

Public Document Pack



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

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Monday 5 February 2018

Notice of Meeting

Dear Member

Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Meeting Room 1 - Town Hall, Huddersfield** at **10.00 am** on **Tuesday 13 February 2018**.

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

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

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

Julie Muscroft

Service Director – Legal, Governance and Commissioning

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

The Health and Adult Social Care Scrutiny Panel members are:-

Member

Councillor Elizabeth Smaje (Chair)

Councillor Richard Eastwood

Councillor Fazila Loonat

Councillor Richard Smith

Councillor Sheikh Ullah

Councillor Habiban Zaman

David Rigby (Co-Optee)

Peter Bradshaw (Co-Optee)

Sharron Taylor (Co-Optee)

Agenda

Reports or Explanatory Notes Attached

	Pages
1: Minutes of previous meeting	1 - 8
<p>To approve the Minutes of the meeting of the Panel held on 16 January 2018.</p> <hr/>	
2: Interests	9 - 10
<p>The Councillors will be asked to say if there are any items on the Agenda in which they have disclosable pecuniary interests, which would prevent them from participating in any discussion of the items or participating in any vote upon the items, or any other interests.</p> <hr/>	
3: Admission of the public	
<p>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.</p> <hr/>	
4: Update from Locala	11 - 26
<p>The Panel will receive written updates from Locala on a number of areas including: The Care Quality Commission (CQC) inspection; Governance Structure; Winter Pressures; and Podiatry Consultation. The Panel will also receive verbal updates on Admissions Avoidance and future arrangements for Maple Ward.</p> <p>Contact: Richard Dunne Principal Governance & Democratic Engagement Officer. Tel: 01484 221000.</p> <hr/>	

5: Suicide Prevention

27 - 62

Officers from Kirklees Public Health will provide the Panel with an overview of the Kirklees Suicide Prevention Action Plan and discuss and consult on the objectives and actions within the Plan.

Contact: Rebecca Elliott – Health Improvement Practitioner
Advanced. Tel: 01484 221000.

6: Integration of Health and Adult Social Care

63 - 66

The Panel will receive a written update on the planned activity on the integration of health and adult social care.

Contact: Phil Longworth, Health Policy Officer, 01484 221000 and
Steve Brennan, Senior Responsible Officer, Working Together,
01924 504900.

7: Work Programme 2017/18

67 - 80

The Panel will review its work programme for 2017/18 and consider its forward agenda plan.

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

8: Date of the Next Meeting

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

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

Contact Officer: Richard Dunne

KIRKLEES COUNCIL

HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Tuesday 16th January 2018

Present: Councillor Elizabeth Smaje (Chair)
Councillor Fazila Loonat
Councillor Sheikh Ullah
Councillor Habiban Zaman

Co-optees David Rigby
Peter Bradshaw
Sharron Taylor

Apologies: Councillor Richard Eastwood
Councillor Richard Smith

1 Minutes of previous meeting

That the minutes of the meeting held on 12 December 2017 be approved as a correct record.

2 Interests

Co-Optee David Rigby declared an interest in item 6 (Winter Pressures in Kirklees) on the grounds of being a member of Locala.

Councillor Fazila Loonat declared an interest in item 6 (Wheelchair Services in Kirklees) on the grounds that members of her family were users of the Wheelchair Services.

3 Admission of the public

That all items be considered in public session.

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

The Panel welcomed Ian Currell Chief Finance Officer Greater Huddersfield CCG and Interim Chief Finance Officer for North Kirklees CCG, Martin Barkley Chief Executive Mid Yorkshire Hospitals NHS Trust (MYHT), Pat Keane Deputy Chief Operating Officer Wakefield CCG and North Kirklees CCG, Kirsty Archer Deputy Director of Finance and Procurement Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Amanda Evans Kirklees Council Service Director for Adult Social Care Operations.

Mr Currell provided an overview of the financial positions of Greater Huddersfield CCG, North Kirklees CCG, MYHT and CHFT which included details of the savings plans and forecasts and actions that were being taken to recover the financial position.

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Mr Keane informed the Panel of the work that was being done as part of the Mid Yorkshire Hospitals NHS Trust Acute Footprint System Recovery Plan and explained the importance of the co-dependencies that existed between North Kirklees and Wakefield CCGs and MYHT.

Mr Keane stated that the quality and delivery of standards was also very important and explained that the planning and delivery process included a clear focus on quality of performance as well as financial recovery.

Mr Barkley informed the Panel that MYHT was around £5m worse off than last year and was primarily due to the difficulty in identifying reductions in the cost base that wouldn't have a negative impact on patient safety and the increase in expenditure on agency staff.

Mr Barkley stated that the cost of each medical shift had increased and explained that although in the last 3 months MYHT had been booking less shifts the increase in cost meant that the Trust was still incurring an overall increase in expenditure.

Mr Barkley provided an explanation of the Trust's recurring deficit and the impact of the excess costs of the Trust's PFI contracts.

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

- A panel concern that the financial positions of all of the organisations appeared to be unsustainable and the difficulty in seeing where the additional savings could be achieved.
- An explanation of the national funding formula.
- The CCGs focus on reducing or holding costs by developing support for people outside of the hospital setting through the transformation of services.
- The challenges facing the NHS from inflationary and population demands.
- Clarification that the health system in Kirklees was not receiving significant levels of new monies to help fund transformation.
- An explanation on how the key areas identified to close the financial gap across the CHFT footprint would achieve its objective.
- Clarification on how community services were commissioned and delivered across the district.
- A detailed explanation of ways that demand could be reduced.

Ms Evans provided an overview of the financial position of Kirklees Council's Adult Social Care Services that included an explanation of additional pressures from demographic growth and price uplifts in domiciliary care.

In response to a question on how the system would manage to balance the books with the increase in demands particularly with the increasing number of people with complex needs Mr Currell explained how the national system would continue to provide financial support.

Mr Currell informed the Panel of the process that NHS organisations were required to follow to get back into balance and explained that the regulators would want to see schemes that demonstrated how this would be achieved.

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In response to a question on how the reliance on agency could be reduced Mr Barkley explained the pressures in recruiting sufficient numbers of nurses and junior medical staff.

In response to a question Mr Barkley provided a detailed explanation on the recovery control process for discretionary spend at MYHT.

Mr Currell outlined details of the work that the CCGs were doing to reduce discretionary spend in the current financial year that included a focus on filling vacant staff posts.

In a response to a question on the financial positions of GPs and community service providers like Locala Mr Currell explained that a number of organisations could have attended scrutiny to present their financial positions and stated that areas of the NHS like GPs faced very similar pressures.

In response to a question on how the overall provision of service in Kirklees was being managed while all of the different recovery plans were taking place Mr Currell explained that the recent focus on the integration of health and social care across Kirklees would help manage the process more effectively.

In response to a question on whether the two acute trusts in Kirklees were working together Ms Archer informed the Panel of the work that was being carried out through the West Yorkshire Association of Acute Trusts.

RESOLVED –

- (1) That attendees be thanked for attending the meeting.
- (2) That the updates on the financial positions of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospitals NHS Trust, Calderdale and Huddersfield NHS Foundation Trust and Kirklees Council Adult Social Care Services be noted.

5 Wheelchair Services in Kirklees

The Panel welcome Rory Deighton Healthwatch Kirklees, Karen Huntley Healthwatch Calderdale, Martin Pursey Greater Huddersfield CCG and Calderdale CCG and Vicky Dutchburn Greater Huddersfield CCG to the meeting.

Mr Deighton presented the Panel with an overview of the work that had been undertaken by Healthwatch to capture the experiences of users of the wheelchair services provided by Opcare in Kirklees.

Mr Deighton highlighted the Healthwatch perspective that the sustained and detailed stories that it had heard in the last 15 months had demonstrated that wheelchair service in Kirklees were not good enough.

Mr Deighton stated that a key issue was the lack of funding in NHS services and it was difficult to criticise the CCGs when they were being asked by the regulator to make significant savings.

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Mr Pursey outlined the context and background to the commissioning of the wheelchairs service and explained the position regarding the funding of the contract.

Mr Pursey explained that throughout the duration of the contract the CCGs had sought to manage the performance of the service within the financial envelope which they acknowledged was extremely tight.

Ms Dutchburn explained that the CCGs were now looking at what they wanted to re-procure at the end of the current contract and had requested additional non-recurring funding to manage the waiting list and prevent numbers on the list increasing.

Ms Dutchburn explained that CCGs were looking at two specific areas to address the standards of the service that included looking at what needed to be done for the remainder of the current contract to reduce the length of the waiting list to a maximum of 8 weeks and reviewing and consolidating the range of equipment available.

Ms Dutchburn informed the Panel that CCGs were also looking at a sustainable new contract which would start in October 2018 and would include a review of the specification and access and waiting time standards.

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

- A concern regarding Opcare's poor communication record with service users.
- The work that the CCGs would be undertaking in preparation for developing the new contract specification.
- The financial challenges facing CCGs and the competing pressures in the provision of services.
- The additional financial pressures created by the current inefficiency of the wheelchair service.
- The range of options that CCGs would develop to help inform the new contract specification.
- The work being undertaken by CCGs as part of the contract monitoring process.
- An explanation of the process that was followed to check the quality of services provided by Opcare.

Cllr Whittaker from Calderdale Council outlined the key concerns of the Opcare service that included poor communication with service users. Cllr Whittaker stated that the nature of the fixed monetary contract did not provide Opcare with an incentive to deliver the best quality service.

In response to a question regarding the process users followed to contact Opcare Mr Pursey explained that the provision was locally based and staff who took calls from service users had undertaken customer service training.

In response to questions on incentivising the contract and the waiting list system Mr Pursey informed the Panel that CCGs did not feel the contract was the issue as the provider was supplying the equipment.

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Mr Pursey explained the CCGs did feel that there was a question on whether the existing specification for the equipment was still suitable. Mr Pursey provide an explanation of the waiting list system and explained that it was people with more complex needs that tended to wait the longest.

Mr Deighton informed the Panel that consideration should also be given to the unintended consequences on the wider health and social system as a result of the length of wait for wheelchairs and poor fitting equipment.

Mr Deighton stated that Opcare was not a CQC regulated organisation which meant that Healthwatch had been unable to escalate the problems that related to the poor quality of the service being provided to service users.

In response to a question on how the CCGs would manage the service during the remaining period of the contract Mr Pursey stated that CCGs would be meeting with Opcare to discuss the themes that had emerged from the engagement work.

In response to a question on whether the next contract would be based on a fixed monetary value Mr Pursey stated that the CCGs would look at a different contract structure to include an incentive based element.

RESOLVED –

- (1) That attendees be thanked for attending the meeting.
- (2) That the Panel's Supporting Officer be authorised to liaise with attendees to address the agreed actions.

6 Winter Pressures in Kirklees

Ms Evans provided an overview of the impact winter pressures was having on adult social care services which included an explanation of the winter plan and the review of operational escalation levels.

Ms Evans outlined the work that was being done by the social work teams based in the hospitals which included a focus on keeping on top of the increased demand.

Ms Evans informed the Panel that residential placements were broadly available although one problem area was the availability of nursing placements particularly in dementia care.

Ms Evans outlined the ongoing pressure of availability of domiciliary care in the community and although there had been some improvement in capacity following the start of the new contracts it had been noted that reablement were delivering 440 hours of domiciliary care.

Ms Evans stated that the service was over performing on delayed transfers of care although the service was mindful of the pressures in the system that resulted from any delays that occurred.

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Ms Evans outlined some of the initiatives that were being developed to aid discharge and highlighted the importance of the whole health and social care system working together.

Mr Barkley informed the Panel of the significant operational pressures that had resulted from the increased demand and explained that the numbers of admissions had gone up by 8% against an expected increase of between 2-3%.

Mr Barkley outlined the difficulties that had resulted from the increase in admissions which included the need to use surgical and escalation beds at both Dewsbury and Pinderfields hospitals.

Mr Barkley informed the Panel that the delays in moving people out of A&E and into a bed had led to significant overcrowding at Pinderfields Emergency Department.

Mr Barkley outlined the impact that the overcrowding had on both staff and patients in terms of the working environment and the ability of staff to provide the quality of care they would wish to deliver.

Mr Barkley stated that despite the pressures the Trust had been experiencing the number of 4 hour breaches week on week was less than the same time last year.

Mr Barkley outlined in detail the activity levels at Dewsbury and Pinderfields hospitals which included the approach to dealing with patients who had flu and the impact from an outbreak of norovirus.

Ms Barker informed the Panel of the position of Calderdale and Huddersfield NHS Foundation Trust going into the new year and outlined the number of people who attended A&E on New Year's day and experienced a waiting time in excess of 4 hours

Ms Barker provided a detailed explanation of the approach that the Trust had taken to dealing with the higher than anticipated numbers of admissions.

Ms Barker outlined the actions that the Trust had taken to deal with the additional demand that included closing down the day case capacity; and reducing outpatient capacity;

Ms Barker explained that the Trust had been working closely with partners across the health and social care system which included a focus on providing additional capacity in the community.

Ms Barkers informed the Panel that the Trust was working with partners to move towards a more proactive discharge to assess model to ensure there was sufficient capacity to deal with acutely unwell patients.

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

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- The increase in the numbers of acutely unwell patients being seen at A&E which was largely driven by the higher numbers of elderly patients being referred and admitted to hospital.
- The increase in GP provision during the Christmas period.
- The work that being done to help reduce the numbers of readmissions to hospital.
- The approach being taken by CHFT to proactively manage the cancellations of elective day case operations.
- An explanation of the additional winter pressures funding from government.
- Concern that the high level of demand could continue until post Easter.
- The process that the CCGs followed to communicate the additional capacity in primary care.
- Clarification that the additional GP hubs were only available to the public through a referral from NHS 111 or Local Care Direct.
- An update on ambulance handover times at MYHT and CHFT

RESOLVED – That attendees be thanked for attending the meeting and providing the verbal update on the current impact of winter pressures on the health and social care system in Kirklees.

7 Update on Tuberculosis (TB) in Kirklees

RESOLVED – That the update report on TB in Kirklees be received and noted.

8 Work Programme 2017/18

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

9 Date of the Next Meeting

RESOLVED – That the date of the next meeting be confirmed as 13 February 2018

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

Signed: Dated:

NOTES

Disclosable Pecuniary Interests

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

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

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

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

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

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

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

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

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

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

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

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



Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: 13 February 2018

Title of report: Update from Locala

Purpose of report:

To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions on the various updates from Locala.

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

Electoral wards affected: All

Ward councillors consulted: N/A

Public or private: Public

1. **Summary**
 - 1.1 Locala Community Partnerships provides NHS community services to people in Kirklees. Locala is a Community Interest Company (CIC) which is an independent not for profit social enterprise.
 - 1.2 Locala covers a wide range of services that include health visitors, school nurses, foot care and physiotherapy. Locala provide its services from various locations such as health centres, surgeries and in the home.
 - 1.3 Representatives from Locala will be in attendance to provide the Panel with updates on a number of areas including: The Care Quality Commission (CQC) inspection; its Governance Structure; Winter Pressures; and Podiatry Consultation. Further detail is provided in the attached reports.
 - 1.4 The Panel will also receive an update at the meeting on the work that Locala is doing to help reduce admissions to hospital and the future arrangements for Maple Ward at Holme Valley Memorial Hospital.
2. **Information required to take a decision**
N/A
3. **Implications for the Council**
N/A
4. **Consultees and their opinions**
N/A
5. **Next steps**
That the Overview and Scrutiny Panel for Health and Adult Social Care takes account of the information presented and considers the next steps it wishes to take.
6. **Officer recommendations and reasons**
That the Panel considers the information provided and determines if any further information or action is required.
7. **Cabinet portfolio holder's recommendations**
N/A
8. **Contact officer**
Richard Dunne, Principal Governance and Democratic Engagement Officer, Tel: 01484 221000 Email: richard.dunne@kirklees.gov.uk
9. **Background Papers and History of Decisions**
N/A
10. **Service Director responsible**
Julie Muscroft, Legal, Governance & Monitoring

**CQC Update for the Overview and Scrutiny Committee
Huddersfield Town Hall
13 February 2017.**

Background and Context.

Locala was inspected by the Care Quality Commission [CQC] in October 2016. This inspection resulted in two inadequate ratings for our Integrated Community Care Teams [ICCTs] and our Intermediate Care facility in Maple Ward at Holme Valley Hospital. A key theme that was highlighted as the 'golden thread' of failure throughout the inspection related to Locala's approach to quality and safety across the organisation and the lack of associated systems and processes

A program of improvement had commenced prior to the inspection, however post inspection this was accelerated and additional resource brought in to work with the organisation to embed a program of quality and safety improvements. Locala recognised that there were a number of basic quality and safety systems and processes that were not embedded within the organisation and that this lack of systematic, robust and inconsistent delivery of the quality agenda resulted in a lack of assurance for both the Locala board and its key stakeholders.

The final CQC reports containing the details relating to the inspection were published in May 2017, each report contained a range of actions that Locala were required to deliver. The actions fell in to two categories; Must Dos and Should Dos, each with a timescale for delivery.

Locala established at pace a CQC Quality Improvement plan that contained over 150 actions identified by the CQC and a delivery group was convened consisting of colleagues from across Locala who continue to meet weekly to deliver the actions.

Governance.

The importance that Locala has applied to the Quality and Safety agenda is reflected in the fact that Quality and Safety is the organisations' number one priority for this financial year. This commitment is reflected in 'Shifting the Focus' Locala's strategic plan

For 2017/18 that highlights Quality and Safety as its main concern and area of greatest focus.

The delivery of the CQC quality Improvement plan is monitored in the following fora;

- The monthly Locala Operational Board;
- The monthly CCG Quality Board;
- The monthly Executive Management Team oversight meeting [attended by the Director of Nursing from South West Yorkshire Partnership Foundation Trust as a separate strand of assurance];
- CQC relationship meetings;
- The weekly Locala CQC Quality Improvement Plan delivery group meeting.

Evidence of progress.

Currently in overall terms 84.8% of the CQC Quality Improvement Plan has been delivered and 9.1% is yet to be delivered and 5% is on hold.

We have stratified our evidence of delivery in to the 5 CQC domains;

- Safe
- Caring
- Responsive
- Effective
- Well Led

We can demonstrate improvements in the SAFE domain in the following ways;

- *Safety is Locala's number one priority and this is explicit across the whole organisation. This has been shared in Locala's Operational plan and the Shifting the Focus plan.*
- *Safety performance is measured rigorously and reported at Board level internally, externally and to the CQC.*
- *Locala does not have unacceptable levels of serious incidents or never events and has processes in place to assure this position. [Zero never events and 9 Serious incidents year to date]*
- *Effective incident reporting processes are now in place as evidenced by the 48 hour review process.*
- *When benchmarked Locala has excellent reporting rates for low harm, no harm and near misses demonstrating a positive, open reporting culture.*
- *Over the last year Locala can demonstrate a steady track record of improvement in the quality agenda particularly with regards to reporting, investigation and learning from incidents.*
- *A substantive Director of Nursing and Quality is now in post.*

We can demonstrate improvements in the CARING domain in the following ways;

- *Regular quality walkabouts assure the quality of the services that we offer to our patients and their carers, this process has been quality assured by the CCG.*
- *Our stakeholders have been part of this process and have provided positive feedback.*
- *The number of complaints we receive are on average 8 per month over the last year.*
- *The % of our patients likely or extremely likely to recommend Locala has remained above 95% across the organisation all year as reported in the monthly Quality report to the Locala Board and to the CCG quality Board.*
- *The number of compliments that we receive from our patients and their relatives remains positive.*
- *Duty of Candour is embedded across the organisation as evidenced by a recent organisational wide survey monkey demonstrating a wide understanding of DoC.*
-

We can demonstrate improvements in the RESPONSIVE domain in the following ways;

- *Complaints are used as an opportunity to learn and themes and trends are identified to ensure that we make improvements to our services.*
- *Significant work is underway to ensure that every complainant gets a timely and personal response to their query, concern or complaint. A new set of KPIs relating to complaint handling are currently being embedded based on best practice in both healthcare and the service industry.*
- *Duty of Candour is embedded across the organisation and assurance of this position is gained through the review of S1entries where colleagues are documenting 'saying sorry' when things go wrong.*

We can demonstrate improvements in the EFFECTIVE domain in the following ways;

- *We have quarterly meetings with ICCTS, 'Adopt a Site' with senior management presence,*
- *Band 6 development meetings, Band 7/6 weekly meetings to standardise and implement management processes.*
- *Appointment of the Clinical Educator, commenced in post 6th November 2017.*
- *Realignment of operational responsibilities, therapists are managed by therapy leadership and separation of the Adult planned activity v reactive work with the introduction of START teams.*
- *Teams can articulate the positive improvements that have been made and continue to be made, improvement roadshows in November, January, February and March are taking place.*

We can demonstrate improvements in the WELL LED domain in the following ways;

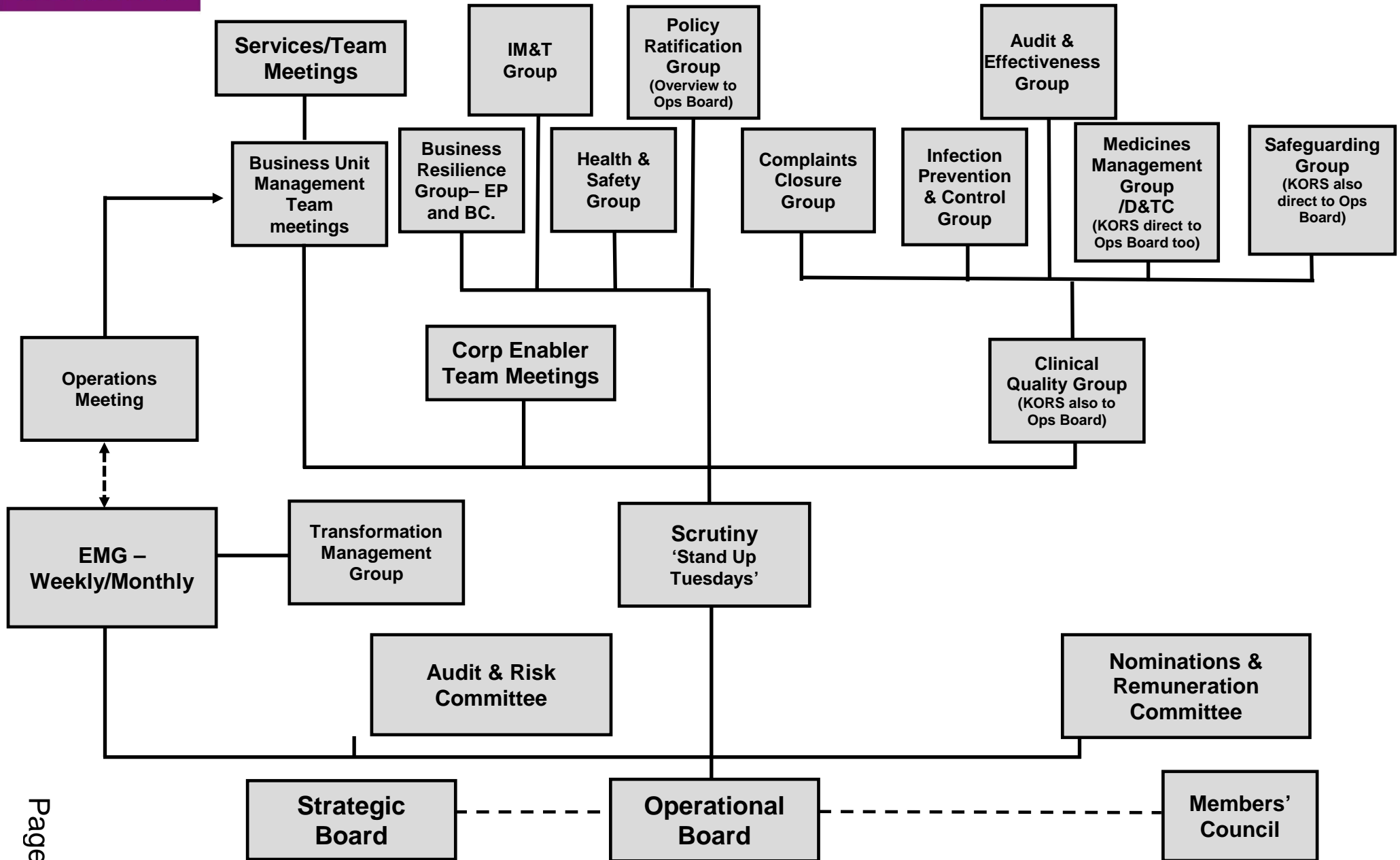
- *Values sit at the core of the organisation and many colleagues are conversant with the Locala values.*
- *All interviews and appraisals are centred upon the organisations values.*
- *Explicit focus on culture and engagement led by the Board and Executive team.*
- *'Chat with Nat'*
- *Adopt a Site.*
- *Monthly Standing Ovation Award.*
- *Social media and Communication.*
- *Appraisals were 92% by 31 March 2017; performance is currently 80%*
- *Mandatory training was 94% by 31 March 2017 and currently maintained at 91%.*

Conclusion

Whilst further work is required to enable Locala to feel completely assured in its quality and safety systems and processes, there has been a significant amount of activity undertaken in the last year that serves to demonstrate a positive shift and a renewed organisational wide focus on this agenda.

LOCALA COMMUNITY PARTNERSHIPS CIC
Governance Structure





Committee or Group
<p>Board. The Board of Directors is the body which: exercises all the powers of Locala on its behalf; is held to account for all the activities of the organisation and; is responsible for ensuring that Locala operates properly and effectively. The Board of Directors is responsible for the day-to-day operational and strategic management of Locala.</p> <p>Strategic Board: Setting the direction of Locala, and contributing to development of strategic matters. Operational Board: To enable the Board to be assured that Locala's finance and operational performance (including quality, safety, safeguarding, the Mental Health Act 1983 patient experience and complaints) is being effectively managed and developed.</p>
<p>Members' Council. Their role include: Leading on the development of Locala's Values; contributing to the Quality Priorities of Locala and monitoring Colleague Survey results. It plays a leading role in developing employee ownership.</p>
<p>Audit & Risk Committee. To advise the Board in their responsibilities for matters of financial accountability, risk assurance and governance by reviewing the comprehensiveness of assurances in meeting the Board and Accounting Officer's assurance needs and reviewing the reliability and integrity of these assurances.</p>
<p>Nominations & Remuneration Committee. To lead the process for nominations to the Board of Directors and make recommendations to the Board of Directors, and decide the remuneration and allowances and other terms and conditions of office of the Executive Directors and Directors.</p>
<p>Executive Management Group. EMG's main duties are to: review and, where appropriate, approve key strategies and assurances.</p>
<p>Scrutiny (Stand Up Tuesday): Management scrutiny of operational performance across Finance, Performance and Quality. Also picks up contribution to Business Plan objectives. Structured integrated content displayed on 'table cloth'.</p>
<p>Transformation Management Group. To agree, develop and commission transformation to support Locala's drive for enhancing patient care and/or cost improvement and; monitor implementation and hold to account regarding achievement of the expected benefits of the transformation.</p>
<p>Clinical Quality Group. Provides the focus on clinical quality, risk and improvement issues, ensuring that the appropriate governance structures, systems and processes are in place across the organisation. The Group reviews of all aspects of quality and safety relating to the provision of care and services in support of getting the best clinical outcomes and experience for patients and will ensure that any issues which may affect the delivery of high quality care are being managed and controlled in a timely way.</p>
<p>Operations Meeting. To share the key successes, opportunities, learning and risks (including quality, safety, safeguarding, patient experience and complaints) from services across services – beyond Business Unit boundaries. And for the Director of Operations to gain assurance regarding risks and agree matters for escalation to 'Stand Up Tuesday' and beyond.</p>
<p>Business Unit Meetings. To discuss the key successes, opportunities and risks (including quality, safety, safeguarding, patient experience and complaints) from services and actions required to realise opportunities and mitigate the risks.</p>
<p>Services/Team Meeting. Risk escalation and assurance around implementation. Clear understanding of operation and pressures; lessons learned; good practice.</p>
<p>Medicines Management Group. Steer and support systems and processes to ensure decisions and advice relating to medicines and medicines management are cost effective, safe and evidence based to assure positive patient outcomes.</p>
<p>Drugs & Therapeutics Group. Ensures that medicines used within Locala and across the wider health economy are: Evidence based; Cost effective; Reflect national best practice and; In line with SWYAPC and local CCG and acute trust prescribing guidance where appropriate</p>
<p>Safeguarding Group. Provide a forum to bring together key senior safeguarding professionals and other senior managers to ensure the safeguarding work program is effectively managed. Provide a bridge between Kirklees Safeguarding Boards and all areas of service within Locala in order to ensure their safeguarding responsibilities are discharged effectively - monitoring the action plans arising from serious case reviews, and disseminate lessons learnt from internal management reviews and/or serious case reviews.</p>
<p>Health & Safety Group - Oversee all Health & Safety issues, ensuring correct leadership, management and governance processes are in place. Has an ongoing method of receiving risks, issues, mitigations and implications of Health & Safety issues, instigating and overseeing actions and learning from risks and issues but also considering</p>

opportunities and successes.
Complaints Closure Panel. Ensure complaints and claims are managed appropriately to NHS complaints, claims procedure and Locala standards. Determine lessons to learn following complaints and claims and effective dissemination of that information to appropriate stakeholders.
Audit & Effectiveness Group. To promote the value and importance of the clinical audit, quality improvement, agreeing best ways to disseminate learning from individual clinical audits and Quality Improvement. To receive, distribute and monitor NICE guidance and exemptions within Locala.
IM&T Group. To agree and develop information management and technology systems to support Locala’s drive for enhancing patient care and/or cost improvement and; monitor implementation and hold to account both day to day operations and change projects
Business Resilience Group. Developing and providing assurance on our business continuity and emergency planning.
Infection Control & Prevention Group. Ensuring that Locala’s systems and processes meet Policy standards – in line with national guidelines.
Policy Ratification Group – Reviewing and ratifying all clinical and corporate policies.

**Update for the Overview and Scrutiny Committee
Huddersfield Town Hall
13 February 2017**

Winter Pressures in Kirklees (Locala response in support of system pressure)

1. Context

Both acute hospitals have been experiencing sustained significant pressures, Mid Yorkshire Hospitals and Calderdale and Huddersfield Trust have been at Operational Pressures Escalation Level (OPEL) Level 3 at times bordering on 4 since Christmas (see description of OPEL levels in Appendix 1).

There is a national requirement to use the High Impact Change Model for improving patient flow and reduce delays across the system (see Appendix 2). In addition the SAFER bundle is recognised as a key element of an effective response to system pressures (see Appendix 3).

Locala and the Local authority have worked in partnership to increase the community offer whilst minimising impact on existing pressured services.

2. Current position

The START team continue to work with both acute hospital discharge teams, and continue to work supporting patients to avoid an un-necessary admission.

ICCT teams currently also reporting OPEL level 3.

- The A&E Delivery Board continues to monitor and review performance and quality metrics across the system to provide an understanding of system wide efforts to support effective patient flow. Key measures include:
 - 4 hour Emergency Care Standard in Hospitals – continues to be robustly monitored across acute trusts, whilst performance regressed over Dec due to A&E attendance pressures performance YTD remains above the previous year.
 - Unplanned Emergency Readmissions – readmission rates remain within manageable and planned levels.
 - Delayed Transfers of Care – this measure is closely monitored across the system, trends in relation to delayed transfers attributable to social care remain positive and within planned performance.

3. Current activity to support the system

- Both START teams are working into the Hospital Discharge Assessment team to commence early intervention work - staff will often engage with families during visiting hours to commence discharge planning and support patient choice and working towards the Expected Date of Discharge (EDD). The Hospital Avoidance Team (HAT) also attend the Medical Assessment Unit (MAU) ward rounds with consultants to support work to

avoid hospital admission – this includes arranging appropriate packages of care and signposting service users and families/carers to other appropriate care and support provision.

North Kirklees

- Only urgent/visits are being undertaken by the ICCT teams
- Podiatry supporting the teams in wound care visits where appropriate.
- Medicines Optimisation supporting teams where they can undertake Long Term Condition reviews.
- Matrons supporting START with in -reach into Mid Yorks and CHFT to ensure cover to provide extra capacity for admission avoidance and discharge.
- Senior Advanced Nurse Practitioner released to review patients in community beds to get them home ASAP therefore releasing capacity in the intermediate care bed base to support flow.
- Released pharmacy resource to support patients going home, working with Discharge Management Teams.
- Identification of home care providers to look at commissioning extra capacity.
- Therapists and Community Matrons working extra hours on a weekend to support patient flow and avoid unnecessary admissions

Huddersfield

- Only urgent/visits are being undertaken by the ICCT teams
- Podiatry supporting the teams in wound care visits where appropriate.
- Medicines Optimisation supporting teams where they can undertake Long Term Condition reviews.
- Care home team in reaching for any patients from care homes. They are provided with a list of patients each morning from a member of the discharge management team for review and support discharge.
- Matron's in-reaching into the acute trust reviewing respiratory patients identified to get them home.
- Released a matron for her full hours to be based in Huddersfield Royal to work with CHFT to support discharges
- Extra support in to the START team
- Therapists and Community Matrons working extra hours on a weekend to support patient flow and avoid unnecessary admissions

North Kirklees

- Supporting therapy input into Gateway Village Care Home
- Increasing Locala Homecare resource where possible
- Looking to recruit podiatrists to support ICCTs long term

Huddersfield

- Currently exploring opportunities with a Practice for practice nurses to support the Locala teams with long term condition annual review work.

Report Prepared by:
Jane Close Director of Operations Locala
29/01/18

Appendix 1

Operational Pressures Escalation Levels Framework

Operational Pressures Escalation Levels	
OPEL 1	The local health and social care system capacity is such that organisations are able to maintain patient flow and are able to meet anticipated demand within available resources. The Local A&E Delivery Board area will take any relevant actions and ensure appropriate levels of commissioned services are provided. Additional support is not anticipated.
OPEL 2	The local health and social care system is starting to show signs of pressure. The Local A&E Delivery Board will be required to take focused actions in organisations showing pressure to mitigate the need for further escalation. Enhanced co-ordination and communication will alert the whole system to take appropriate and timely actions to reduce the level of pressure as quickly as possible. Local systems will keep NHS E and NHS I colleagues at sub-regional level informed of any pressures, with detail and frequency to be agreed locally. Any additional support requirements should also be agreed locally if needed.
OPEL 3	The local health and social care system is experiencing major pressures compromising patient flow and continues to increase. Actions taken in OPEL 2 have not succeeded in returning the system to OPEL 1. Further urgent actions are now required across the system by all A&E Delivery Board partners, and increased external support may be required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally. National team will also be informed by DCO/Sub-regional teams through internal reporting mechanisms
OPEL 4	Pressure in the local health and social care system continues to escalate leaving organisations unable to deliver comprehensive care. There is increased potential for patient care and safety to be compromised. Decisive action must be taken by the Local A&E Delivery Board to recover capacity and ensure patient safety. All available local escalation actions taken, external extensive support and intervention required. Regional teams in NHS E and NHS I will be aware of rising system pressure, providing additional support as deemed appropriate and agreed locally, and will be actively involved in conversations with the system. Where multiple systems in different parts of the country are declaring OPEL 4 for sustained periods of time and there is an impact across local and regional boundaries, national action may be considered.

<https://www.england.nhs.uk/publication/operational-pressures-escalation-levels-framework/>

High Impact Change Model

Change 1 : Early Discharge Planning. In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

Change 2 : Systems to Monitor Patient Flow. Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector. Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

Change 4 : Home First/Discharge to Access. Providing short-term care and reablement in people's homes or using 'step-down' beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

Change 5 : Seven-Day Service. Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people's needs.

Change 6 : Trusted Assessors. Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

Change 7 : Focus on Choice. Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

Change 8 : Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes, can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

Appendix 3

The SAFER patient flow bundle

S – Senior Review. All patients will have a senior review before midday by a clinician able to make management and discharge decisions.

A – All patients will have an Expected Discharge Date and Clinical Criteria for Discharge. This is set assuming ideal recovery and assuming no unnecessary waiting.

F – Flow of patients will commence at the earliest opportunity from assessment units to inpatient wards. Wards that routinely receive patients from assessment units will ensure the first patient arrives on the ward by 10am.

E – Early discharge. 33% of patients will be discharged from base inpatient wards before midday.

R – Review. A systematic MDT review of patients with extended lengths of stay (> 7 days – ‘stranded patients’) with a clear ‘home first’ mind set.

**Podiatry Consultation Update for the Overview and Scrutiny Committee
Huddersfield Town Hall
13 February 2017**

Progress Update

- Locala are currently going through the appropriate governance. This includes the timetable set out below. The CCGs are tasked with the legal responsibility of assuring the process for consultation and the meeting dates are set for the end of February 2018.
- The delay in governance is due to the consideration of recommendations by Locala alongside the EQIA and consultation responses. Locala want to ensure they have given due consideration to the report of findings which has taken longer than anticipated. The recommendations will be considered by the CCG against the product of consultation for consideration.
- Following the CCG governance the Locala Operations team will consider the feedback and amend any recommendations accordingly. At this stage Locala will be ready to present a final set of recommendations to OSC.
- In parallel Locala are currently working with the CCG to scope out the recommendations. This work options for alternative provision for people who may not be eligible for Podiatry care if a decision is made on the proposed change to eligibility criteria.

Timeline

Stage	Date	
Feedback & Recommendations	20 Feb	Locala EMG
	28 Feb	NK Quality, Finance & Performance
	28 Feb	GH Quality and Safety Committee
	4 March	Paper to OSC
	13 March	OSC
Decision making based on feedback	3 April	Locala EMG



Name of meeting: Health and Adult Social Care Scrutiny Panel

Date: Tuesday 13th February 2018

Title of report: Kirklees Suicide Prevention Action Plan

Purpose of report

To provide the Panel with an overview of the Kirklees Suicide prevention action plan and an opportunity to discuss and consult on activity/plans within the plan.

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?	Yes/ no or “ not applicable” No If yes give the reason why .
Key Decision - Is it in the Council’s Forward Plan (key decisions and private reports?)	Yes/ no or “not applicable” N/A If yes also give date it was registered
The Decision - Is it eligible for call in by Scrutiny?	N/A
Date signed off by <u>Strategic Director</u> & name	22 nd January 2018 Rachel Spencer-Henshall
Is it also signed off by the Service Director for Finance IT and Transactional Services?	Debbie Hogg
Is it also signed off by the Service Director for Legal Governance and Commissioning Support?	Julie Muscroft
Cabinet member portfolio	29 th January 2018 Cllr Scott

Electoral wards affected: N/A

Ward councillors consulted: No

Public or private: Public

1. Summary

According to the All-Party Parliamentary Group on Suicide and Self-Harm Prevention (2015), developing a local action plan that is based on national and local data, is one of the essential elements to ensure successful local implementation of the national strategy.

This report is for briefing and consultation purposes. The intention is to inform the panel of the detail within the Kirklees Suicide prevention and self-harm action plan, and highlight how this issue is being tackled locally. The report will provide detail on activity and the challenges faced in tackling this important issue. The panel is being given this report for information, to give an opportunity for contribution to the plan and/or to draw attention to areas that need prioritisation.

The West Yorkshire and Harrogate Health Care Partnership (WYHCP) have recently launched the Suicide Prevention Five Year Strategy (2017-2022). The overall aim of this strategy is to develop working relationships between partner agencies to provide an evidence-based and practical framework across the WYHCP region. This framework will help reduce the frequency of suicide and minimise the associated human and financial costs, as well as the impact on others. The main targets for this strategy are to reduce suicide by 10% across the WYHCP population and by 75% in targeted areas using a 'zero-suicide' philosophy. Our local plan links to this as we are one of the partners working collaboratively under the strategy. It is an opportunity to pool resources, share good practice and submit collaborative business cases.

Suicide is a health inequality issue: there is a well-established link between suicide and poor economic circumstances. People in the lowest socio-economic groups living in the most deprived areas are ten times more at risk of suicide than those in the most affluent group in the least deprived areas.

2. Information required to take a decision

Background

In England, nearly 100 people a week died by suicide in 2015. It is the biggest killer of people under the age of 35 and the biggest killer of men under the age of 50. The rates of suicide have steadily risen in England since 2007 and in 2015; the Yorkshire and Humber region had the highest suicide rate in England. In Kirklees, between 2011 and 2013, there were 121 deaths by suicide. The table below shows how the Kirklees suicide rates compare with Yorkshire and Humber and England since 2011 (as 3 year rolling averages).

Year	Kirklees	Yorkshire and Humber	England
2011-2013	8.6	10.4	9.8
2013-2015	9.7	10.7	10.1
2014-2016	10.0	10.4	9.9

The factors leading to someone taking their own life are complex. No one organisation is able to directly influence them all. Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity.

Actions

To address suicide, there are a range of specific activities and broad interventions that should be delivered. The local action plan is aligned to the National Suicide Prevention strategy (in terms of the 6 work streams) and is based on intelligence gathered through the 2011-2013 Kirklees Suicide Audit. To address health inequalities, there are targeted populations within the action plan, including: -

- People in vulnerable economic circumstances
- Pregnant women
- Children and young people
- Those in contact with the criminal justice system

Please see the action plan for more detail and discussion.

Cost Breakdown

The following information highlights where costs have been incurred to support suicide prevention activity locally in 2017/18.

From District Committee Funding:

- MHFA and Youth MHFA training – £34,800, training 512 people in mental health first aid.

From Public Health Budget:

- Suicide prevention campaign development - £2,288
- Suicide prevention mental health crisis card - £1,440
- Help is at Hand suicide bereavement resource - £0 (free resource provided by DH)
- Champions Fund to run mental health anti-stigma activity in the community - £1500

The majority of the public health input is made of officer time in terms of a coordinating and influencing role – approximately 20 hours per week.

Timescale

The current action plan covers the period 2017 – 2020. Some of the activities within the work streams have defined end points, whereas some activities are on-going and need to be actioned on a rolling programme e.g. training and raising awareness of mental health. A new suicide audit to cover suicides in the period 2014-2016, is planned to commence this year.

Expected Impact/ Outcomes, benefits and risks (how will they be managed)?

The ultimate aspiration is to see a reduction in the number of suicides and the Five year forward view for mental health set the ambition that by 2020/21 the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. It's also important to use Outcomes Based Accountability in relation to suicide prevention. For example, our local plan cannot be responsible for achieving this reduction in suicide rates alone and therefore there is an understanding that the plan is contributing to this population target. Other activities that are outside of our immediate control can influence suicide rates e.g. mass media campaigns and coverage of suicides in the media.

The World Health Organization has said that because suicide is a relatively rare phenomenon, reductions in mortality should not be the only outcome measure for a suicide reduction programme.

Others are:

- Suicide age- standardised death rate per 100,000 population, 3-year rolling average
- Referral rates for treatment of depression
- Changes in mental health state (self-reported and in primary care)
- Hospital presentation following self-harm
- The number of people presenting with self-harm who go on to receive cognitive behavioural therapy.

Evaluation

Evaluating suicide prevention activity is difficult as we will never know if we have prevented a loss of life. Furthermore if a loss of life has been prevented, we don't know exactly what it was that prevented it. However, there are a few evidence-based return on investment approaches that have been considered nationally. These are: providing training to GP's, reducing access to the means of suicide on high rise structures and training people in recognised training programmes such as mental health first aid. MHFA was launched under the National Institute of Mental Health in England (NIMHE) as part of a national approach to improving public mental health.

Sustainability

The following partners, policies and strategies are linked into the local suicide prevention action plan and support this work within their respective plans/organisations:

- Joint Kirklees Mental health commissioning Strategy
- Kirklees Mental Health and Wellbeing Health Needs Assessment
- Kirklees Mental Health Crisis Care Concordat
- The Mental Health Partnership Board and action plan
- The Emotional Health and Wellbeing Integrated Commissioning Group
- Public Health England Yorkshire and Humber Mental health and Suicide Prevention community of Improvement
- The West Yorkshire and Harrogate Health Care Partnership Suicide Prevention Five Year Strategy 2017-2022
- Preventing Suicide in England 2012 - A cross-government outcomes strategy to save lives
- Public Health England Mental Health Prevention Concordat

Services and agencies involved

The following services and agencies are involved in the development of the local action plan:

- South West Yorkshire Foundation Trust
- West Yorkshire Fire and Rescue
- West Yorkshire Police
- Samaritans
- CHFT
- Volunteers (lived experience)
- Recovery College
- Andy's Man club
- Community Links
- Kirklees Neighbourhood housing
- Brunswick centre
- Women's centre
- The Basement Recovery Project
- Targeted Help
- Learning services
- Commissioning and Health Partnerships –Kirklees Council
- Probation services

Members from these organisations attend the quarterly meeting on a regular basis.

3. Implications for the Council

3.1 Early Intervention and Prevention (EIP)

Enabling people and communities to do more for themselves and each other – increasing social networks and reducing loneliness is key for suicide prevention. This will be a key element of community plus.

People in Kirklees are as well as possible for as long as possible, in both mind and body. Suicide is the leading cause of death in men under 40.

Local people are helped to manage life challenges. Suicide prevention activities aim to reduce mental health stigma and encourage people to talk. It also aims to raise awareness of services available for people who are experiencing those life challenges.

3.2 Economic Resilience (ER)

Local authorities are well placed to prevent suicide because their work on public health addresses many of the risk factors, such as alcohol and drug misuse, and spans efforts to address wider determinants of health such as employment and housing. There are also important and varied opportunities to reach local people who are not in contact with health services through on-line initiatives or working with the third sector. There is a positive correlation between recession and suicide rates, with the last peak in suicide rates being in 2008. It is important that we recognise this link and help people to build their resilience to be able to cope with financial difficulties.

3.3 Improving Outcomes for Children

Half of all lifetime mental illness starts before the age of 14 years. Suicide prevention must include activity to reduce mental health stigma amongst young people and train those that work with children and young people to be able to recognise signs and symptoms of emotional distress.

Self-harm is the single biggest indicator of suicide risk. A recent report (*Suicide by children and young people in England. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH). Manchester: University of Manchester, 2016*) of suicides in England by people aged under 20 years who died between January 2014 and April 2015 showed that the majority (54%) had indicated their risk through previous self-harm.

3.4 Reducing demand of services

Suicide prevention activity is not just about supporting those people at crisis point. It is about improving the emotional health and wellbeing of the population, to help them cope better in difficult times. If we can help people to become more emotionally resilient from an early age, we should be able to reduce the demand on services. However, we do know which people are more at risk of suicide and therefore targeted interventions are also needed. Suicide prevention takes a proportionate universalism approach to reduce the demand on services.

The Wellness model will provide elements of this, making sure that everyone has access to emotional health and wellbeing support, but also providing more direct links to existing mental health providers.

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

N/A

4. Consultees and their opinions

The local action plan and group manifesto has been developed in consultation with the stakeholders that attend the quarterly Suicide Prevention action group. The action plan has joint ownership across all partners and organisations that attend (See section 2 above for the list of partners represented).

It is the responsibility of all those who attend to share resources, messages and activities planned with colleagues in their respective organisations.

5. Next steps

The plan is implemented by the local action group and its partners, depending on the particular activity/intervention. Some elements of the plan are ongoing and some are specific interventions aimed at targeted groups or professionals.

It is essential that there is a strong and clear quality assurance process to ensure that local authorities' plans meet quality standards. This will also enable more support to be provided to local authorities where it is needed. Public Health England have been tasked with developing quality standards which local action plans can be assessed against and this work will then be given to the regional Community Of Improvement's to assess each local authority plan.

Partnerships that are involved in overseeing the action plan are the Mental Health Partnership Board and the Emotional Health and Wellbeing Integrated Commissioning Group. The suicide prevention work has also formed part of the draft Kirklees "Whole Life Approach" for Mental Health & Wellbeing 2017-2021 strategy, to which an action plan will follow.

6. Officer recommendations and reasons

That the Panel engage in and support the delivery of the suicide prevention action plan.

7. Cabinet portfolio holder's recommendations

Cllr Scott supports the paper.

8. Contact officer

Rebecca Elliott – Health Improvement Practitioner Advanced
Rebecca.elliott@kirklees.gov.uk 07976194127

9. Background Papers and History of Decisions

N/A

10. Service Director responsible

Rachel Spencer-Henshall

Kirklees Suicide and self-harm prevention action plan 2017-2020

We believe that suicide is not inevitable. We can save lives and support those bereaved by suicide
– everyone has a part to play. We aim to raise awareness and create safe places.

Talk. Listen. Be kind.

October 2016

Introduction

Suicide is a major public health issue. In Great Britain, there were 3.4% fewer suicides registered in 2016 than in 2015; this equates to 5,668 in 2016, a decrease from 5,870 deaths in 2015. However, in the West Yorkshire and Harrogate region, rates of suicide are increasing and higher than both the England and Yorkshire and Humber average rates. For this area, rates have increased from 9.7 per 100,000 in 2009-11 to 10.5 in 2014-16, an increase of over 8%.

Suicide Rates (per 100,000) - Kirklees

Year	Kirklees	Yorkshire and Humber	England
2011-2013	8.6	10.4	9.8
2013-2015	9.7	10.7	10.1
2014-2016	10.0	10.4	9.9

Every suicide is a tragedy and we must continue to work collaboratively as suicide marks the ultimate loss of hope, meaning and purpose to life and it has a wide ranging impact on families, communities and society.

The factors leading to someone taking their own life are complex. No one organisation is able to directly influence them all. Suicide is often the end point of a complex history of risk factors and distressing events; the prevention of suicide has to address this complexity. This joint Suicide and Self- Harm Prevention action plan has to address this complexity in response to the government strategy; *Preventing Suicide in England 2012 - A cross-government outcomes strategy to save lives*¹. It aims to provide an approach to suicide prevention that recognises the contributions that can be made across all sectors of our society. "Prevention Suicide in England; 2 years on" is a useful update of the national picture <http://iapdeathsincustody.independent.gov.uk/wp-content/uploads/2015/02/Preventing-Suicide-in-England-Second-annual-report.pdf>

The national strategy places greater prominence on the support to families who are worried that a loved one is at risk and those who have to cope with the aftermath of a completed or attempted suicide. The government has also made it clear that mental and physical health have to be seen as equally important. For suicide prevention, this will mean effectively managing the mental health aspects, as well as any physical injuries, when people who have self-harmed come to A&E and other frontline services. (Refer to NICE guidance for self- harm, 2013)

¹ Department of Health "Preventing Suicide in England 2012 - A cross-government outcomes strategy to save lives"

Kirklees Suicide Prevention & self-harm action group

The local suicide and self – harm prevention group, is a multi – agency group involving Kirklees Council, NHS, statutory and voluntary sector partners. This group has played a key part in planning the 3 year draft action plan attached. The key purpose of this group is to ensure that there is a co-ordinated and integrated multi-agency agreement on the delivery of this plan that is tailored appropriately to local need and is driven by the involvement and feedback from service users.

Development of the action plan

Six priority areas for suicide prevention in Kirklees (in line with the National strategy) with objectives are set out in the plan. Priority areas 1, 2 and 3 will be prioritised across the 3 year period, whilst areas 4, 5 and 6 will be ongoing. These actions address the main suicide risks, for example being male, living alone, unemployment, alcohol or drug misuse and mental illness. Building this partnership approach will ensure that all agencies are adopting a broad approach to improve the wellbeing of people at a population level.

Reducing the risk amongst high risk groups in Kirklees, promoting mental well- being, reducing the availability of suicide methods, improving the reporting of suicidal behaviour in the media, promoting research and improving monitoring locally are key messages from the national strategy which will need to be delivered at a local level. Reducing access to methods of suicide is a priority; particularly for pharmacology, secondary mental health services, police to work more collaboratively to implement actions.

The plan also addresses work with the local media to increase the prominence given to responsible and sensitive stories on suicide and its prevention. Supporting families who are concerned for someone who is at risk of suicide and for those have to deal with the aftermath of suicide, is a key feature within the action plan.

The plan is one of the actions identified within the Kirklees Mental Health Strategy and will report to the Mental Health Partnership Board which is accountable to the Health and Wellbeing Board. It also contributes to and complements the West Yorkshire and Harrogate Health Care Partnership, Suicide Prevention Five Year Strategy 2017-2022. It's important the local action plan is aligned to these broader strategies to have greater impact across Kirklees.

Outcome Measures for Suicide Prevention

The ultimate aspiration is to see a reduction in the number of suicides and the Five year forward view for mental health set the ambition that by 2020/21 the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. The World

Health Organization has said that because suicide is a relatively rare phenomenon, reductions in mortality should not be the only outcome measure for a suicide reduction programme.

- Suicide age- standardised death rate per 100,000 population, 3-year rolling average
- Referral rates for treatment of depression
- Changes in mental health state (self-reported and in primary care)
- Hospital presentation following self-harm
- The number of people presenting with self-harm who go on to receive cognitive behavioural therapy.


1. Reduce the risk of suicide in key high-risk groups

Objective	Suggested steps that need to be taken	Suggested lead/partners	Timescales (RAG)	Expected outcomes	Progress to date
<p>1.0: Men:</p> <ul style="list-style-type: none"> - with depression (esp untreated or undiagnosed) - using drugs and/or alcohol - who are unemployed - who have relationship breakdown - who are socially isolated - who have low self-esteem <p>Men are at 3 times greater risk of suicide than women.</p> <p>In Kirklees 2014-16 Male rate per 100,000 is 15.2</p> <p>Female rate per 100,000 is 4.8 (both in line with national rates and slightly lower than Y and H rates)</p>	<p>Use peer communicators (outside of health settings) so that men receive information and support from trusted sources</p> <p>Undertake outreach work in community and work-based settings rather than in formal health settings</p> <p>Create Andy’s Man Clubs in Kirklees; one in North and one in South</p> <p>Focus on helping men to make the link between physical and emotional health.</p> <p>Provide focussed support.</p> <p>The Basement Recovery Project – a new member of the group as of Dec 2017. Supports people in Recovery within their community.</p>	<p>Voluntary and community sector</p>	<p style="background-color: yellow;">A</p>	<p>Improved social contact</p> <p>Individuals better able to cope in times of distress</p> <p>Reduction in male suicide rate in Kirklees</p>	<p>Two Andy’s man clubs have now been created; one in Huddersfield and one in Dewsbury</p> <p>Plans for 2018 include an ‘Adopt a Block’ initiative in partnership with the Fire service to target high rise blocks where residents are predominantly single men. Using fire risk as the intervention but delivering mental health interventions.</p> <p>Other projects funded by Community Partnerships include: Men’s Sheds, Respect Judo, Froglife, Evolve, The Brunswick centre Allotment Group and St Anne’s community services</p>

	Support Kirklees to sign the 'Campaign to End Loneliness' as an approach to tackling suicide.	OPPB and Community Plus	A	Increased social connections for those people that feel lonely in Kirklees, including men.	A working group has been identified (Jan 2018) and is using the Age UK loneliness framework as a benchmarking tool.
1.1: People who self-harm (is the most important risk-factor for subsequent death by suicide) Around 50% of people who die by suicide had a history of self-harm, in many cases with an episode shortly before their death.	Ensure implementation of the NICE standards and pathways CG16 https://www.nice.org.uk/guidance/cg16 and CG133 https://www.nice.org.uk/guidance/cg133 for managing patients who self-harm.	A and E departments MH Psychiatric liaison teams Janet Youd to support Rachel.sykes@swyt.nhs.uk	A	To ensure that anyone presenting with deliberate self-harming/suicidal behaviour has timely access to an assessment Reduce re-admission	CHFT and MYHT are currently compliant with this guidance that everyone who attends A and E following an episode of self-harm should have a psycho-social assessment (if consent is given).
	Use local and regional intelligence to look at who is self-harming in Kirklees	School nurses GP's Pastoral workers in schools	G	Increased access to therapeutic services Improved intelligence	From Hospital Episode Statistics: Kirklees 2011/12: 215.6 2015/16: 147.8 England Rate 2015/16: 196.5 Y and H Rate 2015/16 190.3 Local Intelligence from

					Northorpe hall tells us that there have been 291 cases of self-harm as presenting issue. Highest area for self-harm was Heckmondwike ward.
	<p>Scope what is currently being delivered within schools (for teachers and pupils) around emotional health and wellbeing/resilience and identify gaps.</p> <p>- Use the suicide by children and young people in England report (May 2016) and share with partners to inform potential action.</p> <p>-involve the Kirklees Youth Council within SPAG</p>	<p>Kirklees Learning Partners</p> <p>Thriving Kirklees</p> <p>CAHMS</p>	A	<p>Increased awareness within schools about self-harm, mental health and impact of stigma</p> <p>Reduction in appropriate referrals</p>	<p>Yvonne White – Northorpe Hall. There is a training package available around awareness of self-harm currently offered to schools.</p> <p>Through the Time To Change HUB @TTCKirklees, a train the trainer session has been delivered on 16th Jan 2018 to equip staff with ideas/techniques for reducing mental health stigma in schools. Another session planned for Summer 2018.</p>

<p>1.2 People who misuse alcohol and drugs</p> <p>The co-existence of drug and/or alcohol misuse alongside a mental health diagnosis is termed “dual diagnosis” and is associated with an increased risk of suicidal ideation and suicide.</p>	<p>Scope provision for those with dual diagnosis and what exists for those with substance misuse issues and mental health problems.</p> <p>Review the PHE guidance: ‘Co-existing alcohol and drug misuse with mental health issues: guidance to support local commissioning and delivery of care.’</p>	<p>CHART Kirklees shida.khan@commlinks.co.uk</p> <p>The Basement Project Larry Eve</p> <p>Dual Diagnosis: Adam Barratt</p> <p>CLASS WiFi</p>	<p>A</p>	<p>Improved outcomes for people who have co-existing mental health and drug use problems</p>	<p>Proposed to the SPAG group to focus on this within the December 2017 meeting with TBRP attending.</p>
<p>1.3 People in the care of mental health services, including inpatients</p>	<p>Review and Implement NICE guidance on depression https://www.nice.org.uk/guidance/CG90</p>	<p>SWYFT- implementation of the Suicide Prevention Strategy 2017 – 2022 Mike.doyle@swyt.nhs.uk</p>	<p>2017-2022</p>	<p>Reduce the frequency of suicide in the population served by the Trust and to support those affected by suicide or suicidal behaviour.</p>	<p>Matt Ellis (SWYT) is a representative in SPAG and within SWYT and will be the link between MH service managers and SPAG group.</p> <p>Operational manager needed to sit on SPAG group – Sue Sutcliffe or her Deputy.</p>
	<p>Raise awareness of effective psychological support services in the community for those patients that are living with depression and other mental health conditions</p>	<p>Raise awareness with GP’s and through Provider Forums and MH Partnership Board meetings</p>	<p>G</p>	<p>Improved access to support</p>	<p>Promote these types of support within the development of crisis card.</p>

	Make links with Crisis Resolution Home Treatment Teams in Kirklees to be part of the group – suicides are rising in this area as suicides within in patients have reduced.	Natalie Hall	G	Reduced suicide in the post-discharge period.	Natalie Hall now sits within the Home Based Treatment team as part of the crisis pathway which means improved risk management –see 1.4
1.4 People in contact with the criminal justice system	<p>Continue to support the ‘Mental Health Treatment Requirements – Kirklees.’ (Includes adults aged 18 to 65 years who are due to attend court, charged with a criminal offence).</p> <ol style="list-style-type: none"> 1) Improving communication between offender management team, magistrates court and probation 2) Information sharing for service users 3) Provide speedy assessments for those in crisis 4) Carry out assessments 5) Support service users through community order 	Natalie Hall – SWYFT	Extended project funding until February 2018 (funded through PCC)	<p>Improved access to and delivery of MH treatment to offenders in the community</p> <p>Reduction in reoffending rates</p> <p>Will improve health outcomes for this group of offenders</p>	<p>In the first year of the project, 677 referrals were made. If this project was not in place, these people would have fallen under generic criminal justice sentencing i.e. custody or a generic community probation order.</p> <p>The TAG assessment below has been developed to see where the individual should be referred</p> <div style="text-align: center;">  <p>TAG Referral.docx</p> </div>
	Mental Health nurses within the Police stations	Gail Tinker		Reduced use of section 136	

<p>1.5 Workplaces</p> <p>Unemployment is a significant risk factor for suicide</p>	<p>Encourage employers to promote mental wellbeing in the workplace and reduce stigma e.g. through Time to Change campaigns. Highlight national programmes of support for the SME's in Kirklees who might not have an occupational health department.</p> <p>Share the PHE and Business Community document: Mental health toolkit for employers: http://wellbeing.bitc.org.uk/sites/default/files/mental_health_toolkit_for_employers_-_small.pdf AND the HSE Management Standards for Stress: http://www.hse.gov.uk/stress/standards/</p> <p>Explore adding health, work and wellbeing pages to the Kirklees Business Hub website which direct businesses to useful sources of information.</p> <p>Explore how the Wellness Service might be commissioned to improve the health and wellbeing of the</p>	<p>Rebecca Elliott through Wider Factors theme- PH</p>	<p>A</p>	<p>Improvements in workplace health with employers being able to recognise the impact of poor mental health at work.</p>	<p>Kirklees Council has signed the Time to Change Pledge and now has steering group and employee champions being recruited to reduce stigma and discrimination</p> <p>We need to encourage workplaces to sign up to this through the Business Hub.</p> <p>Scope representation on group from: domestic violence, bereavement and relationship support, financial and debt issues and local citizen advice.</p>
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	working age population.				
	Promote the Mental Health Employment service who work with people and their employers around job retention and this includes how they support the individual and their employer around mental health	Richmond Fellowship	G	People focus on recovery, hope, therapeutic optimism, personal responsibility and meaning in life.	All SPAG members to promote – has been discussed at SPAG meetings.

2. Tailor approaches to improve mental health in specific groups

It is important for local areas to understand the needs of people across all the protected characteristics. National data is not routinely collected for suicide against all the characteristics, therefore local demographics need to be considered. The forthcoming Prevention concordat Programme for Better Mental health for all in 2017 will help local areas develop this further.

Objective	Suggested steps that need to be taken	Suggested lead/partners	Timescales (RAG)	Expected outcomes	Progress to date
2.0 Community-based approaches	<p>Develop and deliver a community suicide prevention awareness campaign targeting ‘the helper’ alongside those with lived experience to shape the campaign</p> <p>Development of crisis card for front line workers to raise awareness of local support services for mental health distress</p>	SPAG task and finish group - campaign	G	<p>Improved awareness of suicide prevention</p> <p>Increased calls to Samaritans</p>	<p>Graphic design finalised – ad-shells booked in key locations from 31st July onwards for 2 months</p> <p>Crisis card in development – due to be printed before end of Feb 2018</p>
	Kirklees to become a Time to Change HUB – pilot between 2017 and 2018	Rebecca Elliott, Tony Bacon, Vicki Stadnicki, Tess Owen and Jane Mackay	G	Improved campaigning at a local level and social contact	@TTCKirklees developed as a platform for awareness raising activity and conversation Train the trainer training to

				Embedding of mental health anti-stigma work in local strategies and organisational policy	<p>be delivered in partnership with Northorpe Hall to identified secondary school staff around mental health, activity and lesson plans.</p> <p>Funding from PH to be used to instigate local champion fund activities, increasing contact and conversations between those with lived experience and those without.</p>
	Pilot an 'Adopt a Block Initiative' in kirklees	Fire Service (contact to be appointed in Jan 2018) Housing SPAG Cllr Judith Hughes	A		Case study to be shared with SPAG in Dec 17, ready to discuss pilot in 2018.
<p>2.1 Suicide Prevention training 2016-2018</p> <p>(For every £1 investment into suicide prevention through GP training then £44 is saved. DH,</p>	Scope professionals: GP's, mental health staff and community members: teachers, faith leaders, people in criminal justice system and those working with those in high-risk occupations to suicide prevention training.	<p>Community Links</p> <p>MHFA</p> <p>PABBS</p>	G	<p>Increased awareness of mental health and local services available to support</p> <p>Increased uptake in local services.</p>	<p><u>Gatekeeper training</u></p> <p>Currently limited funding to access any training available either locally or nationally. Between Sep 2017 and Aug 2018, Kirklees Rural, Huddersfield and Batley and Spen DC will be funding Adult and Youth MHFA – a total of over 300 people trained in MHFA</p>

<p>2011).</p> <p>Education of primary care doctors targeting depression recognition and treatment has been identified as one of the most effective interventions in lowering suicide rates</p>					<p>MHFA training taking place in Dewsbury (commissioned via Dews and Mirf DC throughout 2017)</p>
<p>2.2 People who are vulnerable due to economic circumstances</p>	<p>Collaborate with voluntary sector and community groups, such as Citizens advice, housing associations and homelessness services:</p> <ul style="list-style-type: none"> - Provide training - Increase information and support services signposting 	<p>KNH</p> <p>Housing Solutions</p>	<p>A</p>		<p>Housing Solutions undertake a vulnerability and risk assessment before placing someone in temp accommodation. This takes into account:</p> <ul style="list-style-type: none"> - History of self-harm and suicidal thoughts <p>People identified at risk would be accommodated in a setting where they are not entirely isolated.</p> <p>Many staff from KNH have attended the above offer of MHFA training.</p>
	<p>Provide supportive parenting training</p>	<p>Cathy Munro</p>	<p>G</p>	<p>To ensure that every baby born in Kirklees</p>	<p>Nurturing Parents Preparation for Parenthood</p>

	and advice to vulnerable families			<p>has the best possible start in life</p> <ul style="list-style-type: none"> •To recognise and build on mothers' and fathers' strengths and natural skills as parents •To promote joyful, communicative interactions between babies and their mothers, fathers and principal carers •To promote confident, competent parenting that supports all-round child development •To support family well-being in terms of stable relationships and enjoyment of parenting roles. 	<p>(NP PfP) courses in place: 3 in South and 1 in North, delivered by Health visitors and midwives.</p> <p>The courses are 6 weeks in duration, 5 of which are run antenatal, and 1 postnatally. The courses cover a wide range of topics and geared up to prepare people to become parents: labour and birth, changes to relationships, impact of stress as well as more practical things related to baby (feeding).</p> <p>The courses are now part of Thriving Kirklees so will be on offer until the end of this contract.</p> <p>There is scope to make this a more targeted offer of support as currently universal.</p>
		Carol Woodhead –	G	Carol and her team provide	

		Parenting Support Manager Kirklees Council			<p>supportive training and advice to vulnerable families across Kirklees. These families could be experiencing any of the following concerns:</p> <ul style="list-style-type: none"> - Violent/ abusive children - Children that have been taken away from the family
<p>2.3 Pregnant women and those who have given birth in the last year</p> <p>In 2015 the government launched a new ambition to reduce the rate of stillbirths, infant and maternal deaths in England by 50% by 2030.</p>	<p>Review the local perinatal mental health pathway</p> <p>November 2016: SWYFT has been awarded £2.1m by NHS England to provide specialist mental health support to pregnant women and new mums. The two year funding will be used to set up a specialist perinatal mental health team to support local people</p>	SWFT	A	<p>It is estimated that this service will make a difference to 2920 women a year with 730 requiring direct support from the specialist team. This will support recommendation 15 of the 5YFV which states that by 2020/21, NHS England should support at least 30,000 more women each year to access evidence-based specialist mental</p>	<p>The Specialist Perinatal team:</p> <ul style="list-style-type: none"> -Provides education and advice to local communities and the voluntary sector. This includes the development of a 'learning network' of perinatal mental health peer supporters who have lived experience of the issues. This will lead to earlier identification and treatment and care. -Provides specialist support and co-working with existing local mental health and maternity pathways. Greater specialist capacity in every locality will promote recovery

	across the BDUs			health care during the perinatal period. This should include access to psychological therapies.	and help people access care closer to their home. -Directly manages care for the most complex cases including gatekeeping the patient journey into and out of specialist Mother and Baby inpatient units.
2.4 Children and young people	<p>Improve the mental health of ch &yp, in-particular:</p> <ul style="list-style-type: none"> - Looked after children - Care leavers - Those in youth justice system - LGBT <p>Consider implementing school based awareness programmes.</p> <p>Utilise the results of the planned 2018 Young People's survey</p>	<p>Schools as community hubs – the 0-19 service actively involved with monthly strategic meetings discussing families and support needed from all services within the hub</p> <p>Val Flintoff –PHSE Learning lead</p> <p>Brunswick centre</p> <p>Probation</p> <p>Northorpe Hall</p>	A	<p>LGBT young people reporting they are better informed and have happy lives in school, at home and in the community</p> <p>LGBT young people report healthier and happy relationships and improved emotional health and well-being</p>	<p>May 2016: Suicide by children and young people in England showed:</p> <ul style="list-style-type: none"> -exam pressures -bullying -physical health problems (acne or asthma) to have greatest impact. Report shared with SPAG and CDOP <p>New Kirklees PSHE Programme of Study being recommended to all our schools: focusing on the key local priorities identified in the Kirklees Young People's Survey 2014, Kirklees Children and Young People Plan (2013-2016), Kirklees Health and well-being strategy (2013-2020) – The programme of study covers</p>

				<p>Key Stages 1 to 5 and is based on three core themes within which there is broad overlap and flexibility: Core theme 1. Health and Wellbeing Core theme 2. Relationships Core theme 3. Living in the Wider World</p> <p>Russell Oxley – young persons lead for Brunswick LGBT, running groups for LGBT young people and their parents. Funded post until 2022.</p> <p>A team of 4 police has been set up in Kirklees to provide input to young people including subjects such as Child sex exploitation, PREVENT, gangs, knife crime and mental health. Northorpe Hall and Probation delivered first input day at the Brian Jackson College last week. Further plans to provide this input to Batley Grammar school over 5 input</p>
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					days in 2018.
	<p>Improve links with Joint Calderdale & Kirklees CDOP:</p> <ul style="list-style-type: none"> -to share lessons learnt - to be aware of clusters amongst young people - to be aware of frequently used locations and/or methods - to provide better support to those affected by suicide 	Emily Parry-Harries	G	More effective suicide prevention planning.	PH consultant now chairs this panel so much stronger links in terms of sharing lessons. CDOP have also been proactive in working with POPYRUS: a charity to support young people at risk of suicide

3. Reduce access to the means of suicide

Objective	Steps that need to be taken	Lead	(RAG)	Expected outcomes	Progress to date
3.0: Reduce the level of risk of suicide at identified high risk locations in community and mental health settings	<p>Use the most recent local data to identify how and where people in Kirklees are most likely to take their own life.</p> <p>Hanging: 45% Poisoning: 31% Drowning: 6% Standing in front of a train: 5% (Kirklees has 2 train stations in the most frequently used train stations in England: Slaithwaite and Dewsbury).</p> <p>After own home, river/lake/canal and railway stations were the most frequent locations used to take your own life in Kirklees.</p> <p>Improve partnerships in Kirklees between Network Rail, motorway network, Samaritans, WY Police & British Transport Police Andrew.Roberts@BTP.pnn.police.uk</p> <p>Promote crisis line numbers at</p>	<p>Suicide prevention action group.</p> <p>Network rail Caroline.Kington@networkrail.co.uk / Samaritans</p>	A	<p>Reduction in completed suicides</p> <p>Support given to people in a crisis</p>	<p>Contact made with Samaritans to ascertain what outreach work is taking place at the priority train station locations: jaynewakefielddirector@gmail.com Jayne attends the SPAG meetings regularly</p> <p>A contact within WY Police (Nicola Pringle) has now been identified to work on real time surveillance sharing so that local authorities are able to respond in a more timely fashion to clusters and/or trends</p>

	<p>high risk locations.</p> <p>Work with colleagues in Housing who come into contact with people who live in high rise accommodation who may be experiencing risk factors for suicide:</p> <ul style="list-style-type: none"> - Give crisis cards - Staff to attend MHFA training <p>Develop a data sharing agreement with local partners to contribute to a suicide audit database (real-time surveillance)</p>				<p>Asad Bhatti – Head of Asset management for KNH Kirklees Council is developing an Asset Strategy. We have asked for suicide prevention to be incorporated into the strategy e.g. to provide areas for social interaction, to consider lighting and to consider barriers in any high rise buildings.</p>
3.1: Improve safe prescribing to restrict access to some toxic drugs.	Discussion with prescribing teams/CCG's.	CCG's	October 2015.	Reduction of self-harm and suicide from overdosing on medication	Latest suicide audit (2011-2013) findings have been shared (October 2015) with both CSG's with regards to drugs used in overdoses in Kirklees.
3.2: Local authority planning;	Discussion with Planning / Highways department and ascertain what measures they are taking to address this and to embed suicide prevention within planning as part of Health and Safety.	Public Health/ Planning	Early 2017	Reduction in suicides from high rise buildings.	<p>Simon.taylor@kirklees.gov.uk Head of Development Management</p> <p>As part of the council's Highway Design Guide, Supplementary Planning Document, the following steps/measures have been suggested as considerations</p>

	<p>Share Preventing suicides in Public Places https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/481224/Preventing suicides in public places.pdf</p> <p>Use local intelligence to build a local picture of high risk public places for suicide and take steps to tackle this</p>			<p>within any highways planning:</p> <ul style="list-style-type: none"> ➤ Increase opportunity and capacity for human interaction ➤ Provide amenities and recreational opportunities to improve the health and wellbeing of the whole local community ➤ Hard engineering (physical barriers) from high rise buildings can be highly effective to prevent suicide, but should be implemented with other 'soft' measures (see above) ➤ The infrastructure should lend itself to human interaction as this is the best defence against isolation and hopelessness ➤ In quieter areas, use lighting to help make places more visible
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4. Provide better information and support to those bereaved or affected by suicide

Objective	Steps that need to be taken	Lead	Time scales (RAG)	Expected outcomes	Progress to date
4.1: Provide effective and timely support for families bereaved or affected by suicide;	<p>Commission a suicide bereavement service for people in Kirklees. Options:</p> <ul style="list-style-type: none"> - A regional collaborative approach - A bespoke Kirklees approach to train up existing peer supporters with lived experience <p>Utilise http://www.nspa.org.uk/wp-content/uploads/2017/01/NSPA-postvention-framework-20.10.16.pdf to help do this work.</p>	LA, CCG's	A	<p>Improved support for those bereaved of suicide.</p> <p>Improved health and wellbeing of those who are bereaved of suicide.</p>	<p>Currently a gap in Kirklees. Nearest support is kirklees@cruse.org.uk but this is support for generic bereavement. Nearest SoBS group is Bradford.</p> <p>Scoping paper across Y and H has been written by PH. Will be taken to AsDPH's in December. Outcome: agreed to support but to what extent depends on local priorities.</p>
	Provide local undertakers with this link along with the link to 'Help is at Hand.'	Rebecca Elliott	G	Improved support for those bereaved of suicide	Email was circulated to all undertakers in Kirklees and letters written (Feb 2017) to those that wanted this communication. Most we spoke to had NOT heard of this resource.

	All to promote 'Help is at Hand' regardless of work area. Disseminate to community settings such as: libraries, primary care and community centres and council bereavement services: Paul Hawkins http://www.supportaftersuicide.org.uk/help-is-at-hand	SPAG members	G	Improved support for those bereaved of suicide	Resource has been circulated to SPAG group. Dec 2017-now have actual hard copies to distribute to SPAG group. Jane Clifford is coordinating.
	Promote the 'Facing the Future' pilot taking place between Samaritans and CRUSE in Wakefield. August 2016 is the next session start date. Need to be 3 months bereaved before can access the 6 sessions. Awaiting evaluation of pilots already undertaken. www.facingthefuturegroups.org	SPAG members	R	Improved support for those bereaved of suicide	Awaiting evaluation of pilots. Kirklees residents would have to travel. Scope whether we could pilot something similar here in Kirklees.
4.2: Information/support for people concerned that someone is at risk of suicide	Promote the Samaritans number: 116123 as the first point of contact for anyone who is concerned about someone being at risk of suicide. Samaritans can take 3 rd party referrals and will then contact the person thought to be at risk. Ensure Samaritans number is visible at local Kirklees train stations where higher numbers of suicide take place	Samaritans	G	Increased support for those at risk of suicide and those concerned about those at risk.	Promoted on Campaign and crisis card.
	KNH have a publication named 'door to door' (twice a year) which reaches 22,500 households and an internal staff briefing 'briefly speaking' (weekly bulletin) which reaches 900 staff. Utilise these communication channels to spread messages and raise awareness.	KNH	R		

	Scope the development of a crisis card for front line workers to give out to those working with vulnerable people and for those who are concerned about family or friends.	SPAG group	G		Final version to be printed by end of Feb 2018
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5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour

Objective	Steps that need to be taken	Lead	Time Scales (RAG)	Expected outcomes	Progress to date
<p>5.1: For all editors of local media to be familiar with national and local guidelines for reporting suicide and suicidal behaviour</p>	<p>Share guidelines written to support the media in the reporting of suicide and suicidal behaviour in the media.</p> <ol style="list-style-type: none"> 1) Samaritans: Media guidelines for reporting suicide http://www.samaritans.org/media-centre/media-guidelines-reporting-suicide 2) Leeds: Covering Suicide; Brief Guidelines for those working in or with the news media http://www.leeds.gov.uk/docs/CoveringSuicide.pdf <p>Ensure that those working in local media are aware of the local Suicide Prevention action group and ensure they are aware of local sources of support and contact details of helplines when reporting mental health and suicide stories.</p> <p>Share guidelines with all those contacts that work in communications and ask these colleagues to share with local press officers to highlight the following:</p> <ul style="list-style-type: none"> - Encourage a positive report on the deceased person - Do not sensationalise the suicide or suicide method - Protect bereaved families from intrusion - Avoid referring to suicide in the headline of the story - Avoid terms such as ‘successful’, ‘unsuccessful’, or ‘failed.’ - Restrict coverage of methods used 	<p>Suicide Prevention group – All Communication officers: Council, NHS and voluntary and community sector</p>	<p>A</p>	<p>Media coverage in Kirklees will be non-sensationalist and will mention sources of support.</p> <p>General public are more informed about mental health Reduced stigma and discrimination</p>	<p>Shared with Council comms lead – Jan 2017 Awaiting outcome of this and contact names of local media for future reference.</p> <p>Plans for joint work between SPAG and Samaritans to deliver media training to local media in Kirklees -2018.</p>

5.2: Minimise the stigma associated with mental health conditions and suicide across Kirklees.	<p>Develop a suicide prevention campaign using the suicide audit data and information to inform the content and delivery.</p> <p>Develop a communications plan to support this with timescales, including liaising with local media and development of crisis card.</p>	Suicide prevention group	G	Improved emotional health and wellbeing	Initial brainstorm taken place on 27 th June 2016 - completed
	Promote sign up to @TTCKirklees by all SPAG members and networks.	SPAG	G	Reduced mental health stigma	Twitter account live as of Nov 2017. Encourage SPAG members to follow. Kirklees Council comms is actively following and retweeting.

6. To promote local research and knowledge on suicide and suicide prevention

Objective	Steps that need to be taken	Lead	Timescales (RAG)	Expected outcomes	Progress to date
6.1: Reliable, timely and accurate suicide statistics	Conduct suicide audit for period 2014-2016	Rebecca Elliott and Owen Richardson	A	Effective suicide prevention	Meeting with Bradford coroner took place in early

for suicide prevention and self-harm		Bradford Coroner		planning and collaborations	Feb 2017. Access to records granted but suicide verdicts only. New audit is due to commence in 2018.
	Routinely use the suicide prevention fingertips profile https://fingertips.phe.org.uk/profile-group/mental-health/profile/suicide to understand local trends in Kirklees: <ul style="list-style-type: none"> - Suicide data - Related risk factors - Related service contacts 	RE and SPAG	G	Effective suicide prevention planning	Carried out again at Dec 17 meeting.
	Develop an Information Sharing Protocol for Kirklees	Conversations now happening West Yorkshire Police (Nicola Pringle) to look at data sharing on a more formal basis.	A	Effective and more timely suicide prevention planning	This has been recognised as a priority within the West Yorkshire and Harrogate Health and Care Partnership strategy
	Develop a local suicide response plan and apply emergency planning principals to test the robustness of local plans and processes for handling a suicide cluster https://www.gov.uk/government/	RE and Y and H regional task and finish group to test a community response plan focusing on:	A	To ensure a measured and effective response to suicide clusters.	Kirklees to be used as a pilot site to carry out the real time suicide response to a cluster – Summer 2018

	publications/suicide-prevention-identifying-and-responding-to-suicide-clusters	<ul style="list-style-type: none"> - Chyp - Adults - Surveillance systems - Methods - comms 			
6.2: Disseminate existing research/evidence on suicide prevention	<p>Routinely identify and promote evidence based practice on suicide prevention and incorporate findings in the Suicide Prevention action plan.</p> <p>Utilise the regional mental health and suicide prevention group to determine the evidence base practice on suicide prevention and what works and apply these findings to a local level where appropriate.</p>	Suicide prevention and self- harm group via regional group.	G	Consistent approaches across Kirklees embedded within one action plan.	<p>New Local Suicide prevention planning: A practice resource has been shared: December 2016.</p> <p>Ongoing via Rebecca Elliott as and when received.</p>

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Name of Meeting: HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

Date: TUESDAY 13 FEBRUARY 2018

**Title of report: INTEGRATION OF HEALTH AND ADULT SOCIAL CARE:
UPDATE ON PLANNED ACTIVITY**

Purpose of Report:

This report presents for information an updated position statement on the integration of Health and Adult Social Care in Kirklees.

Key Decision - Is it likely to result in spending or a saving of £250k or more, or to have a significant effect on two or more electoral wards?	N/A
Is it in the Council's Forward Plan (Key Decisions and Private Reports)?	N/A
The Decision - Is it eligible for "call in" by Scrutiny?	N/A
Date signed off by <u>Director</u> and name	Richard Parry – 5 February 2018
Is it also signed off by the Assistant Director for Financial Management, IT, Risk and Performance?	N/A
Is it also signed off by the Assistant Director, Legal, Governance and Monitoring	N/A
Cabinet member portfolio	Cllrs Viv Kendrick and Cathy Scott, Adults and Public Health

Electoral [wards](#) affected: All

Ward councillors consulted: Consultation with Ward Councillors is not applicable to this report

Public or private: Public

1. Introduction

1.1 A report outlining the approach to the integration of health and adult social care was discussed at the November 2017 Health and Adult Social Care Scrutiny Panel. The Panel have asked to be provided with an update against the planned activity including terms of reference for the Integrated Commissioning Board. This paper provided this update.

Update on Planned Activity

- 1.2 A summary of progress against the planned activity during December and January is provided below.
- 1.3 Proposals for the development of enhanced integrated governance arrangements for commissioning health and social care in Kirklees were discussed and supported by the Kirklees Health and Wellbeing Board meeting in December 2017. A copy of this report can be found [here](#). In summary these proposals are to review, build on and re-invigorate the existing integrated commissioning arrangements by:
- Establishing a new Integrated Commissioning Board to take on the work currently undertaken by the Integrated Commissioning Executive and the Better Care Fund Partnership Board. And to support the role of the Health and Wellbeing Board by focusing on key areas initially including:
 - Build on existing trust, working relationships and confidence
 - Develop the integrated commissioning:
 - Strategy and plan
 - Outcomes framework
 - Unified approach to quality
 - Unified approach to engagement and public involvement
 - Receive finance, performance and quality information on existing services
 - Agree the scope for integrated provision and manage delivery on early initiatives
 - Agree the aspiration for further pooling of commissioning funds.
 - Draft Terms of Reference, including membership, have been written and shared with colleagues in the CCGs and Council via the Integrated Commissioning Steering Group. These are based on the existing terms of reference of the Integrated Commissioning Executive and the Better Care Fund Partnership Board.
 - These will be shared with the Kirklees Health and Wellbeing Board for comments and will then be presented to the Board in March 2018 for approval. In addition to this they will be taken through CCG and Council internal governance arrangements during February and March 2018.
 - Work has also been progressed to review supporting arrangements including the integrated commissioning groups and this will continue in February and March 2018.
 - The CCGs have progressed the rationalisation of their governance arrangements which are an important component of the integration of health and social care commissioning. The Governing Bodies of the CCGs met as meetings in common for the first time in January 2018. Other committee structures will become aligned from April 2018 and the detailed work to enable this to happen has been progressed during December and January and will continue in the lead up to April 2018.
- 1.4 Work has also progressed to develop the integrated commissioning infrastructure. This includes developing the common 'Toolbox' of approaches and language to support integrated commissioning. The monthly Joint Senior Management Team meeting between the Council and the CCGs is also being used to support integrated commissioning by providing a place to discuss current issues and the practicalities of working together in an integrated way. Further work is planned to support this including helping staff to get to know each other.

- 1.5 Whilst developing the integrated commissioning arrangements, work has also been progressed around developing and integrated delivery system for out of hospital care. This includes:
- Undertaking a baseline mapping exercise to understand the current picture of service delivery and the existing approaches to integration. This work is continuing and involves provider organisations. It is expected to be completed by April 2018 and will be used to inform ongoing work.
 - Building the leadership approach through a series of round robin meetings with Chief Executives and other leaders in providers. These meetings are continuing and will be used to inform future approaches to place based leadership to support integrated delivery.
 - A Joint Development Session between the CCGs and Council was held in January 2018 and this focused on place based systems of delivering integrated out of hospital care. Existing approaches including Community Plus, Schools as Community hubs, and clusters/teams of GP practices were amongst the approaches discussed. There was a high level of enthusiasm for building on these approaches during 2018/19 and the outcome of this session will be used to inform how this work can be progressed.
- 1.6 In summary a great deal of progress has been made over the last 6 months or so. Much of this work has necessarily focused on ensuring we have the right integrated commissioning governance arrangements in place. If things continue to go to plan, this work will be substantially completed by April 2018. This will then allow us to focus on integrated delivery systems for out of hospital care and to take forward the work on aligning our commissioning resources to allow us to do this.

2. Information required to take a decision

This report is submitted for information only.

3. Implications for the Council

3.1 Early Intervention and Prevention

Work to progress the integration of health and social care is in line with Priority 3 “As part of new Council we will work in partnership with lots of organisations, communities and people.”

3.2 Economic Resilience

There will be no impact arising from this report.

3.3 Improving Outcomes for Children

The current integrated commissioning arrangements for children are well established and included in the scope of the Integrated Commissioning Board.

3.4 Legal/Financial or Human Resources

There will be no impact arising from this report.

4. Consultees and their opinions

This report has been jointly prepared by the Council and CCG Partners in integration.

5. Next steps

Not applicable.

6. Officer recommendations and reasons

That this report be received.

7. Cabinet Portfolio holder recommendation

Not applicable.

8. Contact Officers

Phil Longworth, Health Policy Officer, 01484 221000,
phil.longworth@kirklees.gov.uk

Steve Brennan, Senior Responsible Officer, Working Together, 01924 504900
steve.brennan@northkirkleesccg.nhs.uk

9. Background papers and history of decisions

Not applicable.

10. Service Director responsible

Sue Richards, Service Director, Integration, 01484 221000,
sue.richards@kirklees.gov.uk

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

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

SUPPORT: Richard Dunne, Principal Governance & Democratic Engagement Officer

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
<p>1. Financial position of North Kirklees CCG and Greater Huddersfield CCG</p>	<p>The Panel has received an update on the CCG’s financial position and agreed to continue to monitor the CCG’s finances through further updates at panel meetings.</p> <p>The Panel has also agreed to include the CCGs Primary Care Strategies in this item to consider if there are any specific elements that contribute to the innovation and efficiency of primary care services</p>	<ul style="list-style-type: none"> • Consider the wider transformation programmes being undertaken by both Greater Huddersfield CCG & North Kirklees CCG to include assessing their contribution to increasing efficiencies and impact on services. • A focus on the work being undertaken to reduce costs and increase efficiencies to include: <ul style="list-style-type: none"> ○ Monitoring the impact of the ‘Talk Health Kirklees’ campaign. ○ Assessing the various CIP’s and reviewing the impact of any proposed changes to the commissioning of services. <p><u>Panel Meeting 16 January 2018</u> The Panel received an update on the financial positions of Greater Huddersfield CCG, North Kirklees CCG, Mid Yorkshire Hospitals NHS Trust and Calderdale & Huddersfield NHS Foundation Trust.</p> <p>The Panel noted the significant financial pressures and the emphasis on the joint work that was being developed across each acute hospital footprint to address the gaps and improve outcomes.</p>

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
		The Panel has agreed to maintain a focus on the finances of the health and social care system in Kirklees.
<p>2. Kirklees Health and Wellbeing Plan (Sustainability and Transformation Plan) and Kirklees Joint Strategic Assessment (KJSA)</p>	<p>To maintain an overview of the Kirklees Health and Wellbeing Plan and the KJSA through discussions at panel meetings.</p> <p>This item has been included in a themed discussion at the meeting 12 December 2017 that will cover the work of the Health & Wellbeing Board and include the Better Care Fund.</p>	<p>Key outcome/aim for the Panel will be to assess the impact of changes to service users and consider ways that these could be mitigated.</p> <p>Areas of focus to include:</p> <ul style="list-style-type: none"> • Keeping tracks on progress of the implementation of the plan; • Monitoring impact of changes; • Assessing how local changes fit/link with the wider transformational changes taking place across West Yorks • How the local plan links to the West Yorks Sustainability and Transformation Plan (STP) • An overview of the process that is followed in the development of the KJSA • Presenting an example of the work that is carried out on updating a section of the KJSA • Outlining the approach that is taken to implementing actions to address the issue(s) and monitoring progress <p><u>Panel meeting 12 December 2017</u></p> <p>The Panel considered a discussed two reports that provided information about the Kirklees Health and Wellbeing Plan, the West Yorkshire and Harrogate Sustainability and Transformation Plan and the KJSA.</p> <p>The Panel requested :</p> <ul style="list-style-type: none"> • Further information on the West Yorkshire vision for

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
		<p>improved maternity services ;</p> <ul style="list-style-type: none"> • A written update on the progress made against the implementation plan to include key performance indicators to support the increased capacity in IAPT services.
<p>3. Healthwise Optimisation Programme</p> <p>An initiative being considered by the CCG's that will support people prior to surgery who are deemed to be at higher risk of complications that can occur during or after surgery. Initial areas of focus will cover obesity and smoking.</p>	<p>The programme will be discussed at the meeting scheduled for 3 October 2017.</p>	<p>The Panel will consider how the programme will operate to include the planned timescales for implementation of the programme.</p> <p>Aim/outcome will be for the Panel to understand the impact of these changes ; identify if there are any groups that will be adversely affected by the changes; and make recommendations to CCGs on ways to reduce the impact of these changes.</p> <p><u>Panel meeting 3rd October 2017</u></p> <p>The Panel considered a report by Greater Huddersfield and North Kirklees CCGs on Health Optimisation and the proposal to introduce additional thresholds for non-urgent elective surgery.</p> <p>The Panel agreed that the Health Optimisation Programme proposed a significant variation in service to the public and requested that the CCGs undertake a period of consultation for 6 weeks.</p> <p>The Panel highlighted a number of key areas for further consideration and agreed that the Lead Scrutiny Member would meet with reps from GHCCG, NKCCG and Public Health to follow up the issues highlighted.</p>

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
		<p>The Panel requested that CCGs report back to the Panel with the results and outcomes of the 6 week consultation once it has been completed – date to be agreed.</p> <p><u>Lead Member Briefing 8 January 2018</u> CCGs have advised that plans to move ahead with the Health Optimisation Programme have been postponed. Consideration will be given to looking at this programme on a wider West Yorkshire and Harrogate footprint.</p> <p>Lead Member will continue to monitor this area of work and report back to the Panel as the work progresses.</p>
<p>4. Integration of Health and Social Care</p> <p>The integration of Health and Social Care is at the centre of government reforms and with the introduction of STP's there is a clear expectation for there to be significant measurable progress in health and social care integration by 2020</p>	<p>To maintain an overview of progress of the Integration of Health and Adult Social Care.</p> <p>This item will be discussed at the meeting scheduled for 14 November 2017.</p>	<ul style="list-style-type: none"> • Consider how performance will be measured; assessing the pace of change; and reviewing the impact on the standard and quality of services being delivered in Kirklees. • Assess the overall impact of reductions in budgets across the whole of the health and social care economy. <p>Aim/Outcome will be for the Panel to: assess if there is any disproportionate impact on certain groups; highlight impact on service users to relevant providers and ensure steps/measures are being taken to support affected groups.</p> <p><u>Panel meeting 14 November 2017</u> The Panel received an update on the progress of the integration of health and adult social care.</p>

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
		<p>The panel requested further information to include :</p> <ul style="list-style-type: none"> • A high level timeline to include details of engagement work • An update on work taking place in North Kirklees to provide similar provision to that delivered by the Whitehouse Centre, Huddersfield • Details on how progress is being made to provide a single point of access across the sector. <p>A further update is to be scheduled for early 2018.</p>
5. CQC Inspections	To maintain an overview of the progress of the Action Plans developed by a number of local providers following a CQC inspection either through written updates/ Feedback from Lead Member /presentations at panel meetings.	<p>Review progress from the following provider action plans :</p> <ul style="list-style-type: none"> • Calderdale and Huddersfield NHS Foundation Trust • Locala Community Partnerships • South West Yorkshire Partnership NHS Foundation Trust • Mid Yorkshire Hospitals NHS Trust
6. All Age Disability and Adult Pathways	The Panel to receive updates on the work that is being done on developing the All Age Disability and Adult Pathway workstreams.	<p><u>Panel meeting 4 July 2017.</u></p> <p>The Panel received an update on the work that is being developed on Adult Services Pathways that included an overview of the key areas of transformation</p> <p>The Panel has requested further information that provides:</p> <ul style="list-style-type: none"> • An overview of the timescales and key milestones for the various transformational work streams and redesign of the Adult Services pathways • The headline financial figures that outline where the projected savings will be achieved.

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
<p>7. The Healthy Child Programme (0-19 services)</p> <p>The Kirklees Integrated Healthy Child Programme (KIHCP) is seen as a catalyst for transforming work with children and young people across a range of systems, interventions, sectors and services over the next 5 -10 years.</p>	<p>In March 2017 the Panel was presented with an update on the KIHCP procurement process; the approach being taken to implementing the programme; and progress of implementation. Further updates will be presented at panel meetings during 2017/18.</p> <p>This item has been scheduled for discussion at the meeting 12 September 2017.</p>	<p>At the March meeting the Panel agreed to:</p> <ul style="list-style-type: none"> • Maintain an overview of the development of the service to include progress on implementation • Receive an update on how the key risks/issues have been managed as outlined in the March meeting. <p><u>Panel meeting 12 September 2017.</u></p> <p>The Panel received an update covering the areas identified from the March 2017 meeting. The Panel has agreed to :</p> <ul style="list-style-type: none"> • Receive an overview of the priority areas in the Kirklees Future in Mind Transformation Plan. • Maintain an overview of progress of the implementation of the programme to include feedback from practioners. • Include an additional area of focus on the transition from HCP to adult services. • To monitor work being done to Improve engagement with Social Care within the mobilisation processes with the aim of improving integrated working. • To monitor the Panel's concerns on the work being developed to develop a rigid CAMHS cancellation policy with the aim of gaining assurance that robust communication systems are in place.
<p>8. Integrated Wellness Model</p> <p>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</p>	<p>In March 2017 the Panel received an update on the progress of work that has taken place to develop a Kirklees Wellness Model. Further updates will be presented at panel meetings during 2017/18.</p> <p>This item has been scheduled for discussion at the meeting 12 September 2017.</p>	<p>At the March meeting the Panel agreed to keep the issue on the Work Programme with a focus on:</p> <ul style="list-style-type: none"> • Scoping out the detail of the Wellness Model's functions; • Developing the details for the Service Specification • Producing a timeline to include key milestones and decision making;

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
<p>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.</p>		<ul style="list-style-type: none"> Understanding the outcomes and impact for service users; and Clarification on what services/provision will align virtually or work on the periphery of the model. <p>Aim/outcome will be to understand how this model integrates with work being developed in other areas of the health and social care economy; the impact this will have on service users; and ensuring measures are put in place to support equitable access to services.</p> <p><u>Panel meeting 12 September 2017.</u> The Panel received an update on the progress of the design and commission of the Kirklees Integrated Wellness Model. The Panel has agreed to:</p> <ul style="list-style-type: none"> Receive the outcomes from the engagement/public insight work and the draft service specification. <p>The Panel has also identified a number of additional areas of focus to include:</p> <ul style="list-style-type: none"> Assessing how the model will integrate with the work of the CCGs (such as Health Optimisation) Getting a clearer indication of the approach that will be taken by Public Health in identifying outcomes and developing an evaluation strategy. Assessing how Public Health will assess value for money. Reviewing: the numbers of people accessing the services; and the initiatives to 'scale up' services, increase the numbers of service users and target areas of inequality.

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
9. Robustness of Adult Social Care	<p>To maintain an overview of the work being done to support a robust adult social care service through updates at panel meetings.</p> <p>This item has been scheduled for discussion at the meeting 3 October 2017.</p>	<p>Areas of focus to include:</p> <ul style="list-style-type: none"> • The new contract for homecare provision. • State and resilience of the adult social care market. • Update on preparations for winter. <p><u>Panel meeting 3rd October 2017</u></p> <p>The Panel considered a report describing the approach taken by Adult Social Care in order to continuously improve the robustness of the Adult Social Care system.</p> <p>The Panel agreed to consider a report to a future Panel meeting detailing performance and evidence that improvements were being made in the Adult and Social Care Service – date to be determined.</p>
10. Attention Deficit Hyperactive Disorder (ADHD) – Adults	<p>In April 2017 the Panel was presented with an update on waiting times and numbers for Adult ADHD and an overview of the work that was being developed to enhance the capacity of service and improve the consistency of the service delivered across West Yorks.</p> <p>The Panel has agreed to receive a further written update.</p>	<p>Maintaining an overview of progress.</p>
11. Quality of Care in Kirklees	<p>In April 2017 CQC presented to the Panel an outline of its activity and an overview of the outcomes of the inspections in Kirklees.</p> <p>It was agreed that a further update be arranged towards the end of the 2017/18 municipal year with a focus on adult social care.</p>	<p>General update report and discussion.</p>

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
<p>12. Suicide Prevention The House of Commons Health Committee has recommended to Government that health overview and scrutiny committees should be involved in ensuring effective implementation of local authorities' suicide prevention plans. This should be established as a key role of these committees. Effective local scrutiny of a local authority's suicide prevention plan should reduce or eliminate the need for intervention by the national implementation board.</p>	<p>The Panel will need to view and assess the Kirklees Suicide Prevention Plan and agree its approach to monitoring the effectiveness of the Plan.</p>	<p>Areas of focus and outcomes to be confirmed.</p> <p><u>Lead member briefing 24 October 2017.</u> Public Health will present the Kirklees Suicide Prevention Plan at the Panel meeting 13 February 2018. Areas that will be covered will include:</p> <ul style="list-style-type: none"> • Assessing the Plan; • Clarification of who is/has been involved in developing the Plan; • What partnerships are involved in overseeing and implementing the Plan; • Who monitors the effectiveness of the Plan and what are the expected outcomes.
<p>13. Changes to Podiatry Services – outcomes of consultation</p>	<p>A report on the outcomes of Locala's consultation on the Changes to Podiatry Services has been scheduled to be considered by the Panel at the meeting 14 November 2017.</p>	<p>To be determined following presentation of consultation outcomes report.</p> <p><u>Panel meeting 14 November 2017</u> The Panel considered the outcomes of the consultation and a findings report.</p> <p>The Panel issued a number of recommendations that included requesting Locala to consider how the issues highlighted by the consultation will be addressed. In addition the Panel requested that it is provided an opportunity to see the final report that outlines the proposed changes before a final decision is made.</p> <p>The final report has been scheduled for presentation at the meeting 13 March 2018.</p>

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
<p>14. Mental Health Services – Transformation Programme SWYPFT are continuing to work through a major service transformation programme with a focus on: recovery; putting more people in charge of the care they get; providing more support to people when they need it; helping people to leave hospital when they are ready; and ensuring that GP's stay at the heart of care.</p>	<p>Panel to receive an update at a future meeting on progress of the programme.</p>	<p>Areas of focus to include:</p> <ul style="list-style-type: none"> • Overview of the key services that are/have been transformed. • Details of where implementation has taken place • Overview of emerging outcomes including lessons learned.
<p>15. Care Closer to Home (CC2H) CC2H remains a key transformational change for Clinical Commissioning Groups (CCG's). A key aim of CC2H is to develop an integrated community based health care service for all including the frail, vulnerable, older people and end of life care. The programme has critical inter-dependencies with the two hospital services programmes (Righty Care Right Time Right Place and Meeting the Challenge). The CC2H contract is delivered by Locala and GHCCG is the lead commissioner.</p>	<p>In February 2017 the Panel considered an update on the implementation of the programme and received the February 2017 copy of the Locala Quality Dashboard.</p> <p>The Panel agreed to continue to maintain an overview of progress of the programme.</p>	<p>Areas of focus to include:</p> <ul style="list-style-type: none"> • Assessing the effectiveness of CC2H in supporting the two hospital services programme with a particular focus on the changes taking place across Mid Yorkshire Hospitals Trust and the progress being made in reducing demand in hospital services provided by Calderdale and Huddersfield NHS Foundation Trust. • Undertaking a further review of the Locala Quality Dashboard to identify if there are any themes that the Panel may wish to focus on.
<p>16. Health and Wellbeing Board – Better Care Fund (BCF) The BCF provides a significant financial incentive for the integration of health</p>	<p>This item has been included in a themed discussion at the meeting 12 December 2017 that will cover the work of the Health & Wellbeing Board.</p>	<p>Areas of focus to include:</p> <ul style="list-style-type: none"> • Current position of the BCF and improved BCF (iBCF). • Assessing any plans to use iBCF to improve local targets and services including: meeting adult social

FULL PANEL DISCUSSION		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
and social care. CCG's and LA's are required to pool budgets and agree an integrated spending plan on how they will use their BCF allocation.		<p>care needs; reducing demands on hospital services including improved discharged times from hospital; and supporting the local social care provider market.</p> <ul style="list-style-type: none"> • Planned BCF outcomes. • How the funds will be used to support the integration of health and social care. <p><u>Panel meeting 12 December 2017</u> The Panel considered a report that provided information and progress of the work that is being undertaken as a result of the Kirklees Better Care Fund Plan.</p> <p>The Panel requested information that was included in the impact report on the Touchstone service "Better in Kirklees."</p>
<p>17. Interim Changes to hospital services To scrutinise any interim changes to hospital services that the Calderdale and Huddersfield NHS Foundation Trust (CHFT) are considering prior to reconfiguration</p>	<p>The Panel will need to monitor the reviews that CHFT are currently undertaking on inpatient provision of Cardiology, Respiratory and Elderly Medicine.</p> <p>CHFT has advised the Panel that it will be looking to make changes to the above services in November.</p> <p>A presentation explaining the plans and the clinical urgency to make the changes before the anticipated increase in demand in winter will be discussed at the meeting 14 November 2017.</p>	<p>Areas of focus to be determined.</p> <p><u>Panel meeting 14 November 2017</u> The Panel was presented with details of the proposal for interim Acute Inpatient Elderly Medicine, Cardiology and Respiratory Service provision at CHFT.</p> <p>The Panel made a number of recommendations that included a request for written assurance that the proposed interim change was a discrete piece of work. The Panel agreed to retain the issues on its work programme in order maintain an overview of the impact of these changes in Kirklees.</p>

LEAD MEMBER BRIEFING ISSUES

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

MONITORING ITEMS

ISSUE	AREAS OF FOCUS
20. Tuberculosis (TB) in Kirklees	<p>Following an update in April 2016 the Panel agreed to continue to monitor TB in Kirklees to include arranging a further update to cover:</p> <ul style="list-style-type: none"> • Looking at the work being undertaken to reduce TB rates in Bradford and Leeds and to highlight examples of good practice. • Getting clarification on staffing ratios for the current TB nursing establishment as per the recommendations from the Royal College of Nursing. • Receiving an action plan on the work being undertaken in Kirklees to reduce the high levels of TB in the borough

	<p><u>Lead Member briefing 24 October 2017</u></p> <p>Public Health will submit a written update for the January 2018 Panel meeting that will cover:</p> <ul style="list-style-type: none"> • The points above. • Details of the implementation of the latent TB screening pilot; • An overview of the key work streams in the TB work programme; and • A general update of the numbers of TB cases in Kirklees <p><u>Panel meeting 16 January 2018</u></p> <p>The Panel considered a report that provided and an update on TB in Kirklees and the actions being taken to reduce the incidence of TB across the district.</p> <p>The Panel noted the reported and agreed that no further actions were required.</p>	
<p>21. Review of Mental Health Assessments</p>	<p>The Panel will need to agree a time line for reviewing progress of the recommendations of the Ad-hoc Panel following the presentation of the report that to Cabinet at its meeting that was held 25 July 2017.</p>	
NEW EMERGING ISSUES FOR POTENTIAL INCLUSION ON THE WORK PROGRAMME		
ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES
<p>22. Wheelchair Services</p> <p>Wheelchair services in Kirklees are provided by a private company Opcare which is one of the UK's largest prosthetic, orthotic and wheelchair service providers.</p> <p>The Panel has been made aware of a number of issues that relate to the standard and quality of service that is</p>	<p>Lead Member will undertake a short initial fact-finding study to assess the scale of the issues that have been highlighted before presenting to the wider panel to agree next steps.</p>	<p>Areas of focus and outcomes to be determined.</p> <p>A discussion on the issue has been scheduled to take place at the meeting 16 January 2018. Initial questions and key lines of enquiry have been sent to CCGs. The approach for the meeting has still to be finalised but will include a focus on user experience and input from Healthwatch Kirklees.</p>

<p>being provided by Opcare.</p>		<p><u>Panel Meeting 16 January 2018</u></p> <p>The Panel considered the standard and quality of the wheelchairs service in Kirklees which included input from representatives from Greater Huddersfield and North Kirklees CCGs and Healthwatch Kirklees.</p> <p>The Panel agreed a number of actions and recommendations that were focused on improving communication with service users; reviewing the waiting list system; ensuring assessments are being correctly carried out; and improving the experience of service users.</p> <p>The Panel also agreed to arrange another meeting to include representation from Opcare.</p>
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NEW EMERGING ISSUES FOR POTENTIAL INCLUSION ON THE WORK PROGRAMME

ISSUE	APPROACH	AREAS OF FOCUS/OUTCOMES ARE
<p>23. Carers in Kirklees A recent adult safeguarding review undertaken by Healthwatch Kirklees focused on the feedback of the experience of people with dementia and their carers. The report highlighted the important role of carers and the challenges they faced when trying to help a family member or friend with dementia navigate the social care support pathways.</p>	<p>Lead Member has identified this issue as having the potential for being a focused piece of work that could potentially be undertaken as a task oriented (ad hoc) review.</p> <p>An initial scoping exercise will be carried out to identify the key areas of focus.</p>	<p>Areas of focus and outcomes to be determined.</p>