjustments to some existing specialist provisions.  
<http://bit.ly/5thApr16>
- Cabinet report 15<sup>th</sup> November 2016 - Report on the outcomes of the non-statutory consultation on proposals in relation to the changes to specialist provision for children and young people with additional needs in the areas of autism, speech, language and communication (SLCN).  
<http://bit.ly/15thNov16>
- Cabinet Report 7th March 2017 - Report on the proposals for changes to specialist provision for children with Speech, Language and Communication Needs (SLCN) and autism. To complete the process to discontinue 10 transitional places plus outreach for children with autism at Moldgreen Community Primary School and to update on progress in determining a host school for a new communication and interaction provision.  
<http://bit.ly/7thMar17>
- Cabinet Report 4<sup>th</sup> April 2017 - Overview of progress made in relation to changes to specialist provision for children with special educational needs across Kirklees.  
<http://bit.ly/04Apr17>
- Cabinet Report 25<sup>th</sup> July 2017 - Specialist provision for Kirklees children with communication and interaction needs  
<http://bit.ly/25July17>
- Cabinet Report 19<sup>th</sup> September 2017 - Specialist provision for Kirklees children with communication and interaction needs  
<https://democracy.kirklees.gov.uk/documents/s19927/11.%202017-09-19%20Specialist%20Provision%20Report.pdf>
- Cabinet Report 20<sup>th</sup> February 2018- Summary of findings from the Special Education Needs and/or Disability (SEND) High needs Strategic review  
<https://democracy.kirklees.gov.uk/documents/s21928/2018%2002%2020%20HNR%20redacted%20version%20of%20report.pdf>
- Cabinet Report 10 July 2018 - Headlands CE (VC) JI&N School – Permission to consult  
<http://democracy.kirklees.gov.uk/documents/s23800/Item%208%202018%2006%2027%20-%20Headlands%20CE%20VC%20JIN%20School%20-%20permission%20to%20consult%20v%203%20003.pdf>

**10. Service Director responsible**

Jo-Anne Sanders

Service Director – Learning and Early Support

[jo-anne.sanders@kirklees.gov.uk](mailto:jo-anne.sanders@kirklees.gov.uk)

## Distribution List

<b>List of Consultees</b>		
<b>Kirklees Council Officers</b>	Chief Executive Strategic Director Economy and Infrastructure Strategic Director for Adults and Health Strategic Director - Corporate Strategy and Public Health Director for Children's Services Deputy Director for Children's Services Service Director - Learning and Early Support	
<b>Kirklees Learning Service</b>	Kirklees Learning Partner	
<b>Kirklees Councillors</b>	All Wards	
<b>Dioceses</b>	Diocese of Leeds Church of England – Diocese of Leeds	
<b>Further Education Colleges</b>	Greenhead College Huddersfield New College Kirklees College	
<b>HR</b>	HR Lead School Governor Service	
<b>KIAS</b>	Kirklees Information Advice & Support Service	
<b>University</b>	University of Huddersfield	
<b>MPs</b>	Thelma Walker MP Barry Sheerman MP Paula Sherriff MP Tracy Brabin MP	
<b>DfE</b>	School Organisation Unit	
<b>Neighbouring LAs</b>	Barnsley Council	• Service Director – Education, Early Start & Prevention
	Calderdale Metropolitan Borough Council	• Director of Adult & Children's Services
	City of Bradford Metropolitan District Council	• Strategic Director - Children's Services
	Leeds City Council	• Director of Children's Services
	Oldham Council	• Assistant Executive Director
	Wakefield Metropolitan District Council	• Director of Children's Services
<b>The Children &amp; Young People Partnership Board Members</b>	<ul style="list-style-type: none"> <li>• Calderdale &amp; Hudds NHS Foundation Trust</li> <li>• Kirklees Active Leisure</li> <li>• National Children's Centre</li> <li>• Calderdale &amp; Kirklees Careers</li> <li>• Primary Pupil Referral Service</li> <li>• The Mid-Yorkshire Hospitals</li> <li>• NHS Kirklees Council</li> <li>• University of Huddersfield</li> <li>• West Yorkshire Police</li> </ul>	<ul style="list-style-type: none"> <li>• WY Fire &amp; Rescue Authority</li> <li>• Kirklees College</li> <li>• North Kirklees Clinical Commissioning Group</li> <li>• Clinical Commissioning Group</li> <li>• Children &amp; Adult Services</li> <li>• Locala Community Partnerships</li> <li>• Job Centre Plus</li> <li>• South/West Yorkshire Partnership NHS</li> <li>• West Yorkshire Probation Trust</li> </ul>
<b>Unions</b>	AEP ASCL ASPECT NEU - ATL GMB NAHT	NASUWT NEU - NUT UNISON UNITE VOICE THE UNION
<b>Parent / Guardians of pupils at:</b>	Headlands Church of England VC JI & N School	

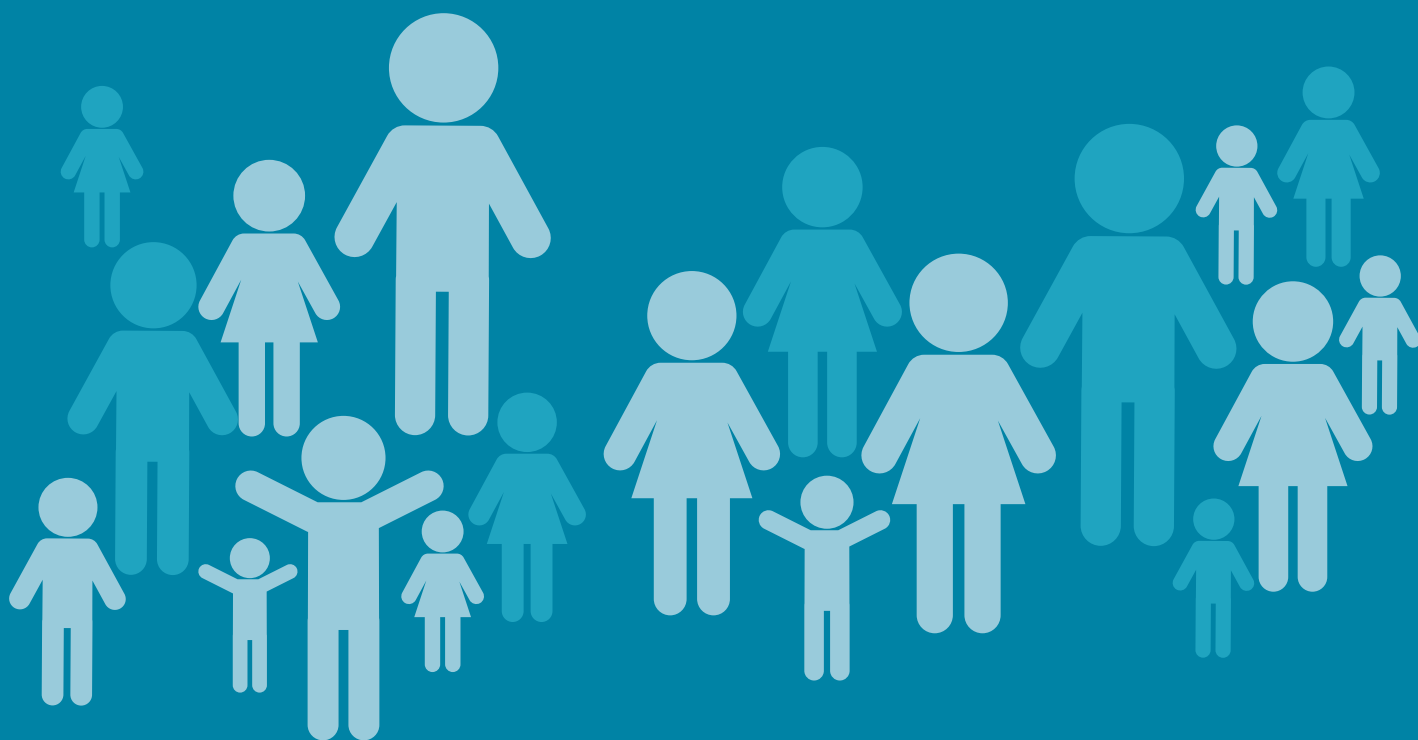
<b>Governors &amp; Staff at:</b>	Headlands Church of England VC JI & N School
<b>Special Schools</b>	Castle Hill School Fairfield School Woodley School and College Southgate School Joseph Norton Academy Ravenshall School Holly Bank School
<b>Schools with Specialist Provisions</b>	Honley High School Lowerhouses CofE (VC) JI & EY School Newsome High School and Sports College Rawthorpe Junior Dalton School Moor End Academy Rawthorpe St James I&N Royds Hall High School Thornhill Community Academy Windmill Church of England Primary School
<b>Libraries</b>	Batley Library Birstall Library Dewsbury Library Cleckheaton Library Heckmondwike Library
<b>Health Centres</b>	Batley Health Centre Cleckheaton Health Centre Dewsbury Health Centre
<b>Community Centres</b>	Batley Community Outreach Centre
<b>Community Groups</b>	Parents of Children with Additional Needs (PCAN)
<b>Others</b>	SENCO Team Strand lead for ASD and team Locala Speech Therapy Team

# Kirklees Children and Young People Services

Non-statutory consultation:

**The LA proposes to decommission specialist provision at Headlands CE (VC) JI&N School and deliver the service in a different way.**

Please tell us your views on our proposals.



*The closing date for responses is  
1st October 2018.*





Kirklees council wants to ensure that support is effective, flexible and meets the needs of our children and young people to enable them to succeed. Support needs to be targeted where it is most needed whilst giving us the opportunity to analyse future provision that will help deliver better outcomes.

In 2012 Kirklees Cabinet (the council's main decision making body) approved the reorganisation of specialist provision for disabled children and those with special educational needs across Kirklees. Since then specialist provision across Kirklees has been under continuous review to offer local children more choice at their local school.

## The current pattern of specialist provision in Kirklees

Strand	Primary	Secondary
<b>Hearing Impairment</b>	<b>Lowerhouses CE (VC) JI &amp; EY School</b> 10 Fixed places 4 Transitional places & Outreach	<b>Newsome High School &amp; Sports College</b> 12 Fixed places 2 Transitional places & Outreach
<b>Visual Impairment</b>	<b>Dalton School</b> 10 Fixed places 4 Transitional places & Outreach	<b>Moor End Academy</b> 12 Fixed places 2 Transitional places & Outreach
<b>Physical Impairment</b>	<b>Rawthorpe St. James (CE) VC I&amp;N and Rawthorpe Junior School</b> 5 Transitional places & Outreach	<b>Newsome High School &amp; Sports College</b> 10 Fixed places 2 Transitional places & Outreach
<b>Complex Communication and Interaction Needs</b>	<b>Windmill Church of England Primary School (Communication &amp; Interaction)</b> 12 transitional places & Outreach <b>Headlands CE (VC) JI &amp; N School</b> <b>(Autistic Spectrum Disorder)</b> 6 Transitional places & Outreach <b>Central Team Support for Outreach across Kirklees</b>	<b>Royds Hall Community School (SLCN)</b> 20 Fixed places 4 Transitional places & Outreach <b>Honley High School</b> 15 Fixed places 5 Transitional places & Outreach <b>Thornhill Community Academy</b> 15 Fixed places, 5 Transitional places & Outreach



## The type of places currently available

Each school provides placements as part of the school-based provision (fixed/transitional), as well as outreach support. The flexibility around the capacity for outreach work is governed by the numbers attending either fixed or transitional places. Where numbers are low, this releases capacity and maximises the outreach support available to all Kirklees schools.

- **Fixed places**

At primary phase, fixed places exist for children with complex sensory impairments where there is a requirement for long term, specialist interventions and support, which cannot be offered routinely across all mainstream settings.

- **Transitional places**

These are placements for up to a maximum of 6 terms and are for children and young people who require support over and above that provided through outreach. Any transitional placement is likely be preceded by a period of outreach involvement which has exhausted every avenue that would normally result in the child's needs being best met in their local school. Transitional placements are offered following a review of the Education Health and Care Plan.

## Why are we making these proposals?

Over the last year, the Governing Body at Headlands CE (VC) JI&N School has expressed concerns about the amount of money available to maintain the provision at their school. An additional challenge for the school has been the difficulty with the recruitment of specialist teachers. The shortage in specialist staffing at the school has limited the ability to deliver outreach to other schools where there is an increased demand.

Currently this outreach is delivered by the centrally based outreach team. However given the increased demand this is not enough to meet future needs. As a key area of need identified through the Strategic High Needs Review, schools cited the need for additional outreach support to enable them to meet their responsibilities with an ever increasing number of children with Complex Communication and Interaction Needs (including ASD). Outreach is delivered by specialist provision staff and those in the centrally based team. The specialist teams work alongside staff in mainstream schools to develop their skills and knowledge, and also to support the school in developing appropriate strategies and provision for individual children. After a series of conversations between school leaders and the Local Authority LA, a decision was taken by the Governing Body to request a proposal to decommission the provision at their school.



## The LA proposal is:

- to decommission 6 transitional places and outreach at Headlands CE (VC) JI&N School for children with Autistic Spectrum Disorder
- to work with the families of the remaining children to ensure that their needs can continue to be met with minimum disruption.

The capacity released through a decommission would be used to enhance the central outreach offer.

The LA would undertake an analysis of the effectiveness of the enhanced central outreach team to see if it meets the needs of children with Complex Communication and Interaction Needs within their local schools, and determine any future provision that may be required.

## The objectives of the proposal are to:

- continue to ensure specialist support is available where it is needed and is able to have the biggest impact for children, young people and their families
- continue to ensure that the overall pattern of specialist resource provision in Kirklees is flexible and can support and respond to the needs of individual pupils and parental preferences

- continue to provide access to appropriately trained staff and access to specialist support and advice, so that individual pupils can have the fullest possible opportunities to make progress in their learning and participate in their school and community
- continue to support the LA's strategy for making schools and settings more accessible to disabled children and young people and the scheme for promoting equality of opportunity for people with SEND.

## What happens next?

A 4 week non-statutory consultation is open between 4 September 2018 and 1 October 2018. You have until then to express your views online, in writing, or in person at the consultation event. Your opinions are important to us.

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

Activity	Date
<b>Report to Cabinet to approve non-statutory consultation</b>	<b>10 July 2018</b>
<b>Consultation and engagement</b>	<b>September 2018</b>
<b>Outcome report to Cabinet and approval to next stage*</b>	<b>November 2018</b>
<b>Publication of notices and representation period*</b>	<b>November 2018</b>
<b>Decision by Cabinet (within 2 months)*</b>	<b>January 2019</b>
<b>Implementation starts*</b>	<b>February 2019</b>

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



## Consultation event

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

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

Date	Venue	Time
19 September 2018	Headlands CE (VC) JI&N School	2.45pm – 3.45pm

## Response form

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

[www.kirklees.gov.uk/schoolorganisation](http://www.kirklees.gov.uk/schoolorganisation)

**By post:** FREEPOST Kirklees Council School Organisation & Planning (Postage is free; you do not need a stamp)

**In person:** At the consultation drop-in session or hand in at the school.

**Email:** Please note that you can contact us via email should you have any queries regarding these proposals. Please send your emails to [school.organisation@kirklees.gov.uk](mailto:school.organisation@kirklees.gov.uk)

Please make sure you respond by **1 October 2018** to ensure that your views are heard.



Do you support or oppose the proposals relating to the specialist provision at Headlands CE (VC) JI&N School and delivering the service in a different way?

Please  tick one of these boxes.

Strongly support	Support	Neither support nor oppose	Oppose	Strongly oppose	Don't know

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

## About you



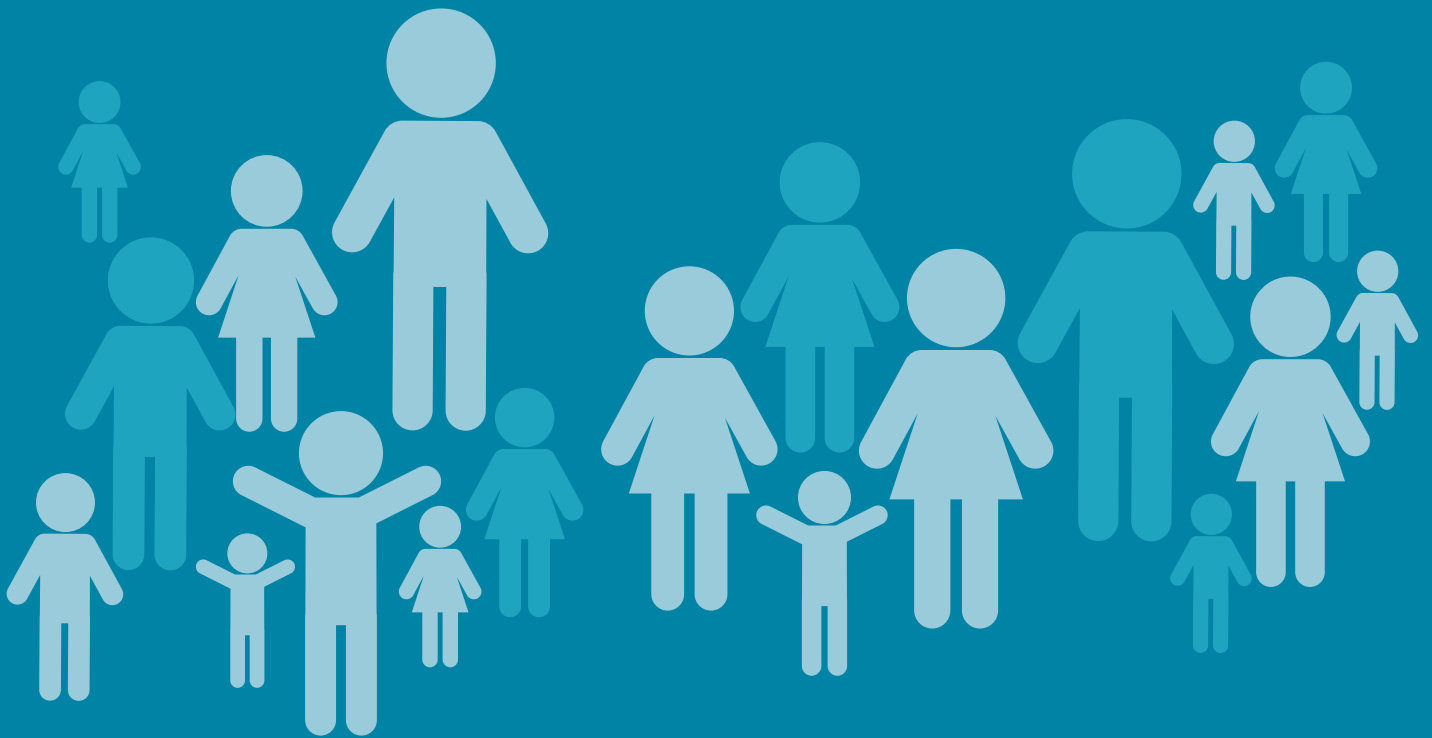
This section asks you for some information that will help us to analyse the results of the survey and to see who has taken part. You will not be identified by any of the information that you provide.

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

	Parent/carer	your child's/ children's school(s):
	Pupil	your school:
	Governor	your school:
	Member of staff	your school:
	Local resident	please tell us:
	Other	please tell us:

\* This information will form part of the outcome report which will be presented to Cabinet for a decision to proceed to the next stage. Please note all responses will remain anonymous.

# Kirklees Children and Young People Services



**Q. Do you support or oppose the proposals relating to the specialist provision at Headlands CE (VC) JI&N School and delivering the service in a different way?**

<b>Response from parent at Millbridge Junior Infant &amp; Nursery School</b>	
<b>Oppose</b>	Headlands and staff there have provided a good level of ongoing support for my asc son. Like many other support arrangements centralising this will lead to overuse and long waiting times. Also I find it ludicrous that this “consultation” is taking place after outreach has already moved to windmill so it is not a consultation.

<b>Response from parent</b>	
<b>Not Stated</b>	<p>I am contacting you to express my concern over the below consultation to centralise services that have been provided at Headlands - my concern lays around the consultation to move autism outreach as per the below link:</p> <p><a href="http://www.kirklees.gov.uk/beta/schools/school-organisation-and-planning.aspx">http://www.kirklees.gov.uk/beta/schools/school-organisation-and-planning.aspx</a></p> <p>I wanted to firstly express my disappointment and concern about this “consultation” - my son attends Millbridge and received ongoing support from autism outreach. My question is why is there a consultation on moving autism outreach now? Especially since we were informed by the provision in July 2018 that outreach moved over the summer holidays when X left and X moved to Windmill, where the provision is now supplied from. Why are the council “consulting” over something they have already done?</p> <p>As special needs parents we spend a lot of time chasing for services that our scarce or not supplied at all by Kirklees, causing unnecessary stress and meaning I have had to change my work to be part time to try and keep up with managing my sons education but to then be consulted about a change you have already enforced? This is incredibly wrong. I am so disappointed in my council, Kirklees do not provide legally required services within legal timescales and are now wasting everyone’s time doing this! I cannot express my concerns enough over the lack of proper procedure, communication and education for our children within Kirklees.</p>

<b>The governing body of Headlands CE J I &amp; N School</b>	
<b>Not Stated</b>	The governing body has had lengthy discussions, including discussions with the LA to try and resolve issues and as a board about the future of the Specialist Provision at Headlands over a period. Financial challenges and difficulties with recruitment of staff were considered alongside the benefits the provision brings to the wider school community. In the end there was a majority vote by the governing body members to seek the decommission of the specialist provision. This was not a unanimous vote but the decision is accepted by all.





**Name of meeting:** CABINET  
**Date:** TUESDAY 13 NOVEMBER 2018  
**Title of report:** West Yorkshire and Harrogate Health and Care Partnership  
**Purpose of report:**

This report asks Cabinet to:

- Note the revisions to the proposed West Yorkshire and Harrogate Health and Care Partnership agreement – the Memorandum of Understanding (MoU) – attached.
- Consider the Council’s support for the proposed Partnership arrangements.
- Continue to advocate for greater emphasis in the work of the Partnership on prevention and tackling inequalities.
- Urge the Partnership to continue to build stronger relationships with Councils and the wider range of stakeholders beyond the local NHS, including Scrutiny, and to give proper consideration to the issues raised through Scrutiny and other engagement processes.

<b>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?</b>	<b>Yes</b> –The Memorandum of Understanding formalises the working arrangements for the West Yorkshire and Harrogate Care Partnership which Partnership’s development.
<b>Key Decision - Is it in the <a href="#">Council’s Forward Plan (key decisions and private reports?)</a></b>	<b>Yes</b> – from 15 October 2018
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	<b>Yes</b>
<b>Date signed off by <a href="#">Strategic Director</a></b>	Richard Parry - 26 <sup>th</sup> October 2018
<b>Is it also signed off by the Service Director for Finance?</b>	Eamonn Croston - 2 <sup>nd</sup> November 2018
<b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b>	Julie Muscroft - 2 <sup>nd</sup> November 2018
<b>Cabinet member <a href="#">portfolio</a></b>	Cllr Shabir Pandor – Leader of the Council Cllr Musarrat Khan, Health and Social Care Cllr Viv Kendrick - Children

**Electoral wards affected:** All  
**Ward councillors consulted:** N/A  
**Public or private:** Pubic

## 1. Summary

1.1 The West Yorkshire and Harrogate Health and Care Partnership has been developing since 2016 and became a Shadow Integrated Care System (ICS) in May 2018, as part of the national Integrated Care System (ICS) development programme. The Partnership is

made up of more than 30 organisations working closely together to plan health and care services across the area, this includes all Councils in West Yorkshire. The Partnership has developed a draft agreement to formalise working arrangements and support for the next stage of the Partnership's development. The agreement has been discussed at the Kirklees Health and Wellbeing Board and it was agreed that all partners take the agreement through their governance arrangements.

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

### **Background**

- 2.1 Kirklees has been part of the West Yorkshire Health and Care Partnership (WYH HCP) since its inception as a Sustainability and Transformation Plan in March 2016.
- 2.2 In May 2018, WYH HCP was one of four areas to be invited to part of the Integrated Care System (ICS) development programme. Being a Shadow ICS is about helping the partnership to develop the sophistication of process and relationships that means, in future, the partnership itself will be able to take on some powers and budgets from national bodies. This would mean that decisions about investment in health and care can be taken more locally by those with a closer relationship to the impact of the funds and decisions.
- 2.3 In practice, at this stage, this does not change the status of the partnership itself, or remove or revoke any responsibilities or sovereignty from the organisations that make up the Partnership. It does, however, provide the opportunity to develop a clear statement of intent from all partners about how we will work together to develop that greater level of sophistication for more effective local decision making.
- 2.4 All partners are clear that the next phase of partnership working is about the right systematic leadership for integration across health and care from across all the 30+ organisations that make up the Partnership as well as how the Partnership works with the hundreds of other organisation that have an impact on health and care, including third sector organisations, pharmacies, care homes, hospices and domiciliary care providers.
- 2.5 It includes continuing to negotiate for the kind of WYH HCP and partnership outcomes that we have agreed are important: investment in prevention, primary care and mental health, community-wellbeing, better join up between 'health' and 'care' and democratic accountability and transparency about where we direct our collective resources. In particular to urge the partnership to continue to build stronger relationships with Councils and the wider range of stakeholders beyond the local NHS, including Scrutiny, and to give proper consideration to the issues raised through Scrutiny and other engagement processes. Also for a greater emphasis in the work of the Partnership on prevention and tackling inequalities.
- 2.6 The Joint Kirklees Health and Wellbeing Strategy 2014-2020 continues to guide our efforts to improve the health and care system – it sets the ambition for Kirklees to be a district combining great quality of life and a strong and sustainable economy where there is high prosperity and low inequality and people enjoy better health throughout their lives. These principles guide Kirklees involvement in the WYH Partnership and engagement with central government and NHS England.
- 2.7 The Kirklees Health and Wellbeing Plan is our Kirklees 'place based plan' and sets in more detail our plans to implement the priorities set out in the Joint Health and Wellbeing Strategy.

### **Proposal**

- 2.8 In October 2017 the West Yorkshire and Harrogate Partnership (WYH) Senior Leadership Executive Group (SLE) agreed that a Memorandum of Understanding (MoU)

should be developed to formalise working arrangements and support for the next stage of the Partnership's development.

- 2.8 The MoU is a formal agreement between WYH health and care partners.
- 2.9 It also provides the basis for partners to collectively negotiate a refreshed relationship between local NHS organisations and national oversight bodies.
- 2.10 It does not introduce a new hierarchical model but aims to instil the principle of mutual accountability to underpin the collective ownership of the outcomes partners have agreed are essential.
- 2.11 It is not a legal contract, but is a formal agreement between all of the partners. It is based on an ethos that the Partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations.
- 2.12 It specifically does not replace or override the legal and regulatory frameworks that apply to statutory NHS organisations and Councils. Instead, it is designed to sit alongside and complement these frameworks, creating the foundations for closer and more formal collaboration.
- 2.13 The MoU is intended to be read in conjunction with the West Yorkshire and Harrogate Sustainability and Transformation Plan, published in November 2016, the West Yorkshire and Harrogate Next Steps document published in February 2018 and the emerging refreshed Kirklees Health and Wellbeing Plan. Together these documents set out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, and to improve the quality of their health and care services.
- 2.14 The MoU has been drafted by a working group of colleagues from across Local Government and the NHS.
- 2.15 The text of the MoU covers the context for the partnership, how partners are expected to work together across WYH, including principles, values and behaviours, mutual accountability and governance arrangements, including how the Partnership moves towards a new approach to assurance, regulation and accountability with the NHS national bodies.
- 2.16 Development of the MoU has aimed to provide a platform for:
  - A refresh of the governance arrangements including the relationship and interplay between the six Places and statutory bodies
  - Exploring what mutual accountability means in the context of collective ownership for delivery, rather than a top-down approach
  - Developing a new approach to commissioning, and maturing provider networks that collaborate to deliver services in place and at WYH level
  - Improving clinical and managerial leadership of change in major transformation programmes
  - Developing more transparent and inclusive approaches to citizen engagement in development, delivery and assurance
  - Improving political ownership of, and engagement in the agenda, including regular opportunities for challenge and scrutiny
  - Developing a new assurance and accountability relationship with the NHS regulatory and oversight bodies that provides new flexibilities for WYH to assert greater control over system performance and delivery and the use of transformation and capital funds

- Agreeing an effective system of risk management and reward for the NHS bodies in the system

### **The Memorandum of Understanding**

2.17 The text of the MoU sets out details of:

- The context for the Partnership
- The partner organisations
- How partners will work together in WYH, including our principles, values and behaviours
- The objectives of the Partnership, and how our joint priority programmes and enabling workstreams will improve service delivery and outcomes across WYH
- The mutual accountability and governance arrangements, including how we will move towards a new approach to assurance, regulation and accountability with the NHS national bodies
- Our joint financial framework
- The support that will be provided to the Partnership by the national and regional teams of NHS England and NHS Improvement
- Which aspects of the agreement apply to particular types of organisation

2.18 The draft MoU has recognised the need to strengthen governance arrangements to ensure the right level of political, non-executive and lay input to decision-making, and to enable the partnership to act with greater transparency. This includes establishing a full Partnership Board should be established to oversee whole-partnership business and decisions. The Board would operate with full regard to the principles of subsidiarity, with the majority of business being undertaken at a local level in places. The Partnership Board is to be made up of the chairs and chief executives from all NHS organisations, elected member Chairs of Health and Wellbeing Boards, one other elected member, and chief executives from Councils and senior representatives of other relevant Partner organisations.

2.19 A new system oversight and assurance group (SOAG) will be established to provide a mechanism for Partner organisations to take ownership of system performance and delivery and hold one another to account. It will be chaired by the Partnership Lead, currently Rob Webster the Chief Executive of South West Yorkshire Foundation Trust, and include representation covering each sector / type of organisation. The Group will regularly review a dashboard of key performance and transformation metrics and receive updates from WY&H programme boards.

### **Signatories**

2.20 All partners are being asked to take the process for sign-up through their own governance structures, including making any final decision at a meeting that takes place in public.

2.21 The process for all partners to go through their governance structures is anticipated to be completed by November 2018.

## **3. Implications for the Council**

### **3.1 Early Intervention and Prevention (EIP)**

The West Yorkshire and Harrogate Health and Care Partnership is a vehicle for local NHS organisations, Councils, Charities and partner organisations to work closely together to make improvements to health and social care system across the partnership for the whole population. A key focus is on early intervention and prevention.

### **3.2 Economic Resilience (ER)**

The health and care sector is a significant part of the local economy. The West Yorkshire and Harrogate Health and Care Partnership has recognised the importance of Inclusive Growth agenda and the role of the health and care sector in this.

### **3.3 Improving Outcomes for Children**

The West Yorkshire and Harrogate Health and Care Partnership priorities cover the whole population, therefore outcomes for children should be improved by many of the workstreams, e.g. primary and community care, urgent care and work with the community and voluntary sector, and there is a specific priority to improve maternity services.

### **3.4 Reducing demand for services**

There is a significant predicted rise in demand for both health and social care and the Partnership provides a forum for discussion about the impact of this rise and the mitigating actions that can be taken across all partners.

### **3.5 Other (e.g. Legal/Financial or Human Resources)**

At this stage there are no resources and value for money implications for the Council specifically relating to the MoU – as it does not change the responsibilities held by each of the organisational signatories.

As a key Kirklees multi-agency forum, with a democratic mandate from local communities through elected members, the Health and Wellbeing Board will remain fully engaged on any future funding arrangements and resource allocations decided through the WYH HCP to ensure that this represents value for public money and that the interests of the Kirklees population are fairly met.

The proposed MoU is a non-legally binding document, and does not create any form of joint venture or partnership in the strict legal sense (see Clauses 2.6 and 2.7). The “partnership” is a strategic body created to ensure that the agreed objectives set out within the MoU are achieved. Each participant will remain sovereign and Councils remain directly accountable to their electorates (see Clause 4 of the MoU). Unless otherwise agreed between the participants, each participant in the partnership will bear their own costs, charges and liabilities arising out of their involvement with this partnership (see Clauses 10.1-10.3).

## **4. Consultees and their opinions**

That the Memorandum of Understanding was discussed by the Health and Wellbeing Board on 6 September where it was agreed that it “be circulated to Board members to take through their individual governance structures.”

## **5. Next steps**

All partners in the WYH Partnership are currently undertaking formal discussions about signing the Memorandum of Understanding and taking it through the relevant governance arrangements.

## **6. Officer recommendations and reasons**

That Cabinet:

6.1 Note the revisions to the proposed West Yorkshire and Harrogate Health and Care Partnership agreement – the Memorandum of Understanding (MoU).

6.2 Consider the Council’s support for the proposed Partnership arrangements.

6.3 Continue to advocate for greater emphasis in the work of the Partnership on prevention and tackling inequalities.

- 6.3 Urge the Partnership to continue to build stronger relationships with Councils and the wider range of stakeholders beyond the local NHS, including Scrutiny, and to give proper consideration to the issues raised through Scrutiny and other engagement processes.
- 6.4 Authorise the Chief Executive to sign the final agreed MoU on behalf of the Council in due course, and
- 6.5 Authorise the Chief Executive (in consultation with the Service Director of Legal, Governance and Commissioning) to negotiate any ancillary documents to the MoU and/or any subsequent variations, amendments or extensions to the MoU or any such ancillary documents in consultation with the Leader and the Portfolio Holders for Health & Social Care and Children.

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

That Cabinet:

- 7.1 Approve the officer recommendations.

**8. Contact officer**

Phil Longworth, Senior Manager – Integrated Support [phil.longworth@kirklees.gov.uk](mailto:phil.longworth@kirklees.gov.uk)

Rachael Loftus, Head of Regional Health Partnerships, [rachael.loftus@leeds.gov.uk](mailto:rachael.loftus@leeds.gov.uk)

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

Report to Kirklees Health and Wellbeing Board on 6<sup>th</sup> September 2018

**10. Service Director responsible**

Richard Parry, Strategic Director for Adults and Health

DRAFT

West Yorkshire and Harrogate  
Health and Care Partnership



# Memorandum of Understanding

D R A F T

August 2018





Contents

Foreword.....2

1. Parties to the Memorandum .....4

2. Introduction and context .....7

3. How we work together in West Yorkshire and Harrogate ..... 10

4. Partnership Governance..... 13

5. Mutual accountability framework ..... 17

6. Decision-Making and Resolving Disagreements.....21

7. Financial Framework .....23

8. National and regional support.....25

9. Variations .....25

10. Charges and liabilities .....25

11. Information Sharing.....25

12. Confidential Information .....25

13. Additional Partners.....26

14. Signatures .....26

Schedule 1 - Definitions and Interpretation .....28

Annex 1 – Applicability of Memorandum Elements.....32

Annex 2 – Schematic of Governance and Accountability Arrangements .....33

Annex 3 - Terms of Reference.....34



## Foreword

Since the creation of West Yorkshire and Harrogate Health and Care Partnership in March 2016, the way we work has been further strengthened by a shared commitment to deliver the best care and outcomes possible for the 2.6 million people living in our area.

Our commitment remains the same and our goal is simple: we want everyone in West Yorkshire and Harrogate to have a great start in life, and the support they need to stay healthy and live longer. We are committed to tackling health inequalities and to improving the lives of the poorest fastest. Our commitment to an NHS free at the point of delivery remains steadfast, and our response to the challenges we face is to strengthen our partnerships.

The proposals set out in our plan are firming up into specific actions, backed by investments. This is being done with the help of our staff and communities, alongside their representatives, including voluntary, community organisations and local councillors. Our bottom-up approach means that this is happening at both a local and WY&H level which puts people, not organisations, at the heart of everything we do.

We have agreed to develop this Memorandum of Understanding to strengthen our joint working arrangements and to support the next stage of development of our Partnership. It builds on our existing collaborative work to establish more robust mutual accountability and break down barriers between our separate organisations.

Our partnership is already making a difference. We have attracted additional funding for people with a learning disability, and for cancer diagnostics, diabetes and a new child and adolescent mental health unit.

However, we know there is a lot more to do. The health and care system is under significant pressure, and we also need to address some significant health challenges. For example we have higher than average obesity levels, and over 200,000 people are at risk of diabetes. There are 3,600 stroke incidents across our area and we have developed a strategic case for change for stroke from prevention to after care and are identifying and treating people at high risk of having a stroke.

We all agree that working more closely together is the only way we can tackle these challenges and achieve our ambitions. This Memorandum demonstrates our clear commitment to do this.

Rob Webster  
**West Yorkshire and Harrogate Health and Care Partnership Lead**  
**CEO South West Yorkshire Partnership NHS FT**



## 1. Parties to the Memorandum

1.1. The members of the West Yorkshire and Harrogate Health and Care Partnership (the **Partnership**), and parties to this Memorandum, are:

### Local Authorities

- City of Bradford Metropolitan District Council
- Calderdale Council
- Craven District Council
- Harrogate Borough Council
- Kirklees Council
- Leeds City Council
- North Yorkshire County Council<sup>1</sup>
- Wakefield Council

### NHS Commissioners

- NHS Airedale, Wharfedale and Craven CCG
- NHS Bradford City CCG
- NHS Bradford Districts CCG
- NHS Calderdale CCG
- NHS Greater Huddersfield CCG
- NHS Harrogate and Rural District CCG
- NHS Leeds CCG
- NHS North Kirklees CCG
- NHS Wakefield CCG
- NHS England

### NHS Service Providers

- Airedale NHS Foundation Trust
- Bradford District Care NHS Foundation Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Calderdale and Huddersfield NHS Foundation Trust
- Harrogate and District NHS Foundation Trust
- Leeds and York Partnership NHS Foundation Trust
- Leeds Community Healthcare NHS Trust
- The Leeds Teaching Hospitals NHS Trust
- The Mid Yorkshire Hospitals NHS Trust

- South West Yorkshire Partnership NHS Foundation Trust<sup>1</sup>
- Tees, Esk, and Wear Valleys NHS Foundation Trust<sup>1</sup>
- Yorkshire Ambulance Service NHS Trust<sup>1</sup>

### Health Regulator and Oversight Bodies

- NHS England
- NHS Improvement

### Other National Bodies

- Health Education England
- Public Health England
- Care Quality Commission [TBC]

### Other Partners

- Locala Community Partnerships CIC
- Healthwatch Bradford and District
- Healthwatch Calderdale
- Healthwatch Kirklees
- Healthwatch Leeds
- Healthwatch North Yorkshire
- Healthwatch Wakefield
- Yorkshire and Humber Academic Health Science Network<sup>1</sup>

1.2. As members of the Partnership all of these organisations subscribe to the vision, principles, values and behaviours stated below, and agree to participate in the governance and accountability arrangements set out in this Memorandum.

1.3. Certain aspects of the Memorandum are not relevant to particular types of organisation within the partnership. These are indicated in the table at **Annex 1**.

### Definitions and Interpretation

1.4. This Memorandum is to be interpreted in accordance with the Definitions and Interpretation set out in Schedule 1, unless the context requires otherwise.

### Term

1.5. This Memorandum shall commence on the date of signature of the Partners, and shall continue for an initial period of three (3) years and thereafter subject to an annual review of the arrangements by the [Partnership Board].

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<sup>1</sup> These organisations are also part of neighbouring STPs.

## Local Government role within the partnership

1.6. The West Yorkshire and Harrogate Health and Care Partnership includes eight local government partners. The five Metropolitan Councils in West Yorkshire and North Yorkshire County Council lead on public health, adult social care and children's services, as well as statutory Health Overview and Scrutiny and the local Health and Wellbeing Boards. The Metropolitan Councils, Harrogate Borough Council and Craven District Council lead on housing. Together, they work with the NHS as commissioning and service delivery partners, as well as exercising formal powers to scrutinise NHS policy decisions.

1.7. Within the WY&H partnership the NHS organisations and Councils will work as equal partners, each bringing different contributions, powers and responsibilities to the table.

1.8. Local government's regulatory and statutory arrangements are separate from those of the NHS. Councils are subject to the mutual accountability arrangements for the partnership. However, because of the separate regulatory regime certain aspects of these arrangements will not apply. Most significantly, Councils would not be subject a single NHS financial control total and its associated arrangements for managing financial risk. However, through this Memorandum, Councils agree to align planning, investment and performance improvement with NHS partners where it makes sense to do so. In addition, democratically elected councillors will continue to hold the partner organisations accountable through their formal Scrutiny powers.

## Partners in Local Places

1.9. The NHS and the Councils within the partnership have broadly similar definitions of place. (The rural Craven district is aligned with Bradford for NHS purposes, but is seen as a distinct local government entity in its own right within North Yorkshire.)

1.10. All of the Councils, CCGs, Healthcare Providers and Healthwatch organisations are part of their respective local place-based partnership arrangements. The extent and scope of these arrangements is a matter for local determination, but they typically include elements of shared commissioning, integrated service delivery, aligned or pooled investment and joint decision-making. Other key members of these partnerships include:

- GP Federations
- Specialist community service providers
- Voluntary and community sector organisations and groups
- Housing associations.
- other primary care providers such as community pharmacy, dentists, optometrist
- independent health and care providers including care homes

## 2. Introduction and context

2.1. This Memorandum of Understanding (Memorandum) is an understanding between the West Yorkshire and Harrogate health and care partners. It sets out the details of our commitment to work together in partnership to realise our shared ambitions to improve the health of the 2.6 million people who live in our area, and to improve the quality of their health and care services.

2.2. West Yorkshire and Harrogate Health and Care Partnership began as one of 44 Sustainability and Transformation Partnerships (STPs) formed in 2016, in response to the *NHS Five Year Forward View*. It brings together all health and care organisations in our six places: Bradford District and Craven<sup>2</sup>, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

2.3. Our partnership is not a new organisation, but a new way of working to meet the diverse needs of our citizens and communities. NHS services have come together with local authorities, charities and community groups to agree how we can improve people's health and improve the quality of their health and care services.

2.4. We published our high level proposals to close the health, care and finance gaps that we face in November 2016. Since then we have made significant progress to build our capacity and infrastructure and establish the governance arrangements and ways of working that will enable us to achieve our aims.

### Purpose

2.5. The purpose of this Memorandum is to formalise and build on these partnership arrangements. It does not seek to introduce a hierarchical model; rather it provides a mutual accountability framework, based on principles of subsidiarity, to ensure we have collective ownership of delivery. It also provides the basis for a refreshed relationship with national oversight bodies.

2.6. The Memorandum is not a legal contract and is not intended to be legally binding and no legal obligations or legal rights shall arise between the Partners from this Memorandum. It is a formal understanding between all of the Partners who have each entered into this Memorandum intending to honour all their obligations under it. It is based on an ethos that the partnership is a servant of the people in West Yorkshire and Harrogate and of its member organisations. It does not replace or override the legal and regulatory frameworks that apply to our statutory NHS organisations and Councils. Instead it sits alongside and complements these frameworks, creating the foundations for closer and more formal collaboration.

2.7. Nothing in this Memorandum is intended to, or shall be deemed to, establish any partnership or joint venture between the Partners to the

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<sup>2</sup> Whilst Craven is organisationally aligned with the NHS in Bradford, it is a distinctive place in its own right, forming part of North Yorkshire.



Memorandum, constitute a Partner as the agent of another, nor authorise any of the Partners to make or enter into any commitments for or on behalf of another Partner.

2.8. The Memorandum should be read in conjunction with the Partnership Plan, published in November 2016, the Next Steps (February 2018) and the six local Place plans across West Yorkshire and Harrogate.

### Developing new collaborative relationships

2.9. Our approach to collaboration begins in each of the 50-60 neighbourhoods which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people. These integrated neighbourhood services focus on preventing ill health, supporting people to stay well, and providing them with high quality care and treatment when they need it.

2.10. Neighbourhood services sit within each of our six local places (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield). These places are the primary units for partnerships between NHS services, local authorities, charities and community groups, which work together to agree how to improve people's health and improve the quality of their health and care services.

2.11. The focus for these partnerships is moving increasing away from simply treating ill health to preventing it, and to tackling the wider determinants of health, such as housing, employment, social inclusion and the physical environment.

2.12. These place-based partnerships, overseen by Health and Wellbeing Boards, are key to achieving the ambitious improvements we want to see. However, we have recognised that there also clear benefits in working together across a wider footprint and that local plans need to be complemented with a common vision and shared plan for West Yorkshire and Harrogate as a whole. We apply three tests to determine when to work at this level:

- to achieve a critical mass beyond local population level to achieve the best outcomes;
- to share best practice and reduce variation; and
- to achieve better outcomes for people overall by tackling 'wicked issues' (ie, complex, intractable problems).

2.13. The arrangements described in this Memorandum describe how we will organise ourselves, at West Yorkshire & Harrogate level, to provide the best health and care, ensuring that decisions are always taken in the interest of the patients and populations we serve.

## Promoting Integration and Collaboration

2.14. The Partners acknowledge the statutory and regulatory requirements which apply in relation to competition, patient choice and collaboration. Within the constraints of these requirements we will aim to collaborate, and to seek greater integration of services, whenever it can be demonstrated that it is in the interests of patients and service users to do so.

2.15. The Partners are aware of their competition compliance obligations, both under competition law and, in particular (where applicable) under the NHS Improvement Provider Licence for NHS Partners and shall take all necessary steps to ensure that they do not breach any of their obligations in this regard. Further, the Partners understand that in certain circumstances collaboration or joint working could trigger the merger rules and as such be notifiable to the Competition and Markets Authority and Monitor/NHS Improvement and will keep this position under review accordingly.

2.16. The Partners understand that no decision shall be made to make changes to services in West Yorkshire and Harrogate or the way in which they are delivered without prior consultation where appropriate in accordance with the partners statutory and other obligations.

### 3. How we work together in West Yorkshire and Harrogate

#### Our vision

3.1. We have worked together to develop a shared vision for health and care services across West Yorkshire and Harrogate. All proposals, both as Partner organisations and at a Partnership level should be supportive of the delivery of this vision:

- Places will be healthy - you will have the best start in life, so you can live and age well.
- If you have long term health conditions you will be supported to self-care through GPs and social care services working together. This will include peer support and via technology, such as telemedicine.
- If you have multiple health conditions, there will be a team supporting your physical, social and mental health needs. This will involve you, your family and carers, the NHS, social care and voluntary and community organisations.
- If you need hospital care, it will usually mean going to your local hospital, which works closely with others to give you the best care possible
- Local hospitals will be supported by centres of excellence for services such as cancer and stroke
- All of this will be planned and paid for together, with councils and the NHS working together to remove the barriers created by planning and paying for services separately. For example community and hospital care working together.
- Communities and staff will be involved in the development and design of plans so that everyone truly owns their health care services.

#### Overarching leadership principles for our partnership

3.2. We have agreed a set of guiding principles that shape everything we do through our partnership:

- We will be ambitious for the people we serve and the staff we employ
- The West Yorkshire and Harrogate partnership belongs to its citizens and to commissioners and providers, councils and NHS so we will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking

place at the appropriate level and as near to local as possible

### Our shared values and behaviours

3.3. We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire and Harrogate;
- We support each other and work collaboratively;
- We act with honesty and integrity, and trust each other to do the same;
- We challenge constructively when we need to;
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

### Partnership objectives

3.4. Our ambitions for improving health outcomes, joining up care locally, and living within our financial means were set out in our STP plan (November 2016, available at: <https://wyhpartnership.co.uk/meetings-and-publications/publications>). This Memorandum reaffirms our shared commitment to achieving these ambitions and to the further commitments made in *Next Steps for the West Yorkshire and Harrogate Health and Care Partnership*, published in February 2018.

3.5. In order to achieve these ambitions we have agreed the following broad objectives for our Partnership:

- i. To make fast and tangible progress in:
  - enhancing urgent and emergency care,
  - strengthening general practice and community services,
  - improving mental health services,
  - improving cancer care,
  - prevention at scale of ill-health,
  - collaboration between acute service providers,
  - improving stroke services, and
  - improving elective care, including standardisation of commissioning policies.
- ii. To enable these transformations by working together to:
  - Secure the right workforce, in the right place, with the right skills, to deliver services at the right time, ensuring the wellbeing of our staff ,

- Engage our communities meaningfully in co-producing services,
  - Use digital technology to drive change, ensure systems are interoperable, and create a 21st Century NHS,
  - Place innovation and best practice at the heart of our collaboration, ensuring that our learning benefits the whole population,
  - Develop and shape the strategic capital and estates plans across West Yorkshire and Harrogate, maximising all possible funding sources and ensuring our plans support the delivery of our clinical strategy, and
  - Ensure that we have the best information, data, and intelligence to inform the decisions that we take.
- iii. To manage our financial resources within a shared financial framework for health across the constituent CCGs and NHS provider organisations; and to maximise the system-wide efficiencies necessary to manage within this share of the NHS budget;
- iv. To operate as an integrated health and care system, and progressively to build the capabilities to manage the health of our population, keeping people healthier for longer and reducing avoidable demand for health and care services;
- v. To act as a leadership cohort, demonstrating what can be achieved with strong system leadership and increased freedoms and flexibilities.

### Delivery improvement

3.6. Delivery and transformation programmes have been established to enable us to achieve the key objectives set out above. Programme Mandates have been developed for each programme and enabling workstream. These confirm:

- The vision for a transformed service
- The specific ambitions for improvement and transformation
- The component projects and workstreams
- The leadership arrangements.

3.7. Each programme has undergone a peer review ‘check and confirm’ process to confirm that it has appropriate rigour and delivery focus.

3.8. As programme arrangements and deliverables evolve over time the mandates will be revised and updated as necessary.

## 4. Partnership Governance

4.1. The Partnership does not replace or override the authority of the Partners' Boards and governing bodies. Each of them remains sovereign and Councils remain directly accountable to their electorates.

4.2. The Partnership provides a mechanism for collaborative action and common decision-making for those issues which are best tackled on a wider scale.

4.3. A schematic of our governance and accountability relationships is provided at **Annex 2** and terms of reference of the Partnership Board, System Leadership Executive and System Oversight and Assurance Group are provided at **Annex 3**.

### Partnership Board

4.4. A Partnership Board will be established to provide the formal leadership for the Partnership. The Partnership Board will be responsible for setting strategic direction. It will provide oversight for all Partnership business, and a forum to make decisions together as Partners on the range of matters highlighted in section 7 of this Memorandum, which neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum.

4.5. The Partnership Board is to be made up of the chairs and chief executives from all NHS organisations, elected member Chairs of Health and Wellbeing Boards, one other elected member, and chief executives from Councils and senior representatives of other relevant Partner organisations. The Partnership Board will have an independent chair and will meet at least four times each year in public.

4.6. The Partnership Board has no formal delegated powers from the organisations in the Partnership. However, over time our expectation is that regulatory functions of the national bodies will increasingly be enacted through collaboration with our leadership. It will work by building agreement with leaders across Partner organisations to drive action around a shared direction of travel.

### System Leadership Executive

4.7. The System Leadership Executive (SLE) Group includes each statutory organisation and representation from other Partner organisations. The group is responsible for overseeing delivery of the strategy of the Partnership, building leadership and collective responsibility for our shared objectives.

4.8. Each organisation will be represented by its chief executive or accountable officer. Members of the SLE will be responsible for nominating an empowered deputy to attend meetings of the group if they are unable to do so personally. Members of the SLE will be expected to recommend that their organisations support agreements and decisions made by SLE (always subject to each Partner's compliance with internal governance and approval procedures).

### System Oversight and Assurance Group

4.9. A new system oversight and assurance group (SOAG) will be established in 2018/19 to provide a mechanism for Partner organisations to take ownership of system performance and delivery and hold one another to account. It will:

- be chaired by the Partnership Lead;
- include representation covering each sector / type of organisation;
- regularly review a dashboard of key performance and transformation metrics; and
- receive updates from WY&H programme boards.

4.10. The SOAG will be supported by the partnership core team.

### West Yorkshire and Harrogate programme governance

4.11. Strong governance and programme management arrangements are built into each of our West Yorkshire and Harrogate priority and enabling programmes (the **Programmes**). Each programme has a Senior Responsible Owner, typically a Chief Executive, accountable officer or other senior leader, and has a structure that builds in clinical and other stakeholder input, representation from each of our six places and each relevant service sector.

4.12. Programmes will provide regular updates to the System Leadership Executive and System Oversight and Assurance Group. These updates will be published on the partnership website.

### Other governance arrangements between Partners

4.13. The Partnership is also underpinned by a series of governance arrangements specific to particular sectors (eg commissioners, acute providers, mental health providers, Councils) that support the way it works. These are described in paragraphs 4.14 to 4.29 below.

### The West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups

4.14. The nine CCGs in West Yorkshire and Harrogate are continuing to develop closer working arrangements within each of the six Places that make up our Partnership.

4.15. The CCGs have established a Joint Committee, which has delegated authority to take decisions collectively. The Joint Committee is made up of representatives from each CCG. To make sure that decision making is open and transparent, the Committee has an independent lay chair and two lay members drawn from the CCGs, and meets in public every second month. The Joint Committee is underpinned by a memorandum of understanding and a work plan, which have been agreed by each CCG.



4.16. The Joint Committee is a sub-committee of the CCGs, and each CCG retains its statutory powers and accountability. The Joint Committee's work plan reflects those partnership priorities for which the CCGs believe collective decision making is essential. It only has decision-making responsibilities for the West Yorkshire and Harrogate programmes of work that have been expressly delegated to it by the CCGs.

#### **West Yorkshire Association of Acute Trusts Committee in Common**

4.17. The six acute hospital trusts in West Yorkshire and Harrogate have come together as the [West Yorkshire Association of Acute Trusts](#) (WYAAT). WYAAT believes that the health and care challenges and opportunities facing West Yorkshire and Harrogate cannot be solved through each hospital working alone; they require the hospitals to work together to achieve solutions for the whole of West Yorkshire and Harrogate that improve the quality of care, increase the health of people and deliver more efficient services.

4.18. WYAAT is governed by a memorandum of understanding which defines the objectives and principles for collaboration, together with governance, decision making and dispute resolution processes. The memorandum of understanding establishes the WYAAT Committee in Common, which is made up of the Chairs and Chief Executives of the six trusts, and provides the forum for working together and making decisions in a common forum. Decisions taken by the Committee in Common are then formally approved by each Trust Board individually in accordance with their own internal procedures.

#### **West Yorkshire Mental Health Services Collaborative**

4.19. The four trusts providing mental health services in West Yorkshire (Bradford District Care Foundation Trust, Leeds Community Healthcare NHS Trust, Leeds and York Partnership Foundation Trust and South West Yorkshire Partnership Foundation Trust) have come together to form the West Yorkshire Mental Health Services Collaborative (WYMHSC). The trusts will work together to share best practice and develop standard operating models and pathways to achieve better outcomes for people in West Yorkshire and ensure sustainable services into the future.

4.20. The WYMHSC is underpinned by a memorandum of understanding and shared governance in the form of 'committees in common'.

4.21. Tees, Esk and Wear Valleys NHS Foundation Trust provides mental health services to the Harrogate area.

#### **Local council leadership**

4.22. Relationships between local councils and NHS organisations are well established in each of the six places and continue to be strengthened. Complementary arrangements for the whole of West Yorkshire and Harrogate have also been established:

- Local authority chief executives meet and mandate one of them to lead on



health and care partnership;

- Health and Wellbeing Board chairs meet;
- A Joint Health Overview and Scrutiny Committee
- West Yorkshire Combined Authority
- North Yorkshire and York Leaders and Chief Executives

## Clinical Forum

4.23. Clinical leadership is central to all of the work we do. Clinical leadership is built into each of our work programmes, and our Clinical Forum provides formal clinical advice to all of our programmes.

4.24. The purpose of the Clinical Forum is to be the primary forum for clinical leadership, advice and challenge for the work of the partnership in meeting the Triple Aim: improving health and wellbeing; improving care and the quality of services; and ensuring that services are financially sustainable.

4.25. The Clinical Forum ensures that the voice of clinicians, from across the range of clinical professions and partner organisations, drives the development of new clinical models and proposals for the transformation of services. It also takes an overview of system performance on quality.

4.26. The Clinical Forum has agreed Terms of Reference which describe its scope, function and ways of working.

## Local Place Based Partnerships

4.27. Local partnerships arrangements for the Places bring together the Councils, voluntary and community groups, and NHS commissioners and providers in each Place, including GPs and other primary care providers, to take responsibility for the cost and quality of care for the whole population. Each of the six Places in West Yorkshire and Harrogate has developed its own arrangements to deliver the ambitions set out in its own Place Plan.

4.28. These new ways of working reflect local priorities and relationships, but all provide a greater focus on population health management, integration between providers of services around the individual's needs, and a focus on care provided in primary and community settings.

4.29. There are seven local health and care partnerships (two in Bradford District and Craven and one in each other place) which will develop horizontally integrated networks to support seamless care for patients.

## 5. Mutual accountability framework

5.1. A single consistent approach for assurance and accountability between Partners on West Yorkshire and Harrogate system wide matters will be applied through the governance structures and processes outlined in Paragraphs 4.1 to 4.12 above.

### Current statutory requirements

5.2. NHS England has a duty under the NHS Act 2006 (as amended by the 2012 Act) to assess the performance of each CCG each year. The assessment must consider, in particular, the duties of CCGs to: improve the quality of services; reduce health inequalities; obtain appropriate advice; involve and consult the public; and comply with financial duties. The 2012 Act provides powers for NHS England to intervene where it is not assured that the CCG is meeting its statutory duties.

5.3. NHS Improvement is the operational name for an organisation that brings together Monitor and the NHS Trust Development Authority (NHS TDA). NHS Improvement must ensure the continuing operation of a licensing regime. The NHS provider licence forms the legal basis for Monitor's oversight of NHS foundation trusts. While NHS trusts are exempt from the requirement to apply for and hold the licence, directions from the Secretary of State require NHS TDA to ensure that NHS trusts comply with conditions equivalent to the licence as it deems appropriate. This includes giving directions to an NHS trust where necessary to ensure compliance.

### A new model of mutual accountability

5.4. Through this Memorandum the Partners agree to take a collaborative approach to, and collective responsibility for, managing collective performance, resources and the totality of population health. The partners will:

- Agree ambitious outcomes, common datasets and dashboards for system improvement and transformation management;
- work through our formal collaborative groups for decision making, engaging people and communities across WY&H; and
- identify good practice and innovation in individual places and organisations and ensure it is spread and adopted through the Programmes.

5.5. The Partnership approach to system oversight will be geared towards performance improvement and development rather than traditional performance management. It will be data-driven, evidence-based and rigorous. The focus will be on improvement, supporting the spread and adoption of innovation and best practice between Partners.

5.6. Peer review will be a core component of the improvement methodology. This will provide valuable insight for all Partners and support the identification and adoption of good practice across the Partnership.

5.7. System oversight will be undertaken through the application of a continuous improvement cycle, including the following elements:

- Monitoring performance against key standards and plans in each place;
- Ongoing dialogue on delivery and progress;
- Identifying the need for support through a clinically and publically-led process of peer review;
- Agreeing the need for more formal action or intervention on behalf of the partnership; and
- Application of regulatory powers or functions.

5.8. The Programmes will, where appropriate, take on increasing responsibility for managing this process. The extent of this responsibility will be agreed between each Programme and the SLE.

5.9. A number of Partners have their own improvement capacity and expertise. Subject to the agreement of the relevant Partners this resource will be managed by the Partner in a co-ordinated approach for the benefit of the overall Partnership, and used together with the improvement expertise provided by national bodies and programmes.

### Taking action

5.10. The SOAG will prioritise the deployment of improvement support across the Partnership, and agree recommendations for more formal action and interventions. Actions allocated to the SOAG are to make recommendations on:

- agreement of improvement or recovery plans;
- more detailed peer-review of specific plans;
- commissioning expert external review;
- the appointment of a turnaround Director / team; and
- restrictions on access to discretionary funding and financial incentives.

5.11. For Places where financial performance is not consistent with plan, the Partnership Directors of Finance Group will make recommendations to the SOAG on a range of interventions, including any requirement for:

- financial recovery plans;
- more detailed peer-review of financial recovery plans;
- external review of financial governance and financial management;
- organisational improvement plans;
- the appointment of a turnaround Director / team;

- enhanced controls around deployment of transformation funding held at place; and
- reduced priority for place-based capital bids.

### The role of Places in accountability

5.12. This Memorandum has no direct impact on the roles and respective responsibilities of the Partners (including the Councils, Trust Boards and CCG governing bodies) which all retain their full statutory duties and powers.

5.13. Health and Wellbeing Boards (HWB) have a statutory role in each upper tier local authority area as the vehicle for joint local system leadership for health and care and this is not revised by the Partnership. HWB bring together key leaders from the local Place health and care system to improve the health and wellbeing of their population and reduce health inequalities through:

- developing a shared understanding of the health and wellbeing needs of their communities;
- providing system leadership to secure collaboration to meet these needs more effectively;
- having a strategic influence over commissioning decisions across health, public health and social care;
- involving councillors and patient representatives in commissioning decisions.

5.14. In each Place the statutory bodies come together in local health and care partnerships to agree and implement plans across the Place to:

- Integrate mental health, physical health and care services around the individual
- Manage population health
- Develop increasingly integrated approaches to joint planning and budgeting

### Implementation of agreed strategic actions

5.15. Mutual accountability arrangements will include a focus on delivery of key actions that have been agreed across the Partnership and agreement on areas where Places require support from the wider Partnership to ensure the effective management of financial and delivery risk.

## National NHS Bodies oversight and escalation

5.16. As part of the development of the Partnership and the collaborative working between the Partners under the terms of this Memorandum, NHS England and NHS Improvement will look to adopt a new relationship with the Partners (which are NHS Bodies) in West Yorkshire and Harrogate in the form of enacting streamlined oversight arrangements under which:

- Partners will take the collective lead on oversight of trusts and CCGs and Places in accordance with the terms of this Memorandum;
- NHS England and NHS Improvement will in turn focus on holding the NHS bodies in the Partnership to account as a whole system for delivery of the NHS Constitution and Mandate, financial and operational control, and quality (to the extent permitted at Law);
- NHS England and NHS Improvement intend that they will intervene in the individual trust and CCG Partners only where it is necessary or required for the delivery of their statutory functions and will (where it is reasonable to do so, having regard to the nature of the issue) in the first instance look to notify the SLE and work through the Partnership to seek a resolution prior to making an intervention with the Partner.

## 6. Decision-Making and Resolving Disagreements

6.1. Our approach to making Partnership decisions and resolving any disagreements will follow the principle of subsidiarity and will be in line with our shared Values and Behaviours. We will take all reasonable steps to reach a mutually acceptable resolution to any dispute.

### Collective Decisions

6.2. There will be three levels of decision making:

- **Decisions made by individual organisations** - this Memorandum does not affect the individual sovereignty of Partners or their statutory decision-making responsibilities.
- **Decisions delegated to collaborative forums** - some partners have delegated specific decisions to a collaborative forum, for example the CCGs have delegated certain commissioning decisions to the Joint Committee of CCGs. Arrangements for resolving disputes in such cases are set out in the Memorandum of the respective Joint Committee and not this Memorandum. There are also a specific dispute resolution mechanisms for WYATT and the WYMHC.
- **Whole Partnership decisions** - the Partners will make decisions on a range of matters in the Partnership which will neither impact on the statutory responsibilities of individual organisations nor have been delegated formally to a collaborative forum, as set out in Paragraphs 6.3 below.

6.3. Collaborative decisions on Partnership matters will be considered by the Partnership Board. The Partnership Board has no formal powers delegated by any Partner. However, it will increasingly take on responsibility for co-ordinating decisions relating to regulatory and oversight functions currently exercised from outside the WY&H system and will look to reach recommendations and any decisions on a Best for WY&H basis. The terms of reference for the Partnership Board will set out clearly the types of decision which it will have responsibility to discuss and how conflicts of interest will be managed. The Partnership Board will initially have responsibility for decisions relating to:

- The objectives of priority HCP work programmes and workstreams
- The apportionment of transformation monies from national bodies
- Priorities for capital investment across the Partnership.
- Operation of the single NHS financial control total (for NHS Bodies)
- Agreeing common actions when Places or Partners become distressed

6.4. SLE will make recommendations to the Partnership Board on these matters. Where appropriate, the Partnership Board will make decisions of the Partners by consensus of those eligible Partnership Board members present at a quorate meeting. If a consensus decision cannot be reached, then (save for decisions on allocation of capital investment and transformation funding) it may

be referred to the dispute resolution procedure under Paragraph 6.6 below by any of the affected Partners for resolution.

6.5. In respect of referring priorities for capital investment or apportionment of transformation funding from the Partnership, if a consensus cannot be reached at the SLE meeting to agree this then the Partnership Board may make a decision provided that it is supported by not less than 75% of the eligible Partnership Board members. Partnership Board members will be eligible to participate on issues which apply to their organisation, in line with the scope of applicable issues set out in Annex 1.

### Dispute resolution

6.6. Partners will attempt to resolve in good faith any dispute between them in respect of Partnership Board (or other Partnership-related) decisions, in line with the Principles, Values and Behaviours set out in this Memorandum.

6.7. Where necessary, Place or sector-based arrangements (the Joint Committee of CCGs, WYAAT, and WYMHSC as appropriate) will be used to resolve any disputes which cannot be dealt with directly between individual Partners, or which relate to existing schemes of delegation.

6.8. The Partnership will apply a dispute resolution framework to resolve any issues which cannot otherwise be agreed through these arrangements.

6.9. As decisions made by the Partnership do not impact on the statutory responsibilities of individual organisations, Partners will be expected to apply shared Values and Behaviours and come to a mutual agreement through the dispute resolution process.

6.10. The key stages of the dispute resolution process are

- i. The SOAG will seek to resolve the dispute to the mutual satisfaction of each of the affected parties. If SOAG cannot resolve the dispute within 30 days, the dispute should be referred to SLE.
- ii. SLE will come to a majority decision (i.e. a majority of eligible Partners participating in the meeting who are not affected by the matter in dispute determined by the scope of applicable issues set out in Annex 1) on how best to resolve the dispute based, applying the Principles, Values and Behaviours of this Memorandum, taking account of the Objectives of the Partnership. SLE will advise the Partners of its decision in writing.
- iii. If the parties do not accept the SLE decision, or SLE cannot come to a decision which resolves the dispute, it will be referred to an independent facilitator selected by SLE. The facilitator will work with the Partners to resolve the dispute in accordance with the terms of this Memorandum.
- iv. In the unlikely event that the independent facilitator cannot resolve the dispute, it will be referred to the Partnership Board. The Partnership Board will come to a majority decision on how best to resolve the dispute in accordance with the terms of this Memorandum and advise the parties of its decision.



## 7. Financial Framework

7.1. All NHS body Partners, in West Yorkshire and Harrogate are ready to work together, manage risk together, and support each other when required. The Partners are committed to working individually and in collaboration with others to deliver the changes required to achieve financial sustainability and live within our resources.

7.2. A set of financial principles have been agreed, within the context of the broader guiding Principles for our Partnership. They confirm that we will:

- aim to live within our means, i.e. the resources that we have available to provide services;
- develop a West Yorkshire and Harrogate system response to the financial challenges we face; and
- develop payment and risk share models that support a system response rather than work against it.

7.3. We will collectively manage our NHS resources so that all Partner organisations will work individually and in collaboration with others to deliver the changes required to deliver financial sustainability.

### Living within our means and management of risk

7.4. Through this Memorandum the collective NHS Partner leaders in each Place commit to demonstrate robust financial risk management. This will include agreeing action plans that will be mobilised across the Place in the event of the emergence of financial risk outside plans. This might include establishing a Place risk reserve where this is appropriate and in line with the legal obligations of the respective NHS body Partners involved.

7.5. Subject to compliance with confidentiality and legal requirements around competition sensitive information and information security the Partners agree to adopt an open-book approach to financial plans and risks in each Place leading to the agreement of fully aligned operational plans. Aligned plans will be underpinned by common financial planning assumptions on income and expenditure between providers and commissioners, and on issues that have a material impact on the availability of system financial incentives

### NHS Contracting principles

7.6. The NHS Partners are committed to considering the adoption of payment models which are better suited to whole system collaborative working (such as Aligned Incentive Contracting). The Partners will look to adopt models which reduce financial volatility and provide greater certainty for all Partners at the beginning of each year of the planned income and costs.



### Allocation of Transformation Funds

7.7. The Partners intend that any transformation funds made available to the Partnership will all be used within the Places. Funds will be allocated through collective decision-making by the Partnership in line with agreed priorities. The method of allocation may vary according to agreed priorities. However, funds will not be allocated through expensive and protracted bidding and prioritisation processes and will be deployed in those areas where the Partners have agreed that they will deliver the maximum leverage for change and address financial risk.

7.8. The funding provided to Places (based on weighted population) will directly support Place-based transformation programmes. This will be managed by each Place with clear and transparent governance arrangements that provide assurance to all Partners that the resource has been deployed to deliver maximum transformational impact, to address financial risk, and to meet the efficiency requirements. Funding will be provided subject to agreement of clear deliverables and outcomes by the relevant Partners in the Place through the mutual accountability arrangements of the SLE and SOAG and be subject to ongoing monitoring and assurance from the Partnership.

7.9. Funding provided to the Programmes (all of which will also be deployed in Place) will be determined in agreement with Partners through the SLE, subject to documenting the agreed deliverables and outcomes with the relevant Partners.

### Allocation of ICS capital

7.10. The Partnership will play an increasingly important role in prioritising capital spending by the national bodies over and above that which is generated from organisations' internal resources. In doing this, the Partnership will ensure that:

- the capital prioritisation process is fair and transparent;
- there is a sufficient balance across capital priorities specific to Place as well as those which cross Places;
- there is sufficient focus on backlog maintenance and equipment replacement in the overall approach to capital;
- the prioritisation of major capital schemes must have a clear and demonstrable link to affordability and improvement of the financial position;
- access to discretionary capital is linked to the mutual accountability framework as described in this Memorandum.

### Allocation of Provider and Commissioner Incentive Funding

7.11. The approach to managing performance-related incentive funds set by NHS planning guidance and business rules (e.g. the 2018/19 Provider Sustainability Fund and Commissioner Sustainability Fund) is not part of this Memorandum. A common approach to this will be agreed by the Partnership as part of annual financial planning.

## 8. National and regional support

8.1. To support Partnership development as an Integrated Care System there will be a process of aligning resources from ALBs to support delivery and establish an integrated single assurance and regulation approach.

8.2. National capability and capacity will be available to support WY&H from central teams including governance, finance and efficiency, regulation and competition, systems and national programme teams, primary care, urgent care, cancer, mental health, including external support.

## 9. Variations

9.1. This Memorandum, including the Schedules, may only be varied by written agreement of all the Partners.

## 10. Charges and liabilities

10.1. Except as otherwise provided, the Partners shall each bear their own costs and expenses incurred in complying with their obligations under this Memorandum.

10.2. By separate agreement, the Parties may agree to share specific costs and expenses (or equivalent) arising in respect of the Partnership between them in accordance with a "Contributions Schedule" to be developed by the Partnership and approved by the Partnership Board.

10.3. Partners shall remain liable for any losses or liabilities incurred due to their own or their employee's actions.

## 11. Information Sharing

11.1. The Partners will provide to each other all information that is reasonably required in order to achieve the Objectives and take decisions on a Best for WY&H basis.

11.2. The Partners have obligations to comply with competition law. The Partners will therefore make sure that they share information, and in particular competition sensitive information, in such a way that is compliant with competition and data protection law.

## 12. Confidential Information

12.1. Each Partner shall keep in strict confidence all Confidential Information it receives from another Partner except to the extent that such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised

disclosure by a Partner. Each Partner shall use any Confidential Information received from another Partner solely for the purpose of complying with its obligations under this Memorandum in accordance with the Principles and Objectives and for no other purpose. No Partner shall use any Confidential Information received under this Memorandum for any other purpose including use for their own commercial gain in services outside of the Partnership or to inform any competitive bid without the express written permission of the disclosing Partner.

12.2. To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.

12.3. The Parties agree to procure, as far as is reasonably practicable, that the terms of this Paragraph (Confidential Information) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this Memorandum.

12.4. Nothing in this Paragraph will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law.

## 13. Additional Partners

13.1. If appropriate to achieve the Objectives, the Partners may agree to include additional partner(s) to the Partnership. If they agree on such a course the Partners will cooperate to enter into the necessary documentation and revisions to this Memorandum if required.

13.2. The Partners intend that any organisation who is to be a partner to this Memorandum (including themselves) shall commit to the Principles and the Objectives and ownership of the system success/failure as set out in this Memorandum.

## 14. Signatures

14.1. This Memorandum may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this Memorandum, but all the counterparts shall together constitute the same document.

14.2. The expression "counterpart" shall include any executed copy of this Memorandum transmitted by fax or scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment.

14.3. No counterpart shall be effective until each Partner has executed at least one counterpart.

[INSERT SIGNATURE PAGES AFTER THIS]

## Schedule 1 - Definitions and Interpretation

1. The headings in this Memorandum will not affect its interpretation.
2. Reference to any statute or statutory provision, to Law, or to Guidance, includes a reference to that statute or statutory provision, Law or Guidance as from time to time updated, amended, extended, supplemented, re-enacted or replaced.
3. Reference to a statutory provision includes any subordinate legislation made from time to time under that provision.
4. References to Annexes and Schedules are to the Annexes and Schedules of this Memorandum, unless expressly stated otherwise.
5. References to any body, organisation or office include reference to its applicable successor from time to time.

### Glossary of terms and acronyms

6. The following words and phrases have the following meanings in this Memorandum:

<b>ALB</b>	Arm's Length Body A Non-Departmental Public Body or Executive Agency of the Department of Health and Social Care, eg NHSE, NHSI, HEE, PHE
<b>Aligned Incentive Contract</b>	A contracting and payment method which can be used as an alternative to the Payment by Results system in the NHS
<b>Best for WY&amp;H</b>	A focus in each case on making a decision based on the best interests and outcomes for service users and the population of West Yorkshire and Harrogate
<b>CCG</b>	Clinical Commissioning Group
<b>CEO</b>	Chief Executive Officer
<b>Committee in Common</b>	
<b>Confidential Information</b>	All information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all cases whether disclosed orally or in writing before or after the date of this Memorandum
<b>CQC</b>	Care Quality Commission, the independent regulator of all health and social care services in England

<b>GP</b>	General Practice (or practitioner)
<b>HCP</b>	Health and Care Partnership
<b>Healthcare Providers</b>	The Partners identified as Healthcare Providers under Paragraph 1.1
<b>HEE</b>	Health Education England
<b>Healthwatch</b>	Independent organisations in each local authority area who listen to public and patient views and share them with those with the power to make local services better.
<b>HWB</b>	Health and Wellbeing Board
<b>ICP</b>	Integrated Care Partnership The health and care partnerships formed in each of the
<b>ICS</b>	Integrated Care System
<b>JCCCG</b>	Joint Committee of Clinical Commissioning Groups - a formal committee where two or more CCGs come together to form a joint decision making forum. It has delegated commissioning functions.
<b>Law</b>	any applicable statute or proclamation or any delegated or subordinate legislation or regulation; any enforceable EU right within the meaning of section 2(1) European Communities Act 1972; any applicable judgment of a relevant court of law which is a binding precedent in England; National Standards (as defined in the NHS Standard Contract); and any applicable code and “Laws” shall be construed accordingly
<b>LWAB</b>	Local Workforce Action Board sub regional group within Health Education England
<b>Memorandum</b>	This Memorandum of Understanding
<b>Neighbourhood</b>	One of c.50 geographical areas which make up West Yorkshire and Harrogate, in which GP practices work together, with community and social care services, to offer integrated health and care services for populations of 30-50,000 people.
<b>NHS</b>	National Health Service
<b>NHSE</b>	NHS England Formally the NHS Commissioning Board
<b>NHS FT</b>	NHS Foundation Trust - a semi-autonomous organisational unit within the NHS

<b>NHSI</b>	NHS Improvement - The operational name for an organisation that brings together Monitor, the NHS Trust Development Authority and other functions
<b>Objectives</b>	The Objectives set out in Paragraph 3.5
<b>Partners</b>	The members of the Partnership under this Memorandum as set out in Paragraph 1.1 who shall not be legally in partnership with each other in accordance with Paragraph 2.7.
<b>Partnership</b>	The collaboration of the Partners under this Memorandum which is not intended to, or shall be deemed to, establish any legal partnership or joint venture between the Partners to the Memorandum
<b>Partnership Board</b>	The senior governance group for the Partnership set up in accordance with Paragraphs 4.4 to 4.6
<b>Partnership Core Team</b>	The team of officers, led by the Partnership Director, which manages and co-ordinates the business and functions of the Partnership
<b>PHE</b>	Public Health England - An executive agency of the Department of Health and Social Care which exists to protect and improve the nation's health and wellbeing, and reduce health inequalities
<b>Places</b>	One of the six geographical districts that make up West Yorkshire and Harrogate, being Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield, and "Place" shall be construed accordingly
<b>Principles</b>	The principles for the Partnership as set out in Paragraph 3.2
<b>Programmes</b>	The WY&H programme of work established to achieve each of the objectives set out in paras 4.2,i and 4.2,ii of this memorandum
<b>SOAG</b>	System Oversight and Assurance Group
<b>STP</b>	Sustainability and Transformation Partnership (or Plan) The NHS and local councils have come together in 44 areas covering all of England to develop proposals and make improvements to health and care
<b>System Leadership Executive or SLE</b>	The governance group for the Partnership set out in Paragraphs 4.7 and 4.8

<b>Transformation Funds</b>	Discretionary, non-recurrent funding made available by NHSE to support the achievement of service improvement and transformation priorities
<b>Values and Behaviours</b>	shall have the meaning set out in Paragraph 3.3 above
<b>WY&amp;H</b>	West Yorkshire and Harrogate
<b>WYAAT</b>	West Yorkshire Association of Acute Trusts
<b>WYMHC</b>	West Yorkshire Mental Health Collaborative



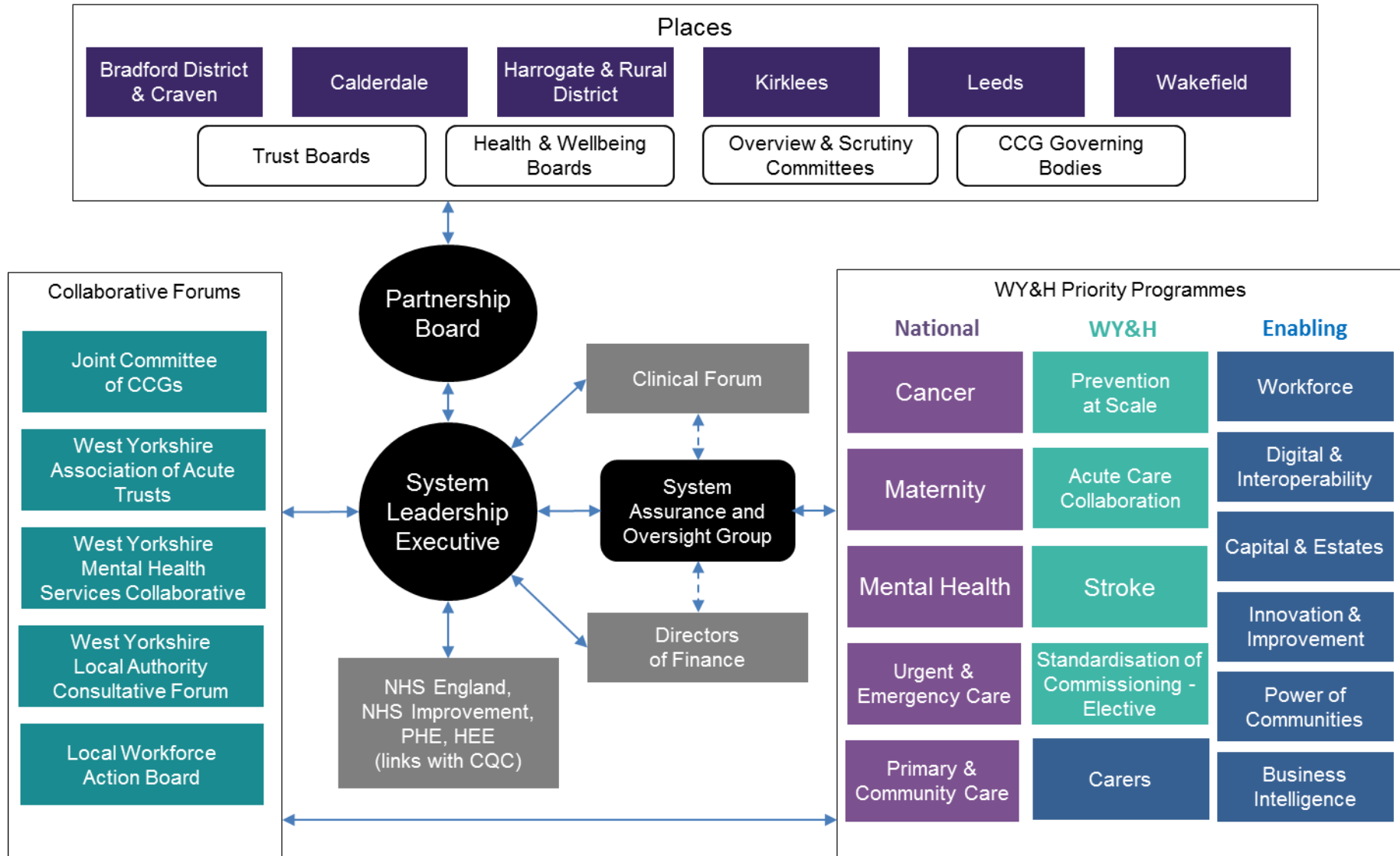
## Annex 1 – Applicability of Memorandum Elements

	CCGs	NHS Providers <sup>3</sup>	Councils	NHSE and NHI	Healthwatch	Other partners
Vision, principles, values and behaviour	✓	✓	✓	✓	✓	✓
Partnership objectives	✓	✓	✓	✓	✓	✓
Governance	✓	✓	✓	✓	✓	✓
Decision-making and dispute resolution	✓	✓	✓	✓	✓	✓
Mutual accountability	✓	✓	✓	✓		
Financial framework – financial risk management	✓	✓		✓		
Financial framework – Allocation of capital and transformation funds	✓	✓	✓	✓		
National and regional support	✓	✓	✓	✓		

<sup>3</sup> All elements of the financial framework for WY&H, eg the application of a single NHS control total, will not apply to all NHS provider organisations, particularly those which span a number of STPs.

Locala Community Partnerships CIC is a significant provider of NHS services. It is categorised as an 'Other Partner' because of its corporate status and the fact that it cannot be bound by elements of the financial and mutual accountability frameworks. This status will be reviewed as the partnership continues to evolve.

## Annex 2 – Schematic of Governance and Accountability Arrangements



## Annex 3 - Terms of Reference

Part 1: Partnership Board

Part 2: System Leadership Executive

Part 3: System Oversight and Assurance Group

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**Name of meeting:** CABINET  
**Date:** TUESDAY 13 NOVEMBER 2018  
**Title of report:** KIRKLEES HEALTH AND WELLBEING PLAN 2018-2023  
**Purpose of report:**

This report asks Cabinet to:

1. Approve the attached Kirklees Health and Wellbeing Plan 2018-2023
2. Recognise the importance of considering the implications of the Kirklees Health and Wellbeing Plan when developing other strategies and plans

<b>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?</b>	<b>Yes</b> – The Plan provides a strategic plan for the delivery of improvements to the health and wellbeing of the Kirklees population over the next 5 years and will have a significant impact on two or more wards.
<b>Key Decision - Is it in the <a href="#">Council's Forward Plan (key decisions and private reports?)</a></b>	<b>Yes</b> – from 15 October 2018
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	<b>Yes</b>
<b>Date signed off by <u>Strategic Director</u> &amp; name</b>	Richard Parry - 26 <sup>th</sup> October 2018
<b>Is it also signed off by the Service Director for Finance?</b>	Eamonn Croston - 2 <sup>nd</sup> November 2018
<b>Is it also signed off by the Service Director for Legal Governance and Commissioning?</b>	Julie Muscroft - 2 <sup>nd</sup> November 2018
<b>Cabinet member <a href="#">portfolio</a></b>	Cllr Shabir Pandor – Leader of the Council Cllr Musarrat Khan - Health and Social Care Cllr Viv Kendrick - Children

**Electoral wards affected:** All  
**Ward councillors consulted:** N/A  
**Public or private:** Public

## 1. Summary

- 1.1 The Kirklees Health and Wellbeing Plan provides a strategic plan for the delivery of improvements to the health and wellbeing of the Kirklees population over the next 5 years.
- 1.2 The Plan also serves as the Kirklees ‘place based plan’ which provides the Kirklees health and care system view into the West Yorkshire and Harrogate Health and Care Partnership.
- 1.3 The Plan, which has been shaped and endorsed by Integrated Commissioning Board, the Integrated Provider Board, the Health and Care Executive and the Health and Wellbeing Board, builds on activity already being undertaken by individual organisations

or across the system to delivery improvements to the health and wellbeing of the Kirklees population.

## 2. Information required to take a decision

### Background

2.1 The Kirklees Joint Health and Wellbeing Strategy's (JHWS) purpose is to provide the vision for improving the health and wellbeing of local people and reduce inequalities at every stage of people's lives, and to support effective partnership working that delivers health improvements. The attached Kirklees Health and Wellbeing Plan provides a strategic plan for the delivery of those improvements to health and wellbeing of the population between 2018/2023, with a particular focus on health, social care and public health. The plan outlines the objectives and planned interventions and programmes of work for each of four population cohorts (and for a series of enabling functions):

- Living well
- Independent
- Complex
- Acute and urgent

2.2 The plan provides an overview of the planned work across Kirklees to deliver improvement in the health and wellbeing of the population, referencing and drawing upon the wide-range of existing strategies and plans at an organisational, place or system level supporting this delivery.

2.3 A range of stakeholders from across organisations in Kirklees representing CCGS, hospital and mental health trusts, Locala, social care, wider council services, the voluntary and community sector and Healthwatch were engaged in the development of the plan. A development session of the Health and Wellbeing Board on 26 July supported the shaping of the plan and the priorities contained within it and on 6 September the Board endorsed the plan.

2.4 The plan has also engaged the Integrated Commissioning Board (the draft Integrated Commissioning Strategy will underpin delivery of the Health and Wellbeing Plan), the Integrated Provider Board (which has aligned its priorities for delivery in 2018/19 to those within the Health and Wellbeing Plan) and the Kirklees Health and Care Executive, which will support the Health and Wellbeing Board with leadership for the implementation of the plan.

2.5 The West Yorkshire Health and Care Partnership Memorandum of Understanding (see separate report on this Cabinet meeting agenda) recognises the critical importance of the six local place based partnerships (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield) and the 'place plan' that each is developing. The Health and Wellbeing plan is the 'place plan' for Kirklees which sets out how Kirklees will contribute to the West Yorkshire Sustainability and Transformation Plan.

### Plan Priorities

2.6 The headline shared priorities for the Kirklees population within the plan are:

1. Create communities where people can start well, live well and age well
2. Create integrated person-centred support for the most complex individuals
3. Develop our people to deliver the priorities and foster resilience

4. Develop our estate to deliver high quality services which serve the needs of local communities
5. Harness digital solutions to make the lives of people easier

2.7 Through delivery of these priorities, we will work to make a real impact in the following areas:

- Make healthy weight the norm for the population in Kirklees, increasing the proportion of the population of who are a healthy weight in childhood and adulthood, starting with increasing the proportion of babies born in Kirklees at a healthy weight
- Increase the proportion of people who feel connected to their communities, reducing the proportion of people who feel lonely or socially isolated and reducing the prevalence of mental health conditions amongst our population
- Increase the proportion of people who feel in control of their own health and wellbeing
- Narrow the gap in healthy life expectancy between our most and least deprived communities.

### **Approach**

2.8 The Plan builds on activity already being undertaken by individual organisations or across the system delivering our vision through:

- Working with nine local communities of 30,000 – 50,000 populations across Kirklees, bringing together NHS, social care, wider council services, and voluntary and community sector organisations tailored to the needs of those diverse communities and building resilience and connectedness within those communities which with our residents identify
- A focus on prevention and early intervention and tackling the underlying cause of poor health and wellbeing
- Empowering people to stay independent and providing more support in the community or at home
- Delivering high quality acute and specialist services for our whole population working with a single group of hospitals, the West Yorkshire Associate of Acute Trusts and a single group of mental health providers, the West Yorkshire Mental Health Services Collaborative
- A Kirklees approach to commissioning services once across the Council and two Clinical Commissioning Groups (CCGs) through a single integrated commissioning board
- A single Kirklees integrated provider board to ensure services are delivered in a coordinated and integrated way with local communities and across Kirklees
- A commitment to openness, transparency and involvement of our communities and workforce in our conversations and decisions to deliver our ambition.

2.9 The Plan also serves as the Kirklees ‘placed based plan’ which provides the Kirklees health and care system view into the West Yorkshire and Harrogate Health and Care Partnership.

### **Impact on developing other strategies and plans**

2.10 It is important that when developing other strategies and plans, the implications of the implications of the Kirklees Health and Wellbeing Plan are taken into account.

## **3. Implications for the Council**

### **3.1 Early Intervention and Prevention (EIP)**

The Plan provides a strategic plan for the delivery of improvements to the health and wellbeing of the whole Kirklees population, with a focus on prevention and early intervention and empowering people to stay independent.

### **3.2 Economic Resilience (ER)**

The Plan recognises the importance of poverty and the low wage economy, housing and quality of place on health and wellbeing, and the importance of making the connections between the plans to address these issues.

### **3.3 Improving Outcomes for Children**

The Plan provides a strategic plan for the delivery of improvements to the health and wellbeing of the whole Kirklees population.

### **3.4 Reducing demand of services**

The focus on prevention and early intervention and empowering people to stay independent will avoid or delay the need for complex and costly acute interventions.

### **3.5 Other (e.g. Legal/Financial or Human Resources)**

The Health and Wellbeing Plan will support the Council in discharging its duties under the Equality Act 2010 through embedding the population health management approach (see page 37), a single approach to commissioning and quality which has equity at its heart (see page 38) and monitoring impact based in equality and equity (see page 43). Members are reminded before making a decision to consider the Public sector Equality Duty requires that the council must in the exercise of its functions, have due regard to the need to (a) eliminate discrimination, harassment, victimisation; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy, and maternity, race, religion or belief, sex and sexual orientation. A detailed Equality Impact assessment is not considered necessary in this case.

## **4. Consultees and their opinions**

As described in Section 2 above a range of stakeholders from across organisations in Kirklees representing health, social care, wider council services, the voluntary and community sector and Healthwatch were engaged in the development of the plan. The Plan has also been shaped and endorsed by the Integrated Commissioning Board, the Integrated Provider Board, the Health and Care Executive and the Health and Wellbeing Board.

## **5. Next steps**

The Plan will move to the implementation stage.

## **6. Officer recommendations and reasons**

That Cabinet:

6.1 Approve the attached Kirklees Health and Wellbeing Plan 2018-2023 which is the delivery plan for the Council's statutory Joint Health and Wellbeing Strategy.

6.2 Recognise the importance of considering the implications of the Kirklees Health and Wellbeing Plan when developing other strategies and plans.



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

That Cabinet:

7.1 Approve the officer recommendations.

**8. Contact officer**

Phil Longworth, Senior Manager – Integrated Support

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

Report to the Health and Wellbeing Board on 6 September 2018

**10. Service Director responsible**

Richard Parry – Strategic Director for Adults and Health

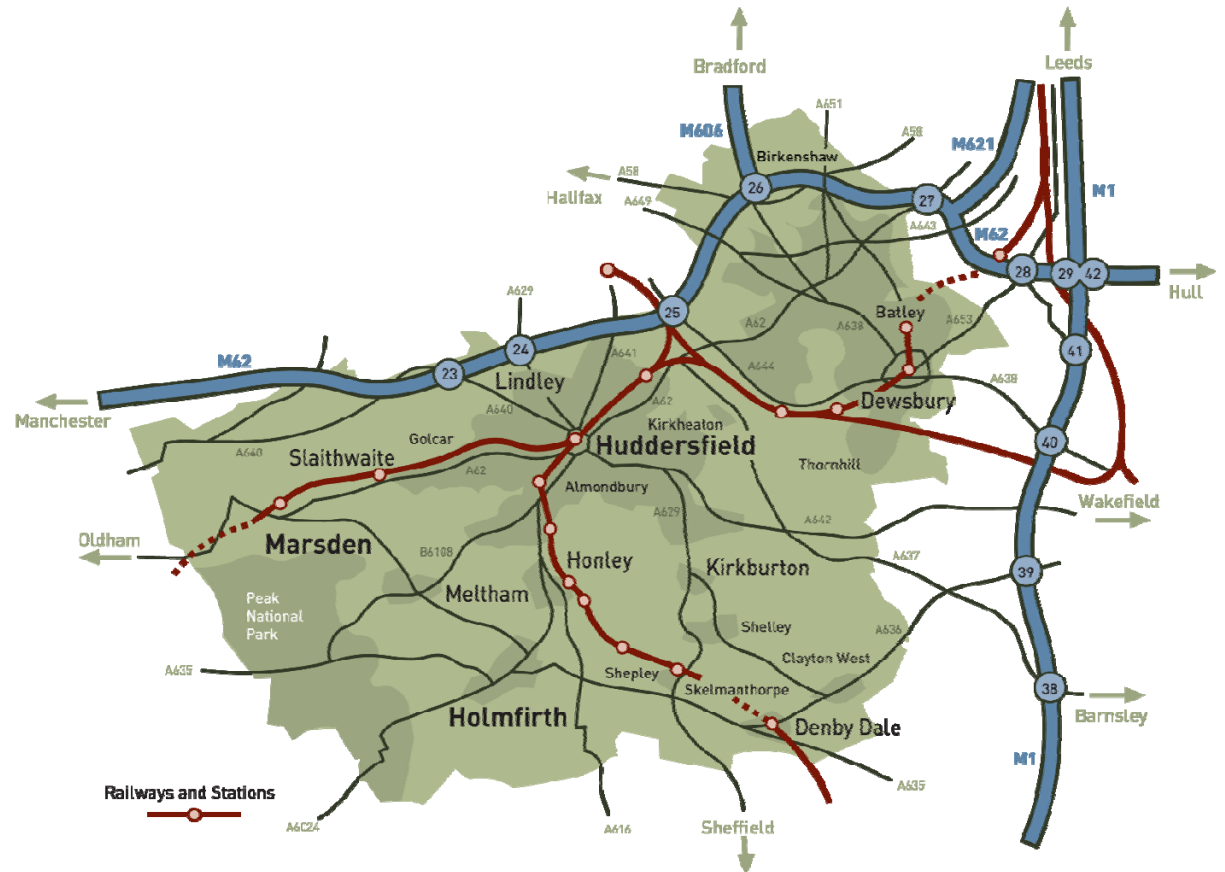
# Kirklees Health and Wellbeing Plan

2018 - 2023

**NHS**  
Greater Huddersfield  
Clinical Commissioning Group

**NHS**  
North Kirklees  
Clinical Commissioning Group

**Kirklees**  
COUNCIL



**Locala**  
Community Partnerships

**NHS**  
The Mid Yorkshire Hospitals  
NHS Trust

**NHS**  
Calderdale and Huddersfield  
NHS Foundation Trust

**NHS**  
South West Yorkshire Partnership  
NHS Foundation Trust

# Introduction

Around 431,000 people live in Kirklees with main population centres of Huddersfield, Dewsbury and Batley. The population has grown by 8.4% since 2002 and is expected to increase by a further 9.9% by 2031 with the largest growth in very young and older adult age groups.

'Kirklees' as an administrative boundary isn't what our residents identify with, rather the villages, towns and local communities that make up the Borough. The starting point for the development of this plan to improve the health and wellbeing of the *whole* population, is grounded within recognising the strength of our diverse communities and the people that live here.

Despite some significant improvements in some of the indicators of good health and wellbeing like life expectancy, we still have some significant challenges, and the inequalities across our borough are still a significant predictor of the health and wellbeing outcomes for people. Our vision is that:

*No matter where they live, people in Kirklees live their lives confidently and responsibly, in better health, for longer and experience less inequality.*

Our health and wellbeing plan brings together partners to focus on the people who live in Kirklees (adults and children) and how, working collectively, we can improve the health and wellbeing of the whole population. This will be our starting point. We will overcome challenges of organisational and professional barriers to ensure people get access to the best quality support to start well, live well, and age well.

Building on our work to date, the foundation of our approach will be:

- Working with **nine** local communities of **30,000 – 50,000 populations** across Kirklees, bringing together **NHS, social care, wider council services, and voluntary and community sector** organisations tailored to the needs of those diverse communities and building **resilience and connectedness** within those communities which with our residents identify
- A focus on **prevention and early intervention** and tackling the underlying cause of poor health and wellbeing
- Empowering people to stay independent and providing **more support in the community or at home**
- Delivering high quality **acute and specialist** services for our whole population working with a **single group of hospitals**, the West Yorkshire Associate of Acute Trusts and a **single group of mental health providers**, the West Yorkshire Mental Health Services Collaborative
- A Kirklees approach to commissioning services once across the Council and two Clinical Commissioning Groups (CCGs) through a single **integrated commissioning board**
- A single Kirklees **integrated provider board** to ensure services are delivered in a coordinated and integrated way with local communities and across Kirklees
- A commitment to **openness, transparency and involvement** of our communities and workforce in our conversations and decisions to deliver our ambition

Railways and Stations



# Our ambition for population health and wellbeing

Based on our priorities, we'll be focused on making impact in the following areas and use this as a barometer for improvement in population health and wellbeing. To make the biggest impact for our population and to deliver a system impact we will focus on prevention and early intervention with each of our population cohorts to:

✓ Make **healthy weight the norm** for the population in Kirklees, increasing the proportion of the population of who are a **healthy weight in childhood and adulthood**, starting with increasing the proportion of **babies born in Kirklees at a healthy weight**

Increase the proportion of people who feel **connected to their communities**, reducing the proportion of people who feel **lonely or socially isolated** and **reducing the prevalence of mental health conditions** amongst our population

✓ Increase the proportion of people who feel **in control of their own health and wellbeing**

✓ Narrow the gap in **healthy life expectancy** between our **most and least deprived communities**

Striving to deliver these ambitions is a significant undertaking running beyond the duration of this plan.

However, working together as a Kirklees system to deliver this plan, we will make a big impact for our population by 2023.

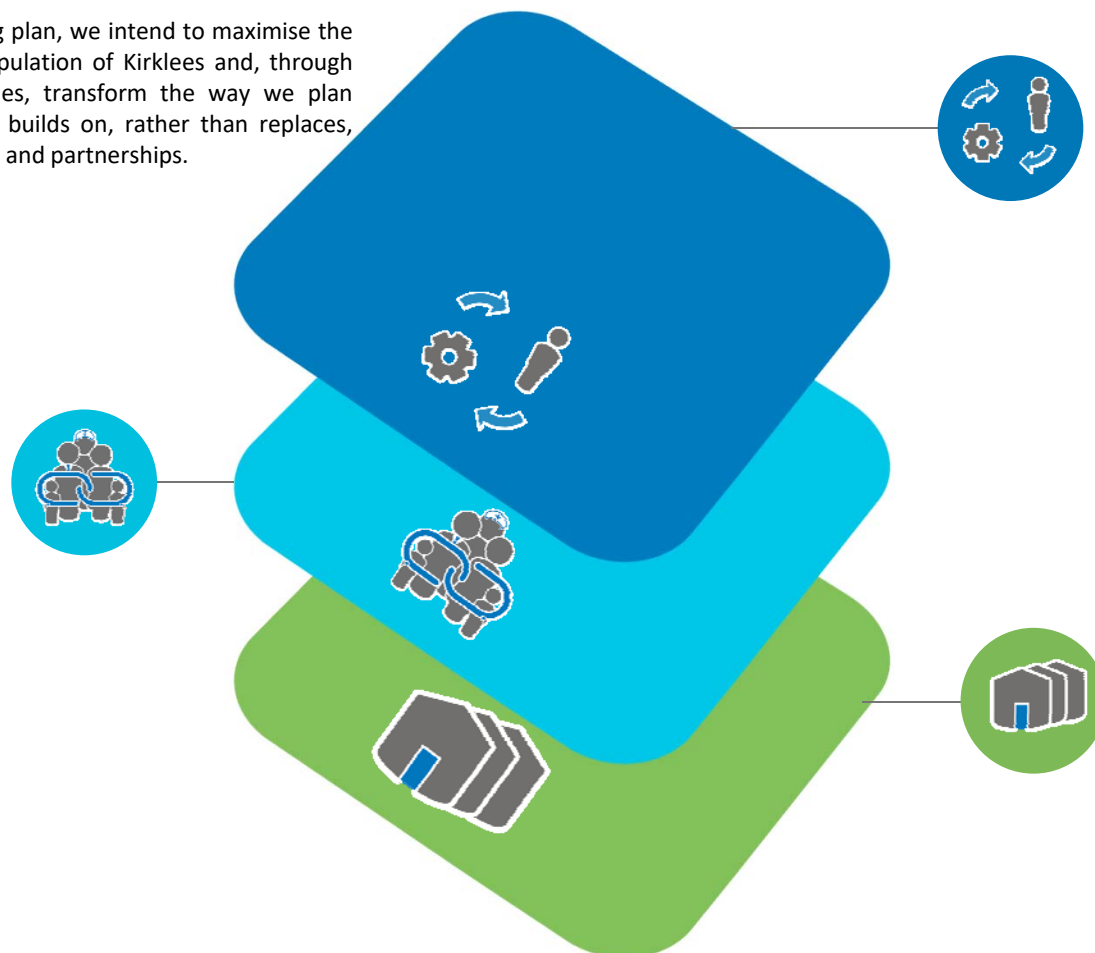


# Setting this plan in context

In developing a joint health and wellbeing plan, we intend to maximise the value of our collective action for the population of Kirklees and, through collaborative working on shared priorities, transform the way we plan deliver services for our population. This builds on, rather than replaces, plans already in place led by organisations and partnerships.

## Kirklees place plans

- [Kirklees Joint Health & Wellbeing Strategy \(2014-2020\)](#)
- [Kirklees Economic Strategy \(2014-2020\)](#)
- [Tackling Poverty in Kirklees Strategy and Action Plan \(2016-18\)](#)
- [‘A Place to Live’ - Joint commissioning strategy for accommodation for people who experience mental health problems in Kirklees](#)
- [Mental Health Crisis Care Concordat - Kirklees Action Plan](#)
- Kirklees integrated commissioning strategy (draft)
- Kirklees Suicide Prevention Plan (2017-2020)
- Kirklees ‘Whole Life Approach’ for Mental Health & Wellbeing 2017-2021 (draft)



## System and ICS plans

- [West Yorkshire & Harrogate Health and Care Partnership, Next steps to better health and care for everyone \(January 2018\)](#)
- [West Yorkshire & Harrogate Suicide Prevention 5 Year Strategy \(2017 - 2022\)](#)
- [West Yorkshire & Harrogate Sustainability and Transformation Plan Draft Proposals \(October 2016\)](#)
- [Calderdale, Kirklees, Wakefield and Barnsley \(CKWB\) Transforming Care Partnership Plan](#)

## Organisational plans

- [Kirklees Council Corporate Plan](#)
- Greater Huddersfield and North Kirklees CCGs Joint Operational Plan (draft)
- [5 Year Strategic Plan for Calderdale & Huddersfield Foundation Trust](#)
- Locala Strategy (draft)
- SWYFT Strategy (draft)
- [Mid-Yorkshire Trust Strategy](#)
- [Greater Huddersfield Primary Care Strategy](#)
- [North Kirklees Primary Care Strategy](#)

# Case for change

Like health and care systems across the country, Kirklees faces some challenges which means we can't stand still. Continuing to provide support in the way we do now will not meet our ambition to improve the health and wellbeing of our population, tackle some of the underlying inequalities we face, nor maintain and improve the quality of care and support. Increasing demand and changing demographics alongside funding challenges means that trying to provide services in the same way is no longer sustainable. For some outcomes, we perform less well than other areas and need to improve, for others we are comparable or rank more favourably than other areas. However, these are still significant issues such as children living in poverty, obesity in children adults, which have become the 'norm'. We are ambitious for our population and will work with our diverse communities to change these norms and create places in which everyone can start, live and age well.

## Health & Wellbeing

- Over half of adults are overweight, with one in five obese.
- 1 in 8 adults over 50 is a smoker, this increases to 1 in 6 under 50
- 1 in 3 adults has a mental health condition, up from 1 in 5 in 2012
- Kirklees has more full-term babies born with low birth weight than the national average
- 91,000 are in the segment most poorly motivated to look after their health
- There are an estimated 7,500 to 8,300 adults with a learning disability living in Kirklees. People with learning disabilities are far more likely to die early and to die of a preventable disease
- 60,000 households (1 in 3) are living in poverty
- 46% of respondents to Your Place Your Say (2011) said their home was not suitable for their needs
- Dementia in over 65s is expected to rise by nearly 60% by 2030

## Care & Quality

- The most common causes of death in Kirklees are circulatory disease (31%), cancer (26%) and diseases of the respiratory system (14%)
- Services are fragmented and people don't get the best experience. We know this from engagement work we've done with our local communities, formal consultations and feedback gathered by our colleagues in Healthwatch Kirklees
- Demand for health and care services is increasing
- Whilst we have some high quality services, we also still have issues with the quality of some services across the spectrum including NHS services, care homes, domiciliary care and children's social care which we are working to address

## Finance & Efficiency

- There are significant financial pressures across Kirklees.
- NHS organisations working in Kirklees are working to deliver planned efficiencies of over £70m in 2018/19 alone
- Kirklees Council also has a significant savings programme totalling £83m between 2017 - 2020, there is a savings target of £4m in 2018/19 for adult social care, alongside an expected volume growth totalling £3.6m
- Using our total health and care budget of over £718m\* to best meet the outcomes of the Kirklees population

\* Total health and care budget for 2018/19.



# Case for Change: Celebrating success and building on opportunities

Despite some of the challenges facing Kirklees linked to changing demographics, growing demand, inequalities, and financial sustainability, there is nonetheless much to celebrate and to build upon as we progress our plans to improve the health and wellbeing of the population of Kirklees.

Our strengths and opportunities include:

- A real commitment to prevention and creating environments in which communities can start well, live well and age well.
- Huge assets contributing to positive health and wellbeing in our communities including a Premier League football club Huddersfield Town and Super League Rugby League team Huddersfield Giants, Gold rated University of Huddersfield and other high-performing educational establishments, world leading engineering and manufacturing companies, leisure facilities, parks and green space, galleries, theatres, festivals and Creative Kirklees.
- An asset base of people supporting people including 60,525 unpaid carers providing thousands of hours of support each day, 86,000 people regularly volunteering at least once a week, over 100 registered voluntary and community sector organisations in addition to over 1000 unregistered organisations.
- Strong relationships between the staff and organisations providing health and wellbeing support to our population – these operational relationships will be the bedrock for implementing our vision for the future.
- An energy to change things for the people we serve – many initiatives of varying sizes are taking place all over the district, led by the frontline workforce to improve the outcomes of people using services.
- Experience and a strong record of integrated working through commissioning, contracting and provision of services e.g. Care Closer to Home and Thriving Kirklees . Kirklees was one of the first areas to be peer reviewed in respect of integration, the review found identified some of our strengths upon which we continue to build.
- The emergence of forums to enable integration and closer working (Integrated Commissioning Board, Integrated Provider Delivery Board and Kirklees Health & Care Executive Group) which ensure we focus on the needs and outcomes of Kirklees people.

## Preparation for Parenthood (PfP)

An example of our focus on prevention, early intervention and integration of support is our Preparation for Parenthood course.

Preparation for Parenthood (PfP) is a 6-week interactive education course for all first-time parents in Kirklees. It is delivered by the Nurturing Parents Partnership (Kirklees Council, Locala, Calderdale and Huddersfield NHS Foundation Trust, and Mid Yorkshire Hospitals NHS Trust). The course helps future parents understand the physical and emotional aspects of parenthood as well as what is best for their baby's wellbeing and social and emotional development. It also provides an opportunity for peer-support.

We have helped more than 1,000 parents since the course started in October 2015. Participants say they feel better prepared for becoming parents, understand how having a baby may change a relationship and how their baby's brain develops. A large proportion of people on the course also make friends with others on the course and stay in contact with them.

# Our principles

Our focus for delivering our vision in Kirklees is through prevention and early intervention, working within the Strategic Framework of our [Joint Health and Wellbeing Strategy](#).

## Guiding principles

There are set of guiding principles that shape everything we do through our partnership in Kirklees and in representing Kirklees in the West Yorkshire & Harrogate Health and Care Partnership. This set of principles support us to work as a group of organisations and sectors across Kirklees to deliver the best outcomes to our population.

- We will be ambitious for the people we serve and the staff we employ
- The partnership belongs to its citizens and to commissioners and providers, council and NHS so we will build constructive relationships with communities, groups and organisations to tackle the wide range of issues which have an impact on people's health and wellbeing.
- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict
- We will undertake shared analysis of problems and issues as the basis of taking action
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible

## Our shared values and behaviours

- We commit to behave consistently as leaders and colleagues in ways which model and promote our shared values:
- We are leaders of our organisation, our place – Kirklees, and of West Yorkshire and Harrogate;
- We support each other and work collaboratively;
- We act with honesty and integrity, and trust each other to do the same;
- We challenge constructively when we need to;
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.





# Population planning

Kirklees is a collection of diverse communities, people who live here identify and find the most meaning in their local communities. This is why we are committed to working closely with these communities to understand their needs, plan and deliver services *with* them, and make these communities places in which health and wellbeing can flourish.

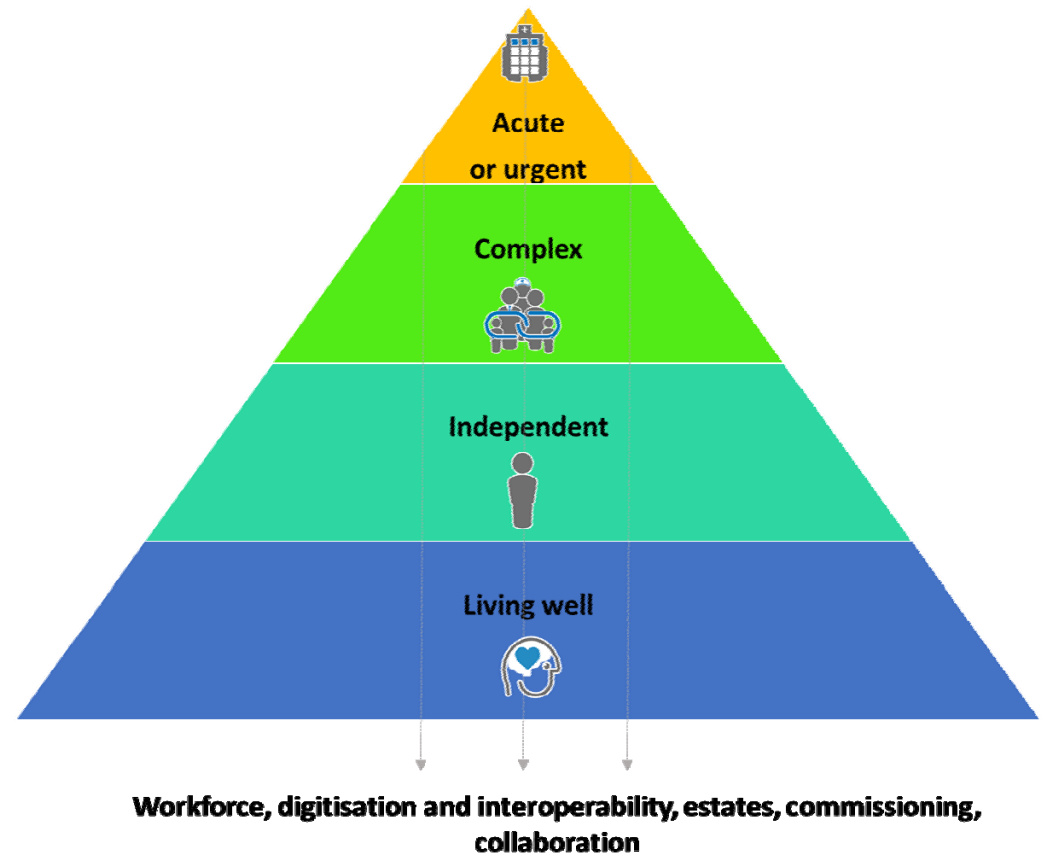
Amongst partners who commission and deliver health and wellbeing services in Kirklees, there is a real commitment to making improvements for our population, working with local communities collectively. This will mean building on some of our successes to collaborate further – integrating commissioning and how we buy services, integrating service provision to deliver seamless services to people in local communities and most importantly working with our local areas to create a community of coproduction in which people have a role in their own health and wellbeing, that of the community and in shaping local services.

We have some strengths upon which to build, already we know that 1 in 4 adults in Kirklees volunteer on at least a monthly basis with the 65-74 age group the most active in volunteering. We know that volunteering is strongly associated with social connectivity, wellbeing and resilience.

Within these communities, our population will be characterised by four main groups of people who will have different needs in relation to their health and wellbeing. These populations are:

- Living well
- Independent
- Complex
- Acute or urgent needs

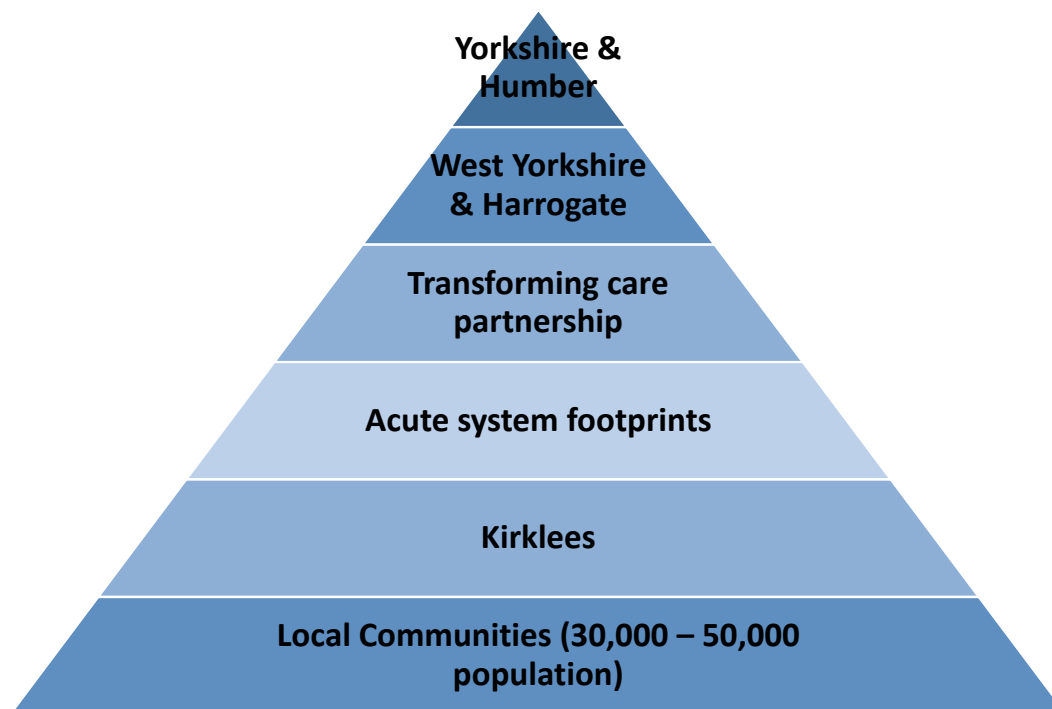
We are committed to using a **population health management** approach in Kirklees in which we can use our data and intelligence sources to better deploy our resources to meet the needs of our communities. This includes segmentation, stratification and impact modelling to identify local 'at risk' cohorts of the population – and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions, and reducing unwarranted variations on outcomes.



# Starting with our populations and communities

Population characteristics	Our focus	What we know about this group	
<b>Living well</b>	<ul style="list-style-type: none"> <li>Majority of the population who are largely healthy (both mentally and physically), manage their own health and wellbeing and have little requirement for contact with formal or statutory services.</li> <li>A proportion of this population are subject to risk factors related to behaviours (smoking, alcohol consumption, diet and exercise) or social factors (employment, housing, social isolation).</li> </ul>	<ul style="list-style-type: none"> <li>Keeping people well, physically and emotionally through the creation of healthy places which promote healthy behaviours and of resilient, connected and vibrant communities</li> <li>Reducing risk factors associated to healthy behaviours or social factors, often linked to inequalities</li> </ul>	<ul style="list-style-type: none"> <li>There are 91,000 adults living in Kirklees who are in the segment most poorly motivated to look after their health</li> </ul>
<b>Independent</b>	<ul style="list-style-type: none"> <li>A significant proportion of our population are living with conditions or social factors impacting their health and wellbeing, who are largely managing independently or with informal support</li> <li>Within this cohort, people will be accessing GP support or outpatient appointments specific to their needs</li> </ul>	<ul style="list-style-type: none"> <li>Enable this population group to manage their own health and wellbeing through access to information, advice, support and digital opportunities</li> <li>Ensure holistic support for physical and mental health and wellbeing needs</li> </ul>	<ul style="list-style-type: none"> <li>84% people over 50 has a long-term condition (67% people under 50). Half of these people are managing alone</li> </ul>
<b>Complex</b>	<ul style="list-style-type: none"> <li>A small proportion of our population are living with multiple long-term conditions, significant disabilities and complex needs, some may be at the end of their life</li> <li>The needs of this group are often significant and debilitating, preventing work or regular opportunities for engagement with the wider community. Cost of provision of support to this group is very high.</li> </ul>	<p>Create a new offer for people with complex needs which will:</p> <ul style="list-style-type: none"> <li>Focus on strengths and assets in planning support</li> <li>Reduce duplication between services and number of times a person has to tell their story</li> <li>Focused on planned and preventative interventions rather than a reactive need for unplanned acute and urgent services</li> </ul>	<ul style="list-style-type: none"> <li>Approximately 30,000 people over 65 are living with three or more long-term conditions</li> </ul>
<b>Acute or urgent</b>	<ul style="list-style-type: none"> <li>At any time, some proportion of our whole population will have acute or urgent needs which need swift and/or specialist interventions</li> </ul>	<ul style="list-style-type: none"> <li>Ensure that where people require urgent, acute or specialist care, this will be the right intervention provided in the right setting in a timely way</li> </ul>	<ul style="list-style-type: none"> <li>On an average day (taken on 03/10/17) there are 437 A&amp;E attendances and 8,744 routine and urgent GP appointments across Kirklees</li> </ul>

# Planning on different footprints



We can largely meet the needs of our communities and particularly for our living well, independent and complex populations by planning and delivering services on a local community or Kirklees-wide basis. Some of the most acute or specialist interventions need to be planned and delivered on a larger geographical footprint.

A fundamental part of being able to deliver improved outcomes for the population is planning and working with partners on different footprints.

As a principle, we will work as close to our population as possible. Change needs to happen as close to people as possible. Kirklees has a number of diverse communities which people recognise as the place they live. Whilst we need to work on different footprints to plan and deliver the best quality services and outcomes, and some services may need to be planned and accessed outside of our local communities or Borough, the needs of our population in Kirklees will always be the starting point for considering any changes to this. Where this is wider than Kirklees, we will work with wider partners to ensure the needs of Kirklees residents are met to best effect.

## Planning and delivery

- Local communities – for many health and care services, evidence nationally and internationally points to planning and delivery being best focused around populations of 30,000 -50,000 people.
- Kirklees-wide
- Transforming Care Partnership footprint
- Acute footprints (Calderdale and Huddersfield and Wakefield and North Kirklees)
- Integrated Care System formerly Sustainability and Transformation Partnership (West Yorkshire & Harrogate)
- Yorkshire & Humber (e.g. Yorkshire Ambulance Services)
- Individual organisations – focused on the delivery of key priorities to ensure that the organisation is serving its population most effectively (for many of our organisations, this is wider than Kirklees) and ensuring that the organisation is functioning in the most efficient and effective way.

# Kirklees priorities

Whilst there is significant work taking place to improve the health and wellbeing for the population in Kirklees, we believe by putting our energy into some key priorities, we will make the greatest impact for the whole population, and tackle the health inequalities experienced in some of our communities.

## Tackling the underlying causes

### 1. Create communities where people can start well, live well and age well

- Create resilient, connected and vibrant communities using all available assets
- Promote connectedness and reduce social isolation and loneliness
- Increase proportion of the population moving of poverty and increase opportunities outside of the low wage economy
- Early intervention to start well – pre-natal support and the first 1000 days
- Increase proportion of the population at a healthy weight and the ability to make healthy choices the easy choice
- Increase proportion of non-smokers in Kirklees and increase numbers of people supported to quit smoking

## Improving outcomes and experience

### 2. Create integrated person centred support for the most complex individuals

- Drive forward the development and implementation of the primary care networks model (*to do this, must first ensure the resilience and engagement of primary care*), the integrated model for intermediate care, end of life, and the model for care homes support

## Using our assets to best effect

### 3. Develop our people to deliver the priorities and foster resilience

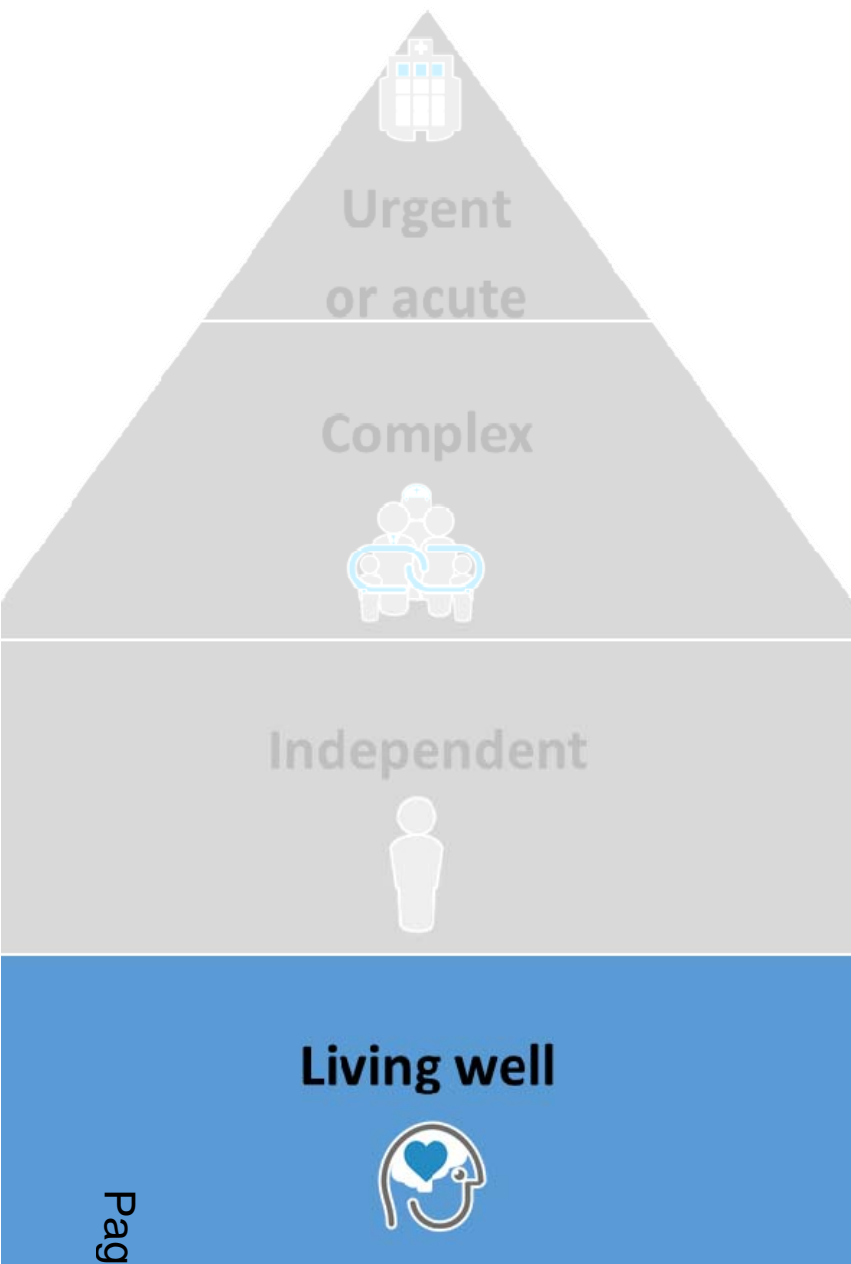
- Equip people the resources to stay independent and live well
- Change the conversation – focus on strengths, assets and responsibilities (Making every contact count)
- People who use and provide services work together to shape support
- Develop and nurture relationships and support people to change existing behaviours to deliver better outcomes

### 4. Develop estate to deliver high quality services which serve the needs of the local communities

- Using estate and facilities to generate social value and support the future model of provision
- Rationalising, sharing space to support collaborative and integrated working

### 5. Harness digital solutions to make the lives of people easier

- Raise the digital literacy of the population
- Focus on the solutions which will make people's lives easier, maintain independence, and support efficiency



## Living Well

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### Our objectives:

- Increase the numbers of people in Kirklees moving out of poverty and increase numbers employed outside of the low-wage sector
- Increase access to safe housing which people can afford
- Support communities to be resilient and make the best of our local assets, supporting our thriving VCS
- Increase the proportion of healthy pregnancies, reducing the numbers of babies born at a low birth weight
- Increase opportunities to live well – access to green space and opportunities to exercise
- Increase numbers of people who feel connected to their communities, with a focus on those most vulnerable: younger people, older people, people with mental health conditions, and carers who may be socially isolated
- Champion better public mental health and tackle stigma
- Increase proportion of the population who are non-smokers
- Increase the number of adults and children undertaking the recommended amount of physical exercise and eating a healthy diet
- Increase health literacy amongst the population with a focus on those living in the most deprived communities
- Increase in engagement and uptake of screening and immunisation programmes, with a focus on more disadvantaged populations



# Living well: tackling the underlying causes of poor health & wellbeing

The Kirklees Joint Health and Wellbeing Strategy and the Kirklees Economic Strategy are recognised as fundamentally interlinked and supportive of one another. In order for people to start, live and age well in Kirklees, the underlying factors impacting health and wellbeing must be addressed.

## Housing

Access to safe, affordable housing is a key determinant of health and wellbeing in the population. There are several strands of work to deliver this:

- [Housing Commissioning policy](#) is focused on delivery of three outcomes:
  - An appropriate supply of homes and jobs to meet the needs of a growing and aging population
  - Improved places to live by reducing inequalities and worklessness
  - Improved life chances for people by supporting them to find and keep an affordable, good quality home
- A series of accommodation strategies to support vulnerable groups including:
  - [People with mental health conditions](#)
  - People with learning disabilities
  - Older people

## Poverty and low wage economy

A successful economy that offers good jobs and incomes for all of our communities makes a huge contribution to prosperity, health and wellbeing of all age groups. Likewise, confident, healthy, resilient people are better able to secure a job and are more productive in the workplace. In the long term these goals will help prevent poverty. The Council is leading a strategy and action plan [Tackling Poverty in Kirklees](#) which is focused on the four Ps:

- Pockets: Policies to boost household resources now
- Prospects: Policies to improve long term life chances of individuals and their families
- 'Prevention: Policies to prevent people sliding into poverty
- 'Places': Policies that provide the backdrop of services that allow people to enhance their job prospects
- Kirklees Council will continue to lead by example and act as a champion for the local living wage both in its own area and the wider region beyond.

## Healthy places

The [Kirklees Local Plan](#) and [Kirklees Economic Strategy](#) proposes a strong focus on creating 'Quality Places' as part of which, people have the opportunity of a healthy lifestyle, this includes:

- Avoiding allocating land for development in areas with the worst air quality
- Allocating and protecting employment opportunities in the areas of greatest deprivation
- Considering green infrastructure
- Recognition that the planning process can influence choices over food, diet and lifestyles choices when considering new proposals for such uses and can influence the range of services provided within a particular centre

# Living Well: Creating connected, resilient and vibrant communities

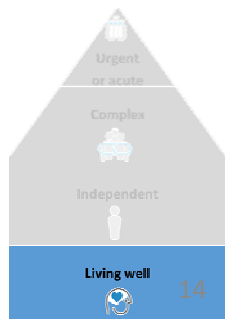
In order to have the most impact in communities, we are integrating and growing our community capacity resources offered through Community Plus, Local Area Coordinators, Schools as Community Hubs, Thriving Kirklees (0-19 services) and creating an Integrated Wellness Model. The next step is to align this to the creation of local neighbourhoods of communities of 30,000 – 50,000 people with health and care services wrapped around networks of general practices. This will enable greater connection between our statutory health and care services with the wider community support and ensuring that people have their needs met with the right solutions rather than an unnecessary statutory response. This will support us to tackle issues such as social isolation and loneliness in our communities.

Our focus is on helping and supporting people and families who might be struggling to lead a better life by connecting them with local resources, groups and individuals. We believe this approach will serve to make our communities stronger and happier in the long term, preventing and reducing the demand on health and social care, and encouraging them to do more for themselves and empowering them to make their own choices.

- Support people to stay stronger - by identifying their vision for a good life and their plans how to get there
- Build local partnerships - explore what peer and neighbourhood support and community networking groups there are, and connect individuals to them
- Focus on building relationships - focus our work in the places that need it the most, and encourage people to become more self-sufficient.
- Build a supportive community - establish what local resources are already in existence, including groups and volunteers, and look at ways we can support them and connect them with local people
- Promote local opportunities - establish where there are gaps in the community and support the development of new community provisions.

## Through this approach we will

- Improve the links between GPs and other health and care services to ensure that people are getting support from the right place for non-medical needs e.g. loneliness and isolation
- Strengthen the links between schools and wider services
- Provide impact and community intelligence to ensure services to better meet needs of people in communities
- Support people to stay safe, well and connected finding non-service solutions to problems wherever possible
- Support early intervention and prevention through community capacity building, identifying and responding to the health and wellbeing needs before they become complex or long-term needs
- Prevent, reduce and delay ill health and complex conditions
- Co-ordinate care and collaborate across services so people stay more in control of their own lives
- Improve quality of local services
- Improving individual outcomes to ensure people feel more in control, feel safer and able to make informed decisions, feel more connected to and able to contribute to their communities





# Living well: promoting healthy living

Healthy behaviours including not smoking, moderate alcohol consumption, good nutrition, physical activity and safe sex have a positive effect on health. While the health of younger people tends to be less immediately affected by their behaviour, occupation or wealth, unhealthy behaviours in youth and early adulthood significantly determine a person's health in later life so prevention and early intervention throughout the life course is vital.

## Smoking prevention

Smoking remains the highest risk factor for death in our region. As part of our work with the West Yorkshire Cancer Alliance we are committed to reducing smoking across the region from 18.6% to 13% by 2021.

A crucial part of this is taking a system-wide approach to creating a smoke-free Kirklees and creating an environment in which smoking

We will continue and expand smoking cessation support across the health and care system to ensure a Kirklees-wide focus on helping people to quit smoking in every intervention with our services.

Taking an early intervention approach is key to our success – tackling smoking in pregnant women and preventing children and young people from taking up smoking.

## Promoting healthy diet and physical exercise

Poor diet and lack of exercise has become a norm amongst our population, prevalent in both children and adults. Being overweight or obese continues to be the most significant contributing factor to the burden of disease. Poor diet is often linked to malnutrition and poverty. We are committed to tackling this as early as possible and supporting people to live well. Our focus is to:

- Promote Healthy Weight via Building Healthy Public Policy
- Promote Infant Feeding and Early Nutrition
- Improve Food and Nutrition for Older People
- Co-produce a Supplementary Planning Document for Hot Food Take-Aways
- Improve Insight and Intelligence, in particular in relation to Food Poverty
- Build on the 'place-based' approach in Ravensthorpe and share the learning to facilitate the implementation of this approach in other schools and communities

## Drug and alcohol usage

Kirklees has higher than average alcohol consumption and liver disease mortality rates in males. Those who are middle aged and have higher incomes are more likely to consume alcohol more frequently, but problematic drinking patterns are more prevalent in those with low household incomes. Drug misuse among adults and young people has fallen steadily in Kirklees, reflecting the national picture, although use of legal highs has risen.

We will continue to ensure a Kirklees-wide focus on helping people with support and advice to manage alcohol and substance misuse including:

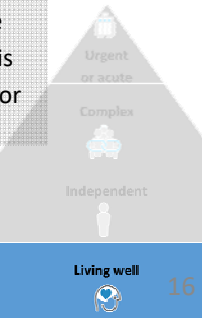
- Increasing access to advice, support and mutual aid for all
- Support to vulnerable people such as homeless people or those with mental health issues
- Provision of support to families of people with alcohol or substance misuse problems

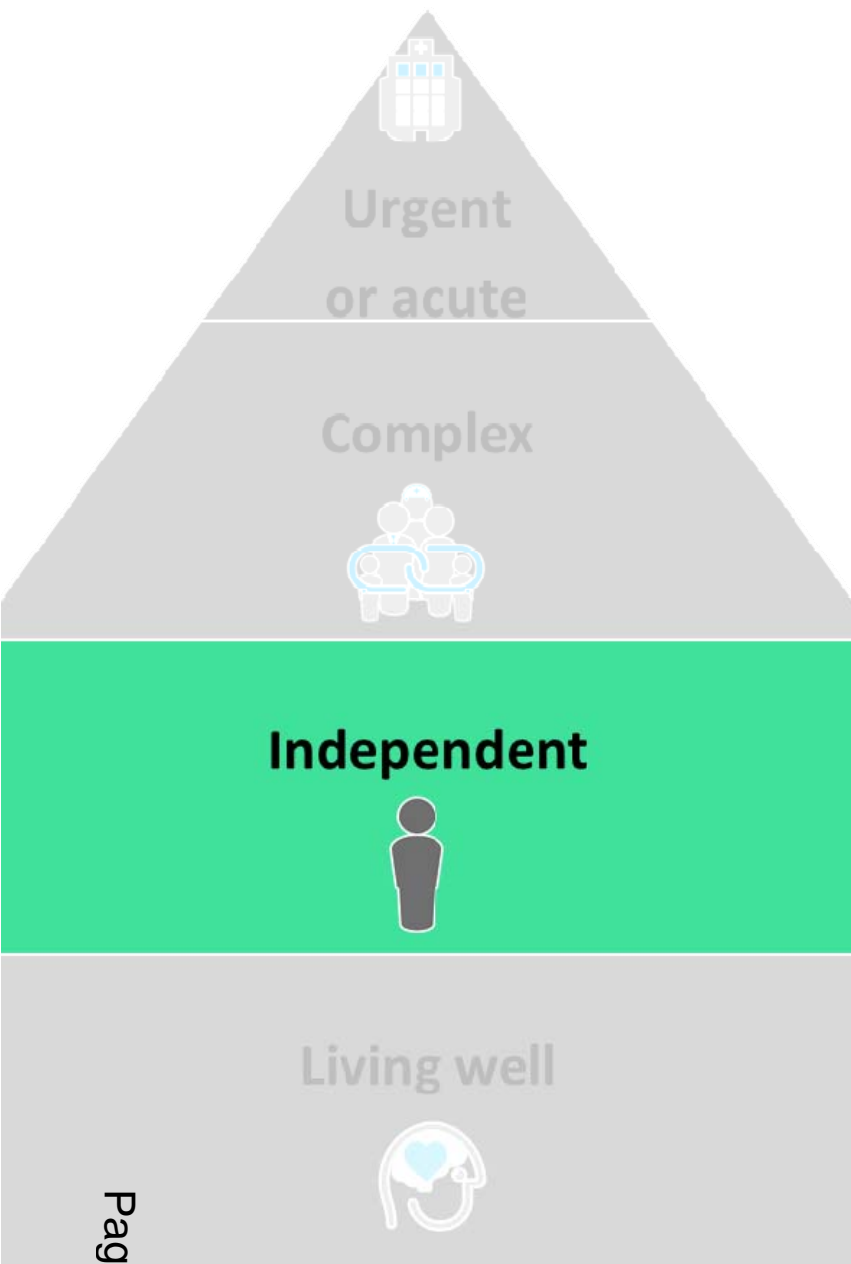




# Living well: promoting healthy living

Early intervention	Social isolation	Suicide prevention	Screening programmes
<p>In taking a life course approach, our focus is working with expectant mothers and families to ensure children get the best start in life. We will focus on antenatal support and the first 1000 days of a child's life. Implementation of the Better Births aspirations through the <a href="#">Local Maternity System</a> will support this and we'll be trialling models to increase continuity of person caring for women during pregnancy.</p> <p>We will focus on healthy pregnancy and support expectant mothers to make healthy choices during pregnancy. This will continue to build on the advice and support locally through <a href="#">Auntie Pam's</a> and the tailored support offered through our Thriving Kirklees service, offering intensive support to vulnerable parents.</p>	<p>Explore the impact of intergenerational work on reducing loneliness amongst older people in residential settings, for example, bringing services such as nurseries, youth clubs, and care homes under the same roof.</p> <p>Our community capacity building work and integrated wellness model will be refocused on social isolation an loneliness in communities, identifying the signs and connecting people into local groups, assets and resources.</p> <p>Proactively engaging with people who are about to retire from paid employment will continue to strengthen our volunteer network and prevent isolation and loneliness in this group.</p> <p>We have access to additional funding through the West Yorkshire &amp; Harrogate ICS to support our work on social isolation.</p>	<p>In line with national aspirations, we aim to prevent suicides in Kirklees and reduce the numbers of people taking their own life by 10% by 2020/21. In Kirklees, the main risk factors for suicide include living alone, being male, being unemployed, misusing drugs and/or alcohol and living with mental illness. Building a partnership approach to tackle suicide is crucial to ensure a population based approach is taken. We have a suicide prevention action plan in place which details our actions across a wide-range of partners to prevent suicide and self-harm locally, underpinning our work collectively as part of the <a href="#">West Yorkshire &amp; Harrogate Suicide Prevention Strategy</a>.</p>	<p>Inequalities across Kirklees mean that there is often a low take-up of screening programmes in our more disadvantaged communities and as a result, poorer outcomes. An increase in engagement and uptake of screening and immunisation programmes particularly in more disadvantaged populations with a focus to diagnose more cancers earlier (Stage 1 and 2) and reduce the number of acute emergency presentations of cancer is a focus for the two local cancer networks, working as part of the West Yorkshire &amp; Harrogate Cancer Alliance. This will include the FIT for bowel cancer screening. Working alongside partners in the West Yorkshire Cancer Alliance, we aim to deliver a new 28 day to diagnosis standard for 95% people investigated for cancer symptoms.</p>





## Independent

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### Our objectives:

- Increase proportion of people with long-term health conditions who feel confident in managing their health and wellbeing
- Increase digital and technological options to support self-care and maintain independence
- Recognise carers as an enormous local asset and create an environment where carers feel confident to identify themselves
- Increase numbers of people accessing secondary prevention programmes
- Provide access to regular care as needed by individuals – including health checks and health management plans where required
- Take a holistic approach to people and support the person rather than treat the condition
- Increase numbers of people with a mental health condition who are supported to live well
- Increase ability of people to access primary care to support their long-term health needs
- Access to planned care support will be user-led and available in a range of different ways



# Independent: maintaining independence

A key focus is to maintain the independence of people and ensure, as far as possible, people have the resources to manage their own health and wellbeing needs. This includes the ability to self-manage their own health conditions, access community based support to maintain resilience and independence and specific actions to ensure the health and wellbeing needs of carers are met.

## Self-care

A crucial part of our strategy is to enable people to manage their own health and wellbeing. To do this we will:

- Ensure that people have access to a range of information and advice to support resources to better understand their health and wellbeing needs
- Continue to develop our established expert patient programmes to support people with a long-term health condition to control and manage their health
- Utilise new digital developments such as apps (My Health Tools and others) and expand our capacity and capabilities in relation to telehealth, telecare and assistive technology to enable people to take control of their health and wellbeing and maintain their independence

## Social prescribing

[Better in Kirklees](#) provides a social prescribing service to adults with one or more long-term health conditions and to unpaid carers, helping to support people to meet their outcomes and connect them to their local community and local services.

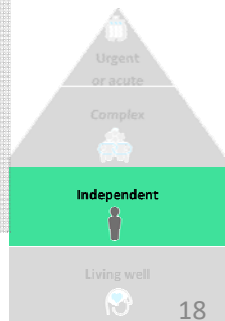
This service can connect people to a range of activities in their communities and improve their physical and emotional wellbeing through opportunities such as art classes, peer support groups, gardening, exercise clubs and social groups.

We will continue to develop initiatives such as Creative Minds which uses creative approaches and activities in healthcare; increasing self-esteem, providing a sense of purpose, developing social skills, helping community integration and improving quality of life. These projects are led by our Mental Health Trust through community partnerships to co-fund and co-deliver projects for local people.

## Supporting Carers

Carers are a fundamental and significant part of our population, with over 60,000 adult carers, and 1 in 12 children with some caring responsibility, the support we offer to carers is vital to ensure that this often unseen support network has its own health and wellbeing needs met, both as an individual and as a carer. We will:

- Embed the Carer's Charter across organisations
- Make Kirklees a dementia friendly place
- Recognise that carers are an enormous local asset
- Support carers to recognise when they are actually carers
- Work with local businesses to help them recognise and support carers
- Support more carers' break schemes
- Enable 'hidden carers' (those not in touch with formal support services) to find support and advice
- Work collaboratively and creatively with carers to address the health and employment outcomes
- Utilise local assets to signpost carers to emotional support



# Independent: improving health and wellbeing

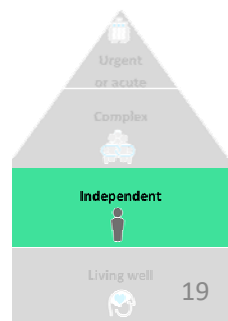
Our focus in supporting our independent population is not only to maintain independence but to prevent further issues developing and people developing more complex needs. This is essential for both physical and mental health and whilst our focus is holistic in supporting people's mental and physical needs, we are continuing to develop specific support in these areas, particularly as we know that people with mental health conditions and learning disabilities are much more likely to experience poor physical health.

## Support for physical health

- To continue and expand smoking cessation support across the health and care system to ensure a Kirklees-wide focus on helping people to quit smoking in every intervention with our services
- Physical activity and healthy diet support / weight management
- In addition to national screening programmes for cancer, we are focused on the early detection of ill-health and support to prevent the development of more serious conditions including:
  - Atrial Fibrillation detection and management to reduce the chances of suffering a stroke
  - Swift cancer / non-cancer diagnosis and support
  - Implementing the national diabetes prevention programme to prevent new cases of Type 2 diabetes
  - Roll-out of Healthy Hearts campaign to prevent Cardiovascular Disease, learning from the success of our colleagues in Bradford
- For people identified as having low to moderate frailty, we are rolling out a programme (starting with a pilot in North Kirklees) to provide 'Companions to Care', supporting people to navigate through the health and care system and prevent social isolation and loneliness
- Continue to raise awareness of health checks and ensuring accessibility of health checks for those communities where we know take-up is low
- Access to primary care has increased and extended GP access provision will expand to 100% of the Kirklees population by October 2018, making appointments at the GP surgery easier to obtain in a timely way

## Support for mental health and emotional wellbeing

- We have expanded the Improving Access to Psychological Therapies (IAPT) service to improve access for people with low level mental health issues, to ensure more people can get the support they need in line with the national standard waiting time and will continue to develop the service to ensure that this is meeting the needs of the local population, particularly those people with long-term physical health conditions.
- Increased funding and therefore access to assessments for Autistic Spectrum Conditions (ASC) to ensure people get the support they need
- We are launching a one-stop shop phone service for children and young people with emotional and mental health needs
- Piloted a scheme to provide support to school pupils with autism and mental health needs
- There are a range of statutory, voluntary and third sector early intervention and prevention as well as recovery-based services for service users and their carers in Kirklees. The Kirklees Recovery College is a key part of this work. We will continue to develop these services to meet the needs of service users and carers across the borough. By focusing on these services, we aim to reduce crisis episodes and development of more complex mental health and wellbeing issues.

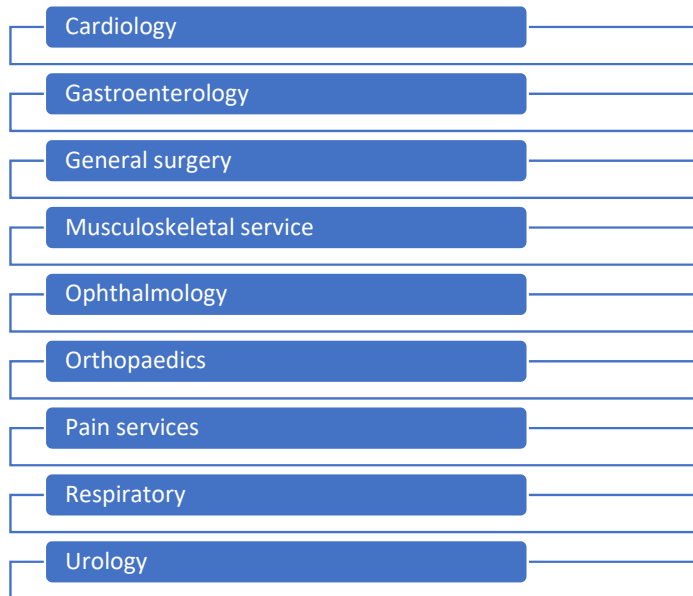




# Independent: Outpatient Transformation

While more and more care for long-term conditions is done in primary care, there are still large numbers of outpatient 'follow-up' appointments every year where people return to hospital to have their progress reviewed, or undergo regular tests and obtain results. Working locally and as part of the West Yorkshire and Harrogate Health and Care Partnership, we are focused on how a large proportion of this work could be done differently with care provided closer to home either through an appointment with the GP or at a community service, telephone calls and online consultations. This should free up time for the treatment of new people, and would save people time and money by not having to travel to hospital when they don't need to.

In Kirklees, we work on outpatient transformation across our two hospital footprints with partners in Calderdale and Wakefield respectively. Both Trusts are reviewing and redesigning the outpatient offer, working with clinicians across primary and secondary care and working with patients and service users. Key aspects of both programmes is the use of **e-consultation and virtual care solutions, managing capacity and demand, and referral support**. Given the significant number of specialities and large volume of activity, some specialities have been prioritised initially for review and redesign:

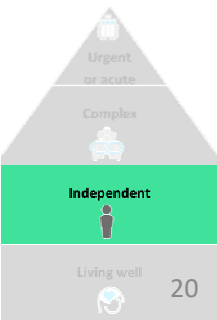


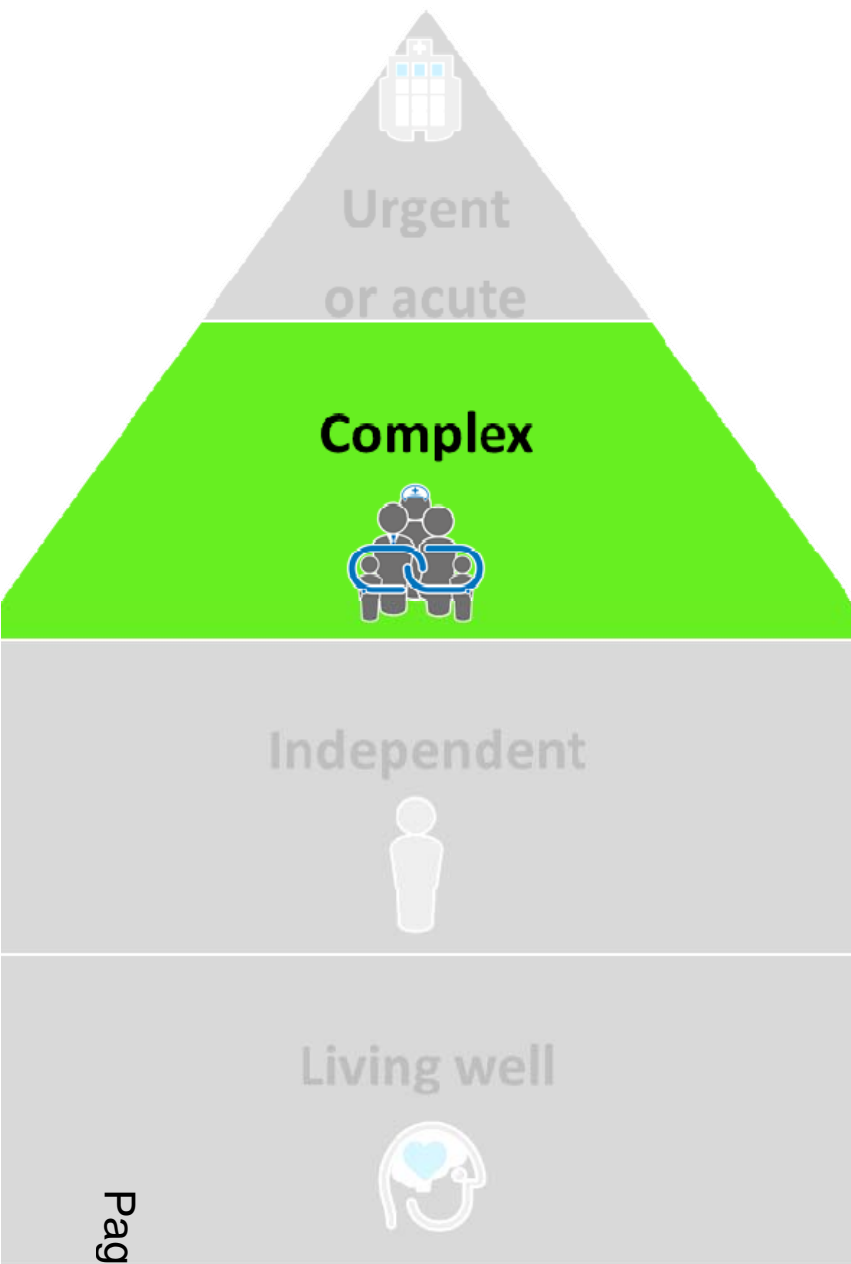
### Cardiology: Rapid Access Arrhythmia Clinic

The one stop rapid access arrhythmia clinic enables patients to be seen quickly by a highly skilled multi-professional team, having their consultation, investigations and diagnosis in one visit to the hospital. This reduces the need for multiple unnecessary appointments.

**Key aspects of this service are:**

- It provides quick access - patients are seen within two weeks
- Investigations are done the same day
- There is prompt diagnosis and treatment
- Consultations include lifestyle advice & guidance and signposting to other services
- Patients leave with an individualised long-term management plan





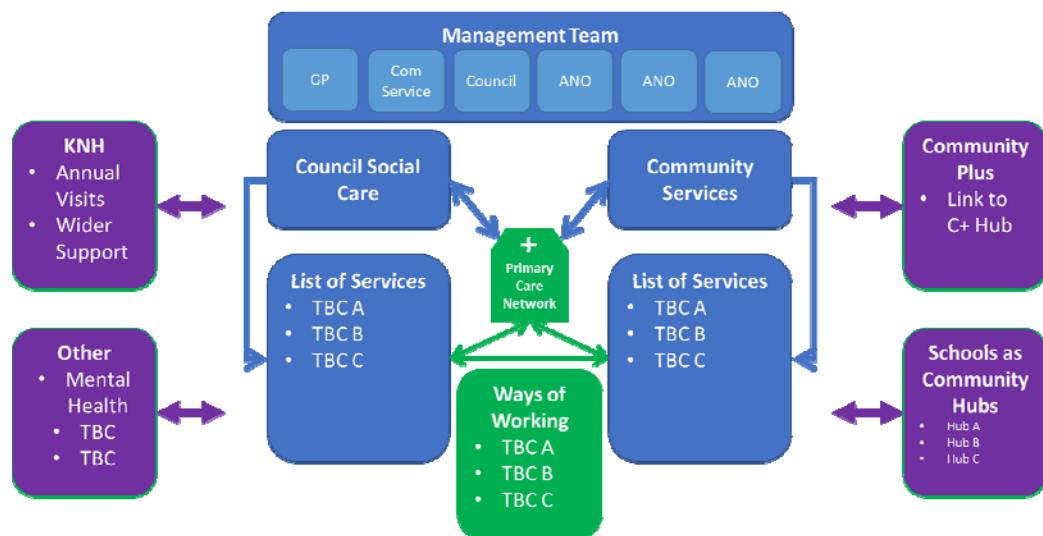
## Complex

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### Our objectives:

- Integrate health, social care and wider community based services to provide seamless support to complex individuals in the community
- Improve the outcomes of people with complex needs through better coordination of services and continuity of care
- Increase numbers of people supported in the community rather than a hospital setting, where appropriate
- Get people home sooner with the right support, following a stay in hospital, acute mental health wards, or intermediate care services
- Increase numbers of people receiving rehabilitation support alongside reablement to prevent hospital admission, or following hospital admission
- Increase numbers of people supported in care homes where this is their place of residence, rather than admitted to hospitals and acute mental health inpatient facilities unnecessarily
- Improvement in the quality of care pathways for patients at end of life and their families, ensuring best value for money, and reducing duplication across services
- Increase proportion of people who are able to be supported at home, rather than admitted to care homes and nursing homes
- Increase numbers of people in control of their support through personal health and care budgets
- Increase numbers of people with a learning disability and/or autism living in the community

# Community based support and delivery system: Primary care networks



Delivery of place based systems of care is one of our five Kirklees priorities. These will bring together different support and services in ways that relate to communities. Although there are no hard and fast rules, we expect these to cover populations of 30-50,000 and to be based around groups of GP practices working together with other providers and services.

Our initial vision is that we will integrate primary care, social care, and community services. This will provide us with the core of a community-based support and delivery model that can then be used as the focus around which we can integrate other existing place-based approaches around building community capacity. These include Community Plus, Local Area Co-ordinators, and Schools as Community Hubs. They will also allow us to develop new ways of working that build on these existing approaches.

In addition, these structures will provide a way in which other wider services such as the voluntary sector, housing, police, and fire can begin to interact and support the delivery of support and services to local communities.

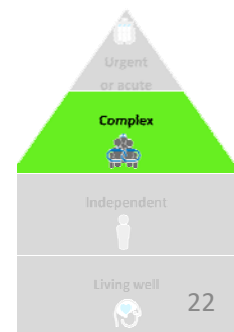
It is expected that there will be nine of these in Kirklees covering the whole population.

We will work with our staff and communities to identify which elements of social care and community services are relevant to this approach and beginning to establish new ways of working so that these will be increasingly delivered in an integrated way. It is anticipated that the list will have some services that are common across each of the community delivery systems but that it allows for local flexibility in so that each area can include things which are of particular importance to their population.

The importance of building new working relationships is key to making this a success. We recognise that we will need to invest time and effort in helping to support the development of these new working relationships. This work has commenced and will be an ongoing requirement during development and implementation.

The diagram shows how we think other important services and approaches will be linked into this model. For example, the existing Community Plus and Schools as Community Hubs will be able to link with the newly established model and over time begin to build mutually supportive ways of working. In addition, it provides a way in which wider determinants of health, such as housing, can be part of this new way of working.

Each of the new community-based support and delivery systems will need to be supported with managerial capacity to help with implementation and ongoing running.



# Strengthening primary care

In order to create a primary care networks model in nine local communities, we need to ensure that we have resilient primary care services to work with, and wrap services around. General Practice in particular is under significant demand pressure, coupled with some challenges to the workforce. The business model across wider primary care services has often made engagement at a Kirklees level difficult. A focus on populations of 30,000 – 50,000 will mean that these partners are better able to engage in service development in their local communities

## Creating resilience in General Practice: work to date

- Developed GP Federations (a single federation in each of NK and GH)
- Invested in the infrastructure of the federations using the £3 per head funding available to CCGs
- Created GP networks which support our plan for geographically based primary care networks (led by the GP Federations). These have been agreed with GPs in Greater Huddersfield
- Implemented extended access to planned and urgent GP appointments (covering 50%+ of the population)
- Commenced support for implementing the 10 High Impact Actions in General Practice
- Implemented new roles e.g. clinical pharmacist time for all 37 practices in Greater Huddersfield

## Creating resilience in General Practice: future work

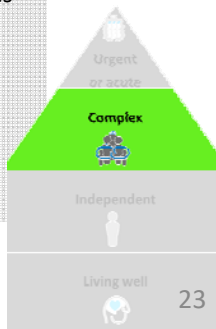
- Finalise the GP networks in North Kirklees around which to build the primary care networks
- Implement extended access to planned and urgent GP appointments (covering 100% of the population by October 2018)
- Roll-out of programme of hands on support to practices to implement the 10 High Impact Actions in General Practice (led by the federations)
- Full roll-out of the Referral Support System (OSCAR and TRISH) across practices in North Kirklees
- Using transformation funding, enable GPs and new primary care networks to engage and co-produce the primary care network model with wider partners and communities

## Engaging wider primary care services

In addition to the significant role general practice has to play in the development of integrated care models, there is a significant opportunity to ensure closer working with wider primary care services in building resilient, connected and vibrant communities, shaped around local populations and networks of 30,000 – 50,000 population including:

- Community pharmacy
- Community optometry
- Community dental services

There are 99 pharmacies across Kirklees (plus a further nine distance selling). The [Kirklees Pharmaceutical Needs Assessment 2018 -2021](#) found that there is a reasonable and adequate choice in all areas, when examined by Council wards. Pharmacies are valuable assets in the local community with skilled staff able to offer advice and support as part of the wider health and care economy.





# Integrated care models for the whole of Kirklees

Alongside developing primary care home within local communities of populations of 30,000 – 50,000 people, we are committed to integrating care for our population with complex needs on a Kirklees-wide basis. There are a three key areas in which we're working on delivering integrated services for people with complex needs:

## An integrated model for end of life care

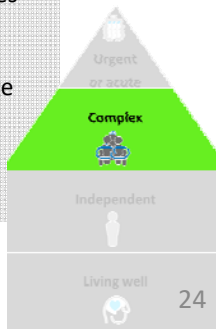
- Led by Kirkwood Hospice, an End of Life Provider Alliance will be established to support the delivery of an integrated package of community end of life services across Kirklees, to meet the needs of people requiring end of life care and their families and carers.
- The expectation is that this will support further improvement in the quality of care pathways for patients and families and ensure best value for money and reduced duplication across services.
- Whilst some services will be delivered across a Kirklees footprint, there will also be a focus on delivering services through local neighbourhoods of 30,000 – 50,000 to support the needs of those communities
- Through this model, we will ensure that as many people as possible have the best chance of dying in their preferred location
- By working in an integrated away, we will reduce the number of gaps in service provision and increase clarity of services for people using services and wider stakeholders.

## An integrated model for intermediate care and reablement

- A joint intermediate care and reablement draft model has been developed with commissioners and providers
- This will incorporate Multidisciplinary Teams (MDT) consisting of Nursing staff, Therapists, Social Workers, and GPwsi, who would provide clinical leadership to the MDT, develop appropriate care plans and link with local geriatricians when required.
- There is an expectation that the MDT would support a reduction in length of stay (from 4 weeks to 3 weeks) and that patients would be discussed at MDT within 24-48 hours of arrival, mid-stay and post discharge ensuring they are receiving the right care.
- Recovery at home will be an expansion of existing community reablement services, with investment into reablement services to provide rehab support workers for daily rehab.
- There will be a dual role for reablement support workers (rehab and home care support) with additional therapy support to care for a further 20 patients at home. The service will provide a step down from hospital and step up from primary care

## An integrated model for care homes support

- We are commissioning a new proactive and reactive service to individuals within care homes through a multi-disciplinary care home support team.
- This will also include physical health, social care with the addition of specialist mental health support, through expert psychiatric leadership, which will undertake reviews for high acuity patients
- In addition, the service will provide specialist advice, support and consultation into the wider primary care teams, including GPs and care home senior staff.
- The impact of the service for people living in care homes will be the ability to be supported in the place they live and achieve their outcomes
- The impact of the service for the system includes reductions in non-elective admissions and readmissions to both acute and mental health inpatient beds, and will support timely discharge from inpatient services.



# Supporting people with complex needs

## Children with complex needs

- Implement a model to ensure that children and young people who have an Education, Health and Care Plan receive integrated, seamless support covering the whole spectrum of services, e.g. educational support, therapy services such as physio and speech and language, mental health services, personal budgets, ensuring a continuum of support to improve outcomes
- Delivery of an all age disability service model and outcomes outlined in our [Children with a Disability Health and Social Care Commissioning Strategy](#)
- Further develop community care for children and young people to ensure early identification of need resulting in the delivery of early interventions which will support families to manage their own health and wellbeing
- Deliver our priorities for children and young people's mental health and wellbeing through our [Kirklees Future in Mind Transformation Plan](#)

## Transitioning from children's to adult services

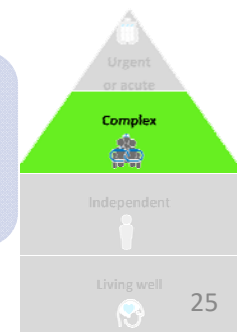
- Around 150 children with a disability or special educational needs (SEN) turn 18 and enter adulthood each year
- Ensure that services provision allows for seamless transition from CAMHS to adult mental health services. This applies in particular to areas of self-harm, eating disorders, ADHD and substance misuse
- Ensure that pathways for Young people transitioning into Adult service in both hospital and primary care are seamless and young person and family focused
- One integrated team approach across all agencies to minimise fragmented care improving pathways for children, young people and families
- Ensuring young people's voices are heard when transitioning from children's to adult services

## Adults with learning disabilities

- Working with our colleagues in Calderdale, Wakefield and Barnsley, our [Transforming Care Partnership plan](#) is focused on:
- Providing support and accommodation in the community, reducing inpatient beds, delivering an almost 60% reduction across the partnership
- Developing a range of specialist community services that are flexible and responsive to manage crisis better and prevent admission
- Developing capable communities to enable people to live in their own homes
- Developing a better understanding of our local populations with complex needs and how best to support them in a crisis
- Ensure people with a learning disability and/or autism have the opportunity to live meaningful and fulfilled lives

## Frail people

- We are developing a Frailty Services across Kirklees, which aims to support frail older people to live in appropriate homes; be as well as possible for as long as possible and experience seamless health and social care appropriate to their needs available 24/7 where required, and supporting needs of carers. This will ensure:
  - Frail older people in Kirklees are as well as possible for as long as possible, both physically and psychologically.
  - Local frail older people can control and manage life challenges by engaging with a supportive network of health, social care and voluntary services.
  - Frail older people have access to opportunities that have a positive impact on their health and wellbeing





# Managing the social care market

Providers of social care support to people in their own homes or in care homes are a vital part of our health and care economy. Our [Kirklees Market Position Statement](#) recognises some of the demographic and financial changes faced by the social care market for current and new providers. Changing demographics which will present both challenges and opportunities for the care market. The value of the care market in Kirklees is estimated to be around £240m with 40% spent by Kirklees Council, 15% by the NHS on continuing healthcare support, and the remaining 45% purchased by individuals funding their own support of varying levels of complexity 'self-funders'. Approximately 10% of Council spending is used for personal budgets and direct payments, allowing people to take control of this funding to purchase their own support to meet their outcomes.

## Our focus in shaping the care market

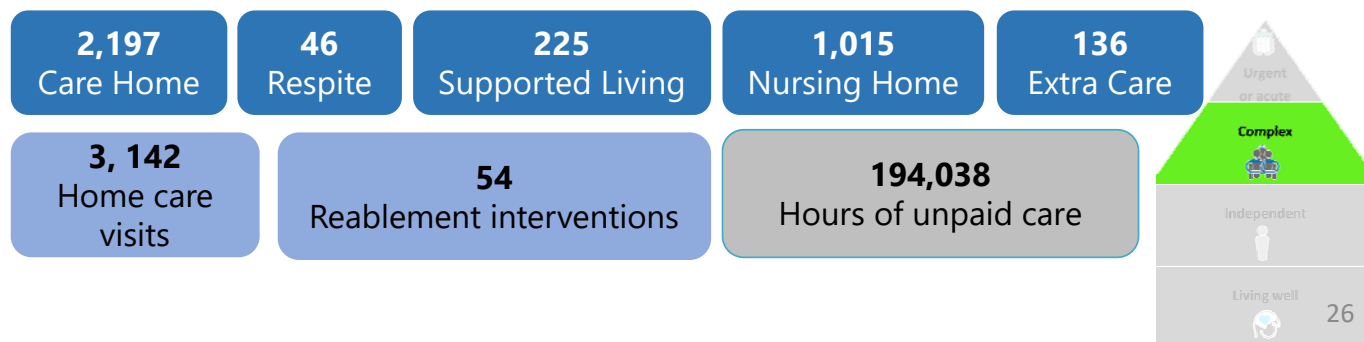
We will support shaping a care market in Kirklees where:

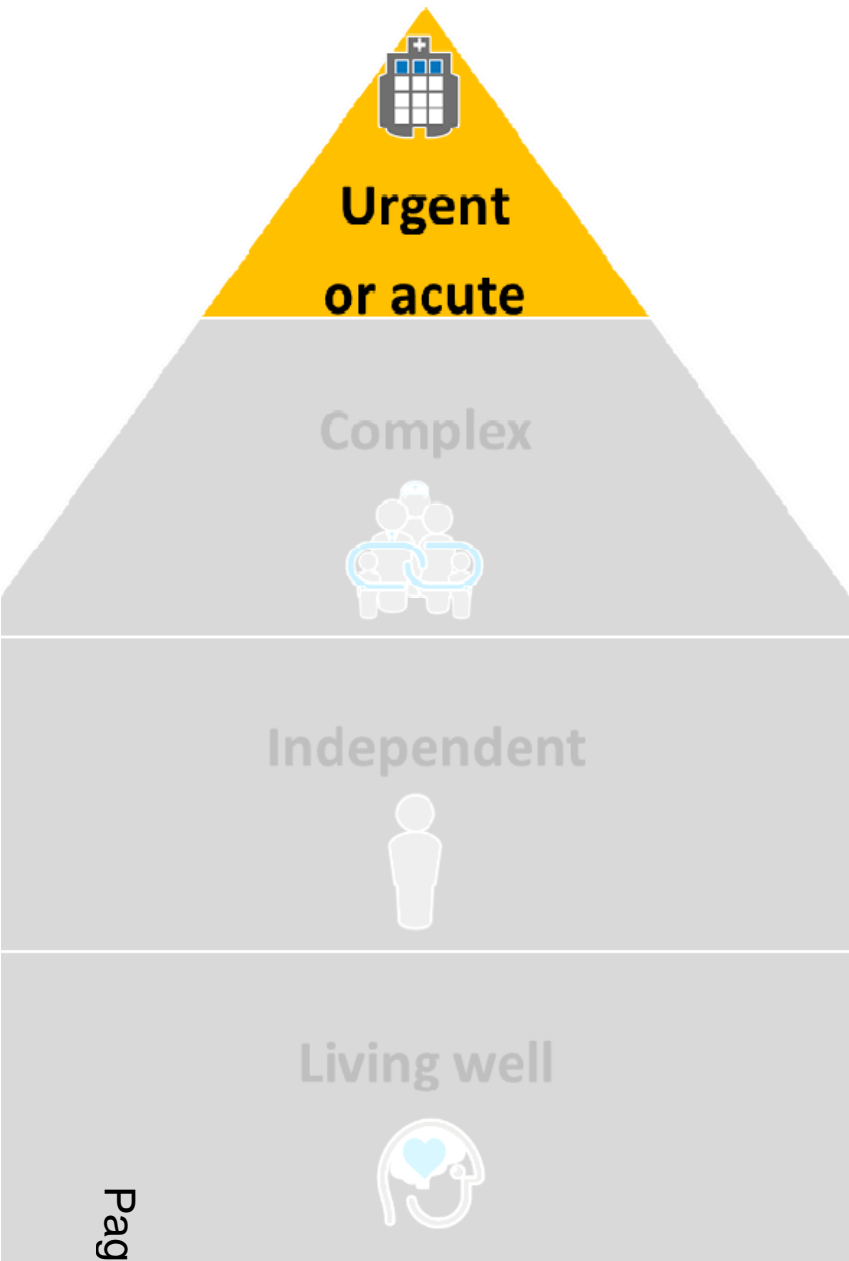
- Personal choice is not compromised in order to fit a service model
- People are easily able to purchase additional support
- There is a recognition of the importance of preventative support
- Investing in new or existing care organisations is encouraged
- There is a positive and person-centred approach to risk that keeps people safe whilst enabling choice and control
- Constant creativity and innovation is seen as the best way to deliver the range of outcomes desired by consumers
- Quality of the interaction takes precedent over completion of a care task
- Breadth of career opportunities in the care sector are known about and aspired to

We're committed to working with our existing and new providers of social care across Kirklees in order to meet some of the collective challenges we face. As well as shaping the market as commissioners, this includes:

- The integrated provider board will establish links with Kirklees care provider forums across care homes and domiciliary care support in order to better coordinate and integrate with these services to improve outcomes for service users and carers
- In addition to specific initiatives such as the new integrated model for care homes which is currently being commissioned, we will continue to work in partnership with care providers, seeking opportunities to upskill the social care workforce and provide appropriate support to enable the best outcomes for our service users
- Working together to ensure the best technology, digital solutions and equipment is available to reduce reliance on visits to people in their own homes
- Developing the capacity in care homes and home care services with a focus on prevention and enablement
- Promoting the personalisation agenda – increasing the number of people in control of their own needs and outcomes through personal budgets and direct payments for social care and health needs

**On a typical day, people are in receipt of a range of social care support (analysis from 03/10/17 undertaken by Kirklees Council)**





## Acute and urgent support

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### Our objectives:

- Where people require urgent, acute or specialist care, this will be the right intervention provided in the right setting in a timely way
- Ensure people can get access to primary care services in a timely way for urgent needs
- People can access urgent hospital treatment when they need it in a timely way
- Ensuring people can be treated closer to home and eliminate out of area placements for non-specialist acute mental health care
- Deliver sustainable urgent and acute services for the population of Kirklees
- Continue to ensure people can return home from hospital with the right support, as soon as possible
- Increase numbers of healthy births, reducing stillbirths, neonatal deaths, maternal death and brain injuries
- Increase alternative safe options for people to access when experiencing a mental health crisis, reducing use of police detention
- Get the best outcomes and reduce variation in outcomes for people who have suffered a serious acute episode e.g. hyper-acute stroke

# Accessing acute and urgent in the community

We are committed to ensuring that as much provision as possible is made available as close to home as possible. For urgent and acute services, this includes:

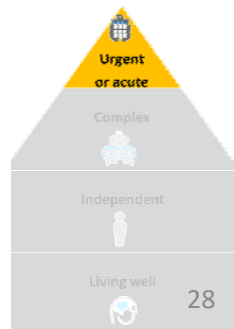
- Increasing extended access primary care – providing more access to GP appointments during core hours, extended hours (6.30 – 8.30 pm) for urgent and planned appointments, as well as provision for out of hours. We will ensure this provision covers the whole population in Kirklees by October 2018.
- 111 online has now been rolled out in Kirklees and we're testing the approach of allowing 111 to directly book people into GP appointments following a contact for an urgent need, this will be rolled out across our practices
- We're working with our partners across Yorkshire and Humber and leading on the recommissioning of the 111 service to provide an integrated urgent care service across the whole Yorkshire and Humber region which will meet our local requirements in Kirklees
- Provision of a rapid same day response in the community available to people with complex needs for physical health needs, mental health crisis and social care needs
- Delivering early intervention in psychosis services for people experiencing first episode psychosis in line with national standards
- For people experiencing a mental health crisis, our focus is on prevention, and during crisis to support people at home wherever possible including:
  - Maintain and develop a range of crisis care services, including accommodation-based provision, which meets the needs and demands of people living in Kirklees
  - Ensure that there are good and effective crisis care planning processes in place which includes reference to patterns, triggers and capacity
  - Support people to find their own solutions to managing their crises through the use of coping mechanisms e.g. Wellness Recovery Action Plans (WRAP)
  - Implement and develop the actions of the [Kirklees Crisis Care Concordat declaration statement](#)
  - Further develop police liaison work across Kirklees (core 24 service standards)

## Managing demand for hospital services

A large part of our ambition is to continue to develop support in the community or at home, where this is appropriate. A significant proportion of our plans are focused around strengthening primary care and community services in order to offer people the best planned and unplanned care closer to home.

We know that demand for hospital services has and will continue to grow and that this is not sustainable. We also know that there are opportunities to further reduce demand on hospital services through some of our service developments outlined in this plan (including through focusing on prevention and taking an integrated primary care network approach around communities of 30,000 – 50,000 people).

To understand the impact of these interventions, we are undertaking a detailed piece of modelling and analysis during 2018 and are committed to ensuring that hospital capacity is maintained until there is evidence of robust alternative provision in the community.



# Acute and urgent: Local hospital services

Where our population needs access to hospital services, we are committed to ensuring that these are high-quality and achieve the best outcomes for our population, whilst ensuring that these services are sustainable for the future.

## Ensuring quality and safety in hospital care

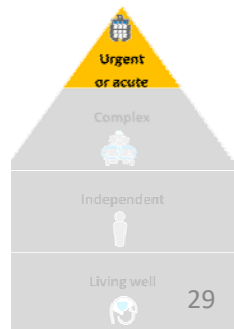
- Ensuring people stay in hospital only as long as they need to by improving our processes in hospital and working with the rest of the system including:
  - Implementing the nationally recognised SAFER bundle on hospital wards which improve outcomes for patients and support reductions in length of stay, ensuring people are not waiting in hospital beds unnecessarily.
  - Continuing to make improvements in relation to delayed transfers of care, including implementing the eight high impact actions and focus on operational and strategic system working through our A&E Delivery Boards
- We are focusing on delivering improvements in maternity care in safety towards the 2020 ambition to reduce stillbirths, neonatal deaths, maternal death and brain injuries. This includes full implementation of the Saving Babies Lives Care Bundle working through our Local Maternity System across West Yorkshire and Harrogate.
- Delivering support for people in our acute hospitals experiencing a mental health crisis through implementation of mental health liaison services and CORE 24 standards

## Sustainable hospital services

There are some real challenges facing our local hospital services in terms of sustainability, particularly given the availability of workforce with the right specialist skills.

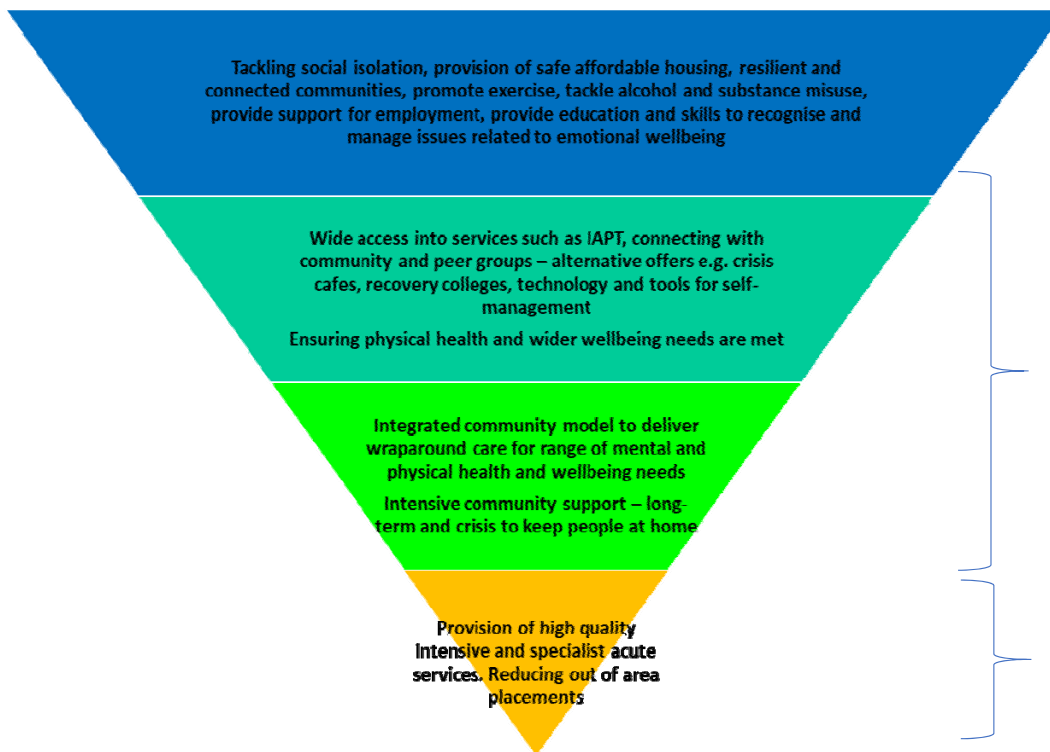
This means that some services need to be consolidated in order to ensure that services are safe, of high quality and sustainable for the future. Alongside the need to work within the tight financial envelope, the condition of some of our hospital estate, and the opportunities open to us through advances in healthcare, means that the current way we provide hospital services to our local population needs to change. We are continuing to develop our proposals in this area.

Given some of the workforce challenges facing us, we are working with partners across West Yorkshire & Harrogate through the West Yorkshire Association of Acute Trusts (WYAAT) and the West Yorkshire Mental Health Services Collaborative, in order to ensure sustainability of high quality acute clinical services for the population in Kirklees and across the region through clinical networks, eradicating any existing unwarranted variation in outcomes. This includes some of the ICS priority workstreams – mental health, stroke and cancer (through the West Yorkshire & Harrogate Cancer Alliance). We've recently taken this collaborative approach in order to ensure the sustainability of vascular services across the region.



# Acute and urgent: working regionally to achieve the best outcomes

We know that for many of our acute services, we need to plan on a wider footprint than in Kirklees. This is a key area of focus in our involvement with the Integrated Care System, to bring the best outcomes for Kirklees and West Yorkshire and Harrogate as a whole. All our energies will be focused on prevention at primary, secondary and tertiary level, however there are times when our population in Kirklees will need access to specialist acute support on an urgent or planned basis. Our objectives for acute services is to ensure that people get the best possible treatment, achieve the best outcomes and that support after an acute intervention is provided as close to home as possible.

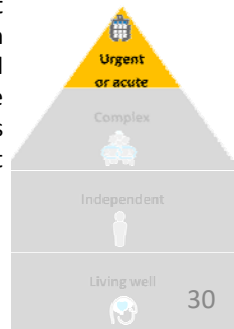


Local priorities with locally led planning and delivery (with support from WY&H ICS infrastructure)

WY&H ICS led planning and delivery, through partnerships representing local places

The diagram shows the relationship in respect of the local and regional priorities for improvement in mental health outcomes through interventions at each population cohort level. Planning and delivery of local priorities is led locally for the interventions targeted at supporting those populations who are living well, independent and have complex needs. In doing this, Kirklees has support from the ICS infrastructure in resource support, access to best practice and learning from the other places within the ICS, and more widely through the input of national bodies.

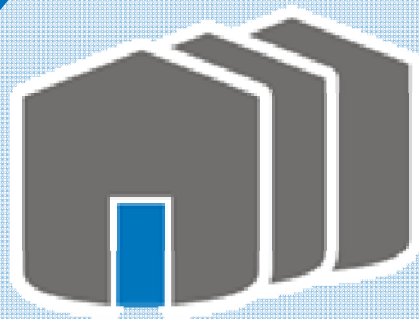
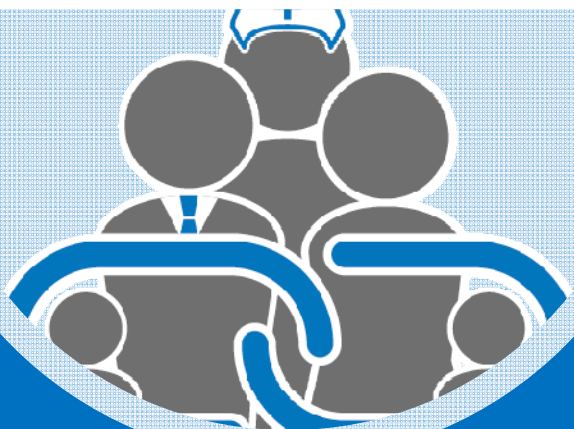
When people require intensive or specialist care in an acute setting for their mental health needs, this will be planned at a West Yorkshire and Harrogate level to achieve the best outcomes for the Kirklees population and the West Yorkshire & Harrogate population as a whole. This planning and delivery is a partnership between local places – for providers through the Committee in Common of the mental health trusts operating across the ICS, and through Joint Commissioning arrangements of the CCGs and in conjunction with NHS England as responsible for specialised commissioning for services of this nature are devolved to the ICS. This allows the system to tackle some important issues such as reducing out of area placements and ensuring that people receive support as close to home as possible.







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# Enablers





# Our People: Communities

Fundamental to the delivery of our ambition is working with our biggest asset, our people, to best effect. Supporting development of connected, resilient and vibrant communities is crucial to this.

## Changing the conversation: assets, strengths and responsibilities

To support us to start, live and age well, we need to have different conversations with our communities about how they can manage their own health and wellbeing, building on their own strengths and assets.

In order to support this, we need to ensure people have the resources to manage their own health and recognise their strengths and assets. This will mean different conversations with communities (through resources like Community Plus and the Integrated Wellness model) and with individuals, ensuring that all our services are taking a strengths-based approach to assessment and support and maximising self-management and independence.

As well as raising the profile of our priorities around those factors which determine our health and wellbeing, we need to focus on raising the health literacy of our communities experiencing the poorest health and wellbeing. By improving people's access to health information and their capacity to use it effectively, health literacy is critical to empowerment.

## Co-production

Fundamental to our plan is to put people and our communities at the centre of all we do, starting from planning and design of services. We know that where we involve the people who use services in the design of these services, we get the right outcomes. We are experienced in engaging and consulting our population about the services they use and our ambition is to enable our local communities to co-produce any changes and influence design and development of new models of care.

We want to work in a way that is open and transparent, ensuring that we have meaningful conversations with people on the right issues at the right time.

We're committed to:

- Involving our communities in the design of services
- Using information we've already obtained locally through extensive engagement and consultation exercises
- Working with our partners in the voluntary sector and Healthwatch Kirklees to get this approach right
- Respecting people's time and engaging people once on a range of issues affecting them
- Undertake formal consultation and engagement where appropriate on any major service change.



# Our People: Workforce

People	Number
Volunteers	86,000 (1 in 4 adults)
Voluntary organisations (registered)	100+
Voluntary organisations (unregistered)	1000+
Unpaid carers	60,525
Paid health and social care workforce	20,573*

## Addressing our workforce shortages

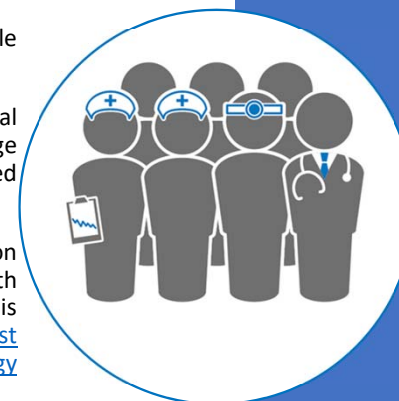
We know from our organisational and sector based analysis that there are significant issues in terms of training new workforce, retaining our existing workforce and an ageing profile in many areas.

In order to think differently about how support can be provided we have trialled new roles including nurse associates (in Mid-Yorkshire Hospitals NHS Trust), physicians associates (in Calderdale and Huddersfield NHS Foundation Trust) and Allied Health Professionals in primary care. We will continue to develop and expand these approaches.

We want to ensure our staff have the ability to work together across organisational and professional boundaries.

Our focus will be on shared vision, values and behaviours across Kirklees. We will work together to identify what this looks like and shape this into a coherent programme of workforce induction and training. Integrated models of care will fundamentally require people to work differently from their prescribed roles, to make this a success requires:

- Co-production of these models with staff who deliver support to people in Kirklees, empowering staff to act to deliver the best outcomes
- A programme of development to support staff and operational managers to work within the new integrated framework, challenge barriers to integrated working, and adopt an asset and strength-based approach to support planning
- A workforce strategy for Kirklees which identifies our vision, common values and behaviours that those supporting people with their health and care should exhibit, including delivery methods for doing this. This will build on our local vision for Kirklees developed as part of our [West Yorkshire & Harrogate Health and Care Partnership Workforce Strategy \(2018\)](#) and local initiatives we are already implementing
- Establishment of a Kirklees workforce group to oversee workforce developments in Kirklees and to take a single approach to, for example, engaging with Huddersfield University with regards to future training and workforce requirements. This will have strong links to the [Kirklees Skills Strategy](#) and action plan.
- Build on testing of new roles in Kirklees like nurse associate, physicians associates and use of allied health professionals such as physiotherapists, pharmacists and OTs in primary care, working with our Local Workforce Action Board (LWAB) to support us to manage our workforce challenges.



# Digital: Enabling people to be independent

Using digital technology to make people's lives easier is one of our five priorities in Kirklees. We know that technology has revolutionised our lives and ability to managing our affairs independently and remotely. The same principles apply to our health and care. Significant developments are taking place nationally and internationally to use technology in health and care.

We believe that technology can support people to manage independently, allowing people to take control of their own needs and lead their own support.

We have been piloting an app library run by the mental health trust (SWYFT) in partnership with ORCHA, an organisation which runs the library and quality assures all the apps available for use so clinicians and people using the site know these are all approved. ORCHA has been awarded NHS innovation accelerator status.

The site has been piloted in Children and Adolescent Mental Health services (CAMHS) to support children and young people to self-care and understand and manage their own conditions. The site can be accessed by people using the service (self-access) or via a referral from a professional in the service. Take up and feedback from professionals during the first three months has been good.

The pilot has been extended to further test the impact and outcomes for service users and to expand the library to provide resources for early intervention in psychosis, smoking cessation and the Recovery College.

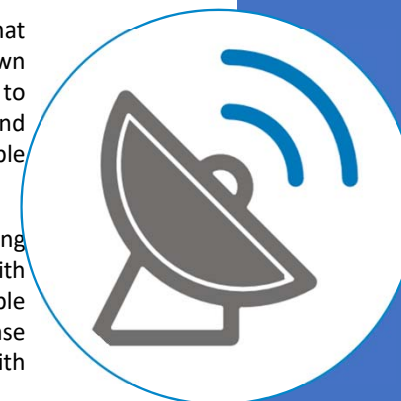
Through our involvement in the ICS, we have access to [support](#) from the Yorkshire and Humber Academic Health Science Network which has a number of nationally recognised evidence-based programmes to support improvement in care. A number of these offer opportunities for self-care including *My Diabetes, My Way, My COPD, Me and medications*. We also have a range of digital offers through My Health Tools.

We are committed to implementing digital products, such as apps, that have been proven to work and will enable people to manage their own support and conditions independently whilst offering alternative ways to access professional support when required. Increasing availability and normalising these applications as support options, will mean more people are able to manage their health and wellbeing in this way.

Telehealth, telecare and assistive technology is an area which can bring huge benefits to service users, for example in allowing people with dementia to remain independent and supported at home, or for people to monitor their conditions independently. It can often also increase efficiency, reducing costs for direct care and providing the system with greater capacity.

Through our outpatient transformation programme, we are exploring how virtual consultations and telephone consultations can be used so that people do not need to travel to hospital for an appointment unnecessarily. This will free up time for clinicians to see new people, whilst giving greater flexibility to the person in their follow-up care.

In order to deliver this transformation, we will also focus on the digital literacy of all our communities to ensure there is equal ability to access these solutions.



# Digital: Improving service delivery

Alongside using technology to enable people to stay independent, we know that the right digital solutions can make service delivery more efficient, improve the quality of professional decision-making, and improve service user experience. We're already making progress on our digital infrastructure to support this, including:

- Acute clinicians can view patients' acute clinical records.
- Primary care clinicians can view clinical records across different practices which use the same system.
- Access to view clinical records for all patients across all practices is due to be complete in August 2018.
- Primary care clinicians can view patients' acute medical records
- Following a successful pilot, implementation of technology to allow Acute clinicians to view patients' primary care medical records is underway and due to complete in 2018 and will support the roll out of electronic advice and guidance (GPs seeking secondary care advice electronically).
- GP Practices can allow patients to undertake task related functions such as booking/amending/cancelling appointments and requesting repeat prescriptions online.
- A number of GP Practices allow Patients to directly book GP appointments through 111. This is planned to be extended.
- A number of GP practices support patient/clinician online consultation and this is planned to increase.
- Remote and flexible working for GP staff is supported through provision of laptops and access for patients and wider workforce through GP Wi-Fi.
- The mental health trust is now moving to SystmOne which will provide greater opportunities for sharing records across services

## Interoperability and shared care records

West Yorkshire & Harrogate ICS, working as part of the wider Yorkshire & Humber footprint, has been successful in attracting £7.5m to support the joining up of health and care records as part of the Local Health & Care Records Exemplar (LHCRE) programme. A shared care record is a key enabler to support the delivery of integrated care, this will:

- Increase efficiency
- Improve decision-making and safety
- Improve service user experience (telling your story once)

The roll-out of the EPR system in parts of Kirklees will be a key learning and building block for our LICRE programme.

## Working more efficiently through digital technology

We are reviewing a range of digital solutions to support us in the deployment of staff e.g. in delivery of extended access GP appointments and home visits which will support us to create capacity in the system to see more service users.

We will review our current multiple contact point arrangements and identify how these can be rationalised or more integrated through different technological platforms, to improve people's outcomes and experience when contacting services. Alongside this, in order to support integrated and neighbourhood based working, we will need to develop a comprehensive directory of services (DOS) available to the public and to professionals in order to ensure the full range of services and assets in communities are available for people to view and access.





# Estates and assets

We hold a wide range of estates and assets across key partners in Kirklees. We know not all of this estate is bringing good value and some of this estate is not fit for purpose to deliver our vision for integrated community care in the future, as well as high quality acute services.

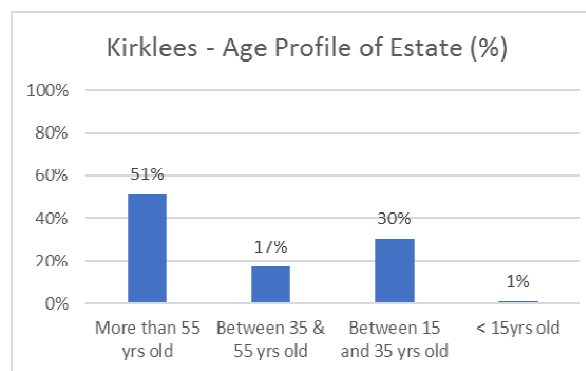
We have already commenced a process to review all of our estates across partners to understand our available resources in each of our communities. As well as developing a Kirklees Estates strategy for the future, we will identify how better we can use our assets through some of our priority initiatives like the early adopter sites for primary care home and the new integrated intermediate care services. In these cases, our estate will be used to support integrated working across organisations and teams and consider how our assets can generate social value in building strong, resilient communities e.g. sharing space with voluntary and community sector organisations.

Our neighbourhood approach (and the primary care network model) provides us with an opportunity to test some of our key principles in relation to our estate, including:

- How we can share estate to support integrated working across staff teams
- How we can use our estates in neighbourhoods of 30,000 – 50,000 to meet the needs of the local population
- How we can use our estate to generate social value and stimulate the growth and embedding of resilient, connected and vibrant communities.

## Our current estate and assets

An analysis of NHS Trust (acute and mental health facilities has been undertaken). Over 68% of this estate is over 35 years old. Similarly, we know much of our community and general practice estate is not fit for the future. We are currently undertaking a detailed piece of work, led by Kirklees Council to map the full range of our public sector estate across Kirklees which will provide us with a valuable baseline.



## Future integrated community assets

Our vision for the future is that our community resources will be built to provide communities with a wide-range of services and support, not just health and care interventions, but a wider range of community services to serve a much broader range of wellbeing and social connectedness needs. Taking inspiration from national models which have worked well, we will outline our vision for the future across partners and assess our ability to access capital to support this development.

We will establish a Kirklees forum to review our collective assets, agree a future vision and a plan to deliver this.



# Population health management

Population health management is seen as a key tool deployed in an Integrated Care System (ICS), which has most value when used to plan and deliver services within a place base. Kirklees sees this as a valuable tool in developing the planning and delivery of health and care services in the future. Our commitment to starting our planning process from population needs provides us with a solid base from which to use population health management tools.

## What is population health management?

Population Health Management improves population health by data driven planning and delivery of care to achieve maximum impact. It includes segmentation, stratification and impactability modelling to identify local 'at risk' cohorts – and, in turn, designing and targeting interventions to prevent ill-health and to improve care and support for people with ongoing health conditions, and reducing unwarranted variations on outcomes.

Through our involvement in the ICS development programme as part of the West Yorkshire & Harrogate Health and Care Partnership, we are part of a Communities of Practice in this developing area, working with national bodies including NHS England and Public Health England (PHE).

We will initially complete a self-assessment of our system maturity to deploy population health management during 2018/19 including infrastructure (leadership, population definitions, information governance, digital maturity, digital infrastructure), intelligence (supporting capabilities, analysis, reporting and decision management support), and care design (change support, workforce and leadership development, scaling innovation, patient empowerment and activation, care integration incentives, behavioural insight.)

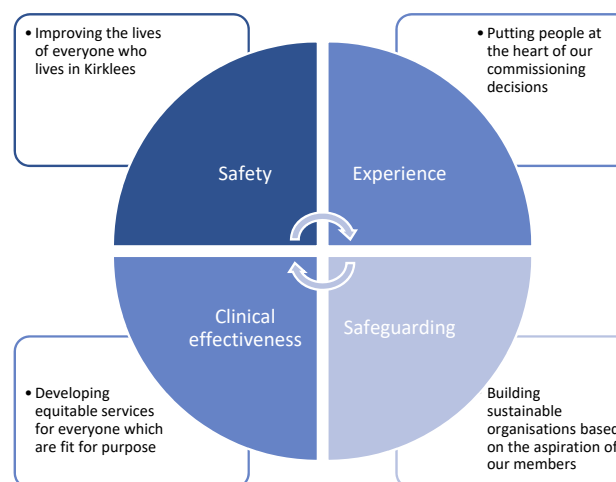
Through the ICS, Kirklees can share learning and access support and best practice locally and from national bodies to deliver the approach in Kirklees.



# Integrated commissioning

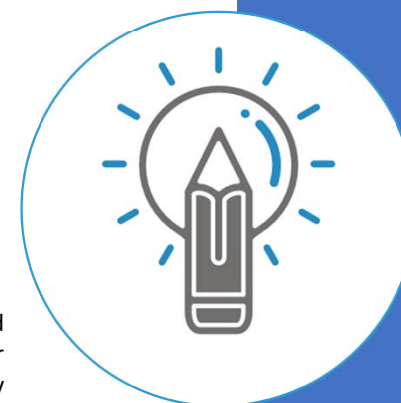
To deliver our ambition for Kirklees requires us to fundamentally change the way in which we commission services across health and social care, breaking down the barriers between commissioners and providers, focusing on population health, and monitoring delivery of outcomes rather than outputs.

- We have built upon our commitment in Kirklees to work collaboratively across the two CCGs and the Local Authority in forming the Integrated Commissioning Board, and creating an Integrated Commissioning Strategy to support delivery of this plan. Our aspiration is to further evolve this to bring together commissioners and providers in one system-level Board.
- Practically, to support this arrangement, we have implemented formal joint posts across health and social care, integrated governance to support development and delivery of the Better Care Fund and informal collaborative working to commission services in a number of areas, for example, children and young people inclusive of education and learning, mental health, care closer to home and hospital avoidance. The two CCGs which commission health services for the population of Kirklees (Greater Huddersfield CCG in the South of the Borough and North Kirklees CCG in the North) are now working together much more closely and operating with a joint management structure.
- We recognise that often commissioning is as fragmented as service delivery and in order to deliver our priorities, services will need to be commissioned differently to support us to achieve the Kirklees outcomes. The testing of new models of support such as primary care networks and working closely with the Integrated Provider Board, will support us to identify where commissioning does not enable integrated provision and inform how new models of integrated care can be commissioned in future to achieve the best outcomes for local communities and Kirklees as a whole.
- For those services which are provided on a wider-footprint than that of Kirklees, we work with neighbouring commissioners through formal joint structures to commission services in the best interest of Kirklees (for example the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups for services like hyper-acute stroke).



Improving **quality of care** is central to our approach and taking a unified approach to quality is central to our integrated commissioning strategy. This will link closely with providers of health and social care, including independent sector partners like care homes.

As part of the West Yorkshire and Harrogate Health and Care Partnership, we are a national demonstrator site acceleration of implementation of the **personalisation and choice** agenda. We have assessed our current position and are now focused on increasing personalisation and choice and extending access to personal health budgets across a range of provision including continuing healthcare, and for children and young people with complex needs.



# Funding flows and sustainability

## System recovery and financial sustainability

- The Kirklees health and care economy is financially challenged. Whilst this presents a significant task to address, the partners across the system are committed to tackling the underlying financial deficits in order to reach financial balance and ultimately sustainability. This is part of the core business of each of the organisations, and the service improvement agenda to drive changes which improve quality, cost efficiency and productivity.
- As with our operational and strategic planning, we work together where it makes sense to do so, on the most appropriate footprints. Given that the majority of health care expenditure is currently spent on hospital care, we have been working together across the acute hospitals and with our neighbouring CCGs, in Calderdale and Wakefield respectively, on system-based recovery.
- We have negotiated aligned incentive contracts for 2018/19 with both hospital trusts operating across Kirklees to ensure that financial risk is shared and owned by the system. This is a new approach.
- We have system and organisational recovery plans in place to support return to financial balance, agreed with NHS regulators.
- The new funding deal for the NHS will see funding rise by between 3.1% and 3.6% for five consecutive years from 2019/20 onwards, however there has been no funding deal agreed for social care and there is no planned increase to Council budgets.

## Funding transformational change

Our development as a West Yorkshire & Harrogate Health and Care Partnership has been recognised nationally and the Partnership is now part of the ICS development programme. This brings a number of opportunities, including access to transformation funding.

The ICS has secured £8.9m of transformation funding during 2018/19 which has been agreed by the partnership to be distributed to key priorities in the system around primary care network development, UEC and engaging communities.

Whilst the financial position of the health and care economy in Kirklees is challenging, access to transformational funding will allow us to move ahead with our priorities at a greater pace, with the capacity required to ensure that these priorities are progressed without undermining service delivery and quality during this transformational process.

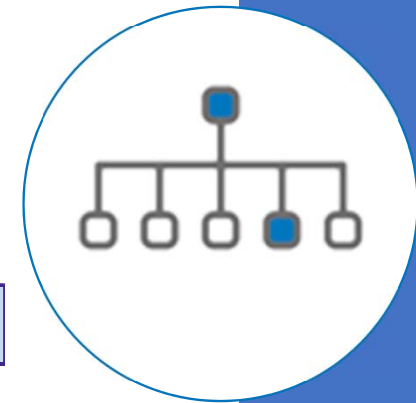




# Governance and decision-making in Kirklees

In order to deliver our ambition and priorities for Kirklees, we recognise the need for strong governance and decision-making structures to support this. The Kirklees Health and Wellbeing Board will provide the strategic leadership as the statutory body with responsibility for health and wellbeing in Kirklees. To strengthen the place-based governance arrangements, we have established the Kirklees Health and Care Executive Group with representation from the Chief Executives of the main health and care commissioning and provider organisations in Kirklees. Integrated commissioning across the Council and CCGs is led by the Integrated Commissioning Board and providers have come together to drive forward Kirklees priorities as an Integrated Provider Board, representing health, social care and third sector organisations. This is based on a partnership approach and does not replace or supersede statutory responsibilities of the partner organisations.

We are committed to involving our communities and our workforce in the design of services and delivery of our ambition for the health and wellbeing of the population of Kirklees. As part of this, we will ensure openness and transparency in all of our discussions.



# Governance and decision-making: working as an ICS

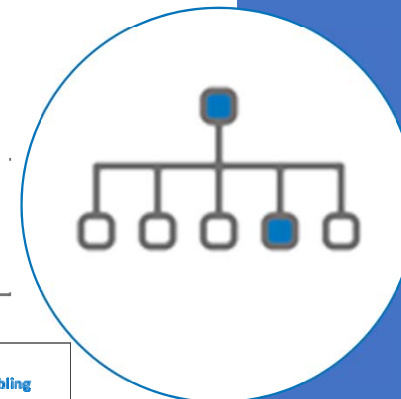
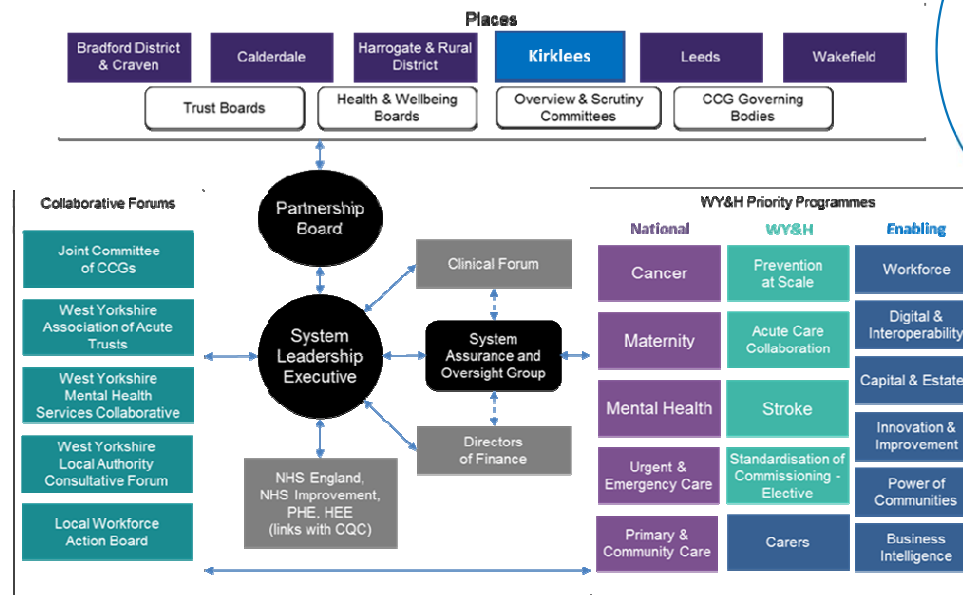
A key part of delivering this plan and our ambition for the population of Kirklees, is working as part of the West Yorkshire & Harrogate Health and Care Partnership to deliver our priority programmes. The developing Integrated Care System is built on partnership governance arrangements and the principle of subsidiarity, in that the Partnership serves local places and supports local improvements. We apply three tests to identify where we need to work together on an ICS rather than at Kirklees only level, these are:

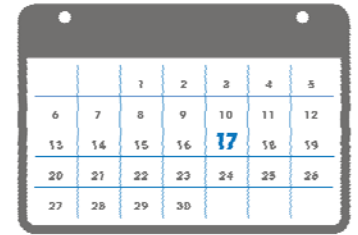
- Do we need a critical mass beyond the local level to achieve the best outcomes? – for example cancer or stroke services
- Will sharing and learning from best practice and reduce the variation in some outcomes for people across different areas? – for example the Wakefield Health and Housing partnership; the Kirklees model of identifying and supporting carers
- Can we achieve better outcomes for people overall by applying critical thinking and innovation to challenging issues? – for example establishment of ‘primary care networks’, or workforce issues.

The diagram outlines the ICS governance and accountability relationships. Kirklees, like the other places in the Partnership, is represented in all of the collaborative forums, partnership forums and within the priority programmes.

Kirklees and the other places within the Partnership are looking at strengthening the relationships through a Memorandum of Understanding. The ICS governance arrangements do not replace or override the authority of the partners’ boards and governing bodies. Each of them remains sovereign and our Council remains directly accountable to our electorate in Kirklees.

In time our expectation is that regulatory functions of the national bodies will increasingly be enacted through collaboration with our leadership within the ICS. It will work by building agreement with leaders across partner organisations to drive action around a shared direction of travel.





# Benefits, outcomes and milestones

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# Benefits and Outcomes

Starting with outcomes enables us to step back from the things we are already doing or commissioning and explore what needs to be done, by whom and with whom to achieve improved outcomes for the citizens and places of Kirklees and the people who use our services. If we achieve the outcomes in Kirklees we will know that people are starting well, living well, and ageing well.

Improving population health and wellbeing through monitoring the delivery of these outcomes will be our focus. Alongside this, all the initiatives and changes across Kirklees to improve population health and wellbeing will be impact assessed for impact and improvements to:

- **Quality of services** (included achievement of local and national standards)
- **Cost and service efficiency**
- **Equality and equity** – ensuring service change does not discriminate or disadvantage people
- **Sustainability**



## There are seven Kirklees Outcomes:



### Children

Children have the best start in life



### Healthy

People in Kirklees are as well as possible for as long as possible



### Achievement

People in Kirklees have aspiration and achieve their ambitions through education, training, employment and lifelong learning



### Safe & Cohesive

People in Kirklees live in cohesive communities, feel safe and are protected from harm



### Economic

Kirklees has sustainable economic growth and provides good employment for and with communities and businesses



### Clean & Green

People in Kirklees experience a high quality, clean, and green environment



### Independent

People in Kirklees live independently and have control over their lives

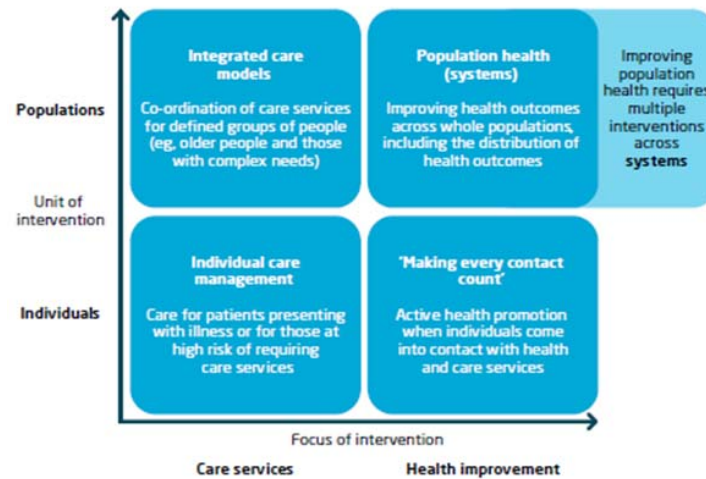
# Measuring system impact

We believe that the health and social care system can have the most potential impact on the following outcomes:

- Children have the best start in life
- People in Kirklees are as well as possible for as long as possible
- People in Kirklees live independently and have control over their lives
- People in Kirklees live in cohesive communities, feel safe and are safe/protected from harm

However, achieving these outcomes is significantly influenced by progress on the other outcomes, and that the system also has a role in contributing to these e.g. as a major employment sector contributing to sustainable economic growth and good employment and therefore all outcomes are relevant to the improvement of health and wellbeing of the population in Kirklees.

In order to focus on quality and outcomes for people, we need to shift the focus from measuring activity in the system to a more outcomes based approach. These draw on some existing performance measures (national and local) and build in new elements in order to shift the focus.

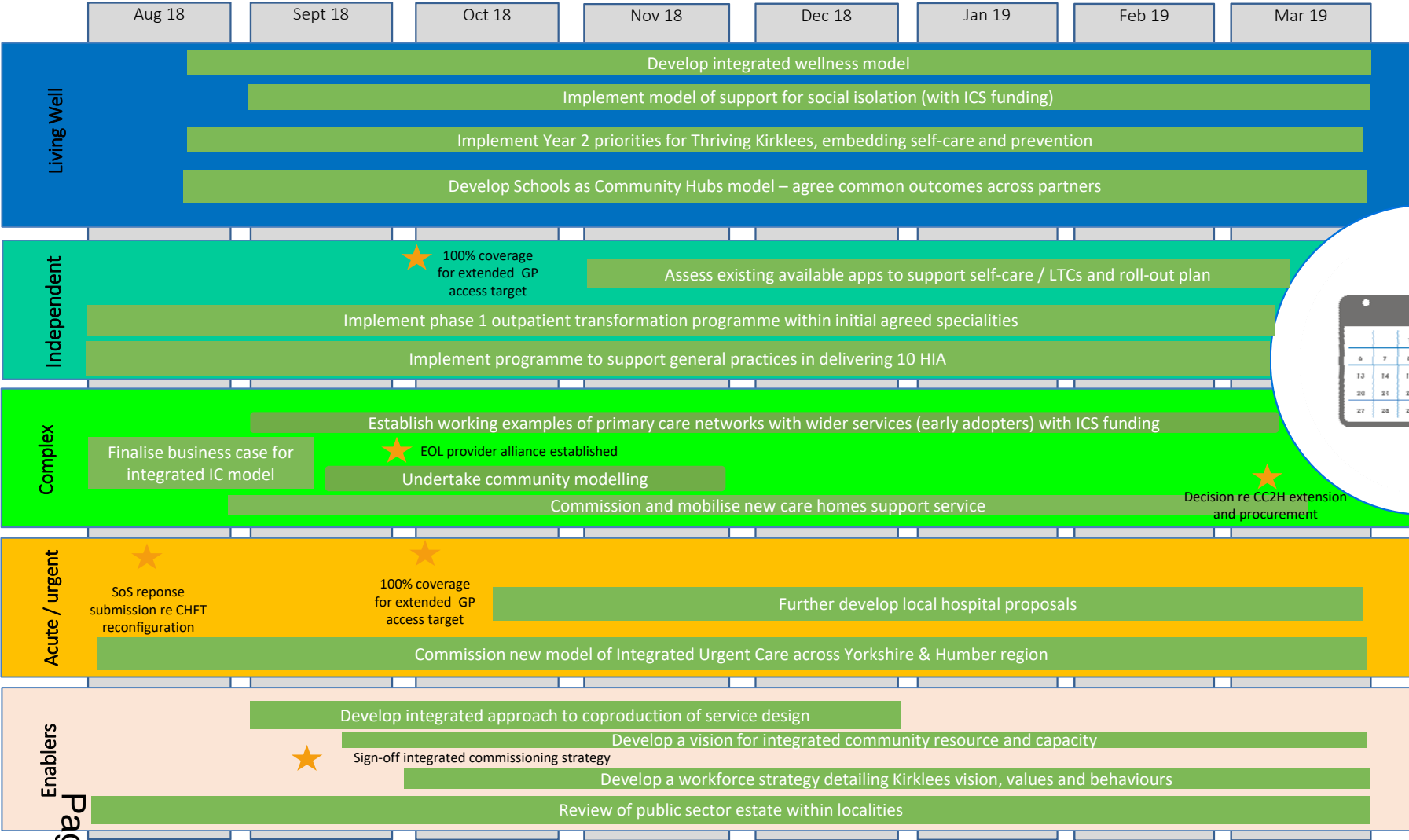


We are developing an outcomes framework which builds from the seven Kirklees Outcomes:

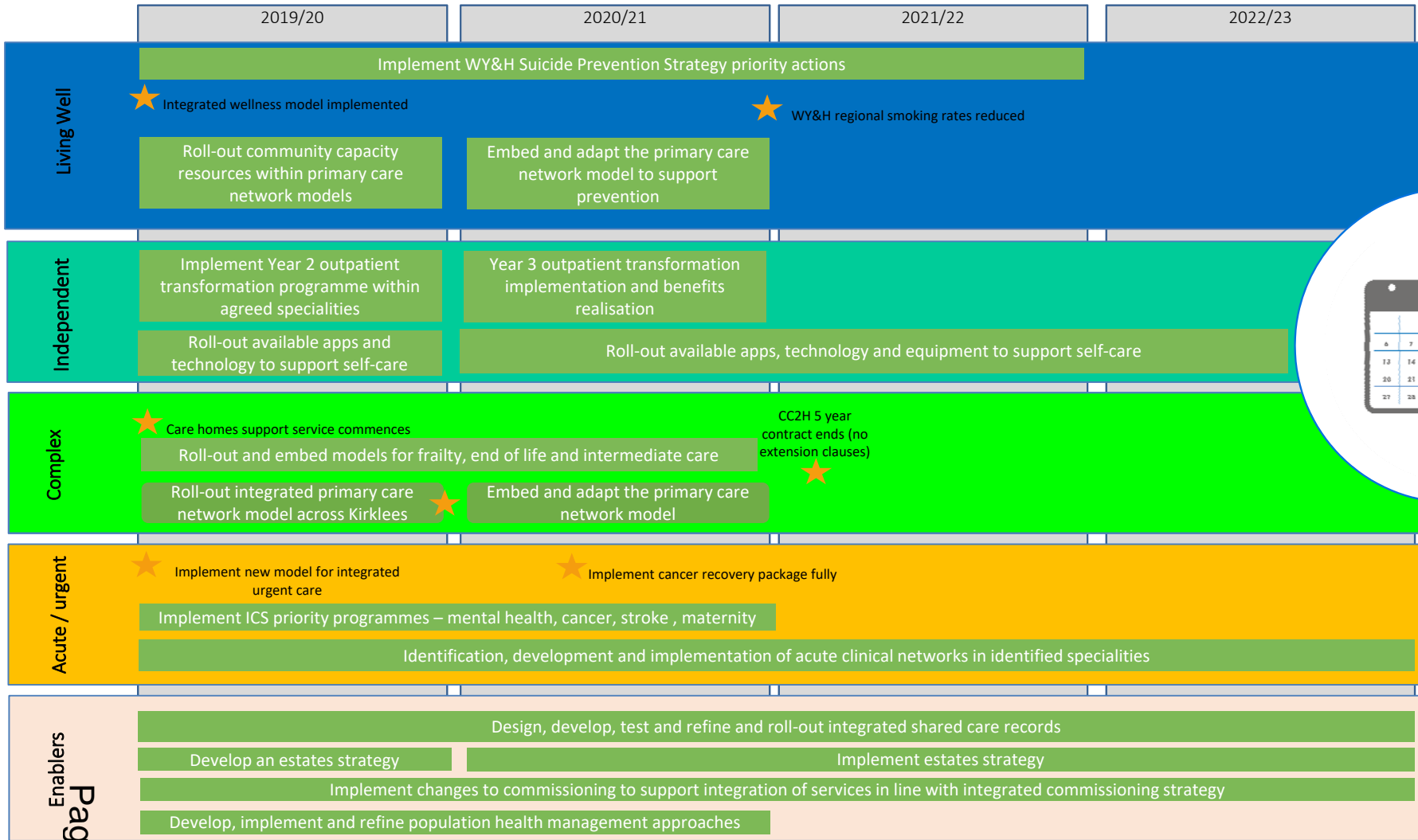
- Population indicators
- Supplementary indicators
- Local performance measures / individual outcomes

This has been developed by the Integrated Commissioning Board and will form the basis of how we will measure improvements in health and wellbeing in Kirklees. This will be a tool that commissioners, providers and the Health and Wellbeing Board can use to monitor our progress and will be completed by Autumn 2018.

# Short-term delivery: 2018/19



# Medium-term delivery: 2019 – 2023



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**Name of meeting: Cabinet**

**Date: 17/11/2018**

**Title of report: Adult Social Care Offer**

**Purpose of report**

To brief the Cabinet on the development of the Adult Social Care Offer following the public consultation conducted earlier in 2018. To outline work that has been carried out to produce elements of the Offer and further work that is planned leading up to rollout of the Care Offer as a suite of products provided by the Council.

To seek the Cabinet's approval for elements of the Care Offer to be rolled out for use, with an intended launch date of 01 March 2019, and the proposed implementation plan for staff training, measurement and promotion of the products

<b>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?</b>	<b>Yes – Impact on all wards</b>
<b>Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports?)</u></b>	<b>KDN Submitted</b>
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	<b>Yes</b>
<b>Date signed off by <u>Strategic Director</u> &amp; name</b>	<b>25/10/2018 - Richard Parry, Strategic Director for Adults and Health</b>
<b>Is it also signed off by the Service Director for Finance IT and Transactional Services?</b>	<b>N/A but Finance input has been sought for the Support Planning Tool – no issues (see below)</b>
<b>Is it also signed off by the Service Director for Legal Governance and Commissioning Support?</b>	<b>Yes – Julie Muscroft</b>
<b>Cabinet member <u>portfolio</u></b>	<b>Cllr Musarrat Khan</b>

**Electoral wards affected: All**

**Ward councillors consulted: None**

**Public or private: Public**

## 1. Summary

In March to May 2018 Kirklees Council held a consultation about potential changes to adult social care and how we will decide what care and support someone may need. We told the public that we would be changing the way we do things because people have told us they want help to live independently and lead positive lives, make their own decisions and have choice and control. The consultation focused on:

- Helping people live independently, helping them to help themselves and use more of the support already available to them in the community
- How the Council decides the amount of money and social care support people receive through the Resource Allocation System
- Being clear on how Direct Payments are used by people, so they can use the money to help meet their needs

Informed by this consultation, the Council proceeded to refine and develop a suite of policies and tools to support the Care Offer. These included the Resource Allocation System, which features a Support Planning Tool, and a Direct Payments Policy.

In the course of this work, Kirklees Adult Social Care have considered how these documents and tools relate to the Council's Vision for Adult Social Care and Support in Kirklees.

Following the consultation and having created initial draft products, Kirklees Adult Social Care carried out a series of testing and engagement activities both with staff and adult carers and service users. These activities generated feedback and insight which enabled us to co-design and improve these tools and policies. The results of these activities are detailed at section 4. Products were also reviewed at a workshop for the Scrutiny Panel for Adult Social Care and Health who have provided feedback and comments which have been addressed.

If Cabinet approval to proceed is obtained, the implementation plan for the Adult Care Offer project will entail a period of staff training and further refinement leading up to March 2019, at which point the products will be made live and promoted to adult carers and service users via our partner networks. Concurrent with this we intend to gather baseline data through the Adult Social Care survey in January 2019 to assess the effectiveness of the products and the increase in independence and choice experienced by users. We will also, through our new Carers and Service Users Working Group, continue to refine and consult upon these and related products on an ongoing basis, putting the user at the heart of what we do.

## 2. Information required to take a decision

Following the consultation the Council stated that we would continue to test our new approach with existing users and get further feedback from those who may be affected. We also stated that we would develop our draft policies and processes based on findings from the consultation and this ongoing user testing.

We stated that these draft policies and processes would then be considered by Cabinet later in 2018.

- It is a matter of good practice to user test these policies and processes
- Consultation indicated that further testing and refinement was needed in certain areas
- The Council has stated that it will undertake user testing
- The testing has generated valuable and actionable feedback and insight and
- The Council has stated that tested and refined products will be brought before Cabinet in 2018

We are pleased to report that testing and refinement of these products has been carried out as indicated, with extensive feedback and insight from staff and end users. We believe that this process has delivered a robust suite of products which is suitable for launch in its current form.

When making the decision to proceed the following should be borne in mind:

- These products have been developed with reference to Care Act guidance, which is statutory guidance.
- The Council has a duty of best value under Local Government Act 1999 to make arrangements to secure continuous improvement when exercising functions having regard to economy, efficiency and effectiveness. The s22G duty requires a strategic commissioning approach should be exercised in the context of s 22C of the 1989 Act.
- Members are reminded that before making any decisions that they have a legal duty to consider the **Equality Act 2010. Section 149** introduced a public sector equality duty that the Council must in the exercise of their functions, have due regard to the need to (a) eliminate discrimination, harassment, victimisation; (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- Members should have due regard to the Equality Impact Assessment that accompanies this report. The Assessment indicates that the redesign of service, activity and policy entailed in this proposal will have a POSITIVE impact on residents under the protected characteristics of AGE and DISABILITY and NEUTRAL impact on all other protected characteristics.

### 3. Implications for the Council

#### 3.1 Early Intervention and Prevention (EIP)

Carers' and service users' ability to access these elements of the Care Offer will enable them to retain independence and control over their lives and support, which has positive implications for prevention.

#### 3.2 Economic Resilience (ER) No Impact

#### 3.3 Improving Outcomes for Children No Impact

#### 3.4 Reducing demand of services Clearer, more accessible tools and policies will reduce the volume of queries and complaints handled by the Council.

### 3.5 Other (e.g. Legal/Financial or Human Resources)

The flight plan described has included Legal and Policy oversight for policy elements to ensure that proposed tools and policies are consistent with the Care Act as well as other related Council policies.

Where necessary, Legal and Policy signoff has been obtained for elements of the Care Offer. Finance input was sought for the mechanism of the Support Planning Tool and no issues have been raised.

An Equality Impact Assessment has been completed.

The overriding purpose of these developments is to support people in ways that work, promoting dignity and choice. However the reduction in demand on services described at 3.4 will represent savings in terms of staff time.

## 4. Consultees and their opinions

### 4.1 Resource Allocation System (RAS)

The RAS was presented to a group of adult carers and service users on 16 August 2018. Feedback was provided at this session and has been incorporated into the development of this document.

### 4.2 Support Planning Tool

All social workers and Hub staff have now been trained in the use of the tool, which has been tested by social workers in the course of conducting new live assessments. This has provided insight from both service users and professionals. A combination of these live assessments and desktop exercises provided 400 datasets which allowed final evaluation of the tool's effectiveness.

The conclusion drawn from this evaluation is that whilst the indicative figures held within the system will need some refinement, the mechanism of the tool itself is fulfilling its intended function of enabling social workers to generate consistent personal budget figures for service users, arrived at through a strengths-based assessment that fully takes into account what informal support the user is able to access.

Additional feedback was obtained at the 16 August 2018 workshop and from the Adult Social Care Scrutiny Panel on 17 September 2018.

### 4.3 Direct Payments Policy

The draft Direct Payments Policy was presented to adult carers and service users and professional colleagues at workshops in Huddersfield and Dewsbury in September 2018. A range of feedback was obtained indicating primarily that:

- The tone of the policy needed to be more open and engaging
- Greater emphasis and explanation was needed, of how Direct Payments can benefit recipients and improve their outcomes
- The document would benefit from definitions and examples
- Clarification was needed on certain points

The Policy was amended and we carried out a second round of user testing events at Mirfield in October. Feedback from these workshops was positive and the Policy has now been refined to reflect this and Legal comments. Copy of final version attached.

## 5. **Next steps**

If Cabinet approval is obtained, we intend to proceed with our implementation plan for delivering the Care Offer products for adult carers and service users.

During December 2018 to February 2019 we will internally communicate the products to front line staff, providing a series of training events to ensure there is a consistent understanding of the products. This process will enable the project team to consider any further staff feedback and give clarification where needed. During this period we will also refine the calculations contained within the Support Planning Tool and hold initial conversations with our partner networks, to ensure that when we launch the Offer we are able to deliver consistent messaging to all sections of the community.

Following launch on 01 March 2019 we will deliver a communications and marketing campaign to raise awareness of the products, highlight their benefits for independence and enhanced choice, and encourage use and uptake of the products.

We have met with Children's Social Care Managers and will continue to engage with them with a view to matching policies as far as possible and providing explanatory notes where they differ. Legislative framework's differ significantly for respective directorates therefore there will be significant divergence.

Throughout this period we will continue to develop our Adult Carers and Service Users Working Group, seeking their insight and input on these and related products such as the Vision for Adult Social Care. This will help maintain our focus on keeping the user at the heart of our design and ongoing improvement.

Data evidencing the effectiveness of the Care Offer, in terms of enhanced choice and independence, will be gathered initially through the Adult Social Care survey in January 2019, with follow-up data gathered in partnership with carer networks.

## 6. **Officer recommendations and reasons**

We recommend that Cabinet approves launch of the Adult Care Offer products described above, along the flight path described and with the understanding that these are living products, subject to ongoing refinement and improvement informed by user input and advice.

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

Proceed to November Cabinet as planned.

## 8. **Contact officer:** Mark White

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

Equality Impact Assessment  
Direct Payments Policy  
Adults Resource Allocation System (RAS) Document

## 10. **Service Director responsible:** Richard Parry

## A guide to equality Impact Assessments (EIAs)

### What are Equality Impact Assessments (EIAs)?

- EIAs are a **tool to help you analyse and make more considered decisions** about changes to service delivery, policy and practice. An EIA will help you to identify how specific communities of interest may be affected by decisions and to consider any potential discriminatory impact on people with **protected**
- EIAs can also help to improve or promote equality by encouraging you to **identify ways to remove barriers and improve participation** for people with a protected characteristic.

### Why do we need to do Equality Impact Assessments (EIAs)?

- Although not a mandatory requirement, EIAs provide important **evidence** of how we have considered the implications of service and policy changes and demonstrate how we have met our legal Public Sector Equality
- The three main elements of the **Public Sector Equality Duty** are:
  - ✓ Eliminating discrimination
  - ✓ Promoting equality of opportunity
  - ✓ Fostering good relations
- In fulfilling our Public Sector Equality Duty we must ensure that we demonstrate that we have followed a number of key **principles** (based on previous case law):
  - ✓ Knowledge
  - ✓ Timeliness
  - ✓ Real consideration
  - ✓ Sufficient information
  - ✓ No delegation
  - ✓ Review
  - ✓ Proper record keeping
- We need to provide evidence that we have given **due regard to any potential discriminatory impact on people with protected characteristics** in shaping policy, in delivering and making changes to services, and
- We must always consider whether a service change, decision or policy could have a discriminatory impact on people with protected characteristics, not just any impact that is the same as it would be for everyone
- The EIA tool allows us to **capture, demonstrate and publish our rationale** of how we have considered our communities and legal responsibilities under the Public Sector Equality Duty and is our main way of
- **But above all, EIAs are about understanding and meeting the needs of local people and supporting us to deliver our vision for Kirklees.**

### When do we need to do Equality Impact Assessments (EIAs)?

- Whenever you plan to **change, introduce or remove** a service, activity or policy.
- At the **VERY BEGINNING** of any process of:
  - ✓ Budget setting
  - ✓ Service review (including changes to employment practice)
  - ✓ Planning new projects and work programmes
  - ✓ Policy development and review
  - ✓ Procurement or commissioning activity

### Who should do it?

- Overall responsibility for EIAs lies at a **service** level. A lead officer should be appointed from the service area that is making a proposal and all decisions should be approved by the senior management team in that
- Those directly affected (partners, stakeholders, voluntary groups, communities, equality groups etc) should be engaged with as part of the process.

### How should we do it?

- Our EIA process has two stages:  
Stage 1 - initial screening assessment  
Stage 2 - further assessment and evidence

## EIA STAGE 1 – SCREENING TOOL (initial assessment)

The purpose of this screening tool is to help you consider the potential impact of your proposal at an early stage.

Please give details of your service/lead officer then complete sections 1-3:

- 1) What is your proposal?
- 2) What level of impact do you think your proposal will have?
- 3) How are you using advice and evidence/intelligence to help you?

You will then receive your stage 1 assessment score and advice on what to do what next.

<b>Directorate:</b>	<b>Senior Officer responsible for policy/service:</b>
Commissioning, Public Health & Adult So	Amanda Evans
<b>Service:</b>	<b>Lead Officer responsible for EIA:</b>
Adult Social Care Operations (No	Simon McGurk
<b>Specific Service Area/Policy:</b>	<b>Date of EIA (Stage 1):</b>
Direct Payments Policy	01/11/18

Go back

Move to next  
section

1) WHAT IS YOUR PROPOSAL?	Please select YES or NO
To <b>introduce</b> a service, activity or policy (i.e. <b>start</b> doing something)	YES
To <b>remove</b> a service, activity or policy (i.e. <b>stop</b> doing something)	NO
To <b>reduce</b> a service or activity (i.e. <b>do less</b> of something)	NO
To <b>increase</b> a service or activity (i.e. <b>do more</b> of something)	NO
To <b>change</b> a service, activity or policy (i.e. <b>redesign</b> it)	YES
To <b>start charging</b> for (or increase the charge for) a service or activity (i.e. ask people to <b>pay</b> for or to pay more for something)	NO
<b>Please briefly outline your proposal and the overall aims/purpose of making this change:</b>	
To introduce a policy where one has not existed before to inform and govern the way Direct Payments are managed for people using Adult Social Care services. The development of a policy will provide clarity for people both working in adult social care and also using services including carers. Social Care services have repeatedly been asked to provide more clarity and guidance by carers and service users. The policy contributes to the empowerment of service users and carers	

**Go back**

**Move to next section**



2) WHAT LEVEL OF IMPACT DO YOU THINK YOUR PROPOSAL WILL HAVE ON...		Level of Impact
		Please select from drop down
Kirklees <b>employees</b> within this service/directorate? (overall)		Positive
Kirklees <b>residents</b> living in a specific ward/local area?		Not Known
Please tell us which area/ward will be affected:		
<b>Residents</b> across Kirklees? (i.e. most/all local people)		Positive
Existing <b>service users</b> ?		Positive
Each of the following <b>protected characteristic groups</b> ?		Please select from drop down
<i>(Think about how your proposal might affect, either positively or negatively, any individuals/communities. Please consider the impact for both employees and residents - within these protected characteristic groups).</i>		
...age	What impact is there on Kirklees <b>employees</b> /internal working practices?	Positive
	What impact is there on Kirklees <b>residents</b> /external service delivery?	Positive
...disability	What impact is there on Kirklees <b>employees</b> /internal working practices?	Positive
	What impact is there on Kirklees <b>residents</b> /external service delivery?	Positive
...gender reassignment	What impact is there on Kirklees <b>employees</b> /internal working practices?	Neutral
	What impact is there on Kirklees <b>residents</b> /external service delivery?	Neutral
...marriage/ civil partnership	What impact is there on Kirklees <b>employees</b> /internal working practices?	Neutral
	What impact is there on Kirklees <b>residents</b> /external service delivery?	Neutral
...pregnancy & maternity	What impact is there on Kirklees <b>employees</b> /internal working practices?	Neutral
	What impact is there on Kirklees <b>residents</b> /external service delivery?	Neutral
...race	What impact is there on Kirklees <b>employees</b> /internal working practices?	Neutral
	What impact is there on Kirklees <b>residents</b> /external service delivery?	Neutral
...religion & belief	What impact is there on Kirklees <b>employees</b> /internal working practices?	Neutral
	What impact is there on Kirklees <b>residents</b> /external service delivery?	Neutral
...SEX	What impact is there on Kirklees <b>employees</b> /internal working practices?	Neutral
	What impact is there on Kirklees <b>residents</b> /external service delivery?	Neutral
...sexual orientation	What impact is there on Kirklees <b>employees</b> /internal working practices?	Neutral
	What impact is there on Kirklees <b>residents</b> /external service delivery?	Neutral

Go back

Move to next section

3) HOW ARE YOU USING ADVICE AND EVIDENCE/INTELLIGENCE TO HELP YOU?		Please select YES or NO
Have you taken any <b>specialist advice</b> linked to your proposal? (Legal, HR etc)?		YES
Do you have any <b>evidence/intelligence</b> to support your assessment (in section 2) of the impact of your proposal on...	...employees?	YES
	...Kirklees residents?	YES
	...service users?	YES
	...any protected characteristic groups?	YES
Please list your evidence/intelligence here [you can include hyperlinks to files/research/websites]: Research of contemporary legal and specialist analysis and of comparator authorities. Extensive engagement and consultation with service users through a series of geographically dispersed and specialist user group sessions. Report March 2018: <a href="https://democracy.kirklees.gov.uk/mglIssueHistoryHome.aspx?Ild=13335&amp;PlanId=67">https://democracy.kirklees.gov.uk/mglIssueHistoryHome.aspx?Ild=13335&amp;PlanId=67</a> See previous public consultation findings and recommendations; report dated January 2017 (Item 11, section 2.21) <a href="http://democracy.kirklees.gov.uk/documents/s16487/d%20FINAL%202017-01-17%20YPAT%20v3.0.pdf">http://democracy.kirklees.gov.uk/documents/s16487/d%20FINAL%202017-01-17%20YPAT%20v3.0.pdf</a> and findings report related to this consultation <a href="https://www.kirklees.gov.uk/involve/publisheddoc.aspx?ref=bx074eav&amp;e=852">https://www.kirklees.gov.uk/involve/publisheddoc.aspx?ref=bx074eav&amp;e=852</a> <a href="https://democracy.kirklees.gov.uk/mglIssueHistoryHome.aspx?Ild=13335&amp;PlanId=67">https://democracy.kirklees.gov.uk/mglIssueHistoryHome.aspx?Ild=13335&amp;PlanId=67</a>		
		Please select from drop down
To what extent do you feel you are able to mitigate any potential negative impact of your proposal on the different groups of people outlined in section 2?		TO SOME EXTENT
To what extent do you feel you have considered your Public Sector Equality Duty?		FULLY

Go back

Move to next section

## STAGE 1 ASSESSMENT

IMPACT	RISK
Based on scoring of 1) and 2)	Based on scoring of 2) and 3)
7	19
<b>SCORE (calculated)</b> Max = - / + 32	<b>SCORE (calculated)</b> Max risk = - / + 40

You need to move on to complete a Stage 2 assessment if:

The final Impact score is negative and or the Risk score is negative.

Go back

# Direct Payments Policy

## Adult Social Care

November 2018

### What is this?

This document sets out the way the Council provides direct payments for adults who need social care and carers. It briefly explains what direct payments are, who can get them, how to get them, how they can be paid and what they can and cannot be used for. There is also Direct Payments Guidance which gives more detailed information about the procedures and processes involved, support that is available and examples of different and flexible ways direct payments can be used.

We want people to live independently, have control over their lives, be as well as possible for as long as possible, and feel safe. This is set out in our Corporate Plan and Adult Social Care Vision:

- <http://www.kirklees.gov.uk/beta/delivering-services/corporate-plan.aspx>
- <http://www.kirklees.gov.uk/beta/adult-social-care-providers/adult-social-care-strategies-visions-plans.aspx>

These and other documents mentioned in this policy are available online using the links provided or by contacting Gateway to Care on 01484 414933. It will also be made available in different formats and in places such as hospitals, libraries, and day centres.

### Scope

This policy applies to adults and carers aged 16 or over, whom have been assessed as eligible to receive support in line with the Care Act 2014. Direct payments may also be used as a way of arranging aftercare services provided under s117 of the Mental Health Act 1983. The legal framework for direct payments is set out in the Care Act, Section 117 (2C) of the Mental Health Act 1983 and the Care and Support (Direct Payments) Regulations 2014.

Care Act Statutory Guidance sets out how Councils should complete assessments, work out when someone is eligible for support, allocate resources, and plan and deliver support to people who need social care and carers. If there are needs outside the Care Act eligibility the Council can decide using its discretion to provide support if it will help someone to maintain their wellbeing, independence, or safety.



## Contents

What is a direct payment? .....	3
Who can get a direct payment? .....	3
How do I know if I am eligible? .....	3
How is a direct payment amount calculated? .....	5
Who pays for my adult social care support? .....	6
What can I spend my direct payments on? .....	8
What about employing a personal assistant? .....	10
Can I employ family members? .....	11
How is the direct payment monitored? .....	11
Can the direct payment be suspended or taken away? .....	12
Support to manage a direct payment .....	12
Reviews .....	12
Complaints, comments, compliments, and appeals .....	13

## What is a direct payment?

A direct payment is money given to someone by the Council to buy the support they need, or the support someone else needs in some cases (see below). This is instead of the Council commissioning services for you directly. Direct payments provide independence, choice and control by enabling people to arrange their own care and support in order to meet their eligible needs, if they (or someone acting on their behalf) want to do so.

## Who can get a direct payment?

Any person assessed as being eligible for social care support from the Council to meet their needs and outcomes, or where the Council has used their discretion to agree support to help maintain wellbeing, independence, or safety.

To get a direct payment from the Council:

- the person must be eligible (see details in the next section) for support from the Council, or the Council has agreed to them having support under their discretionary powers;
- the Council needs to be satisfied, that the person who intends to deal with the direct payment can manage a direct payment (with support from others if required); and
- the Council needs to be satisfied, that the use of a direct payment is an appropriate way to meet the person's needs and achieve the outcomes as set out in their support plan. The support plan is put together by the person with their assessor. The Council is responsible for producing this plan which sets out the support they have agreed they will provide. There is more information about this in the Resource Allocation System document: [\(LINK ONCE SIGNED-OFF AND UPLOADED\)](#)

Direct payments can be paid to a person who is assessed as needing support, someone they choose (called a nominated person) or, if they cannot make decisions about this, the Council can agree to someone else managing this on their behalf (called an authorised person). There is more information about these options in the Direct Payments Guidance:

- [\(LINK ONCE SIGNED-OFF AND UPLOADED\)](#)

## How do I know if I am eligible?

An assessor works with the person and/or someone who supports them (called an advocate) to find out about their situation and assess if they have social care needs that they require support with to help them live their day-to-day life.

The assessment takes into account a range of factors for the person including:

- what the person can do;

- any care and support needs, and the impact of those needs on the person's wellbeing;
- any formal or informal support received, and if this will continue; and
- the outcomes that matter to them.

The assessor will establish if there are needs that are eligible for support to be provided from the Council.

### Eligibility for support with social care needs

The Care Act sets out national eligibility to ensure that all Councils meet the same minimum level of social care needs for adults. The Care Act states, that the Council must provide for needs that meet the following three conditions:

1. The needs arise from or are related to a physical or mental impairment or illness;
2. As a result of those needs the adult is unable to achieve **two or more** of the specified outcomes:
  - a. managing and maintaining nutrition;
  - b. maintaining personal hygiene;
  - c. managing toilet needs;
  - d. being appropriately clothed;
  - e. being able to make use of the home safely;
  - f. maintaining a habitable home environment;
  - g. developing and maintaining family or other personal relationships;
  - h. accessing and engaging in work, training, education or volunteering;
  - i. making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services; or
  - j. carrying out any caring responsibilities the adult has for a child.
3. As a result of not being able to achieve these outcomes there is, or there is likely to be, a significant impact on the person's wellbeing. This includes where the person can achieve the outcome but it takes them significantly longer than would normally be expected, it causes them significant pain, distress or anxiety, or it risks health or safety.

Additional information about eligibility is available online at the Social Care Institute for Excellence:

- <https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/>

## Carer eligibility for support from the council

The council must provide support to carers for needs that meet the following three conditions:

1. The needs arise as a consequence of providing necessary care for an adult;
2. The effect of the needs is that the carer's physical or mental health is, or is at risk of, deteriorating or the carer is unable to achieve **any** of the following outcomes:
  - a. carrying out any caring responsibilities the carer has for a child;
  - b. providing care to other persons for whom the carer provides care;
  - c. maintaining a habitable home environment in the carer's home, whether or not this is also the home of the adult needing care;
  - d. managing and maintaining nutrition;
  - e. developing and maintaining family or other personal relationships;
  - f. engaging in work, training, education or volunteering;
  - g. making use of necessary facilities or services in the local community, including recreational facilities or services; and
  - h. engaging in recreational activities.
3. As a result of not being able to achieve these outcomes there is, or there is likely to be, a significant impact on the carer's wellbeing. This includes where the carer can achieve the outcome but it takes them significantly longer than would normally be expected, it causes them significant pain, distress or anxiety or it risks health or safety to them or others.

If there are needs outside the Care Act eligibility, the Council can also decide to provide support if it will help someone to maintain their wellbeing, independence, or safety. This is a discretionary power of the Council, and whenever discretion is used, the Council is still obliged to keep this under review and provide reasons for providing or declining such services or assistance.

## How is a direct payment amount calculated?

If you need Council funded support, the assessor will work with you to decide about the amount and level of support you need. There is more information about this in the Resource Allocation System (RAS) document:

- [\(LINK ONCE SIGNED-OFF AND UPLOADED TO THE WEBSITE\).](#)

As part of the RAS a support planning tool has been created to help work out budgets in a consistent way. The support planning tool has a calculator that uses a



formula reflecting current prices in the local care market for the type of support required (e.g. based on current home care or day care rates).

The support planning tool is used to work out an amount of money called an indicative personal budget, which is an early indication of the amount of money that may be appropriate to meet your needs. This indicative budget can help you start to think about how you might want your needs to be met.

In most circumstances the indicative budget will be an appropriate amount to provide the support you need and will become the actual personal budget you get to meet your needs. However if there is evidence to suggest the indicative budget is too high or too low to meet your support needs then the assessor can use their professional judgement to recommend an increase or decrease to the budget in line with this evidence.

A support plan will be created to show how your needs and outcomes (as per the Care Act) will be met and how much your personal budget will be. You have the option of producing a support plan with an assessor, on your own, or with someone else's help, such as an advocate. The assessor will always be responsible for ensuring it is appropriate to meet your identified needs.

## Who pays for my adult social care support?

Support from Adult Social Care (unlike most health care) is not free. The Council will charge adults for care and support in order to sustain the delivery of care services such as home care to some of the most vulnerable members of society.

A financial assessment will be completed, and most people will pay for or towards these costs. The amount to pay will depend on the person's financial circumstances. Some people may qualify for financial assistance towards the cost of their care, while others will have to pay for their care from their savings and income. For more details on the financial assessment, go here:

- <http://www.kirklees.gov.uk/beta/social-care/financial-assessment.aspx>

The financial assessment will consider how much the support will be and what the person has to pay towards this. To work out how much the person has to pay, the assessment takes into account income, any savings or investments, and expenses (e.g. rent, mortgage, household bills). The Adult Social Care Charging Policy sets out the financial assessment rules, how charges are calculated, and reviews and appeals processes. You can find the policy here:

- <https://www.kirklees.gov.uk/beta/social-care/pdf/paying-for-socialcare/adult-social-care-charging-policy.pdf>

The personal budget can be used to provide support in a variety of different ways, including:

- a. the person receiving money via direct payment and arranging and managing the support identified in their support plan;
- b. the Council arranging and providing support;
- c. the Council arranging for another person or agency to provide a service; or
- d. a combination of the above.

The assessment determines the level of support you need and the direct payment will be enough to ensure your needs can be met.

If needs can be met with the options identified in the support plan, but the person prefers to have alternative options that cost more, they can choose to top-up their budget (pay the difference) for something else more expensive.

However, if people choose to use the more expensive provision and their income/assets then drop below the statutory level, the Council will not be obliged to pay for a more expensive service to meet their assessed need and would offer an alternative less expensive service provision. The Adult Social Care Charging Policy explains more:

- <https://www.kirklees.gov.uk/beta/social-care/pdf/paying-for-socialcare/adult-social-care-charging-policy.pdf>

## How will I receive my direct payment?

There are a range of options to choose from as shown below (and there is further information in the Direct Payments Guidance):

### 1. Prepaid Card

This is an alternative to a bank account and looks similar to a debit card. The Council will set the card up and post it to the person's address. (It usually takes up to 10 working days to do this). The person needs to activate it using instructions provided with the card. There is a unique PIN number which should not be shared with anyone else.

Funds are preloaded onto the card by the council and the person (where they have been assessed to make a financial contribution towards support). When the funds are transferred onto the Prepaid Card they are available to use instantly.

The card can be used to pay for care and support to meet needs as agreed in the support plan up to the value that is loaded on to the card. The card is MasterCard enabled to give flexibility when paying for support requirements including online and over the telephone.

The person can view spend activity online and this information is retained and available to print as needed. They can also telephone the Prepaid Card Services to find out the account balance. There is no need to send the Council statements regularly, as the Council can access the information online.

## 2. Direct payment to a bank account

This is where money is paid into a high street bank account. This can be an account for the person or the person who represents them, but it must be a separate account from their normal bank account to clearly show the money being spent on care and support.

Using this method the person will have to keep hold of their bank account statements and receipts and submit these on request as evidence of the spending on care and support needs. Submission of these documents is usually quarterly or annually, and is set out in the direct payment agreement.

## 3. Virtual budget

This is when the council manages the personal budget on behalf of the person to put services in place or purchase support services from contracted providers including home care, care homes, and day services.

## What can I spend my direct payments on?

Direct payments are an excellent way to choose how to get support but must be spent on meeting the needs and achieving the outcomes that have been agreed in the support plan.

There are many different ways to use direct payments including:

- a. Employing a personal assistant (PA) to provide support - this is not normally a family member living in the same property
- b. Hiring a personal assistant from a care agency to provide support
- c. Paying for a day opportunity - this could be in a day centre, activities at home or taking part in activities away from home
- d. Carers taking a break (respite) - It can be beneficial for a carers well-being and resilience to have a break from caring. If carers need a break and the cared for person needs some support or can't be left alone there are different kinds of respite care available. This includes and is not limited to: providing care in the person's home, accessing day opportunities, short stays in care homes or supported holidays for the carer and cared for. As this is a service provided to the cared for person it is charged to them, not to the carer.
- e. Short stays in residential or nursing care homes: direct payments can be made to enable people to purchase for themselves a short stay in care homes. They cannot currently be used to pay for long-term care home placements.
- f. One-off pieces of equipment for social care needs - an example could be a laptop to enable the person to keep in contact with their friends and family. It is not for equipment that the NHS would be required to provide.

Here are some examples of how a direct payment could be used. There are more in the Direct Payment Guidance document: [\(LINK ONCE SIGNED-OFF AND UPLOADED\)](#)

### **Employing a personal assistant**

Susan had a stroke several years ago. She uses a walking frame indoors and needs support with getting out and about and with some of her personal care needs (e.g. getting showered). Her husband Dave provided support, but started a new job. Susan was assessed as eligible for support and chose to have a direct payment to meet her needs. She has employed a Personal Assistant (PA) and can choose the times she wants her PA to support her and can be flexible about how this works, so this is working well for her and for Dave.

### **Buying equipment that will help meet the person's needs and identified outcomes**

Ben has long term mental health issues (anxiety and stress). He was supported to get a job, but his anxiety means he struggles with using public transport. He was assessed and was eligible, so got a one-off direct payment which enabled Ben to buy a bicycle to get to work and back. He is now settling into his new job.

### **Buy care from a private registered care agency**

John has Parkinson's disease, which has worsened over time, and now needs some support with his personal care needs and making some meals. John was assessed to be eligible for support and chose to have a direct payment to pay an agency, so he could arrange how and when he got his support.

### **The person or their authorised person making their own arrangements as agreed in their care plan**

Nazia has dementia causing a poor memory and arthritis, which impacts on her ability to do things for herself. Her husband Ishtiaq usually provides support day and night, as she can wake at night and be disorientated.

They used to arrange for Nazia to go to a care home for a week every few months, so that Ishtiaq could have a break from caring and visit a friend who lives away. He logged onto the Council website and found that Nazia could be eligible for a direct payment. He applied on her behalf, and it was agreed, that he could be an authorised person and deal with this for her.

Ishtiaq arranged for Nazia to spend these weeks at their daughter's house and used the direct payment to pay for carers to visit, to help with her personal care needs. He has noticed she seems much happier there than in the care home.

There are restrictions on what direct payments can be spent on and these include:

- anything that is against the law;
- long-term residential care, although they can be used for short term stays in residential care; and
- employing close relatives who live in the same household to provide care services (except in **exceptional circumstances\*** and agreed at a senior level which would be a Head of Service or above within the Council).

### **\*Exceptional circumstances**

There is no set definition for exceptional circumstances and every case will be considered on its own evidence with the well-being of the person using services as the priority. Examples could include:

- the person's care needs are intermittent and unpredictable to an extent that recruiting someone else to meet their needs is not possible;
- significant effort has been made to find alternative means which has been unsuccessful and this is the only way for the person to receive their support; and
- it is the only way of meeting the person's needs due to a sudden breakdown of other service arrangements.

If it is unclear at any time how the direct payment can be used or the person wants to buy things that have not been specifically agreed in their care plan they need to contact the Council to discuss this. This can be done online or by contacting Gateway to Care on 01484 414933.

### **What about employing a personal assistant?**

A personal assistant (PA) may be self-employed but the person or their representative will need to check their PA's employment status with HM Revenue and Customs.

If a person decides to employ a personal assistant, they need to be fully aware of their responsibilities. These include, but are not limited to:

- advertising and recruitment, to employ the PA; and
- legal responsibilities you will have as an employer, including but not limited to:
  - employment checks (including Disclosure and Barring Scheme checks);
  - tax;

- National Insurance;
- employer's liability insurance;
- public liability insurance;
- employer's pension income; and
- keeping employee information safe, secure, and up to date.

The above still applies if this is a family member (see below). There is also detailed information about responsibilities when employing a personal assistant and the support available to help with this in the Direct Payments Guidance document:

➤ [LINK ONCE SIGNED-OFF AND UPLOADED](#)

### **Can I employ family members?**

The person can use the direct payment to pay a family member who does not live with them to provide care and support if the Council agrees this is appropriate to meet their needs. Under the Care Act, the Council has a duty to ensure that employing a family member is a suitable and safe use of the direct payment and that the support will meet the person's needs. This will be discussed with the person as part of the assessment and support planning process.

Under the Care Act the direct payment cannot ordinarily be used to employ a family member that the person lives with to provide their care and support. However when the person and the Council have tried all other available options and these do not meet the person's eligible needs, the Council can use discretionary powers to consider agreement for this in exceptional circumstances (see previous page).

The direct payment can be used to pay a family member (whether or not the person lives with them) to provide the management and administration of the direct payments, where the Council agrees that this is necessary.

### **How is the direct payment monitored?**

The Council is required to monitor the direct payment to make sure the person is being given the right amount of money to meet their unmet eligible care and support needs and their outcomes as set out in their care plan. The Council will need to check how the money is being spent and what it is being spent on. If the person's needs change they need to get in touch with the Council to ensure they are getting the right amount of money.

If the direct payment money starts to build up because it is not being used, the Council will get in touch to find out what the plans for this are. There may be good reasons for this such as awaiting an invoice from a care provider, but if it is not going

to be used to meet care and support needs and outcomes as specified in your care plan, the money will be taken back.

## Can the direct payment be suspended or taken away?

If, after speaking with the person dealing with the direct payment and considering the evidence, it is found that the direct payment is being misused, the Council can suspend or cancel this direct payment and will offer an alternative means of support. This may be services arranged by the Council. The person can appeal against decisions to suspend or cease payments here:

- <http://www.kirklees.gov.uk/beta/contact-the-council/adult-social-care-appeals.aspx>

## Support to manage a direct payment

There are different ways people can be supported to manage a direct payment such as by choosing someone else to manage this for them or a Payroll Agency. The sort of help and support that might be useful could include one off advice on manual handling issues through to services to advertise for staff, help with recruitment, contracts of employment and running the payroll for you. There is information about this and where you can get help and advice in the Direct Payments Guidance.

- **LINK TO BE ADDED ONCE SIGNED-OFF AND UPLOADED**

## Reviews

Reviews will take place to find out if the support plan and the direct payments are meeting the person's needs.

The Council has a statutory duty to review support 6-8 weeks after the initial assessment. This might be as simple as a telephone call or a more in-depth conversation, if the person's needs are more complex.

Following this review, further reviews will occur every 12 months or less. Some people's needs or situations might be more likely to change than others, which is why they will have more regular reviews. This will be discussed with the person and recorded on the care plan.

The person can ask for a review at any time if their needs or circumstances change so that we can continue to support them in the right way. If the person's needs and/or situation have sufficiently changed, this may require a new assessment to be completed.

If the Council decides their identified needs are not being met in a satisfactory way using a direct payment, this may be suspended and the person would be offered alternative means of support such as commissioned care services.

## Complaints, comments, compliments, and appeals

Appeals are made during the decision-making process and are managed by the team that has done the assessment. There are established processes for managing these appeals and changing any decisions.

Appeals can be made online here:

- <http://www.kirklees.gov.uk/beta/contact-the-council/adult-social-care-appeals.aspx>

The online form takes around 10 minutes to complete.

To find out more about how to send in compliments, comments, or complaints about how the Council has provided a service or made a decision, information is available here:

- <http://www.kirklees.gov.uk/beta/contact-the-council/adult-social-care-complaints.aspx>

Alternatively you can contact the Council by contacting Gateway to Care on 01484 414933.



# Adults' Resource Allocation System

## Adult Social Care

November 2018

### What is this?

The Resource Allocation System (RAS) is the way the Council decides how much money service-users will get to meet their social care and support needs. There are clear rules to ensure money is given out in a fair way based on the needs and circumstances of the service-user. This document sets how the Council RAS will work from September 2018.

We want people to live independently, have control over their lives, be as well as possible for as long as possible, and feel safe as set out in our Corporate Plan and our Vision for Adult Social Care:

- <http://www.kirklees.gov.uk/beta/delivering-services/corporate-plan.aspx>
- <http://www.kirklees.gov.uk/beta/adult-social-care-providers/pdf/adult-social-care-vision-kirklees.pdf>

Many people with care and support needs use specialist equipment and technology to maintain their independence. Many also have support networks such as families, friends, and neighbours that support them or could do so if asked. The Council will always be there to assist, when this support is not enough or when it is unavailable or inappropriate, such as when people are at risk of neglect or abuse or have very complex needs.

As the population ages and grows, we need to think about the future and ensure we have enough money to continue supporting the most vulnerable and those with the most complex needs. The RAS helps us ensure every Council pound is spent efficiently and effectively.

### Scope

This document applies to everyone assessed as eligible to receive support in line with the provisions of the Care Act 2014. This document is in line with the Care Act Statutory Guidance, which sets out how Councils should approach assessments, work out eligibility for support, allocate resources, and plan and deliver support to meet their statutory duties to ensure care and support for people with unmet needs. Other documents you might find useful are indicated throughout.



## Contents

1. Assessment and working out eligibility for support .....	3
2. Resource allocation and support planning .....	3
3. Consideration and approval of the support plan and personal budget .....	4
4. Ways to use your personal budget for support .....	4
5. Reviews and re-assessments .....	5
Complaints, comments, compliments, and appeals .....	5
Appendix 1: Legal Context.....	6

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## The RAS Steps

### 1. Assessment and working out eligibility for support

An assessor works with you (or an advocate if you prefer or this is needed) to assess whether you have unmet needs for care and support to help you live your day-to-day life. The assessment takes into account a range of factors including your needs and how these impact on your wellbeing, your circumstances, support you already get, and the outcomes that matter to you. If you have any educational, health, or social needs that are not being met, the National Eligibility Framework is used to consider if any of your needs require Council funded support. This involves asking three questions:

1. Do these needs arise from a physical or mental impairment or illness?
2. Do these needs mean that the adult cannot be reasonably expected to achieve two or more of the outcomes from the Framework?
3. Is there consequently a significant impact on the adult's wellbeing?

If the answer is 'yes' to all of the above, you are eligible to receive adult social care support. You will then have a financial assessment.

You can find more information on the National Eligibility Framework here:

- <https://www.scie.org.uk/care-act-2014/assessment-and-eligibility/eligibility/outcomes-care-support-needs.asp>

### 2. Resource allocation and support planning

If you need Council funded support the assessor will work with you to decide about the amount and level of support you need. A support planning tool has been created to help with working this out in a consistent way. The tool has a calculator that contains a formula which reflects the unit cost prices in the local care market for the type of support which is required.

The calculator will calculate an amount of money called an indicative personal budget, which is an early indication of the amount of money that may be appropriate to meet your needs. This indicative budget can help you start to think about how you might want your needs to be met.

In most circumstances the indicative budget will be an appropriate amount to provide the support you need and will become the personal budget you get to meet your needs. However if there is evidence to suggest the indicative budget is too high or too low to meet your support needs then the assessor can use their professional judgement to recommend an increase or decrease to the budget in line with this evidence.

A support plan is created to show how your needs and the outcomes you want will be met and how much your personal budget will be. You have the option of producing a support plan with an assessor, on your own, or with someone else's help, such as an advocate. The assessor will always be responsible for ensuring it is appropriate to meet your identified needs.

### **3. Consideration and approval of the support plan and personal budget**

When the support plan is complete, the assessor needs to seek approval for the plan and the personal budget from a manager. The manager will consider if they think personal budget is appropriate to meet your eligible unmet support needs. If it is approved, the assessor will contact you to advise you of this and you or the relevant person can start to arrange your support.

However, if the manager feels the plan will not meet your eligible unmet support needs they will refer this back to the assessor for more evidence or consideration. They will contact you about any revisions to be made to your support plan.

Some high level or complex support needs may require more specialist input, for example consideration for continuing health care funding and they would follow other more appropriate processes.

### **4. Ways to use your personal budget for support**

Your personal budget can be used to provide support in a variety of different ways, including:

- a. the Council arranging and providing support;
- b. the Council arranging for another person or agency to provide a service;
- c. you receiving money via direct payment and arranging and managing the support identified in your support plan; and
- d. a combination of the above.

For further information on direct payments, see our Direct Payments Policy:

- [\(LINK ONCE SIGNED-OFF AND UPLOADED TO THE SITE\)](#)

### **Paying towards your support**

You may have to pay for any care or support services you receive from the Council. The amount you pay will depend on your circumstances, some people may qualify for financial assistance towards the cost of their care while others will pay for their care from their savings and income. A financial assessment will be completed which will

consider your income, any savings and your expenses (e.g. rent, mortgage, household bills) to work out how much you would have to pay.

If your needs can be met with the options identified in your support plan, but you prefer to have alternative options that cost more than allocated in your budget, you can choose to pay more to top-up your budget.

## **5. Reviews and re-assessments**

Reviews are completed to find out if your support plan is meeting your needs. The Council has a statutory duty to review your support 6-8 weeks after your initial assessment. This review might be as simple as a telephone call or more in-depth if your needs are more complex.

Following this review, further reviews will occur every 12 months or less. Some people's needs or situations might be more likely to change than others, which is why they will have more regular reviews. We will discuss this with you and record this on your support plan.

You have a responsibility to tell us if your situation or circumstances change so that we can continue to support you in the right way. If your needs and/or situation have sufficiently changed, we might need to complete a new assessment with you. This could result in a change in your budget and/or support plan.

## **Complaints, comments, compliments, and appeals**

Appeals and complaints are different. Appeals inform the decision-making process during the decision-making process and are managed by the team that has done the assessment. There are established processes for managing these appeals and for changing any decisions. You can make an appeal online here:

- <http://www.kirklees.gov.uk/beta/contact-the-council/adult-social-care-appeals.aspx>

The online form takes around 10 minutes to complete.

You can provide a compliment or make a complaint if you are satisfied or dissatisfied with how the Council has provided a service or made a decision. You can find out how to make a complaint or provide a compliment here:

- <http://www.kirklees.gov.uk/beta/contact-the-council/adult-social-care-complaints.aspx>

## Appendix 1: Legal Context

Our adult social care offer, including our RAS model, has been developed in line with the Care Act 2014 and other legislation, statutory guidance, and the NHS National Framework for ongoing care. The Council will continue to monitor the steps outlined in this document to ensure we can meet the obligations of the relevant legislation.

### The Care Act 2014

The Care Act 2014 set out a shared vision to develop a modern adult social care system that would promote people's well-being by enabling them to prevent and postpone the need for care and support and to pursue education, employment and other opportunities to realise their potential.

The Care Act is underpinned by a 'wellbeing principle' which places a responsibility on the Council to promote wellbeing when carrying out any of their care and support functions in respect of a person.

The Act identifies other principles and standards which the Council must have regard to in the provision of its 'offer':

- beginning with the assumption that the individual is best-placed to judge the individual's wellbeing
- individual's views, wishes, feelings and beliefs
- preventing or delaying the development of needs for care and support
- reducing needs that already exist
- ensuring that decisions are made having regard to all the individual's circumstances
- individuals participating as fully as possible (and being provided with the information and support necessary for them to do this)
- achieving a balance between the individual's wellbeing and that of any friends or relatives who are involved in caring for the individual
- protecting people from abuse and neglect
- ensuring that any restriction on the individual's rights or freedom of action is kept to the minimum necessary

### Statutory Guidance on the Care Act

- <https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

### Other Legislation

- The Mental Capacity Act 2005 to protect and empower people who may lack the mental capacity to make their own decisions about some or all aspects of their care and treatment;
- The Children Act 1989 to safeguard and promote the welfare of children;

- Equality Act 2010 aims to eliminate unlawful discrimination and to promote equality of opportunity, even where that involves treating disabled people more favourably; and
- Children and Families Act 2014 to improve support and services for children and families.

### **NHS National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (October 2018)**

- [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/690426/National\\_Framework\\_for\\_CHC\\_and\\_FNC\\_-\\_October\\_2018\\_Revised.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/690426/National_Framework_for_CHC_and_FNC_-_October_2018_Revised.pdf)

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