

# Public Document Pack



**Assistant Director, Governance and  
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**Julie Muscroft**

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Monday 17 April 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 **Meeting Room 1 - Town Hall, Huddersfield** at **2.30 pm** on **Tuesday 25 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

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**Pages**

**1: Minutes of previous meeting**

1 - 6

To approve the Minutes of the meeting of the Panel held on 23 March 2017.

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**2: Interests**

7 - 8

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.

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**3: Admission of the public**

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

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**4: YAS Transformation Programme**

9 - 18

To consider an update on the YAS Transformation Programme and performance.

Contact – Andrew Simpson, Yorkshire Ambulance Service (YAS).

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**5: All Age Disability (AAD) Services - Programme Update** 19 - 22

The Panel will consider a progress update on the All Age Disability Programme, including actions being taken to address the Adults Learning Disability budget pressures.

Contact – Sue Richards, Assistant Director (EIP), 01484 221000.

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**6: Sexual Health - Chlamydia Screeing in Kirklees** 23 - 32

The Panel will receive a report for information giving an update on the recommendations made by the Panel in relation to Sexual Health – Chlamydia Screening in Kirklees.

Contact – Allison Cotterill, Health Improvement Practitioner Advanced, 01484 221000.

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**7: Review of 2016/17 Work Programme** 33 - 56

The Panel will review its activity during 2016/17 and determine those items from the Work Programme to be carried forward into 2017/18.

Contact – Helen Kilroy, Principal Governance & Democratic Engagement Officer, 01484 221000.

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**8: Date of Next Meeting**

To confirm the date of the next meeting as 16 May 2017.

Contact - Helen Kilroy, Principal Governance & Democratic Engagement Officer, 01484 221000.

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Contact Officer: Richard Dunne

## KIRKLEES COUNCIL

### OVERVIEW AND SCRUTINY PANEL FOR HEALTH AND SOCIAL CARE

Thursday 23<sup>rd</sup> March 2017

Present: Councillor Elizabeth Smaje (Chair)  
Councillor Fazila Fadia  
Councillor Judith Hughes  
Cllr Steve Hall  
Councillor Sheikh Ullah  
Councillor Andrew Marchington  
Peter Bradshaw (Co-optee)  
David Rigby (Co-optee)

Apologies: Sharron Taylor (Co-optee)

In attendance: Sarah True (Locala)  
Robert Flack (Locala)  
Paul Cotton (Locala)  
Amina Hans-Adam (Locala)  
Pat Andrewartha (Greater Huddersfield CCG)  
Corinne McDonald (Greater Huddersfield CCG)  
Vicky Dutchburn (Greater Huddersfield CCG)  
Rory Deighton (Healthwatch)  
Helen Kilroy – Principal Governance and Democratic  
Engagement Officer

#### 1. **Interests**

Co-optee David Rigby declared an interest in Agenda Item 3 (Changes in Podiatry Services) on the grounds of being a member of Locala.

#### 2. **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 **Changes in Podiatry Services**

The Panel welcomed Robert Flack, Sarah True, Paul Cotton and Amina Hans-Adam from Locala, and Vicky Dutchburn, Pat Andrewartha and Corinne McDonald from Greater Huddersfield CCG and Rory Deighton from Healthwatch to the meeting. The Panel considered an update on the proposed changes to Podiatry Services.

Robert Flack advised the Panel that Locala were proposing to close 9 clinics in the Greater Huddersfield area and ensure that those who received treatment were eligible and in the greatest need. The Panel was informed that Locala's patient caseload had recently increased significantly and 28% of patients had no significant podiatric need and it was proposed they would no longer receive the service.

Paul Cotton advised that there was currently a high demand for diabetic foot care and that this was increasing. The Panel was informed that demand for diabetic foot care currently exceeded capacity, which meant that in some cases patients were at risk of potential amputations as they were not receiving the required treatment early enough. Paul Cotton further explained that GPs referred patients to Locala's Podiatry Service, which included people in low need, for example, social nail care and verrucae. Paul Cotton further explained that low risk patients referred by GPs for foot care could self-care or receive help and support from carers, family and friends or other providers where it was safe to do so, which would free up capacity to treat patients in greatest need.

In response to a question from the Panel regarding availability of social nail care, Paul Cotton advised that due to capacity and budget cuts, Locala could no longer provide social nail care and had to focus resources on those in greatest need.

In response to a question from the Panel regarding what was being done to ensure referrals were following the eligibility criteria, Amina Hans-Adam advised that referral forms for GPs would be redesigned to ensure the correct information was recorded and patients were triaged appropriately.

Locala advised the Panel that in Kirklees around 64% of podiatry appointments were for people aged over 65 years. People in Kirklees were living longer, which whilst this was good news, it does mean that Locala has an increasing number of older patients with the type of long-term condition meaning they will need to access podiatry services. The Panel was informed that in order for Locala to meet this demand they would need to review current podiatry services in order to be able to provide a service to those who needed it most.

The Panel was advised that Locala will relaunch the eligibility criteria and that Proposal 2 within the consultation document explained that the criteria had not been applied consistently throughout Kirklees and as a result there were patients on the caseload who may not be eligible for Podiatry care. Amina Hans-Adam further explained that Locala planned to apply the existing criteria across the whole service to ensure that patients who had the greatest clinical need for podiatry care received it when they needed it most. The Panel was informed that awareness raising will take place with GPs to improve the referral process and ensure the eligibility criteria was applied. Amina Hans-Adam advised the Panel that Locala had held some discussions with GPs in both North and South and they had agreed in principle with the proposals.

Amina Hans-Adam advised the Panel that a large number of amputations being carried out each week could be prevented with earlier treatment. The Panel was informed that Sheffield Council had been able to evidence that changes made to the podiatry service and who was eligible, had resulted in a significant reduction in amputations.

The Panel suggested that examples of different levels of podiatry needs should be given in the consultation documents, so people could understand if they were eligible or not.

## Overview and Scrutiny Panel for Health and Social Care – 4 April 2017

In response to a question from the Panel regarding the services available and costs of foot care by local providers and whether this had been promoted to members of the public, Pat Andrewartha advised that work was ongoing with local providers to produce some prices and details of the services available.

Paul Cotton advised the Panel that as part of the proposed onward care pathway, patients with low level need would be invited to attend training to facilitate self-foot care.

Amina Hans-Adam explained that all existing patients over 80 years of age who were potentially at risk, would continue to receive the podiatry service regardless of their eligibility score.

Sarah True advised that Frequently Asked Questions (FAQs) would be made available on Locala's website giving further information regarding the proposed changes. The Panel was informed that a team at Locala would be dedicated to responding to online queries. The Panel suggested that the FAQs should advise that no clinics would be closed in North Kirklees.

Paul Cotton advised the Panel that Locala currently used rooms within GP surgeries to undertake podiatry treatment, however, in the majority of cases these were not fit for purpose and current practice within the surgeries did not allow Locala to install their own equipment.

Paul cotton advised the Panel that between September and November 2016 and January to March 2017, Locala had treated 5699 patients. The Panel was informed that out of the total number of patients for this period, 1034 were affected by the proposed changes and if Locala consistently applied the eligibility criteria this number would drop to 750.

The Panel was informed that 2 clinics in Dearne Valley and Colne Valley would reduce the amount of travel for both patients and staff. Paul Cotton advised that it currently took staff nearly an hour to travel between clinics, including setting up time, which was time wasted that could be used to treat more patients.

In response to a question from the Panel on NICE Guidance and what services had been commissioned by CCGs, Amina Hans-Adam advised that there was no NICE Guidance for less serious foot care conditions, such as social nail care, which meant that each individual CCG must decide what to make available. Robert Flack advised that Locala had followed the NHS England's Good Practice Guidance. The Panel was informed that the CCGs had delegated authority to Locala to consult.

The Panel suggested that to avoid confusion the 'Locality' column be taken out of the table, which showed the clinics within the Greater Huddersfield area.

In response to a question from the Panel regarding standard of clinics in Greater Huddersfield and North Kirklees, Robert Flack advised that all clinics were compliant with required standards.

## Overview and Scrutiny Panel for Health and Social Care – 4 April 2017

Paul Cotton explained to the Panel that if Locala did not focus on those in greatest need, those patients would suffer. The Panel was informed that patients in the need of most care should receive a better service than they currently do which would mean admissions to hospital should reduce. Paul Cotton further explained that the changes would improve the service for housebound patients and reduce the burden for Adult Social Care.

The Panel was advised that there would be more locations for speciality clinics which would mean patients requiring these services, such as bio-mechanics, would no longer have to travel to the Princess Royal Hospital for treatment.

Rory Deighton from Healthwatch highlighted concerns around patient safety and risk regarding the growing demand for services. Rory Deighton further explained that it would be useful to see comparable amputation evidence from other Local Authorities who have made the same changes to podiatry services. Rory Deighton expressed some concerns regarding the consultation plans and indicated that resources should be invested in providing the additional training on self-foot care.

The Panel advised that on the 1<sup>st</sup> November 2016 they had considered a report by Locala on proposed changes to Podiatry Services and had agreed that the changes proposed a significant change to service provision. The Panel therefore recommended that public consultation on the proposed changes should be undertaken. Councillor Smaje quoted the Department of Health's Guidance in respect of the requirement for Health Service Providers to carry out consultation on substantial reconfiguration proposals. Locala expressed concerns at the duration of the consultation and the impact that the delays in implementing the changes could have on some patients. The Panel suggested that Locala and CCGs review the consultation timeline with a view to shortening the length of duration from 12 to 8 weeks.

The Panel suggested that Locala should consult with the general public in addition to the groups outlined within the Consultation Plan.

In response to a question by the Panel regarding equality and how this would be taken into account, Amina Hans-Adam advised that a profile of each patient on the current roll would be undertaken and Locala had been in touch with local community groups in both the North and South of Kirklees. Locala advised the Panel that they would use every suitable method to consult as widely as possible.

In response to concerns raised by the Panel regarding people who would no longer be eligible for foot care but may not be able to afford to pay for treatment, Pat Andrewartha advised that Locala and CCGs were working with private providers and voluntary sector groups, including Age Concern, with regard to what services they could provide. The Panel suggested that Locala give assurance to the Panel on what was being put into place for people who will not be able to afford to pay for their own foot-care from an alternative provider and what signposting will be available.

## Overview and Scrutiny Panel for Health and Social Care – 4 April 2017

The Panel requested that Locala provide a revised consultation timeline before their next meeting on the 4<sup>th</sup> April, indicating the following information for their further consideration:-

- Start date of consultation;
- The date by which comments were required from the Panel on the outcomes of the consultation; and
- The date by which Locala intend to make a decision as to whether to proceed with the proposed changes to Podiatry Services.

The Panel requested that the CCGs undertake an assessment of safety and risk of the proposed changes to Podiatry Services and that this be provided to the Panel before their next meeting on the 4<sup>th</sup> April 2017 for further consideration.

Locala agreed to send the Panel details of the consultation events.

In response to a question from the Panel regarding how the response rate of the consultation would be quantified, the Panel agreed that Locala should calculate what the expected response rate was so that they could effectively quantify the results of the consultation. Robert Flack advised the Panel that a team of analysts at Locala would put the information from the consultation exercise through appropriate statistical measures. Amina Hans-Adam advised that Locala would undertake analysis of the information on a week by week basis during the consultation period to ensure that any gaps in responses from certain groups or areas were picked up.

The Panel suggested that Locala should ensure that any leaflets and posters were available in different languages to ensure that the consultation information reached all groups.

Amina Hans-Adam informed the Panel that a set of questions would be asked at the Focus Groups and discussions would be recorded.

The Panel suggested that a question be included in the consultation document which asked which clinic the patient currently attended, in order to get a representative view of patients.

### **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.
- (3) That the Panel consider a revised consultation timeline from Locala.

## **6 Work Programme 2016/17**

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

**RESOLVED -** That progress on the work programme for 2016/17 be noted.

## **7 Date of Next Meeting**

**RESOLVED -** That the date of the next meeting be confirmed as 16 May 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:** 25<sup>th</sup> April 2017

**Title of report:** Yorkshire Ambulance Service (YAS) – update on outcomes of Transformation Programme

**Purpose of report**

To provide members of the Health and Social Care Scrutiny Panel with a YAS update on the outcomes of the Transformation Programme.

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 by YAS
Is it in the <a href="#">Council's Forward Plan</a> ?	No
Is it eligible for “call in” by <a href="#">Scrutiny</a> ?	No
Date signed off by Strategic Director & name  Is it signed off by the Service Director for Finance and Transactional Services?  Is it signed off by the Service Director for Governance and Commissioning Support?	No – The report has been produced by YAS
Cabinet member <a href="#">portfolio</a>	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 Health and Social Care Scrutiny Panel on the 1<sup>st</sup> November 2017 considered a report providing an update on the Yorkshire Ambulance Service (YAS) Transformation Plan.
- 1.2 Following a request from the Health and Social Care Scrutiny Panel on the 1<sup>st</sup> November 2016, YAS was asked to provide the following:-
  - 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.
- 1.3 Attached is a report by YAS focusing on the following areas:-
  - Performance; and
  - Transformation update
2. **Decision required to take a decision**  
This is a report for information.
3. **Implications for the Council**  
This is a report for information.
4. **Consultees and their opinions**  
Not applicable
5. **Next steps**  
That the Panel take account of the information presented and consider the next steps it wishes to take.
6. **Officer recommendations and reasons**  
That the Panel consider the information provided and determine if any further information or action is required.
7. **Cabinet portfolio holder recommendation**  
Not applicable
8. **Contact officer**  
Helen Kilroy, Principal Governance & Democratic Engagement Officer,  
Tel: 01484 221000 Email: [helen.kilroy@kirklees.gov.uk](mailto:helen.kilroy@kirklees.gov.uk)
9. **Background papers and history of decisions**  
Report to Health and Social Care Scrutiny Panel on the 1<sup>st</sup> November 2016 on Yorkshire Ambulance Service (YAS) – update on Transformation Programme
10. **Service Director responsible**  
Julie Muscroft, Service Director, Governance and Commissioning Support



**YAS NHS Trust**

**A&E Transformation Update**

**Kirklees Health and Social Care Scrutiny Panel – 25 April 2017**

**Performance - Category 1 Incidents (8 minute response)**

YAS NHS Trust is currently taking part in the Ambulance Response Programme (ARP). This is an NHS England pilot project and the latest phase commenced on the 20 October 2016.

ARP is designed to improve the management of demand and allocation of clinically appropriate resources.

There are 4 main categories

**Category 1** – cardiac arrest or peri-arrest (response within 8 minutes)

**Category 2** – Life threatening emergency (response within 19 minutes)

**Category 3** – serious but not life threatening (response within 40 minutes)

**Category 4** – Non emergency response (1 to 4 hours)

**Category 1 Performance March 2017**

West Yorkshire CBU            70.7%

Gt Huddersfield CCG        70%

North Kirklees CCG         72.6%

**Demand**

Overall demand for ambulance services continues to rise.

**Greater Huddersfield CCG (February 2017 year to date)**

Contracted    28449

Actual         30044

1595 additional incidents (5.6%)

## North Kirklees CCG

Contracted 22063

Actual 24061

1998 additional incidents (9.1%)

## Tail end Performance reports

Attached are the tail end performance reports for Greater Huddersfield and North Kirklees CCG. For context, all CCG areas are included.

## Survival to Discharge, 2016

Ambulance services are benchmarked using Ambulance Clinical Quality Indicators (ACQI). YAS NHS Trust continues to lead nationally in terms of pre hospital care of patients in cardiac arrest.

Outcome from Cardiac Arrest - Survival to discharge - UTSTEIN	January	February	March	April	May	June	July	August	September	October	November	December
Calderdale, Kirklees & Wakefield	28.6%	0.0%	50.0%	20.0%	16.7%	30.0%	42.9%	25.0%	33.3%	38.5%	58.8%	27.3%
Leeds, Bradford & Airedale	0.0%	50.0%	0.0%	50.0%	20.0%	33.3%	21.4%	28.6%	25.0%	41.7%	38.5%	33.3%
North Yorkshire & York	50.0%	75.0%	100.0%	100.0%	50.0%	33.3%	50.0%	37.5%	55.6%	0.0%	66.7%	25.0%
South Yorkshire & Bassetlaw	16.7%	0.0%	100.0%	0.0%	16.7%	38.5%	33.3%	40.0%	50.0%	37.5%	42.9%	22.2%
The Humber	0.0%	50.0%	0.0%	0.0%	40.0%	20.0%	28.6%	0.0%	0.0%	57.1%	66.7%	0.0%
YAS	20.0%	46.2%	61.5%	37.5%	25.9%	32.6%	35.1%	28.0%	33.3%	36.2%	53.7%	25.6%
National Average	20.6%	21.3%	24.7%	26.1%	26.1%	25.5%	30.3%	29.1%				

## Transformation update

### Rosters

All the new staff rosters have been agreed and fully implemented across West Yorkshire from the 3 April 2017. We have reduced the number Rapid Response vehicles (RRV) and increased our Double Crewed Ambulance (DCA) resources. We have recruited to increase our relief capacity and fill our vacancies.

#### Kirklees Roster Changes

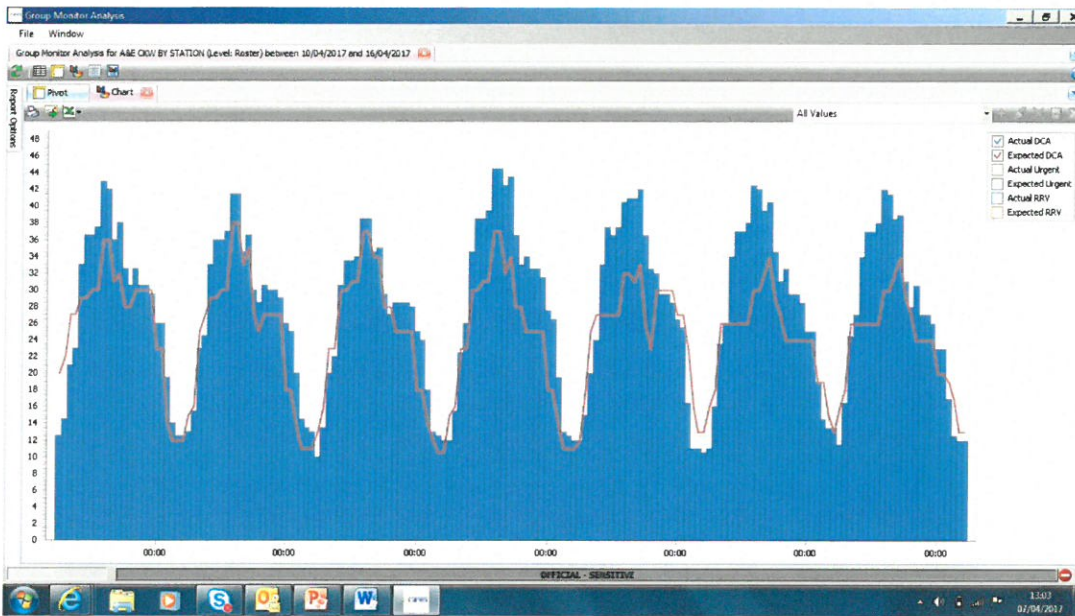
	Station	DCA	RRV
Post Roster Change	Huddersfield	20	10
	Honley	10	5
	Dewsbury	15	10
		45	25

35% relief staffing  
12 Clinical Supervisors (Supernumerary)

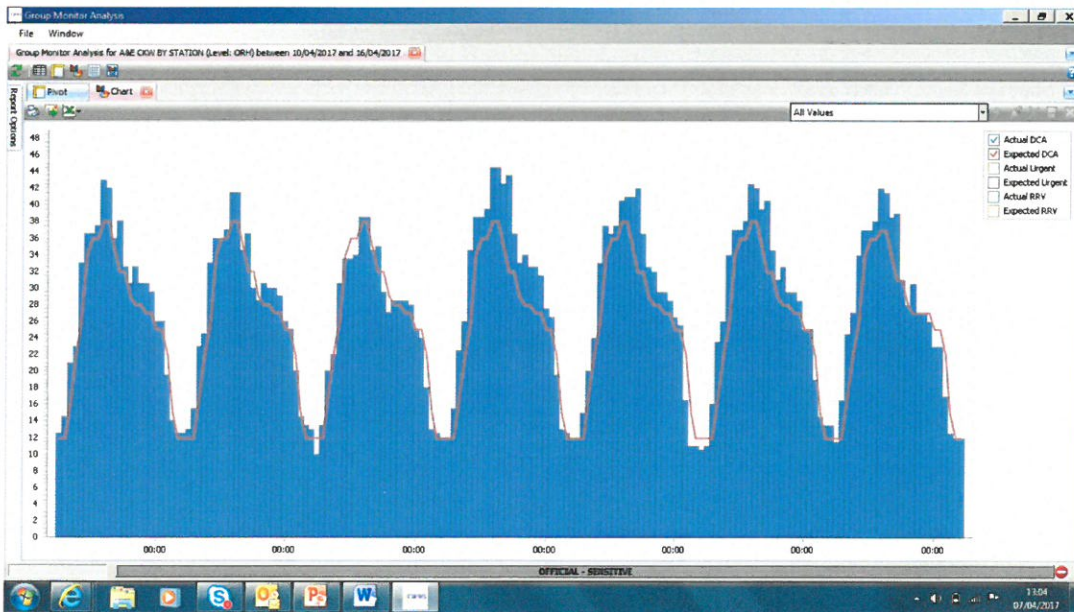
	Station	DCA	RRV
Pre Roster Change	Huddersfield	20	10
	Honley	10	5
	Dewsbury	10	15
		40	30

30% relief staffing  
12 Clinical Supervisors (intergrated into the roster)

We have introduced more diverse shift patterns and lengths to ensure our resources match demand by hour of the day. The red line of the old denotes the old roster demand profiles which did not provide enough conveying resource capacity from 1000.



The new resource profile places resources where we need them at the busiest times of the day.



## **Standard Operating Procedures**

The new rosters are underpinned with new working arrangements that have been agreed with staff side representatives to manage annual leave, meal breaks and standby arrangements

## **Staffing**

The new rosters created around 120 additional frontline staff across West Yorkshire. Extensive recruitment and internal development over the past 18 months has ensured there are minimal vacancies across West Yorkshire. Where we do have vacancies there is a robust plan to fill them within our newly agreed career framework.

## **Management and Leadership Structures**

Changes within our operational management structure means we have increased our management capacity to provide managers at locality level across the weekends and into the late evening. These changes will provide greater visibility of managers to staff and increased levels of clinical supervision for staff support.

## Tail of Performance by CCG for Month

Tail of Performance 50%	Category 1	Category 2R	Category 2T	Category 3R	Category 3T
	Time	Time	Time	Time	Time
NHS Airedale Wharfedale and Craven CCG	00:06:26	00:09:23	00:12:34	00:17:01	00:21:46
NHS Barnsley CCG	00:06:30	00:09:17	00:12:34	00:16:58	00:21:38
NHS Bradford City CCG	00:06:29	00:09:15	00:12:34	00:16:53	00:21:43
NHS Bradford Districts CCG	00:06:29	00:09:36	00:12:37	00:17:09	00:21:45
NHS Calderdale CCG	00:06:29	00:09:35	00:12:35	00:17:09	00:21:50
NHS Cumbria CCG	00:05:21	00:08:24	00:11:17	00:13:02	00:11:42
NHS Doncaster CCG	00:06:30	00:09:38	00:12:37	00:16:57	00:21:51
NHS East Riding of Yorkshire CCG	00:06:30	00:09:38	00:12:36	00:17:07	00:21:50
NHS Greater Huddersfield CCG	00:06:28	00:09:21	00:12:37	00:17:07	00:21:54
NHS Hambleton Richmondshire and Whitby CCG	00:06:27	00:09:34	00:12:36	00:16:59	00:21:46
NHS Harrogate and Rural District CCG	00:06:25	00:09:07	00:12:35	00:17:07	00:21:49
NHS Hull CCG	00:06:29	00:09:25	00:12:35	00:16:59	00:21:51
NHS Leeds North CCG	00:06:28	00:09:39	00:12:32	00:16:40	00:21:40
NHS Leeds South and East CCG	00:06:30	00:09:33	00:12:37	00:16:36	00:21:52
NHS Leeds West CCG	00:06:30	00:09:36	00:12:37	00:16:56	00:21:48
NHS North Kirklees CCG	00:06:29	00:09:34	00:12:37	00:16:43	00:21:41
NHS Rotherham CCG	00:06:26	00:09:29	00:12:37	00:17:03	00:21:54
NHS Scarborough and Ryedale CCG	00:06:20	00:09:36	00:12:35	00:16:56	00:21:47
NHS Sheffield CCG	00:06:30	00:09:37	00:12:36	00:17:12	00:21:53
NHS Vale of York CCG	00:06:29	00:09:35	00:12:37	00:17:14	00:21:40
NHS Wakefield CCG	00:06:28	00:09:38	00:12:37	00:17:14	00:21:54

Tail of Performance 75%	Category 1	Category 2R	Category 2T	Category 3R	Category 3T
	Time	Time	Time	Time	Time
NHS Airedale Wharfedale and Craven CCG	00:08:41	00:16:03	00:20:54	00:34:15	00:48:22
NHS Barnsley CCG	00:08:56	00:16:35	00:21:00	00:34:49	00:48:52
NHS Bradford City CCG	00:08:58	00:16:45	00:20:54	00:34:30	00:48:44
NHS Bradford Districts CCG	00:08:56	00:16:08	00:21:00	00:34:18	00:48:11
NHS Calderdale CCG	00:08:58	00:16:08	00:20:51	00:34:48	00:48:28
NHS Cumbria CCG	00:05:21	00:08:24	00:19:07	00:21:54	00:26:23
NHS Doncaster CCG	00:08:58	00:16:22	00:21:01	00:34:15	00:48:55
NHS East Riding of Yorkshire CCG	00:08:56	00:16:49	00:21:01	00:34:44	00:48:52
NHS Greater Huddersfield CCG	00:08:47	00:16:40	00:21:01	00:34:52	00:48:40
NHS Hambleton Richmondshire and Whitby CCG	00:08:58	00:16:47	00:21:00	00:33:40	00:48:04
NHS Harrogate and Rural District CCG	00:08:58	00:16:38	00:21:00	00:32:39	00:48:29
NHS Hull CCG	00:08:57	00:16:15	00:20:59	00:34:56	00:47:07
NHS Leeds North CCG	00:08:58	00:16:35	00:20:59	00:34:49	00:48:53
NHS Leeds South and East CCG	00:08:57	00:16:35	00:20:54	00:34:47	00:48:54
NHS Leeds West CCG	00:08:57	00:16:19	00:21:01	00:34:26	00:48:38
NHS North Kirklees CCG	00:08:57	00:16:30	00:21:01	00:34:30	00:48:53
NHS Rotherham CCG	00:08:58	00:16:49	00:20:56	00:34:37	00:48:06
NHS Scarborough and Ryedale CCG	00:08:58	00:16:38	00:21:00	00:34:38	00:48:33
NHS Sheffield CCG	00:08:56	00:16:42	00:21:01	00:34:26	00:48:51
NHS Vale of York CCG	00:08:53	00:16:50	00:20:57	00:34:53	00:48:50
NHS Wakefield CCG	00:08:57	00:16:48	00:21:00	00:34:48	00:48:20

## Tail of Performance by CCG for Month

Tail of Performance 95%	Category 1	Category 2R	Category 2T	Category 3R	Category 3T
	Time	Time	Time	Time	Time
NHS Airedale Wharfedale and Craven CCG	00:14:42	00:38:21	00:46:26	01:35:15	02:22:47
NHS Barnsley CCG	00:14:35	00:42:01	00:46:09	01:35:05	02:23:35
NHS Bradford City CCG	00:14:15	00:39:26	00:45:42	01:19:59	02:14:42
NHS Bradford Districts CCG	00:14:05	00:29:40	00:46:21	01:36:57	02:14:58
NHS Calderdale CCG	00:14:28	00:36:49	00:46:24	01:32:44	02:19:09
NHS Cumbria CCG	00:14:30	00:08:24	00:26:33	01:11:19	01:24:41
NHS Doncaster CCG	00:14:43	00:42:15	00:46:11	01:35:25	02:24:32
NHS East Riding of Yorkshire CCG	00:14:43	00:44:22	00:46:20	01:32:22	02:23:23
NHS Greater Huddersfield CCG	00:14:26	00:39:57	00:45:48	01:30:21	02:21:55
NHS Hambleton Richmondshire and Whitby CCG	00:14:22	00:41:06	00:46:07	01:34:11	02:22:25
NHS Harrogate and Rural District CCG	00:14:39	00:43:08	00:46:24	01:37:33	02:23:56
NHS Hull CCG	00:14:30	00:41:09	00:46:21	01:34:20	02:19:32
NHS Leeds North CCG	00:14:25	00:44:33	00:46:26	01:27:00	02:14:58
NHS Leeds South and East CCG	00:14:29	00:38:08	00:45:23	01:33:29	02:16:53
NHS Leeds West CCG	00:14:19	00:33:07	00:46:11	01:35:08	02:25:15
NHS North Kirklees CCG	00:14:39	00:28:57	00:46:25	01:37:01	02:21:37
NHS Rotherham CCG	00:14:19	00:44:10	00:46:31	01:33:15	02:20:26
NHS Scarborough and Ryedale CCG	00:14:11	00:42:37	00:46:30	01:30:10	02:20:19
NHS Sheffield CCG	00:14:37	00:43:53	00:46:29	01:35:54	02:24:45
NHS Vale of York CCG	00:14:38	00:40:44	00:46:28	01:31:30	02:16:19
NHS Wakefield CCG	00:14:35	00:41:39	00:46:25	01:31:37	02:24:54

Tail of Performance 100%	Category 1	Category 2R	Category 2T	Category 3R	Category 3T
	Time	Time	Time	Time	Time
NHS Airedale Wharfedale and Craven CCG	00:34:17	01:27:55	01:41:04	03:15:49	02:47:16
NHS Barnsley CCG	00:42:49	03:12:35	03:42:21	02:55:23	11:12:17
NHS Bradford City CCG	00:25:50	00:56:14	01:14:20	01:40:06	02:59:18
NHS Bradford Districts CCG	00:21:34	02:17:05	02:47:46	04:54:40	06:53:14
NHS Calderdale CCG	00:45:42	01:15:28	03:35:12	03:02:49	05:22:12
NHS Cumbria CCG	00:14:54	00:08:24	02:48:15	01:11:19	01:24:41
NHS Doncaster CCG	00:31:23	01:54:47	05:13:33	04:08:38	14:25:01
NHS East Riding of Yorkshire CCG	00:41:07	01:21:20	04:49:40	05:22:39	08:37:10
NHS Greater Huddersfield CCG	00:34:31	01:50:17	02:59:22	03:37:01	06:53:16
NHS Hambleton Richmondshire and Whitby CCG	00:32:09	01:27:43	02:39:13	02:14:08	03:24:57
NHS Harrogate and Rural District CCG	00:38:01	01:03:19	01:51:18	02:16:42	05:49:31
NHS Hull CCG	00:54:34	04:50:32	03:07:26	05:38:51	06:21:41
NHS Leeds North CCG	00:20:37	01:41:55	03:22:03	02:49:03	04:03:43
NHS Leeds South and East CCG	00:15:58	00:38:08	02:30:32	02:30:56	05:35:41
NHS Leeds West CCG	00:27:57	00:33:07	02:04:40	03:10:56	04:58:29
NHS North Kirklees CCG	01:25:19	05:28:47	01:53:51	01:57:22	05:49:24
NHS Rotherham CCG	00:30:13	04:14:46	04:56:15	07:23:52	10:39:46
NHS Scarborough and Ryedale CCG	01:11:03	01:12:21	01:59:40	03:26:22	04:14:46
NHS Sheffield CCG	00:31:49	07:14:58	04:39:44	07:40:24	10:29:42
NHS Vale of York CCG	00:24:16	01:29:22	02:12:26	03:11:26	04:52:36
NHS Wakefield CCG	00:22:40	01:03:21	02:28:39	03:14:39	05:31:48

## Tail of Performance by CCG for Month

Tail of Performance 50%	Category 1	Category 2R	Category 2T	Category 3R	Category 3T
	Time	Time	Time	Time	Time
NHS Airedale Wharfedale and Craven CCG	00:06:19	00:09:47	00:12:39	00:17:04	00:22:53
NHS Barnsley CCG	00:06:27	00:09:37	00:12:39	00:17:44	00:22:32
NHS Bradford City CCG	00:06:26	00:09:46	00:12:39	00:17:44	00:22:21
NHS Bradford Districts CCG	00:06:27	00:09:34	00:12:40	00:17:42	00:22:57
NHS Calderdale CCG	00:06:27	00:09:12	00:12:39	00:17:38	00:22:51
NHS Cumbria CCG	00:04:00	00:08:33	00:12:23	00:16:48	00:21:27
NHS Doncaster CCG	00:06:23	00:09:41	00:12:40	00:17:02	00:22:53
NHS East Riding of Yorkshire CCG	00:06:26	00:09:38	00:12:38	00:17:28	00:22:55
NHS Greater Huddersfield CCG	00:06:27	00:09:42	00:12:40	00:17:35	00:22:42
NHS Hambleton Richmondshire and Whitby CCG	00:06:27	00:09:27	00:12:39	00:17:44	00:22:55
NHS Harrogate and Rural District CCG	00:06:28	00:09:16	00:12:40	00:17:40	00:22:45
NHS Hull CCG	00:06:25	00:09:44	00:12:40	00:17:42	00:22:57
NHS Leeds North CCG	00:06:27	00:09:37	00:12:40	00:17:25	00:22:58
NHS Leeds South and East CCG	00:06:27	00:09:31	00:12:39	00:17:30	00:22:59
NHS Leeds West CCG	00:06:28	00:09:40	00:12:40	00:17:43	00:22:56
NHS North Kirklees CCG	00:06:22	00:09:38	00:12:37	00:17:44	00:22:38
NHS Rotherham CCG	00:06:18	00:09:42	00:12:40	00:17:41	00:22:59
NHS Scarborough and Ryedale CCG	00:06:27	00:09:16	00:12:29	00:17:36	00:22:57
NHS Sheffield CCG	00:06:27	00:09:42	00:12:40	00:17:39	00:22:59
NHS Vale of York CCG	00:06:27	00:09:39	00:12:39	00:17:45	00:22:52
NHS Wakefield CCG	00:06:18	00:09:33	00:12:40	00:17:43	00:22:48

Tail of Performance 75%	Category 1	Category 2R	Category 2T	Category 3R	Category 3T
	Time	Time	Time	Time	Time
NHS Airedale Wharfedale and Craven CCG	00:08:54	00:16:30	00:20:29	00:37:59	00:50:34
NHS Barnsley CCG	00:08:59	00:16:27	00:20:32	00:37:49	00:50:34
NHS Bradford City CCG	00:08:58	00:15:00	00:20:28	00:35:21	00:48:47
NHS Bradford Districts CCG	00:09:00	00:16:09	00:20:27	00:37:42	00:50:07
NHS Calderdale CCG	00:08:59	00:16:09	00:20:26	00:37:05	00:49:47
NHS Cumbria CCG	00:04:00	00:08:33	00:18:43	00:24:57	00:41:19
NHS Doncaster CCG	00:08:59	00:15:58	00:20:31	00:37:51	00:50:49
NHS East Riding of Yorkshire CCG	00:08:53	00:16:10	00:20:31	00:37:10	00:50:42
NHS Greater Huddersfield CCG	00:08:59	00:16:31	00:20:28	00:37:20	00:50:54
NHS Hambleton Richmondshire and Whitby CCG	00:08:37	00:16:01	00:20:26	00:36:56	00:49:40
NHS Harrogate and Rural District CCG	00:08:54	00:16:09	00:20:31	00:36:35	00:50:05
NHS Hull CCG	00:08:56	00:16:25	00:20:28	00:37:32	00:50:49
NHS Leeds North CCG	00:08:55	00:16:06	00:20:31	00:37:10	00:50:53
NHS Leeds South and East CCG	00:09:00	00:16:20	00:20:30	00:37:47	00:50:56
NHS Leeds West CCG	00:08:50	00:16:25	00:20:30	00:37:49	00:50:02
NHS North Kirklees CCG	00:08:57	00:16:28	00:20:31	00:36:32	00:50:45
NHS Rotherham CCG	00:08:59	00:15:42	00:20:31	00:37:27	00:50:32
NHS Scarborough and Ryedale CCG	00:09:01	00:15:25	00:20:32	00:33:06	00:50:20
NHS Sheffield CCG	00:09:01	00:16:22	00:20:31	00:38:00	00:50:48
NHS Vale of York CCG	00:08:57	00:15:07	00:20:30	00:37:47	00:50:31
NHS Wakefield CCG	00:09:01	00:16:28	00:20:32	00:37:03	00:50:13

## Tail of Performance by CCG for Month

Tail of Performance 95%	Category 1	Category 2R	Category 2T	Category 3R	Category 3T
	Time	Time	Time	Time	Time
NHS Airedale Wharfedale and Craven CCG	00:14:27	00:35:12	00:42:30	01:34:18	02:13:30
NHS Barnsley CCG	00:14:41	00:33:08	00:42:37	01:39:50	02:38:38
NHS Bradford City CCG	00:14:23	00:34:55	00:41:15	01:37:18	02:40:14
NHS Bradford Districts CCG	00:14:56	00:36:30	00:42:17	01:38:06	02:39:42
NHS Calderdale CCG	00:14:51	00:31:55	00:41:54	01:33:15	02:40:59
NHS Cumbria CCG	00:04:00	00:20:15	00:38:19	01:14:15	00:41:19
NHS Doncaster CCG	00:14:59	00:35:36	00:42:36	01:40:01	02:38:53
NHS East Riding of Yorkshire CCG	00:15:00	00:35:45	00:42:33	01:39:54	02:40:35
NHS Greater Huddersfield CCG	00:14:40	00:35:49	00:42:35	01:40:14	02:27:09
NHS Hambleton Richmondshire and Whitby CCG	00:14:46	00:22:50	00:41:29	01:29:23	01:58:53
NHS Harrogate and Rural District CCG	00:14:28	00:28:08	00:42:12	01:35:10	02:36:17
NHS Hull CCG	00:14:50	00:33:16	00:42:31	01:39:33	02:42:59
NHS Leeds North CCG	00:14:54	00:35:01	00:42:32	01:40:18	02:40:41
NHS Leeds South and East CCG	00:14:28	00:36:15	00:40:59	01:36:26	02:40:55
NHS Leeds West CCG	00:14:18	00:35:22	00:42:33	01:35:34	02:23:45
NHS North Kirklees CCG	00:14:49	00:31:39	00:42:07	01:37:05	02:41:09
NHS Rotherham CCG	00:14:43	00:36:28	00:42:22	01:39:48	02:37:55
NHS Scarborough and Ryedale CCG	00:14:54	00:29:19	00:42:01	01:28:09	02:33:28
NHS Sheffield CCG	00:14:57	00:35:43	00:42:39	01:39:02	02:42:57
NHS Vale of York CCG	00:15:00	00:36:08	00:42:26	01:34:43	02:42:17
NHS Wakefield CCG	00:14:55	00:28:55	00:42:26	01:37:53	02:42:17

Tail of Performance 100%	Category 1	Category 2R	Category 2T	Category 3R	Category 3T
	Time	Time	Time	Time	Time
NHS Airedale Wharfedale and Craven CCG	00:30:11	00:47:54	01:30:01	02:55:49	04:41:54
NHS Barnsley CCG	00:25:42	00:56:35	03:39:58	02:37:04	09:43:01
NHS Bradford City CCG	00:21:25	00:59:23	02:00:25	02:15:07	04:27:53
NHS Bradford Districts CCG	00:31:55	00:48:54	02:47:16	03:05:24	07:45:52
NHS Calderdale CCG	00:24:15	00:47:45	04:03:47	02:29:11	08:54:46
NHS Cumbria CCG	00:15:16	00:20:15	00:38:19	01:47:42	00:41:19
NHS Doncaster CCG	00:47:32	01:43:51	04:04:49	03:59:16	10:22:19
NHS East Riding of Yorkshire CCG	00:37:50	01:57:10	05:30:46	06:42:01	07:43:23
NHS Greater Huddersfield CCG	00:27:11	01:09:49	02:01:48	07:38:18	09:01:07
NHS Hambleton Richmondshire and Whitby CCG	00:34:53	00:57:42	01:49:39	02:14:36	02:56:34
NHS Harrogate and Rural District CCG	00:41:17	00:28:08	02:08:21	02:52:39	04:59:00
NHS Hull CCG	00:39:29	03:39:33	03:56:46	08:23:43	12:31:26
NHS Leeds North CCG	00:24:36	00:35:01	01:56:45	01:40:18	06:16:08
NHS Leeds South and East CCG	00:24:01	00:46:03	02:03:04	01:42:36	05:13:22
NHS Leeds West CCG	00:17:36	00:38:52	01:08:56	02:22:22	05:24:14
NHS North Kirklees CCG	00:28:44	01:18:12	03:04:01	04:27:22	05:50:59
NHS Rotherham CCG	00:20:49	01:32:05	04:18:26	04:03:58	07:51:19
NHS Scarborough and Ryedale CCG	00:44:06	01:16:20	02:27:14	02:30:19	06:20:44
NHS Sheffield CCG	00:34:27	02:54:43	03:22:41	06:45:58	09:26:26
NHS Vale of York CCG	00:30:39	01:11:22	01:45:48	03:08:44	06:01:31
NHS Wakefield CCG	00:38:03	01:09:36	02:19:02	03:38:24	06:01:44

**Name of meeting:** Health and Social Care Scrutiny Panel

**Date:** 25th April 2017

**Title of report:** All Age Disability Service – programme update

<b>Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?</b>	Not applicable
<b>Key Decision - Is it in the <a href="#">Council's Forward Plan (key decisions and private reports?)</a></b>	Not applicable
<b>The Decision - Is it eligible for call in by Scrutiny?</b>	Not applicable
<b>Date signed off by <u>Director</u> &amp; name</b>  <b>Is it also signed off by the Director of Resources?</b>  <b>Is it also signed off by the Assistant Director (Legal Governance and Monitoring)?</b>	Richard Parry, Director for Commissioning, Health and Adult Social Care, 7 April 2017  Not applicable  Not applicable
<b>Cabinet member <a href="#">portfolio</a></b>	Cllr Viv Kendrick, Portfolio Holder for Adults, Health & Activity to Improve Health

**Electoral wards affected:** All wards

**Ward councillors consulted:** None

**Public or private:** Public

## 1. Purpose of report

To provide Overview and Scrutiny panel members with a progress update on the All Age Disability Programme, including actions being taken to address the Adults Learning Disability budget pressures.

## 2. Summary

This report provides members with a progress update on the key areas of the All Age Disability Programme, following the last update in January 2017. As previously reported, the All Age Disability Programme Board, report regularly to the Council's Early Intervention and Prevention and New Council Programme Boards.

### All Age Disability Overarching policy framework

Approvals were received from Cabinet in January 2017, to develop an overarching policy framework for the All Age Disability Service. Work is well underway to develop this, along with the identification of policy gaps and new policy development work.

We are reviewing the direct payment process to ensure that it will be much clearer for service users, parents, carers and families, in the future.

The testing of the Children's Resource Allocation System (RAS) is now complete. Planning is taking place to ensure that staff are briefed, skilled up/trained up in its use. We will be working with service users, parents, carers and families as part of the implementation and embedding of the RAS.

We are considering options for changes to Early Years SEN including a review and 'tightening up' of the eligibility criteria for the Access Fund. We expect to carry out consultation with service users and other interested parties later in 2017, with a view to making necessary changes in time for 2018/19.

### Short Breaks and Respite- Disabled children, young people and adults

Work remains ongoing, as a priority, to shape the future Early Intervention and Prevention, All Age Disability short breaks and respite offer. With significantly less funding in future years the council and key partners can no longer carry on doing the same things; we have to do things differently as we move towards New Council. A strategic working group is leading this area of work, membership includes service managers, across All Age Disability Services, along with colleagues from Human Resources and Finance.

Please find details below, updates following proposals agreed at Cabinet in January 2017:

- YPAT Adults offer- this element of the YPAT offer has now ceased. All of the young adults that were accessing this service have been offered a review/assessment of their needs. Their parents/carers have also been offered an assessment.
- YPAT management team rota arrangements -revised arrangements have been agreed. These are due to be fully implemented in May 2017
- A high level review of the Council's buildings based short breaks and respite services has commenced, this includes a review of job descriptions and roles.
- Work remains ongoing with the Childcare Sufficiency team; a revised process is in place to ensure that referrals to the team for childcare are now signposted to the Family Information Service; individuals 'needs can then be identified and met in the most appropriate way. This revised process will also support the work required to identify any gaps in the market and shape the market to meet future demand.

### Adults Learning Disability Budget pressures

A report was presented at Cabinet in December 2016, outlining the background to the current financial position, information relating to the demands on services currently and in the future, along with management actions to mitigate the increasing overspend in this area of the service. The key pressures on the budget comprise of:

- Demographic volume change
- Care and community package cost changes (including the impact of the National Living Wage)
- The impact of Continuing Health Care reviews.

The All Age Disability (AAD) management team are working on plans to address the overspend. This is a high priority programme of work, that will enable us to deliver better planning, co-ordination and cost effectiveness in service delivery; ensuring that individuals are supported to be as independent as possible and less reliant on traditional service options. The service will enable people to seek alternatives that continue to meet need but deliver best value within the resources available.

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

We are working with a Transformational Business partner, who will support us to prioritise the opportunities that have been identified and deliver the necessary savings required as part of the Medium Term Financial Plan.

We are working to establish more robust processes and protocols, to ensure more consistency, transparency and accountability.

### Recruitment and Retention

The Service continues to work closely with colleagues in Human Resources to ensure that we continue to maximise recruitment opportunities. We are developing an All Age Disability Social work recruitment micro- site. The micro-site will provide an opportunity to give potential recruits a focused insight into the Council's vision, ethos and culture within the service. It portrays a professional approach to recruitment and will ensure the best possible response rate by providing applicants with all the information they need.

We are continuing to monitor turnover and our use of agency staff so that impact on users and carers is kept to a minimum. We have undertaken an analysis of staff turnover over the last 12/18 months. This has clearly shown the rationale for social work employees (different grade/levels) in the service, leaving the service to be very varied, for example a change of career, or finding work closer to home.

The social work 'health check' is expected to commence in June 2017 (Local Government Association- Delivering standard 1). The health-check provides a framework for the Council to assess elements such as workload management, social worker stress and caseloads.

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

Not applicable

### **4. Implications for the Council**

The All Age Disability programme is designed to deliver the New Council and Early Intervention and Prevention, visions and outcomes. Significant savings are expected to be made in some areas of the service, in line with the Council's Medium Term Financial Plan. Plans are in place and continue to be developed to ensure delivery of these.

### **5. Consultees and their opinions**

Consultation and engagement work remains ongoing. We are working closely with our colleagues in the Communications and Marketing Team to ensure that we have identified our key stakeholders and have a plan in place for each area of work.

### **6. Next steps**

Work remains ongoing

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

That the report be noted.

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

Not applicable.

**9. Contact officer**

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

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

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

**11. Assistant Director responsible**

Sue Richards, Assistant Director for Early Intervention & Prevention



**Name of meeting:** Health and Social Care Scrutiny Panel

**Date:** 25<sup>th</sup> April 2017

**Title of report:** Sexual Health – Chlamydia Screening in Kirklees

**Purpose of report**

To provide members of the Health and Social Care Scrutiny Panel with an update on the recommendations made by the Scrutiny Panel in relation to Sexual Health – Chlamydia Screening in Kirklees.

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
Is it in the <a href="#">Council's Forward Plan</a> ?	No
Is it eligible for "call in" by <a href="#">Scrutiny</a> ?	No
Date signed off by Strategic Director & name	Richard Parry, Director for Commissioning, Health & Adult Social Care – 7 April 2017
Is it signed off by the Service Director for Finance and Transactional Services?	n/a
Is it signed off by the Service Director for Governance and Commissioning Support?	n/a
Cabinet member <a href="#">portfolio</a>	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 procurement of the new integrated sexual health service is now complete. Formally there were five separate services providing sexual health and contraception services across the district. These have now been replaced by a single integrated service. The new service provider is Locala CIC and the service started on 1 April 2016. The integrated model puts a greater emphasis on prevention and ensures a consistent approach across the District.

- 1.2 There were a number of problems in the early days of the mobilisation of the new service. These were caused by recruitment and staffing difficulties. This had a knock-on effect on reduced clinic availability and increased waiting times. These problems have now been resolved, partly through the introduction of a mix of booked appointments as well as drop-ins, and partly through the upskilling of staff through in-house training programmes.
- 1.3 All chlamydia testing in the new model is a dual test that includes gonorrhoea.
- 1.4 The Authority now manages the contact through a single contract management process which is less time consuming and which enables better oversight and co-ordination of the service.
- 1.5 The Authority has paid for 2 years' membership of the PHSCE Association for all Kirklees schools which provides a basic resource for PSHCE work. In addition 10 beacon schools have had additional support to develop as centres of excellence. Two of these schools have disengaged from the programme but the final report is due in May.
- 1.6 Home-Start was commissioned to deliver sexual health and relationship sessions in Kirklees College with using peer educator approaches. A report for activity during 2016/17 is due at the end of April. From April 2017 this work is begin taken forward within the Healthy Child Programme contract.
- 1.7 There is currently a review of spoke activity in the District which includes looking at the work of the core service as well as GPs and pharmacies. The aim of the review is to identify the best possible service – acceptable to both the providers and users of services – within the constraints of a reduced budget in 2017-18.

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

This is a report for information.

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

- 3.1 The Authority continues to have a close working relationship with the service regarding implementation of the service and in reviewing it as part of ongoing service development.

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

- 4.1 The sexual health pathways group continues to act as a consultation body in the management of sexual health services and its relationship with wider partners.

**5. Next steps**

- 5.1 The next steps will be to fully establish the prevention function of the service and build partnerships with the wider workforce. The challenges ahead will be in adapting the service to work within future budget constraints. In the immediate term this particularly affects the spoke elements of the sexual health service model.

**6. Officer recommendations and reasons**

- 6.1 That the Panel consider the information provided.

**7. Cabinet portfolio holder recommendation**

Not applicable

**8. Contact officer**

Alison Cotterill, Health Improvement Practitioner Advanced  
Email: [alison.cotterill@kirklees.gov.uk](mailto:alison.cotterill@kirklees.gov.uk)

**9. Background papers and history of decisions**

None

**10. Service Director responsible**

Sue Richards, Service Director for Integration

## Sexual Health – Chlamydia Screening in Kirklees

<p><b>Recommendation 1</b></p>	<p><b>The Task Group felt that chlamydia screening is available through a number of agencies in both North and South Kirklees. However, there are differences in their approach, services and ways of working. The advice, support and treatment appear to be better in South Kirklees when compared to North Kirklees. This must be considered to achieve a greater level of consistency and quality of service across Kirklees.</b></p>
<p><b>Original Response</b></p>	<p>Public Health are currently retendering for integrated sexual health service Implementation date of 1 September 2015.</p> <p><b>Principles of new service model:</b></p> <ul style="list-style-type: none"> <li>• Greater emphasis on prevention and relationship and sexual health education.</li> <li>• Increased accessibility for all</li> <li>• Hub and spoke model.</li> <li>• Provision of two hubs – one in North and one in South. The two Hubs combined will represent The Kirklees Specialist Sexual Health Service (SSHS) and will act as the local sexual health service leader. It will be consultant led and provide support, effective clinical governance systems, coordinate partner notification and provide training for the wider sexual health system across Kirklees.</li> <li>• Both Hubs and spokes will represent the SSHS</li> <li>• A multidisciplinary team approach.</li> <li>• GUM, Chlamydia and Contraception staff work in partnership and interchangeably (within each other's speciality, training permitting).</li> <li>• Service provision delivered in a tiered manner (levels 1,2 &amp; 3)</li> <li>• Hubs to deliver levels 1, 2 &amp; 3 provision</li> <li>• Spokes to deliver levels 1/2 provision STI/Contraception provision in a holistic way</li> <li>• Spokes are nurse led</li> </ul>

	<ul style="list-style-type: none"> <li>• Clear pathways for vulnerable groups into the SSHS established/joint working with key partner agencies.</li> <li>• The SSHS will provide and operate a telephone line and web based booking system which acts as a single point of access into SSHS (levels 1, 2,&amp; 3). Patients directed/offered levels 1/2 spokes if appropriate and closer to home</li> <li>• One holistic sexual health appointment</li> </ul>
<b>Current Position</b>	<p>The Council has procured a new integrated sexual health service which commenced on 1<sup>st</sup> April 2016.</p> <p>The recommendation reinforced and supported Public Health's proposal for the new integrated sexual health service model and its implementation.</p>
<b>Specific outcomes resulting from the recommendation</b>	<p>The integrated service is district wide and there is now an equitable service across both north and south Kirklees</p>
<b>Service Lead Officer</b>	<p>Rachel Spencer-Henshall</p>
<b>Recommendation 2</b>	<p><b>The referrals, assessment and screening process needs to change. Members would like to see a better and more consistent approach and possibly "one general assessment" for sexual health in order to test for a number of STIs. This may mean changing the specification of the contracts for agencies from 2014 onwards.</b></p>
<b>Original Response</b>	<p>See recommendation 1 above – the new model will implement this.</p>
<b>Current Position</b>	<p>All chlamydia testing in the new model is a dual test of chlamydia and gonorrhoea. All patients receiving a sexual health screen are also offered an HIV test. The recommendation has supported these changes to be implemented.</p>

<b>Specific outcomes resulting from the recommendation</b>	In the past, the emphasis on the National Chlamydia Screening Programme arguably led to the perception among young people that chlamydia was the primary sexually transmitted infection of concern and awareness of some of the other STIs was low. A broader prevention approach, the relaxing of national targets on screening numbers and towards more targeted screening of young people at higher risk, and the introduction of dual testing has contributed to the addressing of this recommendation.
<b>Service Lead Officer</b>	Alison Cotterill
<b>Recommendation 3</b>	<p><b>The Task Group also felt that fewer agencies and/or a more joined up approach could help to develop improvements in the assessment and treatment of chlamydia and other STIs. The Task Group recommends a review of:</b></p> <ul style="list-style-type: none"> <li>• <b>The number of agencies involved and their contracts for the provision of advice and services,</b></li> <li>• <b>The number of clinics and the opening hours currently available to provide more flexible hours, including providing more weekend cover.</b></li> <li>• <b>The opportunities to make better use of the increasingly limited resources available to agencies.</b></li> </ul>
<b>Original Response</b>	See recommendation 1 above – the new model will implement this
<b>Current Position</b>	<p>This approach was one of the key changes sought in the development of the new model for an integrated sexual health service. The recently tendered service will have a single lead provider organisation for all sexual health services across the District working under a single contract. The Authority manages the contract through one provider which has brought about a better co-ordinated service.</p> <p>The current Integrated Sexual Health Service is running extended opening hours to 7pm 2 days a week and Saturday mornings.</p> <p>The service operates on a hub and spoke model. There are two town centre hubs – in Huddersfield and Dewsbury. Most of the spokes in the model are services delivered from GP practices.</p>

	<p>There is currently a review of spoke activity in the District – it includes looking at the work of the core service as well as GPs and pharmacies.</p> <p>It will take into account how many people are using the services, the services they require and the demographics of people using the services. A steering group is overseeing the review which includes CCG colleagues, doctor and nurse clinicians from general practice, Public Health and Locala. The aim of the review is to identify the best possible service – acceptable to both the providers and users of services - within the constraints of a reduced budget in 2017-18.</p>
<b>Specific outcomes resulting from the recommendation</b>	A more joined up approach has been achieved with clinics offering flexibility and some extended hours. Work is ongoing to identify the best way forward with reduced resources.
<b>Service Lead Officer</b>	Rachel Spencer-Henshall
<b>Recommendation 4</b>	<b>Awareness and education on STIs, including chlamydia, needs to be improved with children and young people in the 15-24 age groups. This may also require a rethink by local agencies about the information and materials that are available to schools, academies and colleges and a more modern and “smart” campaign (use of apps and social media etc) to promote both awareness and accessibility of the screening service(s) available. However, this also requires care and thought to get more children and young people and their parents interested</b>
<b>Original Response</b>	A strategy for communication and marketing is being developed to support the new integrated service. It is expected that the provider will have a role in delivering this strategy with support from Public health. The strategy will consider the use of apps and social media. Kirklees schools, academies and colleges all have access to comprehensive educational resources which provide current information on STIs, including chlamydia. The 2014 annual PSHCE conference will include appropriate sexual health updates for teachers and Locala continue to offer their services to schools. Professionals supporting the Teenage Risk & Resilience Network are also being provided with additional training on C-Card and Chlamydia Screening which promote safe and positive sexual health choices by young people. (Hosted by Locala from PH Funding – next event is 10 December 2013).

	<p>Opportunities to commission services to support lessons in targeted schools will be explored and may include using peer educators. Peer educators will also be looking to extend their provision to support young men around sexual health and parenting issues. Academy schools in Kirklees have a good working relationship with the Local Authority however it is noted that because academy schools are not subject to the National Curriculum it is possible that they could choose to opt out of the initiatives detailed above.</p>
<p><b>Current Position</b></p>	<p>As part of the new service itself there is a clear and comprehensive marketing and communication strategy which includes targeting of groups at higher risk of poor sexual health. A basic website was established when the service started but work is now going to to create a more engaging and interactive website</p> <p>As part of a preventive approach, the Authority funded a 2 year membership of the PSHE Association for all Kirklees schools. This gave school staff access to high quality PSHE education training, advice and guidance. In addition, ten Kirklees schools, including primary and secondary, initially signed up to become centres of excellence in PSHE education and health and well- being. Two of these schools have disengaged from the process but the other eight will submit their final report in May. The intention is that these beacon schools will be able to share their experiences and expertise with other schools to create a peer support system.</p> <p>Home-Start has been commissioned to deliver sexual health and relationship sessions in Kirklees College with using peer educator approaches. The programme involves supporting parents and their families antenatally through to 3 years of age in developing more nurturing relationships with their children as a whole family approach. A report of activity during 2016/17 is due at the end of April. From April 2017, this work is being taken forward by Homestart within the specification of the Healthy Child Programme contract</p> <p>The Prevention Team within the integrated service run district wide training and support events for professionals to increase knowledge and skills in positive sexual health. This professional network enables updating and maintenance of skills as well as providing a support network for sharing best practice and a joint approach to tackling difficult issues that might emerge in practice.</p>

<b>Specific outcomes resulting from the recommendation</b>	The recommendation has led to increased support for all schools to improve the quality and consistency of PSHE and sex and relationships education in schools. Non-clinical support networks have been put in place for professionals to make the impact of training more sustainable and maintain quality. The use of peer educators is enabling key sexual health messages to be communicated more effectively to potentially at risk and often hard to reach groups of people.
<b>Service Lead Officer</b>	Alan Laurie
<b>Recommendation 5</b>	<b>The Task Group would like to see how the work of the new Sexual Health Pathways Group will progress, along with its recommendations for change. We would ask the Director for Public Health to report back on this in Spring 2014.</b>
<b>Original Response</b>	Happy to report back in Spring 2014
<b>Current Position</b>	<p>Kirklees Sexual Health Pathways Group has continued to meet quarterly since the last report to the Scrutiny Group.</p> <p>The responsibility for co-ordinating the Pathways Group will be handed over to the new provider of the integrated Sexual Health Service from the start of the new service. It is hoped that this will increase the sense of ownership of the core services as they take on broader responsibilities for clinical governance and partnership development across the wider sexual health economy in the District.</p>
<b>Specific outcomes resulting from the recommendation</b>	<p>The Pathways Group re-established in April 2016.</p> <p>It has been focusing on understanding the extent to which the wider, non-sexual health workforce can support the improvement of sexual health – this is ongoing through broadening the membership.</p> <p>A piece of work will be carried out in Mat to map out the current partnership arrangement and pathways for vulnerable groups of people who are likely to have unmet sexual health needs. Proposals will then be made to make best use of the services in place and improve sharing of data and working relationships. This may well include co-location of services.</p>
<b>Service Lead Officer</b>	Carl Mackie

<b>Recommendation 6</b>	<b>Kirklees Council, through Public Health, now has a lead role and new responsibilities for the funding and provision of sexual health services. Are councillors and officers aware of this? How can councillors and senior managers be made aware of this?</b>
<b>Original Response</b>	<p>The public health transition was overseen by the Council’s director group, as well as a cross party working group of elected members. Sexual Health and the new council responsibilities were discussed at length. In addition, presentations have been made to the health and wellbeing board and the council management board highlighting the new public health responsibilities the council has, including sexual health.</p> <p>Consideration will be given to developing of a range of activities such as e- learning that will provide training and support to councillors to include information on key areas of council work such as the new responsibilities on Public Health.</p>
<b>Current Position</b>	The Sexual Health Pathways Group is keen to enable Adult and Children’s Social Care to have more of a role in sexual health and to give a higher priority to issues in this area. A named representative of social care is a member of the Group and has made some contribution to the dialogue. In addition the SWEET and SWANS projects, formerly part of the Council, are now integrated into the sexual health service and have been able to share their insights and knowledge, which extend beyond the scope of sexual health, with the wider prevention function of the service.
<b>Specific outcomes resulting from the recommendation</b>	The support of the Scrutiny Panel has strengthened the messages communicated to the Council by both sexual health commissioners and by the wider sexual health infrastructure in the District (for example as represented on the Sexual Health Pathways Group).
<b>Service Lead Officer</b>	Alison Cotterill



**Name of meeting:** Health and Social Care Scrutiny Panel

**Date:** 25 April 2017

**Title of report:** Review of 2016/17 – Work Programme

**Purpose of report:**

To review the Panel’s work programme for 2016/17 and identify areas of work that have been completed; those that need to be carried forward to next year; those that need to be monitored; and to consult on potential areas for scrutiny during 2017/18.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	N/A – Report produced for information only
Key Decision - Is it in the <a href="#">Council's Forward Plan (key decisions and private reports?)</a>	No
The Decision - Is it eligible for call in by Scrutiny?	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 <a href="#">portfolio</a>	Adults, Health and Activity to Improve Health

**Electoral wards affected:** All

**Ward councillors consulted:** N/A

**Public or private:** Public

## 1. **Summary**

- 1.1 In July, at the start of the 2016/17 municipal year, the Health and Social Care Scrutiny Panel met to determine its work programme for the year. The Panel followed an approach that is designed to help members prioritise and ensure measurable outcomes for scrutiny work.
- 1.2 The Panel is asked to reflect on the work it has undertaken, identify where work has been completed and highlight those projects that remain ongoing; continue to be a priority; and need to be carried forward to next year. In order to help members of the Panel to do this, a straightforward flowchart with key questions has been developed and is attached at **Appendix 1**.
- 1.3 A copy of the Panel's work programme, containing details of the work undertaken, is also attached at **Appendix 2**.
- 1.4 Members are asked to look at each item on their work programme and use the flowchart to help determine the next steps.
- 1.5 **Looking Forward to 2017/18**
- 1.6 In addition to identifying issues to be carried forward from the current work programme panel members are also asked to identify any additional issues that they consider to be of a strategic priority and would wish to propose for inclusion in the scrutiny work programme for 2017/18.
- 1.7 In order to assist the shortlisting and prioritising process undertaken by scrutiny, it is important that members also identify the remit of the proposed issue, the value that scrutiny would add by being involved, and why this should be a priority for scrutiny over the next 12 months.

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

N/A

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

N/A

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

N/A

## 5. **Next steps**

Following the Panel's discussion, the identified issues will be taken forward for inclusion within a Work Programme Long List. Following an initial overview by the Overview & Scrutiny Management Committee the Panel will receive a shortlist of potential work programme issues and will then go on to fully scope individual projects to ensure focused pieces of work with clear outcomes.

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

1. That the Panel review its work programme and identify where work has been completed and highlight those projects that remain ongoing and need to be carried forward to next year.

2. That the Panel identify any additional issues of a strategic priority that it wishes to propose for inclusion in the scrutiny work programme for 2017/18, together with details of the remit of the proposed issue, the value that scrutiny would add by being involved, and why this should be a priority for scrutiny over the next 12 months.

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](mailto: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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## REVIEWING THE PANEL'S WORK PROGRAMME FOR 2016/17

For each issue on the Panel's work programme:

**Has the Panel/Lead Member looked at this issue during the course of the year?**

In July, the Panel anticipated that this issue was a sufficient priority to be included in their work programme for 2016/17. Has there been an opportunity to undertake any work on this?

YES

NO

**Has work been completed?**

- Has a final report and recommendations been produced, if appropriate?
- Has it been identified that there is no further work to be undertaken on this issue?

YES

NO

**Are there any recommendations that need to be monitored?**

- Is the Panel responsible for monitoring the recommendations of a specific project?
- Is a final report awaiting submission to Cabinet and likely to need follow up work?

YES

NO

**Does the Panel know what work still needs to be done?**

- Is there a project plan detailing the work that is outstanding?
- Is this an ongoing strategy or policy development issue requiring ongoing scrutiny involvement?
- Has consideration been given to the timescale for undertaking this work?

YES

NO

**Is it still a priority for the Panel?**

- Potential work programme issues are scored against a number of criteria to help identify high priorities:
  - Is it a Cabinet or Council priority?
  - Does it relate to a poorly performing performance indicator?
  - Is it an issue of significant local concern?
  - What is the impact of scrutiny not doing this work?
  - Can anything change as a result of scrutiny doing this work?
- Does this issue still score as a high priority?

YES

NO

**INCLUDE IN WORK PROGRAMME 2017/18 LONG LIST FOR PRIORITISATION**

**CONCLUDED – DON'T TAKE FORWARD**

**INCLUDE IN WORK PROGRAMME 2017/18 LONG LIST FOR PRIORITISATION**

**IDENTIFY AREAS NEEDING COMPLETION**

**INCLUDE IN WORK PROGRAMME 2017/18 LONG LIST FOR PRIORITISATION**

**DON'T TAKE FORWARD**

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## HEALTH AND SOCIAL CARE SCRUTINY PANEL (V21)

**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**

<b>ISSUE</b>	<b>APPROACH AND AREAS OF FOCUS</b>
<b>FULL PANEL DISCUSSION ISSUES</b>	
<p><u>Early Intervention and Prevention (EIP)</u></p> <p>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</p> <p><u>All Age Disability (AAD)</u></p> <p>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.</p>	<p>A progress checkpoint on the EIP and AAD was considered by the Panel on the 6<sup>th</sup> September 2016 which included:</p> <ul style="list-style-type: none"> <li>• Timeline and overview of the EIP programme and the work that has been undertaken</li> <li>• Focus on Learning Disability</li> <li>• An opportunity for scrutiny to have input into the draft strategy</li> <li>• An update on EIP Early Help consultation and engagement</li> <li>• An update on YPAT and what starting to find out from consultation so Panel can have an input into what is being developed</li> <li>• That the report include progress on AAD and a summary of the implementation plan</li> </ul> <p><u>Panel meeting 10<sup>th</sup> January 2017</u></p> <p>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.</p> <p>The Panel agreed to receive updates on a number of EIP workstreams, namely:-</p> <ul style="list-style-type: none"> <li>• Learning Disabilities for Adults and Children – to include Learning Disability budget; recruitment and retention and AAD – scheduled for</li> </ul>

	<p>consideration by the Panel on the 25<sup>th</sup> April 2017;</p> <ul style="list-style-type: none"> <li>• Adults Pathway (to include supporting carers, volunteering, community capacity building, grant funding) – scheduled for consideration by the Panel in July 2017;</li> <li>• YPAT – short breaks and respite care – scheduled for consideration by the Panel in June 2017.</li> </ul>
<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"> <li>• Acute and Community (early in new municipal year to include milestones and timescales for change)</li> <li>• Rehabilitation and Recovery.</li> <li>• Specialist Adult Learning Disability Health Services.</li> <li>• Older People (early in new municipal year as per Acute and Community)</li> </ul> <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>10<sup>th</sup> January 2017 - the SWYPFT CQC Inspection Core Service ‘Must Do’ action plan was circulated to the Panel for comments.</p>

### Yorkshire Ambulance Service

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.

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.

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.

#### Panel meeting 1<sup>st</sup> November 2016

The panel considered a presentation from YAS regarding their Transformation Programme.

The Panel agreed to receive a further update from YAS on the 25<sup>th</sup> April 2017 covering the following areas:-

- 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.

### Diabetes in Kirklees

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

#### Panel meeting on 8<sup>th</sup> March 2016

The Panel considered an update report on Diabetes work in Kirklees and agreed to receive:-

- 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.

#### Panel meeting on 12<sup>th</sup> April 2016

The Panel considered a briefing note on Diabetes related foot disease and Amputations in Kirklees and agreed to consider a future report giving more detail on minor amputations.

	<p>Panel has agreed to schedule a discussion on the 4<sup>th</sup> October 2016 to include:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• The approach and work that is carried out across Kirklees on eye screening;</li> <li>• The role of Locala in developing a care closer to home model for diabetes;</li> <li>• An update on the diabetes networks with a focus on how the networks in North and South Kirklees are working together.</li> <li>• Incident statistics for Diabetes</li> </ul> <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"> <li>• 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.</li> <li>• CCGs to provide a written update for discussion by the Panel.</li> <li>• Public Health to confirm availability of diabetes app when MyHealthtools module on diabetes is launched later in the year.</li> </ul> <p><u>Panel meeting 10<sup>th</sup> 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&amp;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 4<sup>th</sup> April 2017.</p> <p><u>Panel meeting 4 April 2017</u> The panel were presented with an update on waiting times and numbers for Adult ADHD and an overview of the work that was being developed to enhance the capacity of service and improve the consistency of the service delivered across West Yorks. The Panel agreed to arrange a further update at a date to be arranged.</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"> <li>• An overview of the process that is followed in the development of the KJSA</li> <li>• Presenting an example of the work that is carried out on updating a section of the KJSA</li> <li>• Outlining the approach that is taken to implementing actions to address the issue(s) and monitoring progress.</li> </ul> <p><u>Panel meeting 4 October 2016</u> Panel has agreed to drop the item from the December meeting and reschedule at a later date.</p> <p>Panel have agreed to schedule a report to be considered on the 7<sup>th</sup> March 2017.</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 12<sup>th</sup> 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"> <li>• Assessment of capacity</li> <li>• Monitor progress of the implementation of the CC2H programme.</li> </ul>

	<p>Panel have agreed to schedule a report to be considered on the 7<sup>th</sup> February 2017.</p> <p><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"> <li>• Assessing the consistency of standards of care and support across Kirklees.</li> <li>• Monitoring progress of the strategic priorities.</li> </ul> <p>The Panel have agreed to schedule a report to be considered on the 7<sup>th</sup> 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>
<p><u>North Kirklees CCG (NKCCG) Key transformation programme</u></p> <p>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.</p>	<p>The Panel will focus on a number of elements of the transformation programme to include:</p> <ul style="list-style-type: none"> <li>• Planned care – plans to undertake more planned activity at the Dewsbury &amp; District Hospital</li> <li>• 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.</li> <li>• Specific focus on plans to utilise the capacity of the Walk-in Centre in Dewsbury to help alleviate pressures in A&amp;E.</li> </ul>

	<p>Panel have agreed to schedule a report to be considered on the 7<sup>th</sup> February 2017.</p> <p><u>Panel meeting 7 February 2017</u> 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.</p>
<p><u>Proposed changes to the Podiatry Service in Kirklees</u></p> <p>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.</p>	<p>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.</p> <p><u>28 April 2016</u> – Lead Member has met with Locala and CCG's.</p> <p><u>Panel meeting 1<sup>st</sup> November 2016</u> 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 the provision of service and agreed to scrutinise the proposals. The Panel requested that the public consultation document be amended to take account of the Panel's comments and shared with the Panel for further consideration prior to undertaking the public consultation exercise.</p> <p><u>Panel meeting 23<sup>rd</sup> March 2017</u> The Panel considered an update from Locala and CCGs on the proposed changes to Podiatry Services, including a consultation timeline. The Panel agreed that:-</p> <ul style="list-style-type: none"> <li>• Examples of different levels of podiatry needs should be included in the consultation documents so that people could determine if they are going to be affected;</li> <li>• Consultation should be undertaken with the general public;</li> <li>• Locala agreed to consider whether a shorter period for the consultation would be feasible and forward a revised timeline to the Panel for consideration before the 4<sup>th</sup> April 2017. The Panel agreed that the consultation timeline should include:-</li> </ul>

- date the consultation will start and finish;
  - when Locala will require comments from Scrutiny on the outcome of the consultation as this would need to be built into the Panel's work programme; and
  - the date by which Locala intended to make a decision as to whether to proceed with the proposed changes to podiatry services.
- Locala agreed to give assurance to the Panel on what is being put into place for people who will not be able to afford to pay for their own foot-care from an alternative provider and what signposting will be available;
  - Calculation of the expected response rate should be calculated in order for Locala to effectively quantify the results of the consultation;
  - CCGs to advise the Panel what they have locally commissioned in terms of alternative footcare provision;
  - An assessment of safety and risk to be undertaken by CCGs and sent to the Panel for consideration before the 4<sup>th</sup> April 2017.

Panel meeting 4<sup>th</sup> April 2017

The Panel considered the Podiatry timeline and assessment of safety. The Panel agreed with the mitigation measures for safety, but requested clarity around a number of dates within the consultation timeline

Pre-Payment Cards and Direct Payments

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.

A report was considered by the Panel on the 6<sup>th</sup> September 2016 giving an update following the introduction of pre-paid cards as a method of administering Direct Payments (DP) to Service users.

The Panel agreed to receive an information report on the 7<sup>th</sup> March 2017 on the Review of Direct Payments, to include information regarding the Audit.

Panel meeting 7 March 2017

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.

Quality of Care in Kirklees

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.

The Panel has agreed to continue to focus on the work and activity of CQC to include:

- 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 been completed (projected for September 2016) and assess the overall state of care in the district.

Panel have agreed to schedule a report to be considered on the 4<sup>th</sup> April 2017.

Panel meeting 4 April 2017

CQC presented an outline of its activity and an overview of the outcomes of the inspections in Kirklees. It was agreed that a further update be arranged with a focus on adult social care at date to be confirmed.

Primary Care Strategy

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.

The Panel will review both strategies to include:

- 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.

Panel have agreed to schedule a report to be considered on the 4<sup>th</sup> April 2017.

Kirklees Sustainability and Transformation Plan

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.

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 4<sup>th</sup> October 2016, to include:-

- 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

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.

Panel meeting 4 October 2016

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:

- 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 Panel will consider a report on the 7<sup>th</sup> 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.

<p>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.</p>	<p><u>7 March 2017</u>  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:</p> <ul style="list-style-type: none"> <li>• Scoping out the detail of the Wellness Model’s functions;</li> <li>• Developing the details for the Service Specification;</li> <li>• Producing a timeline to include key milestones and decision making;</li> <li>• Understanding the outcomes and impact for service users; and</li> <li>• Clarification on what services/provision will align virtually or ‘work on the periphery’ of the model.</li> </ul>
<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 a plan developed by the Trust to address key issues highlighted by the inspection.</p>

A copy of the plan will be circulated to panel members to help inform a decision on next steps.

10<sup>th</sup> January 2017 – copy of the action plan circulated to Panel for comments.

## LEAD MEMBER BRIEFING ISSUES

### Robustness of the Adult Social Care System

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.

The Panel will consider a report on the 6<sup>th</sup> December 2016 which will focus on a number of areas of the process that is followed in Kirklees to include:

- 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.

#### Panel meeting 6<sup>th</sup> December 2016

The Panel considered a report on the 6<sup>th</sup> 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:-

- Staff shortages within Learning Disabilities;
- Milestones on how the new Quality Assurance Framework was working.

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.

#### Panel meeting 7 March 2017

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><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></p> <p>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 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><u>8<sup>th</sup> 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"> <li>• The implications for GP Practices in Kirklees</li> <li>• Outlining the practices that will suffer the largest loss of funding</li> <li>• An overview of the overall budget</li> </ul> <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. 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"> <li>• Impact of the reforms on the council.</li> <li>• Challenges and barriers to change.</li> <li>• Workforce challenges.</li> <li>• Client Financial Affairs</li> </ul>

<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 &amp; Social Care Scrutiny Panel, Kirklees Health &amp; Wellbeing Board &amp; Healthwatch Kirklees) working together effectively.</p>	<p>Wait until Health &amp; Wellbeing Board has completed its development session with the LGA which will include developing effective working relationships.</p>

Mid Yorkshire NHS Hospitals Trust – Cancer Peer Review ( of Unknown Primary)

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.

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.

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.

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.

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.

North Kirklees CCG submitted a written update which was shared with the Panel in December 2016 covering the following areas:

- 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 7<sup>th</sup> February 2017 and approval by the Overview and Scrutiny Management Committee on the 6<sup>th</sup> 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 25<sup>th</sup> April 2017.

#### Tuberculosis (TB) in Kirklees

In October 2014 the Panel completed a review of TB in Kirklees in response to the high rates of TB in the district.

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 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.

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