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Monday 8 January 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 16 January 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.

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 Richard Eastwood
Councillor Fazila Loonat
Councillor Richard Smith
Councillor Sheikh Ullah
Councillor Habiban Zaman
David Rigby (Co-Optee)
Peter Bradshaw (Co-Optee)
Sharron Taylor (Co-Optee)

Agenda
Reports or Explanatory Notes Attached

Pages

1: Minutes of previous meeting

1 - 6

To approve the Minutes of the meeting of the Panel held on 12 December 2017.

2: Interests

7 - 8

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

3: Admission of the public

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

4: Update on the financial positions of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospitals NHS Trust and Calderdale & Huddersfield NHS Foundation Trust.

9 - 18

The Panel will receive an update on the financial positions of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospitals NHS Trust and Calderdale & Huddersfield NHS Foundation Trust.

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

5: Wheelchair Services in Kirklees

19 - 70

Representatives from Greater Huddersfield and North Kirklees CCGs and Healthwatch Kirklees will be in attendance to discuss the standard and quality of the Posture and Mobility (Wheelchairs) Service in Kirklees.

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

6: Winter Pressures in Kirklees

The Panel will be presented with a verbal update on the impact of winter pressures on the health and social care system in Kirklees.

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

7: Update on Tuberculosis (TB) in Kirklees

71 - 76

The Panel will receive a written update on TB in Kirklees and the actions being taken to reduce the incidence of TB across the district.

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

8: Work Programme 2017/18

77 - 90

The Panel will review its Work Programme for 2017/18 and consider its forward agenda plan.

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

9: Date of the Next Meeting

To confirm the date of the next meeting as 13 February 2018.

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

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 12th December 2017

Present:	Councillor Elizabeth Smaje (Chair) Councillor Richard Eastwood Councillor Richard Smith Councillor Sheikh Ullah Councillor Habiban Zaman
Co-optees	Peter Bradshaw
In attendance:	Helen Bewsher – Kirklees Council Emily Parry Harries – Kirklees Council Helen Severns – North Kirklees Clinical Commissioning Group Phil Longworth – Kirklees Council Sue Richards – Kirklees Council Richard Dunne – Kirklees Council
Apologies:	Councillor Fazila Loonat David Rigby (Co-Optee) Sharron Taylor (Co-Optee)

1 Minutes of previous meeting

That the minutes of the meeting held on 3 October 2017 be approved as a correct record.

2 Interests

No Interests were declared.

3 Admission of the public

That all items be considered in public session.

4 Kirklees Joint Strategic Assessment (KJSA)

The Panel welcomed Helen Bewsher, Senior Manager, Kirklees Public Health Intelligence, Emily Parry-Harries Kirklees Consultant in Public Health, Phil Longworth Kirklees Health Policy Officer and Helen Severns North Kirklees Clinical Commissioning Group to the meeting.

Ms Bewsher presented an overview of the submitted report that included details of: the new duties and powers for health and wellbeing boards in relation to Joint Strategic Needs Assessments (JSNAs); the rolling updates for sections of the Kirklees Joint Strategic Assessment (KJSA); KJSA governance and content; understanding inequalities; communication and engagement; and evaluation.

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

- An explanation from the perspective of public health on the broad definition of health.
- An explanation on the range of indicators of health and wellbeing included in the KJSA which included details of the prevalence of key illnesses and conditions and health behaviours.
- A detailed response to a question on when further communication and engagement work to increase awareness and use of the KJSA was due to take place.
- The dependency on the Council's communication resource to support the communication of the strategies, actions and outcomes of the KJSA which was a web based product.

Mr Longworth informed the Panel that the big shift in engagement on the KJSA was the increased dialogue between the specialists that were developing the KJSA and users of it such as commissioners who developed the services.

In response to a question on how a more detailed picture at a smaller local level could be fed into the KJSA and how the information would be used in the decision making process Ms Bewsher informed the Panel that information was available that covered the previous district committee areas and contained links to ward level data. Ms Bewsher explained that any significant differences in issues within wards were highlighted in the locality summaries

Ms Severns explained that the commissioning work that would be done through the health and wellbeing plan would be informed by the data and intelligence captured in the KJSA.

Mr Longworth informed the Panel of the Council's commissioning framework and explained that the Council was adopting a more commissioning based approach.

In response to a question on how the KJSA would show what progress had been made on health and inequalities Ms Bewsher explained in detail how the indicator tables would be used to present up to date data and trends on health and inequalities.

Mr Longworth stated that consideration was also being given to including data from other authorities so that Kirklees could be compared to other places.

In response to a question on whether data from the KJSA would be compared with the West Yorkshire and Harrogate STP footprint to establish if there were any West Yorkshire wide issues that required addressing Ms Bewsher stated that would be a good idea and explained that there was flexibility to present the data in any geographical manner that was required.

RESOLVED -
(1) That attendees be thanked for attending the meeting.

(2) That the Panel's Supporting Officer be authorised to liaise with attendees to address the agreed actions.

5 Kirklees Health and Wellbeing Plan

Mr Longworth outlined the background to the development of the Sustainability and Transformation Plans (STPs) and explained in detail the key elements and aims of the Kirklees Health and Wellbeing Plan.

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

- A discussion on the Kirklees 2020 vision for the local heal and social care system.
- A discussion on how the KJSA linked to the Kirklees Health and Wellbeing Plan.
- An overview of the work that would be undertaken by the new Integrated Commissioning Board.
- An invitation to comment on the Kirklees Health and Wellbeing Plan headline indicators.
- The work and support that was being undertaken with GPs to ensure that they were engaged with the process.
- An explanation of the definition of healthy life expectancy.

Mr Longworth informed the Panel of the range of priorities and areas of transformation that were included in the Kirklees Health and Wellbeing Plan.

In response to a question Mr Longworth explained in detail the rationale and criteria that was used to identify the Plan's headline indicators.

In response to a question Ms Severns outlined to the Panel details of the areas that came under the indicator that looked at the proportion of people with common mental health conditions who accessed early help.

In response to a question on a zero suicide approach Mr Longworth explained that the focus for the West Yorkshire STP was to achieve zero suicide for those people who had made contact with health and care services.

In response to a question Ms Severns explained the work that was being done through the local maternity system network across West Yorkshire and how it would it would contribute to developing improved local maternity services.

A further question and answer session ensued that covered a number of areas that included:

- An overview of the approach to involvement in North Kirklees which included an explanation of the role of the Patients Reference Group.
- The plans to integrate the engagement and involvement activity across the Council and the CCGs.
- An update on the additional investment in Increasing Access to Psychological Therapies (IAPT).

- An explanation of how the development of the Adult Wellness Model in Kirklees would help to realise efficiency savings.
- An explanation of the term “streaming of patients”.
- Confirmation that the March 2017 target of improving dementia diagnostic rates and the number of annual care plan reviews had been achieved.
- Clarification on the status of the work to develop a Kirklees wide end of life offer.
- An agreement that there should be a better description of what was meant by the term ‘digital maturity’.

Mr Longworth informed the Panel of the approach that had been taken to obtaining endorsement of the Kirklees Health and Wellbeing Plan from partners and stakeholders.

In response to a question on how the Health and Wellbeing Board was ensuring that partner organisations signed up to the Plan Mr Longworth explained that the majority of the areas of transformation did not actively involve the acute trusts.

Mr Longworth stated that the trusts had significant challenges in their own organisations such as the demands on their finances and consequently they were not entirely focused on the broader elements of the Plan.

RESOLVED -
(1) That attendees be thanked for attending the meeting.

(2) That the Panel’s Supporting Officer be authorised to liaise with attendees to address the agreed actions.

6 Better Care Fund

Mr Longworth outlined details of the Better Care Fund (BCF) that included an overview and purpose of the programme; details of the national requirements; an explanation of the Improved BCF (iBCF) ; the focus by government to drive forward the integration agenda; and an explanation of the role of the BCF Partnership Board.

In response to a question on the criticism of the BCF by the Public Accounts Committee Mr Longworth explained that the BCF Partnership Board had recently looked closely at key performance indicators which had highlighted that the numbers of avoidable admissions was reducing.

Ms Richards informed the Panel that a key area of importance was the need to improve out of hospital care. Ms Richards stated that there were financial pressures on the health and social care system and the local focus was on using the funds from the BCF and iBCF to transform services and develop sustainable social care.

In response to a question on which voluntary organisation was helping to deliver the social prescribing service “Better in Kirklees” Mr Longworth informed the Panel that it was Touchstone in collaboration with Yorkshire Sport.

In response to a question on how many people had been referred to the Better in Kirklees Service and the impact it had achieved Mr Longworth outlined a summary of the numbers and provided details of an impact report that had been undertaken.

Ms Severns informed the Panel that the next North Kirklees CCG Governing Body meeting included a video clip of a patient story which provided details of the benefits of the social prescribing service.

In response to a question on whether the BCF schemes had made an impact on helping to reduce winter pressures Mr Longworth explained that it was too early to assess.

Mr Longworth stated that establishing the capacity needed to deliver the additional investment in intermediate care and reablement was difficult and finding the staff with the right skills and mobilising them quickly was a challenge.

Ms Severns outlined details of the trusted assessor role that was now operating in Mid Yorkshire Hospitals Trust and explained that this would help to aid discharge and prevent delayed transfers of care.

Ms Richards informed the Panel of the complexities of the system and that the key issue was to ensure that the whole system was delivering a transformed way in which people were supported out of hospital.

Ms Richards explained that the aim was to deliver a system wide approach through BCF and iBCF schemes that were joined up and seamless.

In response to a question on workforce challenges Ms Richards stated that the challenge was enormous and explained that the living wage meant that people could be paid the same for working in a supermarket as you could going out at night delivering homecare.

Ms Richards informed the Panel that there were workforce challenges across the whole health and adult social care sector and that there was a West Yorkshire STP workforce plan and a local one that were designed to try and address the challenges.

In response to a question on the timescales from supporting to transforming the system Ms Richards stated that there were timescales attached to the BCF and performance would be used to assess the schemes and shift money from delivering services to prevention and early intervention.

Mr Longworth stated that the Government had changed the requirements of the BCF every year and the local partnership was now much less focused on individual schemes and more focused on the overall picture of how the system as a whole was working effectively.

Mr Longworth explained the challenges of getting the data flows right so that the impact of changes could be assessed. Mr Longworth stated that there was a local view that rather than spending time trying to identify specific outcomes from

particular schemes it was better to understand how the system overall was working together to address the challenges.

In response to a question Ms Richards stated that it was important not to underestimate the complexity of measuring cause and effect of what was a complex system.

Ms Richards explained that performance management was in place and would need to adapt and become more sophisticated. Ms Richards stated that the system was learning how to measure patient flow as a performance management tool and also learning from other areas where it was appropriate.

In response to a question on how involved out of hours GPs were in hospital avoidance Ms Severns stated that there was engagement with Local Care Direct who were the local out of hours provider.

Ms Severns informed the Panel that Local Care Direct was involved in the two A & E improvement boards in Kirklees which helped with the pathway approach to care.

Ms Severns stated that work was also being done with care homes on an integrated basis to look how more support could be provided to care homes to reduce out of hours admissions.

RESOLVED -
(1) That attendees be thanked for attending the meeting.

(2) That the Panel's Supporting Officer be authorised to liaise with attendees to address the agreed actions.

7 Work Programme 2017/18

Cllr Smaje confirmed that the Wheelchair Services item had been scheduled for inclusion in the January meeting.

RESOLVED - That progress on the work programme for 2017/18 be noted.

8 Date of the Next Meeting

RESOLVED - That the date of the next meeting be confirmed as 16 January 2018.

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.

Kirklees COUNCIL

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 16 January 2018

Title of report: Update on the financial positions of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospitals NHS Trust and Calderdale & Huddersfield NHS Foundation Trust.

Purpose of report:
To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions on the financial positions of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospitals NHS Trust (MYHT) and Calderdale & Huddersfield NHS Foundation Trust (CHFT).

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	**N/A – Report produced for information only** .
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	**No**
The Decision - Is it eligible for call in by Scrutiny?	**No**
Date signed off by Director & name **Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?** **Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?**	**No – The report has been produced to support the discussions with Greater Huddersfield CCG, North Kirklees CCG, MYHT and CHFT.**
Health Contact	**Ian Currell CFO, Greater Huddersfield CCG & North Kirklees CCG**

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. **Summary**

1.1 The NHS continues to face significant financial pressures and as outlined in the NHS Five Year Forward Plan the NHS will need to find significant savings in excess of £20 billion in order to balance the books.

1.2 There has been no explicit description of how this gap will be closed but options include NHS commissioners reducing the level at which NHS activity is increasing each year, either by reducing demand or limiting access to care; NHS providers becoming more efficient; more funding; or a combination of these options.

1.3 Each year the additional cost pressures faced by Kirklees health providers and commissioners exceeds the growth in their allocated budgets and in order to achieve the required scales of efficiencies greater focus is being placed on working in partnership across the wider health and social care system.

1.4 Representatives from Greater Huddersfield CCG, North Kirklees CCG, MYHT and CHFT will provide an update on their respective financial positions and provide details of the actions which each organisation is taking individually and jointly to address their financial position. Further detail is provided in the attached report.

2. **Information required to take a decision**
N/A

3. **Implications for the Council**
N/A

4. **Consultees and their opinions**
N/A

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

6. **Officer recommendations and reasons**
That the Panel considers the information provided and determines if any further information or action is required.

7. **Cabinet portfolio holder's recommendations**
N/A

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

9. **Background Papers and History of Decisions**
N/A

10. **Service Director responsible**
Julie Muscroft, Legal, Governance & Monitoring

Kirklees Health and Adult Social Care Scrutiny Panel

16th January 2018

Update on the financial position and recovery actions of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospital Trust and Calderdale & Huddersfield NHS Foundation Trust.

1.0 Purpose

To provide the Kirklees Health and Adult Social Care Panel with an update on the financial position of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospitals Trust and Calderdale & Huddersfield NHS Foundation Trust. To provide details of the actions which each organisation is taking individually and jointly to address their financial position.

2.0 Financial Position

2.1 Overview

The 2016/17 outturn financial position, 2017/18 plan, 2017/18 forecast against plan and 2018/19 plan are set out below.

	16/17 outturn	17/18 plan	17/18 forecast	18/19 plan
	£m	£m	£m	£m
Greater Huddersfield CCG	**-5.4**	**-1.2**	**-3.3**	**+1.8**
North Kirklees CCG	**-8.9**	**-2.1**	**-15.5**	**b/e**
Mid Yorkshire Hospitals	**-7.8**	**-2.3**	**-2.3**	**+3.0**
Calderdale & Huddersfield NHS FT	**-16.1**	**-15.9**	**-15.9**	**-13.5**

Notes to table

+ve = surplus; -ve = deficit

b/e = break even

CCG positions are in year surplus / deficit positions before national risk reserve

Trust positions are including STF. Forecasts are as reported to NHS Improvement at Month 8.

Each year the additional cost pressures faced by each organisation outstrip the growth in their allocation. In order to deliver the financial positions set out above each organisation therefore has to deliver a significant savings target. Increasingly each organisation is having to look outside to work in partnership with the rest of the health and social care system in order to deliver this scale of efficiency. The level of required savings and progress made for 17/18 by each organisation is set out below.

	17/18 Savings Plan	17/18 Savings Forecast
	£m	£m
Greater Huddersfield CCG	13.6	8.0
North Kirklees CCG	15.0	9.9
Mid Yorkshire Hospitals	24.7	15.8
Calderdale & Huddersfield NHS FT	20.0	18.2

2.2 Greater Huddersfield CCG

Greater Huddersfield CCG placed itself in financial recovery in early 2016-17 when it became apparent through the planning round that the CCG would not be able to meet NHS England business rules to hold a 1% uncommitted headroom reserve and deliver a 1% surplus.

The CCG planned for an in-year £2.9m deficit with a savings target of £6.5m, however although the savings target was delivered, the CCG returned an in-year deficit of £5.4m.

In 2017-18 the CCG has planned to reduce its in-year deficit to £1.2m which is a significant challenge in view of its plan to deliver a net savings target of £13.6m.

The CCG is currently forecasting a risk to its planned savings of £5.6m (£3.1m no scheme identified and £2.5m net underperformance) which is contributing significantly to the CCG's net risk of missing its in-year target by £2.1m for 2017-18. The savings plan and performance is set out below.

Greater Huddersfield CCG Qipp Requirement	2017-18 Plan	2017-18 FOT	2017-18 Var	2018-19 Plan
	£m	£m	£m	£m
Acute	6.47	3.32	(3.16)	7.00
Acute - Ind Sect	0.78	0.78	0.00	0.00
Prescribing	1.58	2.25	0.67	1.00
Continuing Healthcare	1.18	1.42	0.25	1.00
Mental Health	0.40	0.17	(0.23)	0.50
Total - Schemes	**10.40**	**7.94**	**(2.47)**	**9.50**
Gap	3.15	0.00	(3.15)	0.00
Total	**13.55**	**7.94**	**(5.62)**	**9.50**

The CCG submitted a two year plan for 2017/18 and 2018/19. The second year of that plan showed an in year surplus of £1.8m. The CCG is currently in discussions with NHS England to update the second year with latest information including the 2017/18 out-turn position. Based on the original plan submitted the savings requirement for 2018/19 would be a net £9.5m.

2.3 North Kirklees CCG

The CCG reported an in year deficit of £8.9m in 2016/17. The savings target in 2016/17 was £13.2m and actual delivery was £10.9m.

The CCG planned deficit for 2017/18 is £2.1m. The plan was based on an ambitious savings target of £15m (6.2% of recurrent allocation) and an assumption of unmitigated risk of £2.7m. The month 8

forecast in year deficit is £15.5m, and the savings forecast is £9.9m. The main areas contributing to the forecast deficit are trading forecasts with Acute Trusts and forecast under delivery of the savings target.

The CCG submitted a two year plan for 2017/18 and 2018/19. The second year of that plan showed an in year break-even. The CCG is currently in discussions with NHS England to update the second year with latest information including the 2017/18 out-turn position. The current planned break even position for 18-19 is unlikely to be realistic given the forecast outturn for 17-18. At this stage a revised plan figure for 2018/19 has not been agreed with NHS England.

2.4 Mid Yorkshire Hospitals NHS Trust

The Trust reported a deficit of £19.7m in 2016/17 and £7.8m including national Sustainability and Transformation Funding (STF) income. The planned deficit for 2017/18 is a deficit of £15.8m (£2.3m deficit including STF Funding) which represented an improvement of £3.9m excluding STF. This deficit target has meant the Trust must deliver £24.7m of savings in this financial year. This represents a target of 5.2% as a % of Turnover (Excl. STF Funding) and a 5.4% target as a % of expenditure excluding the PFI.

The month 8 income and expenditure position, excluding STF, is behind plan by £4.5m and £8.3m behind the NHSI plan including STF. The Trust expects to deliver £15.8m of efficiency savings in the year which represents a shortfall in delivery of £8.9m. This will mean the Trust has delivered in excess of £30m of savings over the last 2 years, although this represents a shortfall in overall delivery, it is still a significant achievement.

The Trust has suffered reductions in income of £2m in 2017/18 as a result of new national rules for not delivering its financial plan last year, in addition the decommissioning of the under 19 service by Wakefield Council and other CCG income reductions have led to further financial pressures in the Trust. This combined income/contribution loss has increased the financial pressure by £6.0m and is a significant contributor to the financial challenge

2.5 Calderdale & Huddersfield NHS Foundation Trust

The Trust's financial target, control total deficit, was particularly challenging for 2017/18 in the context of a high Cost Improvement Programme (CIP) savings target of £20m (5.3% of turnover) and the exceptional impact of the implementation of the Electronic Patient Record (EPR) in year.

The reported forecast continues to assume that the Trust will achieve its £15.9m deficit Control Total, a position which is inclusive of securing STF of £9.3m. However, the current position is that the Trust has been unable to identify sufficient recovery plans to achieve our target deficit of £15.9m due to a combination of slower than expected recovery of clinical activity levels and therefore income following EPR implementation, growing cost pressures and a forecast CIP delivery gap that currently stands at £1.8m. The current position leaves the Trust with the requirement to deliver recovery plans of the magnitude of £11m in the latter part of the financial year. As such, the Trust is in discussion with regulator NHS Improvement about the likelihood that the forecast will move away

from the control total deficit at the end of Quarter 3 which will consequently drive the loss of STF income.

Within the forecast position £18.2m of CIP efficiency schemes are anticipated to be delivered. The number of schemes covers clinical and non-clinical areas ranging from operational productivity through improved patient flow; changes to clinical pathways; and workforce efficiencies through to procurement savings and commercial income opportunities. Each efficiency scheme is taken through a quality impact assessment prior to implementation to ensure that patient safety and the quality of patient experience is not compromised.

3.0 Actions to Recover the Financial Position

3.1 Individual Organisation Action Plan

Calderdale & Huddersfield NHS Foundation Trust

The Trust has in place a number of recovery actions in addition to the planned CIP schemes. These include an enhanced programme of budgetary grip and control, a review of technical accounting opportunities and supplier negotiations. A number of the recovery actions are non-recurrent and will therefore drive a further challenge into 2018/19.

Mid Yorkshire Hospitals NHS Trust

Like other acute providers, the Trust is currently facing significant operational pressures and any recovery actions must be set within the context of maintaining patient safety and safe staffing levels. The Board and Executive Team are clear that the route to operational and financial sustainability will be through working differently both within the Trust itself and with external partners.
Tight expenditure controls exist throughout the organisation including vacancy control panels, non-pay escalation controls and the establishment of enhanced agency controls. The newly established programme management Office (PMO) is supporting the Trust to roll out a transformational programme based on the Virginia Mason Production System. This is part of a significant cultural change programme that is required to embed the changes required to deliver long term sustainability. The Trust completed its Acute Hospital Reconfiguration programme during this financial year. This has supported the Trust to deliver improvements in performance and will provide a platform to look at further changes associated with transformation of services across all hospital sites.

Greater Huddersfield CCG

The CCG has a well-lead Recovery Programme which has a Programme Management Office which actively records and pursues all available opportunities which are highlighted through benchmarking, NHS England's 'Menu of Opportunities', system working and the CCG's own generated initiatives. Progress is monitored through the CCG's Finance Committee. An external review of the CCGs efficiency program was recently undertaken which gave positive assurance on the processes undertaken.

The CCG is also aligning itself with North Kirklees CCG and introducing structures which will support the efficient delivery of QIPP schemes which are common to both CCG's

The CCG with partners in CHFT and Calderdale CCG have established a system recovery plan. This is detailed further later in this report.

North Kirklees CCG

A Financial Turnaround Director was appointed by the CCG is 2016/17.

A robust approach to financial recovery has been adopted with processes that help identify where we can make the biggest impact on health and efficiency outcomes. The savings program is split into four main areas which are admissions avoidance, planned care, medicines management and mental health / continuing health care / learning disabilities. The CCG continues to focus on delivery of in year savings and system recovery schemes.

The CCG has recently introduced an additional in year recovery control process for discretionary spend. A weekly process is in place to review discretionary spend (spend which is not contractually committed). The Senior Management Team agree discretionary spend based on review and recommendations from the Chief Finance Officer and the Chief Quality and Nursing Officer.

3.2 Calderdale & Huddersfield NHS Foundation Trust Acute Footprint System Recovery Plan

There is a clear recognition in the Calderdale & Greater Huddersfield system that our current care models are un-affordable.

The system has been working throughout 2017/18 to close its financial gap. The actions were focused on 4 key areas:

- Shifting Planned Care Services into Community:
- Reducing demand:
- Reducing non-elective admissions:
- Integrating community based offers

Since October 2017 Greater Huddersfield and Calderdale CCGs and the Acute Trust have been working together to develop a joint recovery plan to address the financial gap and improve outcomes.

Work has been undertaken over several months to describe an additional programme which will seek to deliver an additional £16m of recurrent savings. However the full year financial impact of these schemes will be in 2018/19 and beyond, and will therefore not mitigate the 17/18 financial system risk. These programmes take the form of:

- Transformation schemes in both elective and emergency care
- Transactional schemes that reduce spend
- Procurement efficiencies
- Ensuring efficient choice and access
- Corporate and back office efficiencies

In developing the plan, we have identified the actions needed in order to develop an environment which is conducive to successful delivery. This will be undertaken through 9 key activities:

1. Alignment of Trust and Commissioner savings and Better Care Fund activities;
2. Alignment with opportunities arising from contractual arrangements;
3. Maximising the benefits of working on a West Yorkshire footprint;
4. Organisational Development;
5. Integrated workforce planning;
6. Integrated Estate Planning;
7. Continued mobilisation of EPR and other IT initiatives including Electronic Referral;
8. Integrated approach to Communications;
9. Assessment of strengths and weakness of our current working practices.

To address the above areas, we have agreed new ways of working including the strengthening of our:

Leadership and behaviours – by strengthening the role of the current Executive Partnership Board; who will hold the system to account for delivery, through clear, jointly owned leadership roles for each programme that include; clinical lead, executive sponsor, project lead and project manager.

Structures – by reducing the number of forums where transformation is overseen and governed, to be replaced by a single System Recovery Board who measure progress through a single set of system indicators.

Processes - We will have a joint approach to capacity and priorities, with a single approach to Quality and Equality impact assessments and communications in order to reduce duplication and increase pace.

3.3 Mid Yorkshire Hospitals NHS Trust Acute Footprint System Recovery Plan

The Mid Yorkshire health economy faces considerable challenges relating to quality, access and finance. We recognise that there are significant co-dependencies between North Kirklees and Wakefield CCGs and Mid Yorkshire Hospitals Trust and that no single organisation can deliver the level of improvement required on its own. Together, we have developed a shared approach to system leadership based on a set of values and principles that enable our teams to collaborate on solutions and place the interests of the system ahead of those of individual organisations.

Our recovery will not be delivered in one year. We recognise that we need to go further and faster, and to this end, we have embarked upon a further collaborative review of all spend to turn around our finances and performance.

The objectives of the recovery plan are to:

- Address the financial position across the three organisations
- Improve the quality of care
- Improve performance across key standards
- Meet the requirements of the NHS Constitution, in particular with regard to access and choice.

The plan addresses these challenges through a co-ordinated programme of activities across planned care and urgent care, to create a positive impact at all points along the clinical pathway.

4.0 Summary

The Kirklees health system, in common with much of the NHS, is facing significant financial challenges. The system will not achieve financial balance in 2017/18 and, given the scale of the financial challenge, is unlikely to do so in aggregate in 2018/19.

Each organisation has put in place robust processes to deliver efficiency savings within their own organisation and is a part of wider system working with partners to deliver efficiency at scale. Effective system working is vital as the Kirklees population use services from two distinct Acute hospital footprints.

Individual organisational and system financial recovery plans are being developed and have or will be taken through the relevant governance structures of each organisation.

Ian Currell CFO, Greater Huddersfield CCG & North Kirklees CCG

Gary Boothby, Director of Finance, Calderdale & Huddersfield NHS FT

Jane Hazelgrave, Director of Finance, Mid Yorkshire NHS Foundation Trust

3rd January 2018

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Kirklees COUNCIL

Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 16 January 2018

Title of report: Wheel Chair Services in Kirklees

Purpose of report:
To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions on Wheel Chair Services in Kirklees.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	**N/A – Report produced for information only** .
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	**No**
The Decision - Is it eligible for call in by Scrutiny?	**No**
Date signed off by Director & name **Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?** **Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?**	**No – The report has been produced to support the discussions with Greater Huddersfield CCG North Kirklees CCG and Healthwatch Kirklees.**
Health Contact	**Martin Pursey - Head of Contracting and Procurement Greater Huddersfield and Calderdale Clinical Commissioning Groups**

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. **Summary**

1.1 Wheelchair services in Kirklees are provided by a private company Opcare which is one of the UK's largest prosthetic, orthotic and wheelchair service providers.

1.2 The Panel has been made aware of a number of issues that relate to the standard and quality of service that is being provided by Opcare.

1.3 Following a short initial fact finding study the Panel agreed to investigate this issue further to include a focus on user experience and input from commissioners of the service and Healthwatch Kirklees.

1.4 Attached to this report is:

- Information submitted by commissioners that outlines the background and details of the service provided;
- Information submitted by Healthwatch Kirklees that includes: a presentation outlining people's experience of using the wheelchair service; recent feedback and comments from servicer users and carers; and the original engagement report on the service that was produced by Healthwatch Kirklees and Healthwatch Calderdale in May 2017.

1.5 Representatives from Greater Huddersfield CCG, North Kirklees CCG and Healthwatch Kirklees will be in attendance to present the information outlined above and to help inform the Panel discussions.

2. **Information required to take a decision**
N/A

3. **Implications for the Council**
N/A

4. **Consultees and their opinions**
N/A

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

6. **Officer recommendations and reasons**
That the Panel considers the information provided and determines if any further information or action is required.

7. **Cabinet portfolio holder's recommendations**
N/A

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

9. **Background Papers and History of Decisions**
N/A

10. **Service Director responsible**
Julie Muscroft, Legal, Governance & Monitoring

Posture and Mobility (Wheelchairs) Service – Report to Scrutiny – January 2018

1.0 Introduction

1.1 Three years ago, Greater Huddersfield, North Kirklees and Calderdale CCGs recognised that local posture and mobility services, which include the provision of wheelchairs and specialist wheelchair seating, needed improving and following a procurement process we commissioned Opcare Limited to take forward the contract.

1.2 Since then, working closely with Opcare, the CCGs have seen improvements: in the clearing of the larger than expected inherited backlog of requests within the first year; as well as addressing delays in the length of time taken to provide equipment to users; and the premises from which the service operates. However, over the course of the contract we have seen an increase in the volume of activity and a change in the types of products being required significantly over and above the initial forecast of demand. With a year on year increase in demand for people requiring wheelchairs with more complex needs, we are working with Opcare to explore what we can do to ease current pressures.

1.3 In terms of demand the forecast of activity at the time of the award of contract based on activity data from the then provider indicated a level of demand representing 1,925 cases a year, in the last two years demand for the service has been around 2,950 cases each year representing the delivery of a 53% increase. In conjunction to this we have seen that the service has provided a higher proportion i.e. an average of 35% of wheelchair and seating products rather than cushions and accessories than originally expected. This has clearly created pressures within the contract to maintain performance and continue the improvements we had seen previously.

1.4 In recognising these pressures and the work carried out by Healthwatch in respect of the service, we know there is still a lot more to do. We are also carrying out a full review of the requirements of the service so we can provide a sustainable, quality service into the future. As part of this, we will be engaging and if required consulting with wheelchair service users and key stakeholders. This will give us an in depth understanding of the needs of our service users and help ensure that the service is fit for purpose in the long-term.

1.5 We are committed to working with Opcare to continue to improve the service and deliver the best possible outcomes for service users.

2.0 Background

2.1 The service to cover the Calderdale and Kirklees area (Calderdale, Greater Huddersfield and North Kirklees CCGs) was commissioned through the use of a competitive procurement process during 2013/4 with the intention of the re-commissioned service commencing on 1st September 2014. However, a delay in finalising the agreement resulted in the start of the contract being set as 1st October 2014 for a period of 3 years with option to extend on a 1 year plus 1 year basis.

2.2 The contract cost envelope was set based on the then known value of activity determined by information requested and gained from the incumbent provider of the service, Calderdale and Huddersfield NHS Foundation Trust (CHFT). The contract consequently had a fixed cost envelope of £4.2m over the initial 3 year period.

2.3 The contract based on a detailed service specification is for the provision of posture, mobility and wheelchair services for all children and adults with complex or non-complex requirements where a permanent physical/cognitive or degenerative long term condition has been identified which impairs mobility.

2.4 Prior to the procurement a review was undertaken by Yorkshire & Humber Commissioning Support Unit which indicated that the average wait for assessment was around 10 weeks in 2010, 26 weeks in 2011 and 28 weeks for 2012. It was estimated that the average wait for provision of either adult or child seating was 40 weeks.

2.5 Activity information was provided in respect of product issued. Historically the service had not categorised users into groups or categories, therefore there was limited data in respect of the type of complex needs, this lack of clarity extended to data on most types of provision. A key risk identified at that time was the extent and complexity of the backlog of both assessments and provision of equipment following assessment.

2.6 Bidders were provided with information on this and asked to provide a plan on how they proposed to deal with this and identify and explain any associated costs. From this it was identified that the most cost effective way of clearing the waiting list was to fund this across the 3 year term of the contract.

2.7 It was recognised that this placed a risk within the affordable financial envelope. The financial envelope was based on previous block funding arrangements, with the caveat that there may be variances between stated values and expenditure within the wheelchair services function. This coupled with poor activity and pathway statistics represented a risk as each CCG started to understand its particular activity. This risk is directly affected by the investment to clear the waiting list. Improved reporting based on specific CCG activity would be used to regularly review activity in line with expectations.

2.8 The financial envelope for each of the CCGs across the three plus one contract years is shown in the table below:

	Contract Value											
	C CCG			GH CCG			NK CCG			Overall		
	'000s			'000s			'000s			'000s		
	Core	N-R	Total	Core	N-R	Total	Core	N-R	Total	Core	N-R	Total
Year 1	£ 408.5	£ 420.0	£ 828.4	£ 500.0	£ 39.3	£ 539.3	£ 503.4	£ 39.3	£ 542.7	£ 1,411.8	£ 498.6	£ 1,910.5
Year 2	£ 408.5	£ 50.0	£ 458.5	£ 500.0	£ 39.3	£ 539.3	£ 503.4	£ 39.3	£ 542.7	£ 1,411.8	£ 128.7	£ 1,540.5
Year 3	£ 408.5	£ -	£ 408.5	£ 500.0	£ 39.3	£ 539.3	£ 503.4	£ 39.3	£ 542.7	£ 1,411.8	£ 78.7	£ 1,490.5
Year 4	£ 408.5	£ -	£ 408.5	£ 500.0	£ 87.5	£ 587.5	£ 503.4	£ 87.5	£ 590.9	£ 1,411.8	£ 175.0	£ 1,586.8

3.0 How has demand changed?

3.1 Following commencement of the contract Opcare had the opportunity to re-assess the backlog presented to it. The re-assessment identified that there were 407 clients requiring assessment. The combination of those awaiting assessment and those requiring re-assessment for complex seating and equipment due to the length of time that had elapsed amounted to 1,400 backlog therapy appointments. The original forecast cost of eliminating the backlog within the first 12 months had been £295k; the CCGs had committed non-recurrent funding over the three year period amounting to £354k. Following the re-assessment the revised estimate of the funding required to clear the inherited backlog was £635k.

3.2 During the 2014/15 financial year Calderdale CCG provided additional non-recurrent funding to support the contract in the order of £302k to allow the completion of the work required to remove the inherited backlog during the contract year. Calderdale CCG provided a further £50k non-recurrently in 2015/16 financial year to support development of premises at Elland.

3.3 For comparison the overall waiting list at the beginning of Year 1 of the contract was 1,649, at the beginning of Years 2 and 3 of the contract the waiting list was 1,157 and 1,381 respectively.

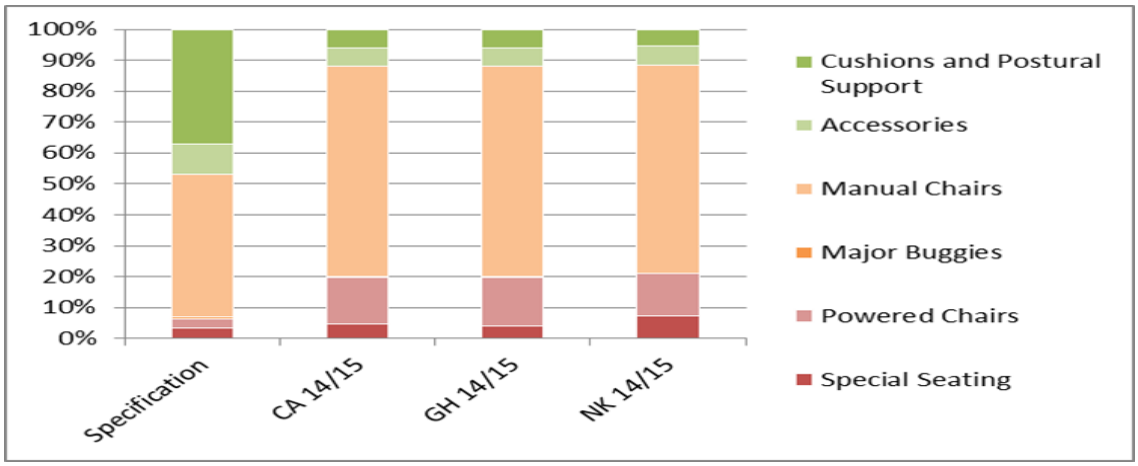
3.4 A comprehensive comparison of the improvement of service brought about by the commissioning of this contract is limited due to the lack of performance indicator monitoring available in years previous. The specification for the service anticipated the following

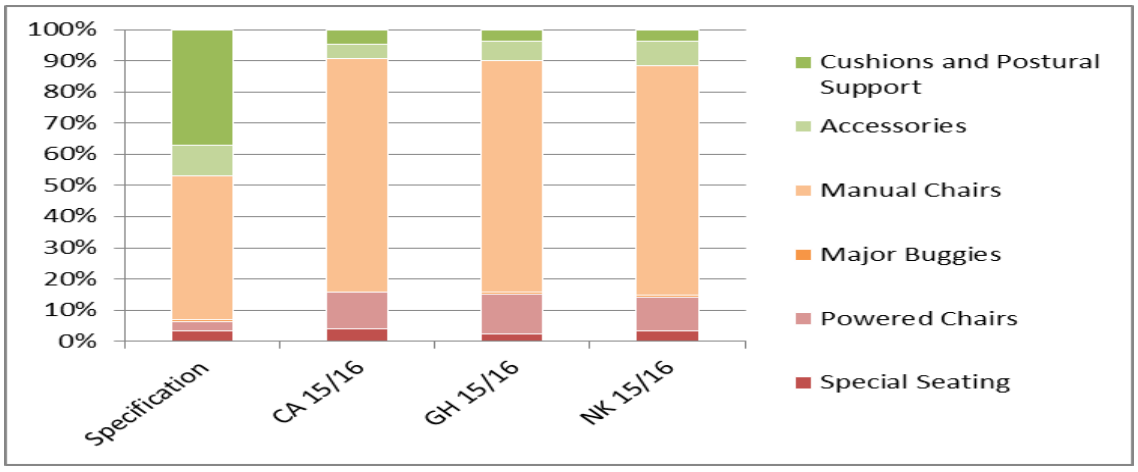
annual referral level to be 1,925 a year. This was an overall figure i.e. not being capable of being broken down by individual CCG. The profile of referral reason provided was as follows:

Referral Reason categories	Specification breakdown of equipment issued	%
Manual Chairs	1,236	46.24
Powered Chairs	80	2.99
Major Buggies	16	0.6
Accessories	262	9.8
Cushions and Postural Support	992	37.11
Special Seating	87	3.25

3.5 For the period October 2014 to September 2015, actual referrals to the service were 2,642 representing demand in excess of 37% in year over the original anticipated figure. This did not include the activity identified as backlog at the commencement of the service. For the period October 2015 to September 2016 actual referrals to the service were 2,959, representing demand in excess of 53% in year over the original anticipated figure. For the period from October 2016 to September 2017 actual referrals to the service were 2,904, representing demand in excess of 50% in the year to date over the original anticipated figure.

3.6 As previously described the individual commissioner complexity was not available, the specification provided the breakdown as a whole for the service. Since the start of the service this split has been available and provides a 'complexity mix' that can be used.





3.7 Analysis of the data for 2016/17 suggests that the profile and therefore the complexity mix are consistent with 2015/16. The detail is provided below:

	2014/15	2014/15	2015/16	2015/16	2016/17	2016/17
Referral Reason categories	CCCG	%	CCCG	%	CCCG	%
Manual Chairs	589	68.01%	768	74.64%	678	71.52%
Powered Chairs	131	15.13%	121	11.76%	86	9.07%
Major Buggies	2	0.23%	0	0.00%	5	0.53%
Accessories	50	5.77%	47	4.57%	78	8.23%
Cushions and Postural Support	53	6.12%	50	4.86%	46	4.85%
Special Seating	41	4.73%	43	4.18%	55	5.80%
Totals	**866**		**1029**		**948**	

Referral Reason categories	GHCCG	%	GHCCG	%	GHCCG	%
Manual Chairs	634	68.17%	790	74.25%	665	71.05%
Powered Chairs	148	15.91%	135	12.69%	106	11.32%
Major Buggies	1	0.11%	7	0.66%	8	0.85%
Accessories	55	5.91%	67	6.30%	49	5.24%
Cushions and Postural Support	55	5.91%	40	3.76%	62	6.62%
Special Seating	37	3.98%	25	2.35%	46	4.91%
Totals	**930**		**1064**		**936**	

Referral Reason categories	NKCCG	%	NKCCG	%	NKCCG	%
Manual Chairs	570	67.38%	639	73.79%	608	72.64%
Powered Chairs	114	13.48%	93	10.74%	75	8.96%
Major Buggies	0	0.00%	4	0.46%	0	0.00%
Accessories	54	6.38%	68	7.85%	57	6.81%
Cushions and Postural Support	45	5.32%	32	3.70%	42	5.02%
Special Seating	63	7.45%	30	3.46%	55	6.57%
Totals	**846**		**866**		**837**	

3.8 Based on the activity levels over the first three years of the contract, the anticipated demand, if no change is made to eligibility or threshold criteria is around 3,000 issues of equipment with the complexity mix being similar to that seen over the last two years. It should be noted that work is underway to review the service and the demand profile, this work is covered later in this paper.

3.9 During the period of the contract, recognising that the contract has been based on a fixed financial envelope, the CCGs have sought to respond to the emerging evidence of increased activity and complexity by providing when available non-recurrent funding in Years 1 and 2 and again for the start of Year 4.

4.0 How is the contract monitored?

4.1 The service is monitored against a wide range of performance indicators. There are 29 indicator domains and some 42 separate measures. In terms of monitoring and comparing performance levels, the following domains are used as key indicators:

KPI 11 – Waiting Times
KPI 18 – Equipment Delivery Times
KPI 26 – Emergency Call-Out and Repair
KPI 27 – Urgent Assessments completed within 10 days

4.2 The following table provides the key individual indicators within these domains. Current levels of performance are shown as 'Overall' i.e. across all three CCGs comparing October and November 2017 contract performance with outturn of the 16/17 and 15/16 contract years.

Key Performance Indicator	Target	Overall Year 15/16	Overall Year 16/17	GHCCG Year 16/17	GHCCG Nov 17/18	NKCCG Year 16/17	NKCCG Nov 17/18	CCCG Year 16/17	CCCG Nov 17/18
Waiting Times (KPI 11)									
11d - Urgent referrals pathway 2 weeks	**100%**	**63%**	**74%**	**68%**	**83%**	**65%**	**83%**	**73%**	**90%**
11e – Standard receipt of referral to prescriptions 6 w/weeks	**100%**	**60%**	**41%**	**46%**	**78%**	**48%**	**75%**	**42%**	**69%**
11f – Prescription to delivery basic standard chair 3 w/weeks	**100%**	**80%**	**61%**	**60%**	**56%**	**60%**	**57%**	**49%**	**64%**
11g – Prescription to delivery manufacturer order 6 w/weeks	**100%**	**79%**	**66%**	**63%**	**67%**	**65%**	**70%**	**62%**	**74%**
11h – Prescription to delivery made to measure 12 w/weeks	**100%**	**82%**	**70%**	**27%**	**0%**	**33%**	**0%**	**38%**	**0%**
Equipment Delivery Times (KPI 18)									
18a – Assessment to handover – standard wheelchair 3 weeks	**98%**	**78%**	**78%**	**75%**	**56%**	**72%**	**57%**	**75%**	**64%**
18b – Made to measure wheelchair 6-12 weeks	**98%**	**80%**	**87%**	**77%**	**0%**	**65%**	**0%**	**52%**	**0%**
18c - Prescription receipt 12 weeks	**98%**	**80%**	**76%**	**76%**	**89%**	**76%**	**79%**	**78%**	**88%**
18d – Referral to handover within 18 weeks	**98%**	**69%**	**62%**	**66%**	**83%**	**71%**	**77%**	**68%**	**77%**
Evidence Emergency Call out & Repair within timeframes (KPI 26)									
26b – Urgent emergency repairs completed within 24 hours	**100%**	**98%**	**83%**	**91%**	**25%**	**100%**	**100%**	**92%**	**22%**
26c – Repairs to powered and non-powered chairs within 3 days	**100%**	**74%**	**81%**	**74%**	**100%**	**74%**	**94%**	**72%**	**90%**
26d – Delivery of powered and non-powered chairs 3 days	**100%**	**69%**	**33%**	**31%**	**72%**	**31%**	**64%**	**26%**	**85%**
26e – Collection of powered and non-powered chairs 5 days	**100%**	**92%**	**92%**	**82%**	**100%**	**86%**	**95%**	**82%**	**96%**
Urgent assessments completed within 10 (KPI 27)									
27c - % Completed within 10 working days	**98%**	**82%**	**56%**	**80%**	**83%**	**76%**	**93%**	**72%**	**100%**

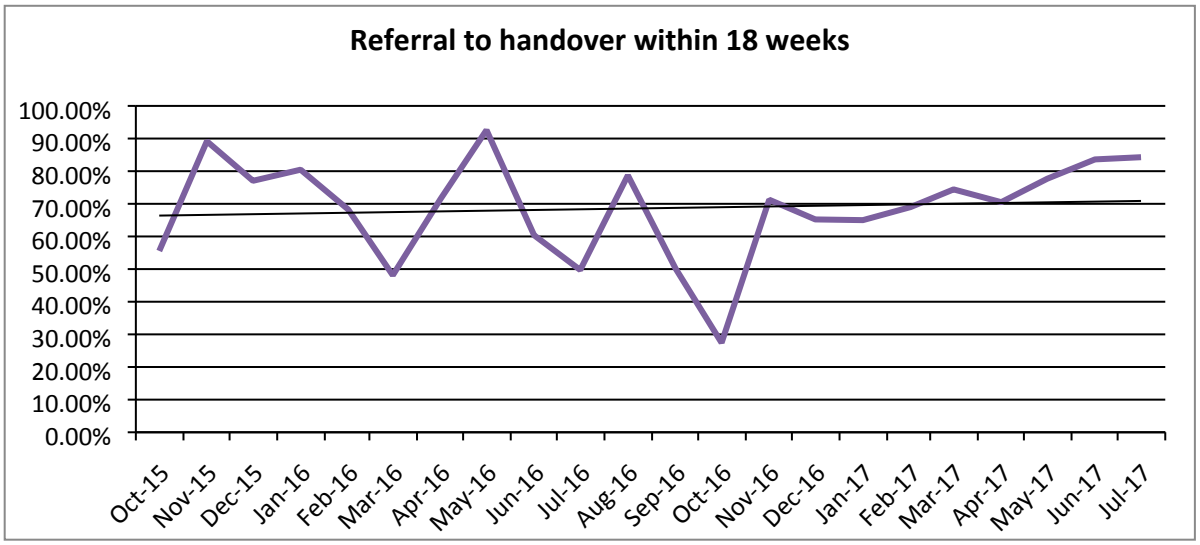
4.3 The contract is based on a NHS Standard Form of Contract, which within it has provisions relating to management of performance. The contract is monitored through monthly (more frequently if required) contract management meetings. At this meeting performance is reviewed in conjunction with other issues such as any service user complaints; waiting list information; budget run-rate; provider staffing position and risks.

4.4 The CCG has at its discretion the ability to issue a performance notice to the provider setting out its requirement to provide the CCGs with a remedial action plan setting out what actions it will take to remedy breaches in performance. Failure to deliver either the outcome of the action plan or milestones set out within it would ordinarily be subject to a financial sanction. The particular nature of this contract, in that it is a fixed value, and that performance deficiencies are fully investigated within the contract management process and are attributed to increased activity and complexity as described earlier rather than provider inefficiency has meant that commissioners have not sought to pursue this as a viable option. The view being such action was likely to further exacerbate reduced performance against the key performance indicators.

4.5 Ordinarily, contract performance is then presented for scrutiny to the CCGs' Finance and Performance Committees, with an extract being provided routinely to Governing Bodies. However, particular issues would be subject to specific discussions in other forums such as the CCG's Senior Management Team meetings.

5.0 Summary of performance over the period of the contract

5.1 Information provided by Opcare indicates that the average waiting time to be 15 weeks with many cases closed well within this period. The length of time for those in excess of 18 weeks is estimated to be around 33 weeks. We are advised that provision outside 18 weeks relate primarily to re-referrals as opposed to new referrals. The following provides highlight performance and trend from October 2015, the point from which detailed information was available. The graphs below show performance as strong a year into the contract i.e. October 2015 but with a steady deterioration since that time. Performance against 18 weeks has remained fairly constant across the period.



5.2 In terms of average waiting times experienced by users of the service it is clear that this has deteriorated over the last two years of the contract. The following table provides the average wait (for all clients) for each of the first three years.

	Average Waiting Time (from referral to provision)							
	C CCG		**GH CCG**		**NK CCG**		**Overall**	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	118	16.9	118	16.9	131	18.7	122	17.4
Year 2	110	15.7	123	17.6	137	19.6	123	17.6
Year 3	152	21.7	151	21.6	136	19.4	146	20.9

5.3 Further analysis of completed pathways provides a further breakdown between provision against new referrals and re-referrals for both adults and children. This is provided below over the first three years of the contract and by individual CCG.

	Average Waiting Time - New Referrals: Adults							
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	62	8.9	82	11.7	84	12.0	76	10.9
Year 2	52	7.4	84	12.0	91	13.0	76	10.8
Year 3	99	14.1	101	14.4	89	12.7	96	13.8

	Average Waiting Time - New Referrals: Paediatric							
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	98	14.0	146	20.9	102	14.6	115	16.5
Year 2	92	13.1	142	20.3	141	20.1	125	17.9
Year 3	108	15.4	78	11.1	131	18.7	106	15.1

	Average Waiting Time - Re-Referrals: Adults							
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	165	23.6	145	20.7	173	24.7	161	23.0
Year 2	157	22.4	154	22.0	163	23.3	158	22.6
Year 3	194	27.7	180	25.7	159	22.7	178	25.4

	Average Waiting Time - Re-Referrals: Paediatric							
	C CCG		GH CCG		NK CCG		Overall	
	Days	Weeks	Days	Weeks	Days	Weeks	Days	Weeks
Year 1	209	29.9	217	31.0	196	28.0	207	29.6
Year 2	195	27.9	190	27.1	190	27.1	192	27.4
Year 3	214	30.6	239	34.1	222	31.7	225	32.1

5.4 Further analysis of completed pathways has provided a further breakdown of those clients waiting longer than 18 weeks for provision against new referrals and re-referrals for both adults and children. This is provided below over the first three years of the contract and by individual CCG.

	Waiting Time > 18 Weeks- New Referrals: Adults			
	C CCG	GH CCG	NK CCG	Overall
Year 1	90	132	116	338
Year 2	51	130	107	288
Year 3	72	76	49	197

	Waiting Time > 18 Weeks- New Referrals: Paediatric			
	C CCG	GH CCG	NK CCG	Overall
Year 1	7	15	19	41
Year 2	6	17	18	41
Year 3	4	4	8	16

	Waiting Time > 18 Weeks- Re-Referrals: Adults			
	C CCG	GH CCG	NK CCG	Overall
Year 1	206	165	172	543
Year 2	158	196	187	541
Year 3	138	156	93	387

	Waiting Time > 18 Weeks- Re-Referrals: Paediatric			
	C CCG	GH CCG	NK CCG	Overall
Year 1	53	35	62	150
Year 2	46	43	77	166
Year 3	40	41	45	126

5.5 The following table provides a recent breakdown of the waiting list broken down by referral category; these categories are defined in Annex A.

		New referrals	Awaiting Assessment	Awaiting Equipment	Total
C CCG	Low Need	84	29	250	**363**
	Medium Need	49	50	87	**186**
	High Need	43	34	95	**172**
	Specialist Need	10	16	22	**48**
	Total	**186**	**129**	**454**	**769**
GH CCG	Low Need	89	32	218	**339**
	Medium Need	75	60	90	**225**
	High Need	40	35	78	**153**
	Specialist Need	6	8	22	**36**
	Total	**210**	**135**	**408**	**753**
NK CCG	Low Need	79	30	214	**323**
	Medium Need	57	38	62	**157**
	High Need	48	36	68	**152**
	Specialist Need	7	18	38	**63**
	Total	**191**	**122**	**382**	**695**
Overall	Low Need	252	91	682	**1025**
	Medium Need	181	148	239	**568**
	High Need	131	105	241	**477**
	Specialist Need	23	42	82	**147**
	Total	**587**	**386**	**1244**	**2217**

5.6 Total open referrals at the end of September 2017 (end of Contract Year 3) were 1954. The table below shows the impact of the additional funding which brought the open referral list down to 1323 by the end of October.

OPEN REFERRALS	GH CCG	CCCG	NK CCG	Total
Open referrals end of September	660	671	623	1954
Open referrals end of October	436	452	435	1323
Open referrals end of November	447	463	491	1401

6.0 Service provided to service users

6.1 The following provides information in respect of the day to day operation of the service and is provided in response to a range of specific queries or lines of enquiry.

6.2 *What is the waiting list system* - New and re-referrals are received on a daily basis through various channels. Referrals are all handled the same way regardless of source and upon receipt of a referral the process can be summarised as follows: Referral received; Screening/Triage; the screening process determines the next steps and categorisation i.e. Urgent / Priority / Standard Issue / Routine; appointments are booked if required in date order e.g. oldest date first.

6.3 *What information is given to parents/carers about replacing wheelchairs* – Opcare currently provide information relating to care of equipment, servicing and maintenance rather than information on replacement.

6.4 *What is the system for replacements for children* – Once a child is under the care of the service they can be re-referred at any time if their clinical need or condition changes. The re-referrals generally come from parents, carers and healthcare professionals. If the change in clinical need or condition has developed to a point where the current equipment no longer meets or cannot be adapted to meet the need, it will be replaced.

6.5 *How is the assessment made on the best equipment and what factors are taken into account* – Assessments are made purely on clinical need. Before an assessment the patient's notes will be reviewed and any necessary paperwork completed before patients are invited into clinic. This may include environmental assessments if powered products are indicated as being required. For the sake of efficiency of resources, Opcare tend to run clinics by type i.e. Buggies; bespoke wheelchairs; powered wheelchairs; and special

seating clinic where this clinic will focus on service users who require special seating equipment. The assessment process can be complex and Opcare allow up to 2 hours for a complete and thorough assessment. All of Opcare's clinicians are registered with the Health Care Professions Council and hold a clinical qualification in Occupational Therapy or Physiotherapy. In addition to clinical staff, Opcare has a support team of rehabilitation engineers, technical wheelchair instructors and product specialists. Some third party suppliers of equipment included in the product fleet will also provide a level of support and training. It should be noted that the equipment type to be provided in respect of condition and need is set out within the contract.

6.6 *Are wheelchairs being repaired where in the past they would have been replaced* - If a wheelchair is economically repairable then Opcare will repair the wheelchair. If the wheelchair is beyond economical repair then it will be replaced. Opcare are expected to optimise budget expenditure by repairing whenever it is viable, the contract requires this and Opcare's approach to this has not changed.

6.7 *How does the CCG assess if there are children that are using the wrong wheelchairs because of delays in the system and what action do the CCGs take* – The CCGs do not measure this aspect of the service directly. The 18 week pathway is reviewed through the monthly contract review by the CCG. The CCG receives a contract review report detailing performance and any issues. The CCG responds appropriately and consistently to queries and complaints as and when they are raised and will raise such issues with Opcare and if necessary require action as they occur.

7.0 Work to improve the position

7.1 As part of the consideration to extend the contract by one year, representatives from each of the three CCGs undertook an evaluation of the service in April 2017, reviewing the service provided and demand. During the period of evaluation, the CCGs' engagement and quality team have been working directly with Opcare and the existing Opcare Service User Group to:

- Undertake a review of the patient charter
- Identify any solutions to existing complaints
- Look at an approach which would help to manage a reduction of any future complaints and address any issues
- Develop Service Development Improvement Plan in respect of Patient Experience and Patient and Public Engagement

7.2 This has provided insight into existing systems, processes and challenges from Opcare's perspective, with Opcare identifying demand for urgent referrals as a challenge.

7.3 Following the evaluation a meeting was held to discuss the next steps and agreement was reached for the CCGs to meet with Opcare to discuss short, medium and long term options for the future service, identifying any associated risks and mitigating actions.

7.4 When the three CCG's and Opcare met on the 24th May 2017, Opcare informed the CCG's they were unable to accept an extension post September due to the risk inherent in increasingly long waiting lists and them being unable to continue to support the contract. Opcare offered to work with the CCGs in providing an action plan to balance funding and demand that would allow them to accept an extension without an unacceptable level of clinical, financial and reputation risk.

7.5 North Kirklees and Greater Huddersfield CCGs committed to providing £175k of non-recurrent funding during the remainder of 2017/18 financial year. This commitment was sufficient to allow Opcare to commit to the extension of the contract until 30th September 2018. Even with this financial commitment there is expected to be significant pressure on the ability to prevent further deterioration of performance.

7.6 Initial modelling of the impact of the £175k non-recurrent funding would enable Opcare to end the current financial year with a waiting list of between 2,100 – 2,200 open referrals, based on current volumes and eligibility criteria.

7.7 A Steering Group has been established with two sub- groups being tasked to review the contract current offer including thresholds and the range of wheelchairs/seating available within the contract. It is intended that the recommendations from the sub-group will be taken through the CCGs' governance process in January.

7.8 The other sub-group is considering the future service specification, in line with updated guidance around and the introduction of Personal Health Budgets for wheelchairs and including the service user view.

8.0 Evidence of user/ patient satisfaction

8.1 The objective of the Wheelchair Service is to provide: A referral and triage system for access to the service providing a timely multi-agency (where appropriate) clinically based comprehensive holistic assessment; that also takes account of carers, parents and families abilities; a prescription (based on need) of manual and/or powered wheelchairs within a maximum of 2 working days of assessment; information at the time of referral to enable the individual and their parents /carers to make informed decisions regarding care and requirements; support, information and scheduled reassessments at the time of first assessment; a wheelchair as part of the care plan for end of life care; flexible and proactive services for those children and adults with rapidly deteriorating conditions; and as part of the requirements for Long Term Conditions (LTC) the individuals agreed care plan is to be an integral part of the process.

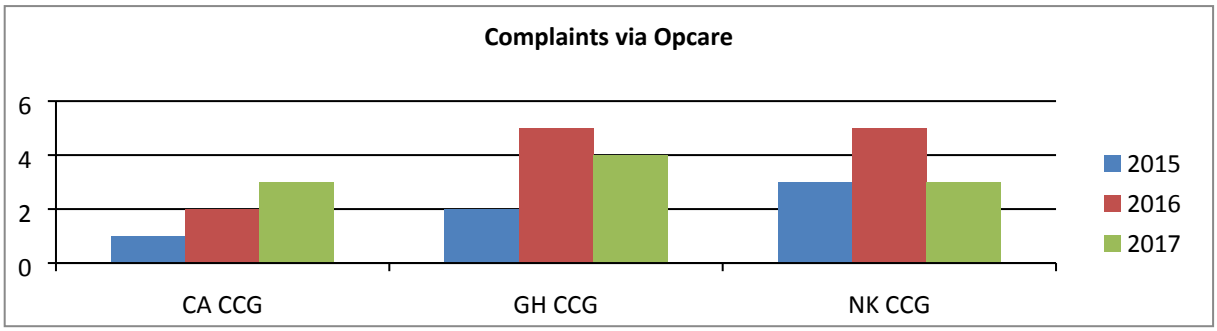
8.2 Service users were involved in the initial procurement process during 2013/2014. This information provided a baseline of service user feedback. Since then Opcare have undertaken an annual satisfaction survey and run a service user group; neither of which have sufficient levels of engagement to ensure full representation of the range of service users. The most recent feedback was gathered by Healthwatch Calderdale and Kirklees who engaged with 91 parents/carers and service users up to April 2017. The engagement activity identified 5 key service gaps:

- Lack of routine review appointments for children and young people to assess their changing needs
- Long waiting times for assessment
- Long waiting times for repairs
- Poor communication relating to accuracy of information provided and responsiveness to concerns
- Equipment provision not meeting service user/family needs

8.3 As part of the improvement work CCG Engagement and Experience colleagues have supported Opcare to undertake a thorough stakeholder analysis in preparation for a comprehensive engagement activity. A full collated report will be made publically available in January 2018 all respondents to the surveys etc. who requested to see the final report will receive copies.

8.4 In the region of 100 service users & carers have also notified Opcare that they wish to have some level of ongoing input into the future service developments and specification design. The CCGs have asked Opcare to contact these individuals to check that they are happy with their details been shared with the CCG so that we can involve/contact them directly so as to avoid any potential conflicts with future plans for procurement etc.

8.5 In terms of formal complaints since the start of the service, the charts below provide detail of the number of complaints received by Opcare since the start of the service. Complaints started to increase in August/September 2016 with the majority relating to waiting times.



	2014/15			2015/16			2016/17			Total		
	Referrals	Complaints	Rate	Referrals	Complaints	Rate	Referrals	Complaints	Rate	Referrals	Complaints	Rate
Calderdale	866	1	0.12%	1029	2	0.19%	948	3	0.32%	2843	6	0.21%
Greater Huddersfield	930	2	0.22%	1064	5	0.47%	936	4	0.43%	2930	11	0.38%
North Kirklees	846	3	0.35%	866	5	0.58%	837	3	0.36%	2549	11	0.43%
Totals	2642	6	0.23%	2959	12	0.41%	2721	10	0.37%	8322	28	0.34%
Rate per 000	2.27			4.05			3.68			3.36		

Martin Pursey
Head of Contracting & Procurement
Greater Huddersfield, North Kirklees & Calderdale CCGs
January 2018

Annex A

National wheelchair data collection definitions	
Low Need	Occasional users of wheelchair with relatively simple needs that can be readily met
	Do not have postural or special seating needs
	Physical condition is stable, or not expected to change significantly
	Assessment does not typically require specialist staff (generally self-assessment or telephone triage supported by health/social care professional or technician)
	Limited (or no) requirement for continued follow up/review
	Equipment Requirements – Basic, non-modular wheelchair (self or attendant-propelled)/standard cushion/up to 1x accessory/up to 1x modification
Medium Need	Daily users of wheelchair, or use for significant periods most days
	Have some postural or seating needs
	Physical condition may be expected to change (e.g. weight gain / loss; some degenerative conditions)
	Comprehensive, holistic assessment by skilled assessor required
	Regular follow up / review
	Equipment requirements – Configurable, lightweight or modular wheelchair (self-or attendant propelled) / low to medium pressure relieving cushions / basic buggies / up to 2x accessories / up to 2x modifications
High Need	Permanent users who are fully dependent on their wheelchair for all mobility needs
	Complex postural or seating requirements (e.g. for high levels of physical deformity)
	Physical condition may be expected to change / degenerate over time
	Very active users, requiring ultra-lightweight equipment to maintain high level of independence
	Initial assessment for all children
	Comprehensive, holistic assessment by skilled assessor required
	Regular follow up/review with frequent adjustment required/expected
	Equipment requirements – Complex manual or powered equipment, , fixed frame chairs, high pressure relieving cushions, specialist buggies, up to 3x accessories / up to 3x modifications / needs are met by customised equipment.
Specialist Need	Highly complex postural or seating requirements (e.g. for high levels of physical deformity)
	Physical condition may be expected to change / degenerate over time
	Permanent users who are fully dependent on their wheelchair for all mobility needs
	Comprehensive, holistic assessment by skilled assessor required
	Regular follow up / review with frequent adjustment required / expected
	Equipment requirements – ○ Highly complex powered equipment with specialist controllers ○ Tilt in space chairs ○ Seating systems on different chassis ○ Complex manual wheelchairs with integrated seating systems ○ 4 or more accessories/4 or more modifications/highly complex modifications that needs are met by bespoke equipment/specialist controls/devices that require Integration with other assistive technology drivers

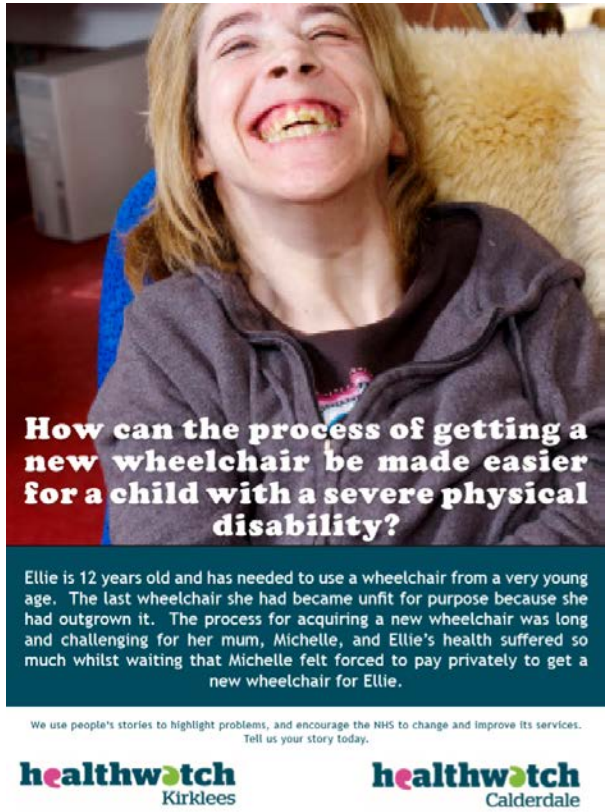
People's experience of using wheelchair services provided by OPCARE in Kirklees*

Kirklees Scrutiny January Tuesday 16th January 2018

healthwatch Kirklees

Introduction

- A story
- Timeline
- Initial work Dec 16
- Follow up work Oct 17
- Healthwatch perspective
- Supporting documents



A story


Modifying a wheelchair that needs replacing, in an attempt to meet changing needs
Lucy is twenty-eight years old. She has complex health needs including progressive neuromuscular disease, lower limb deformity and curvature of the spine. As a result, she uses a wheelchair with a specialist seating system, which was provided for a five-year period under the NHS voucher scheme. Since obtaining her wheelchair, her needs have changed, rendering her chair unsuitable. Though she should be eligible for a reassessment of her needs, the local NHS commissioned service provider for wheelchairs, Opcare will not carry this out.
We use people's stories to highlight problems, and encourage the NHS to change and improve its services. Tell us your story today.
healthwatch Kirklees
healthwatch Calderdale


It has taken three years, many communications and a complaint for changing wheelchair and seating needs to be met
Alex is a young adult with complex needs. In 2014 it became clear that his wheelchair needs had changed and so an assessment was requested on his behalf. It took three years, many communications and a complaint to the Clinical Commissioning Group before a timetable was agreed for meeting Alex's wheelchair and seating needs. Alex's needs are currently being assessed.
We use people's stories to highlight problems, and encourage the NHS to change and improve its services. Tell us your story today.
healthwatch Kirklees
healthwatch Calderdale


Obtaining a new wheelchair for a child with a disability shouldn't be this difficult
Olivia is 14 and because of her disability she has had to use a wheelchair all her life. When she needed a new wheelchair because she'd outgrown the one she had she was put on a waiting list and eventually had an assessment but the wrong wheelchair was ordered which led to an even longer wait.
We use people's stories to highlight problems, and encourage the NHS to change and improve its services. Tell us your story today.
healthwatch Kirklees
healthwatch Calderdale

Timeline

- Initial stories to Calderdale CCG October/November 2016
- “OPCARE has a well established service user group”
- December 2016 to May 2017 collecting stories, meeting carers & listening.
- May 2017 initial report to CCG’s & OPCARE
- Continued escalation of stories throughout 2017
- October/November/December 2017 Second survey of peoples experience in partnership with CCG & OPCARE

healthwatch Kirklees

Key points from initial engagement December 2016 to May 2017

1	**Opcare does not routinely offer assessments to children and young people.** Children are not being regularly assessed and reviewed to identify whether their wheelchair meets their size and needs. The responsibility lies with parents and carers to get in touch with Opcare if they feel their child needs to be assessed and only then are they put on a waiting list to be seen. However, many parents/carers are not aware that it is their responsibility to contact Opcare for a review. This means that problems can be missed and, because of the lengthy waiting times, children and young people have no option but to use unsuitable wheelchairs, often resulting in pain, discomfort, poor posture and unnecessary injury.

healthwatch Kirklees

2	**There are unacceptably long waiting times for service users to be assessed.** Parents, carers and service users told us about being put on waiting lists for assessment, leaving them waiting months for an appointment and then being put on a further 2 or 3 waiting lists for measuring and fitting appointments. This means that some people are waiting over 12 months for a suitable wheelchair.

3	**The majority of people we spoke to are unhappy with the repairs service.** People spoke of their concern regarding length of time it takes for repairs to be carried out and also the fact that wheelchairs are being repaired, in excess of their life span, instead of being replaced.

healthwatch Kirklees

4	**Communication: People want to be provided with clear, accurate information and they want their voice to be heard** Whether people are waiting for repair, assessment, or for delivery of a new wheelchair they want to be kept informed with accurate facts. People often feel that they have to chase up appointments, phone calls and visits and struggle to get the right information about how long they will have to wait. Additionally, people feel Opcare doesn't take their concerns seriously and even when an ill-fitting wheelchair is having a serious impact on the health and wellbeing of the service user, and health professionals support these concerns, people don't feel they are listened to.

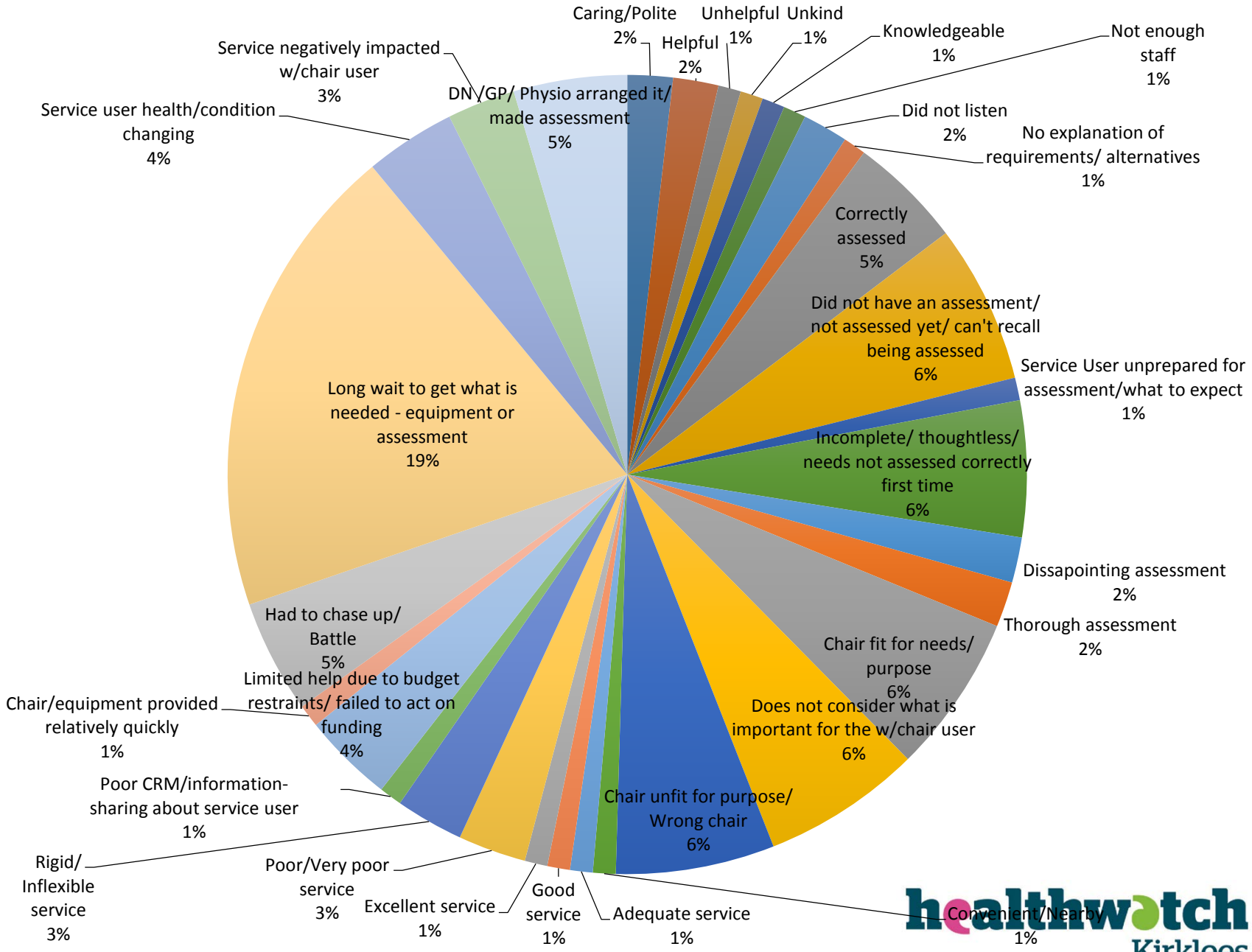
5	**Equipment not fit for purpose** Parents, carers and service users told us that equipment is often not fit for purpose as the wheelchairs and seating systems provided often are not suitable for the environments in which the service user, their family and carers wish to use them. The equipment is therefore not promoting independence and inclusion. People were also very concerned that many of the wheelchairs provided were providing inadequate posture support. We also heard of instances where poorly fitting wheelchairs and seating systems were causing necessary injuries such as pressure marks. We also heard of cases where unsuitable equipment had had more serious consequences such as admission to hospital (Accident & Emergency and Intensive Care) and surgery. There were also concerns raised by many people that wheelchairs were being repaired rather than replaced due to financial constraints.

In Autumn 2017 we worked in partnership with CCG's and Opcare to comprehensively survey peoples experiences of using wheelchair services.

The results of the survey have been collated by colleagues in the engagement teams in the CCG's.

Healthwatch have independently verified the data and agree that the CCG report is a fair reflection of what people said.

Healthwatch contacted over 50 people who wanted to make more detailed comments



Healthwatch perspective

“It is clear from the sustained and detailed stories that we have heard in the last 15 months that wheelchair services in Kirklees are not good enough.

We were disappointed that people’s stories have not been acted upon earlier. Opcare’s service user group was not representative of its customers. Many of the stories that we heard listed poor communication, poor standards of service, issues with repairs and unsuitable equipment that should have been identified earlier, and have still not been rectified.

Fundamentally this is about shortage of funding in wheelchair services and in the NHS as a whole. The wheelchair service is underfunded. The Clinical Commissioning Groups (CCGs) that fund this service are being asked to make multi-million pound in year savings, and in this environment it is proving impossible to increase funding for a wheelchair service that people in Kirklees need to live independent and full lives.

The result of this underfunding is that many of the most vulnerable members of our community are waiting in pain for help.

We need to be honest if we are going to address this issue. Whilst there is work that Opcare and the CCGs can do to improve wheelchair services in Kirklees, their financial positions mean that they are unable to fund this service at the level that it requires. We should however, be asking whether children, older people and vulnerable adults needing wheelchair services should be a higher priority for financial support from our local NHS.”

Rory Deighton Director Healthwatch Kirklees January 2018

healthwatch Kirklees

Opcare Survey – follow up contacts by Healthwatch Kirklees

From 286 respondents, 100 asked for Healthwatch to contact them. Each person was contacted by phone call or email and they were asked "is there anything else you would like to add to the feedback you've already given?" Additional comment are shown below.

Some people wanted Opcare to contact them to give them an update – details were sent through to Opcare so that they could make contact.

Comments

"My child has been housebound since mid-October, no means of getting out of house without wheelchair as child is too heavy to lift. MP got involved and the appointment has been brought forward to 12 Dec 17"

"People are desperately trying to get a timely service and this is very rarely forthcoming, eg a recent case where the person passed away before the wheelchair arrived, taking away the person's quality of life. I work to support people with wheelchairs on a national basis and Opcare is top of the list of services who present real challenges – a Cinderella service" Comments made by Wheelchair Services Co-ordinator from Motor Neurone Disease organisation.

"Still having problems with an ill-fitting wheelchair for child. We were promised a 6 month review but nobody has ever got in touch. The seat is tilted back. The paediatrician comments on it every time. OT has tried to get Opcare to look at it. It's taken so long to sort out that the chair is already too small. How long will it take to get another?"

"The service is failing the most vulnerable. They don't understand personalisation/urgency. They have no records of what equipment has been issued so can't possibly turn up with the right equipment/parts for repairs. They have to make multiple visits to get repairs done, when it should be done in one trip"

"The service offer a 'best-fit' solution, rather than looking at long term needs. It's more a case of 'that will do' when they would actually save money if they got things right from the outset. My partner's osteopath and podiatry service are trying to strengthen the leg which has been affected by stroke but the wheelchair provided doesn't support the position which would help her. Now waiting for a

cushion from Opcare to hold her position and support her but I just can't see this working. Would prefer old wheelchair back as the new one just isn't right and it feels like we've gone backwards. Gemma at Opcare is lovely"

"It's just not fit for purpose, it's falling apart. I don't get any updates on when things are likely to be sorted, just told it's now moved from pending to purchasing but no timescales given. I always have to force the issue, constantly trying to chase up and always get fobbed off. I'm totally dependent on a wheelchair to move and I don't want to go out because I can't depend on the wheelchair I've got as it's just not fit. I'm now on anti-depressants because of all this"

"had a wheelchair but had to send it back because it was like a tank, too heavy to push. They sent someone 3 weeks ago to assess him but I've not heard anything since"

"I'm ringing on a weekly basis because my daughter is sat in a broken chair. The back of it has been broken since October 16, it's split down to the first set of bolts and we have to cover it with a cushion. No spinal support and scoliosis is getting worse. The Velcro on the footplates doesn't work anymore so her feet are not held in position. She kicks her feet out and there's a risk there. She has a fractured ankle and a torn ligament now and this may be as a result of the footplates not holding her feet, we just can't say for definite as she's non-verbal so can't tell us. We only knew when there was swelling. Consultant neurologist requested a seating review in Oct 16. Somebody from Opcare came 3 weeks ago and said it would be a priority and that an emergency chair would be provided in the meantime but we haven't had anything"

"My child has a severe 'head lean' due to wheelchair not being right. My child is damaged as a result. I have begged to be able to use another provider but the CCG wouldn't agree to it. They completely ignored a report we got from an independent OT – they did nothing. They just use excuses not to do anything. Still waiting for moulded seating and the chair is causing pressure sores"

"My main concern is that there are various things going wrong with the chair, some are simple things, but I still don't think the repairs will sort the problem. She's leaning to one side and the repairs won't fix this. I don't think the laterals are right. There are red marks at the bottom of her spine. Hoping changes to chair will work but I'm not holding my breath. Social worker, paediatrician and OT have emailed Opcare; they react to this and someone comes out but after this visit, still nothing happens. Some simple things such as having a spare set of covers and a harness would really help – if the nappy leaks the covers have to be washed – I had to fight for a spare set which I got eventually but they won't give a spare harness. These things get dirty and it's the same as putting your child in grubby clothes"

"Very poor. Still waiting for seating to be properly sorted and it's been 2 years. Daughter's condition is getting worse. The stress of sorting this out has been horrendous" (crying as she spoke to me)

“Wheelchair was condemned by OT in June. I was told a new one would be ordered but I haven’t heard anything and I’m virtually housebound now”

“I’m permanently in a wheelchair. They took one for repair months ago and I’ve not had it back. Currently in old wheelchair”

“Frontline staff are very, very good. My gut feeling is that someone is sitting on the budget. It took from February last year to end of October to get a replacement chair, followed by 3-4 months waiting for a cushion, then 12 weeks for back rest to be sorted. Still waiting for replacement foot rest to be supplied. I’m using HD cardboard to stop my right leg from flopping out and I was told a solution would be manufactured. I’ve got doubts about the training and qualifications of staff doing the repairs. They just don’t seem to have the right training and don’t have right spares. There’s a high turnover of staff. No updates are given by Opcare and this causes anxiety. They could do more to link with other organisations too”

“I’m paraplegic and can’t stand at all. I had an electric wheelchair for a few years and was independent but I had to send it back. I always understood that if it broke down I would get help but I found out that there’s no help if this happens. I have no family to help me. What would I do if I broke down away from home? I had to send it back because I’ve got nobody to help me. My consultant at Pinderfields wanted me to have the electric chair and I loved it when I had it; it got me out and I was independent. I’m really sad it’s gone. I wouldn’t have minded paying for a break down service. I live in Elland and only go to Elland so I wouldn’t have broken down far from home. I’m using my manual chair now”

“Recently had a problem with manual wheelchair, they came and had a look and wanted to provide a new one, even though it was just a problem with the arm rest but they couldn’t get parts for it any more. I ended up buying the arm rest on ebay and doing it myself. Then there was a problem with the controller, it just needed a new little joy stick which they could have sent in the post but they insisted on replacing the whole thing which cost £180 instead of a couple of pounds. Wasting money”

“Daughter has missed 8 months of school, we’ve been waiting over 2 years for a chair. After waiting 12 months they gave her the wrong one, far too big for her. She falls from one side to another and once nearly hit her head on a lamppost. People from Opcare have said the chair is not good and that it’s only meant to be sat in for 2-3 hours, not full days. They reviewed and measured everything in March and said it would be 6 weeks until we get a new one. Social worker, GP, Locala, Forget me Not have all contacted Opcare about it. Still having to use the chair that’s not right for her. I have a very, very bad back as a result. She’s 19 years old with a life-limiting condition and I’ve had to keep her indoors for almost all of the last 2 years”

“We’ve recently seen the therapist and been given a provisional date in Feb 18 for new wheelchair. Opcare use the issue of backlog to explain the delays – they need to be more transparent. Not the fault of the therapists working frontline”

“Wheelchair delivered last week but I have to wait until someone can come to take me out. I use sticks to get about in the house but can’t get out without a wheelchair. Nobody has ever mentioned an electric wheelchair”

“Mum has no wheelchair, had to borrow one but it’s too small. She had assessment June/July and we were told it would be sorted”

“Assessment was great but then didn’t hear anything else. I rang Opcare this morning and was told they had the wheelchair and that it should be delivered after Christmas. If I hadn’t rung I wouldn’t know this. Just a phone call to explain what’s happening would help”

Beechwood, Leonard Cheshire Disability Service – informed us of a resident who had sustained a broken leg because of issue with wheelchair. Notified CCG as serious incident. It has been reported to CQC and RIDDOR. Beechwood have invited Healthwatch to talk to other residents who are also experiencing difficulties.

Online reviews for Opcare can be seen on the Healthwatch Kirklees and Healthwatch Calderdale websites:

https://www.healthwatchcalderdale.co.uk/services/calderdale-greater-huddersfield-and-north-kirklees-posture-mobility-service-opcare-elland-hx5-9hb/#reviews

https://healthwatchkirklees.co.uk/services/opcare-posture-mobility-services-elland-hx5-9hb/

Feedback on Posture and Mobility Services provided by Opcare

Karen Huntley
Clare Costello

May 2017

Contents

Report Details

This is a detailed report outlining the findings of the work completed by Healthwatch Calderdale and Kirklees regarding Posture and Mobility Services (Opcare), the organisation commissioned by the NHS to provide wheelchair services.

Background

In July 2016 Healthwatch was contacted by a parent of a wheelchair user, who had made a complaint to Opcare on behalf of her daughter. She was concerned that there were other parents experiencing similar problems so Healthwatch signposted her to the review section of its website and encouraged her to leave feedback on the service. She did this and also shared the information with other parents, carers and service users, who also completed online reviews.

In October 2016, Healthwatch was approached by organisations working with parents and carers of children with disabilities who wanted their service users to have opportunity to give feedback on Opcare. Healthwatch also was contacted by individuals via its signposting and NHS Complaints Advocacy services, who wanted to talk about their experience of Opcare's services. This feedback prompted Healthwatch to engage with people further on this subject.

Approach

During March and April 2017, staff from Healthwatch arranged to meet support groups for parents and carers of children and young people with disabilities. Healthwatch facilitated focus groups to give people the opportunity to have their say on their experience of using Opcare's services. People were asked a range of questions, specifically:

- What are the top five gaps in the service?
- What is working well?
- What is not working well?
- What could be improved?

An online survey was also created so that people could still give feedback if they couldn't attend the focus groups or if they wanted to remain anonymous. The survey asked the same questions as the focus groups but also had 'star rating' sections for covering staff attitude, confidence in technical staff and access to premises.

Healthwatch also created case studies from some of the more detailed stories we heard from people and these have been included at the end of this report.

In total we engaged with 91 parents/carers of services users and service users using the methods listed in the table below:

Method of engagement	Number of participants
Survey	27
Focus groups	38
Online reviews	22
Telephone/email	4

Table 1: Methods of engagement detailing participant numbers

Additionally, we spoke to 4 professionals who either work directly with people who use wheelchairs or support those who do.

What we found:

Some people had positive things to say about Opcare's services, however most comments were about difficulties people were experiencing. We asked people to identify five key service gaps, which are listed below.

5 key service gaps

1	**Opcare does not routinely offer assessments to children and young people.** Children are not being regularly assessed and reviewed to identify whether their wheelchair meets their size and needs. The responsibility lies with parents and carers to get in touch with Opcare if they feel their child needs to be assessed and only then are they put on a waiting list to be seen. However, many parents/carers are not aware that it is their responsibility to contact Opcare for a review. This means that problems can be missed and, because of the lengthy waiting times, children and young people have no option but to use unsuitable wheelchairs, often resulting in pain, discomfort, poor posture and unnecessary injury.

2	**There are unacceptably long waiting times for service users to be assessed.** Parents, carers and service users told us about being put on waiting lists for assessment, leaving them waiting months for an appointment and then being put on a further 2 or 3 waiting lists for measuring and fitting appointments. This means that some people are waiting over 12 months for a suitable wheelchair.

3	**The majority of people we spoke to are unhappy with the repairs service.** People spoke of their concern regarding length of time it takes for repairs to be carried out and also the fact that wheelchairs are being repaired, in excess of their life span, instead of being replaced.

4	**Communication: People want to be provided with clear, accurate information and they want their voice to be heard** Whether people are waiting for repair, assessment, or for delivery of a new wheelchair they want to be kept informed with accurate facts. People often feel that they have to chase up appointments, phone calls and visits and struggle to get the right information about how long they will have to wait. Additionally, people feel Opcare doesn't take their concerns seriously and even when an ill-fitting wheelchair is having a serious impact on the health and wellbeing of the service user, and health professionals support these concerns, people don't feel they are listened to.

5	**Equipment not fit for purpose** Parents, carers and service users told us that equipment is often not fit for purpose as the wheelchairs and seating systems provided often are not suitable for the environments in which the service user, their family and carers wish to use them. The equipment is therefore not promoting independence and inclusion. People were also very concerned that many of the wheelchairs provided were providing inadequate posture support. We also heard of instances where poorly fitting wheelchairs and seating systems were causing necessary injuries such as pressure marks. We also heard of cases where unsuitable equipment had had more serious consequences such as admission to hospital (Accident & Emergency and Intensive Care) and surgery. There were also concerns raised by many people that wheelchairs were being repaired rather than replaced due to financial constraints.

What is working well?

A small number of people were impressed with the speed and efficiency of the repairs service and technical staff.

The main themes and comments are shown below:

"…major repairs carried out quickly"

"…new part fitted immediately"

"technical staff really great and knowledgeable. Visited child at school so I didn't have to go to them"

"Engineers are sent out quickly; they know staff and service users at the Trust" (Next Step Trust)

"They are usually prompt and come when they say"

"If technical staff come out to repair one child's wheelchair (at school), they will also look at other children's wheelchairs" (without appointment)

Some people seem happy with face-to-face interactions with Opcare staff

"Staff at Posture and Mobility Services are friendly and courteous"

"When I attended a meeting at their office in Elland, the staff were really friendly and polite"

"I feel Opcare provide a good service and all the individuals I have had contact with during the repairing process have been helpful and courteous"

"Great staff and all of them compassionate and caring and able to deliver outstanding customer service in a timely manner"

A few people are happy with the process for getting a new wheelchair and with the wheelchair they receive

"We got the basic manual wheelchair delivered at home after a GP referral"

"Straightforward process for obtaining an electric and manual wheelchair"

"The new (seating) mould is fantastic. It's the best she has ever had"

"Had quite a long wait to get a wheelchair but once it had been done, someone from Opcare gave me a call to check whether everything was OK. That was good"

We also heard about instances where people had initially received a poor service but after contacting Opcare, and sometimes complaining, they then received an excellent service. This shows there are occasions when Opcare has listened to their service users and has responded to their concerns.

> "Success story. After bringing our situation to attention of my local Member of Parliament, I now have an appointment for my daughter for a new wheelchair the after waiting for four years".

What is not working well?

No regular reviews/assessments for growing children

Parents/carers tell us they are incredibly frustrated by the fact that there is no regular, routine assessment in place for their child to ensure that the wheelchair they are using is suitable for their size and needs (see case studies 1 and 2).

Members of staff at a school and day care centre spoke about how they have felt obliged to take on the role of 'reviewer' themselves, recording any wheelchair issues which they, staff, service users or parents/carers experience, and speaking to Opcare on behalf of the people they work with.

Poor communication

People told us how they struggle to get information from Opcare and wanted it to be much clearer about when service users could expect their matter to be dealt with:

> "Very little communication between Opcare and parents"

> "No progress reports for waiting lists"

Additionally, people complained that making phone calls was time consuming and yielded no reward. The quote below provides an example of how one parent wanted Opcare to communicate:

> "…give accurate information/timescale about when a problem can be assessed. Keep individuals informed if an agreed timescale cannot be kept"

People told us that conversations on the telephone are often very difficult; they feel Opcare staff are defensive, unhelpful and sometimes rude. Staff were described as uncompassionate and lacking in empathy. People struggle to get the information they need which leaves them feeling frustrated and at a loss as to what to do next:

"(I) was told wheelchair would be ready pre-Christmas. I chased them mid-February – spoke to someone who answered the phone who was completely unhelpful and uninterested. It turned out the chair hadn't been ordered…couldn't tell me why, or when it would be available"

Some people feel their views are just not listened to and even when health professionals and consultants have written supportive letters to Opcare, people feel this has made no difference at all to how Opcare dealt with their issues:

"Communication not good at all, after a lengthy conversation of issues, Opcare was not taking on board anything I said"

"Not listening to other professionals' suggestions"

This has sometimes resulted in formal complaints being made which people told us are not always handled well.

People also mentioned that there was poor communication between Opcare and other NHS health professionals involved with the service users:

"No communication between occupational therapists, physiotherapists and Opcare"

Parents/carers and service users also felt that reception staff were not knowledgeable about the service so were unable to help them with their enquiries.

"Reception staff are not knowledgeable about the service"

Parents and carers would like to be involved in the service user group which Opcare has set up but don't feel it's accessible for all; the meetings are always in Elland in the evening and this makes attendance difficult for parents and carers who live in North Kirklees who have young children and rely on public transport.

Several people also informed Healthwatch that they had no idea where Opcare's premises were.

Waiting times

People spoke of the frustration they felt during long periods when they were on a waiting list at various points when being assessed for a new wheelchair.

"How would they feel if the chair they rely on all day has become unsafe or uncomfortable and they have to spend all day in it"

"My daughter has been on this waiting list for well over a year"

"…waiting time for appointments 18 months"

"When you do make an appointment, there is an exceptionally long wait – by the time you make the appointment there is already a problem with the chair"

"Waiting lists are now more than 12 months for special seating clinics which is much worse than in the old service where 3 clinics a month were held for this seating and has been reduced to 1 per month"

"My daughter was poorly seated for well over 2 years….Despite lots of phone calls, emails, complaints to the service this was not acknowledged and we were constantly told that she was on a waiting list"

"I moved to the area and attempted to get an appointment with Opcare in February of 2015, it took until November 2015 to get me an appointment with the service and this was (with) a lot of pestering and badgering as it seems they kept losing my case"

One parent spoke frankly about the despair she felt throughout a very lengthy wait for assessment and how she feels about having to put in other requests for assessment in the future.

"This is a service I will need to use for the foreseeable future and I am absolutely dreading having to start the process all over again when my child outgrows her current chair"

Repairs

One member of staff in a school told us how some of the technician's turn up with hardly any tools and say they've only have 2 weeks training.

"I could see him scratching his head thinking how do I fix this bit back on. It's not their fault – they're not given the right training and tools to do the job. Also, they don't carry spare parts so often the technician has to take photographs of the wheelchair repair that needs doing, then go back to the office to order the part. This delays things further and some children have to miss school because their chair is unsafe to travel in. It's disheartening"

People were also unhappy about the wait time for repairs and that an appointment time isn't always given.

"The waiting time for repairs is poor, not able to give a time means our adults have to wait in all day"

"I booked an appointment for a repair twice but nobody turned up, nobody got in touch to cancel. I then have to spend time making more phone calls to chase things up"

"Sometimes the time it takes to assesses an issue and then resolve an issue/complete a repair can be very frustrating"

"(We need) quicker repair times and a time when they are due to call out"

The length of time it takes to get a repair can be substantial and this can have a huge impact on children and adults because they can't take part in their normal day-to-day activities; we were told about children having to miss school because their wheelchair isn't safe to travel in and about adults who are stuck at home waiting for a repair to take place

Wheelchairs being repaired/upgraded when they need replacing, rendering them unsafe, uncomfortable and failing to provide adequate posture support was also a theme that was frequently mentioned. One parent said that her son of twelve had has his wheelchair frame for six years. Although the wheelchair chair is due to be updated, she has been informed by Opcare he will have to keep his current frame. This parent was worried that this solution will not be suitable as her child will be entering adolescence and growing, whilst using a wheelchair frame that he has had since he was a young child. Another adult service user spoke of how she had made Opcare aware of problems with her seating and its negative impact on her posture only to be given numerous different cushions over a two-year period before Opcare decided her current wheelchair could not provide the seating system she requires (see case study 3).

Equipment not fit for purpose

People raised concerns that service users' needs change so much between assessment and receiving their new or adjusted chair, that their new or adjusted wheelchair then doesn't fit properly. Delays in adjustments and repairs also meant that wheelchairs were not fit for purpose. We were told of service users who were uncomfortable in their wheelchairs, children who were unable to concentrate at school due to this discomfort and of an adult who felt her ability to work was being compromised by her poor wheelchair seating.

"Chair not fitting correctly when received due to waiting time of three months"

"A new chair arrived (after 10 months) and straight away we noticed that it looked too small and that the back was tilted…we raised a concern but were told it was fine…no one came to look (at the wheelchair). The physiotherapist and occupational therapist also say the chair is not right. We are now waiting for an appointment to reassess. Our child has now been in a chair that is not right for 18 months"

One parent commented that the only purpose her child's wheelchair fulfilled was for safe transport on the school bus and the school day. The child could not use his wheelchair for family days out.

A significant number of people also mentioned that in many cases the wheelchairs provided did not provide adequate posture support for people with complex needs who require specialist wheelchair seating. These people usually require help with posture throughout the day and night (24-hour postural management) so it is essential that their wheelchairs, alternative seating and night positioning provide this support. People spoke of the discomfort caused by poor posture from sitting in unsupportive wheelchairs.

"For the last few years her posture has been at risk due to her wheelchair having poor footplates and a seating system that was not ideal. This as you know puts her independence and functioning at risk which is crucial to her whole mental health, physical health and well-being"

"A wheelchair with no support was presented to me. My son needs specialist seating, not a standard wheelchair…my son has three crush fractures on his spine, plus curvature of the spine. He needs support (in his wheelchair) but they can't see that as professionals."

"My daughter's legs are too long for the footplate position and there is no further room to lower it, the sides are too narrow for her frame".

"On a young person who requires 24-hour support with postural care this was a damaging seating system".

One parent said that her son's current poor wheelchair posture was limiting his movement. She said when her son was supported and restrained in his wheelchair, the range of movement in his arms and hands is greatly increased and his head control significantly improved.

Another parent told us that the consequences of her son having to sit in a wheelchair that did not provide adequate posture support was having serious health implications:

"Wheelchair is compromising health, scoliosis is becoming fixed, surgery is now needed. Abdominal pain, struggling with bowels"

Funding and Commissioning Issues

Parents/carers and service users told Healthwatch that they had been informed by Opcare that it was not possible for the service to provide them with new wheelchairs due to "funding", "no money" or "budgets". One service user stated:

"Every experience I had had is they Opcare just do not want to give people a wheelchair or seating options as it is money"

People said that there were also unsure as to whether Opcare offered the NHS voucher scheme, which gives service users a wider selection of wheelchairs from which to choose. Others felt that where the service user needed a specialist wheelchair that was not routinely provided by the NHS, there was a lack of support for Individual Funding Requests for funding from a Clinical Commissioning Group, which can only be submitted with clinician support.

Opcare has informed many of the parents we spoke to that it is struggling to meet demand. Specifically, it has stated that volumes are 50% above the indication in the tender.

Opcare is receiving more referrals per month (in one case more than double) than it is commissioned to process. This leaves the organisation in an untenable situation

and unless commissioners urgently review the contract they have with Opcare the difficulties which service users are experiencing will continue.

Many of the people were spoke to understand that this is a problem for Opcare and would like to see this addressed.

> "Opcare is struggling with their contract and they are not sufficiently funded to meet patient needs. This is having a great impact on the holistic health and wellbeing of patients!"

One parent stated that she would like "more funding to be made available to Opcare from the Clinical Commissioning Group".

Accessibility of clinics

Staff and service users in North Kirklees have been made aware that Opcare is paying to have a room at Eddercliffe Health Centre in Cleckheaton but it never uses this. Having a clinic based here would make the service far more accessible to people in North Kirklees, rather than having to travel to Elland.

When the Clinical Commissioning Group announced that Opcare would be delivering wheelchair services it stated that there would be community-based clinics, close to patients' home and in North Kirklees this would be the Eddercliffe Centre.

Order delays

People mentioned that Opcare staff often told them that items were are on order when they were not. They said they would rather be told the truth, even if the waiting time was going to be lengthy.

> "…had an assessment for a wheelchair and was told it would take six months to arrive. After 6 months we rang and the wheelchair had never been ordered"

Choice of wheelchair

We also spoke to several people whose perception was there were "limited options for wheelchairs" and "limited choices for specialist seating":

> "Choice of wheelchairs (not the cheapest, what is best fitted for child)"

Parent/Carer and Service User Ratings of Opcare

Parents/carers and service users were invited to give Opcare a star rating to reflect their experience of its overall service as well as for components of its service. A high numerical rating indicated a good service experience, whilst a low score showed a poor service encounter.

Results from our online reviews and survey indicate that parents/carers and service users collectively gave Opcare a star rating of 2.1 out of 5.

The following ratings were obtained from our online survey

	Average rating (out of a maximum of 5 stars)
Access to premises	3.4
Communication	2.3
Staff attitude	3.2
Confidence in technical staff	3.1
Confidence in admin support	2.9
Helpfulness	2.7
Flexibility of appointments	2.3
Waiting time	2.0

Table 2: Ratings of components of Opcare service

Opcare's Perspective

At the time of writing this report, we asked Opcare to tell us what it thought about the feedback we'd received about its services so that we could include its perspective, but unfortunately nobody from Opcare was available to comment. At the end of August 2017, we were told that Opcare and the Clinical Commissioning Group were producing a statement to summarise the current position, which would include information relating to a contract extension and some additional, non-recurrent funding for Opcare's wheelchair services. This statement will sit alongside our report once it is available.

Next Steps

Healthwatch is supporting Opcare to undertake further stakeholder engagement. This will ensure that the voices of all Opcare stakeholders are heard. Healthwatch will continue to discuss with the Clinical Commissioning Group and Opcare how the service can be improved.

How can the process of getting a new wheelchair be made easier for a child with a severe physical disability?

Ellie is 12 years old and has needed to use a wheelchair from a very young age. The last wheelchair she had became unfit for purpose because she had outgrown it. The process for acquiring a new wheelchair was long and challenging for her mum, Michelle, and Ellie's health suffered so much whilst waiting that Michelle felt forced to pay privately to get a new wheelchair for Ellie.

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Ellie is 12 year old and has severe, complex and life-limiting disabilities. She has needed to use a wheelchair all her life and ever since she was born her mum, Michelle, has been consistently told how important it is to ensure her seating position is correct because, if not, this can have a serious, damaging impact on her health and wellbeing. Ellie has nowhere else to sit; if she's not in her wheelchair she is in bed so it's crucially important that her wheelchair is comfortable, safe and meets all her physical needs.

In May 2016, Michelle could see that Ellie was not sitting comfortably in her wheelchair because she'd had a significant growth spurt and had gained 10kg in 6 months. Michelle contacted Opcare (the company who provide wheelchairs) to arrange for an assessment with a view to obtaining a new wheelchair, but she was told that the assessment probably wouldn't take place before the end of 2016 because they still have people on the waiting list from the previous year.

Weeks went by and Michelle still hadn't received an appointment. Ellie was really starting to struggle with being incorrectly positioned as this made her extremely uncomfortable and caused a significant amount of pain. She is non-verbal but was sometimes screaming in pain when seated in her wheelchair. Michelle was regularly phoning Opcare to emphasise how urgent the matter was. Things deteriorated even further and Ellie required lots of extra care to manage her worsening health because a lot of the time she was slumped over to one side, putting increased pressure on her lungs. She suffered repeated chest infections and eventually ended up in intensive care because of complications arising from this. Michelle obtained letters from Ellie's physiotherapist, occupational therapist, the hospice consultant and her paediatric and orthopaedic consultant; all the letters stressed how important it was for Ellie to have a wheelchair which met her needs but the letters don't appear to have made any difference.

In desperation, Michelle scraped together £3,000 to buy a wheelchair from a private company and she received the new wheelchair within 1 month of Ellie being assessed. As soon as Ellie was sat correctly her health improved; she needed less suctioning of fluid from her chest because she was in the correct position so fluid wasn't settling in her chest anymore and she hasn't experienced any more chest infections since having the new wheelchair.

Opcare eventually offered an appointment for an assessment in November 2016; after this appointment there would have been 2 or 3 further appointments necessary for moulding of the wheelchair seat and, at each stage, people are placed on a waiting list.

Michelle says that in the past, children have been routinely been given regular review appointments to assess whether their wheelchair is still suitable for their age, size and needs. Children grow regularly and can have significant growth spurts and it seems obvious that their wheelchair needs would need to be regularly reviewed.

Michelle has made a complaint to the Clinical Commissioning Group but this hasn't progressed so she talked to Healthwatch about her experience. Healthwatch are speaking to Opcare and the Clinical Commissioning Group to understand where the problems are in the system and how things can be improved so that no child with a disability has to experience such a distressing, lengthy process to obtain a new wheelchair.

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Obtaining a new wheelchair for a child with a disability shouldn't be this difficult

Olivia is 14 and because of her disability she has had to use a wheelchair all her life. When she needed a new wheelchair because she'd outgrown the one she had she was put on a waiting list and eventually had an assessment but the wrong wheelchair was ordered which led to an even longer wait.

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Olivia is 14 and has a physical disability which means she has to use a wheelchair. Her mum, Ann-Marie, noticed that she'd outgrown the one she was currently using and so contacted Opcare (the company who provide wheelchairs). She was placed on a waiting list and it took months for an assessment to take place. When the assessment was complete, it was agreed that a moulded seat needed to be ordered.

Following the assessment, an occupational therapist who didn't know Olivia, decided that a moulded seat wasn't required but nobody informed Ann-Marie that this decision had been taken.

When Ann-Marie was informed that the new wheelchair had arrived it soon became apparent that it was the wrong one. This error meant the wheelchair couldn't be used as all, which wasted £4,000 and caused a further delay for Olivia because she had to have a new seat moulded. By this time, Olivia had pressure sores from spending long periods of time in a wheelchair which was too small.

Ann-Marie made a complaint and contacted her local MP for support. Opcare provided a new wheelchair within 4 weeks which Ann-Marie was pleased about but she is concerned about the potential damage caused by Olivia being seated in an awkward position for such a long period of time. Ann-Marie says x-rays have shown a significant change in the curve of Olivia's spine over this time and she has been referred to a spinal specialist.

Healthwatch are speaking to Opcare and the Clinicial Commissioning Group to understand why children are not routinely offered assessment and review appointments to ensure that the wheelchair they are using is meeting their needs.

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Modifying a wheelchair that needs replacing, in an attempt to meet changing needs

Lucy is twenty-eight years old. She has complex health needs including progressive neuromuscular disease, lower limb deformity and curvature of the spine. As a result, she uses a wheelchair with a specialist seating system, which was provided for a five-year period under the NHS voucher scheme. Since obtaining her wheelchair, her needs have changed, rendering her chair unsuitable. Though she should be eligible for a reassessment of her needs, the local NHS commissioned service provider for wheelchairs, Opcare will not carry this out.

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Lucy moved to the Kirklees area in early 2015 with her wheelchair, which was provided by the NHS in Leeds. She contacted the local NHS commissioned service provider for wheelchairs, Opcare, for help with when she began to experience problems with her specialist seating system.

It took seven months for Lucy to obtain an initial appointment with Opcare. Although the appointment was led by two Opcare therapists, Lucy was neither physically examined nor asked about her health conditions, as had been the case in her previous wheelchair assessments.

Lucy says that Opcare therapists did not introduce themselves to her, she feels she has not been listened to and that therapists have not understood the impact of the poor seating on her life and livelihood. She also feels that the way in which she was spoken to by therapists was inappropriate and more suited to a child audience.

After asking Lucy how long she had had her current wheelchair, Opcare provided her with a cushion to address her seating problem. Lucy feels that the decision to provide a cushion as opposed to a needs reassessment was based upon financial factors as she was four years into her five-year wheelchair voucher period. The cushion did not help and over the next twelve months Lucy returned to Opcare on numerous occasions, each time to be given a different cushion. None of the cushions solved Lucy's seating problems so, becoming increasingly frustrated by the discomfort she was experiencing as well as the time it was taking to remedy the problem. Lucy she raised the issue with her physiotherapist in late August 2016. The outcome of this discussion was that Lucy suggested to Opcare that a moulded seat be considered for her. Her suggestion was declined by an Opcare therapist who, without conducting an assessment of her needs, informed her that her needs were not substantial enough to meet the criteria for moulded seating. Instead another cushion was ordered for Lucy. When it arrived, it did not fit her wheelchair so Opcare staff cut the cushion with an electric knife in an attempt to make it fit. This ruined the cushion, rendering it useless.

In January 2017, Opcare informed Lucy that it could not provide a seating solution for her as her current wheelchair will not allow for this. As her current wheelchair was paid for via an NHS voucher scheme for a five-year period and Lucy has had the wheelchair for four years, she has been informed by Opcare she will only receive a new wheelchair after five years. Lucy asked for a reassessment to which she is entitled, as her needs have changed and though Opcare gave her an appointment, no assessment of her needs was undertaken and Opcare therapists informed her that wheelchairs can only be given every five years regardless of circumstances. Two years on, Lucy has no solution to her wheelchair problems. She is very uncomfortable in her chair, which is making it very challenging for her to work. She is at risk of pressure sores and deterioration. Now angry and upset about the way she has been treated by Opcare she has made a formal complaint and feels she has no option but to fundraise to buy herself a new wheelchair privately.

Healthwatch is meeting with the Clinical Commissioning Group to understand where the problems are in the system and how things can be improved so that nobody has to experience such a distressing, lengthy process to obtain a new wheelchair. Healthwatch advised Lucy to contact Kirklees NHS Independent Health Advocacy Service for support.

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Obtaining a new specialist wheelchair when needs have changed should not be such a lengthy process

Katie is a young adult who needs a new wheelchair. She was supposed to receive a new wheelchair following surgery to remove a hip. One year on, she has yet to receive her new wheelchair. Her current wheelchair is uncomfortable and inadequate in terms of posture support. However, she has no option but to use it.

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Katie is twenty-three years old. She has complex health needs including epilepsy, reflux and curvature of the spine.

She has had her current wheelchair for over nine years. Over a year ago she had an operation to remove a hip. This resulted in a change in her needs and it was agreed that she would receive a new wheelchair after her operation. However, over a year later, Katie has still to receive her new wheelchair.

Health professionals involved in her care have supported her need for a new wheelchair. The family does not know when a new chair will be provided in spite of their representative making numerous contacts with the Opcare.

Katie uses her wheelchair from when she gets up in the morning to when she goes to bed at night. It is neither comfortable nor provides adequate posture support for Katie and her mum is concerned that this will have a negative impact on Katie's health in the future.

Feeling that she had no other option, Katie's mum bought her a wheelchair privately. However, this has not solved Katie wheelchair problems as it has proved to be unsuitable for her needs. Katie's mum stated that "life is hard enough looking after a disabled person, without having to battle" for a wheelchair.

Healthwatch is meeting with the Clinical Commissioning Group to understand where the problems are in the system and how things can be improved so that nobody has to experience such a distressing, lengthy process to obtain a new wheelchair.

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It has taken three years, many communications and a complaint for changing wheelchair and seating needs to be met

Alex is a young adult with complex needs. In 2014 it became clear that his wheelchair needs had changed and so an assessment was requested on his behalf. It took three years, many communications and a complaint to the Clinical Commissioning Group before a timetable was agreed for meeting Alex's wheelchair and seating needs. Alex's needs are currently being assessed.

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Alex is a thirty-one-year-old man with complex needs including cerebral palsy, scoliosis and epilepsy. He lives in supported accommodation and uses his wheelchair both inside and outside his home.

In 2014, it became clear that Alex's needs had changed with respect to his wheelchair and seating system. The wheelchair was no longer providing adequate posture support for Alex and this made it uncomfortable for him to sit in his wheelchair for any length of time. As a result, Alex who due to his health conditions, is unable to maintain his own posture, needed regular increased assistance from his carers to readjust him in his wheelchair so that posture support could be sustained as much as possible. He also began to display behaviour such as agitation, distress and grimacing which indicated he was in pain. Changes in his spine curvature also meant that Alex's footplate was also no longer correctly positioned. The footplates could not be adjusted and the result was that Alex's feet began dangling off the footplate. This situation was worsened due to that fact that Alex has frequent extensor seizures which cause his leg to fling outwards. This results in his foot extending against or beyond the footplate, which leads to undue force being applied to the foot in confined areas such as a lift. This is dangerous and resulted in Alex sustaining a broken foot.

Alex's mum raised her concerns to Opcare repeatedly to no avail. In August 2016, she submitted a formal complaint to the Clinical Commissioning Group (CCG). Subsequent meetings with the CCG did not result in the resolution of the problem. In February Alex's mum requested support from Healthwatch Calderdale's NHS Advocacy Service. She attended a meeting with the Clinical Commissioning Group and a Healthwatch Advocate in February 2017. Since then positive steps have been taken by Opcare to meet Alex's wheelchair needs.

Healthwatch is meeting the Clinical Commissioning Group to understand where the problems are in the system and how things can be improved so that nobody has to experience such a distressing, lengthy process to obtain equipment to meet their needs.

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Name of meeting: Overview and Scrutiny Panel for Health and Social Care
Date: 16 January 2018
Title of report: Update on Tuberculosis (TB) in Kirklees

Purpose of report

To update Scrutiny Panel for Health and Adult Social Care since the last report of April 2016; on the nationally funded Latent TB Infection (LTBI) Screening and Treatment Programme in place across Kirklees, the number of cases of TB notified in 2016 and the actions taken across the health and social care system to continue to reduce the incidence of TB in Kirklees.

England has one of the highest incidence rates of Tuberculosis infection (TB) in Western Europe. The Collaborative Tuberculosis Strategy for England 2015 to 2020 aims to strengthen TB control, reduce the incidence of TB, improve TB services and reduce inequalities. In order to meet the World Health Organisation 'End TB' Strategy milestone of reducing TB incidence by 50% by 2025 and eventually eliminating TB as a public health problem.

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?)	**Yes**
The Decision - Is it eligible for call in by Scrutiny?	**Yes**
Date signed off by Strategic Director & name **Is it also signed off by the Service Director for Finance IT and Transactional Services?** **Is it also signed off by the Service Director for Legal Governance and Commissioning Support?**	**Rachel Spencer- Henshall – 21 December 2017** **N/A** **N/A**
Cabinet member portfolio	**Councillor Viv Kendrick and Councillor Cathy Scott- Adults and Public Health**

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Summary

Since the last update Public Health England has published “Tuberculosis in England 2017 report (presenting data to the end of 2016)”.

The number of cases of TB in England has decreased over the past five years, 8,280 in 2011 to 5664 cases in 2016. Under served groups are most at risk of TB. TB cases with a social risk factor increased from 8.9% in 2011 to 11.1% in 2016. Cases with a social risk factor include the homeless, individuals in prison and those that misuse drugs and alcohol.

The three year average number of reported new cases in Kirklees is 16.6 per 100,000 population (14.4-19.0), with an average annual number of 72 cases. The TB rate in Kirklees has decreased from 20 per 100,000 population in 2014. Overall the rate in Kirklees has shown a downward trend since the peak in 2011 at 29 per 100,000 population. Bradford, Leeds and Sheffield had a higher number of cases reported annually in 2016 (96, 89, and 73).

The nationally funded Latent Tuberculosis Infection (LTBI) programme is now well underway in Kirklees to ensure that all new entrants or those individuals that have spent more than six months, in a high incidence country (150 cases per 100,000 population or Sub Saharan Africa) are tested for LTBI. Criteria for inclusion in the funded programme includes entered the UK within the last 5 years (including entry via other countries), aged between 16-35 years, no history of TB or LTBI and not previously screened for LTBI in UK.

NHS England is committed to supporting the LTBI programme for the life of the National TB Strategy. All aspects of the programme are funded - including tests, GP incentives and LTBI treatment costs, as well as project management aspects. All monies are regarded as ring-fenced, with activity and spend monitored.

The LTBI model in Kirklees for individuals 16- 35 years: GPs and practice staff identifies eligible individuals at new patient registration then refer onto one of the two providers – Locala Community TB Service or The University Practice in Huddersfield. The nationally procured screening tool used by the providers is a single visit blood test known as T-Spot.

The target activity for screening set by NHS England in 2016/17 for North Kirklees CCG and Greater Huddersfield CCG was 1008. A total of 956 tests were carried out; of these 134 were positive and referred into secondary care for consideration of treatment and 811 were negative. This ensured that funding was secured for 2017/18.

From April to the end of October 2017, 486 tests have been carried out, with 59 positive and 424 negative. However, in year NHS England is performance monitoring activity and if the number of individuals is not screened in a quarter, funding for the next quarter can be withheld, in Kirklees we have a whole system approach of working together. Therefore, the required activity has been reached in quarter one and two of 2017/18.

TB Alert is continuing to expand its range of awareness, education, patient support and advisory resources.

Our resources are designed to support clinicians, public health teams, programme managers, and community and outreach workers. They cover the full pathway from raising awareness and improving access to services, through to diagnosis and treatment.

What actions have Leeds and Bradford undertaken to reduce the incidence of TB?

Leeds since early 2016 has continued to establish a LTBI testing and treatment programme linked to areas with high numbers of new arrivals from countries with a high number of TB cases. Initially targeting a small number of GP practices and in collaboration with the TB screening service hosted by NHS Leeds Community Healthcare, a number of screening hubs were established.

Some success was seen with screening rates but the need for greater engagement was required with targeting vulnerable communities. To assist with the goal to increase community awareness Leeds Council has pioneered a community based communications approach of “TB Champions” from under-served populations. This approach is increasing awareness of LTBI.

Bradford has focused on the Substance Misuse Service with the development of integrated care planning, to align treatment interventions for TB and substance misuse to ensure outcomes are optimised. The individuals care plan is reviewed at least six weekly.

The Kirklees partnership acknowledged that the need to improve access to health services for migrants to improve outcomes for the most vulnerable migrants. A task and finish group has been set up to work in a coordinated way to engage with providers, service users and the wider community. This has strengthened the joined up approach between CCG’s, Kirklees Council Public Health, Public Health England, Healthwatch and Providers.

TB Nurse Workforce

One of the ‘areas for action’ in the TB Strategy is to "ensure an appropriate workforce to deliver TB control"

The staffing structure of the TB Specialist Nursing Service within Locala is:

Team Leaders – 2 whole time equivalent (WTE)
TB Specialist Nurses – 2 WTE
Health Support Worker – 0.5 WTE
Administrative Support – 1.5 WTE

This is in line with the Royal College of Nursing published document “Tuberculosis case management and cohort review” in collaboration with the British Thoracic Society.

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

The panel receive the report and action plan (appendix) on the work being undertaken in Kirklees to reduce the high levels of TB in the borough

3. **Implications for the Council**

3.1 **Early Intervention and Prevention (EIP)**
There is no impact arising

3.2 **Economic Resilience (ER)**
There is no impact arising

3.3 **Improving Outcomes for Children**
There is no Impact arising.

3.4 **Reducing demand of services**
There is no impact arising

3.5 **Other (e.g. Legal/Financial or Human Resources)**
People in Kirklees are as well as possible for as long as possible – prevention of avoidable infection/diseases.

4. Consultees and their opinions

This report is submitted for information only.

5. Next steps

- To continue to address TB in under- served populations.
- The CCGs to commission TB services in line with NICE guidance and the national TB service specification.
- Ensuring LTBI screening is in place for all new migrants (asylum seekers and refugees).
- Maintain TB as a locally recognised priority.
- Continue to utilise Kirklees TB Strategy group to co-ordinate a multi-agency approach to, both address the high levels of TB seen locally, and implement new architecture as recommended in the Collaborative TB Strategy for England 2015-2020.

6. Officer recommendations and reasons

The report is received and noted.

7. Cabinet portfolio holder's recommendations

Not applicable.

8. Contact officer

Jane O'Donnell Head of Health Protection

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9. Background Papers and History of Decisions

In October 2013, an overview of TB in Kirklees was provided to the panel by the Consultant in Communicable Disease Control for Kirklees and the Council's Head of Health Protection.

10. Service Director responsible

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

Rachel.spencer-henshall@kirklees.gov.uk

Appendix A

Action Plan to reduce incidence of TB in Kirklees

Action	Progress	Time frame	Complete /Update
CCG Commissioning intentions to ensure service specification in line with NICE guidance on Tuberculosis. 2016 (NG33), National Clinical Policy and National TB Commissioning Specification	PH lead for Health Protection working with CCGs to agree specification.	April 2018	Final draft to go to joint CCG Clinical Strategy Group in January 2018.
Raising awareness of TB - Brunswick Centre - With non-qualified primary care staff - With qualified primary care staff	Locala and University Practice colleagues delivered a session in November 2017. In conjunction with NHS England delivered a session to primary care staff on LTBI programme Session delivered at practice protected time. Information cascaded via CCG networks website		Complete. Task and Finish Group now established to identify areas within the LTBI programme to raise awareness.
Audit of TB testing and contact screening practice in Calderdale, Kirklees and Wakefield	Audit undertaken in September 2017 by Public Health England registrar. A set of audit questions was devised based on key relevant national standards to map practice and pathways		Report to be received at Kirklees TB Strategy Group.
A Kirklees Task and Finish Group established for Kirklees LTBI programme	Key partners invited: - Council (Early Intervention and Prevention) - Healthwatch		Actions to date: - Social media-campaign to raise awareness. - Eden Foundation - Gambian Community event

Appendix A			
Action Plan to reduce incidence of TB in Kirklees			
Action	**Progress**	**Time frame**	**Complete /Update**
	- Providers		- Stall at Batley Markets, Huddersfield. - Thornhill Lees Community ESOL Class - Mosques – Friday prayers - GP Receptionist training. - World TB Day promoted across primary care, secondary care and communities. - Information on CCG intranets
Paper to CCG Clinical Strategy Group(CSG) on improving quality of care – not referring individuals over 35 years if asymptomatic for chest x-rays	- This is not in line with NICE guidance - Appropriate use of screening and use of hospital services - Closes risk on governance		Paper discussed at Joint CSG 6.12.17. For final sign off at CCGs Quality Committees
Primary Care newsletter article (Kirklees Infection Prevention and Control Team)	Hot topic TB	August 2017	Complete
Business case to be developed to screen asylum seekers that arrive from incidence areas <150 cases per 100,000 population.	Providers to submit information to CCGs to inform business case.		Ongoing
To improve the pathway for migrant health.	Undertaking a needs assessment on migrant health needs (all health requirements)	January 2018.	Public Health England – a full migrant health needs audit, 100 (under section 95) individuals patient records reviewed

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL - WORK PROGRAMME 2017/18

MEMBERS: Cllr Liz Smaje (Lead Member), Cllr Richard Eastwood, , Cllr Fazila Loonat, Cllr Richard Smith, Cllr Sheikh Ullah, Cllr Habiban Zaman, Peter Bradshaw (Co-optee), David Rigby (Co-optee) , Sharron Taylor (Co-optee)

SUPPORT: Richard Dunne, Principal Governance & Democratic Engagement Officer

FULL PANEL DISCUSSION		
ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
1. Financial position of North Kirklees CCG and Greater Huddersfield CCG	The Panel has received an update on the CCG's financial position and agreed to continue to monitor the CCG's finances through further updates at panel meetings. The Panel has also agreed to include the CCGs Primary Care Strategies in this item to consider if there are any specific elements that contribute to the innovation and efficiency of primary care services	• Consider the wider transformation programmes being undertaken by both Greater Huddersfield CCG & North Kirklees CCG to include assessing their contribution to increasing efficiencies and impact on services. • A focus on the work being undertaken to reduce costs and increase efficiencies to include: o Monitoring the impact of the 'Talk Health Kirklees' campaign. o Assessing the various CIP's and reviewing the impact of any proposed changes to the commissioning of services.
2. Kirklees Health and Wellbeing Plan (Sustainability and Transformation Plan) and Kirklees Joint Strategic Assessment (KJSA)	To maintain an overview of the Kirklees Health and Wellbeing Plan and the KJSA through discussions at panel meetings. This item has been included in a themed discussion at the meeting 12 December 2017 that will cover the work of the Health & Wellbeing Board and include the Better Care Fund.	Key outcome/aim for the Panel will be to assess the impact of changers to service users and consider ways that these could be mitigated. Areas of focus to include: • Keeping tracks on progress of the implementation of the plan; • Monitoring impact of changes; • Assessing how local changes fit/link with the wider transformational changes taking place across West Yorks • How the local plan links to the West Yorks Sustainability and Transformation Plan (STP)

FULL PANEL DISCUSSION		
ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
		• An overview of the process that is followed in the development of the KJSA • Presenting an example of the work that is carried out on updating a section of the KJSA • Outlining the approach that is taken to implementing actions to address the issue(s) and monitoring progress <u>Panel meeting 12 December 2017</u> The Panel considered a discussed two reports that provided information about the Kirklees Health and Wellbeing Plan, the West Yorkshire and Harrogate Sustainability and Transformation Plan and the KJSA. The Panel requested : • Further information on the West Yorkshire vision for improved maternity services ; • A written update on the progress made against the implementation plan to include key performance indicators to support the increased capacity in IAPT services.
3. Healthwise Optimisation Programme An initiative being considered by the CCG's that will support people prior to surgery who are deemed to be at higher risk of complications that can occur during or after surgery. Initial areas of focus will cover obesity and smoking.	The programme will be discussed at the meeting scheduled for 3 October 2017.	The Panel will consider how the programme will operate to include the planned timescales for implementation of the programme. Aim/outcome will be for the Panel to understand the impact of these changes ; identify if there are any groups that will be adversely affected by the changes; and make recommendations to CCGs on ways to reduce the impact of these changes.

FULL PANEL DISCUSSION		
ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
		<u>Panel meeting 3rd October 2017</u> The Panel considered a report by Greater Huddersfield and North Kirklees CCGs on Health Optimisation and the proposal to introduce additional thresholds for non-urgent elective surgery. The Panel agreed that the Health Optimisation Programme proposed a significant variation in service to the public and requested that the CCGs undertake a period of consultation for 6 weeks. The Panel highlighted a number of key areas for further consideration and agreed that the Lead Scrutiny Member would meet with reps from GHCCG, NKCCG and Public Health to follow up the issues highlighted. The Panel requested that CCGs report back to the Panel with the results and outcomes of the 6 week consultation once it has been completed – date to be agreed.
4. Integration of Health and Social Care The integration of Health and Social Care is at the centre of government reforms and with the introduction of STP's there is a clear expectation for there to be significant measurable progress in health and social care integration by 2020	To maintain an overview of progress of the Integration of Health and Adult Social Care. This item will be discussed at the meeting scheduled for 14 November 2017.	• Consider how performance will be measured; assessing the pace of change; and reviewing the impact on the standard and quality of services being delivered in Kirklees. • Assess the overall impact of reductions in budgets across the whole of the health and social care economy. Aim/Outcome will be for the Panel to: assess if there is any disproportionate impact on certain groups; highlight

FULL PANEL DISCUSSION		
ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
		impact on service users to relevant providers and ensure steps/measures are being taken to support affected groups. <u>Panel meeting 14 November 2017</u> The Panel received an update on the progress of the integration of health and adult social care. The panel requested further information to include : • A high level timeline to include details of engagement work • An update on work taking place in North Kirklees to provide similar provision to that delivered by the Whitehouse Centre, Huddersfield • Details on how progress is being made to provide a single point of access across the sector. A further update is to be scheduled for early 2018.
5. CQC Inspections	To maintain an overview of the progress of the Action Plans developed by a number of local providers following a CQC inspection either through written updates/ Feedback from Lead Member /presentations at panel meetings.	Review progress from the following provider action plans : • Calderdale and Huddersfield NHS Foundation Trust • Locala Community Partnerships • South West Yorkshire Partnership NHS Foundation Trust • Mid Yorkshire Hospitals NHS Trust
6. All Age Disability and Adult Pathways	The Panel to receive updates on the work that is being done on developing the All Age Disability and Adult Pathway workstreams.	<u>Panel meeting 4 July 2017</u>. The Panel received an update on the work that is being developed on Adult Services Pathways that included an overview of the key areas of transformation The Panel has requested further information that

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ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
		provides: • An overview of the timescales and key milestones for the various transformational work streams and redesign of the Adult Services pathways • The headline financial figures that outline where the projected savings will be achieved.
7. The Healthy Child Programme (0-19 services) The Kirklees Integrated Healthy Child Programme (KIHCP) is seen as a catalyst for transforming work with children and young people across a range of systems, interventions, sectors and services over the next 5 -10 years.	In March 2017 the Panel was presented with an update on the KIHCP procurement process; the approach being taken to implementing the programme; and progress of implementation. Further updates will be presented at panel meetings during 2017/18. This item has been scheduled for discussion at the meeting 12 September 2017.	At the March meeting the Panel agreed to: • Maintain an overview of the development of the service to include progress on implementation • Receive an update on how the key risks/issues have been managed as outlined in the March meeting. <u>Panel meeting 12 September 2017.</u> The Panel received an update covering the areas identified from the March 2017 meeting. The Panel has agreed to : • Receive an overview of the priority areas in the Kirklees Future in Mind Transformation Plan. • Maintain an overview of progress of the implementation of the programme to include feedback from practioners. • Include an additional area of focus on the transition from HCP to adult services. • To monitor work being done to Improve engagement with Social Care within the mobilisation processes with the aim of improving integrated working. • To monitor the Panel's concerns on the work being developed to develop a rigid CAMHS cancellation policy with the aim of gaining assurance that robust communication systems are in place.

FULL PANEL DISCUSSION		
ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
8. Integrated Wellness Model The wellness approach goes beyond looking at single-issue, healthy lifestyle services with a focus on illness, and instead aims to take a whole-person and community approach to improving health. Based on self-care and intervening as early as possible but as late as necessary, it is clear that individuals who manage their own lifestyles are healthier, more productive, have fewer absences from work, and make fewer demands for medical and social services**.**	In March 2017 the Panel received an update on the progress of work that has taken place to develop a Kirklees Wellness Model. Further updates will be presented at panel meetings during 2017/18. This item has been scheduled for discussion at the meeting 12 September 2017.	At the March meeting the Panel agreed to keep the issue on the Work Programme with a focus on: • Scoping out the detail of the Wellness Model's functions; • Developing the details for the Service Specification • Producing a timeline to include key milestones and decision making; • Understanding the outcomes and impact for service users; and • Clarification on what services/provision will align virtually or work on the periphery of the model. Aim/outcome will be to understand how this model integrates with work being developed in other areas of the health and social care economy; the impact this will have on service users; and ensuring measures are put in place to support equitable access to services. <u>Panel meeting 12 September 2017.</u> The Panel received an update on the progress of the design and commission of the Kirklees Integrated Wellness Model. The Panel has agreed to: • Receive the outcomes from the engagement/public insight work and the draft service specification. The Panel has also identified a number of additional areas of focus to include: • Assessing how the model will integrate with the work of the CCGs (such as Health Optimisation) • Getting a clearer indication of the approach that will be taken by Public Health in identifying outcomes and

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ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
		developing an evaluation strategy. • Assessing how Public Health will assess value for money. • Reviewing: the numbers of people accessing the services; and the initiatives to 'scale up' services, increase the numbers of service users and target areas of inequality.
9. Robustness of Adult Social Care	To maintain an overview of the work being done to support a robust adult social care service through updates at panel meetings. This item has been scheduled for discussion at the meeting 3 October 2017.	Areas of focus to include: • The new contract for homecare provision. • State and resilience of the adult social care market. • Update on preparations for winter. <u>Panel meeting 3rd October 2017</u> The Panel considered a report describing the approach taken by Adult Social Care in order to continuously improve the robustness of the Adult Social Care system. The Panel agreed to consider a report to a future Panel meeting detailing performance and evidence that improvements were being made in the Adult and Social Care Service – date to be determined.
10. Attention Deficit Hyperactive Disorder (ADHD) – Adults	In April 2017 the Panel was presented with an update on waiting times and numbers for Adult ADHD and an overview of the work that was being developed to enhance the capacity of service and improve the consistency of the service delivered across West Yorks.	Maintaining an overview of progress.

FULL PANEL DISCUSSION		
ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
	The Panel has agreed to receive a further written update.	
11. Quality of Care in Kirklees	In April 2017 CQC presented to the Panel an outline of its activity and an overview of the outcomes of the inspections in Kirklees. It was agreed that a further update be arranged towards the end of the 2017/18 municipal year with a focus on adult social care.	General update report and discussion.
12. Suicide Prevention The House of Commons Health Committee has recommended to Government that health overview and scrutiny committees should be involved in ensuring effective implementation of local authorities' suicide prevention plans. This should be established as a key role of these committees. Effective local scrutiny of a local authority's suicide prevention plan should reduce or eliminate the need for intervention by the national implementation board.	The Panel will need to view and assess the Kirklees Suicide Prevention Plan and agree its approach to monitoring the effectiveness of the Plan.	Areas of focus and outcomes to be confirmed. <u>Lead member briefing 24 October 2017.</u> Public Health will present the Kirklees Suicide Prevention Plan at the Panel meeting 13 February 2018. Areas that will be covered will include: • Assessing the Plan; • Clarification of who is/has been involved in developing the Plan; • What partnerships are involved in overseeing and implementing the Plan; • Who monitors the effectiveness of the Plan and what are the expected outcomes.
13. Changes to Podiatry Services – outcomes of consultation	A report on the outcomes of Locala's consultation on the Changes to Podiatry Services has been scheduled to be considered by the Panel at the meeting 14 November 2017.	To be determined following presentation of consultation outcomes report. <u>Panel meeting 14 November 2017</u> The Panel considered the outcomes of the consultation and a findings report.

FULL PANEL DISCUSSION		
ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
		The Panel issued a number of recommendations that included requesting Locala to consider how the issues highlighted by the consultation will be addressed. In addition the Panel requested that it is provided an opportunity to see the final report that outlines the proposed changes before a final decision is made. The final report has been scheduled for presentation at the meeting 13 February 2018.
14. Mental Health Services – Transformation Programme SWYPFT are continuing to work through a major service transformation programme with a focus on: recovery; putting more people in charge of the care they get; providing more support to people when they need it; helping people to leave hospital when they are ready; and ensuring that GP's stay at the heart of care.	Panel to receive an update at a future meeting on progress of the programme.	Areas of focus to include: • Overview of the key services that are/have been transformed. • Details of where implementation has taken place • Overview of emerging outcomes including lessons learned.
15. Care Closer to Home (CC2H) CC2H remains a key transformational change for Clinical Commissioning Groups (CCG's). A key aim of CC2H is to develop an integrated community based health care service for all including the frail, vulnerable, older people and end of life care. The programme has critical inter-dependencies with the two hospital	In February 2017 the Panel considered an update on the implementation of the programme and received the February 2017 copy of the Locala Quality Dashboard. The Panel agreed to continue to maintain an overview of progress of the programme.	Areas of focus to include: • Assessing the effectiveness of CC2H in supporting the two hospital services programme with a particular focus on the changes taking place across Mid Yorkshire Hospitals Trust and the progress being made in reducing demand in hospital services provided by Calderdale and Huddersfield NHS Foundation Trust. • Undertaking a further review of the Locala Quality Dashboard to identify if there are any themes that the Panel may wish to focus on.

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ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
services programmes (Righty Care Right Time Right Place and Meeting the Challenge). The CC2H contract is delivered by Locala and GHCCG is the lead commissioner.		
16. Health and Wellbeing Board – Better Care Fund (BCF) The BCF provides a significant financial incentive for the integration of health and social care. CCG's and LA's are required to pool budgets and agree an integrated spending plan on how they will use their BCF allocation.	This item has been included in a themed discussion at the meeting 12 December 2017 that will cover the work of the Health & Wellbeing Board.	Areas of focus to include: • Current position of the BCF and improved BCF (iBCF). • Assessing any plans to use iBCF to improve local targets and services including: meeting adult social care needs; reducing demands on hospital services including improved discharged times from hospital; and supporting the local social care provider market. • Planned BCF outcomes. • How the funds will be used to support the integration of health and social care. <u>Panel meeting 12 December 2017</u> The Panel considered a report that provided information and progress of the work that is being undertaken as a result of the Kirklees Better Care Fund Plan. The Panel requested information that was included in the impact report on the Touchstone service "Better in Kirklees.
17. Interim Changes to hospital services To scrutinise any interim changes to hospital services that the Calderdale and Huddersfield NHS Foundation Trust	The Panel will need to monitor the reviews that CHFT are currently undertaking on inpatient provision of Cardiology, Respiratory and Elderly Medicine. CHFT has advised the Panel that it will be looking to	Areas of focus to be determined. <u>Panel meeting 14 November 2017</u> The Panel was presented with details of the proposal for interim Acute Inpatient Elderly Medicine, Cardiology and

FULL PANEL DISCUSSION		
ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
(CHFT) are considering prior to reconfiguration	make changes to the above services in November. A presentation explaining the plans and the clinical urgency to make the changes before the anticipated increase in demand in winter will be discussed at the meeting 14 November 2017.	Respiratory Service provision at CHFT. The Panel made a number of recommendations that included a request for written assurance that the proposed interim change was a discrete piece of work. The Panel agreed to retain the issues on its work programme in order maintain an overview of the impact of these changes in Kirklees.

LEAD MEMBER BRIEFING ISSUES	
ISSUE	**AREAS OF FOCUS**
18. Care Act 2014	Lead Member to maintain an overview of the implementation of the reforms on the Council including impact of financial challenges and rising demand; and workforce challenges Update report on the implementation and impact of Care Act 2014 received 21 September 2017. Lead Member will review and update the panel.
19. Deprivation of Liberty Safeguards	Lead Member to receive an update report and subject to information received consideration to be declaring this item complete. Update report received 21 September 2017. Lead Member will review and update the Panel.

MONITORING ITEMS	
ISSUE	**AREAS OF FOCUS**
20. Tuberculosis (TB) in Kirklees	Following an update in April 2016 the Panel agreed to continue to monitor TB in Kirklees to include arranging a further update to cover: • Looking at the work being undertaken to reduce TB rates in Bradford and Leeds and to highlight examples of good practice. • Getting clarification on staffing ratios for the current TB nursing establishment as per the recommendations from the Royal College of Nursing. • Receiving an action plan on the work being undertaken in Kirklees to reduce the high levels of TB in the borough <u>Lead Member briefing 24 October 2017</u> Public Health will submit a written update for the January 2018 Panel meeting that will cover: • The points above. • Details of the implementation of the latent TB screening pilot; • An overview of the key work streams in the TB work programme; and • A general update of the numbers of TB cases in Kirklees
21. Review of Mental Health Assessments	The Panel will need to agree a time line for reviewing progress of the recommendations of the Ad-hoc Panel following the presentation of the report that to Cabinet at its meeting that was held 25 July 2017.

NEW EMERGING ISSUES FOR POTENTIAL INCLUSION ON THE WORK PROGRAMME		
ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMES**
22. Wheelchair Services Wheelchair services in Kirklees are provided by a private company Opcare which is one of the UK's largest prosthetic, orthotic and wheelchair service providers. The Panel has been made aware of a number of issues that relate to the standard and quality of service that is being provided by Opcare.	Lead Member will undertake a short initial fact-finding study to assess the scale of the issues that have been highlighted before presenting to the wider panel to agree next steps.	Areas of focus and outcomes to be determined. A discussion on the issue has been scheduled to take place at the meeting 16 January 2018. Initial questions and key lines of enquiry have been sent to CCGs. The approach for the meeting has still to be finalised but will include a focus on user experience and input from Healthwatch Kirklees.

NEW EMERGING ISSUES FOR POTENTIAL INCLUSION ON THE WORK PROGRAMME		
ISSUE	**APPROACH**	**AREAS OF FOCUS/OUTCOMESARE**
23. Carers in Kirklees A recent 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.	Lead Member has identified this issue as having the potential for being a focused pieced 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.	Areas of focus and outcomes to be determined.

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