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Monday 27 March 2017

Notice of Meeting

Dear Member

Overview and Scrutiny Panel for Health and Social Care

The **Overview and Scrutiny Panel for Health and Social Care** will meet in the **Reception Room - Town Hall, Huddersfield** at **2.00 pm** on **Tuesday 4 April 2017**.

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

A handwritten signature in black ink, appearing to read 'Julie Muscroft', on a light-colored background.

Julie Muscroft

Assistant Director of Legal, Governance and Monitoring

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

**The Overview and Scrutiny Panel for Health and Social Care members
are:**

Member

Councillor Elizabeth Smaje (Chair)

Councillor Andrew Marchington

Councillor Sheikh Ullah

Councillor Steve Hall

Councillor Fazila Fadia

Councillor Judith Hughes

Peter Bradshaw (Co-Optee)

David Rigby (Co-Optee)

Sharron Taylor (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

		Pages
1:	Minutes of previous meeting To approve the Minutes of the meeting of the Panel held on 7 March 2017.	1 - 8
<hr/>		
2:	Interests The Councillors will be asked to say if there are any items on the Agenda in which they have been 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.	9 - 10
<hr/>		
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.	
<hr/>		
4:	Attention Deficit Hyperactivity Disorder (ADHD) Services in Kirklees The Panel will consider a report that provides an update on the waiting times and numbers for Adult ADHD and on overview of the ADHD pathway. Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000	11 - 30
<hr/>		
5:	Care Quality Commission Representatives from the Care Quality Commission will be in attendance to outline the activity and scope of work that has taken place across the district and provide an overview of the results of the inspections. Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000	31 - 34

6: Work Programme 2016/17

35 - 50

The Panel will review its work programme for 2016/17 and consider its forward agenda plan.

Contact: Richard Dunne, Principal Governance and Democratic Engagement Officer – 01484 221000

7: Date of Next Meeting

To confirm the date of the next meeting as 25 April 2017.

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

OVERVIEW AND SCRUTINY PANEL FOR HEALTH AND SOCIAL CARE

Tuesday 7th March 2017

Present: Councillor Elizabeth Smaje (Chair)
Councillor Andrew Marchington
Councillor Sheikh Ullah
Councillor Fazila Fadia
Peter Bradshaw
David Rigby

Apologies: Councillor Steve Hall
Councillor Judith Hughes
Sharron Taylor (Co-Optee)

1 Minutes of previous meeting

RESOLVED - That the Minutes of the meeting of the Panel held on 7 February 2017 be approved as a correct record.

2 Interests

Co-optee David Rigby declared an interest in Agenda Item 6 (Healthy Child Programme) on the grounds of being a member of Locala.

3 Admission of the public

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

4 Integrated Wellness Model

The Panel welcomed Carl Mackie and Sue Richards from Kirklees Council to the meeting.

Mr Mackie presented an overview of the Wellness Model and provided details of the services that would be included in the Model.

Mr Mackie explained that the model had been designed to move away from a silo approach and focus on the early intervention and prevention agenda by developing activities within the community that would help to improve people's health and wellbeing.

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Mr Mackie informed the Panel that Kirklees Public Health had held a community focused partnership event which had included representation from the voluntary sector. In addition consultants had been commissioned to collate the views of other key stakeholders to help inform the development of the model.

Mr Mackie stated that public health was aiming to have the specification completed and signed off by the end of August 2017 and if more time was needed would be prepared to extend the terms of the existing contracts.

In response to a panel question Mr Mackie explained that public health didn't anticipate that services provided through the model would be reduced but would be enhanced in order to provide more holistic support to individuals.

Mr Mackie stated that public health was exploring a number of procurement routes which including looking at the option for the model to be run by 'staff mutuals' that could be established from existing providers.

In a response to a panel question Mr Mackie explained that the smoking cessation service had been previously delivered by South West Yorkshire Foundation Trust (SWYFT) together with primary support from GP's and pharmacies.

Mr Mackie informed the Panel that the contract with SWYFT wouldn't be renewed and explained that they had only been operating at 65% capacity due to the changing landscape for smoking which included the increased use of e-cigarettes.

Mr Mackie stated that public health was looking to transfer someone from the existing service with SWYFT in order to take this forward under the new model from 1 April 2017.

Mr Mackie informed the Panel that the provision for smoking cessation would continue with primary care and be included in the model. Mr Mackie explained that with the exception of those services that were currently directly commissioned by public health no final decision had yet been made regarding the scope of services that would be included in the specification.

Mr Mackie stated that the Wellness Model had been adopted in other areas of the country which had provided Kirklees with an evidence base in which to develop its own model.

In response to a question on how public health would ensure that the right people would get access to the services Mr Mackie stated that the intention was to use GP provision and local community groups to identify and target vulnerable groups.

In response to a question on how health improvement would be measured Mr Mackie outlined a number of proxy measures that would be used.

Mr Mackie stated that public health wanted to make it as easy as possible for people to access the service and that there would be a range of pathways that would include self-referral.

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In response to question on how public health had ensured that it had engaged with all relevant stakeholders Mr Mackie stated that public health had engaged with a wide range of partners and stakeholders and were planning more events.

Ms Richards informed the Panel that the model was similar to the function that would be delivered by the Healthy Child Programme and was based on the same principle of joining up service provision.

In response to a question on whether there was scope to measure the mental and emotional health of people Mr Mackie stated that the main measure would be done using the Warwick-Edinburgh Mental Well-being Scale which was a tool to measure people's resilience.

Ms Richards stated that the model was focused on prevention and providing support as early as possible to help reduce the demands for medical and social services.

In response to a question that sought clarification on whether some of the services that had been shown as being potentially integral to the model in the report that was presented to Cabinet in December 2016 had been discounted Mr Mackie explained no service had yet been ruled out and those services that would not be included would be aligned virtually with the model.

Mr Mackie informed the Panel that the development of the specification was currently ongoing and was based on discussions with health colleagues and partners and was included in the wider budget debate.

In response to a question regarding the role of GP's in the new model Ms Richards explained that the local authority already worked closely with GP's across a number of areas and the new model would help to make many of the pathways much clearer.

Mr Mackie stated that GP's would continue to work with public health on undertaking health checks, which would also be extended to outreach workers, and smoking cessation.

Ms Richards informed the Panel that public health would start work on scoping out a timeline which would include key milestones and decision making for the service specification.

Cllr Smaje outlined the key areas of the guidance on health scrutiny and confirmed that the Panel would wish to receive more detail on the Model's function and the specification and to understand the outcomes and impact on service users.

RESOLVED -

- (1) That attendees be thanked for their contribution to the discussion.
- (2) That the Panel's Supporting Officer be authorised to liaise with attendees to address the agreed actions.
- (3) That a further update be arranged at a date to be confirmed.

5 Delays in Provision of Care Packages

The Panel welcomed Amanda Evans from Kirklees Council to the meeting.

Ms Evans outlined the background to the Council's duty under the Care Act to make arrangements to meet assessed, eligible social care needs and explained that there was some impact on the waiting time for care packages due to the lack of capacity in domiciliary care.

Ms Evans informed the Panel of the numbers of people on the waiting list for initial care packages outlined in the scrutiny report and explained in detail the Kirklees response to the Freedom of Information request on the numbers.

Ms Evans stated that there wasn't large numbers of people without care. The Council had a strong relationship with domiciliary care providers and had provided an enhanced package to help support them.

Ms Evans explained that the Council was reviewing the prices for providers whose contract had come to an end with the aim of making the provider more resilient and stated that the Council's preference was to have larger more stable providers.

Ms Evans informed the Panel that initiatives such as electronic call monitoring would help to make the move towards a more outcome focused service and empower the customer to have more discussions with the provider with less focus on the provision of service through pre-arranged time slots.

In response to a panel question Ms Evans explained that key challenges still evolved around skills, capacity and money and stated that the workforce was still female dominated. Recruitment was also a challenge as providers were competing with the retail sector which offered more attractive rates of pay and terms and conditions.

Ms Evans informed the Panel that the Council was working with providers to provide support with recruitment and retain more people. It was hoped that the significant uplift in price for the providers would be used to reward front line staff.

In response to a panel question regarding the ability to provide care for all people Ms Evans stated that the Council was looking at the potential issue of over provision for some people.

Ms Evans explained that some people had two carers at a time and this didn't always provide the best outcome. The Council was looking at equipment that could support the provision of single handed care which would be more efficient and less intrusive.

In response to a question on whether the waiting list was monitored Ms Evans stated that the Council was looking at the processes it followed that included how frequently the list was reviewed.

In response to a panel question on how the Council was ensuring that the people who were in temporary arrangements were having their needs met Ms Evans provided assurance that people who were in interim residential care were being provided with the same quality of care as any other resident.

Ms Richards explained that there were a number of reasons that people were placed in intermediate care beds but the primary reason was due to the lack of domiciliary care packages.

In response to a panel question Ms Evans stated that the waiting list had grown over the last six months and the Council was reviewing the numbers to understand the underlying cause of the increase.

Ms Richards stated that the Council's aim was to reduce waiting times for care packages and it was difficult to compare the performance of Kirklees with other authorities as there wasn't a national figure or measurement for waiting times.

Ms Evans informed the Panel that the Council was looking to publish a monthly report on the waiting times for care packages in an attempt to ensure that the Council was seen to be on the front foot in dealing with the issue.

Ms Richards stated that the Council was in the top quartile for supporting the discharge of people from hospital and getting people into intermediate care was better than having to remain in hospital.

RESOLVED -

- (1) That Amanda Evans and Sue Richards 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 Healthy Child Programme

The Panel welcomed Keith Henshall from Kirklees Council and Lorna Peacock and Maria Collins from Locala to the meeting.

Mr Henshall presented an overview of the work that had been undertaken in the development of the Healthy Child Programme (HCP) and explained that the work was a good example of the integration of a range of systems and a collaborative approach to the delivery of services.

Ms Peacock informed the Panel that Locala had engaged with partners in advance of the development of the specification and were committed to continuing to work with partners during the implementation phase of the programme.

In response to a Panel question on the re-design of the workforce Ms Peacock explained that Locala had undertaken a thorough process to identify the demands of the programme and the required capacity.

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Ms Peacock stated that Locala had a planned programme for upskilling the workforce over the next five years which would include training and supporting partners in the development of their workforce.

Ms Collins explained the national profile for health assistants and outlined the approach to a professional development programme. The Panel was informed that a team of nurses were working with the University of Huddersfield to develop a training programme for the workforce.

Ms Peacock informed the Panel that Locala had developed a process for assessing the quality of the workforce which had been driven by the programmes specification and financial modelling.

Mr Henshall explained that as commissioners of the service public health didn't specify the mix of the workforce as it was the provider's responsibility to develop the workforce to meet the requirements of the specification.

In response to a panel question on the significance of the interface between health visitors and social workers Ms Collins stated that Locala was working with social care and other colleagues on the responsibilities of safeguarding.

Ms Richards informed the Panel that the HCP should be seen in the context of the early help agenda. The Council would be more reliant on partners and a significant element of the early support would start at school.

The Panel welcomed the principles of the model and highlighted that in some cases the school setting could have a negative outcome. The collaborative approach was seen as a positive way forward.

In response to a question on how Locala would overcome the risks if staff attrition rates didn't address the required reductions in staff numbers Ms Peacock explained that Locala would use a voluntary severance scheme (MAR) should it be necessary.

Ms Peacock explained that there was a balancing act between upskilling Locala's lower band workforce to meet the required mix of skills and retaining the numbers of staff in the higher bands.

Ms Collins stated that Locala had an ageing workforce and in response to this issue had starting a recruitment exercise. Locala had also changed the role of team leaders to include a greater focus on helping the organisation to support the transformation of the workforce.

Ms Peacock informed the Panel that Locala had developed a Communication and Engagement Plan which would focus on the requirements of the programme and allay fears such as workforce changes.

Mr Henshall explained that the programme was in the mobilisation phase and communications would be tailored to highlight key messages to the various stakeholders.

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In response to a panel question on the bids lack of definition of Long Term Conditions Mr Henshall stated that this hadn't been defined and provided a detailed explanation of the approach that providers had been asked to take to provide the required support for Long Term Conditions through a management plan.

Mr Henshall informed the Panel that the funding for the programme had been achieved through a pooled budget from the Councils existing 0-5 and 5-19 budgets and an element of transformation funding.

In response to a question on how the waiting lists were being managed for children with an autistic spectrum condition the Panel was informed Locala was working closely with Kirklees Council to take a whole package approach to deal with the issue.

Mr Henshall informed the Panel that the HCP was a five year contract primarily because the Council didn't know what the budget position would be after this period of time.

RESOLVED

- (1) That attendees from Public Health and Locala be thanked for attending the meeting.
- (2) That the update be noted.

7 Update on 'Review of Direct Payments'

The Panel discussed the update on the Direct Payments Project which aimed to review the whole system and processes that were in place to ensure that the Council had robust monitoring and management systems.

RESOLVED

- (1) That the report be noted.
- (2) That the Head of Social Care and Community Health Partnership be informed that no further action will be required by Scrutiny.

8 Work Programme 2016/17

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

RESOLVED – That progress of the work programme for 2016/17 and the agenda plan be noted.

9 Date of Next Meeting

RESOLVED - That the date of the next meeting be confirmed as 23 March 2017.

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KIRKLEES COUNCIL

COUNCIL/CABINET/COMMITTEE MEETINGS ETC

DECLARATION OF INTERESTS

Overview & Scrutiny Panel for Health and Social Care

Name of Councillor

Item in which you have an interest	Type of interest (eg a disclosable pecuniary interest or an "Other Interest")	Does the nature of the interest require you to withdraw from the meeting while the item in which you have an interest is under consideration? [Y/N]	Brief description of your interest

Signed:

Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

(b) either -

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

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



Name of meeting: Health and Social Care Scrutiny Panel

Date: 4 April 2017

Title of report: Adult ADHD Services in Kirklees

Purpose of report:

To provide members of the Health and Social Care Scrutiny Panel with the context and background to the discussions on Adult ADHD 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 <u>Director</u> & name Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance? Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?	No – The report has been produced for information only.
Cabinet member portfolio	Adults, Health and Activity to Improve Health

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. Summary

- 1.1 Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental disorder which presents with symptoms of inattentiveness, hyperactivity and impulsiveness.
- 1.2 An informal briefing report on ADHD waiting lists in Kirklees was considered by the Panel in February 2016. The report provided a brief overview of the Adult ADHD Pathway and highlighted a growing increase in waiting times for the service.

- 1.3 Representatives from South West Yorkshire Partnership NHS Foundation Trust will be in attendance to provide an update on the waiting times and numbers and a detailed description of the Adult ADHD pathway. A report that provides details of Adult ADHD services in Kirklees is attached.
2. **Information required to take a decision**
N/A
3. **Implications for the Council**
 - 3.1 **Early Intervention and Prevention (EIP)**
N/A
 - 3.2 **Economic Resilience (ER)**
N/A
 - 3.3 **Improving Outcomes for Children**
N/A
 - 3.4 **Reducing demand of services**
N/A
 - 3.5 **Other (eg Legal/Financial or Human Resources)**
N/A
4. **Consultees and their opinions**
N/A
5. **Next steps**
That the Overview and Scrutiny Panel for Health and 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. **Assistant Director responsible**
Julie Muscroft Assistant Director: Legal, Governance & Monitoring

Adult ADHD Services in Kirklees

Report for Kirklees Health and Social Care Scrutiny Panel – 4th April 2017

March 2017

Professor Marios Adamou

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INTRODUCTION

This report was prepared at the request of the Kirklees Health and Social Care Scrutiny Panel to be presented at their meeting of the 4th April 2017.

The brief for this report included:

- An update on the waiting numbers and times for Adult ADHD for
- A detailed description of the pathway (It may also be helpful to include an example of a patients journey (story) that highlights the work of the service)

CONTEXT

ADHD

Attention Deficit Hyperactivity Disorder (ADHD) is a neurodevelopmental condition characterised by inattention, hyperactivity and impulsivity, which present in at least two settings, interfering with functioning.

The mean worldwide prevalence of ADHD is between 5.29% and 7.1% in children and adolescents (< 18 years) and 4.4% in adults. It is now accepted that ADHD can persist into adulthood for the majority of individuals and as a result, adults experience pervasive impairment across multiple domains including academic, occupational, relational and self-concept.

It is also associated with psychiatric comorbidity, self-perceived stress and poor health outcomes. Furthermore, adults with ADHD have increased mortality rates, linked to psychosocial adversity and unnatural causes, including accidents.

NATIONAL GUIDANCE ON ASSESMENT AND TREATMENT OF ADHD

The NICE guideline CG72 produced in 2009 states that the diagnosis of ADHD should be made by a specialist psychiatrist, paediatrician or other appropriately qualified healthcare professional with training and expertise in the diagnosis of ADHD, on the basis of:

- A full clinical and psychosocial assessment of the person; this should include discussion about behaviour and symptoms in the different domains and settings of the person's everyday life.
- A full developmental and psychiatric history.
- Observer reports and assessment of the person's mental state
- Use of Diagnostic Instruments such as Semi Structured Interviews and Rating Scales relevant for each profession.

The diagnosis of ADHD is not made solely on the basis of rating scales or observational data. However, it is recognised that rating scales/questionnaires are valuable adjuncts, and observations (for example, at work / during leisure time) are useful when there is doubt.

Locally in line with the evidence, members of the specialist service ADHD Team carries out a comprehensive assessment of adults with ADHD that includes their personal, educational, occupational and social functioning and the assessment of any co-morbidities, especially drug misuse and personality disorder. This is based on structured clinical interviews, rating scales and individualised personal assessment.

A comprehensive assessment procedure includes direct discussion with the service user and relevant carer/family members, contact with treating clinicians if appropriate and available, mental state examination, physical assessment including cardiac function, social and environmental circumstances. Service users must be given the opportunity to contribute information on their history and current situation. However, details must be verified and relevant and necessary information must be obtained from significant others.

Current 'best clinical practice' therefore relies on comprehensive clinical assessment based on clinical interviews, observations and use of questionnaires. To undertake the comprehensive assessment is often a lengthy and time consuming process.

Substandard care in ADHD has a number of adverse implications: ADHD is associated with work-related problems in adulthood such as poor job performance, lower occupational status, less job stability and increased absence days in comparison to adults without ADHD. The poor performance and work loss for adults with ADHD is likely to have profound economic implications. One study quantified this impact by estimating the excess costs (i.e. the difference between adult ADHD patients and matched controls) related to work loss. Indirect work loss costs were calculated based on employer payments for disability claims and imputed wages for medically-related work absence days (e.g. days in the hospital, physician visits). Another study estimated that adult ADHD was associated with a 4-5% reduction in work performance, 2.1 relative-odds of sickness absence, and a 2.0 relative-odds of workplace accidents-injuries. The excess costs were \$1.20 billion for women with ADHD and \$2.26 billion for men with ADHD in this US Study. However, after controlling for substance abuse, history of depression or anxiety, it was stimulant therapy during childhood that was the strongest predictor for being in work as adults and this was the item recognised to be not optimal during transition.

THE LOCAL SERVICE

A specialist service for Adults with ADHD has been commissioned and became operational in Kirklees since April 2009 and was originally commissioned to manage a caseload of 30 cases annually, based on prioritising cases transitioning from Children's services. The demand modelling based on intelligence from commissioners at the time estimated the demand in Kirklees to be for 30 transition cases per year, but this modelling did not take into account people previously diagnosed in childhood but not currently in receipt of services who might require assessment and treatment or adults never previously diagnosed requiring assessment and treatment.

Although never enacted as a formal contract variation as the service became embedded and following initial review the number of cases agreed annually with commissioners was increased in March 2012 to 50 as the maximum that the service could manage within the commissioned service capacity. However, there was no data for estimating the need of the local population for Adults who may be undiagnosed with ADHD or for adults who had been diagnosed with ADHD as a child but subsequently discharged from or disengaged with Children's services but who subsequently have further assessment or intervention needs as an adult.

The demand for services essentially falls into three categories:

- transitions from Children's services where a diagnosis is already confirmed and the person is in receipt of treatment within Children's services
- referrals for people who have had a diagnosis previously in childhood, but no longer in receipt of services who require further assessment or possible interventions as adults
- referrals for people who have never had a previous diagnosis but are suspected to have ADHD and require assessment, diagnosis and then treatment as necessary.

The service commissioned has essentially remained a transitional service prioritising cases that are in transition from children's services. The service has operated on the basis of managing 30 transitional cases per year. Where capacity facilitates, cases have then been prioritised for people who have had a diagnosis previously in childhood but are not currently in receipt of services. This cohort makes up the remaining 20 cases annually. In reality this has meant that

practically, the service has been able to see transitions and a small number of people with a previous diagnosis not currently in receipt of services. As a consequence two waiting lists developed for:

- People previously diagnosed in childhood but not currently in receipt of treatment (waiting list 1)
- People who had never had a diagnosis (waiting list 2).

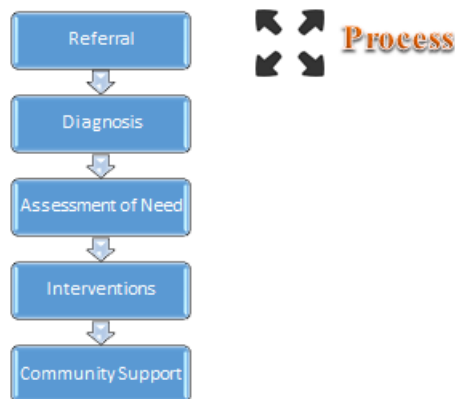
Of these very few have actually been seen as these cases could not be taken up as a priority within the existing commissioned capacity.

The Service has consistently enjoyed excellent service user feedback and has been assessed as a place of good practice and innovation by the Care Quality Commission.

THE LOCAL PATHWAY

The Service is providing a nationally leading pathway for the people in line with NICE Guideline CG72 (SEE APPENDIX 2 for the pathway and specialist pathways). The Service provides full care coordination and management of adults with ADHD and the pathway follows the structure below:

Pathway Structure for any Healthcare condition



Most commonly the **service user journey** starts from a referral from CAMHS informing the adult Service that the person is reaching the age of 18 and will need to be transferred to our service. This is discussed at our multidisciplinary team (MDT) meeting and a professional is allocated to meet with the family at the next CAMHS appointment. At that joint appointment which is the last

appointment with CAMHS, the professional from our service will introduce themselves, the service, explain the process, be ready to answer any questions and leave an information pack with the service user.

At the first appointment with the adult service, the service user will meet with a doctor who will review their medication, their mental health needs and formulate the case. The doctor will then present the case to our MDT and a professional will be allocated to assess their other needs (holistic care) using a tool the Service has developed called ADHD Star®. This tool will create a care plan that identifies specific ADHD needs and then the professional will bring the plan back to the MDT for the best professional to be allocated to meet that person's needs ex. social worker, psychologist, occupational therapist or nurse. The person will receive interventions along their recovery journey as appropriate and discharged when appropriate.

This process has been recognised by the CQC as area of good practice and follows the NICE guideline NG43 published February 2016. It was commended by NICE in their document "a

review of the arrangements for child safeguarding and health care for looked after children in England” published in 2016.

REFERRALS

Expected Number of Referrals Based On NICE Guidance

In terms of capacity, the NICE Guideline (CG72) predicted a higher demand than was initially commissioned locally. That Guideline set out that “for an average general practice list size of 10,000, the average number of people requiring referral to a service for the diagnosis and management of ADHD in adults would be around 3 per year” which for the Kirklees population of 400,000 it equates to 120 patients a year.

Number of Referrals Per Year.

Table 1: Total Referrals by Year

	Kirklees
2009-10	57
2010-11	57
2011-12	84
2012-13	90
2013-14	126
2014-15	162
2015-16	140
2016-17 (April 16 - Feb 17)	123
Grand Total	839

NICE guidance predicted a higher level of demand than commissioned in Kirklees at 50 cases and this was confirmed from the first year of operations.

Number of people waiting for a first assessment

Table 2: Total people waiting in Kirklees

Pathway	No on W/L	Annual Commissioned	No	Pathway Offer
Kirklees ADHD	263	50		Diagnosis, Intervention & Social Care

LOCAL FINDINGS

Further important findings are also observed locally from the people accessing the Service which were not expected when the Service was originally commissioned:

- Cases referred as transitions are more symptomatic than expected given that they are already in receipt of treatment and
- The level of disablement, almost as disabled as someone with Schizophrenia. This necessitated a greater amount of input by the Adult ADHD Service than expected both by the Service and Commissioner. This essentially means that the complexity of the cases referred and received are higher requiring more input and a longer duration of input from the specialist service which limits the capacity in terms of the number of cases that can be seen overall.

The overall demand on the Adult ADHD Service is dependent on the complexity of cases as presented during the initial assessment. Due to well recognised system wide issues related to the service provision by Children’s Services, the cases presented to the Adult ADHD Service bring significant clinical challenges and require heavier input to deliver successful clinical outcomes. It is expected that until those issues which are not within the direct control or at the sole discretion of SWYPFT are resolved, the Adult ADHD Service will continue to address the clinical needs through an appropriate pathway.

APPENDIX 1: SERVICE DEVELOPMENT JOURNEY

The overall aim of the service is to deliver a high quality, cost effective service whilst achieving efficiencies through the CIP AND QIPP, and meeting the challenges of the comprehensive spending review.

The primary focus for 2011/12 was to:

- Develop a new service offer to cover non transitional cases of Adults with ADHD
- Expand the service to provide an 'Out of Area' service
- Review the service operational and clinical management
- Produce a market plan to create and maintain a position of preferred provider
- Build strong partnerships with key stakeholders – commissioners, user/carers, workforce and other providers.
- Meet key performance indicators and develop a performance culture.

The primary focus for 2012/2013 was to:

- Review service specifications for commissioners, including the demand from other segments of the market for ADHD services.
- Explore opportunities for delivering an equitable Trust wide service for adults with ADHD.
- Ensure that services are delivered safely based on evidence based practice and meet national and local standards e.g. NICE guidance CQC standards and transition protocols.
- Develop a marketing plan that addresses areas for further development of the ADHD service.
- Explore possible clinic bases for improving the general accessibility of Kirklees service users.

- Explore strategies to ensure the service for adults with ADHD is accessible to all the local population, including those from minority ethnic communities
- To ensure the workforce maintains and develops skills/competencies as identified through CPD and development in service delivery.

The primary focus for 2013-2014 was to:

- Increase evidence base of Occupational Therapy Treatments for ADHD
- Develop OT Pathway for ASD Interventions
- Increase and consolidate partnerships with other agencies and organisations – also linking with a potential ASD offer.
- Manage the service offer expansion to Barnsley for both ADHD and ASD
- Develop the adult ADHD Recovery Star
- Improve ways we acquire feedback from Service Users
- Expand on the offer provided about medication and their management during the transition process
- Implement Action Plan from the Mock CQC Visit.
- Develop specialism of nursing in adult ADHD pathway

The primary focus for 2014-2016 was to:

- Continue to develop the expertise of staff and specialism of medical, nursing, occupational therapy; psychology and social work to best serve the ADHD Service Users.
- Continue to develop the expertise of staff and specialism of medical, nursing, occupational therapy; psychology and social work to best serve the ASD Service Users.
- Expand the ASD Service footprint and pathway offer in Wakefield, Kirklees, Barnsley and Calderdale areas: the aim is a single pathway for ASD for all areas across SWYPFT.

- Manage expansion into other geographical areas as they come 'on-line'.
- Support the OOA offer.

Key Service Achievements in 2016

Recruitment of clinical and administrative staff to address waiting list demands (substantive and temporary posts)

Collaborative team work to support increased agile model of working

Increased options for providing appointment choice to services users in a community setting in their own locality (additional estate/room availability)

Positive outcome of Service reviews by Care Quality Commission and Care Excellence Award

Positive Service User feedback across pathways

Evidence based publications (ADHD Star/Checklist for Autism Friendly environments)

Academic and CPD achievements of staff in the development of specialist knowledge and skills including:

- Post Graduate Diploma in Autism and Asperger's Modules
- MSc in Mental Health Practice
- Post Graduate Diploma Clinical Neuropsychology (1st Year)
- Sensory Integration – level 2/3
- NLP Master Practitioner Course
- Diagnosis and Treatment of Adults with ADHD (UKAAN)
- Pharmacological Treatment of ADHD (UKAAN)
- ADOS-2
- ADI-R

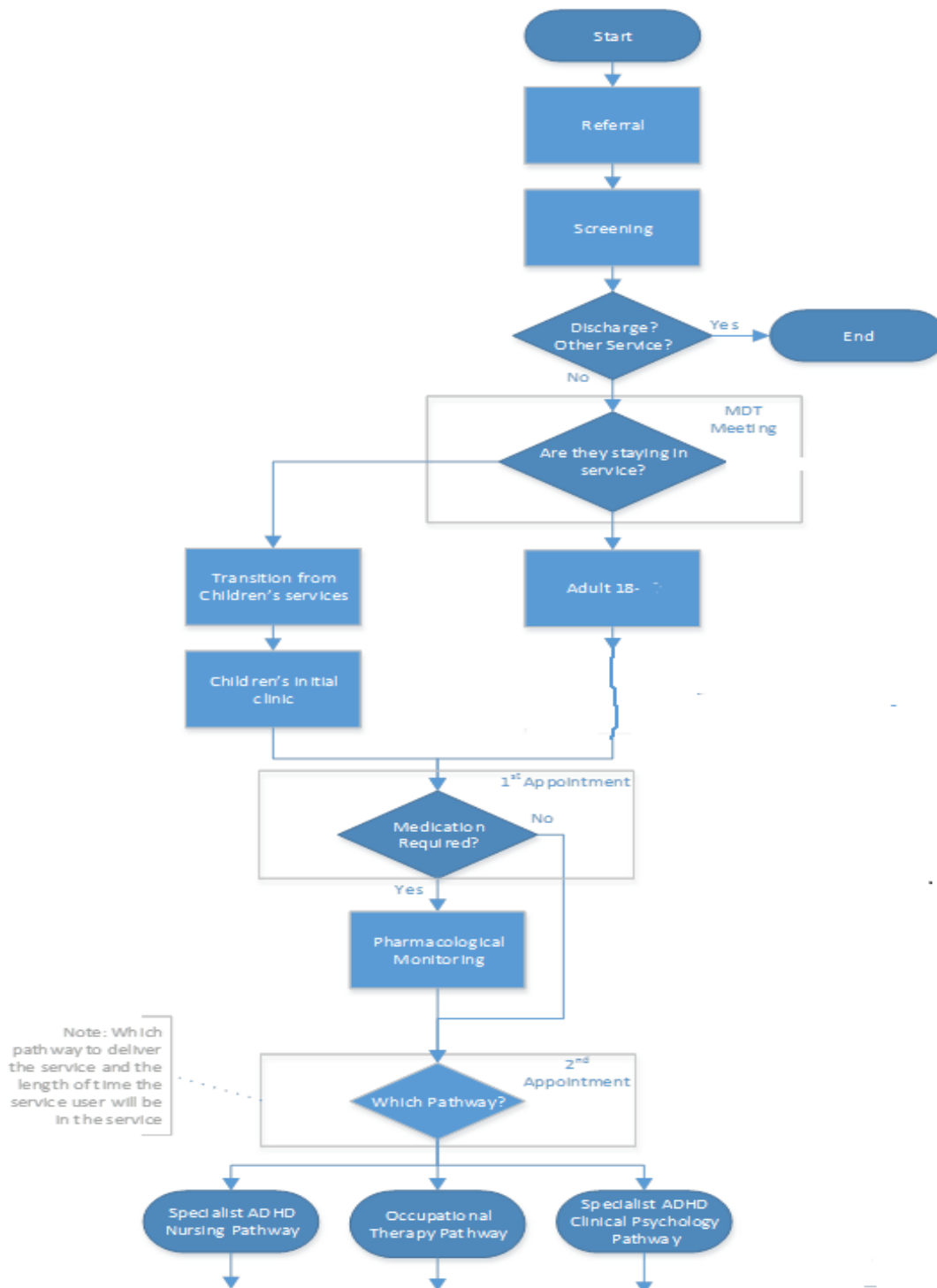
- Master class with Tony Attwood, adapting the diagnostic process for girls and women
- ASYE/Social Work Consolidation
- Prince2 – Project Management

The Primary Focus for 2017-2018 is:

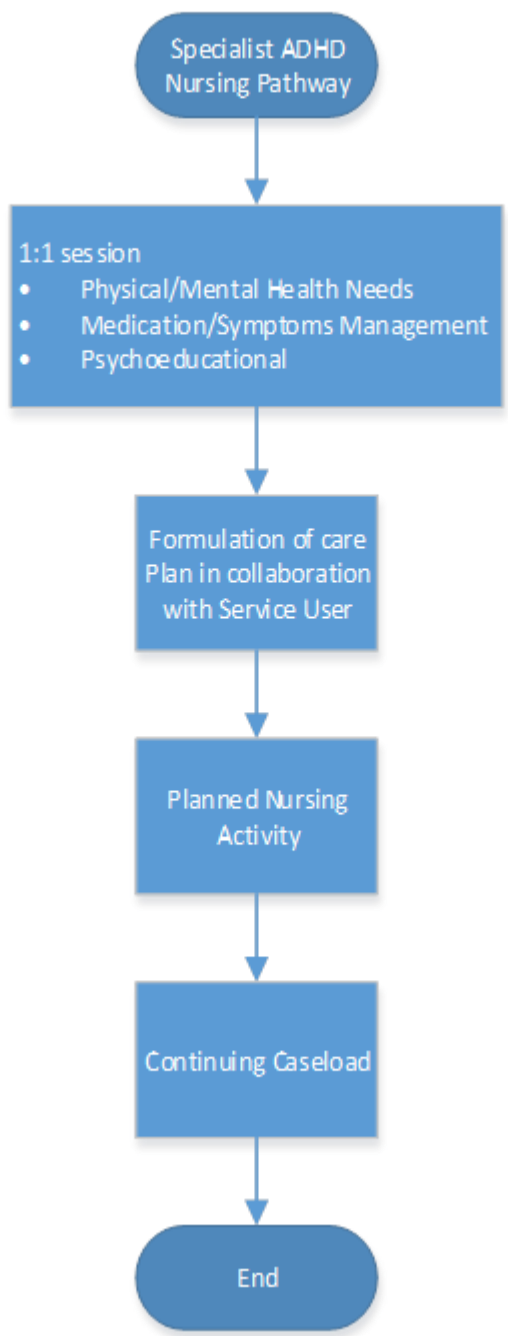
To contribute to the key areas of demand and capacity, quality, workforce, financial and sustainability planning identified in the Trust two year Operational Plan including:

1. Deliver outcomes to meet the expectations of Barnsley and Wakefield CCGs and SWYPFT investment in the ADHD Project to clear the waiting list backlog.
2. Deliver outcomes to meet the expectations of Barnsley, Calderdale CCGs and SWYPFT investment to clear the autism waiting list backlog.
3. Continue to deliver outcomes to meet the expectations of Wakefield, Kirklees & Barnsley CCGs investment in the sustainable (business as usual) ADHD Pathway.
4. Continue to develop the expertise of new and existing staff and specialism of medical, nursing, occupational therapy; psychology and social work to best serve the service users who access the ADHD pathway.
5. Continue to develop the expertise of new and existing staff and specialism of medical, nursing, occupational therapy; psychology, speech & language therapy and social work to best serve the service users who access the autism pathway.
6. Contribute to the evidence based literature in adult ADHD and Autism
7. Continue to expand the Service footprint and pathway offers in Wakefield, Kirklees, Barnsley and Calderdale areas: the aim is a single pathway for ADHD and autism for all areas across SWYPFT including adult social care.
8. Support the OOA offer through proactive marketing in collaboration with SWYPFT business and financial support Services.

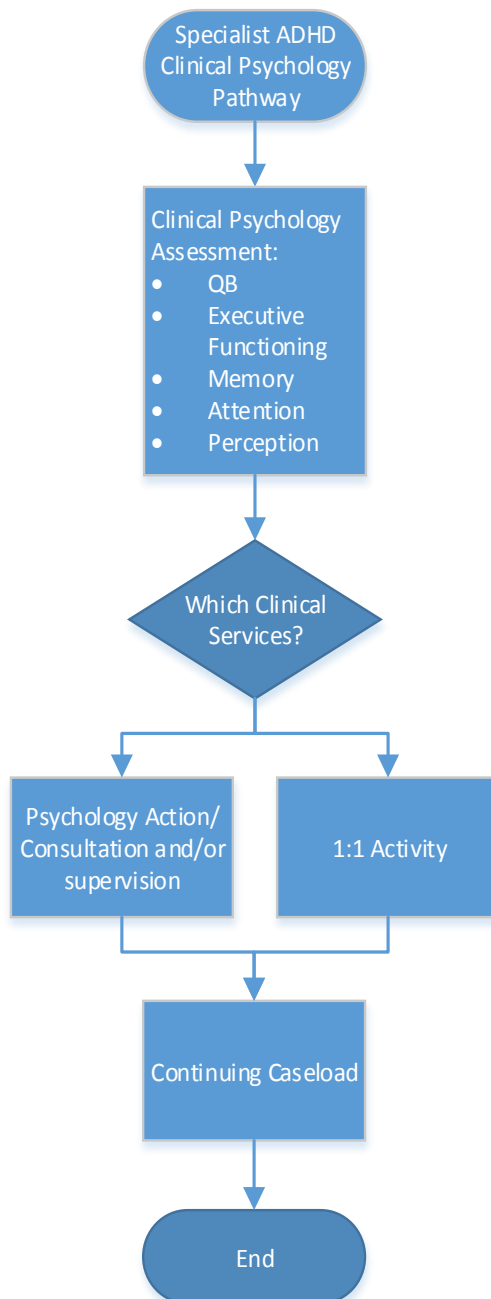
APPENDIX 2: SERVICE PATHWAYS



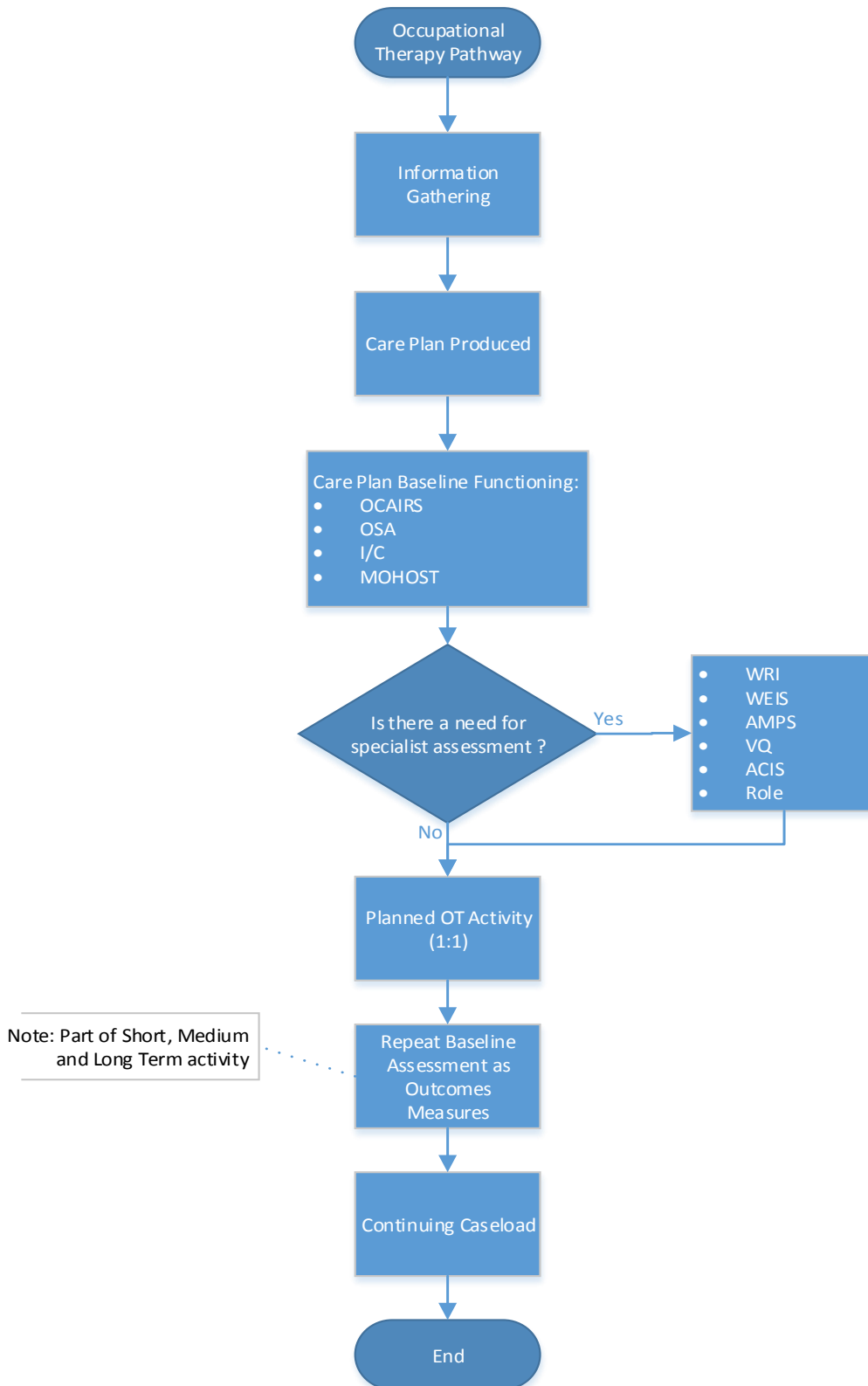
SPECIALIST ADHD NURSING PATHWAY



Specialist ADHD Clinical Psychology Pathway



OCCUPATIONAL THERAPY PATHWAY





Name of meeting: Health and Social Care Scrutiny Panel

Date: 4 April 2017

Title of report: Care Quality Commission

Purpose of report:

To provide members of the Health and Social Care Scrutiny Panel with the context and background to the discussions with representatives from the Care Quality Commission (CQC).

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	N/A – Report produced for information only
Key Decision - Is it in the Council's Forward Plan (key decisions and private reports?)	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Director</u> & name Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance? Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?	No – The report has been produced for information only.
Cabinet member portfolio	Adults, Health and Activity to Improve Health

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. **Summary**

- 1.1 The CQC is the independent regulator of health and adult social care and its role is to monitor, inspect and regulate services to make sure that they meet fundamental standards of quality and safety.
- 1.2 In December 2015 the Panel met with CQC to discuss ways it could strengthen its working relationship with CQC and to receive an update on the inspections of health and social care providers that had taken place in Kirklees.
- 1.3 The outcomes of the meeting included:
- An agreement for the Panel to continue to focus on the work and activity of CQC;
 - To arrange a further update from CQC once all initial inspections across Kirklees had been completed;
 - Assessing the overall state of care across the district of Kirklees;
 - Identifying common themes from the inspections;
 - Reviewing progress of the working relationship between CQC and scrutiny.
- 1.4 Representatives from CQC will be in attendance to provide the Panel with an overview of the outcomes of the inspections in Kirklees for Adult Social Care, Acute Hospitals, Primary Medical Services and Mental Health and inform the key areas of focus outlined in 1.3 above.
- 1.5 A presentation covering the outcomes of the inspections will be shown at the meeting.

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

N/A

3. **Implications for the Council**

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

N/A

3.2 **Economic Resilience (ER)**

N/A

3.3 **Improving Outcomes for Children**

N/A

3.4 **Reducing demand of services**

N/A

3.5 **Other (eg Legal/Financial or Human Resources)**

N/A

4. **Consultees and their opinions**

N/A

5. **Next steps**
That the Overview and Scrutiny Panel for Health and 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. **Assistant Director responsible**
Julie Muscroft Assistant Director: Legal, Governance & Monitoring

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HEALTH AND SOCIAL CARE SCRUTINY PANEL (V20)

Members: Cllr Liz Smaje (Lead Member), Cllr Fazila Fadia, Cllr Steve Hall, Cllr Judith Hughes, Cllr Andrew Marchington, Cllr Sheikh Ullah, Peter Bradshaw (Co-optee) , David Rigby (Co-optee), Sharron Taylor (Co-optee),

Support: Richard Dunne, Principal Governance & Democratic Engagement Officer & Helen Kilroy, Principal Governance & Democratic Engagement Officer.

POTENTIAL ISSUES IDENTIFIED FOR INCLUSION IN THE WORK PROGRAMME 2016/17

ISSUE

APPROACH AND AREAS OF FOCUS

FULL PANEL DISCUSSION ISSUES

Early Intervention and Prevention (EIP)

Investing early in prevention and early intervention of adult social care can reduce or delay the need for costly crisis intervention or care service and improve the outcomes for individuals

All Age Disability (AAD)

The All Age Disability offer refers to people with lifelong disabilities and the key aim of the programme was to ensure the best start in life, promoting health and resilience throughout life by implementing a more flexible and personalised approach with few age barriers for people with a disability.

A progress checkpoint on the EIP and AAD was considered by the Panel on the 6th September 2016 which included:

- Timeline and overview of the EIP programme and the work that has been undertaken
- Focus on Learning Disability
- An opportunity for scrutiny to have input into the draft strategy
- An update on EIP Early Help consultation and engagement
- An update on YPAT and what starting to find out from consultation so Panel can have an input into what is being developed
- That the report include progress on AAD and a summary of the implementation plan

Panel meeting 10th January 2017

The Panel considered a report giving an overview of the complex work of the Early Intervention and Prevention (EIP) programme and a current position statement. The Panel also received a presentation showing the draft EIP Budget 2016-19 and EIP workstreams and decision timelines.

The Panel agreed to receive updates on a number of EIP workstreams, namely:-

- Learning Disabilities for Adults and Children – to include Learning Disability budget; recruitment and retention and AAD – scheduled for consideration by the Panel on the 25th April 2017;
- Adults Pathway (to include supporting carers, volunteering, community capacity building, grant funding) – scheduled for consideration by the Panel in July 2017;

	<ul style="list-style-type: none"> • YPAT – short breaks and respite care – scheduled for consideration by the Panel in June 2017.
<p><u>Mental Health Services – Transformation Programme</u></p> <p>South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) provides community, mental health and learning disability services to the people of Barnsley, Calderdale, Kirklees and Wakefield.</p> <p>SWYPFT is currently working through a major service transformation with a focus on : recovery; putting more people in charge of the care they get; provided more support to people when they need it; helping people to leave hospital when they are ready; and ensuring that GP’s stay at the heart of care.</p>	<p>Panel to receive an update on the progress of the wider Transformation programme with a focus on specific strands of the programme to include:</p> <ul style="list-style-type: none"> • Acute and Community (early in new municipal year to include milestones and timescales for change) • Rehabilitation and Recovery. • Specialist Adult Learning Disability Health Services. • Older People (early in new municipal year as per Acute and Community) <p>The Panel will also consider the feedback from the recent CQC inspection to include the CQC action plan.</p> <p><u>Quality Summit – 14 July 2016</u> CQC presented key findings from inspection and was followed by the Trust’s response. A plan outlining the actions that will be taken to address the issues highlighted by the inspection will be submitted to CQC by 9 August 2016. A copy of the plan will be circulated to panel members and a decision on next steps will be taken at the Panel meeting in September.</p> <p>23 September 2016 - the CQC Action Plan was circulated to the Panel, next steps to be discussed a next meeting.</p> <p>10th January 2017 - the SWYPFT CQC Inspection Core Service ‘Must Do’ action plan was circulated to the Panel for comments.</p>
<p><u>Yorkshire Ambulance Service</u></p> <p>During 2015/16 the Panel received a presentation from YAS on performance, demand and quality of services. This was followed by a more detailed analysis of performance data in Kirklees which highlighted an issue on the response times in the rural areas of the district.</p>	<p>The Panel will continue to focus on the performance, demand and quality of services with a particular focus on: the red call response times; an evaluation of the impact on any actions taken to address performance; consider the performance of NHS 111 service; and relevant workstreams from the West Yorks Urgent & Emergency Care Vanguard Programme.</p>

<p>YAS NHS Trust has been working on a transformation agenda with stakeholders. The negotiations have seen some major changes to the service based on the challenges being faced by YAS.</p>	<p><u>Panel meeting 1st November 2016</u> The panel considered a presentation from YAS regarding their Transformation Programme.</p> <p>The Panel agreed to receive a further update from YAS on the 25th April 2017 covering the following areas:-</p> <ul style="list-style-type: none"> • A more detailed analysis of the response times (tail end of performance); and • The outcomes of the YAS Transformation Programme in relation to the whole of Kirklees.
<p><u>Diabetes in Kirklees</u></p> <p>Concerns were raised by the Panel in September 2015 regarding prevalence and impact of diabetes in Kirklees. Key areas of work being undertaken by Public Health, CCGs and Locala include prevention, supported self-care/education, primary care, foot care and specialist diabetes services – and on a shared equality objective on improving access, experience and outcomes for South Asian people with diabetes</p>	<p><u>Panel meeting on 8th March 2016</u> The Panel considered an update report on Diabetes work in Kirklees and agreed to receive:-</p> <ul style="list-style-type: none"> • Progress update on the level of amputations in North and South Kirklees, including statistics (NKCCG and GHCCG – Vicky Dutchburn to lead); • Report from Locala on the Gold Standard foot care in Kirklees; • That officers from Greater Huddersfield CCG and North Kirklees CCG investigate the Panel’s suggestion that the Diabetes’s Networks in both North and South Kirklees work together for the benefit of Kirklees, rather than being on Acute Footprints alone, and provide a progress report to a future meeting of the Panel. <p><u>Panel meeting on 12th April 2016</u> The Panel considered a briefing note on Diabetes related food disease and Amputations in Kirklees and agreed to consider a future report giving more detail on minor amputations.</p> <p>Panel has agreed to schedule a discussion on the 4th October 2016 to include:</p> <ul style="list-style-type: none"> • More information on minor amputations to include an update on actions being taken to improve outcomes in Kirklees and reduce the incidence of diabetic foot disease and amputations; • The approach and work that is carried out across Kirklees on eye screening; • The role of Locala in developing a care closer to home model for diabetes; • An update on the diabetes networks with a focus on how the networks in North and South Kirklees are working together. • Incident statistics for Diabetes

	<p><u>Panel meeting 4 October 2016</u> The Panel presented with an update and information on actions and planned work to support people in Kirklees living with diabetes. Actions agreed at the meeting include:</p> <ul style="list-style-type: none"> • Update on actions to improve diabetic foot health to include timescales to be submitted as soon as possible – this will provide a baseline for progress at next full update. • CCGs to provide a written update for discussion by the Panel. • Public Health to confirm availability of diabetes app when MyHealthtools module on diabetes is launched later in the year. <p><u>Panel meeting 10th January 2017</u> The Panel considered an update report prepared jointly by North Kirklees and Greater Huddersfield CCGs and Locala on the current position on Diabetes in Kirklees. The Panel noted that some of the issues included within the report would come up in the discussions with Locala on the Changes to Podiatry Services – due to be considered by the Panel in March 2017 (date to be determined).</p>
<p><u>Attention Deficit Hyperactive Disorder (ADHD) – Adults</u></p> <p>Attention deficit hyperactivity disorder (ADHD) in Adults is a neurodevelopmental disorder which presents with symptoms of inattentiveness, hyperactivity and impulsiveness</p>	<p>Update reports on this issue to be considered by the Panel (briefing paper saved in Informal Meeting folder for H&SC on 9.2.16) focussing on the re-commissioning of Adult Services.</p> <p>Panel have agreed to schedule a report to be considered on the 4th April 2017.</p>
<p><u>KJSA Development</u></p> <p>KJSA is seen as the local foundation of priority setting, informing commissioning strategies and plans and helping local people to hold providers and commissioners to account. The strategy provides the framework for joint commissioning plans and specific, detailed commissioning plans for the NHS, social care and public health. The JSA was being refreshed during 2015/16.</p>	<p>Panel has agreed to schedule a discussion at the December meeting to include:</p> <ul style="list-style-type: none"> • An overview of the process that is followed in the development of the KJSA • Presenting an example of the work that is carried out on updating a section of the KJSA • Outlining the approach that is taken to implementing actions to address the issue(s) and monitoring progress. • <p><u>Panel meeting 4 October 2016</u> Panel has agreed to drop the item from the December meeting and reschedule at a later</p>

	<p>date.</p> <p>Panel have agreed to schedule a report to be considered on the 7th March 2017.</p> <p>Due to the volume of work the Panel has now agreed to move the item for inclusion in the 2017/18 Work Programme Schedule.</p>
<p><u>Care Closer to Home (CC2H)</u></p> <p>Clinical Commissioning Groups (CCG's) in Kirklees, in line with the national agenda and planning guidance are shaping proposals that will provide integrated care that is delivered at or closer to home.</p>	<p><u>Panel meeting 12th April 2016</u> – North Kirklees CCG to provide evidence on the activity that has taken place to support the plans to reduce bed capacity by 44 at Mid Yorkshire Hospitals NHS Trust.</p> <p>Panel to maintain an overview of the operational and strategic aspects of the programme across the whole of Kirklees to include:</p> <ul style="list-style-type: none"> • Assessment of capacity • Monitor progress of the implementation of the CC2H programme. <p>Panel have agreed to schedule a report to be considered on the 7th February 2017. <u>Panel meeting 7 February 2017.</u> The Panel considered an update on the implementation of the CC2H programme. The Panel requested details of the latest audit report that covers the quality and safety of services that are commissioned through Locala to establish if there are any themes that it may wish to focus on.</p>
<p><u>End of Life Care</u></p> <p>Greater Huddersfield CCG and North Kirklees CCG have set out integrated strategic priorities for end of life care in Kirklees that has included input from Kirklees Council, Kirkwood Hospice and Locala.</p>	<p>Panel to maintain an overview of the work to develop an integrated approach for end of life care in Kirklees to include:</p> <ul style="list-style-type: none"> • Assessing the consistency of standards of care and support across Kirklees. • Monitoring progress of the strategic priorities. <p>The Panel have agreed to schedule a report to be considered on the 7th February 2017.</p> <p><u>Panel meeting 7 February 2017.</u> The Panel agreed that a further update be arranged at a date to be confirmed to receive details of the service specification covering the new arrangements for the provision of End of Life Service in Kirklees.</p>

North Kirklees CCG (NKCCG) Key transformation programme

NKCCG are currently developing a number of initiatives as part of a wider transformation programme that will be designed to help support the delivery of a sustainable health and social care service across the district.

The Panel will focus on a number of elements of the transformation programme to include:

- Planned care – plans to undertake more planned activity at the Dewsbury & District Hospital
- Urgent care – Work being done to manage more effectively referrals into hospital by looking at whole pathway of care and identifying patients that could be supported and seen by primary care.
- Specific focus on plans to utilise the capacity of the Walk-in Centre in Dewsbury to help alleviate pressures in A&E.

Panel have agreed to schedule a report to be considered on the 7th February 2017.

Panel meeting 7 February 2017

The Panel considered an update on the development and implementation of the transformation programme. No further areas of focus were identified and the Panel will consider the approach to monitoring this area of work during the review of the work programme that is scheduled for 25 April 2017.

Proposed changes to the Podiatry Service in Kirklees

Locala Community Partnerships won the contract to provide podiatry services in Greater Huddersfield and are currently developing proposals that will: reduce the service locations; provide daily clinics with longer opening hours in the new locations; and review the pathway of care.

Lead Member will have initial discussions with CCG's and Locala and decide if the issue should be escalated to the wider Panel to consider if the changes are deemed to be a substantial development or variation in health service.

28 April 2016 – Lead Member has met with Locala and CCG's.

Panel meeting 1st November 2016

The Panel considered an update from Locala and Greater Hudds CCG on the proposed changes to the Podiatry Service. The Panel agreed that the proposed changes posed a significant change to public service and agreed to scrutinise the proposals.

In November 2016, the Panel requested that the Public Consultation document be amended to take account of the Panel's comments before it was sent out to the Public, as follows:-

- The Consultation Document to advise that the CCGs have delegated the responsibility to consult to Locala;
- The information included in the consultation document should refer to the 2011

	<p>Census;</p> <ul style="list-style-type: none"> • Proposal 1 should advise that the proposed changes affect the whole of Kirklees; • The proposals do not make any reference to people with mechanical mobility problems and this should be outlined, including information relating to what impact the changes will have on people which needs to be clearly explained within the proposals and consultation document; • The Consultation document refers to making some changes to Podiatry Services, but should 'set the scene' of what the proposed changes are early on in the document. • The proposals should make a connection between the early engagement and the proposed consultation. <p>The Panel agreed to hold an additional meeting of the Panel to scrutinise the proposed consultation on the changes to podiatry services in Kirklees.</p>
<p><u>Pre-Payment Cards and Direct Payments</u></p> <p>The introduction of pre-payment cards is a new initiative being explored by the Council as a potential way to address some of the issues and challenges arising from Direct Payments to people who choose to manage their own personal budgets for arranging adult support and care.</p>	<p>A report was considered by the Panel on the 6th September 2016 giving an update following the introduction of pre-paid cards as a method of administering Direct Payments (DP) to Service users.</p> <p>The Panel agreed to receive an information report on the 7th March 2017 on the Review of Direct Payments, to include information regarding the Audit.</p> <p><u>Panel meeting 7 March 2017</u></p> <p>Panel note a report that provides an update on the Direct Payments Project. The Panel agree that there is no requirement for further focus on the item and it can be shown as completed on the Work Programme.</p>
<p><u>Quality of Care in Kirklees</u></p> <p>During the 2015/16 municipal year the Panel met with CQC to discuss ways it could strengthen their working relationship and to receive an update on the inspections of health and social care providers that had taken place in Kirklees.</p>	<p>The Panel has agreed to continue to focus on the work and activity of CQC to include:</p> <ul style="list-style-type: none"> • Looking at the quality of provision of Care homes in Kirklees with a focus on those homes that have been rated as 'requires improvement' • To establish if the inspections highlight any common areas for improvement. • To arrange a further update from CQC once all initial inspections in Kirklees have

	<p>been completed (projected for September 2016) and assess the overall state of care in the district.</p> <p>Panel have agreed to schedule a report to be considered on the 4th April 2017.</p>
<p><u>Primary Care Strategy</u></p> <p>Greater Huddersfield CCG (GHCCG) and North Kirklees CCG (NKCCG) have developed Primary Care Strategies which are seen as being key elements of their respective strategic work programmes.</p>	<p>The Panel will review both strategies to include:</p> <ul style="list-style-type: none"> • Establishing if there any specific elements from the strategies that require a more detailed assessment • Monitoring the implementation of both primary care strategies • Include development of GP Federations (initial discussions to be carried out informally) and performance indicators. <p>Panel have agreed to schedule a report to be considered on the 4th April 2017.</p>
<p><u>Kirklees Sustainability and Transformation Plan</u></p> <p>NHS England is requiring every health and care system to come together, to create its own ambitious local blueprint (Sustainability & Transformation Plan) for accelerating its implementation of the Forward View.</p> <p>The local NHS planning process will have significant central money attached and Sustainability and Transformation Plans (STPs) will become the single application and approval process for being accepted onto programmes with transformational funding for 2017/18 onwards.</p>	<p>Panel to maintain a close overview of the development of the Kirklees and West Yorkshire STP and provide regular feedback to the wider Panel. Panel to consider a report on the 4th October 2016, to include:-</p> <ul style="list-style-type: none"> • An explanation (background and context) of the plan; • Details of performance indicators and how they will be monitored. • Context of how fits in with West Yorkshire Transformation Plan <p><u>Panel meeting 4 October 2016</u></p> <p>The Panel were presented with an update on the process for developing Kirklees and West Yorks STPs which includes the current financial position of CCGs. The update included details of a consultation called 'Talk Health Kirklees' which will outline plans to reduce costs and provide better value for NHS spending. Actions agreed:</p> <ul style="list-style-type: none"> • Outcomes of the Talk Health Kirklees consultation to be discussed at the meeting 6 December 2016. • Panel to receive revised version of electronic copies of the Health and Wellbeing presentation on STP following the presentations at the CCGs Governing Bodies meetings.

Talk Health Kirklees Campaign

Outline plans from Greater Huddersfield and North Kirklees CCGs to reduce costs and provide better value for NHS spending.

Panel meeting 6 December 2016

The Panel considered a report on the 'Talk Health Kirklees' Campaign outlining the current consultation process.

In December 2016, the Panel agreed to comment on the Consultation report on findings and fed back to Greater Huddersfield CCG. The Panel made the following recommendations to be considered by the CCGs:-

- That the CCGs consider the response of the Health and Social Care Scrutiny Panel and that the above issues raised by the Panel are taken into account as part of the CCGs decision making process.
- That the CCGs provide a proposal for the Scrutiny Panel which gives assurance that future consultation will be as robust as possible.

In January 2017 the Panel received a copy of CCGs response to the Panel's comments on the Talk Health Kirklees Consultation report on findings. The Panel noted that a further report would be provided by the CCGs outlining the implementation timescales – date to be determined.

The Healthy Child Programme (0-19 services)

Responsibility for commissioning 0-5 children's public health services transferred to Local Government on 1 October 2015.

The service specification was protected until the end of March 2016 which Public Health (PH) has extended for a further 12 months. As part of a review of the services PH will be developing a new 0-19 services model.

Panel to maintain an overview of on the development of the service.

1 November 2016

Panel has received information that provides an overview of the Healthy Child Programme (HCP) specification; an explanation of the procurement process; and overview of the programme works; and the process that will follow the award of contract.

An update of progress has been scheduled for the 7 March 2017 meeting.

7 March 2017.

Panel were presented with an update on the HCP. The Panel agreed to maintain an overview of the development of the service.

Wellness Model for Adults

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.

Kirklees currently commissions separate services for smoking, physical activity, obesity, self-care etc. such as PALS, Health Trainers and a variety of third sector/NHS providers. The skills needed to promote behaviour change are broadly similar and some areas (Durham, Leeds, Derby, Halton) are redesigning integrated wellness services that are able to react more flexibly to the problems presented by people and also better react to emergent concerns such as type II diabetes and cancer prevention.

The Wellness Model will support the aims of New Council to empower people to live their lives to the fullest possible potential by enabling people to increase control over their health through making changes to their lives. It will support the NHS 5 Year Forward View and Sustainability and Transformation Plans by diverting people from primary and secondary healthcare services towards prevention pathways, helping to contain rising healthcare costs. Pathways will be streamlined and consideration will be given to self-referral, drop-in and outreach approaches.

The Panel will consider a report on the 7th March 2017 focusing on the following areas:-

- Review of emerging evidence in relation to Wellness models and evidence from the Joint Strategic Assessment about levels of need and community assets that might influence the design of the model.
- Review of design principles for Wellness Model.
- Understanding possible approaches to integration of provision, including strategic and operational delivery structures.
- Review of collaborations and partnerships across public health commissioned services.
- Understanding how services outside public health commissioned services might engage with new models (social care, NHS, community engagement, third sector etc) as they emerge.
- Substance Misuse Services_- Local Authorities are now responsible for commissioning substance misuse services to meet the needs of their communities. Kirklees Council will be re-commissioning these services during 2015/16. Panel to receive updates on the re-commissioning of services; an overview of the work of this service and how this will link to the work being undertaken in developing the Wellness Model.

7 March 2017

Panel received an update on the progress of work that has taken place to develop a Kirklees Wellness Model. Panel has agreed to keep the issue on the Work Programme and for a further update to be scheduled (at a date to be confirmed) to include:

- Scoping out the detail of the Wellness Model's functions;
- Developing the details for the Service Specification;
- Producing a timeline to include key milestones and decision making;
- Understanding the outcomes and impact for service users; and
- Clarification on what services/provision will align virtually or 'work on the periphery' of the model.

<p><u>Re-Procurement of the Whitehouse Centre</u></p> <p>The Whitehouse Centre is a general practice run by Locala under an Alternative Provider Medical Services (APMS) contract and provides services for vulnerable groups who have difficulty in accessing mainstream health services.</p> <p>The centre is commissioned by Greater Huddersfield CCG who are currently embarking on a tendering process to re-procure the services provided at the centre.</p>	<p>Initial briefing to Panel to outline the process that is being followed.</p>
<p><u>CQC Inspection of Calderdale and Huddersfield NHS Foundation Trust</u></p> <p>CQC carried out an inspection of the Trust in March 2016 as part of CQC's comprehensive inspection programme. In addition to this planned programme the CQC also undertook two unannounced inspections on the 16 and 22 March 2016. The Trust received an overall rating for both hospital sites as 'Requires Improvement'.</p>	<p><u>6 September 2016</u> - Representatives from Greater Huddersfield Clinical Commissioning Group briefed the Panel on the key findings of the inspection and outlined the next steps.</p> <p>A quality summit is likely to be scheduled for October 2016 and an action plan developed by the Trust to address key issues highlighted by the inspection.</p> <p>A copy of the plan will be circulated to panel members to help inform a decision on next steps.</p> <p>10th January 2017 – copy of the action plan circulated to Panel for comments.</p>
<p>LEAD MEMBER BRIEFING ISSUES</p>	
<p><u>Robustness of the Adult Social Care System</u></p> <p>The Care Act 2014 sets out local authorities duties to assessing people's needs and their eligibility for publicly funded care and support. The process for assessments can be complex and the speed, efficiency and robustness of the approach will determine the quality of the service and the level of care and support that an individual receives.</p>	<p>The Panel will consider a report on the 6th December 2016 which will focus will focus on a number of areas of the process that is followed in Kirklees to include:</p> <ul style="list-style-type: none"> • Timescales from initial request to assessment being carried out to include volumes. • Looking at the experience and qualifications of staff carrying out the assessments • the approach/process that is followed in providing the ongoing support including how work is distributed between qualified adult social care workers and non-qualified case workers • Look at national guidance/examples of good practice.

	<p><u>Panel meeting 6th December 2016</u> The Panel considered a report on the 6th December 2016 which outlined the approach taken by Adult Social Care to improve the robustness of the Adult Social Care system. The Panel agreed to receive further information on the following areas:-</p> <ul style="list-style-type: none"> • Staff shortages within Learning Disabilities; • Milestones on how the new Quality Assurance Framework was working. <p>The Chair of the Health and Social Care Scrutiny Panel agreed to keep a watching brief on this issue and report back to the Panel when appropriate.</p> <p><u>Panel meeting 7 March 2017</u> Panel considered a briefing on the delays in provision of care packages. The Panel was reassured with the work that is being done and agreed that this aspect of adult social care can be monitored by the Lead Member.</p>
<p><u>Integration of Health and Social Care</u> The integration of Health and Social Care is at the centre of government reforms and there is a greater focus and duty by health and wellbeing boards and clinical commissioning groups to promote integration between health and social care.</p> <p>The focus on integration is strongly linked to the development and guidance indicates that there is an expectation that the STP must cover better integration with local authority services, including, but not limited to, prevention and social care, reflecting local agreed health and wellbeing strategies.</p>	<p>Lead Member to keep watching brief on the development of the Integration of Health and Social Care.</p>
<p><u>Changes to the GP Contracts and implications for Kirklees</u> GP practices operating in the GHCCG area currently hold different contracts with NHS England and are paid different amounts for providing core GP services. PMS (Personal Medical Services) contract (which is locally agreed) includes a premium for providing additional services (over and above 'core' primary services). As a rule practices who</p>	<p><u>8th March 2016</u> – The Panel agreed to receive an update at a future meeting on the Changes to the GPs Contracts to include:</p> <ul style="list-style-type: none"> • The implications for GP Practices in Kirklees • Outlining the practices that will suffer the largest loss of funding • An overview of the overall budget <p><u>5 July 2016</u> – Panel has considered a report from Greater Huddersfield CCG on the changes to GP contracts, funding and implications for practices in Greater Huddersfield.</p>

<p>have PMS contracts are better off than those with GMS contracts. Following a review of the PMS contract all practices will be moved onto a core funding contract and to ensure equitable funding the additional funds from the PMS contracts will be more fairly distributed across all practices.</p>	<p>Panel has agreed to schedule an update at a future meeting to include the views of those practices that will be disadvantaged by the changes.</p>
<p><u>The Care Act 2014 (to include Client Financial Affairs)</u></p> <p>The Care Bill received Royal Assent on 14 May 2014 and introduces major reforms to the legal framework for adult social care. There will be major implications for the Council arising from the implementation of the Care Act 2014.</p>	<p>Lead Member to maintain a watching brief on the Care Act to include:</p> <ul style="list-style-type: none"> • Impact of the reforms on the council. • Challenges and barriers to change. • Workforce challenges. • Client Financial Affairs
<p><u>Art Psychotherapy (AP)</u></p> <p>Art Psychotherapy combines psychodynamic theories and techniques with an understanding of the psychological aspects of the creative process.</p>	<p>The AP service is currently not offered in Kirklees and the Panel has received a request to review the service and consider the benefits of establishing the service in Kirklees. Lead Member to receive details from Greater Hudds CCG on what services are commissioned by them instead of AP.</p> <p>The Panel agreed in January 2017 that there is no requirement for any further action at this stage.</p>
<p><u>NHS Dentistry</u></p> <p>This is an issue referred to the Panel by Healthwatch Kirklees who identified an issue with people in Kirklees struggling to get access to NHS Dental Services.</p>	<p>Lead Member to keep watching brief during 2016/17 municipal year. (Healthwatch Report to Health and Wellbeing Board in October 2015 on the experience of patients using NHS dentist.</p>

<p><u>Deprivation of Liberty Safeguards</u></p> <p>Deprivation of Liberty Safeguards (DoLS) are part of the Mental Health Capacity Act 2005. Last year the Panel noted that the number of DoLS applications being received by the Council was increasing.</p> <p>The increase has been due to the result of a Supreme Court Ruling which has widened the pool of those who might be considered to be deprived of their liberty.</p>	<p>Lead Member to keep watching brief and monitor figures.</p>
<p><u>Developing a working protocol with Healthwatch Kirklees and Kirklees Health and Wellbeing Board</u></p> <p>A working together protocol has been developed in recognition of the importance of the three independent bodies (Kirklees Health & Social Care Scrutiny Panel, Kirklees Health & Wellbeing Board & Healthwatch Kirklees) working together effectively.</p>	<p>Wait until Health & Wellbeing Board has completed its development session with the LGA which will include developing effective working relationships.</p>
<p><u>Mid Yorkshire NHS Hospitals Trust – Cancer Peer Review (of Unknown Primary)</u></p> <p>The NHS England Cancer Peer review, now known as the Quality Surveillance Team (QST) is a quality assurance programme for NHS Cancer Services. It is aimed at reviewing clinical teams and services to determine their compliance against national measures, as well as the assessment of quality aspects of clinical care and treatment.</p> <p>In March 2016 Mid Yorkshire NHS Hospitals Trust received a letter that formally detailed a number of serious concerns that were identified during a NHS England Cancer Peer review visit.</p>	<p>The Trust has responded to the QST with a plan that includes actions that are designed to address the serious concern. Next steps to be agreed by the Panel but could include reviewing the concerns identified and monitoring progress and delivery of the action plan.</p> <p>Panel has agreed that Lead Member will liaise with the Scrutiny lead at Wakefield Council and report back to the Panel on proposed way forward for monitoring the actions developed by the Trust.</p> <p>The Panel has also agreed to look at the work that is being developed by CCGs across the West Yorkshire to improve cancer services which include improved access to diagnostics and early diagnosis and increased screening.</p> <p>North Kirklees CCG submitted a written update which was shared with the Panel in December 2016 covering the following areas:</p> <ul style="list-style-type: none"> • Cancer work across Yorkshire and Humber including achievements; • Commissioning Cancer services across North Kirklees and Wakefield Clinical Commissioning Group;

- Quality Surveillance Team (QST) Visit – Cancer of the Unknown Primary
- Trust's response and action.

SCRUTINY AD-HOC PANELS
(being monitoring by the Health and Social Care Panel)

Review of Adult Mental Health Assessments

To understand the pathway for Adult Mental Health Assessments in Kirklees from the initial need for referral to assessment and onto treatment. In particular, to explore the current approach and effectiveness of Adult Mental Health Assessments in Kirklees.

The Ad-hoc Panel held their first meeting in April 2016 and agreed to focus on the following areas:-

- Access and service provision, eg Single Point of Access (SPA);
- Demands on services and capacity locally to respond;
- Waiting times and performance for adults accessing the services including those that are provided at home;
- Undertake research as part of the remit and seek feedback from providers of support for adults with mental health issues.

Progress updates have been provided as and when appropriate to the Health and Social Care Scrutiny Panel. A final report is scheduled for consideration by the Panel on the 7th February 2017 and approval by the Overview and Scrutiny Management Committee on the 6th March 2017.

MONITORING ITEMS

Routine follow up to previous recommendations to demonstrate Scrutiny outcomes

ISSUE

FOCUS

Sexual Health – Chlamydia Screening in Kirklees

A report by the Wellbeing and Communities Scrutiny Panel report on Chlamydia Screening in Kirklees was endorsed by Cabinet in April 2014.

The Panel have agreed to consider an update on the monitoring of recommendations on the 25th April 2017.

Tuberculosis (TB) in Kirklees

In October 2014 the Panel completed a review of TB in

In April 2016 the Panel received an update on TB in Kirklees and progress of the recommendations. The Panel has agreed to continue to monitor the situation in Kirklees

Kirklees in response to the high rates of TB in the district.

to include arranging a further update to cover:

- The work being undertaken to reduce TB rates in Bradford and Leeds and to highlight examples of good practice;
- Clarification on staffing ratios for the current nursing establishment as per the recommendations from the Royal College of Nursing;
- An action plan on the work being undertaken in Kirklees with regard to action being taken to reduce the high levels of TB in the borough.

An update report will be considered by the Panel during the 2016/17 municipal year.