

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: Richard Dunne

Email: richard.dunne@kirklees.gov.uk

Monday 9 July 2018

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Council Chamber - Town Hall, Huddersfield** at **10.00 am** on **Tuesday 17 July 2018**.

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

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', on a light-colored background.

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 Health and Adult Social Care Scrutiny Panel members are:-

Member

Councillor Elizabeth Smaje (Chair)

Councillor Nell Griffiths

Councillor Fazila Loonat

Councillor Alison Munro

Councillor Habiban Zaman

Councillor Gemma Wilson

David Rigby (Co-Optee)

Peter Bradshaw (Co-Optee)

* The appointment of Cllr Gemma Wilson on this Panel is subject to full Council on the 11th July 2018.

Agenda

Reports or Explanatory Notes Attached

Pages

1: 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.

2: 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.

3: Adult Social Care Offer Consultation

3 - 64

The Panel will consider a report on the recent Adult Social Care Offer consultation, developments to date and next steps.

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

4: Communication and Engagement Plan - Mental Health Rehabilitation and Recovery Services Transformation

65 - 84

The Panel will consider a report from Greater Huddersfield CCG outlining the Mental Health Rehabilitation and Recovery Equality and Engagement Plan.

Contact: Vicky Dutchburn, Greater Huddersfield CCG

5: Work Programme 2018/19

85 - 92

The Panel will review its work programme for 2018/19 and consider its forward agenda plan.

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

6: Date of Next Meeting

To confirm the date of the next meeting as 14 August 2018.

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

KIRKLEES COUNCIL				
COUNCIL/CABINET/COMMITTEE MEETINGS ETC				
DECLARATION OF INTERESTS				
Health & Adult Social Care Scrutiny Panel				
Name of Councillor				
Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest	

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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



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

Date: Tuesday 17th July 2018

Title of report: Adult Social Care Offer consultation

Purpose of report

The purpose of this report is to provide Overview and Scrutiny Panel members with an update on the recent consultation, developments to date and next steps.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports)?	No
The Decision - Is it eligible for "call in" by Scrutiny?	Not applicable
Date signed off by Director & name Is it also signed off by the Director of Resources? Is it also signed off by the Assistant Director - Legal Governance and Monitoring?	Not applicable
Cabinet member portfolio	Not applicable

Electoral wards affected: All

Ward councillors consulted: All

Public or private: Public

1. Key points

As part of the Council's Transformation programme, Adult Social Care are in the process of developing a transparent and consistent approach to meeting its statutory duties under the Care Act. This approach involves promoting independence, working with an individual's strengths, rather than focusing on their deficits and supports personalised outcomes.

The adult social care offer, includes the Adults Resource Allocation System (RAS) and the Direct Payments Policy (DP).

In order to meet its public sector equality duty any changes to the RAS and DP policies required a public consultation process to be undertaken. Due to the scale of the consultation, and the fact that this will impact future adult social work practice, and given resource constraints within the service, an external agency (Public Perspectives) was procured to work with the Council to plan and deliver the public consultation. This provided an element of independence from the council alongside additional capacity to progress what has been a large scale consultation. Funding was identified from an existing budget for this work. The consultation was delivered on time and within budget.

During the consultation, work has been progressed to develop and pilot tools, processes and guidance for the above. This work remains ongoing. The intention is to take time over the summer to re-engage with key stakeholders to test out these developments and refine them further in light of feedback received. The final draft policies are scheduled to be presented to Cabinet in October 2018 for a decision.

The purpose, therefore, of this report is to provide an update and to advise of the extended development period.

Consultation

The consultation took place over an 8-week period between 22nd March 2018 and the 17th May 2018. The Council received over 850 responses from a wide range of stakeholders.

Methodology

The consultation was promoted on the council's website, social media and through postcards and posters available at key public contact points. In addition, a letter was sent to all direct payment recipients encouraging them to respond to the consultation.

A dedicated phone and e-mail address were available to residents and organisations to ask questions about the proposals and consultation or receive help to respond to the consultation.

The consultation included the following methods;

- An open-access on-line consultation questionnaire (with hard copy and easy read versions available)
- A representative telephone survey
- Staff and stakeholder workshops

- Focus groups with service users and carers
- Public drop in sessions
- Member briefings

A full detailed draft report has been made available by Public Perspectives- attached as appendix A. See section 4 for a summary of the key findings from the consultation.

3. Implications for the Council

Early Intervention and Prevention (EIP)

The proposed model will support people to live independently, having greater control over their lives with more support being delivered through communities.

Economic Resilience (ER)

We will be working with the sector to develop more innovative approaches to meeting individual's care needs, with a focus on meeting outcomes. This supports the Kirklees outcome for working smart and delivering more effectively and efficiently. This will support providers to have increased flexibility to focus delivery on the achievement of outcomes rather than a time and task based approach

Improving Outcomes for Children

Any proposed changes to the Adults RAS policy relates to the adults only. The DP policy will set out the guidance which affects both eligible children and adults. This will improve transparency and provide further clarity. The changes support innovative and more personalised ways of meeting needs enabling people to be as well as possible for as long as possible.

Reducing demand of services

This will support the application of the strength based approach, which places less emphasis on traditional service provision and looks to help individuals, families and communities to have greater control and do more for themselves.

Legal

The way that indicative budgets are calculated will be clearer and matched to levels of need. Its application will support the strength based approach which means that support packages will be consistently proportionate and sufficient to meet needs.

The strength based approach focuses on helping people be as independent as possible. The proposals invest in the most vulnerable in society while using the Council's resources in the most effective way

The Equality Act 2010 creates the Public Sector Equality Duty (PSED).

Under section 149 of the Act

1) A public authority must, in the exercise of its functions, have due regard to the need to –

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
- 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.

The relevant protected characteristics are –

Age;
Disability;
Gender reassignment;
Pregnancy and maternity;
Race;
Religion or belief;
Sex;
Sexual orientation.

In order to fulfil the PSED the Council is required to assess the impact of any proposed changes to policies and/or creation of any new policies on the equality objectives set out above. The way in which the Council approaches this task is to conduct Equality Impact Assessments

The Council has therefore carried out Equality Impact Assessments (EIAs) to help it take due regard of its public sector equality duties in relation to these proposals. These can be found on the Council's website. See links to EIA's.

[https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactAssessmentEvaluations/02\)%20Adults%20&%20Health/Adult%20Social%20Care%20Operation/180629%20EIA%20DP%20policy%20\(Care%20Offer%20consultation\).xlsm](https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactAssessmentEvaluations/02)%20Adults%20&%20Health/Adult%20Social%20Care%20Operation/180629%20EIA%20DP%20policy%20(Care%20Offer%20consultation).xlsm)

[https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactAssessmentEvaluations/02\)%20Adults%20&%20Health/Adult%20Social%20Care%20Operation/180629%20RAS%20EIA%20\(Care%20Offer%20Consultation\).xlsx](https://www.kirklees.gov.uk/you-kmc/deliveringServices/impactAssessments/impactAssessmentEvaluations/02)%20Adults%20&%20Health/Adult%20Social%20Care%20Operation/180629%20RAS%20EIA%20(Care%20Offer%20Consultation).xlsx)

Financial

£5.6 m of financial benefits are expected from the implementation of the Kirklees Adult Social Care Offer (and those elements of the All Age Disability work-stream relating to the Strength Based approach and the Review Task Force) over the next four years, of which £3.3m in full year 18/19 and £1.9m in full year 19/20. Budget plans for 18-20 period factor in the assumed financial benefits. Clearly any savings must ensure that people's needs continue to be met.

The revised Kirklees Adult Social Care Offer will further support the application of the strength based approach. This will place less emphasis on traditional service provision and looks to help individuals, families and communities to have greater control and do more for themselves. The changes will support innovative and more personalised ways of meeting needs enabling people to be as well as possible for as long as possible.

4. Consultees and their opinions

Consultation- summary of key findings

In general, there is majority support for the proposed changes. It is evident from the feedback that there is concern amongst people in receipt of adult

social care support (including carers) about the changes having a negative impact on them.

There are several suggestions provided by residents, stakeholders and staff which could help maximise the benefit of changes and mitigate possible negative impacts (please note that some of the suggestions are relevant across all aspects of the proposed changes):

Living independently and well

- Invest in community provision such as community services, organisations and facilities to ensure that sufficient opportunities are available for residents.
- Make it easier to find out about the community support available.
- Invest in services to help people access community provision and ensure services such as re-ablement, care navigation and Community Plus are appropriately resourced and aligned with other services to provide timely support.
- Work closely with partners and other council services to ensure there is a consistent approach.
- Use accessible/jargon-free language to help residents, staff and partners understand and engage with the approach.

Deciding the amount of money and support

- Ensure staff (and appropriate partners) are trained and supported to conduct effective person-led assessments.
- Provide regular reviews to ensure support adapts to an individual's changing circumstances.
- Ensure carers receive assessments where appropriate and that support is available to help carers be resilient and deliver their caring roles effectively.
- Manage change carefully and sensitively, considering transitional arrangements where someone's care package may change notably.

Direct payments

- Invest in raising awareness and understanding of direct payments, to increase use.
- Provide training and support to staff and partner organisations to help encourage use and support the management of direct payments.
- Consider the creation of a direct payments advisory and support service to help with the management of direct payments, such as providing recruitment and employment advice, and help with budget management.
- Share the draft guidance with staff and stakeholders to ensure it is fit for purpose.

- Ensure that the exceptional use of direct payments to pay family members or pay for short breaks are written into care plans agreed with the council and the outcomes monitored.
- Provide training and support to carers that are paid, and monitor the quality of care they provide, including monitoring safeguarding.

Contacting the council and adult services

- Provide training and support to help people access on-line services and reduce digital exclusion amongst the elderly and disabled.
- Ensure that alternative access is available for those that do not want, or are unable, to use digital services.

Overall, stakeholders, staff and residents said that it will be important to monitor the impact of the changes on outcomes, a formal review of the changes could be conducted following their implementation.

Policy development

Following the feedback from the consultation, work is currently in progress on reviewing/developing both the RAS and DP policies.

Feedback from the consultation suggested that many did not want to have a black and white policy on direct payments, and preferred having guidance to refer to instead. However, given the complexities surrounding direct payments, including the legislation and the number of serious complaints the Council has received relating to direct payments, the proposed approach is to develop/implement a clear direct payments policy, alongside supporting guidance for staff and service users.

The Direct Payment policy will need to set out clear guidelines on the council's approach to direct payments. This will include technical information regarding rights and responsibilities as well as key principles to support choice, control and innovation. This will ensure that there is a common understanding and agreement on their use. In order to further support decision making and ensure that the approach is not overly rigid (black and white), the proposal is to introduce a decision making tool which incorporates a risk assessment to ensure a robust approach to the use of professional judgement managing risk and recording. The decision making tool will cover for example, how we manage the risks in the case of employing the family member and the rationale for this, including any risk mitigation.

Update- developing and piloting the tools

Given the importance of ensuring that we are able to identify a sufficient and transparent budget allocation from which service users are able to take control in planning their care and support, the resource allocation system (RAS) has been reviewed with a new system being piloted and this is taking account and responding to feedback received during the consultation.

During the consultation there were concerns expressed regarding having a 'black and white' rules around direct payments. Other feedback indicated support for increased information and structure around the use of direct

payments. In response a decision making tool is to be developed and trialled over the summer to address identified risks and set out the rationale behind decisions in an attempt to promote choice and control whilst maintain consistency, risk management and governance around the use of resources.

Support planning tool

A Resource Allocation System (RAS) is a mechanism within the support planning tool that identifies a transparent indicative budget that is based on individual levels of need and local costs of care. The indicative budget is then used to plan to meet care and support needs.

The developed support planning tool aims to support practitioners to be able to provide consistent and equitable indicative budgets. This tool is currently being tested to ensure its sufficiency and usability.

To date feedback has been positive. As part of the implementation planning, work is ongoing in partnership with Learning and Development, to develop a full training programme for staff.

Staff Guidance

We need to ensure that all of our staff are confident and capable in their roles. This is achieved through workforce development, supervision and support. All social care staff are accountable for the quality of their social care practice. A first draft handbook has been developed in order to support consistent practice, assist with the inputting of quality data and act as a reference point for new starters. This is currently being shared with relevant teams for their feedback. The revised draft will be made readily available, electronically for all practitioners once finalised. It is expected that this will be ready late summer.

It is clear from the consultation feedback that staff require additional training on direct payments. This requirement is being worked up as part of the full training programme for staff.

5. Next steps

As part of the post consultation communications work, briefings to provide an update on the consultation, are being scheduled in with key stakeholders over the early summer period.

Work will continue of further developing draft policies and the testing of the draft tools. This will involve meaningful engagement with stakeholders. A communications plan is in place and it is regularly reviewed/updated.

A report is expected to go to Cabinet in October 2018, which will provide members with an update following this further period of engagement, along with the proposed draft policies and tools for approval.

6. Contact officer and relevant papers

Michelle Cross, Head of Service, All Age Disability and Mental Health.
Collette Lake, Project Manager, Adults Transformation Team.

Decision notice

<http://democracy.kirklees.gov.uk/mglIssueHistoryHome.aspx?IId=13335&PlanId=67>

Care Offer consultation webpage

<http://www.kirklees.gov.uk/beta/social-care/adult-care-offer-consultation.aspx>

Involve webpage

<http://www.kirklees.gov.uk/involve/entry.aspx?id=914>

Cabinet report

<http://democracy.kirklees.gov.uk/ieListDocuments.aspx?CId=139&MId=5603&Ver=4>

9. Service Director responsible

Amanda Evans, Service Director for Adult Social Care Operations.

Kirklees Council: Adult Care Offer Consultation

Report of consultation results: May 2018



Contents

Executive Summary	1
Main Report	5
Section 1: Introduction and consultation approach	5
Section 2: Living independently and well	9
Section 3: Deciding the amount of money and support	14
Section 4: Direct payments	19
Section 5: Contacting the council and adult services	29
Appendices	31
Appendix 1: Demographic profile of respondents	31
Appendix 2: Consultation document	35

Kirklees Council:

Adult Care Offer Consultation

Executive Summary

Introduction and background

1. Kirklees Council consulted about potential changes to adult social care and how it decides what care and support someone may need. The consultation aimed to assess people's perceptions of the proposed changes and identify the potential impact on different groups of people.¹ The consultation covered three key potential changes:
 - Helping people live independently and helping people to help themselves and use more of the support already available to them in the community.
 - Changing how the council decides the amount of money and social care support people receive through changes to the Resource Allocation System.
 - Being clear about how direct payments (this is where someone receives money to arrange their own care) are used by people, so they can use the money to help meet their needs.
2. The council also used the consultation to explore how the internet could be used by residents to find out information about social care services and support.
3. The council commissioned Public Perspectives, an independent research and consultation organisation, to support the design and delivery of the consultation and produce an independent report of the consultation results.
4. This report summarises the results of the consultation. The council will consider the consultation results, along with other information such as relevant legislation and budget pressures, before making a decision.

Consultation methodology and response

5. The consultation took place over an 8-week period between 22nd March 2018 and the 17th May 2018.
6. The consultation was promoted on the council's website and through postcards and posters available at key public contact points. In addition, a letter was sent to all direct payment recipients encouraging them to respond to the consultation.
7. A dedicated phone and email address were available to residents and organisations to ask questions about the proposals and consultation or receive help to respond to the consultation.
8. The consultation included the following methods:
 - An open-access on-line consultation questionnaire hosted on the council's website (with hard copy and easy-read versions available) completed by 406 respondents (the consultation questionnaire is available at appendix 2).

¹ This included assessing the impact on the nine protected equality groups under the public sector equality duty (which asks public bodies to consider or think about how their policies or decisions affect people who are protected under the Equality Act).

- A representative telephone survey of 251 current and prospective service users mainly aged 55 and over.
- Two staff workshops held on the 1st and 8th May 2018 in Huddersfield and Dewsbury, attended by 74 adult social care staff.
- A stakeholder workshop held on the 8th May 2018 at The John Smith's Stadium, attended by 55 stakeholders across Kirklees including social care providers, representative groups and key partners such as health services.
- Visits (and discussions with services users) to: an independent living provider for people with learning disabilities (involving 4 service users); a day centre for people with learning disabilities (involving 8 service users); and an older people's support service (involving 4 service users in early stages of dementia).²
- Focus groups with carers (one with 8 carers of adults and one with 4 carers of children in receipt of direct payments); a focus group with people living with mental health problems (6 people); a focus group with older people with various adult social care needs (4 people); and a focus group with people with physical disabilities (4 people).³
- A carers event held on the 24th April in Dewsbury, attended by 24 carers.
- Two public drop-in sessions held on the 9th and 10th May 2018.
- Two council Member briefings on the 16th and 17th May, involving 11 Members.⁴

Key findings

Living independently and well

9. Overall, 63% of respondents agree with the proposals to help people live independently and 21% disagree. 33% said it would have a positive impact on them and 27% said it would have a negative impact.
10. People in receipt of adult social care support (including carers) and disabled people tend to be less supportive than other respondents and more likely to state the proposal will have a negative impact on them.

Deciding the amount of money and support

11. Overall, 51% of respondents agree with the proposal to change the Resource Allocation System (the system which determines the amount of support and money someone receives) and 25% disagree. 20% said it would have a positive impact on them and 22% said it would have a negative impact.
12. People in receipt of adult social care support (including carers) and disabled people tend to be less supportive than other respondents and more likely to state the proposal will have a negative impact on them.

² The organisations visited were respectively: Creative Support (Huddersfield), Waves Day Centre (Slaithwaite), The Denby Dale Centre.

³ The focus groups were held in a central Huddersfield location. Transport was arranged and thank you payments made, with participants travelling from across the Kirklees area.

⁴ In addition, the consultation has noted comments made about direct payments and respite at a workshop held with carers in October 2017.

Direct payments

13. 67% of respondents were aware of direct payments and 51% of respondents said more people should choose to take direct payments – awareness and support for direct payments is greatest amongst people in receipt of adult social care support, especially those that currently receive direct payments.
14. Overall, 61% of respondents agree with the proposed guidance to help make direct payments clearer and 17% disagree. 25% said it would have a positive impact on them and 15% said it would have a negative impact. People in receipt of adult social care support tend to be less supportive than other respondents and more likely to state the proposal will have a negative impact on them.
15. Overall, 77% of respondents agree with using direct payments to pay for short breaks and 12% disagree. Adults currently in receipt of direct payments are even more in support.
16. Carers and stakeholders said that there needs to be improved information to increase awareness and uptake of direct payments. They also want better support and advice to make best use of direct payments and clearer guidance about what direct payments can be used for.

Contacting the council and adult services

17. The majority of respondents agree with proposals to contact the council and adult services on-line:
 - 63% agree with finding answers to questions.
 - 61% agree with booking and changing appointments.
 - 69% agree with finding out about local services.
 - 53% agree with entering and viewing information about themselves and the services they receive.
 - 62% agree with letting someone they trust do the above things on their behalf.
18. Older respondents are less likely to agree. For example, on average across all the above activities, 52% of respondents aged 65 and over agree with doing the activities on-line compared with 67% of other respondents. This difference becomes greater as age increases further.

Key issues for consideration

19. In general, there is majority support for the proposed changes. However, notable numbers, especially amongst people that currently receive adult social care support, disagree with some of the changes and/or expect the changes will have a negative impact on them. There are several suggestions provided by residents, stakeholders and staff that could help maximise the benefit of changes and reduce the negative impact (please note that some of the suggestions are relevant across all aspects of the proposed changes):

Living independently and well

- Invest in community provision such as community services, organisations and facilities to ensure that sufficient opportunities are available for residents.

- Make it easier to find out about the community support available.
- Invest in services to help people access community provision and ensure services such as reablement, care navigation and Community Plus are appropriately resourced and aligned with other services to provide timely support.
- Work closely with partners and other council services to ensure there is a consistent approach.
- Use accessible/jargon-free language to help residents, staff and partners understand and engage with the approach.

Deciding the amount of money and support

- Ensure staff (and appropriate partners) are trained and supported to conduct effective person-led assessments.
- Provide regular reviews to ensure support adapts to an individual's changing circumstances.
- Ensure carers receive assessments where appropriate and that support is available to help carers be resilient and deliver their caring roles effectively.
- Manage change carefully and sensitively, considering transitional arrangements where someone's care package may change notably.

Direct payments

- Invest in raising awareness and understanding of direct payments, to increase use.
- Provide training and support to staff and partner organisations to help encourage use and support the management of direct payments.
- Consider the creation of a direct payments advisory and support service to help with the management of direct payments, such as providing recruitment and employment advice, and help with budget management.
- Share the draft guidance with staff and stakeholders to ensure it is fit for purpose.
- Ensure that the exceptional use of direct payments to pay family members or pay for short breaks are written into care plans agreed with the council and the outcomes monitored.
- Provide training and support to carers that are paid, and monitor the quality of care they provide, including monitoring safeguarding.

Contacting the council and adult services

- Provide training and support to help people access on-line services and reduce digital exclusion amongst the elderly and disabled.
- Ensure that alternative access is available for those that do not want, or are unable, to use digital services.

20. Overall, stakeholders, staff and residents said that it will be important to monitor the impact of the changes on outcomes and safeguarding. Consequently, a formal review of the impact of the changes could be conducted following their implementation.

Kirklees Council:

Adult Care Offer Consultation

Main Report

Section 1: Introduction and consultation approach

Introduction and background

- 1.1. Kirklees Council consulted about potential changes to adult social care and how it decides what care and support someone may need. The consultation aimed to assess people's perceptions of the proposed changes and identify the potential impact on different groups of people.⁵ The consultation covered three key potential changes:
 - Helping people live independently and helping people to help themselves and use more of the support already available to them in the community.
 - Changing how the council decides the amount of money and social care support people receive through changes to the Resource Allocation System.
 - Being clear about how direct payments (this is where someone receives money to arrange their own care) are used by people, so they can use the money to help meet their needs.
- 1.2. The council also used the consultation to explore how the internet could be used by residents to find out information about social care services and support.
- 1.3. The council commissioned Public Perspectives, an independent research and consultation organisation, to support the design and delivery of the consultation and produce an independent report of the consultation results.
- 1.4. This report summarises the results of the consultation. The council will consider the consultation results, along with other information such as relevant legislation and budget pressures, before making a decision.

Consultation methodology and response

- 1.5. The consultation took place over an 8-week period between 22nd March 2018 and the 17th May 2018.
- 1.6. The consultation was promoted on the council's website and through postcards and posters available at key public contact points. In addition, a letter was sent to all direct payment recipients encouraging them to respond to the consultation.
- 1.7. A dedicated phone and email address were available to residents and organisations to ask questions about the proposals and consultation or receive help to respond to the consultation.

⁵ This included assessing the impact on the nine protected equality groups under the public sector equality duty (which asks public bodies to consider or think about how their policies or decisions affect people who are protected under the Equality Act).

1.8. The consultation included the following methods:

- An open-access on-line consultation questionnaire hosted on the council's website (with hard copy and easy-read versions available) completed by 406 respondents (the consultation questionnaire is available at appendix 2).
- A representative telephone survey of 251 current and prospective service users mainly aged 55 and over.
- Two staff workshops held on the 1st and 8th May 2018 in Huddersfield and Dewsbury, attended by 74 adult social care staff.
- A stakeholder workshop held on the 8th May 2018 at The John Smith's Stadium, attended by 55 stakeholders across Kirklees including social care providers, representative groups and key partners such as health services.
- Visits (and discussions with services users) to: an independent living provider for people with learning disabilities (involving 4 service users); a day centre for people with learning disabilities (involving 8 service users); and an older people's support service (involving 4 service users in early stages of dementia).⁶
- Focus groups with carers (one with 8 carers of adults and one with 4 carers of children in receipt of direct payments); a focus group with people living with mental health problems (6 people); a focus group with older people with various adult social care needs (4 people) and a focus group with people with physical disabilities (4 people).⁷
- A carers event held on the 24th April in Dewsbury, attended by 24 carers.
- Two public drop-in sessions held on the 9th and 10th May 2018.
- Two council Member briefings on the 16th and 17th May, involving 11 Members.⁸

⁶ The organisations visited were respectively: Creative Support (Huddersfield), Waves Day Centre (Slaithwaite), The Denby Dale Centre.

⁷ The focus groups were held in a central Huddersfield location. Transport was arranged and thank you payments made, with participants travelling from across the Kirklees area.

⁸ In addition, the consultation has noted comments made about direct payments and respite at a workshop held with carers in October 2017.

1.9. The following table shows the demographic profile of respondents to the consultation, for both the consultation questionnaire and the telephone survey.

Figure 1: Profile of respondents

Demographic	Consultation questionnaire (numbers in brackets)	Telephone survey (numbers in brackets)
Background (respondents could select all relevant answers)		
Resident of Kirklees	82% (334)	100% (251)
Someone who receives adult social care support	13% (53)	6% (16)
Someone who receives a direct payment	17% (69)	1% (3)
Young person or representative of a young person receiving a direct payment	9% (37)	-
Carer	40% (163)	13% (33)
Professional working in health or adult social care	19% (78)	2% (5)
Representative of a local community group or organisation	5% (19)	10% (25)
Kirklees Council employee	21% (86)	1% (2)
Other	10% (41)	0% (1)
Gender		
Female	65% (232)	50% (125)
Male	33% (118)	50% (125)
Age		
25-34	7% (26)	N/A (targeted over 55s)
35-44	12% (44)	N/A (ditto)
45-54	28% (100)	2% (6)
55-64	30% (108)	36% (91)
65-74	19% (69)	34% (85)
75-84	3% (10)	22% (54)
85+	1% (2)	6% (15)
Disability		
Yes, a lot	46% (166)	26% (63)
Yes, a little	13% (47)	15% (39)
No	41% (147)	59% (146)
Ethnicity		
White British/Irish	79% (284)	77% (192)
Non-White British/Irish/Prefer not to say	21% (122)	23% (59)

Note: Figures may not add up to 100% due to rounding. Note: Quotas were set to ensure the telephone survey was demographically representative by gender, age and ethnicity, with a good spread geographically. These quotas were met within 1-2 percentage points of the target.

The full headline results of the consultation are presented at appendix 1, including the demographic background of respondents across a variety of equality groups.

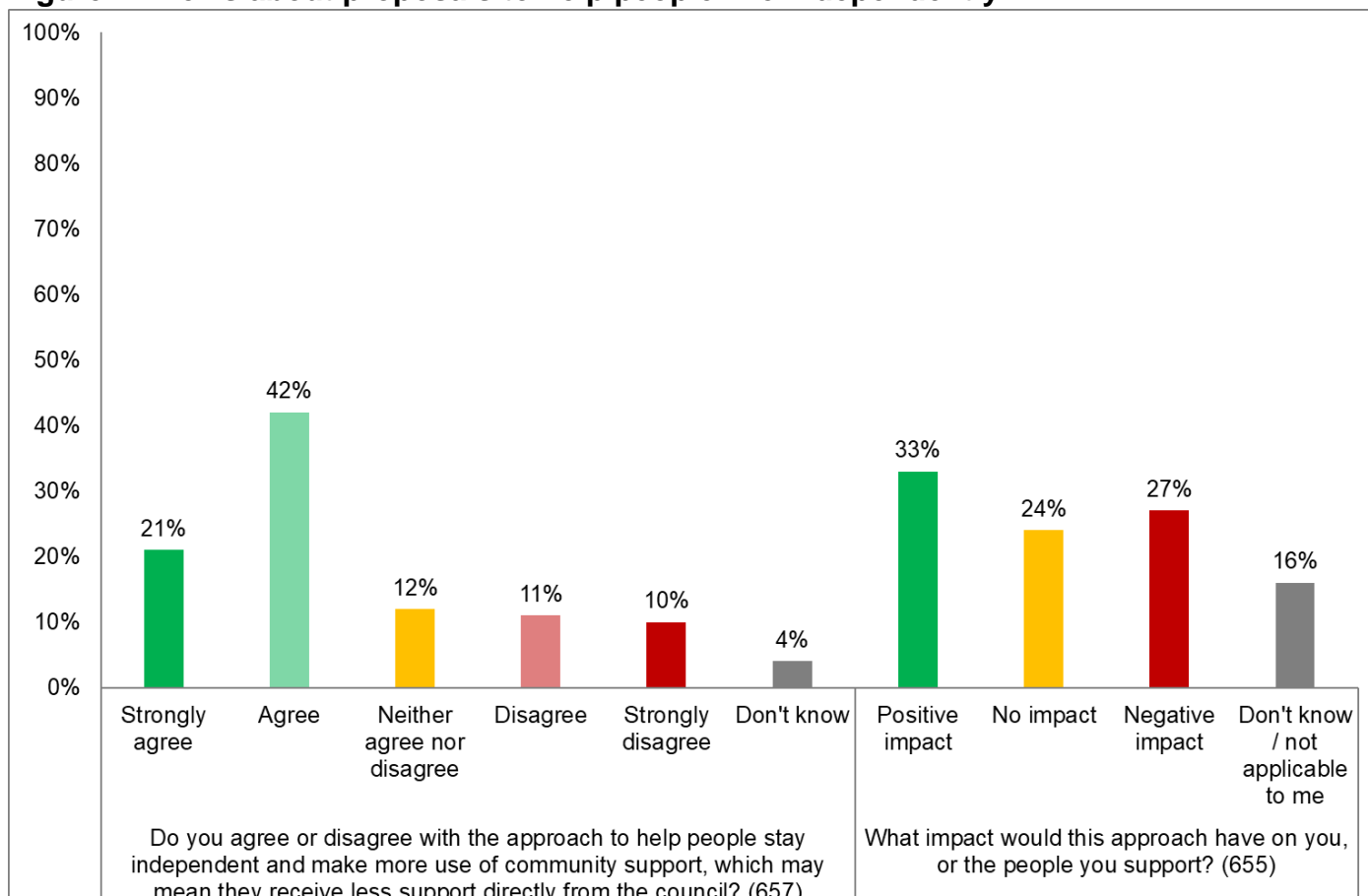
Report

- 1.10. The rest of this report presents the results of the consultation. It follows the structure of the questionnaire:
- Section 2: Living independently and well
 - Section 3: Deciding the amount of money and support
 - Section 4: Direct payments
 - Section 5: Contacting the council and adult services
- 1.11. The report integrates results for the consultation questionnaire and telephone survey, alongside findings from the focus groups, visits, workshops and other activities.
- 1.12. The questionnaire results are presented overall and by different demographic/equality groups, where meaningful or statistically significant differences exist.
- 1.13. The open-ended comments in the questionnaire have been reviewed and summarised.

Section 2: Living independently and well

- 2.1. The council consulted on its proposed approach to help people live independently and lead positive lives. This includes: helping people to help themselves by giving them information, advice and training; providing targeted, short term, early support to people who have a crisis to prevent them losing their independence; helping people get back to living the way they want after a period of illness or injury, by providing short-term support and making use of equipment and technology so they can live independently; and using more of the support already available to people in the community, including family, friends, neighbours, community organisations and using community facilities.
- 2.2. Overall, 63% of respondents agree with the proposals to help people live independently and 21% disagree. 33% said it would have a positive impact on them and 27% said it would have a negative impact.
- 2.3. Those currently in receipt of social care support⁹ are less likely to be supportive and more likely than other respondents to state the proposals would have a negative impact on them. For example, 46% of respondents currently in receipt of social care support agree with the proposals to help people live independently and also said the proposals would have a negative impact on them. This compares with 75% of other respondents that agree with the proposals and 14% that said the proposals would have a negative impact on them.
- 2.4. Similar findings also exist with disabled respondents compared to non-disabled respondents, given that many people that identify as disabled are likely to be in receipt of social care support.

Figure 2: Views about proposals to help people live independently



Numbers in brackets are the number of respondents to each question.

⁹ Unless otherwise stated this refers to people in receipt of social care support, people in receipt of direct payments and carers.

Comments from the consultation questionnaire/telephone survey

2.5. Over 250 respondents made comments about this proposal. The main points are:

- This approach will require investment in community organisations, services and facilities, information about what is available and services to help people access community support (approximately 20-25% of comments about this proposal).

“This approach is all well and good and I support it. But at the moment I’m not sure that there are enough community facilities in place and they need to make it easier for people to find out what is available.”

- Support for the proposal to help people live independently and not become overly reliant on adult social care services, although where required adult social care support should be made available (approximately 15-20% of comments).

“I agree that people should be helped to live independently. That should always be the aim. But some people will not be able to live independently and they will need more support.”

- Concern that the proposal is a cost-cutting exercise (approximately 15-20% of comments).

“This all just feels like short-hand for cuts. I wish the council was transparent and said they are trying to save money instead of dressing it up.”

- Ultimately this will depend on the individual’s circumstances, and some people are not able to live independently or cannot rely on support from the community, family, friends and neighbours (approximately 10-15% of comments).

“Not everyone is able to live independently and some people don’t have anyone to care for them. So support needs to be there for these people.”

- The proposal will place a lot of pressure on carers – family, friends and neighbours and some may not be able to provide support at all or not provide it consistently or effectively (approximately 10-15% of comments).

“I have concerns that carers are being asked to do too much. Some will be able to and are the best people to provide care. But some may not be able to do it well or always be available.”

- Carers will require support, training and respite to be able to deliver effective care (approximately 5-10% of comments).

“You are asking a lot of carers. They will need support to make them resilient and able to provide the care that people deserve.”

- The quality of care in the community, and its impact on people, will need to be monitored and reviewed to ensure it delivers positive outcomes and that safeguarding is ensured (approximately 5% of comments).

“Carers will need help to be good carers and you will need to monitor that they provide the quality care people need and that no abuses occur. This approach should be monitored and reviewed to make sure it works.”

Focus group key findings¹⁰

- 2.6. Almost all participants in the focus groups said they supported the principle of staying independent for as long as possible:

“I think all we want to do is stay at home, in a place we like and know, for as long as possible. So I support the idea of being helped to stay independent.” Older person

“I like living here [independent living accommodation]. It is nice to live on my own and know that help is next door.” Person with learning disabilities

- 2.7. Some participants, especially carers, said they thought the proposals could be construed as a cost-cutting exercise, although they appreciated the reasons behind this:

“I agree with the principles, but in practice this is about saving money. I appreciate they need to save money so I don’t have a problem with it and this is a reasonable approach. But it doesn’t feel transparent.” Carer

- 2.8. Some participants said they were not convinced that carers or community services/facilities/organisations are able to provide appropriate support:

“I don’t really have anyone who could provide the level of care I need, so this approach [using family, friends, neighbours] won’t work for me.” Person with physical disability

“The community support available is not what I want and can be very unreliable.” Person with mental health problems

“I’m not sure there’s the facilities or organisations in the community to provide the support they’re proposing. It’s a good idea, but the infrastructure isn’t there at the moment.” Carer

¹⁰ Quotes are used to evidence a point and help bring the findings to life. In most cases only one or two quotes are provided for succinctness. The quotes have been selected to best exemplify a point. If a quote is not presented from a particular group/participant it does not mean that the group/participant did not support the point. The preceding text before the quote will make it clear which groups/participants did and did not support the point.

2.9. Consequently, some participants said that investment is required into the community, to support carers and to improve access to information:

“For this to work they need to spend more, not less on community organisations and facilities.” Older person

“It can be quite hard at the moment to find out what is available. They need to create some sort of directory or improve their website to make it easier to find out about the support available . . . I think they have a community directory at the moment, but it isn’t very good.” Person with physical disability

“If they want carers to provide more support, they need to help us. They need to make sure we have the skills to help and that we get respite to recharge our batteries.” Carer

Views of stakeholders and staff

2.10. Stakeholders and staff made the following key points:

- There is general support for the principle of encouraging people to live independently, which can lead to better outcomes.
- This approach represents a cultural change – council staff and social care providers will need to be trained and supported to deliver it.
- Need to use accessible, jargon-free language that residents understand so that they can embrace the approach.
- Need to work with partners (both strategically and at the ground level), including health, children’s services, social care providers and community organisations so that there is consistency in approach.
- Need to invest in resources to help people access information about community provision – the current community directory, for example, needs improvement.
- Some concern that there are gaps in community provision, the capacity of providers, use of reablement services and care navigators. Consequently, there needs to be investment in community organisations, services and facilities and support to help people access these. There also needs to be some ‘market shaping’ to ensure the provider market can meet need. In addition, reablement services and care navigation services need to be integrated alongside other social care services to ensure support is provided at the right time.
- It will be important to monitor the impact of the changes on outcomes and safeguarding. A formal review of the approach should be conducted once it is implemented to ensure it is as effective as possible.

2.11. In addition, stakeholders also mentioned:

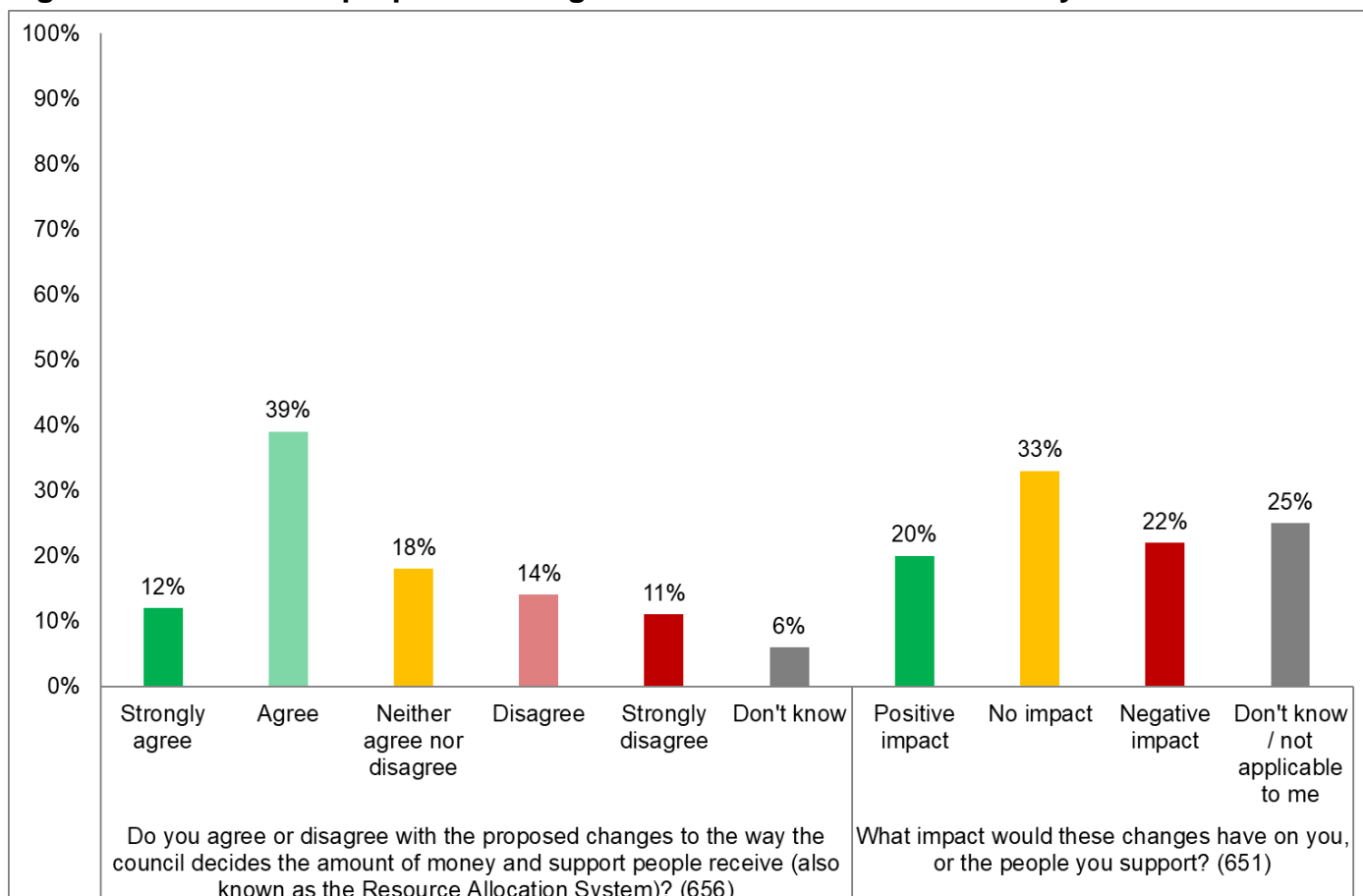
- Some concerns about placing pressure on unpaid carers. Consequently, investment will be required to help carers be resilient.
- Some concerns that carers are not a substitute for professional care. Consequently, carers need to be trained and supported, and the quality of their care assessed.
- Some carers and stakeholders expressed concerns that this is a cost-cutting exercise, although they appreciated the financial pressures that adult social care is under.

- 2.12. In addition, staff also said that in crisis situations this approach is not always possible and that it is important to continue with follow-up assessments once the crisis is over to ensure the services/support are in place to help people live independently.

Section 3: Deciding the amount of money and support

- 3.1. The council consulted on a proposal to make changes to how it decides the amount of money and social care support people receive (known as a Resource Allocation System). The proposal aims to update the approach so that it involves residents and their families, allows social care staff to use their professional judgement and takes account of modern equipment, technology and support to help people live independently.
- 3.2. Overall, 51% of respondents agree with the proposal to change the Resource Allocation System and 25% disagree. 20% said it would have a positive impact on them and 22% said it would have a negative impact.
- 3.3. Those currently in receipt of social care support are less likely to be supportive and more likely than other respondents to state the proposal would have a negative impact on them. For example, 43% of respondents currently in receipt of social care support agree with the proposed changes to the Resource Allocation System and 36% also said the proposal would have a negative impact on them. This compares with 58% of other respondents that agree with the proposal and 12% that said the proposal would have a negative impact on them.
- 3.4. Similar findings also exist with disabled respondents compared to non-disabled respondents.

Figure 3: Views about proposed changes to the Resource Allocation System



Numbers in brackets are the number of respondents to each question.

Comments from the consultation questionnaire/telephone survey

3.5. Over 250 respondents made comments about this proposal. The main points are:

- Concerned this will lead to a reduction in money and support (approximately 15-20% of comments about this proposal).

“This all feels like people will get less money and less help.”

- Involving service users and their carers is important and should be a key part of the assessment process (approximately 10-15% of comments).

“Individuals are their own experts. They and their carers should always be involved to determine their own care.”

- Support to change the system to take account of the approach of helping people live independently by making use of support available in the community (approximately 10-15% of comments).

“I agree with the approach to help people live independently and work with community organisations – the [Resource Allocation] system needs to reflect this.”

- Not sure what will change in practice, will only be able to make a judgement when receiving a new assessment (approximately 10-15% of comments).

“This all feels a little vague. I’ll only be able to give you my judgement once the changes happen.”

- Support to change the system away from a points-based system and take account of individual circumstances and allow professionals to use their judgement/discretion (approximately 5-10% of comments).

“Good social workers are key to a good assessment. I like the idea that they can use their professional judgement more to meet individual needs.”

- People will need support to facilitate their involvement and the assessors will need expertise to engage with people with different disabilities and backgrounds (approximately 5% of comments).

“Involving people is good, but it takes time and effort and some people will need support to get properly involved.”

- Carers should be assessed also to ensure their needs are met and they are able to be effective carers (approximately 5% of comments).

“Carers need help and need an assessment to make sure they can provide good care.”

- Changes are reasonable as long as needs are met as judged through a thorough assessment (approximately 5% of comments).

“I don’t really care what happens as long as people receive a proper assessment and get the help they need to meet their needs.”

- Concern about changes (including a reduction) to existing care/support as a result of changes to the system (approximately 5% of comments).

“I don’t like change. It makes me anxious. I’m worried these changes will mean I get less help.”

Focus group key findings

- 3.6. Most participants supported proposals to further involve people in their assessments and help people to live independently, as long as needs are met:

“To be honest, I’d expect them to do that sort of thing anyway [involve people in their assessments]¹¹. They can do what they want as long as my needs are met.” Person with mental health problems

“It’s very important for an assessment to get a full picture and it can only do that if it is thorough and involves all the key people. I assume they will always meet basic needs, as they are legally required to, if these can’t be met in other ways?” Carer

- 3.7. Some participants said that they or others would need support to help them be involved in their assessment, and consequently the council will need to be suitably resourced:

“My daughter needs help to communicate. They will need to support her and us to make sure we’re properly involved. This will require skill and patience, so they need to be properly resourced to do it well.” Carer

- 3.8. Some carers said the assessment should take into account the situation of carers – to provide them with the help and support to be effective carers:

“Carers need their own assessment. We may need training, respite or money to make sure we can care better. We’re often the best people to do the caring and can save the council money, but they need to invest in us.” Carer

¹¹ The council already do involve people in assessments. The proposal is about introducing new tools to further support the conversations/involvement with service users and their carers.

3.9. Some participants said they were concerned that the changes would lead to a change in the support they receive, which made them anxious:

“I don’t like change, it makes me anxious. Will these changes mean I get less or different support?” Person with mental health problems

“This does all sound like it will result in changes to the amount of support people receive, and probably less money and support. So you need to manage this carefully because the people we support don’t like change and are happy with the support they get at the moment.” Carer

Views of stakeholders and staff

3.10. Stakeholders and staff made the following key points:

- Support changing the Resource Allocation System to align with the new approach and help people live independently.
- Support a more discursive and person-led approach, which helps put people into control.
- The assessment should include partners such as health partners and social care providers.
- Providing an effective individual assessment, involving all key people, is time consuming and requires expertise – the council will have to be resourced to do this.
- Support the use of professional judgement and discretion, although there needs to be a mechanism to ensure consistency.
- Ensure language is accessible and the process is human and discursive, so that residents can be properly involved.
- Carers need assessments to ensure they are resilient and can provide effective care.
- It will be important to monitor the impact of the changes on outcomes. A formal review of the approach should be conducted once it is implemented to ensure it is as effective as possible.

3.11. In addition, stakeholders also mentioned:

- Concerns about the current wait times for an assessment.
- Regular reviews, as a preventative measure, are required to ensure that care packages are fit for purpose, adapt to changing circumstances and continue to help people remain independent.
- Carers report that there are long delays in being allocated a social worker and that reviews rarely happen.
- Carers report a lack of continuity of social work staff, which is required to deliver good quality assessments because they know the person’s situation.
- Carers state that some people in receipt of social care support can find change traumatic, so changes in support need to be explained and implemented sensitively.
- Carers are not always informed that they have a right to an assessment – this should become standard practice.

3.12. Staff also made the following additional comments:

- They value the development of digital care support planning tools, although there is concern that technology may not work when conducting live assessments, e.g. access to Wi-Fi.
- Some training and support will be required to ensure staff can conduct an effective person-led assessment that satisfies all obligations and does not create another layer of assessment/paperwork for staff.
- The new resource allocation planning tool could generate a lot of data, which could help inform the development of future services.

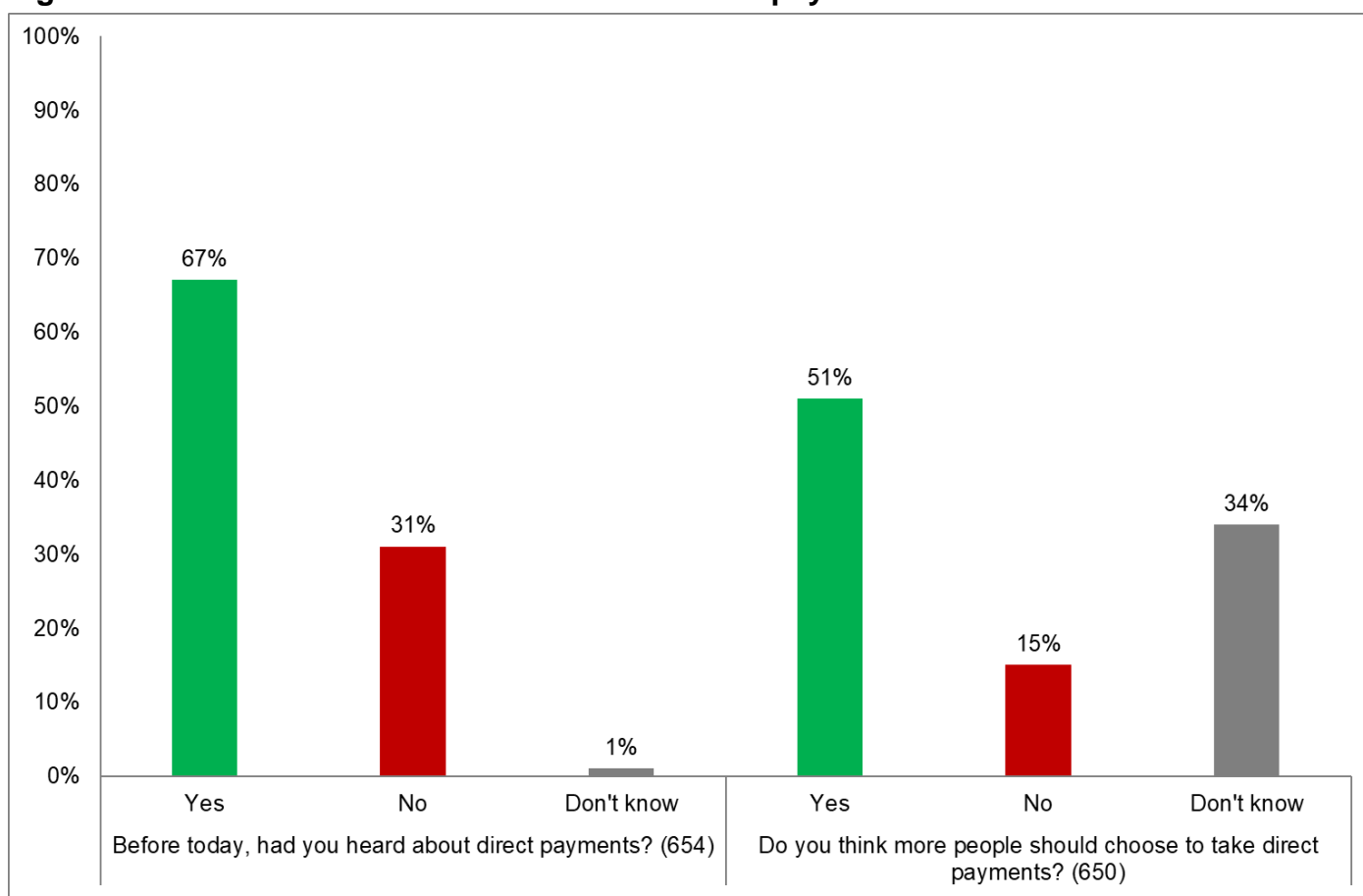
Section 4: Direct payments

4.1. A direct payment is where someone receives an amount of money to arrange the care they need, rather than the council or another organisation arranging it for them. At present, about 25% of people who receive social care support have a direct payment. People are using this money in different ways, and in some cases direct payments are not used as well as they could be to meet people's needs. So the council is developing clear guidance to help people who receive social care support, carers and social care staff to make sure direct payments are used effectively.

Awareness and use of direct payments

- 4.2. 67% of respondents were aware of direct payments, with respondents in receipt of social care support or professionals working in the sector most likely to be aware (85% aware).
- 4.3. 51% of respondents said more people should choose to take direct payments. People in receipt of social care support (including those that currently receive direct payments but excluding carers) are more likely to say people should choose to take direct payments (67% said this). This compares with 49% of carers and 55% of professionals working in the sector.

Figure 4: Views about awareness and use of direct payments



Numbers in brackets are the number of respondents to each question.

Comments from the consultation questionnaire/telephone survey

4.4. Over 275 respondents made comments about the barriers to direct payments. The main points are:

- Lack of awareness is a key barrier and/or lack of understanding about how direct payments work (approximately 50% of comments about this issue).

“Most people don’t know about direct payments, or if they do they don’t really understand them. There needs to be more information and support.”

- Some people lack the confidence and/or skills to manage direct payments (approximately 10-15% of comments).

“Direct payments can be daunting for some people. It is like running a small business and some people are not skilled up for it.”

- The pressure or responsibility of managing direct payments puts some people off (approximately 10-15% of comments).

“It is a lot of work and responsibility – it puts me off.”

- Some people do not have the mental or physical capacity to manage direct payments (approximately 5% of comments).

“My daughter is not able to do much, so direct payments are not right for her.”

- Direct payments appear complex and put some people off (approximately 5% of comments).

“It all seems like too much trouble for me.”

- Some people do not have the time to manage direct payments (approximately 5% of comments).

“We find it easier to just agree the support and someone else provides it. We do not have time to manage direct payments.”

- Concerns about having to recruit and manage staff puts some people off (approximately 5% of comments).

“It is easier to get the council to do it. I don’t want to employ people and organise help.”

Focus group key findings

- 4.5. Most participants support the use of direct payments and those that already receive direct payments value them:

“They’re [direct payments] not for everyone, but they will help some people have control and so they should do more to encourage people to have them – 25% feels a bit low.” Carer (who helps manage a direct payment)

“I like getting a direct payment. It means you’re in charge and can do what you want. I’d just like more of it! [money].” Person with a learning disability (who receives a direct payment)

- 4.6. Participants said the main reasons why people don’t use direct payments are a lack of awareness/understanding and a lack of confidence/skills or time:

“I’d heard about direct payments, but I don’t really know how they work. It all sounded too complex and not for me.” Older person

“Managing a direct payment is like running a business. I run my own business so it isn’t an issue, but I know for a fact it puts some people off.” Carer

- 4.7. Some participants also said it can be difficult to find the right staff:

“It is difficult to find the right and good people to come into your home. After a while this puts you off.” Person with a physical disability

- 4.8. A few participants said that social work staff had either discouraged them from having a direct payment or had not properly explained a direct payment, which put them off:

“In my experience social workers don’t encourage direct payments. They either try to put you off, or they only vaguely explain it. It makes you wonder if they really have faith in direct payments or know how they work. Maybe they need training to better understand and communicate the benefits of direct payments.” Carer

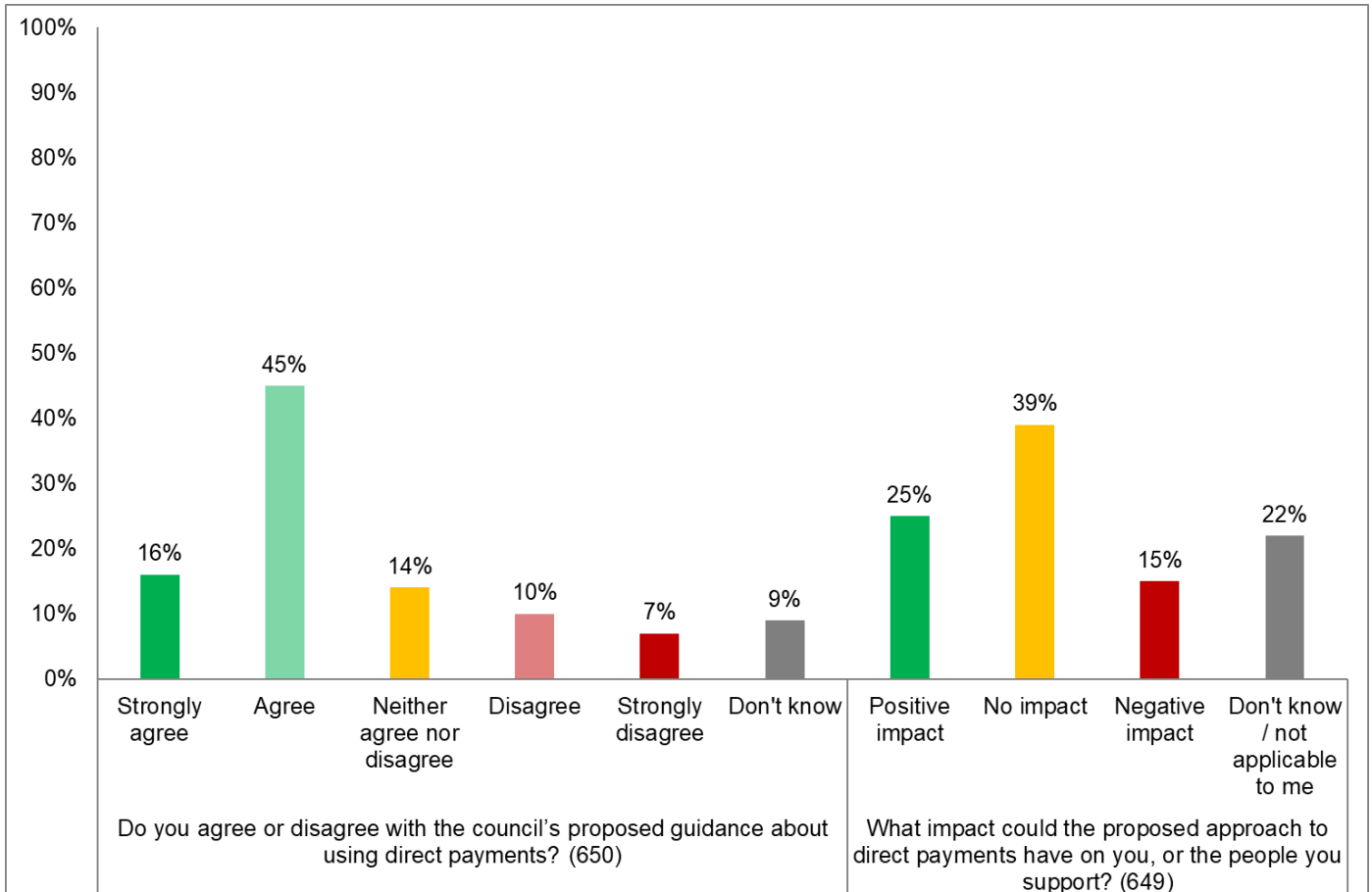
- 4.9. Consequently, some participants said that more support should be provided to help people manage direct payments:

“I know there are companies you can sign-up to that will help you manage direct payments, but some people want to do it themselves. I know of some councils that have a specific advisory service for direct payments. You can go to them and they’ll advise you about recruitment and employment and how to use your direct payment. This support could make people more confident to have a direct payment.” Carer

Developing guidance

- 4.10. The council proposed developing direct payment guidance such as:
- Being clearer when someone can use their direct payment to employ a relative living in the same household.
 - Encouraging carers to use the full amount of money and number of nights they have been given to take a break (otherwise known as respite care), so that they are better able to deliver their caring role.
 - Making it clear that a direct payment cannot be used to pay for a short break. However, it can be used to pay for care and support during a short break, in exceptional circumstances.
- 4.11. Overall, 61% of respondents agree with the proposed guidance and 17% disagree. 25% said it would have a positive impact on them and 15% said it would have a negative impact.
- 4.12. Adults currently in receipt of a direct payment are less likely to be supportive than other respondents. For example, 43% of adult respondents currently in receipt of a direct payment agree with the proposed guidance compared with 64% of other respondents.
- 4.13. All people in receipt of social care support (including respondents that do or do not receive direct payments) are more likely to say that the guidance would have a negative impact on them than other respondents. For example, 28% of people in receipt of social care support said it would have a negative impact on them compared with 5% of other respondents.
- 4.14. Similar findings also exist with disabled respondents compared to non-disabled respondents.

Figure 5: Views about providing clearer guidance on the use of direct payments



Numbers in brackets are the number of respondents to each question.

Comments from the consultation questionnaire/telephone survey

4.15. Over 200 respondents made comments about the proposal to improve guidance on the use of direct payments. The main points are:

- General support for direct payments and how they currently work, with respondents not wanting it to change (approximately 25-30% of comments about this proposal).

“I think direct payments work well as they are. Why change it? I’m worried you will introduce too many rules. Surely direct payments are there to be spent as people wish.”

- Support for improved guidance to increase consistency in the way direct payments are used and reduce confusion. This will be good for staff, service users and their carers and could help increase uptake of direct payments (approximately 20-25% of comments).

“Currently people are not sure what they can spend direct payments on. It makes it difficult to manage direct payments and can put people off. It will be good for all involved to have clearer guidance and may encourage people to take a direct payment.”

- Direct payments not considered a good idea for a variety of reasons, including them not being suitable for some people due to lack of capacity, confidence or skills (approximately 20-25% of comments).

“I don’t think direct payments are a good idea. It places a lot of responsibility onto people and many people are not suited to it. It is the council’s job to provide the care.”

Focus group key findings

4.16. All participants supported improving the guidance on the use of direct payments to increase consistency, reduce confusion and encourage use:

“It’s got to be a good thing. At the moment it just isn’t clear. Can you spend it on holidays, can you pay for travel, like taxis? It can make you quite anxious and confused and definitely puts some people off.” Carer

4.17. However, a small number of participants said that the guidance should not be overly restrictive and should be flexible enough to adapt to an individual’s situation:

“I’m glad they’re using the word ‘guidance’. It should stay as that. When it comes to adult social care, everyone’s situations are different, and you don’t want a black and white policy.” Carer

Views from stakeholders and staff

4.18. Stakeholders and staff made the following key points:

- Support for guidance to provide consistency and reduce confusion for direct payment recipients, staff and partners, but needs to be flexible to suit individual circumstances and provide choice and control, i.e. not overly restrictive or rule-bound.
- Stakeholders said that some carers are so concerned about accounting for direct payments expenditure, and the risk of overspending, that they subsidise the budget – only to find that there is money left over that they then cannot claim against because it is clawed back as ‘surplus’ – clear guidance will help overcome this.
- People need more support to use direct payments, such as recruitment and employment support, DBS checks and help with budget management.
- Direct payments need funding built-in to help recruit and train staff, which does not tend to be available within current budgets.
- Lack of capacity in personal assistant market needs to be resolved, which acts as a barrier to implementing a direct payment.
- Staff and providers need training to encourage people to use direct payments and support them to use it well.
- Carers said it is vital they are informed that money is going to be clawed back before it happens. Otherwise careful and considered planning can be undermined. Companies that act on behalf of direct payment budget holders are too quick to return money to the council without checking with carers.
- Stakeholders and staff would welcome being involved in reviewing draft wording of new guidance.
- It will be important to review the guidance once it is implemented to ensure it works effectively.

Employing family members

Comments from the consultation questionnaire/telephone survey

4.19. The law says that direct payments can only be used to employ family members in exceptional circumstances. The council consulted about these exceptional circumstances. Over 300 respondents made comments. The main points are:

- Paying direct payments to family members is open to abuse and should be avoided (approximately 10-15% of comments about this issue).

“This seems like a minefield. I can see how people will take advantage of it.”

- Checks and monitoring will be required to ensure payments are used appropriately and should be built into the care plan agreed with social workers (approximately 10-15% of comments).

“If it is agreed in a care plan, then it is the right thing to do. It would need careful monitoring so that it isn’t abused.”

- Paying family members should be decided on a case-by-case basis – depending on the individual in receipt of direct payment, the family member and the use to which the payment is put (approximately 5-10% of comments).

“Sometimes the family member is the best person to provide the care. So it should be judged on an individual basis.”

- Exceptional circumstances for employing family members include (all of the following received similar mentions – approximately 5-10% of comments each):
 - Care is 24/7 and the family member has to live with the person being cared for.
 - The care is ‘formal’ or ‘professional’.
 - The carer had to give up work to provide care.
 - The family member is the best person to provide the care (potentially due to a lack of suitable available staff or due to the unique circumstances of the individual being cared for and their relationship with the carer).
 - Providing care in one-off circumstances or extraordinary circumstances such as providing respite for other carers, providing care on holiday or a crisis situation where more care is provided than normal or the normal carer is unavailable.
 - Direct payments should not be used to pay a family member to do informal caring, which they may typically do on a day-to-day basis.

Focus group key findings

4.20. Participants expressed similar views to those above. Almost all participants said that it should be possible to pay family members, but only if they are providing formal/professional care and are the best option to provide this care:

“There are definitely times when family members should be paid. We have paid a family member if the main carer is away. Sometimes, as family members, we’re the best people to provide the care and basically do the job of a personal assistant. We don’t always take payment, but we should be able to.” Carer

4.21. Participants did stress that checks and monitoring should be made and that employing family members should be written into the care plan to avoid abuse:

“Some people will use it fairly and others won’t. It is open to abuse. The only way to guard against that is to make sure that each case is monitored and the only way to do that is to write it into care plans and include it in reviews.” Carer

Views from stakeholders and staff

4.22. Stakeholders and staff made the following key points:

- Appreciate this is a complex issue with risks but need to trust family members who, on the whole, will not abuse the system.
- Suitability will vary on a case-by-case basis, but could be appropriate especially where the family member is the most suitable person to be a carer. It can also be cost effective.
- Consequently, clear guidance is required and any arrangements should be agreed with the council in advance, written into the care plan, and outcomes monitored.
- Important to train and support carers if they are providing formal care.

- Important to monitor the quality of care provided by a family member, including safeguarding, and potentially register carers paid in this way.
- Need to trust family members – on the whole, they will not abuse the opportunity.

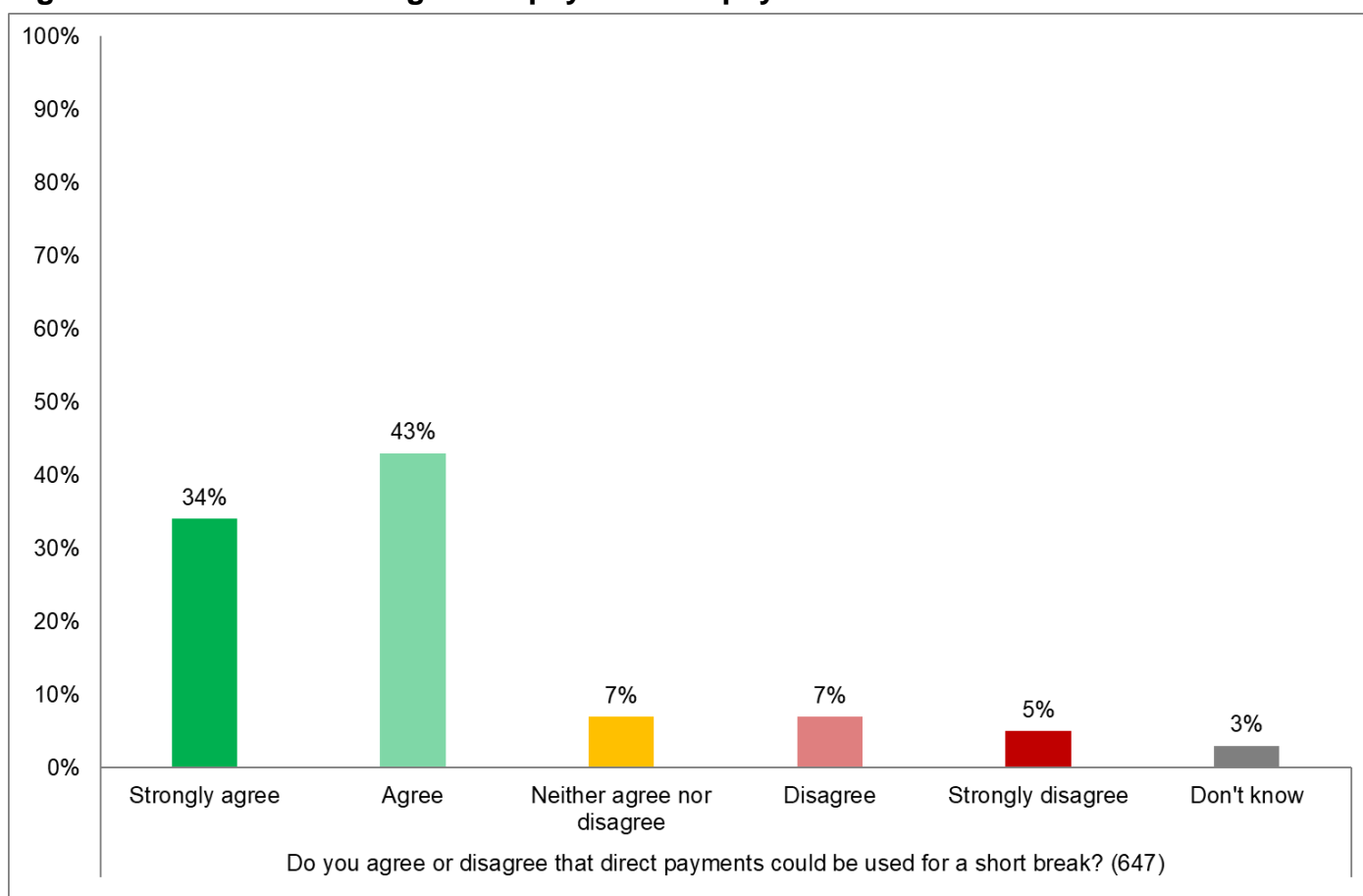
4.23. In addition, some staff were concerned that some carers may receive duplicate payments if they receive a carer's allowance.

Direct payments and short breaks

4.24. Overall, 77% of respondents agree with using direct payments to pay for short breaks and 12% disagree.

4.25. Results are consistent across different types of respondents, although adults currently in receipt of direct payments are even more in support (87% agree, including 50% that strongly agree) than other respondents.

Figure 6: Views about using direct payments to pay for a short break



Number in brackets is the number of respondents.

Comments from the consultation questionnaire/telephone survey

4.26. Over 300 respondents made comments about this issue. The main points are:

- Support for helping carers and service users go on holiday together to help reduce stress and have a change of environment (approximately 25-30% of comments about this issue).

“It is only fair that people should have the chance to go on holiday, have a break and change like everyone else.”

- Holidays/short breaks should not be paid for in themselves, but the care and support required to facilitate the break could be paid for, i.e. to pay for the care and support required to enable the cared for person to go on holiday (approximately 15-20% of comments).

“I don’t think you should pay for the actual holiday or meals or anything like that. But it is fine if it is paying for a bigger room or help at the airport or local care support while on holiday.”

- Holidays/short breaks can be paid for if they pay for the cared for person to go on holiday and in effect provide respite for the carer (approximately 10-15% of comments).

“It’s no different to respite. It’s win-win. If the person goes on holiday they have a good time and it provides respite to the carer.”

- Paying for holidays is open to abuse and should be avoided (approximately 10-15% of comments).

“It’s not right that people should spend social care money on holidays, people will take advantage.”

- Checks and monitoring will be required to ensure payments are used appropriately and should be built into the care plan agreed with the council (approximately 10-15% of comments).

“It is fine as long as it is agreed with the council and monitored carefully so that people do not abuse it and the positive outcomes recorded.”

- Should be judged on a case-by-case basis depending on the circumstances of individual, including their financial situation and the potential benefit of a holiday (approximately 5-10% of comments).

“Paying for a holiday is right for some but not for others. The approach should be flexible and depend on an individual’s needs and their personal and financial situation.”

Focus group key findings

- 4.27. Most participants were supportive of direct payments paying for holidays/short breaks if it had a positive benefit:

“People shouldn’t just go on holiday for the sake of it, but if it is something that can improve their quality of life and is appropriate to their care, then I don’t see why direct payments couldn’t be used to help people go on holidays.” Carer

“Carers need breaks but they don’t always want to put people into respite, so a better way can be to send them on holiday, giving everyone a break and a better experience.” Carer

- 4.28. Some participants said they use direct payments to help them go on holiday and said it is something they really value:

“I’ve been abroad and I’m going again next week. It is really exciting. I’m really glad I can use my money to go on holiday.” Person with learning disability

“I don’t want my son to go into respite. I’d rather he comes on holiday with us. That way we all get a break and a chance to spend time together in a different environment, which is good for our relationship. But it’s expensive so we need help with the costs of care.” Carer

- 4.29. Some participants stressed that direct payments should not be used to pay for the holiday itself, but to cover the cost of the care and support required to enable someone to go on holiday:

“What we don’t want is people spending the direct payment on a luxury holiday or rum and cokes in the sun. It should only be used to pay the expenses that come with taking someone on holiday that needs care, so that everyone can enjoy the break.” Carer

- 4.30. As with employing family members, most participants said that guidance should be clear and that the use of a direct payment to pay for a holiday should be included in the care plan:

“At the moment it is confusing and no one knows what you can and can’t do. They should definitely allow people to use direct payments to go on holiday, but it needs to be in someone’s care plan as something that would help improve their care and life.” Carer

Views from stakeholders and staff

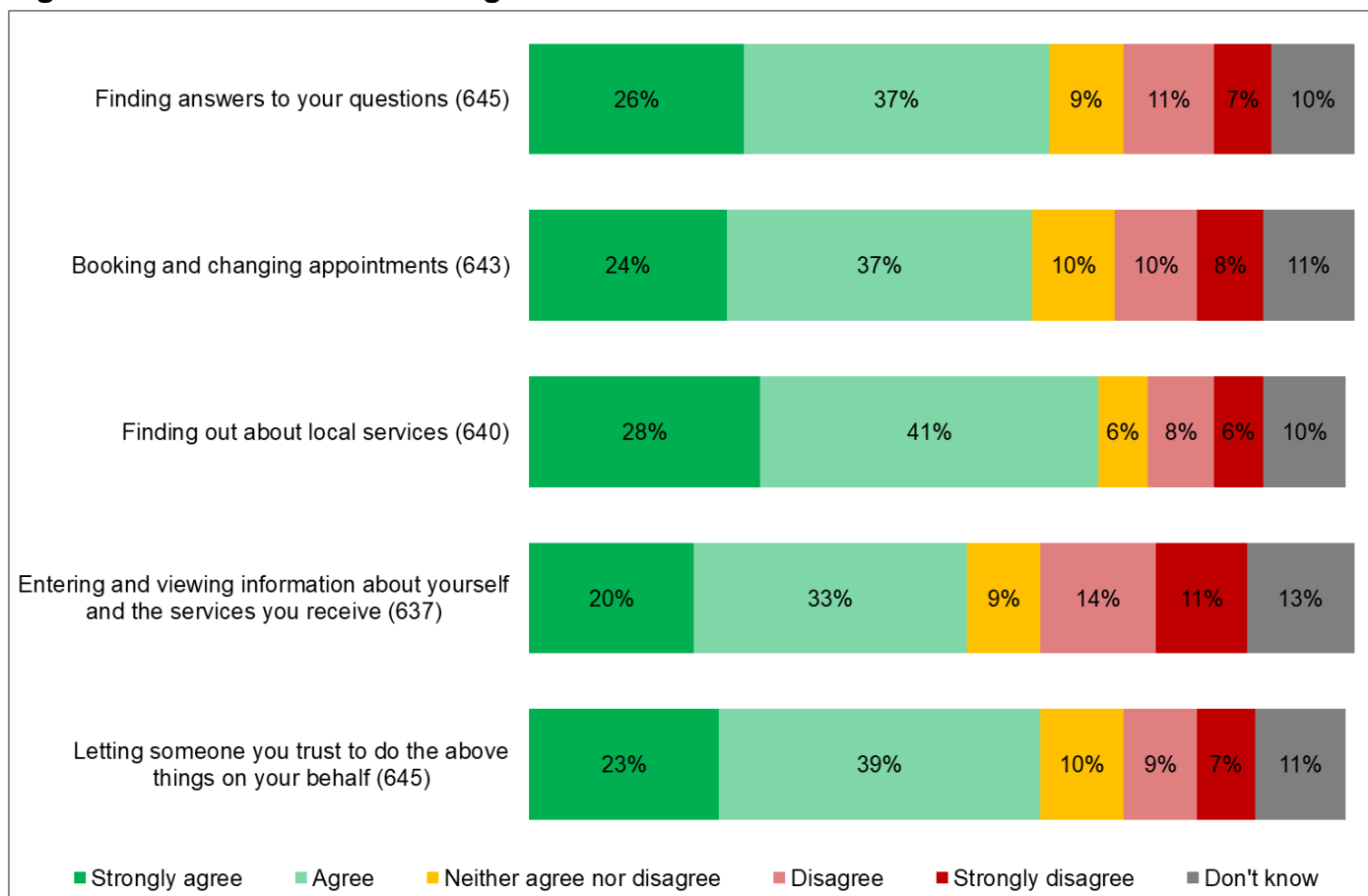
- 4.31. Stakeholders and staff made the following key points:

- Appreciated that this is a complex issue, which presents risks.
- Suitability will vary on a case-by-case basis and in some circumstances it will have a positive outcome for some people, such as respite for carers to increase their resilience or helping families bond.
- Clear guidance is required and professional judgement should be used.
- It should be written into the care plan, agreed with the council.
- The use of direct payments for holidays and the impact on outcomes should be closely monitored.

Section 5: Contacting the council and adult services

- 5.1. The council wanted to understand perceptions about using the internet to access information and support.
- 5.2. The majority of respondents agree with proposals to contact the council and adult services on-line:
- 63% agree with finding answers to questions.
 - 61% agree with booking and changing appointments.
 - 69% agree with finding out about local services.
 - 53% agree with entering and viewing information about themselves and the services they receive.
 - 62% agree with letting someone they trust do the above things on their behalf.
- 5.3. Older respondents are less likely to agree. For example, on average across all the above activities, 52% of respondents aged 65 and over agree with doing the activities on-line compared with 67% of other respondents. This difference becomes greater as age increases further.
- 5.4. Related to age, respondents that are currently in receipt of adult care support and/or direct payments (excludes carers) are also less likely to agree (54% agree on average) compared with 63% of other respondents. Similarly, 52% of disabled respondents agree compared with 68% of other respondents.

Figure 7: Views about contacting the council and adult services



Numbers in brackets are the number of respondents to each question.

Comments from the consultation questionnaire/telephone survey

5.5. Over 250 respondents made comments about this issue. The main points are:

- Older people and some disabled people are unable or not confident to use the internet and/or do not have internet access (approximately 30-40% of comments about this issue).

“I’m 90. I do not have a computer. I have never used the internet. It is a different language to me.”

- Support for greater use of the internet to help increase accessibility, choice and control (approximately 15-20% of comments).

“Doing more on-line is right and can make things more accessible for people.”

- Alternative access will have to be in place and support/training should be provided to increase digital inclusion (approximately 10-15% of comments).

“It is fine to do things on-line, but it shouldn’t be the only way to contact the council and you will need to help people go on-line and become confident doing things on-line.

- Data security needs to be ensured to encourage people to use the internet for these activities (approximately 5-10% of comments).

“As long as it is safe and my personal details are secure, it is fine.”

- Need to improve the website to facilitate this approach (approximately 5-10% of comments).

“It is good to do more on-line but I think your current website needs improving first.”

- Social care issues are complex and many aspects can not be managed on-line (approximately 5% of comments).

“I’m not sure doing more on-line with social care services is right. Issues are personal, sensitive and complex and often require speaking with someone.”

Appendices

Appendix 1: Demographic profile of respondents

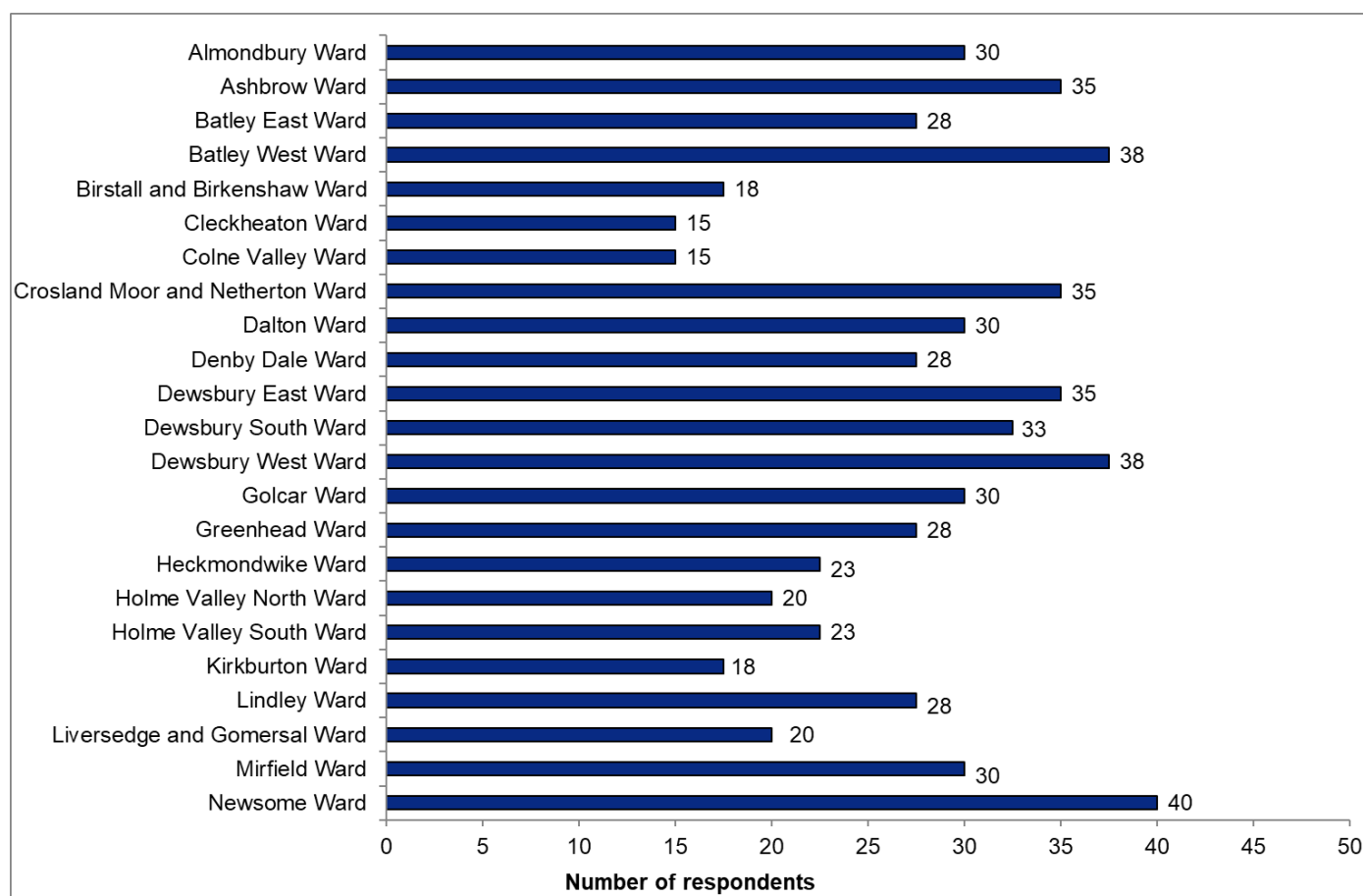
		Overall	Consultation questionnaire	Telephone survey
Base/no. of respondents		655	405	250
Q19 How would you describe yourself? Please select all relevant answers.	Resident of Kirklees	88%	82%	96%
	Someone who receives adult social care support	11%	13%	6%
	Someone who receives a direct payment	11%	17%	1%
	Young person or representative of a young person receiving a direct payment	6%	9%	-
	Carer	30%	40%	13%
	Young carer	0%	0%	-
	Professional working in health or adult social care	13%	19%	2%
	Representative of a local community group or organisation	7%	5%	10%
	Kirklees Council employee	13%	21%	1%
	Other	6%	10%	0%
		Overall	Consultation questionnaire	Telephone survey
Base		607	358	249
Q20 How would you describe your gender? Please select one answer only.	Male	40%	33%	50%
	Female	58%	65%	49%
	Other	1%	2%	0%

		Overall	Consultation questionnaire	Telephone survey
Base		608	359	249
Q21 What was your age on your last birthday? Please select one answer only.	Under 18	-	-	-
	18-24	-	-	-
	25-34	4%	7%	-
	35-44	7%	12%	-
	45-54	16%	28%	-
	55-64	32%	30%	36%
	65-74	25%	19%	34%
	75-84	11%	3%	22%
	85+	3%	1%	6%
	Under 55 - carer	1%	-	2%
		Overall	Consultation questionnaire	Telephone survey
Base		607	360	247
Q22 Are the day-to-day activities of you or anyone in your household limited because of a physical or mental impairment which has lasted or is expected to last at least 12 months, including problems related to old age? Please select one answer only.	Yes, a lot	38%	46%	26%
	Yes, a little	14%	13%	16%
	No	48%	41%	59%
		Overall	Consultation questionnaire	Telephone survey
Base		609	360	249
Q23 How would you describe your ethnic background? Please select one answer only.	White British	78%	79%	77%
	Other white background	2%	2%	1%
	Asian / Asian British	11%	5%	20%
	Black / African / Caribbean / Black British	1%	2%	-
	Mixed / Multiple ethnic groups	1%	1%	0%
	Other ethnic group	-	-	-
	Prefer not to say	7%	11%	2%

		Overall	Consultation questionnaire	Telephone survey
Base		605	358	247
Q24 How would you describe your religion or beliefs? Please select one answer only.	Buddhist	0%	0%	-
	Hindu	0%	-	1%
	Muslim	9%	4%	17%
	Christian	52%	53%	51%
	Jewish	-	-	-
	Sikh	0%	0%	0%
	No religion	24%	26%	21%
	Any other religion or belief	2%	2%	2%
	Prefer not to say	12%	14%	8%
		Overall	Consultation questionnaire	Telephone survey
Base		598	356	242
Q25 How would you define your sexual orientation? Please select one answer only.	Lesbian	0%	0%	-
	Gay man	1%	1%	-
	Bisexual	1%	2%	-
	Heterosexual	77%	73%	81%
	Other	0%	1%	-
	Prefer not to say	21%	23%	19%
		Overall	Consultation questionnaire	Telephone survey
Base		597	359	238
Q26 What is your relationship status? Please select one answer only.	Single	16%	19%	11%
	In a relationship	4%	6%	0%
	Married	64%	61%	70%
	Civil partnership	0%	0%	-
	Co-habiting	5%	7%	2%
	Other	10%	6%	16%

		Overall	Consultation questionnaire	Telephone survey
Base		606	358	248
Q27 Is your gender identity the same gender as it was assigned at birth? Please select one answer only.	Yes	93%	92%	93%
	No	1%	-	2%
	Prefer not to say	7%	8%	5%
		Overall	Consultation questionnaire	Telephone survey
Base		564	356	208
Q28 Are you . . . ? Please select one answer only.	Currently on maternity leave	-	-	-
	Currently on paternity leave	0%	1%	-
	Soon to be taking maternity leave (in the next 2 months)	0%	1%	-
	Soon to be taking paternity leave (in the next 2 months)	0%	1%	-
	None of the above	99%	98%	100%

Response by ward



Appendix 2: Consultation document

Adult Care Offer consultation 2018



Adult Care Offer consultation

Adult Care Offer consultation

What are we consulting about?

We are consulting about potential changes to adult social care and how we decide what care and support someone may need.

We are changing the way we do things because people tell us they want help to live independently and lead positive lives, make their own decisions, and have choice and control.

We are also making sure we spend public money carefully. Adult social care accounts for 36% of the council's spending on services. People are living longer and the demand for adult social care is expected to grow by at least 30% in the next 10 to 15 years. At the same time funding for local councils has reduced.

So we need to change the way we do things, save money and spend it carefully because the growing demand could make it difficult to deliver council services and to provide support to those in need.

We are proposing to change the way we do things by:

- Helping people live independently and well by preventing problems before they happen and helping people get back to living the way they want after a period of illness or injury. We are also helping people to help themselves and use more of the support already available to them in the community.
- Changing how we decide the amount of money and social care support people receive from the council.
- Being clear about how direct payments (this is where someone receives money to arrange their own care) are used by people, so they can use the money to help meet their needs.

We also want to know what you think about using the internet more to find out information and access services to help you live independently and well.

We want to reassure you that changes will not be made until after the consultation. Kirklees Council's Cabinet (which is the council's main decision-making group) will consider all your feedback and make a decision later in the year. Following a decision, any changes made will only be applied to people who currently receive social care support after they have received an individual review.



Adult Care Offer consultation

Why are we consulting?

The potential changes could impact on people and their carers who currently receive social care support, or people who may need support in the future. They could also impact on children and adults who receive direct payments from the council.

These changes are also important for organisations that provide community and social care support.

The consultation is also an opportunity to tell us what you think about the support we provide.

How can you take part in the consultation?

We have asked an independent organisation called Public Perspectives to help manage the consultation.

You can provide your view by completing this questionnaire. It is available on-line at:

www.kirklees.gov.uk/careoffer

Please call Public Perspectives if you have any questions or require help to complete the questionnaire. You can ask for a paper or easy read version of the questionnaire and we can provide help if your first language is not English. Please call Public Perspectives on:

0800 533 5386 (this number is free to call from landlines or mobile phones)

or e-mail: **Kirklees@publicperspectives.co.uk**

We are also consulting with the health service, social care providers and social care staff. We will also be conducting a telephone survey with people who may require social care support in the future and holding focus groups with people and carers who currently receive support.

The consultation is open for 8 weeks between Thursday 22nd March and Thursday 17th May 2018.

The following provides more detail about the potential changes and asks questions about their impact on you or the people you support.



Adult Care Offer consultation

The following is an example of this approach to help people live independently and well:

Lisa lives alone and was recently widowed. Her health has deteriorated, and she recently had a fall, which required her to have a short stay in hospital. Since the death of her partner, Lisa has become more and more isolated and lonely. Her children live far away from her and the only regular contact is from a neighbour. Lisa told us that she wanted to live at home and be as independent as possible. She also wanted to get out more and meet new people.

We helped Lisa return home by adapting her house to help her move around more easily and safely. The council talked with her, the neighbour and Lisa's children to agree that regular visits would be made. The neighbour has also agreed to help with Lisa's weekly shopping and will help prepare meals some days of the week.

Lisa has also been taught how to use a smartphone so she can have video calls with her children and grandchildren, which makes her feel less lonely.

The council also helped Lisa find out about local activities so she can get out more and meet new people. She now goes to a local community lunch club once a week, enjoys a coffee morning once a week, and gets picked up to go to church on Sundays. She also has regular home support to help her with meals and personal care because all her needs could not be met in the community and her neighbour is not able to do everything.

It is possible that in the past Lisa would have attended expensive day care services and had to receive more home visits to prepare meals and provide support. This may not have helped meet her needs because she would have been less independent and not able to get out and meet new people as much.

Q1. Do you agree or disagree with the approach to help people stay independent and make more use of community support, which may mean they receive less support directly from the council?

Please select one answer only.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know



Adult Care Offer consultation

Q2. What impact would this approach have on you, or the people you support?

Please select one answer only.

- Positive impact
- No impact
- Negative impact
- Don't know / not applicable to me

Q3. Do you have any comments about this approach or its impact?

Changing how we decide the amount of money and social care support people receive from the council

We propose to make changes to how we decide the amount of money and social care support people receive from the council. We use something called a Resource Allocation System to help decide the amount of money and social care support people receive. The Resource Allocation System produces something called an 'indicative' or starting budget, which is used to create a support plan. We think how we decide the amount of support people receive needs to be updated. This is so it takes account of our proposed new ways of doing things and the support available to people from family, friends, neighbours and the community.

Currently, people's needs are assessed by answering questions, which have points for each answer. These points are based on the type and level of social care needed. A person with a lot of needs will receive more points and they may get more money and support. We think this approach does not allow our staff to work closely with people and those close to them to identify and use the support already available and make use of modern equipment and technology. This can mean that some people receive adult social care when they could be helped to live independently and well in different and better ways.

We propose to make the following changes to how we decide the amount of money and social care support people receive:

- We will start by finding out what people want from their lives, instead of talking to them about their needs.
- We will work closely with people and their carers to find out what support is already available and help them to use it to live independently and well.
- This will also include talking about the support that family, friends and neighbours might need to care for people close to them for as long and as well as possible.
- We will then talk about any needs that are not being met by the community, and the council may provide support to meet these needs if people are eligible for support.



Adult Care Offer consultation

- Our staff will work with people to find the right amount and type of support to help people live the lives they want. This means they may find ways to help carers, help people use the support already available to them or provide short term support, equipment or technology to help people live independently for longer.
- The amount of money in the budget will be based on the actual costs of care.

These changes may mean some people receive less money and support directly from the council, but they could also be better off because they may have support that better meets their needs and helps them live the lives they want. These changes would also mean there is more money available to help those with needs that cannot be met in the community.

We want to reassure you that our approach meets the requirements listed in The Care Act 2014 (this is an important law, which makes the council's responsibility clear about providing support for people). This states that:

- People and those close to them should be involved in deciding the support they receive and how their budget is used.
- People should get the support they need, when they need it.
- The approach to decide the budget should be clear and people should be made aware of it, so they have confidence in the process.
- There should be a consistent approach to deciding budgets so that the amount of support provided is fair.

People who currently receive social care support would have a review before any changes are made to the amount and type of support they receive.

Q4. Do you agree or disagree with the proposed changes to the way the council decides the amount of money and support people receive (also known as the Resource Allocation System)?

Please select one answer only.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q5. What impact would these changes have on you, or the people you support?

Please select one answer only.

- Positive impact
- No impact
- Negative impact
- Don't know / not applicable to me



Adult Care Offer consultation

Q6. Do you have any comments about the proposed changes to how we decide the amount of support someone receives or the impact of the changes?

Being clear about direct payments

A direct payment is where someone receives an amount of money to arrange the care they need, rather than the council or another organisation arranging it for them. The individual, perhaps with support from family, friends or a community organisation, will choose how to spend their money and this will be set out in their support plan. This can allow people to have more control over how and when their care is provided, to suit their personal preferences.

At present, about 25% of people who receive social care support have a direct payment. People are using this money in different ways and in some cases direct payments are not used as well as they could to meet people's needs.

So we are developing clear guidance to help people who receive social care support, carers and social care staff to make sure direct payments are used effectively.

Although there is flexibility, the guidance will make it clear that support services arranged using a direct payment have to be safe, legal, help individuals live independently and well. Direct payments can only be used to meet the needs and pay for support that is agreed in people's social care assessments and support plans.

We are thinking about developing guidance such as:

- Being clearer when someone can use their direct payment to employ a relative living in the same household. The law says that direct payments can only be used to employ family members in exceptional circumstances. We want your help to think about what could be exceptional circumstances.
- Encouraging carers to use the full amount of money and number of nights they have been given to take a break (otherwise known as respite care), so that they are better able to deliver their caring role.
- Making it clear that a direct payment cannot be used to pay for a short break. However, it can be used to pay for care and support during a short break. In exceptional circumstances, the council knows that short breaks can help people and their carers feel better. There is potential for the council to provide some support towards a short break. This would be capped at up to £500 a year, which is the average cost of respite care for a week. This would be at the discretion of the council and discussed with people when their needs are assessed. We want to know what you think about this and in what exceptional circumstances this could happen.



Adult Care Offer consultation

Q7. Before today, had you heard about direct payments?

Please select one answer only.

- Yes
- No
- Don't know

Q8. Do you think more people should choose to take direct payments?

Please select one answer only.

- Yes
- No
- Don't know

Q9. What is stopping people from having a direct payment, and how can they be helped to have one?

Q10. Do you agree or disagree with the council's proposed guidance about using direct payments (outlined earlier)?

Please select one answer only.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q11. What impact could the proposed approach to direct payments have on you, or the people you support?

Please select one answer only.

- Positive impact
- No impact
- Negative impact
- Don't know / not applicable to me



Adult Care Offer consultation

Q12. Do you have any comments about the proposed approach to direct payments, its impact, or your experience of direct payments?

Q13. In what circumstances, if any, do you think a direct payment could be used to pay family members to provide care and support?

Q14. Direct payments can be used for carer breaks and respite care. In some circumstances a short break may be the best option to support the carer and the cared for person. Do you agree or disagree that direct payments could be used for a short break?

Please select one answer only.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know

Q15. In what circumstances, if any, do you think a direct payment should pay for a short break?



Adult Care Offer consultation

Contacting the council and adult services

People are now using the internet more to speak with each other, and to contact companies and councils. People now use websites to find information, buy things, and view information about themselves (for example, to look at bills, bank statements, or appointments).

We want to improve the experience our customers have when they contact the council and adult services. We are thinking about improving our website to make it easier for people to tell us things or get information from us.

Q16. Do you agree or disagree with doing any of the following activities on the internet when contacting the council and adult services? Please select one answer for each activity.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
Finding answers to your questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Booking and changing appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finding out about local services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entering and viewing information about yourself and the services you receive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Letting someone you trust to do the above things on your behalf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q17. Do you have any comments about using the internet to contact and access services from the council and adult services?



Adult Care Offer consultation

Q18. Do you have any further comments about the proposed changes to adult social care, and anything you have read here?

About you

We want to ask you some questions about yourself. This will help the council understand if there are differences in opinion between different groups of people and whether the impact of the proposed changes will affect people differently. We want to stress that what you say will be treated anonymously and confidentially, this means that your responses will not be linked to your name or personal details.

Q19. How would you describe yourself?

Please select all relevant answers.

- Resident of Kirklees
- Someone who receives adult social care support
- Someone who receives a direct payment
- Young person or representative of a young person receiving a direct payment
- Carer
- Young carer
- Professional working in health or adult social care
- Representative of a local community group or organisation
- Kirklees Council employee
- Other

If 'Other', please specify:

If a representative of a local community group or organisation, please specify the name of the organisation:

The next questions should only be answered if you are a resident of Kirklees, someone who receives social care support and/or a direct payment, a carer or a young carer.



Adult Care Offer consultation

Q20. How would you describe your gender?

Please select one answer only.

- Male
- Female
- Other

Q21. What was your age on your last birthday?

Please select one answer only.

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75-84
- 75-84
- 85+

Q22. Are the day-to-day activities of you or anyone in your household limited because of a physical or mental impairment which has lasted or is expected to last at least 12 months, including problems related to old age?

Please select one answer only.

- Yes, a lot
- Yes, a little
- No

If 'Yes', what type of physical or mental impairment do you have?



Adult Care Offer consultation

Q23. How would you describe your ethnic background?

Please select one answer only.

- White British
- Other white background
- Asian / Asian British
- Black / African / Caribbean / Black British
- Mixed / Multiple ethnic groups
- Other ethnic group
- Prefer not to say

Q24. How would you describe your religion or beliefs?

Please select one answer only.

- Buddhist
- Hindu
- Muslim
- Christian
- Jewish
- Sikh
- No religion
- Any other religion or belief
- Prefer not to say

Q25. How would you define your sexual orientation?

Please select one answer only.

- Lesbian
- Gay man
- Bisexual
- Heterosexual
- Other
- Prefer not to say



Adult Care Offer consultation

Q26. What is your relationship status?

Please select one answer only.

- Single
- In a relationship
- Married
- Civil partnership
- Co-habiting
- Other

Q27. Is your gender identity the same gender as it was assigned at birth?

Please select one answer only.

- Yes
- No
- Prefer not to say

Q28. Are you...? Please select one answer only.

- Currently on maternity leave
- Currently on paternity leave
- Soon to be taking maternity leave (in the next 2 months)
- Soon to be taking paternity leave (in the next 2 months)
- None of the above

Q29. What is your postcode? (We ask this so we can analyse the results by different areas. We are not able to identify you personally).

What happens next?

Public Perspectives, the organisation helping the council manage the consultation, will produce an independent report of the consultation results. This report will show what people think about the proposed changes and their impact. It will also show any changes or improvements that could be made to adult social care based on your feedback.

No decisions or changes will be made until after the council has looked at the feedback from the consultation. Kirklees Council's Cabinet (which is the council's main decision-making group) will consider your feedback, along with other information such as relevant legislation and budget pressures, before making a decision. The report and the decision will be available on the council's website.



Adult Care Offer consultation

Thank you for taking part in the consultation.

Please put your completed questionnaire in the post in the Freepost envelope provided (no stamp needed) by Thursday 17th May 2018. If you have lost the freepost envelope, you can send this questionnaire free of charge to:

**Freepost RSGJ-HSTC-CGTT
Kirklees Adult Care Offer consultation
c/o Public Perspectives Ltd
20 Camp View Road
St. Albans
AL1 5LL**



This page is intentionally left blank

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 17 July 2018

Title of report: Mental Health Rehabilitation and Recovery Engagement, Communication and Equality Plan (Draft)

Purpose of paper

The purpose of the draft paper is to provide information to members on the planned engagement activity to support the development of mental health rehabilitation and recovery services in Kirklees. This paper is provided to support initial discussion.

The paper describes the scope of the engagement and the process it will follow to engage stakeholders. Members are asked to consider the paper and provide feedback on the content and process before the final plan is agreed.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	N/A – Report produced for information
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Strategic Director</u> & name Is it also signed off by the Service Director for Finance IT and Transactional Services? Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	No - The report has been produced to support the discussions with Greater Huddersfield CCG and North Kirklees CCG.
Health Contact	Vicky Dutchburn - Greater Huddersfield CCG & North Kirklees CCG

Electoral wards affected: All of Kirklees

Ward councillors consulted: Yes

Public or private: Public

1. Summary

North Kirklees Clinical Commissioning Group (CCG), Greater Huddersfield CCG and the Local Authority are engaged in a programme of service transformation across Kirklees in relation to the provision of mental health rehabilitation and recovery services in line with Joint Commissioning Panel Guidance for Mental Health Rehabilitation Services.

The purpose of the engagement plan is to describe a process which will help the CCGs and the Local Authority to engage with patients, family and carers and staff on NHS commissioned services for people who have a serious mental illness that includes a primary diagnosis of psychosis, including people with a dual diagnosis.

This plan describes the background to the existing services, the legislation relating to any service change that the CCGs must work to and an overview of what we already know about the services from patients, carers, staff and other sources.

The plan describes how the CCGs will engage with the above population and any other identified stakeholders. The purpose of the plan is to provide information on the approach to engagement with patients and key stakeholders.

2. Information required to take a decision

Both Greater Huddersfield and North Kirklees CCGs commenced a review of mental health provision following the publication of new national guidance. The review highlighted a number of gaps in provision and areas where improvements could be made.

It was identified that current provision to support rehabilitation and recovery in mental health could be improved and enhanced. The plan describes the engagement required to support a future service model and ensure that the services provided in the future meet the needs of the local population.

The CCGs in partnership with the Local Authority would like to commence engagement on:

- The re-provision of Enfield Down services
- The development of a community led model of care

The engagement will focus on the re-provision of a facility that would include a bed base and supported living accommodation with an enhanced community service model.

Members are asked to consider the scope of the engagement and the information presented including the process for involving people and the timeline for delivery.

3. Next steps

Once the plan is signed off the engagement will commence. An online and paper survey will be developed alongside other materials to support the engagement process.

Following the engagement process a report of findings will be written, which will include a section on equality. The report will be shared with members for information whilst the CCG and Local Authority consider the views of local people in the development of a proposed model.

Once a service model has been developed OSC can be updated on any future proposals and the next steps required to support this work.

4. Officer recommendations and reasons

It is recommended that:

- Members comment on the draft plan before 31st July 2018
- Members receive a report of findings from the engagement for information
- The CCG identifies future dates to ensure members remain involved going forward and timeline for activity is agreed to support this work

5. Contact officers

Toni Smith – Head of Continuing Care – North Kirklees CCG

Karen Pollard – Senior Programme Manager – Mental Health – Greater Huddersfield CCG

6. Background Papers

They are available on request and are included within the CCGs Programme management office

7. Service Director responsible

Vicky Dutchburn – Head of Strategic Planning, Performance & Delivery: Greater Huddersfield & North Kirklees CCGs



**Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group**

**Mental Health Rehabilitation and Recovery
Engagement, Communication and Equality Plan**

Draft

Contents
1. Introduction
2. Background
3. Legislation <ul style="list-style-type: none">• Health and Social Care Act 2012• The Equality Act 2010• The NHS Constitution
4. Principles for Engagement
5. What engagement has already taken place?
6. Aim and objective of the engagement activity
7. Communications
8. Equality
9. Non pay Budget
10. High level timeline for delivery
11. How the findings will be used
12. Appendices

Version	Change	Title	Status/date
V1	Zubair Mayet	Engagement Manager	Draft 26/6/18
V2	Sarah Mackenzie-Cooper	Equality & Diversity Manager	Draft 27/6/18
V3	Zubair Mayet	Engagement Manager	Draft- 28/6/18
V3	Karen Pollard	Mental Health Transformation Programme Manager	Draft- 28/6/18
V4	Zubair Mayet	Engagement Manager	Draft 2/7/18
V5	Toni Smith Karen Pollard Stephanie Twomey Zubair Mayet	Head of Continuing Care Mental Health Transformation Programme Manager Mental Health Commissioning Manager Engagement Manager	Draft 4/7/18
V6	Toni Smith Karen Pollard Zubair Mayet	Head of Continuing Care Mental Health Transformation Programme Manager Engagement Manager	Draft 6/7/18
V6		To OSC for comment	Draft 9/7/18

1. Introduction

1.1 North Kirklees Clinical Commissioning Group (CCG), Greater Huddersfield CCG and the Local Authority are engaged in a programme of service transformation across Kirklees in relation to the provision of mental health rehabilitation and recovery services in line with Joint Commissioning Panel Guidance for Mental Health Rehabilitation Services¹ (the Guidance). The purpose of the engagement plan is to describe a process which will help the CCGs and the Local Authority to engage with patients, family and carers and staff on NHS commissioned services for people who have a serious mental illness that includes a primary diagnosis of psychosis, including people with a dual diagnosis. Our aim is to engage with service users, carers and staff to identify, not just how we can improve and develop the services in line with the Guidance, but how we can achieve greater integration of service provision overall.

This plan describes the background to the existing services, the legislation relating to any service change that the CCGs must work to and an overview of what we already know about the services from patients, carers, staff and other sources.

The plan describes how the CCGs will engage with the above population and any other identified stakeholders. The purpose of the plan is to provide information on the approach to engagement with patients and key stakeholders.

2. Background

2.1 Both Greater Huddersfield and North Kirklees CCGs commenced a review of mental health provision following the publication of new national guidance. The review highlighted a number of gaps in provision and areas where improvements could be made.

It was identified that current provision to support rehabilitation and recovery in mental health could be improved and enhanced. The plan describes the engagement required to support a future service model and ensure that the services provided in the future meet the needs of the local population.

¹ <https://www.jcpmh.info/wp-content/uploads/jcpmh-rehab-guide.pdf>

The CCGs in partnership with the Local Authority would like to commence engagement on:

- The re-provision of Enfield Down services
- The development of a community led model of care

The engagement will focus on the re-provision of a facility that would include a bed base and supported living accommodation with an enhanced community service model.

The CCGs, Local Authority and current providers will work together to reach a wide range of stakeholders to ensure a future service model considers a range of stakeholder views including those who currently use or may need to use a future service. The plan describes the engagement, communication and equality considerations required to ensure this takes place. More information on current provision can be found in appendix 1.

At the present time people in the community who require rehabilitation services are supported by the generic Community Mental Health teams. In addition, many of these people will have had multiple acute inpatient and Psychiatric Intensive Care Unit PICU admissions during 2017. Wider participation in rehabilitation and recovery services is therefore required.

Of the people receiving inpatient rehabilitation services, there are currently 20 people receiving services in the SWYPFT inpatient rehabilitation service at Enfield Down; however a significant proportion of these people require long term complex care, rather than rehabilitation services. In addition there are 43 people who are receiving services in out of area locked rehabilitation placements.

3. Legislation

3.1 NHS Greater Huddersfield and North Kirklees Clinical Commissioning Groups (CCG) commission (buy) local NHS services on behalf of the local population. This means that any plans to change the way a service is provided or delivered is subject to the legislation the CCG must follow. The legislation is set out below:

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

NHS Act 2006

The NHS Act 2006 defines the statutory responsibilities of the CCGs in regard to the parameters for delivering care including accommodation.

Mental Health Act 1983 (updated 2007)

The Mental Health Act and Code of Practice define what is required of providers when carrying out functions under the Mental Health Act, including statutory guidance for registered medical practitioners and other professionals in relation to the medical treatment of patients suffering from mental disorder.

The Mental Health Act and Code of Practice also set out the roles and responsibilities of the Local Authority and the CCG in arranging Section 117 after care.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. All public authorities have this duty so partners will need to be assured that "due regard" has been paid through the delivery of engagement and consultation activity and in the review as a whole.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

4 Principles for Engagement

4.1 In addition to the legislation each CCG has a 'Patient Engagement and Experience or Communication Strategy'. The strategy for each organisation has been developed with the agreement of key stakeholders. Each strategy sets out the approach to engagement, including what the public can expect when any engagement activity is being delivered. The principles for engagement set out in the strategy for Greater Huddersfield CCGs will;

- Ensure that we engage with our public, patients and carers early enough throughout any process.
- Be inclusive in our engagement activity and consider the needs of our local population.
- Ensure that engagement is based on the right information and good communication so people feel fully informed.
- Ensure that we are transparent in our dealings with the public and discuss things openly and honestly.
- Provide a platform for people to influence our thinking and challenge our decisions.
- Ensure that any engagement activity is proportionate to the issue and that we provide feedback to those who have been involved in that activity.

The communication and engagement principles for North Kirklees CCG are:

- to work in partnership with other agencies, stakeholders, patients, carers and patient representatives
- to ensure that communications and engagement activities are accessible to all audiences
- to be open, honest, consistent, clear and accountable
- to create innovative ways for people to engage and communicate with us
- to create communications and engagement activities that are well planned, high quality, happen at the right time and are carefully targeted
- to have a two-way communication and engagement process with the third sector
- To train and develop our members so they have the skills to develop our communication and engagement – it is everyone's responsibility.

The strategies set out what the public can reasonably expect each CCG to do as part of any engagement activity. This process needs to preserve these principles to ensure public expectations are met.

5 What engagement has already taken place?

SWYPFT undertook engagement during 2017 in relation to the changes at Enfield Down and the introduction of a community rehabilitation and recovery service. Detailed below is an extract from the engagement report, identifying the conclusions and key findings:

- Discussions took place with 20 Enfield Down service users. A significant number of service users interviewed were quite unwell and not fully able to undertake in neither understanding nor being able to fully answer the questions using the questionnaire. Only 8 responses were received from family /carers and 2 staff care responses.

- All responses indicated that services like Enfield Down are a necessary part of the recovery pathway. Service users are aware they have a Recovery Plan at Enfield Down that gives their lives structure and focus and that staff play a positive role in helping and supporting them as they progress through their recovery pathway.
- All responses recognised that having compassion, understanding, a caring, empathetic nature, patience and being a good listener are the overriding skills that a person needs to work in Mental Health.
- The question which should be asked is ED fulfilling its purpose as a rehabilitation and recovery service bearing in mind the length of stay / residency of some of its service users varying between almost 16 years, 6 years, 3 years and between 2 ½ to 2 years. It is imperative that we understand service users at Enfield Down have varying degrees of complex mental health needs, that these individuals are very much unwell and are unable to live out in the community without the 24 hour bed base support and care provided by Enfield Down and its staff.
- The majority of staff considered that there should be a purpose built bed base for services users with long term complex mental health needs within Huddersfield as they feel these individuals would not be able to live on their own within their own homes or in the community. Not having 24 hour care from trained and skilled staff would potentially lead to service user having a relapse. Not taking their medication on time, not looking after their personal hygiene.

Key Findings

- Service users are aware they are at Enfield Down for rehabilitation, to improve their Independent Living Skills and progress towards moving back into the community
- Service users feel that staff play a significant role in supporting them and helping them develop their skills through setting goals in their Recovery Plans.
- Although some people are aware of the need for professional qualifications, service users and family members believe the key attributes a person must have to work in mental health services are: Compassion, be caring, understanding, empathetic, patient and a good listener.
- Care in the community should involve having a Mental Health Recovery Hub that affords 24/7 access to service users who need it.
- Having a 'safe' place for service users to meet with a member of staff for 1:1 assessments has been mentioned by service users, family/carer and staff.

6 Aim and objectives of the engagement activity

6.1 The aim of the engagement activity will be to capture the views of patients, family and carers who have experience of the services, and those that may need the services and staff of the existing services and any key stakeholders to help inform the development of any proposals for future arrangements. The target audience for engagement will be:

- Patients of mental health rehabilitation and recovery services in Kirklees or funded by Kirklees
- Staff and health care professionals within services
- Other stakeholders as determined

The aim of the engagement is to initiate a genuine and meaningful process to ensure the CCGs can reach, inform, communicate and engage patients, family and carers, staff and key stakeholders. In delivering this aim the objectives will be:

- To complete the engagement in a 7 week period.
- To communicate clearly and simply the engagement using various methods and approaches, designing our materials to meet the needs of the audience.
- To provide an explanation of the reason for the engagement.
- To gather feedback using a variety of appropriate mechanisms including face to face contact and discussions, electronic and paper surveys.
- To ensure the CCGs engage with those patients who represent protected groups, as defined by the Equality Act 2010, in a meaningful way, appropriate to their needs.
- To understand who is most likely to be impacted by the plans, utilising the equality impact assessment and ensure that these groups are particularly targeted.
- To analyse the feedback from the engagement process and use this to further enhance the equality impact assessment.
- To provide a report of findings on the engagement and ensure enough time is given to consider those findings.
- To provide clear and meaningful feedback to patients and key stakeholders on the findings of the engagement process.
- To ensure we can demonstrate that the views expressed have been considered as part of the decision making process to develop any options that may result in service change.

7 Engagement

The engagement will be delivered over a 7 week period commencing 28 August 2018. The engagement activities that will take place during the engagement are set out below. The activities will be delivered by current service providers and commissioners to ensure the engagement reaches current service users, potential services users and those who represent protected groups as identified by the Equality Act 2010.

7.1 What do we plan to do?

A survey will be developed to use to gather views of the different stakeholders this sets out the background to the services and the potential proposals for change. The survey includes an equality monitoring form and returns will be monitored to ensure we reach a representative sample of the services users and others and where this is not the case further work will be undertaken to reach any gaps.

7.2 Engagement activities:

Engaging service users

Service users who use both local and out of area services will be asked questions as part of a one to one interview. The questions can be asked using three approaches;

- As a discovery interview
- As a case study, or
- As a questionnaire

The engagement lead will need to ensure that the service user is comfortable with the approach, the method of engagement and the situation in which the engagement is conducted. It may not be appropriate to use a focus group approach although this could be added as an additional method for identifying common themes. In addition advocacy support may be required to enable full participation.

Engaging carers and families

Families and carers will be contacted through carer networks and/ or the current service. The methods that will be used will consist of a combination of;

- Surveys sent by post with a letter (including online options)
- Telephone interviews
- Face to face interviews
- Surveys collected from the service

Engagement with voluntary and community groups Community Voices (assets) and other groups representing the geographical area of North Kirklees will be identified. Groups will be deployed and/or supported to ensure that we reach a wide and diverse population including those seldom heard.

Community Voices are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. This will be through focus group work, face to face conversations and other innovative methods. These conversations will be led in a variety of approaches to provide intelligence to support our approach.

For other groups not covered by Community Voices who have links to the population of North Kirklees, they will be supported by engagement staff.

Copies of the survey will be sent to voluntary and community groups who have an interest in mental health to promote with their members.

Engaging staff and providers

In order to gather the views of staff and service providers there will be an option to complete either online or paper copy. Staff will be asked the same questions as service users, families and carers. A freepost return option will also be available for staff. Staff will be made aware of the engagement activity via internal websites, newsletters and briefings.

A Provider Engagement Event will be advertised on NHS Contract Finder. The focus for the event will be on pathways, protocols and specification development. There will be presentations outlining the good practice guidance and the current and proposed service models. Following the presentations there will be workshop style discussions in relation to integrated working, equality issues as well as specific areas of specification development that need to be addressed.

The findings from the provider event, together with the service user engagement will inform the service development work both in relation to the services in scope for the project and the services, not in scope, but which currently support and will continue to support the mental health rehabilitation and recovery service model.

The engagement will be promoted on the CCGs, Local Authority SWYPFT and providers and stakeholder websites. This will include information about the engagement and its background and links to the online survey.

7.3 Communications

Target audiences

Existing communication channels will be utilised to reach key stakeholders and ensure any information on the engagement and opportunities to provide views and comments are promoted. The CCG will;

- Work with communications colleagues to develop a media release and other communications tools to let people know how we intend to engage with stakeholders. Build messaging about our approach to engagement into on-going media.
- Supporting the production and distribution of any engagement materials including any supporting Q&A documents.

We have identified the key target audiences below and the main mechanisms that will be used to reach them during the engagement period.

Target Audience	Delivery Method
People who use services, carers and families	Raise awareness of the engagement through: <ul style="list-style-type: none">• Community Voices• Membership forums• Third Sector networks• Patient groups

	<ul style="list-style-type: none"> • Carers groups • Providers including housing providers
OSC/Health and Well-being board	Meetings/briefings
Provider/Staff	<ul style="list-style-type: none"> • Survey • Internal bulletins • Staff Intranets • Cascades at meetings through managers. • Provider Event
Healthwatch	Email and personal discussions
Elected members / Councillors	Information to be circulated electronically – as requested
Local Professional Committees	Information to be circulated electronically Further information/meetings as requested
Media	Reactive/proactive content developed if required
Member practices	Utilise practice manager forums Member networks
Other stakeholders	Information provided to any other stakeholders who may have an interest or need to know about the engagement including information on how to respond

Communication resources

The CCG will produce a range of communication materials to support the engagement process as indicated below.

- Engagement plan and survey. The CCG will encourage the use of material provided online however these items will also be made available to the public/stakeholders in a printed format
- Accessible, easy read and translated material will be available on request.
- There will also be a contact telephone/text number for people who want to find out more about the engagement

Communications mechanisms

- **CCGs website** will contain information about the engagement as above
- **Social Media:** The CCGs will promote the engagement via Twitter or Facebook
- **Leaflets/posters** promoting the engagement and any activities to be made available in services.
- **Key messages:** key messages will be included in any engagement material. These will be consistent, clear and easy for people to understand and support their involvement in the process.
- **Engagement documents:** to include:

- What the engagement is about in a clear simple way
- How to give views and the deadline for submitting responses
- Survey
- Equality monitoring
- How to access alternative versions
- How the CCGs will be using these findings/views and any next steps

8 Equality

8.1 To ensure the engagement process meets the requirements for equality the CCG will need to evidence that due regard has been paid to their equality duties.

Engagement activity should be designed to ensure it is appropriate to the reach the target audience, with materials adjusted to ensure accessibility where necessary. Care should be taken to ensure that seldom-heard interests are engaged with and supported to participate.

All engagement activity will be equality monitored to assess the representativeness of the views gathered during the engagement process. The equality data captured during the engagement will be analysed. This analysis will be reported to highlight any underrepresentation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps. Throughout the engagement a view will be taken to identify any underrepresentation where found, measures will be taken to address through the process.

Once complete the analysis will consider if any groups have responded significantly differently to the engagement or whether any trends have emerged which need to be addressed in the implementation stage. This data will be part of the evidence to support the equality impact assessment process.

The data from the engagement activity will be combined with other data and research to develop the Equality Impact Assessment. This helps us to understand the potential impact of the proposals on different groups so that any negative impact can be considered and mitigated through the decision making process.

Where it is not possible to gather such data, such as complaints and social media the CCGs will record any information provided.

The engagement process will target protected groups and create accessible, other language and Easy Read copies of the engagement information and survey on request.

Target communities

As noted in Section 2, the Kirklees Health Needs Assessment found that the prevalence of psychotic disorder was higher in black men. It will be important to ensure that this is reflected in the engagement activity.

Otherwise the Health Needs Assessment did not find a significant difference in relation to the prevalence of psychotic disorder, either between women and men or in relation to other ethnic minority groups; however recognising that men are often underrepresented

in engagement activity additional effort should be made to ensure their views are fully heard.

To take account of the future users of the service consideration has been given to national research. This has identified the following groups as most likely to experience significant mental health issues including psychosis:

- BME groups
- Younger people
- Socio-economic groups

9 Non pay budget required

Engagement Budget	
Item	Estimated Cost
Community Voices undertaking engagement	TBC
Provider Event	TBC
Interpreters	TBC
Advocacy	TBC
Engagement documents (Printing cost)	In house
Accessible formats – language, large print, Braille and Easy Read	On request TBC
Maximum total budget required	TBC

10 High level time line for the delivery of engagement

What	By When
Engagement stage covered by this plan	
Preparation and planning for engagement and EQIA	17 August 2018
Engagement to start (8 weeks)	28 August 2018
Analysis and report including equality data	5 November 2018
Engagement considered in the development of any future proposals and EQIA	November 2018

11 How the findings will be used

The findings from the engagement will be used alongside any existing intelligence to inform the development of options on the future arrangements for services. An engagement report will be written outlining all intelligence, including the equality findings from engagement.

The engagement report will provide an overview of the engagement process and the feedback will be received and considered by the CCGs and stakeholders. The report will be received through CCG governance and once considered a decision will be made on the next steps.

Draft

Appendix 1: Services currently commissioned

Inpatient rehabilitation services (SWYPFT, Enfield Down)

Currently there are 23 beds in use at Enfield Down which are occupied by people in receipt of rehabilitation and recovery services and people who have complex care needs. Due to the clinical environment the bed numbers currently available to use have been reduced down from the original 29 commissioned.

The hospital inpatient rehabilitation service is available to people who are receiving services under a section of the Mental Health Act (MHA) 1983 or “informal patients”, i.e. people who are not subject to the MHA, where it is considered that they clinically require, and would benefit from rehabilitation and recovery services.

People accessing the service, step down from acute inpatient wards, the Psychiatric Intensive Care Unit (PICU), or locked rehabilitation services.

Admission to this unit is managed by secondary care mental health services.

Community rehabilitation services in a nurse led residential home (Richmond Fellowship)

Community rehabilitation services are currently provided in a nurse led, nine bed residential home commissioned from Richmond Fellowship.

In line with the Guidance, community rehabilitation residential home services will be provided to people for a medium or longer period of time (proposed two to five years).

As with inpatient rehabilitation services, people accessing the service may be stepping down from acute inpatient wards, the Psychiatric Intensive Care Unit (PICU), locked rehabilitation services or other rehabilitation services on the pathway.

The service is available to people who have a reduced level of risk compared to people in receipt of inpatient rehabilitation services or nursing home services and where it is considered that rehabilitation services in a less restrictive environment could be beneficial. Some people may be subject to a Community Treatment Order (CTO).

Access to the service is through the CCG panel process. The service will work in partnership with secondary care mental health services.

Services for people with longer term complex needs (SWYPFT, Enfield Down, Out of area placements)

Currently there are 23 beds at Enfield Down which are occupied by people in receipt of rehabilitation and recovery services and people who have complex care needs. There are also a number of out of area placements.

People accessing the service may be stepping down from locked rehabilitation services or other hospital based services and they are likely to have been in receipt of services

for a considerable length of time. Their illness is likely to be treatment resistant with the result that it would not be safe for them to live independently in the community.

Access to the service is through the agreed panel process. The service pathway has identified interdependencies with other secondary care acute and community mental health services.

Draft

This page is intentionally left blank

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME 2018/19

MEMBERS: Cllr Liz Smaje (Lead Member), Cllr Nell Griffiths, Cllr Fazila Loonat, Cllr Alison Munro, Cllr Gemma Wilson, Cllr Habiban Zaman, Peter Bradshaw (Co-optee), David Rigby (Co-optee).

SUPPORT: Richard Dunne, Principal Governance & Democratic Engagement Officer

FULL PANEL DISCUSSION		
ISSUE	APPROACH/AREAS OF FOCUS	OUTCOMES
<p>1. Financial position of the Kirklees Health and Adult Social Care Economy.</p>	<p>Maintain a focus on the finances of the health and social care system in Kirklees to include:</p> <ul style="list-style-type: none"> • Reviewing any emerging transformation programmes and assessing their contribution to increasing efficiencies and impact on services. • Considering the various Cost Improvement Schemes (CIPs) and their impact on the delivery and commissioning of services. 	<p><u>Panel meeting 19 June 2018</u></p> <p>The Panel received an update on the financial position of the health and adults social care economy. The Panel agreed :</p> <ol style="list-style-type: none"> 1. To look in detail at the Cost Improvement Plans from NHS Partners and the Council. 2. That the Panel would wish to see more discussions taking place across CCG and Acute Trust areas to better support the work of Place in Kirklees. 3. To receive a copy of the Kirklees Integrated Commissioning Boards Work Plan. 4. To receive a copy of the Winter Pressures report that will go to the Kirklees Health and Wellbeing Board
<p>2. Kirklees Health and Wellbeing Plan (STP) to include work emerging from the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)</p>	<p>Monitor progress and implementation of the Local and West Yorkshire plans to include:</p> <ul style="list-style-type: none"> • Assessing any emerging proposals (West Yorkshire wide) that relate to the measures that were proposed within the Health Optimisation Programme (withdrawn locally by the CCGs). 	

FULL PANEL DISCUSSION		
ISSUE	APPROACH/AREAS OF FOCUS	OUTCOMES
	<ul style="list-style-type: none"> • Reviewing any West Yorkshire wide reconfiguration proposals and assessing their impact on local services. • Assessing progress and effectiveness of the Care Closer to Home programme with a focus on the progress being made in reducing demand on hospital services including winter pressures. • Considering the governance arrangements for West Yorkshire and Harrogate Health and Care Partnership. <p>This has been scheduled for the Panel meeting 14 August 2018.</p>	
3. Integration of Health and Adult Social Care	<ul style="list-style-type: none"> • Continue to monitor the planned activity outlined in the Integrated Kirklees Commissioning Plan. • Assess the impact of the work on the robustness of Adult Social Care. • Assess how effectively the Better Care Fund is being used to support and progress the work on integration. • Review the effectiveness of the implementation of the integrated approach to the delivery of community services through Care Closer to Home. • Looking at Primary Care in Kirklees and the role of GPs in supporting the delivery of Care Closer to Home. 	
4. CQC inspections	Review progress of key local providers following a CQC inspection to include looking at the provider action plan and outcomes.	

FULL PANEL DISCUSSION		
ISSUE	APPROACH/AREAS OF FOCUS	OUTCOMES
5. Integrated Wellness Model	Receive an update following completion of the procurement process.	
6. Quality of Care in Kirklees	Receive an annual presentation from CQC on the State of Care across Kirklees	
7. Suicide Prevention	<p>Review progress of the Kirklees Suicide Prevention Action Plan to include:</p> <ul style="list-style-type: none"> • Looking in more detail at the relationship between the West Yorkshire and Harrogate Health Care Partnership (WYHCP) Suicide Prevention Strategy and the Kirklees Strategy/Plan. • Challenges of data sharing. • The work with GPs. • Looking at the overall local financial envelope to support the Council's work on suicide prevention. 	
8. Podiatry Services	<p>Maintain an overview of the implementation of the new service to include :</p> <ul style="list-style-type: none"> • Assessing the impact on individuals who are housebound. • Assessing the outcome of the further review of transport options to include a focus on the impact on services users of those clinics proposed for closure (particularly the centrally located clinics). • Reviewing feedback of the alternative provision being provided by Age UK. 	

FULL PANEL DISCUSSION		
ISSUE	APPROACH/AREAS OF FOCUS	OUTCOMES
9. Mental Health Services – Transformation Programme	<p>Areas of focus to include:</p> <ul style="list-style-type: none"> • Overview of progress of the programme to include timelines covering key areas of transformation work. • Where implementation has taken place considering the emerging outcomes and lessons learned. • Consideration to be given to having a wider session on mental health services to include suicide prevention. 	
10. Interim Changes to Acute Inpatient Elderly Medicine, Cardiology and Respiratory Services provision at Calderdale and Huddersfield NHS Foundation Trust (CHFT).	<ul style="list-style-type: none"> • Panel visit to CHFT to see first-hand the changes that have taken place. • Subject to outcomes of the visit and panel sign off move item to Lead Member briefings to monitor impact of changes. 	
11. Wheelchair Services	<ul style="list-style-type: none"> • Follow up progress of panel recommendations from meeting held in January 2018. • Review plans being developed to reprocur services to include considering the proposed model and if required consultation plan and document. <p>This has been scheduled for the Panel meeting 14 August 2018.</p>	
12. Adult Care Offer Consultation	<p>To receive and consider:</p> <ul style="list-style-type: none"> • Results from the analysis of the consultation. • The draft proposals <p>This has been scheduled for the Panel meeting 17 July 2018.</p>	

FULL PANEL DISCUSSION		
ISSUE	APPROACH/AREAS OF FOCUS	OUTCOMES
13. Kirklees Safeguarding Adults Board (KSAB) 2017/18 Annual Report	To receive and consider the KSAB Annual Report.	
14. Mental Health Rehabilitation and Recovery Services Transformation Project.	To receive and consider : <ul style="list-style-type: none"> • Details of the new proposed service. • The Communication and Engagement Plan. <p>This has been scheduled for the Panel meeting 17 July 2018.</p>	
15. Carers in Kirklees	An adult safeguarding review undertaken by Healthwatch Kirklees focused on the feedback of the experience of people with dementia and their carers. The report highlighted the important role of carers and the challenges they faced when trying to help a family member or friend with dementia navigate the social care support pathways.	
	Has been identified as having the potential for being a focused piece of work that could potentially be undertaken as a task oriented (ad hoc) review.	
	An initial scoping exercise will be carried out to identify the key areas of focus	
16. Diabetes in Kirklees	To receive an update on prevalence rates in Kirklees and to look more closely at the work being done by Public Health to help people manage and control the condition.	
	This area of work may also be developed through the	

FULL PANEL DISCUSSION		
ISSUE	APPROACH/AREAS OF FOCUS	OUTCOMES
	Health and Wellbeing Plan and would potentially help to inform the work of the Panel.	
17. NHS Continuing Healthcare	<p>Continuing care means care provided over an extended period of time, to a person aged 18 or over, to meet physical or mental health needs that have arisen as a result of disability, accident or illness.</p> <p>Areas of focus could include:</p> <ul style="list-style-type: none"> • Getting an overview from CCGs of what has happened to continuing care over the last 3 years; • Looking at the impact it has had on the authority in the last few years. 	

LEAD MEMBER BRIEFING ISSUES	
ISSUE	APPROACH/AREAS OF FOCUS
1. Care Act 2014	<p>Maintain a High level overview of the implementation of the Act.</p> <p>This could be picked up alongside the Green Paper and the Care Offer</p>
2. All Age Disability and Adult Pathways	Monitor progress of the various transformational workstreams and the redesign of Adult Services pathways. This could also be picked up as part of the Adult Care Offer Consultation work and the Green Paper.
3. Deprivation of Liberty Safeguards	Maintain a High Level overview of the numbers and impact on service. This could be considered as part of the robustness of social care.
4. Healthy Child Programme	Maintain an overview of the progress of the implementation of the programme to include: feedback from practitioners and services users; and assessing the CAMHS cancellation policy.

MONITORING ITEMS	
ISSUE	APPROACH/AREAS OF FOCUS
1. Review of Mental Health Assessments	<p>An update outlining progress on the recommendations from the review was issued to the Panel in April 2018.</p> <p>It has been identified that further work on dual diagnosis is required. This work will initially be led by the Lead Member and one other member from the Ad Hoc Panel. Findings will be reported back to full panel to consider next steps.</p>

This page is intentionally left blank