

# Public Document Pack



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

**Julie Muscroft**

The Democracy Service

Civic Centre 3

High Street

Huddersfield

HD1 2TG

**Tel:** 01484 221000

Please ask for: Yolande Myers

Email: [yolande.myers@kirklees.gov.uk](mailto:yolande.myers@kirklees.gov.uk)

Tuesday 1 February 2022

## Notice of Meeting

Dear Member

### Health and Adult Social Care Scrutiny Panel

The **Health and Adult Social Care Scrutiny Panel** will meet in the **Virtual Meeting - online** at **2.00 pm** on **Wednesday 9 February 2022**.

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 Habiban Zaman (Chair)

Councillor Aafaq Butt

Councillor Bill Armer

Councillor Vivien Lees-Hamilton

Councillor Lesley Warner

Councillor Fazila Loonat

David Rigby (Co-Optee)

Lynne Keady (Co-Optee)

# Agenda

## Reports or Explanatory Notes Attached

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### Pages

**1: Minutes of previous meeting**

1 - 8

To approve the Minutes of the meeting of the Panel held on 7 December 2021.

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**2: Interests**

9 - 10

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.

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**3: Admission of the public**

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

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**4: Deputations/Petitions**

The Committee will receive any petitions and hear any deputations from members of the public. A deputation is where up to five people can attend the meeting and make a presentation on some particular issue of concern. A member of the public can also hand in a petition at the meeting but that petition should relate to something on which the body has powers and responsibilities.

In accordance with Council Procedure Rule 10 (2), Members of the Public should provide at least 24 hours' notice of presenting a deputation.

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**5: Public Question Time**

The meeting will hear any questions from the general public.

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**6: Suicide Prevention** 11 - 32

Representatives from Kirklees Public Health and South West Yorkshire Partnership NHS Foundation Trust will be in attendance to present an update on the work being done across Kirklees on suicide prevention.

Contact: Rebecca Elliott, Public Health Manager

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**7: Update on Primary Care Networks** 33 - 48

Representatives from Kirklees Clinical Commissioning Group will be in attendance to present an update on the development of Primary Care Networks and access to primary care medical services.

Contact: Richard Dunne, Principal Governance Officer

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**8: Work Programme 2021/22** 49 - 58

The Panel will review its work programme for 2021/22 and its forward agenda plan.

Contact: Yolande Myers, Principal Governance Officer

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Contact Officer: Richard Dunne

## KIRKLEES COUNCIL

### HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL

**Tuesday 7th December 2021**

Present: Councillor Habiban Zaman (Chair)  
Councillor Bill Armer  
Councillor Lesley Warner

Co-optees David Rigby  
Lynne Keady

In attendance: Helyn Aris – Care Quality Commission (CQC)  
Saf Bhuta – Head of Care Provision, Kirklees Council  
Helen Duke – Locala  
Diane Loftus – Adults Social Care, Kirklees Council  
Jill Taylor - CQC  
Joanne Walkinshaw - CQC

Observers: Councillor Liz Smaje  
Peter Bradshaw

Apologies: Councillor Vivien Lees-Hamilton  
Councillor Fazila Loonat

**1 Minutes of previous meeting**

The minutes of the meeting held on 11 November 2021 were approved as a correct record.

**2 Interests**

Cllr Lesley Warner declared an interest as a member of the Calderdale and Huddersfield NHS Foundation Trust Council of Governors.

**3 Admission of the public**

All items were taken in public session.

**4 Deputations/Petitions**

No deputations or petitions were received.

**5 Public Question Time**

No questions were asked.

**6 Care Quality Commission - Quality of Care in Kirklees**

The Panel welcomed representatives from the Care Quality Commission (CQC).

## Health and Adult Social Care Scrutiny Panel - 7 December 2021

Ms Aris, CQC Adult Social Care Inspection Manager for Kirklees and Wakefield, outlined the role and purpose of CQC and explained the impact of the pandemic on CQC's routine inspections.

Ms Aris informed the Panel on how CQC adapted the way it worked so it could still focus on the quality of care being provided and enable providers to focus on their work during the pandemic.

Ms Aris outlined the key learning points from the Covid-19 crisis and presented the quality ratings for the West Yorkshire authorities pre-Covid-19 and as of 11 October 2021 which showed that the ratings had deteriorated during the pandemic.

Ms Aris explained that the ratings should be seen in the context of the CQC approach to focus and prioritise inspections based on risk.

Ms Aris outlined the ratings for Kirklees adult social care services compared to the national picture which showed that services that required improvement in Kirklees were significantly higher than the national average.

Ms Aris informed the Panel that CQC State of Health Care and Adult Social Care in England 2019/20 highlighted the instability across the systems that included issues with staff turnover in adult social care.

Ms Aris outlined CQC's new strategy and provided the Panel with details of the four key themes and the strategies core ambitions that included tackling inequalities in health and care.

Ms Aris presented details of CQC's approach to monitoring for 2021/22 which included a more targeted approach in its regulatory activity and focusing on bringing information together in one place.

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

- A question on whether CQC had any plans to review the quality and safety of services during the last 18 months with a view to learning lessons for future pandemics.
- A question on whether CQC had any comment to make regarding dentistry.
- Confirmation that CQC's strategy had been informed by the learning from the pandemic and an overview of the insight themed reports that had captured the impact of the pandemic.
- A question on the Kirklees ratings compared to other authorities.
- A concern regarding the challenges in recruiting and retaining staff in the adult social care sector and a question on whether the pay and conditions in the sector were within NHS guidelines.
- A question on the impact of compulsory vaccinations on staff number in the adult social care sector.
- A detailed explanation of the Kirklees ratings.

## Health and Adult Social Care Scrutiny Panel - 7 December 2021

- An overview of the approach providers in adult social care took to pay and conditions and the work of CQC in promoting the importance of the sector and having a competitive pay structure for staff.
- A question on whether the back log in elective care and difficulties in accessing GP services had an impact on the quality of care in the adult social care sector.
- The importance of being able to assess the quality care in an integrated care system.

Ms Walkinshaw, Inspection Manager for Mental Health and Community Health Services in West Yorkshire, outlined the context for the national picture on the impact of the pandemic on people's mental health.

Ms Walkinshaw presented an overview of the key points of the inspection outcomes for Locala that provides community healthcare services to people in Kirklees and South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) that provides mental health services in Kirklees.

Ms Walkinshaw outlined details of the last inspection of the Priory Hospital in Dewsbury that provides specialist inpatient services for adults and older age males with severe and enduring mental health conditions.

Ms Walkinshaw informed the Panel of some serious concerns raised by the Clinical Commissioning Group regarding the lack of a falls risk assessment in the Priory Hospital.

Ms Walkinshaw stated that the Priory Hospital was currently on the local risk register and was being monitored through monthly engagement.

Ms Walkinshaw outlined details of CHART Kirklees which provides substance misuse services to around 4000 clients a year and stated that it was currently unrated as it was a new registered location.

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

- A question on the CQC State of Care report that had reported people presenting in emergency departments and the acute trusts having difficulties in finding appropriate places for them due to a lack of suitable provision.
- Confirmation that during the pandemic the acuity of patients had been more severe which had significantly stretched the capacity of inpatient units and community services.
- Confirmation that these increased pressures hadn't led to an increase in out of area placements.
- Details of the longer waiting times for placements to suitable facilities in community services and the approach to working differently through an increased use of digital technology.
- A concern on the long waiting times for Childrens and Adolescent Mental Health Services.

## Health and Adult Social Care Scrutiny Panel - 7 December 2021

- Details of a new inpatient children's and adolescent facility that would be opening in Leeds and would provide mental health services for young people in Kirklees.
- A concern regarding the number of suicides the SWYPFT community teams had experienced.
- An overview of the learning points from the CQC review of the suicides.

Ms Taylor, Inspection Manager Primary Medical Services, presented an overview of the how GP practices had adapted their work practices in a response to the pandemic.

Ms Taylor stated that GPs were now taking a blended approach which included a mix of traditional face to face consultations, text messages and video and telephone consultations.

Ms Taylor informed the Panel that NHSE and the Department of Health and social care had published a plan in October 2021 setting out how they would support GP practices to improve access.

Ms Taylor stated that CQC had seen a dramatic increase in the volume of queries and concern from patients around access. Ms Taylor explained that in response CQC had recently commenced a series of short inspections of practices with a specific focus on access.

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

- A question on whether the focus on joined up care could work when GPs were predominately individual contractors working for the NHS.
- An overview of the work of GPs in providing access to care in a different way and their role in helping to deliver the vaccination programme.
- Details of the incentives and focus on primary care having an increased role in working with and supporting care homes.

### **RESOLVED –**

1. That representatives from CQC be thanked for attending the meeting and providing the Panel with an insight into the quality of care in Kirklees.
2. That the Panel note the information received and that a follow up session be arranged to include dentistry and to consider progress of the new strategy.

### **7 Reconfiguration of bed base resources across LA care homes and proposals for an improved Intermediate Care offer**

The Panel welcomed Saf Bhuta Head of Care Provision, Kirklees Council, Helen Duke Operations Manager, Locala and Diane Loftus Project Manager, Kirklees Council.

Mr Bhuta presented the plans for the reconfiguration of the dementia and intermediate care beds across the Council's care homes.



## Health and Adult Social Care Scrutiny Panel - 7 December 2021

Mr Bhuta explained that intermediate care in Kirklees was not a new idea and the approach to home first and shifting care away from an acute setting had been a shared objective for many years.

Mr Bhuta outlined the context and purpose of the proposed changes and explained that the pandemic had prioritised speed over elegance in order to meet national requirements for home first and discharge to assess.

Mr Bhuta stated that there had been a system desire for collaboration as a health and care system and that the system made significant progress in a very short space of time.

Mr Bhuta informed that Panel that the system had reflected on the new ways of working and had helped the system to focus more on culture and behaviours that facilitate discharge decisions in the right settings.

Ms Duke presented the timeline for the proposed changes and outlined the process that they had followed to improve the service offer for those individuals who were at risk of going into hospital with therapy need and for those leaving hospital to avoid any delay to their ongoing care.

Ms Duke outlined details of the improved intermediate care service offer and explained that they would be taking a flexible to the service locations with the aim of providing the right care in the right setting.

Ms Duke explained that within the national agenda home first was the preferred model of care and the goal was to move away from a reliance on a bed based solution.

Ms Duke presented details of the core offer that included an improved integrated health and social care model using best practice from the care home sites.

Ms Duke presented a summary of the reconfiguration which included a comparison between the current bed base for each establishment and the new improved model.

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

- A question seeking clarification on the differences between an intermediate care bed and a transitional bed.
- Further questions seeking clarification on the reasons for the changes; the benefit to patients; and the approach to minimising the disruption to patients while the changes were taking place.
- A detailed explanation of the intermediate care offer and the transitional or flexi beds.
- Details of how the different funding streams had supported the various pathways of care following discharge from hospital.
- Details of how the flexible approach would benefit patients.

## Health and Adult Social Care Scrutiny Panel - 7 December 2021

- An overview of the mix of referrals that came from the hospital and community and the aim to introduce a rebalance of referrals with a focus of on encouraging more referrals from GPs.
- The approach to reducing unnecessary admittance to hospital.
- A question on what measure where in place should demand outstrip supply.
- The focus on reducing the reliance on bed placed solutions by increasing the reliance on community based home first solutions.
- A question on whether the new proposals would help to free up hospital beds.
- Confirmation that savings made from reducing the number of beds in the care homes would be reinvested into other resources within the community services.
- Details of the efficiency of the system in Kirklees in supporting people to be discharged quickly from hospital.
- Details of the ability of the local system to deal with increased demand by spot purchasing a bed within the community.
- A question on whether the Council had assessed the impact of the changes to provide more support at home on unpaid or informal carers.
- A question on how the Council was ensuring that patients being discharged to home were going to a safe and warm environment.
- A question on how the Council was monitoring that there were no repeat admissions to hospital and the support provided to people who didn't have family carers.
- An acknowledgement that more worked was needed to engage with families and carers.
- An overview of the work that had been done with families and carers in helping to inform the design of the new services.
- An overview of the work undertaken by Locala with carers and families.
- A question on how carers were being supported when someone was discharged home.
- An explanation of the work being done to publicise the urgent community response service and how it can be accessed.
- Details of the environment assessment that is undertaken prior to discharge.
- A question on how the umbrella of services that sit within the integrated partnership were coordinated.
- An explanation of the care pathways that were part of the health and integrated social care services framework.
- Details of the one discharge form that had been developed to cover the work undertaken by the Kirklees Independent Living Team Partnership.

### RESOLVED -

1. That Saf Bhuta and Helen Duke be thanked for attending the meeting.
2. That the Panel would welcome feedback early in 2022 on the impact of winter pressures on IMC services.

## 8 Work Programme 2021/22

A discussion took place on the Panel's agenda plan with a focus on the items scheduled to take place in 2022.

Areas that were covered included:

## **Health and Adult Social Care Scrutiny Panel - 7 December 2021**

- The potential items for discussion at the February 2022 meeting.
- Confirmation that the review of Primary Care Networks would be included on the February agenda.
- An overview of the areas that were included in the mental health and wellbeing theme.
- The issues relating to mental health that were highlighted during the discussions with CQC.
- A suggestion to invite representatives from public health and South West Yorkshire Partnership NHS Foundation Trust to the February meeting to outline their key achievements and principal performance indicators and to allow other areas of their work to be drawn into the discussions.
- A suggestion to consider how the funds allocated by the Council on mental health had been spent and the impact it had made.
- A concern regarding the mental health and wellbeing of young people.
- An overview of the work being undertaken by the Childrens scrutiny panel on mental health and the suggestion to approach the lead member of the panel to see if members from the health and adult social scrutiny panel could participate in the discussions.
- An overview of the areas that were included in the public health theme.
- The issue of non covid excess death rates.

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<b>KIRKLEES COUNCIL</b>				
<b>COUNCIL/CABINET/COMMITTEE MEETINGS ETC</b>				
<b>DECLARATION OF INTERESTS</b>				
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: 9<sup>th</sup> February 2022**

**Title of report: Mental Health and Suicide Prevention**

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)</u> ?	No
The Decision - Is it eligible for call in by Scrutiny?	No
Date signed off by <u>Strategic Director</u> & name	Rachel Spencer-Henshall – 27.1.2022
Is it also signed off by the Service Director for Finance?	NA
Is it also signed off by the Service Director for Legal Governance and Commissioning?	NA
Health Contact	Vicky Dutchburn - Director of Operational Delivery and Performance

**Electoral wards affected: NA**

**Ward councillors consulted: NA**

**Public or private: Public**

**Has GDPR been considered? Yes, no personal details are shared within the report.**

## 1. Summary

1.1 This report is for briefing and consultation purposes. The intention is to inform the panel on the following key aspects of suicide prevention and mental health as requested by the Health and Adult Social Care Scrutiny Panel.

- An up-to-date analysis of the local need such as a suicide audit and/or local suicide profile.
- The impact that the pathfinder support workers have had in their work in providing advice, training, and support for men vulnerable to self-harm and suicide.
- The impact that the preventative and educational work on mental health that is taking place in schools is having in helping to reduce self-harm and suicide.
- An update on work being undertaken by the Council in supporting mental health provision across the various localities in Kirklees.
- The impact of COVID-19.

In addition, the Panel have asked for comment on several areas of concern surrounding mental health services, that were highlighted during a recent discussion with representatives of CQC that could have an impact on the prevalence of suicide. Issues they would like to cover include:

- Through CQC's feedback on care services (April 2020 – December 2020) that people with mental health needs felt they had been ignored by the GP; not had their symptoms taken seriously; and felt they could not get a referral to a specialist due to a lack of capacity in community mental health services.
- CQC inspection teams raising concerns about people being admitted to mental health services with more severe mental ill- health and people presenting in emergency departments and acute trusts because they were struggling to find appropriate places due to a lack of suitable provision.

### 1.2 **An up-to-date analysis of the local need such as a suicide audit and/or local suicide profile.**

The most recent Kirklees Suicide Audit covers the years 2016 to 2018 inclusive. The report was carried out in partnership with Calderdale and Bradford Local Authorities as they share a coroner's office with Kirklees Council. All verdicts of suicide were included in the audit as well as all those cases which could have been suicide. Key findings from the audit are included below.

Table 1: Kirklees Suicide Count per year, compared to the previous audit.

Year	2011	2012	2013	2014	2015	2016	2017	2018
Kirklees Audit	42	39	40	-	-	46	34	39
Total			121					119



Table 2: Key demographics

Findings	Kirklees 2011-2013	Kirklees 2016-2018	Joint Average 2016-2018
Male: Female ratio	74:26	78:22	75:25
Mean age (SD)	30-39	44.3 (17.3)	44.5 (16.8)
Sexuality	75.2% Heterosexual	83.2% Heterosexual	86% Heterosexual
Modal living Arrangement	Alone	Alone	Alone
Modal Marital Status	Alone	Single	Single
Employment Status	43% in Work	42.0% in Work	44.4% in Work

Chart 1: Prevalence of Mental Health conditions in Kirklees Suicides (2016-2018); excluding missing data; 4.2%.

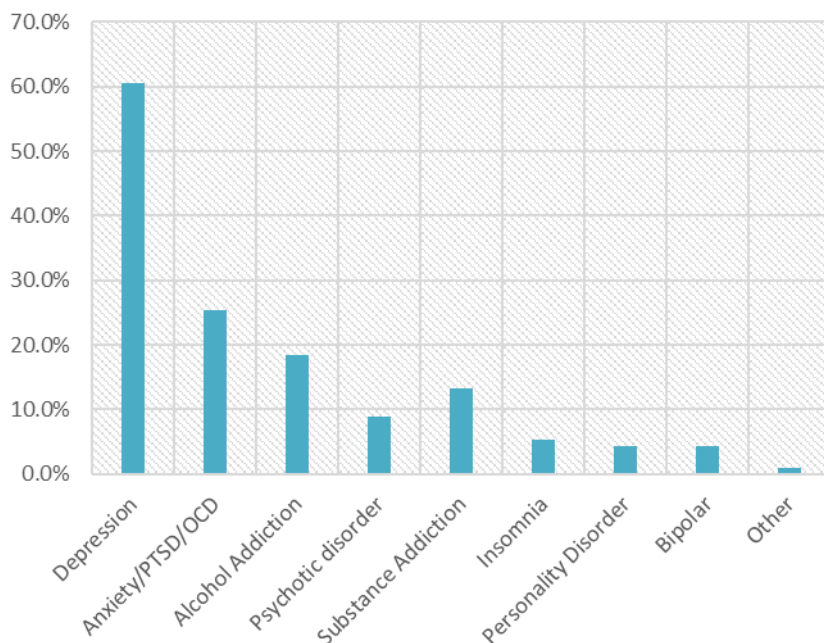
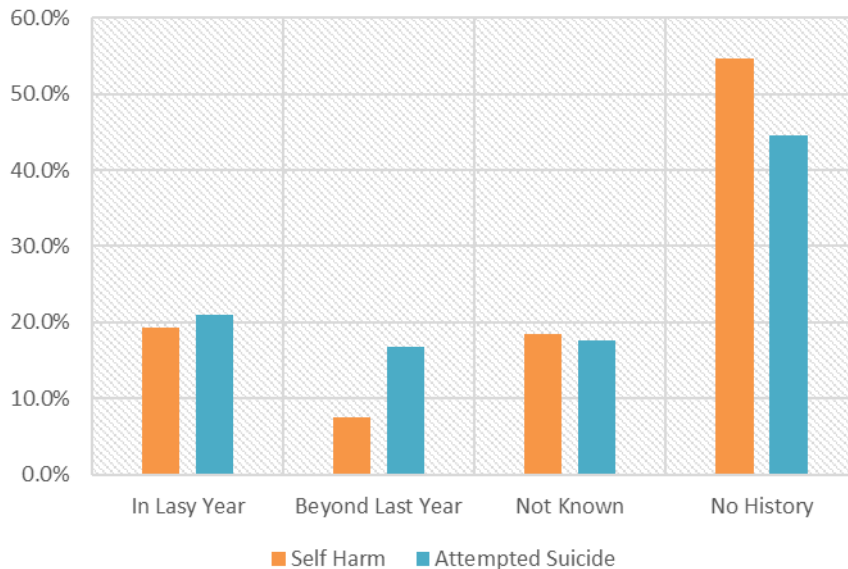


Chart 2: History of self-harm and attempted suicide in Kirklees Suicides (2016-2018)



### Other Key findings:

The audit tells us that nearly 50% of people who took their own life in Kirklees, had contact with primary care in the 3 months prior to their suicide. Most of these visits (54.3%) were for physical health reasons.

Hanging was the most frequently used method of suicide in Kirklees (59.6%).

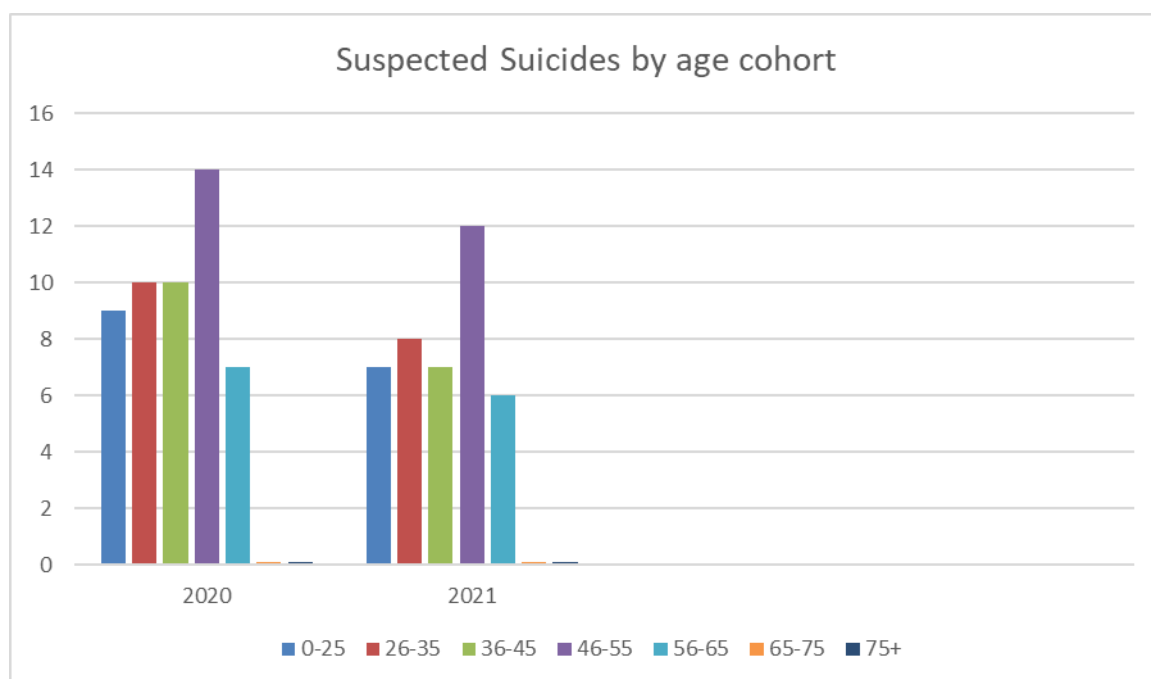
22% of people who took their own life reached out to someone to tell them of their intentions before they acted upon it.

The most frequently reported adverse life events in the narrative details of the suicides were: 'relationship breakdown', 'illness' and 'work.' A newer theme that developed from this audit was the role losing custody or contact with children played; it was a possible risk factor event in 9.2% of cases, although largely occurred in combination with relationship breakdown.

We continue to receive real time surveillance data (suspected suicides) on a weekly basis from West Yorkshire Police, which allows for more effective support to be put in place for impacted families after the loss of someone to suicide and supports us to spot potential suicide clusters emerging across the district. We are looking to involve more colleagues including Yorkshire Ambulance Service and The Fire and Rescue service to understand the situation in real time and enable responses to changing trends. This will include developing a greater understanding of attempted suicide, which has the potential to identify gaps and crucial opportunities to intervene. A previous suicide attempt is one of the most significant antecedents to suicide.

We have monitored the real time surveillance data carefully throughout the pandemic and it tells us that in 2020 we had 53 suspected suicides and in 2021 we had 43 suspected suicides. It's worth noting that we shouldn't draw conclusions from this observed decrease and better to look at 3 year rolling trends when talking about suicide rates.

Chart 3: Real Time Surveillance data for 2020 and 2021 (suspected suicides)



3 year rolling averages (Public Health England data - up to 2020)

Table 3: All persons

Period	Count	Value - Kirklees	Value – Y and H	Value - England
2016-2018	117	10.3	10.7	9.6
2017-2019	122	10.8	12.0	10.1
2018-2020	134	11.8	12.5	10.4

Table 4: Males

Period	Count	Value - Kirklees	Value – Y and H	Value - England
2016-2018	92	16.6	16.7	14.9
2017-2019	97	17.5	18.3	15.5
2018-2020	102	18.4	19.2	15.9

Table 5: Females

Period	Count	Value - Kirklees	Value – Y and H	Value - England
2016-2018	25	4.4	4.8	4.7
2017-2019	25	4.4	5.9	4.9
2018-2020	32	5.6	6.1	5.0

**1.2.1 Overview of progress made against the local suicide prevention action plan in last 2 years**

- We have worked regionally and nationally to ensure there is support in the system for those affected by the pandemic. A regional Grief and Loss service has been in place since May 2020 to provide a listening ear for people experiencing grief and loss. Since it started over 200 people from Kirklees have contacted this service.
- Extra capacity added to CRUSE Kirklees and Kirkwood hospice for bereavement counselling.
- Extensive promotion of the Kirklees mental health support card throughout the pandemic to front line services, food banks and A and E departments. Demand for this resource has been high with interest from outside areas to replicate.
- Public Health have worked with Leeds MIND and developed a family and child support offer within the postvention service for Kirklees residents, which means families in Kirklees can now access suicide bereavement support either as a family or separately on a 1:1 basis. They have supported 6 families so far and are receiving regular referrals from Northorpe Hall.
- We are currently working with Northorpe Hall, Norristhorpe Primary School and Leeds MIND to develop some suicide bereavement guidance for schools. Schools currently do not have any bereavement guidance specific to suicide and what to do should a suicide occur with a staff member or a pupil. We hope this will establish a clear pathway of support.
- We have provided one suicide bereavement memorial event in Batley with the West Yorkshire suicide bereavement service.
- Public Health worked with Highways England to advocate for change and support changes to the infrastructure of Scammonden Bridge. These changes have now been implemented by Highways England, which included higher fencing on the bridge and a telephone on the bridge for people to access mental health support when in a crisis. Since this work has taken place there have been no further fatalities at this location.
- Supporting the refresh of the Kirklees mental health webpages, including a dedicated page to suicide prevention, with access to locally developed resources.
- Report taken to the children safeguarding executive panel to discuss themes arising from local child suicides and national reports. Public Health, SWYT, Child Death Overview Panel and Northorpe are working collaboratively to address themes coming out of this.
- Wave funding via NHS England has funded projects with a focus on men and suicide prevention; Batley bull dogs – men’s walking group, S2R – Money in Mind project, Platform 1 – volunteer coordinator. Additional wave funding has been awarded to Absolute Specialists Wellbeing to reach those in the community who are self-harming to offer free focused mindfulness.
- Suicide Prevention identified as one of the key priority objectives within the new Mental Health Alliance.

### **1.3 The impact that the pathfinder support workers have had in their work in providing advice, training, and support for men vulnerable to self-harm and suicide**

The impact of the 1-year Pathfinder Development Worker programme has been significant in developing networks such as the West Yorkshire Suicide Prevention Advisory Network and the West Yorkshire wide voluntary and community sector (VCS) peer support/ action learning set. The information and resources gathered from these networks fed into the development of the website [www.suicidepreventionwestyorkshire.co.uk](http://www.suicidepreventionwestyorkshire.co.uk). There are pages specifically for residents and partners in Kirklees.

A partnership established through the Pathfinder development Worker programme with the charity State of Minds Sports continues, with delivery of mental fitness sessions with employers into 2022. They have delivered sessions locally, including sessions to DWP staff in Kirklees.

#### 1.4 The impact that the preventative and educational work on mental health that is taking place in schools is having in helping to reduce self-harm and suicide.

The following tables identify the number of support requests that have been assessed through the Thriving Kirklees Single Point of Access from January 2019 – December 2021 where self-harm or suicidal thoughts have been identified as a presenting issue. As identified there have been a similar percentage of cases identifying self-harm as a presenting concern and a slight drop in suicidal thoughts.

2021	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Total	
Telephone Assessments Started														
<b>Assessments</b>	284	348	374	312	324	425	468	442	380	393	482	454	4686	
Presenting Issues														
<b>Self Harm</b>	40	34	59	68	58	55	44	33	37	45	67	41	581	12.40%
<b>Suicidal Thoughts</b>	35	32	50	29	49	53	40	25	25	44	70	30	482	10.30%

2020	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Total	
Telephone Assessments Started														
<b>Assessments</b>	285	278	379	324	296	235	265	220	348	399	359	339	3727	
Presenting Issues														
<b>Self Harm</b>	32	34	51	21	30	20	32	31	45	63	52	37	448	12.00%
<b>Suicidal Thoughts</b>	27	21	46	26	22	24	30	23	32	46	51	42	390	10.46%

2019	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Total	
Telephone Assessments Started														
<b>Assessments</b>	46	43	202	281	238	254	384	418	261	320	283	294	3024	
Presenting Issues														
<b>Self Harm</b>	0	0	36	36	41	34	50	34	33	32	53	24	373	12.33%
<b>Suicidal Thoughts</b>	0	0	46	32	37	33	43	38	29	34	42	17	351	11.60%

As part of the core offer Children’s Emotional Wellbeing Service (ChEWS) at Northorpe Hall offers a specific information session regarding Self Harm alongside a range of other sessions available, that also cover common mental health presentations. These are offered open access to anyone in Kirklees or can be requested to be delivered in community venues. Between May 2019 and January 2022, there have been 8 ‘Introduction to Self-harm’ courses delivered to professionals, totalling 189 people. Between March 2019 and March 2021 there have been 10 ‘Self-harm information sessions’ delivered to young people, totalling 36 young people aged 11 and above. Between May 2019 and March 2021, there have been 16 ‘Introduction to Self-harm’ training sessions delivered to parents and carers, totalling 57 people.

For more information on any of these updates, please contact [Yvonne.white@northorpehall.co.uk](mailto:Yvonne.white@northorpehall.co.uk).

On the 1st of March 2021 a ‘Let’s Talk About Self Harm’ campaign was launched providing new information leaflets that had been designed by young people in Kirklees. Information and materials can be found at <https://www.northorpehall.co.uk/lets-talk-about-self-harm>. From the campaign over 3000 leaflets were requested across schools, health, and other community services.

There are now Mental health in school teams (MHST's) across 81 schools in Kirklees. Below is an overview of the type of work they are delivering in relation to suicide prevention.

- They offer continued professional development on suicidal ideation and self-harm to all staff.
- They offer parent's education sessions on the signs of poor mental health via the MHST Parent and community workers.
- They offer an assessment within 2 weeks of requests to help address issues early.
- Educational Psychology offer youth mental health first aid training which includes a section on self-harm and suicide prevention so that school staff feel better equipped to respond.

### **1.5 An update on work being undertaken by the Council in supporting mental health provision across the various localities in Kirklees.**

Please see appendix 1: 'Place based mental health work' for an update on the various projects taking place across Kirklees because of the mental health place-based funding. For more information on any of these projects, please contact [vina.randhawa@kirklees.gov.uk](mailto:vina.randhawa@kirklees.gov.uk).

### **1.6 The impact of COVID-19**

The quarterly data for 2020 based on registrations showed that at the beginning of the coronavirus pandemic, during the second quarter (Apr to June) of 2020, there was a significant reduction in the rate of suicide when compared with the same period in 2019. As opposed to representing a genuine change in suicide, the lower number of registrations in the second quarter of 2020 most likely reflects the impact of the coronavirus pandemic on the coroner's service, (average of 165-day delay).

The suicide prevention task of 2020 did not start with COVID-19. There were already concerns about the rising rate in 2018 and 2019. COVID-19 has exposed fault lines in society where risk of suicide is also found - inequalities based on deprivation, ethnicity, disability, and stigma. The early evidence on suicide has not found a rise despite the undoubted distress reported in surveys and by charities. However, the pandemic is not over, and this could change. Some groups or areas may be more at risk; COVID-19 did not affect all communities equally. We know that many of the risk factors for suicide will have been amplified during the pandemic.

#### **1.6.1 The impact of covid on Single Point of Access**

We have seen fluctuating referrals to the Adult Single Point of Access over the last 2 years. The average number of referrals in 2019/20 was 413 and in 2020/21 this was 393. There was a significant drop in April 2020 to 188 referrals in that month as we entered the first national lockdown. This drop rose back steadily toward the end of 2020 and in 2021 we saw an increase in referrals; up to 637 in July 2021.

#### **1.6.2 The impact of covid on the Working Together Better Partnership**

This partnership represents 7 community based mental health services within the voluntary and community sector. There was a slight drop in referrals in the quarter before the first lockdown, then a larger drop in referrals in April /June 2020. This has slowly increased until January 2021 where there was a larger increase which has continued



across 2021 bringing referral levels back to a similar position as they were before covid-19.

**1.7 Through CQC's feedback on care services (April 2020 – December 2020) that people with mental health needs felt they had been ignored by the GP; not had their symptoms taken seriously; and felt they could not get a referral to a specialist due to a lack of capacity in community mental health services.**

In 2021 NHS England outlined a new way of working to address some of the gaps in current mental health provision by developing a range of new mental health roles to be delivered within the primary care networks. These teams will work with the GPs with the aim of meeting the needs of patients whose illness are too complex to be managed in primary care but do not meet the criteria for the South West Yorkshire Trust (SWYT) secondary care services with a focus on seamless service provision. Placing experienced mental health professionals in the GP surgeries will provide better, more accessible expertise and risk assessment for patients presenting with mental health difficulties. All roles are new funding for mental health and will expand the workforce available in GP's surgeries across the next 3 years.

**1.7.1 Primary Care Update**

Primary care services in Kirklees have been maintained throughout the pandemic and face-to-face appointments were available post-triage for those identified with a clinical need. During the first wave of the pandemic 'hot sites' were mobilised which allowed patients with suspected covid to still be seen face to face if necessary.

West Yorkshire Health and Care Partnership approved the funding for the mental health decision tree algorithm and for it to be incorporated into the primary care template system. This will ensure a consistent standard of assessment is achieved, regardless of the care setting in which the patient is seen. There is a working group which includes our local GP clinical lead for mental health as well as other clinicians from SWYPFT and neighbouring CCGs.

To ensure that people across all ages access the appropriate services at the right time, a refreshed, stepped approach guide has been produced for the winter period.

With partners across West Yorkshire, a 24-hour mental health support line was commissioned early in the pandemic as was a Grief and Loss line which operates between 8am until 8pm, 7 days a week.

Partners across the system have been working closely together to address current system pressures on the health and care workforce, arising from the challenges of the latest, highly transmissible variant.

The Mental Health Community and Primary Care Transformation Programme will build a Mental Health Hub for each Primary Care Network (PCN) within Kirklees consisting of a wide range of skilled practitioners working together to provide access to mental health support before reaching crisis point, supporting with low level to Serious Mental Illness and referring into the specialist mental health trust, when appropriate. The decision tree outlined above will support this joined up approach to identifying patients need. For more information on this, please contact [jen.love@nhs.net](mailto:jen.love@nhs.net).

## **1.8 CQC inspection teams raising concerns about people being admitted to mental health services with more severe mental ill- health and people presenting in emergency departments and acute trusts because they were struggling to find appropriate places due to a lack of suitable provision.**

Throughout the pandemic period SWYT has continued to deliver services to people with a serious mental illness and has adapted to meet the challenges that faced all health care services.

Across the next 3 years, the range of mental health roles that will work in Kirklees include:

- primary mental health practitioners under the Additional Roles and Responsibilities scheme. SWYT have committed to providing qualified mental health staff who will work within GP's surgeries seeing patients with mental health problems allowing early identification and treatment for those at risk of suicide and self-harm.
- social prescribers and mental health social prescribers to promote better access to social inclusion and signpost patients to self-help resources and third sector providers working to increase wellbeing as a preventative factor
- mental health pharmacists to support identification, optimisation, and review of mental health medications
- Mental Health Advanced Clinical Practitioners – mental health nurses with advanced clinical skills who can diagnose and treat complex mental health presentations while providing clinical leadership to the other roles within the primary care networks.
- Trauma informed navigators working within Calderdale and Huddersfield Foundation Trust to support people presenting at A and E with multiple non - clinical complexities.

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

The report is for update on progress only. No decision is being sought.

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

### **3.1 Working with People**

It is important that everyone feels comfortable in having conversations around suicide, as it affects many people and we all could potentially encounter people every day who are struggling with their mental health. The suicide prevention action group advocates that everyone should undertake the Zero Suicide Alliance suicide prevention e-learning training: <https://www.zerosuicidealliance.com/training>

### **3.2 Working with Partners**

The Suicide Prevention Action Group for Kirklees is made up of many different organisations, sectors, and individuals. The action plan is multi-faceted, and the membership reflects this. Suicide isn't a clinical mental health problem in isolation; we must address the wider social determinants of health to truly tackle suicide prevention.

### **3.3 Place Based Working**

Tackling mental health requires a proportionate response across Kirklees. This means we need things in place that can support everyone to maintain good mental health, like access to green spaces and warm homes, and things in place for people when individuals



themselves or others recognise that someone is displaying signs or symptoms of poor mental health. To reduce suicide rates across Kirklees, we must be able to understand specific issues associated with place. There are things we can do strategically, both at national and regional level, but for people to be able to reach out and ask for help when they need it, we need support in places that is meaningful to all communities.

### 3.4 Climate Change and Air Quality

NA

### 3.5 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 and self-harm 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. The suicide prevention agenda links closely to the work around reducing the impact of adversity and trauma and we know that the more adverse events that someone experiences, the worse their health outcomes are throughout their life.

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

NA

## 4 Consultees and their opinions

NA

## 5 Next steps and timelines

New Suicide Prevention Strategy for West Yorkshire

**Suicide Prevention West Yorkshire 2022-2027**

West Yorkshire Health and Care Partnership | West Yorkshire Suicide Prevention

**PLAN ON A PAGE**

- > Physical health; long term conditions, chronic pain
- > Living alone
- > Criminal justice
- > Attempted suicide
- > Unemployment
- > Primary care
- > Children and young people
- > People in crisis and leaving secondary mental health services
- > Health and care staff and volunteers
- > Target resources where suicide risk is the highest
- > Coproduction
- > Information, evidence and resource sharing
- > Collaboration to create a movement for change

**5 Core Principles**

- 1 Co-production
- 2 Evidence-based action
- 3 System-wide impact
- 4 Life course approach
- 5 Combating stigma

Year 1 > Year 2 > Year 3 > Year 4 > Year 5

Investment in the Police will improve data frequency and integrity as well as streamlining support from WY Suicide Bereavement Service for bereaved people.

Instigating a way of sharing data and intelligence about staff who work in health and care who take their own lives to understand their situation and prevent contagion as pressures continue to play out.

Investment in supporting people with lived experience of attempting to take their own lives and suicide bereavement is crucial. A coproduction contract will support Kirklees suicide prevention efforts from April 2022 for the following two years.

We are collaborating in the commissioning of creative suicide prevention training across West Yorkshire, to complement existing training on offer. This will be targeted at people and workforces most likely to encounter those with the greatest risk factors for suicide. The tender is live at the time of writing.

Invested in Leeds GATE to roll out a two-year Suicide Prevention service with Gypsy/Traveller communities across West Yorkshire. This includes crisis support, anti-stigma and suicide prevention training.

The Suicide Prevention Oversight group has recently agreed to develop the Check In work to be public facing, targeting men – a resource for all in Kirklees. The campaign will be targeted at men.

Establish a learning panel group to take on strategic responsibility for the Kirklees real time surveillance data.

Continued funding from NHS England for year 3 funding at place level.

Development of a Kirklees ‘men’s mental health collaborative video’ to showcase many services, but a united approach to reaching men who need help.

Support Kirklees to become a trauma informed organisation/system.

## **6 Officer recommendations and reasons**

- That all partners proactively promote and raise awareness of the training offers via Northorpe Hall to increase the understanding around self-harm in young people and raise confidence in those meeting young people, so they know how to respond and act appropriately.
- That suicide prevention is supported in Kirklees and local efforts to reduce suicide through the action group are recognised as a valued partnership and asset for Kirklees.
- That the Zero-suicide alliance training is recommended to all to help with consistency in language and approach and help more people to stay safe.
- Sign up to Suicide Prevention Network news and [information suicide prevention website@swyt.nhs.uk](mailto:information suicide prevention website@swyt.nhs.uk)
- Promote forthcoming suicide prevention training and check-in campaign across Kirklees’ communities.

**7 Cabinet Portfolio Holder’s recommendations – Cllr Musarrat Khan**

‘Suicide has a devastating rippling impact on individuals, their families & friends and wider communities. It is a complex problem which requires commitment from a wide variety of partners and adequate resources within systems. There has been a considerable amount of work taking place on the suicide prevention agenda across the last two years, and we need all partners to continue to play their part as we begin to understand the full impact of the pandemic on people’s mental health.’

**8 Contact officers:**

**Rebecca Elliott - Public Health Manager**

[Rebecca.elliott@kirklees.gov.uk](mailto:Rebecca.elliott@kirklees.gov.uk)

07976194127

**Jess Parker – Suicide Prevention Project Manager**

[Jessica.Parker@swyt.nhs.uk](mailto:Jessica.Parker@swyt.nhs.uk)

07387525789

**Melissa Harvey- General Manager Community Recovery Services, C&K BDU**

[Melissa.Harvey@swyt.nhs.uk](mailto:Melissa.Harvey@swyt.nhs.uk)

07500818223

**Emma Robinson - Quality and Governance Lead**

[Emma.Robinson@swyt.nhs.uk](mailto:Emma.Robinson@swyt.nhs.uk)

**Chris Lennox -Deputy Director of Operations**

[Chris.Lennox@swyt.nhs.uk](mailto:Chris.Lennox@swyt.nhs.uk)

**9 Background Papers and History of Decisions**

N/A

**10 Service Director responsible**

Rachel Spencer-Henshall

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PP Funding BBB	Allocated from PP Fund	Other Funds	Batley, Birstall and Birkenshaw Place Partnership	Start date	End Date
Mental Health Champions	£15,545		Train organisations and volunteers to recognise emerging or potential mental health issues with the public within their communities and steer them to the correct help/service	Sept 21	TBC
Physical activity at your front door	£5000		Train local people to run physical activities that suit the nature of the area and potential participants. To run physical activities right on their doorstep attracting locals to join in.	Sept 21	TBC
Carer's Support	£12,376		Set up a social network which enabled carers to provide each other with peer to peer and social support	Aug 21	Jun 22
Mental Health Support through employability	£36,685		Provide employment support along with mental health wellbeing. To ensure people with lower mental health issues are given the help they need to continue engaging in employability and training services.	Jan 21	Jan 22
Anti- Stigma Project	£33,200		Work with local communities to create a meaningful anti stigma initiative sympathetic to cultural and community needs. Specific attention was to be given to the South East Asian community in Batley.	Apr 21	Mar 22
Mental Health and Young People	£40,000		£10K allocated to schools to support children's mental health £20K youth project £10K Sensory session	Apr 21 TBC TBC	Apr 21 TBC TBC

PP Funding CV	Allocated from PP Fund	Other Funds	Colne Valley Place Partnership	Start date	End date
Mental Health Champions	£15,545		Train organisations and volunteers to recognise emerging or potential mental health issues with the public within their communities and steer them to the correct help/service	Apr 21	Mar 23
Mental Health Pilot	£8,400		Online dance sessions during summer holidays	Jul 21	Sept 21
Counselling provision for young people – pilot	£19,200		Deliver weekly counselling sessions in summer holidays for young people attending local high schools	July 21	Sep 21
Mental health service for young people	£98,000		Deliver weekly counselling sessions for young people attending local high schools	Mar 21	Mar 22
Therapeutic Forest School	£1712	£1,288	Provide outdoor play for children of primary age experiencing anxiety allowing them to enjoy the proven benefits of being in nature.		

PP Funding HC	Allocated from PP Fund	Other Funds	Huddersfield Central Place Partnership	Start date	End date
Mental Health Champions	£15,545		Train organisations and volunteers to recognise emerging or potential mental health issues with the public within their communities and steer them to the correct help/service	Apr 21	Mar 23
Physical activity at your front door	£14,647.50		<p>Train local people to run physical activities that suit the nature of the area and potential participants. To run physical activities right on their doorstep attracting locals to join in.</p> <ul style="list-style-type: none"> <li>• Fortnightly wellbeing walks</li> <li>• Contribution to Heritage Brochure</li> <li>• Outdoor activities throughout August and September</li> <li>• Buddy bench</li> <li>• Everybody Active Team</li> </ul>	<p>Aug 21</p> <p>Aug 21 TBC Aug 21</p>	<p>Sept 21</p> <p>Sept 21 TBC Sep 22</p>
Menopause Project	£42,947		Two year pilot scheme to support women experiencing the menopause.	Feb 21	Jan 23
WEvolve Community Support	£69,717.50	£282.50	Puts in place resources to improve mental health, social connectivity, and resilience of residents by ensuring local organisations, groups etc continue to provide or adapt existing services to need	Sep 21	Aug 22

PP Funding HN	Allocated from PP Fund	Other Funds	Huddersfield North Place Partnership	Start date	End date
Mental Health Champions	£15,545		Train organisations and volunteers to recognise emerging or potential mental health issues with the public within their communities and steer them to the correct help/service	Apr 21	Mar 23
Physical activity at your front door	£14,647.50		<p>Train local people to run physical activities that suit the nature of the area and potential participants. To run physical activities right on their doorstep attracting locals to join in.</p> <ul style="list-style-type: none"> <li>• Fortnightly wellbeing walks</li> <li>• Contribution to Heritage Brochure</li> <li>• Outdoor activities throughout August and September</li> <li>• Buddy bench</li> <li>• Everybody Active Team</li> </ul>	<p>Aug 21</p> <p>Aug 21 TBC Aug 21</p>	<p>Sept 21</p> <p>Sept 21 TBC Sep 22</p>
Wevolve Community Support (WCS)	£70,000 + £5847		Puts in place resources to improve mental health, social connectivity, and resilience of residents by ensuring local organisations, groups etc continue to provide or adapt existing services to need	Sept 21	Aug 22



PP Funding HR	Allocated from PP Fund	Other Funds	Huddersfield Rural Place Partnership	Start date	End date
Mental Health Champions	£15,545		Train organisations and volunteers to recognise emerging or potential mental health issues with the public within their communities and steer them to the correct help/service	TBC	TBC
School children's mental health	£127,312	£60,0466	Support schools to build their capacity around emotional well-being and support for children, young people and their families.	Apr 21	Sept 23

PP Funding Spen	Allocated from PP Fund	Other Funds	Spen Place Partnership	Start date	End date
Mental Health Champions	£15,545		Train organisations and volunteers to recognise emerging or potential mental health issues with the public within their communities and steer them to the correct help/service	Apr 21	Mar 23
Supporting mental health in schools	£120,000		Support school initiatives to help children's mental health and wellbeing	Feb 21	Mar 21
Physical activity at your front door	£3,960		Train local people to run physical activities that suit the nature of the area and potential participants. To run physical activities right on their doorstep attracting locals to join in.	Aug 21	TBC

PP Funding Dewsbury	Allocated from PP Fund	Other Funds	Dewsbury Place Partnership	Start date	End date
Greenspace Enhancements	£90,000	£55,865	Dewsbury East – Improvement works in Callum’s Wood Dewsbury South – Establishing walking track at Lee Holme Park Dewsbury West – Establishing a walking track at Holroyd Park	Apr 21	TBC
Mind, Health, Nature	£52,857	£12,118	Raise awareness of positive mental health and wellbeing and how it is linked to nature.		

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

**Date: 9 February 2022**

**Title of report: Update on Primary Care Networks.**

To provide members of the Health and Adult Social Care Scrutiny Panel with the context and background to the discussions covering the development of Primary Care Networks (PCNs) and access to primary care medical services.

Key Decision - Is it likely to result in spending or saving £250k or more, or to have a significant effect on two or more electoral wards?	No
Key Decision - Is it in the <u>Council's Forward Plan (key decisions and private reports)?</u>	Not Applicable
The Decision - Is it eligible for call in by Scrutiny?	Not Applicable
Date signed off by <u>Strategic Director</u> & name  Is it also signed off by the Service Director for Finance?  Is it also signed off by the Service Director for Legal Governance and Commissioning?	No – The report has been produced to support the discussions with representatives from Kirklees Clinical Commissioning Group.
Health Contact	Catherine Wormstone, Director of Primary Care NHS Kirklees Clinical Commissioning Group.

**Electoral wards affected: None Specific**

**Ward councillors consulted: Not Applicable**

**Public or private: Public**

**Has GDPR been considered? Yes. The report does not include any personal data that identifies an individual.**

## **1. Summary**

- 1.1 Primary care networks (PCNs) form a key element of the NHS long-term plan. The aim of bringing general practices together to work at scale has a number of benefits including improving the ability of practices to recruit and retain staff and to provide a wider range of services to patients.
- 1.2 The majority of PCNs are geographically based covering populations of approximately 30-50,000 patients and are expected to take a proactive approach to managing the health of their local population.
- 1.3 Integration of services across the local health and adult social care sector is a key theme on the Panel's work programme. A key area within this theme is a focus on reviewing progress of PCNs including the effectiveness of their integration with other key services and agencies across the local health and social care network.
- 1.4 In addition, at previous meetings the Panel has been made aware of concerns regarding the impact that the pandemic has had on the capacity of general practice to cope with demand and requested an update on the work being developed to improve access to GPs.
- 1.5 Representatives from NHS Kirklees Clinical Commissioning Group will be in attendance to provide the panel with an update on the development of Primary Care Networks (PCNs) and access to services during the pandemic.
- 1.6 A report covering the areas above is attached.

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

N/A

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

N/A

### **3.1 Working with People**

No specific implications

### **3.2 Working with Partners**

No specific implications

### **3.3 Place Based Working**

No specific implications

### **3.4 Climate Change and Air Quality**

No specific implications

### **3.5 Improving outcomes for children**

No specific implications

### **3.6 Other (e.g. Legal/Financial or Human Resources)**

No specific implications

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

Not applicable

## **5. Next steps and timelines**

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**  
Not applicable
- 8 Contact officer:**  
Richard Dunne – Principal Governance and Engagement Officer  
[richard.dunne@kirklees.gov.uk](mailto:richard.dunne@kirklees.gov.uk)
- 9 Background Papers and History of Decisions**  
Not applicable
- 10 Service Director responsible**  
Julie Muscroft – Service Director, Legal, Governance and Commissioning

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**1. Introduction**

- 1.1 Health Overview and Scrutiny Committee (OSC) have requested an update and presentation in relation to primary care medical (GP) services with a particular focus on the development of Primary Care Networks (PCNs) and access to services during the pandemic.
- 1.2 The purpose of this report is to outline some of the key areas of focus for Primary Care Networks, especially where these relate to integration with wider stakeholders. The report also describes the challenges faced by general practice during the covid-19 pandemic and the impact this has had on access, staff, and patients.

**2. Detail**

- 2.1 Kirklees as a place has nine PCNs which were registered on 30 June 2019 by the former CCGs as fully delegated commissioners of primary medical services. A PCN can be broadly defined as a group of practices (and other providers) serving an identified Network Area with a minimum population of 30,000-50,000 people.
- 2.2 The Primary Care Networks and their Clinical Directors are as follows:

Primary Care Network	Clinical Director
Dewsbury & Thornhill Primary Care Network	Dr Indira Kasibhatla
Three Centres Primary Care Network	Dr Mohammed Hussain
Batley & Birstall Primary Care Network*	Dr Chantel Ratcliffe*
Spen Health and Wellbeing Network (SHAWN)	Dr Hannah Hughes
The Valleys Health and Social Care Network	Dr Dilshad Ashraf
The Mast Primary Care Network	Dr Louise James
Viaducts Primary Care Network	Dr Sajid Nazir
Greenwood Primary Care Network	Dr Burhan Amhed
Tolson Care Partnership	Dr Sarah Milligan

\*currently running a process to identify a new CD from April 22

- 2.3 As a Primary Care Network, there are a number of requirements they must meet through the Network Contract Directed Enhanced Service (DES). The link to the current service specification is included below for reference.

2.4 There are some key initiatives which help build the workforce of the Primary Care Network and a number of service specifications which enable them to work in partnership with other stakeholders to focus on the health needs and inequalities within their specific area.

## 2.5 **Additional Roles Reimbursement Scheme (ARRS)**

Since the first year of registration, PCNs have been able to appoint and fund a range of additional roles to support the primary care workforce and workload. The current roles included within this funded scheme are:

- i) Social Prescribing Link Worker
- ii) Clinical Pharmacist
- iii) Pharmacy Technician
- iv) Health and Wellbeing Coach
- v) Care Coordinator
- vi) Physicians Associate
- vii) First Contact Physiotherapist
- viii) Dietician
- ix) Podiatrist
- x) Occupational Therapist
- xi) Nursing Associate
- xii) Trainee Nursing Associate
- xiii) Paramedic
- xiv) Mental Health Practitioner
- xv) Advanced Practitioner

The expansion of the workforce will support GPs at a time when recruitment is challenging and help to improve access for patients. Patients value the relationship they have with the local GP and practice staff and the use of these extended roles is often something that needs education on the scope of the roles and to build confidence with some patients who have typically only seen their GP.

Every PCN has developed their plans to recruit to the new additional roles that have become available. Using data and local knowledge about their populations' health needs, PCNs have identified the roles that they believe will bring most benefit to their patients and have started to recruit to the posts.

## 2.6 **Social Prescribing Link Workers**

The first year of the ARRS scheme saw the introduction of Social Prescribing Link Workers (SPLW) and Clinical Pharmacists. In Kirklees, there was a collaborative approach to the hosting and providing peer support for the SPLW roles in a partnership

arrangement between the Local Authority and the PCNs. As these roles have now become firmly embedded in PCNs, they are providing demonstrable benefits for patients, the workload of GP practices and wider communities.

Appendix 1 shows an infographic which highlights some of the key metrics and achievements of the Social Prescribing Link Worker team in the current year to date. Of note are:

- 1927 patients referred to SPLW between April 2021 and December 2021
- The average appointment time spent with each patient was 2 hours in length.

#### Patient Outcomes in Quarter 3

- 32% felt more in control and were able to manage their mental health
- 25% were better able to manage practical situations
- 17% felt more connected to others and less lonely and isolated
- 15% were more physically active

#### Reason for referral

- 38% were referred for social and complex needs
- 68% were referred for support with 1 or more long term health conditions
- 31% were referred for support with their mental health
- 12% were referred as they were lonely or isolated
- 20% unable to contact
- 8% declined SPLW support / withdrew

There are some positive accounts from across Kirklees of the benefits of Social Prescribing Link Workers and for those members of the Committee who have a particular interest, the links to the videos below bring some of these stories to life.

SPLW success / patient stories <https://www.youtube.com/watch?v=8NFZz4mi3Ts>

Growing Focal - <https://www.youtube.com/watch?v=4DgEzWmBeSk>

## 2.7 Health Inequalities Projects and Partnership Working

Each of the nine Kirklees PCNs were awarded £25,000 of Integrated Care System (ICS) PCN development funding in 2021/22 to identify a project which would focus on local Health Inequalities. Utilising this funding, all nine PCNs have started to deliver work programmes to address identified population health and wellbeing needs using intelligence from their PCN data packs. Activity carried out has varied (because of the differing population needs) but include projects to increase cancer screening rates, carrying out more pre-diabetic screening and aiming to reduce asthma admissions and emergency attendances.

As an example, the Mast PCN opted to utilise their allocated funding to make use of a 'health and wellbeing bus' which visits the predominantly rural PCN area for health

checks, health promotion and 'pop up' clinics in places that are more accessible than traditional health centres.

Wellness, Community Plus and MAST PCN staff came together to provide health checks and engage with members of the public, across five sites:

- Shelley Garden Centre
- Emley Farm Shop
- Scissett Baths
- Springfield Mill, Denby Dale
- Woodsome Hall Golf Club

The project delivered:

- 10 Engagement sessions totalling 47 hours including 2 on a weekend
- Engaged with 273 members of public
- 104 promotional materials distributed
- MAST PCN staff present with staff supporting from Wellness Service/Community Plus Services

On the bus, sessions took place where nursing and health care students held one stop clinics to carry out blood pressure and pulse checks, ECG, and cholesterol checks. One patient story is summarised below.

- Patient dropped into the bus on a Friday
- Identified as hypertensive by PCN clinical staff
- Bloods taken on the day
- Referred to practice and followed up in practice on the next working day
- Had further investigations and commenced on antihypertensives
- Has continued to attend practice for follow up and hypertension now successfully treated.

The project has also really helped with patient awareness of social prescribing and the Wellness Service saw referrals increase of 8% from MAST PCN postcodes. Most of the conversations were around health checks focusing on blood pressure/diabetes, followed by social isolation.

The MAST PCN are planning to deliver another round of sessions in the spring that are more focussed in locations that are accessed by the more isolated/vulnerable patients when they are attending sessions and they are engaging with the 3rd sector regarding this.

## 2.8 Future Developments for Primary Care Networks

Primary Care Networks are on a journey to maturity. Many of the plans and aspirations that were initially laid out for PCNs in the NHS Long Term Plan have been delayed or suspended to allow GP practices and Networks to focus on the response to the pandemic. However, the way in which practices have actively worked together through their PCNs to support each other and the covid vaccination programme has been

testament to the success of the PCN model. This way of collaborating has also accelerated wider partnership working and was particularly evident with the provision of support for care homes with proactive weekly contact and ensuring patients were vaccinated as soon as possible.

## 2.9 PCN Covid Vaccination - Partnership working:

The covid vaccination programme throughout Kirklees has demonstrated excellent examples of seamless working at pace, facilitated through collaborative work. Most workstreams involve colleagues from the CCG, acute trusts, Locala, Community Pharmacy as well as PCNs.

Partnership working has been particularly important with regard to quick mobilisation of JSS where CHFT, CCG, LA, Curo GP Federation, Locala and LCD colleagues came together to mobilise.

When surging the programme, back in Summer 2021 and December 2021, mutual aid agreements and sub-contracts were developed at pace to allow for multi-organisational support, in order to achieve national ambitions and the PCNs have been instrumental in co-ordinating some of that support.

Relationships built and strengthened through the programme have and will facilitate improvements to other aspects of care delivery in Kirklees and have demonstrated the true potential of our place. The picture below shows a pop-up clinic in a mosque in Birkby led by the Cathedral House Primary Care Networks (Greenwood, Viaduct and Tolson) which was a very successful model of working with local communities to improve accessibility and uptake for covid vaccination.



Approximately 75% of the eligible population in Kirklees had received their booster vaccine (data at 05/01/22) and this has only been possible with the support of primary care vaccination sites. The rapid expansion of capacity to meet the national commitment of offering eligible patients a booster vaccination by the end of December saw PCNs and practice staff coming together in the run up to the festive period and the staff have been commended for this effort.

## 2.10 Primary Care Network – Service Specifications

Given pressures on general practice, the expectations for PCNs are now a more gradual introduction of new service requirements. Many of the requirements for both PCNs and practices are still formally suspended to allow a continued focus on vaccination and maintaining essential services.

In the coming year, PCNs will be asked to

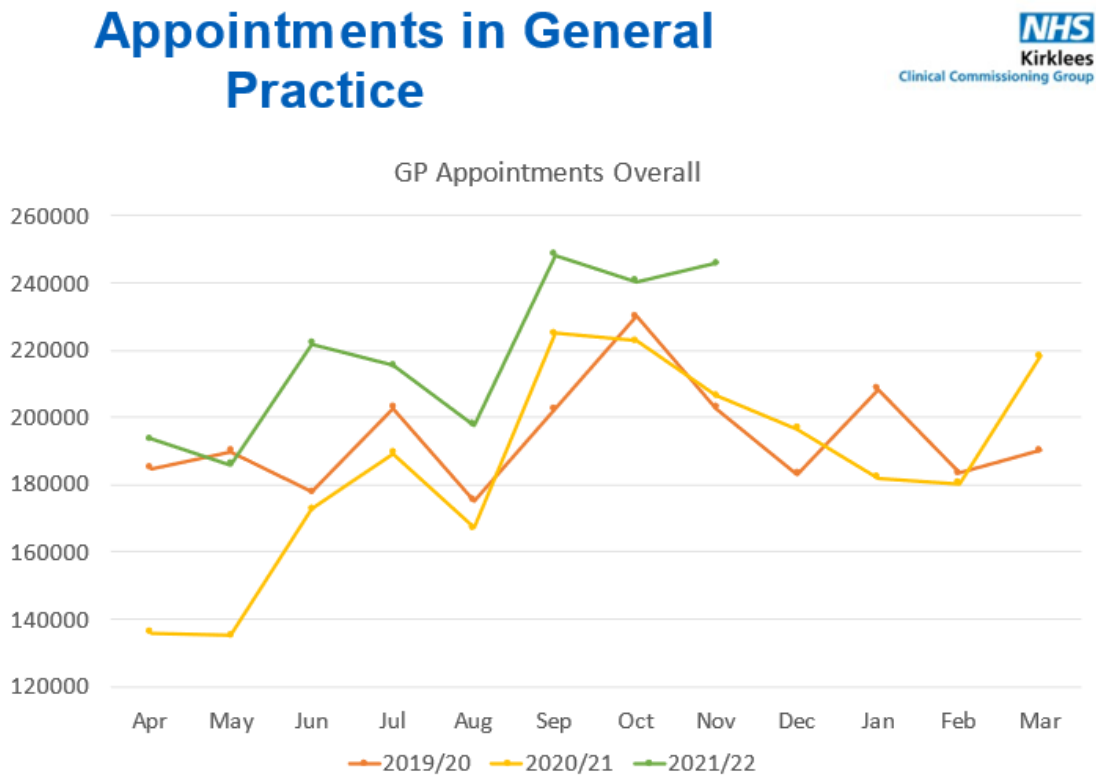
- From 1 October 2022 deliver a single, combined extended access offer funded through the Network Contract DES.
- By 30 September 2022, PCNs will be required to agree a plan for delivery of Anticipatory Care with their ICS and local partners with whom the service will be delivered jointly – in line with forthcoming national guidance.
- From April 2022 there will be three areas of focus for personalised care: further expansion of social prescribing to a locally defined cohort which are unable or unlikely to access through established routes; supporting digitised care and support planning for care home residents; and shared decision making training.

## 2.11 Access to Primary Care

GP practices in Kirklees remained open throughout the pandemic offering both face to face and telephone/virtual consultations. The model of service was changed nationally very early on in the pandemic to manage the risk to patients and to practice staff of exposure to COVID, with telephone triage replacing walk-in services to enable practice staff to firstly ascertain whether the patient may have been exposed to COVID and secondly to assess whether the patient required a face-to-face consultation.

Demand for GP and primary care services had extensive media coverage, particularly towards the latter end of 2021. The graph below shows data collected from GP systems since 2019 and the green line clearly indicates just how much demand has increased over this period. This, coupled with a backlog of some less urgent checks and restrictions on social distancing in practice premises often led to difficult conversations for receptionists, care navigators and clinical staff. The CCG has recently offered conflict resolution training for those staff on the front line who have frequently been in challenging situations trying to balance availability of appointments (often impacted by covid related absence) with patient expectations. However, the message has remained clear, patients should not hesitate to seek help for clinical conditions and concerns.

Graphic 1 – Appointments in General Practice in Kirklees (November 21 data)



Source: NHS Digital Appointments in General Practice <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

One area of focus has been on the provision of face-to-face appointments and the misconception that GP practices were closed. Graphic 2 below shows the trend that reduced significantly during the pandemic in line with a national standard operating procedure and the significant recovery of this in 2021.

Graphic 2 – Provision of Face-to-Face Appointments in Kirklees GP Practices (November 21 data)




Source: NHS Digital Appointments in General Practice <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>



For many patients, being able to access their GP practice by telephone or video consultation, proves to be a popular option and this has also grown during the pandemic. It is important to remember that the move to ‘digital first’ solutions was already part of the GP contract in 2020 and the pandemic rapidly accelerated the use of technology.

Graphic 3 – Provision of phone and video appointments in Kirklees (November 21 data)



### Appointments in General Practice

Phone and Video Appointments	Kirklees Overall
Full year 2019/20	157,091
Full year 2020/21	802,145
2021/22 to date	457,854
Change between 2019/20 and 2020/21	↑ 645,054 (410.6%)
Sept to Nov 2020	224,473
Sept to Nov 2021	153,371
Change	↓ -71,102 (-31.7%)
Nov-20	73,853
Nov-21	46,401
Change Nov 20 and Nov 21	↓ -27,452 (-37.2%)

Source: NHS Digital Appointments in General Practice <https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice>

Being able to email GP practices via e-consultation is a relatively new method of engaging with primary care and again, as with other digital methods, this is seeing a rapid increase in uptake. For example Kirklees practices submitted 6,249 e-consultations in December 2021.

During Winter 2021/22, additional national funds have been made available through the Winter Access Fund and in Kirklees, these funds are supporting a range of initiatives to increase GP appointment capacity both in hours and in extended hours and to engage with a range of other services such as Local Care Direct and Community Pharmacy to help to meet the peak in demand at this time of unprecedented demand.

## 2.12 Together We Can

To help with messaging to patients and communities during this period of high demand for NHS services, CCGs in Calderdale and Kirklees developed the ‘Together We Can’ education and communications campaign aimed at:

- highlighting system pressures
- signposting to health services
- sharing self-care information
- encouraging people to choose the right service for their needs.

The campaign development was informed by insight from patients/service users. It was launched in our area during the summer of 2021.



West Yorkshire Health and Care Partnership have now adopted the Together We Can branding and developed a range of new, winter themed materials to support messaging over this important period.

All partners in Kirklees across health and social care (including GP practices, local authority, and NHS providers) have been sent a campaign toolkit and asked to support this work by:

- ✓ sharing messages with their patients / clients directly and via their channels
- ✓ participating in the development of additional content e.g. films and messaging
- ✓ helping to improve and develop the campaign

Urgent care systems in Kirklees have provided additional funding to raise awareness of campaign messages.

The campaign includes:

- A dedicated website - [www.togetherwe-can.com](http://www.togetherwe-can.com)
- Social media assets and posts which are being shared widely by NHS organisations and partners in Kirklees. Messages include GP services, NHS 111, mental health services, self-care, and pharmacy.
- Paid-for advertising using social media, out of home (Adshels) and newspaper wraps / features
- Printed leaflets and appointment cards have been circulated to GP practices, pharmacies, and council information points
- Digital assets are available for use in public waiting areas
- A door-drop of leaflets to c.200,000 households in Kirklees will be taking place beginning of February
- Awareness raising activities are underway with targeted communities led by local charity, VAC
- Films for sharing via social media and websites have been produced. The main campaign film is [here](#). Films focusing on pressures in GP practices are here: <https://www.youtube.com/watch?v=fPlxfjicFMo>; <https://www.youtube.com/watch?v=ct7WwC7nt-Q>
- Pharmacy and self-care films are planned.
- A leaflet highlighting mental health services is currently in production
- Translations of some material are available in Urdu and Gujarati.



### **3. Next Steps**

Three priorities have been set nationally for primary care for the remainder of the current financial year and these are:

1. continued delivery of general practice services
2. management of symptomatic COVID-19 patients in the community
3. ongoing delivery of the COVID-19 vaccination programme

### **4. Recommendations**

Health Overview and Scrutiny Committee are asked to:

1. note the contents of the report
2. Note the significant progress being made by Primary Care Networks in Kirklees
3. Note the data and challenges relating to accessing primary medical services

### **5. Appendices**

Appendix 1 – Infographic on Social Prescribing Link Worker Activity in Kirklees (South PCNs)

# Social Prescribing

South Kirklees PCN's– Year to date (April - December)  
2021/2022

**791**

patients referred  
for social  
prescribing in  
quarter 3.

**1927**

patients referred  
for social  
prescribing since  
April 2021

**0.7%**

percentage of  
registered patients  
referred for social  
prescribing  
(target for the year is  
0.8%)

**1238 patient  
contacts**



SPLW made 1238 contacts to patients.  
The average number of contacts made  
per patient to help them reach their  
goals was 2.5 contacts



**2 hours**

The average time spent with each patient to  
help them achieve their goals was 2 hours

## Reason for Referral

- complex social needs affecting well-being – 13%
- feeling lonely or isolated– 8%
- low mental health - 9%
- one or more long term health condition – 13%
- Carers support– 14%
- Cancer Screening– 28%
- Declined support/unable to contact– 6%

## Key Support offered

- We have been working with PCN's to target patients with specific needs such as dementia, carers and housebound patients
- We have supported PCN's to increase cancer screening uptake
- We have been supporting the PCN's to develop their health inequalities projects

## Making a difference. Improving lives.

**'I would never have dreamt of going there, I'm so glad you told me about it.  
Thank you for all your phone calls encouraging me'**

A once lonely and isolated patient who was supported to attend a confidence building course and now regularly attends 2 community groups

**'For the first time in a long time, I actually feel excited about something.'  
'It wasn't just what you said, it was how you said it. You really put things into  
perspective, and I'm so glad you called.'**

A patient carer who was struggling with her caring responsibility and managing their emotional well-being. Now attends a carers support group and has gone on to attend 2 other groups within her community

## Ambitious Plans 2021– 2022

To achieve referral rate  
of 0.8% of the patient  
population across the PCN



Rebecca Palmer and Ann  
Sweeney have nominated  
for SPLW of the year at the

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**HEALTH AND ADULT SOCIAL CARE SCRUTINY PANEL – WORK PROGRAMME 2021/22**

**MEMBERS:** Cllr Habiban Zaman (Lead Member), Cllr Bill Armer, Cllr Aafaq Butt, Cllr Vivien Lees-Hamilton, Cllr Fazila Loonat, Cllr Lesley Warner, David Rigby (Co-optee), Lynne Keady (Co-optee).

**SUPPORT:** Richard Dunne and Yolande Myers, Principal Governance Officers

FULL PANEL DISCUSSION		
THEME/ISSUE	APPROACH AND AREAS OF FOCUS	OUTCOMES
<p><b>1. Financial position of the Kirklees Health and Adult Social Care Economy</b></p>	<p>Maintain a focus on the finances of the local health and social care system to include:</p> <ul style="list-style-type: none"> <li>• An update on the impact of Brexit and Covid-19 to include exploring the implications on staff numbers/shortages.</li> <li>• Assessing the local approach to developing a workforce strategy.</li> <li>• A focus on the implications of the financial pressures on services provided and commissioned by Adult Social Care.</li> </ul>	
<p><b>2. Impact of Covid-19 on the Health and Adult Social Care Sector</b></p>	<p>To look at the impact of Covid-19 on the local health and adult social care sector to include:</p> <ul style="list-style-type: none"> <li>• Considering the capacity of the system</li> <li>• Monitoring the impact on planned surgery waiting lists</li> <li>• Considering planned changes to service delivery as a consequence of the pandemic.</li> <li>• Assessing the impact of the “health debt” due to delays in health screening, cancer treatments, vaccinations etc.</li> <li>• Looking at the local plans for catching up with delayed treatments.</li> <li>• Lessons learned to include looking at how services across the health and adult social care sector have adapted practice to take account of the impact of the pandemic.</li> </ul>	<p><u>Panel meeting 19 August 2021</u>                      Representatives from Calderdale and Huddersfield NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust provided an update on the impact of Covid-19 on Acute Hospital Trust.</p> <p>The update was noted and the panel requested a written update on the suspension of the provision of planned inpatient surgery at Dewsbury Hospital.</p>

	<ul style="list-style-type: none"> <li>Assessing the broader impact on adult social care including the increased social care needs for older people as a consequence of reduced mobility and access to services and activities during the pandemic.</li> <li>The impact of long Covid</li> </ul>	
<b>3. Integration of Health and Adult Social Care</b>	<p>An overarching theme that covers the move to increasing the integration of services across the health and adult social care sector to include:</p> <ul style="list-style-type: none"> <li>Looking at the progress and effectiveness of Community Care Services (CCS) in Kirklees.</li> <li>Reviewing progress of the Primary Care Networks (PCNs) to include the effectiveness of their integration with other key services and agencies across the local health and social care network.</li> <li>Assessing the impact of CCS in Kirklees in reducing avoidable A&amp;E attendances; hospital admissions; delayed discharges; and reducing avoidable outpatient visits.</li> <li>To consider the implications of the changes from legislative proposals that are intended to integrate care within the NHS and encourage greater collaboration between the NHS and local government and other agencies to include: <ul style="list-style-type: none"> <li>How the changes will impact on local commissioning and delivery of service.</li> <li>Considering the changing health and care landscape to include a focus on the progress of collaboration between local providers.</li> </ul> </li> <li>To consider the proposals to merge the Gateway to Care Service and the Locala Single Point of Contact Service</li> </ul>	<p><u>Panel meeting 11 November 2021</u></p> <p>Representatives from Locala provided an update on services delivered by them, including reducing unnecessary hospital admissions and delays in discharge. Locala updated the Panel on the development of the same day urgent/emergency response and the integration of Gateway to Care Service and Single Point of Contact Service.</p> <p>The Panel requested that the blueprint regarding the integration of services reflect how it felt as a carer and as a community partner.</p>
<b>4. Digital Technology</b>	<p>An overarching theme that looks at the impact of the use of digital technology in the delivery of health and adult social care services.</p>	

<b>5. Mental Health and Wellbeing</b>	<p>An overarching theme that looks at services that focus on providing support in areas that cover mental health and wellbeing to include:</p> <ul style="list-style-type: none"> <li>• Reviewing progress of the work being delivered through the Kirklees Integrated Wellness Service.</li> <li>• Suicide prevention</li> <li>• Looking at the Council’s work in supporting mental health provision across the various localities in Kirklees.</li> <li>• To look in more detail at the services provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPF) to include redesign of services and any post pandemic new initiatives.</li> <li>• Looking at the wellbeing and support for unpaid carers including working carers.</li> </ul>	
<b>6. Quality of Care in Kirklees</b>	<p>Receive an annual presentation from CQC on the State of Care across Kirklees to include:</p> <ul style="list-style-type: none"> <li>• A focus on Adult Social Care</li> <li>• The impact of COVID-19 on the quality of care in Kirklees.</li> </ul>	<p><u>Panel meeting 7 December 2021</u> Representatives from CQC presented an overview of the state of care in Kirklees.</p> <p>The Panel agreed that a follow up session should be arranged to include dentistry and to consider progress of the new CQC strategy.</p>
<b>7. Kirklees Safeguarding Adults Board (KSAB) 2019/20 Annual Report</b>	<p>To receive and consider the KSAB Annual Report to include consideration of the Impact of Covid-19 on safeguarding adults during periods of lockdown.</p>	<p><u>Panel meeting 7 October 2021</u> The Panel received a presentation on the proposed approach to developing the Kirklees Joint Health and Wellbeing Strategy.</p> <p>The Panel requested that its comments and views on the proposed approach to the Strategy and the high level aspirations and ambitions for the health and wellbeing of the residents of Kirklees be noted.</p>

<p><b>8. Yorkshire Ambulance Service (YAS) Response Times</b></p>	<p>To receive an update on performance and demand across all areas of Kirklees to include:</p> <ul style="list-style-type: none"> <li>• A focus on response times for categories 1 and 2.</li> <li>• Looking at the variances of performance across Kirklees.</li> </ul>	<p><u>Panel meeting 8 July 2021.</u> The Panel received an update on performance, demand and quality in Kirklees.</p> <p>The information provided was noted and the Panel requested that for future updates the data should also include the ambulance pick-up and drop-off times.</p>
<p><b>9. Kirklees Public Health</b></p>	<p>An overarching theme that looks at the work of Public Health Kirklees to include:</p> <ul style="list-style-type: none"> <li>• Continuing to receive regular updates on the impact and response to Covid-19 (to be kept under review)</li> <li>• Assessing the performance of the Immunisation Programmes in Kirklees to include any future coronavirus programmes.</li> <li>• To review the work being done on population health management.</li> </ul>	<p><u>Panel meeting 8 July 2021</u> Kirklees Public Health presented an update on the local position and response to Covid-19.</p> <p>Actions agreed included:</p> <ul style="list-style-type: none"> <li>• A request for information on the current rates of covid-19 hospitalisations including the trend in Kirklees; and the current assessment of the impact on people who have been diagnosed with long Covid.</li> <li>• That a further update be scheduled for the August meeting to include a focus on the impact of the proposed removal of national restrictions.</li> </ul> <p><u>Panel meeting 19 August 2021</u> Kirklees Public Health and Public Protection presented an update on the local position and response to Covid-19.</p> <p>Actions agreed included:</p>



		<ul style="list-style-type: none"> <li>• Reviewing the approach to receiving future covid-19 updates.</li> <li>• A request for information on the uptake of financial assistance to qualifying individuals who have to self-isolate.</li> </ul>
<p><b>10. Update on Winter Planning</b></p>	<p>Update on winter preparations 2021/22 from the Kirklees Health and Adult Social Care sector to include: Receiving details from key organisations across the local health and adult social care section on preparations for winter to include the key areas of focus.</p> <ul style="list-style-type: none"> <li>• lessons learned from the winter period 2020/2021.</li> <li>• feedback and experiences of service users from last winter period.</li> </ul>	<p><u>Panel meeting 7 October 2021</u> Representatives from organisations across the Kirklees Health and Adult Social Care system presented an outline of the work that was being done to prepare for the winter period 2021/22. The information provided was noted. In addition the Panel requested that partners across the local health and adult social care system continue to review risks during the winter period and notify the Panel should any major issues affecting the provision of services occur.</p>
<p><b>11. Effectiveness of smoking cessation arrangements in Kirklees.</b></p>	<p>To review the effectiveness of smoking cessation arrangements in Kirklees to include a review on how people with complex mental ill health are supported.</p>	
<p><b>12. Kirklees Care Homes Programme Board including analysis of the home care market</b></p>	<p>Receiving an update on progress of the Board to include:</p> <ul style="list-style-type: none"> <li>• Looking at the key issues and challenges identified by the Board and the actions taken to address them.</li> <li>• Details of the training and support that will be provided to care homes on the verification of expected death, end of life care plans and testing and swab taking.</li> </ul>	<p><u>Panel meeting 11 November 2021</u> Representatives from Kirklees and the CCG attended to update the Panel on the work of the Programme Board which included some of the challenges following Covid affecting how the care home market operates.</p>

	<ul style="list-style-type: none"> <li>Continue monitoring the outcomes of the analysis of the home care market to include receiving a copy of the final report from Cordis Bright and implementation plan.</li> </ul>	<p>Agreed actions included:</p> <ul style="list-style-type: none"> <li>A request for further information relating to current bed occupancy.</li> </ul>
<b>13. Healthwatch Kirklees</b>	To develop the working relationship with Healthwatch Kirklees to include sharing of work programmes and identifying local areas of concern to inform the work of the Panel.	<p><u>Panel meeting 7 October 2021</u></p> <p>Representatives from Healthwatch provided an update on their workplan.</p> <p>The Panel noted Healthwatch's key areas of work and agreed to continue to share work programmes and monitor local areas of concern.</p>
<b>14. Air Pollution</b>	To assess the health risk associated with air pollution.	
<b>15. Rainbow Child Development Unit at Calderdale and Huddersfield NHS Foundation Trust (CHFT)</b>	To consider proposals to relocate the Child Development Service (CDS) and create a central community hub for families to include co-location with specialist nursing input and community therapies.	<p><u>Panel meeting 8 July 2021</u></p> <p>Representatives from CHFT presented the plans to relocate the CDS.</p> <p>The Panel supported the proposals including the Trust's preferred location and requested that the outcomes from the engagement work be presented at a future meeting.</p>
<b>16. Reconfiguration of Bed Capacity in Kirklees supporting with Intermediate Care and Dementia Care</b>	To consider proposals to reconfigure the dementia and Intermediate Care Beds across Moorlands Grange, Castle Grange, Ings Grove House and Claremont House to include a temporary decant of The Homestead Day Service.	<p><u>Panel meeting 7 December 2021</u></p> <p>Representatives from the Adult Social care and Locala presented the plans for reconfiguring the dementia and intermediate care beds in Kirklees care homes.</p>

		The Panel noted the proposals and requested feedback early in 2022 on the impact of winter pressures on IMC services.
LEAD MEMBER BRIEFING ISSUES		
ISSUE	AREAS OF FOCUS	
1. Mid Yorkshire Hospitals NHS Trust (MYHT) Ambulatory Emergency Care (AEC) Services and Services provided at Dewsbury and District Hospital (DDH)	Update on the closure of the AEC unit at DDH.	
2. Transforming Outpatient Care at Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid Yorkshire Hospitals NHS Trust (MYHT)	Receive an update on progress of: <ul style="list-style-type: none"> <li>• The programme of change at CHFT.</li> <li>• The work being done by MYHT on its Outpatient Care.</li> </ul>	

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**Health & Adult Social Care Scrutiny Panel – Outline Agenda Plan –  
2021/22**

MEETING DATE	ITEMS FOR DISCUSSION
8 July 2021	<ol style="list-style-type: none"> <li>1. YAS performance and demand update</li> <li>2. COVID-19 update</li> <li>3. Setting the work programme for 2020/21</li> <li>4. Child Development Service</li> </ol>
19 August 2021	<ol style="list-style-type: none"> <li>1. Impact of Covid-19 on the Health and Adult Social Care Sector</li> <li>2. COVID-19 update</li> </ol>
7 October 2021	<ol style="list-style-type: none"> <li>1. Healthwatch Kirklees sharing of work programme</li> <li>2. Update on Winter Planning</li> <li>3. Health and Wellbeing Strategy</li> </ol>
11 November 2021	<ol style="list-style-type: none"> <li>1. Community Care Services (CCS) in Kirklees</li> <li>2. Kirklees Care Homes Programme Board Update</li> </ol>
7 December 2021	<ol style="list-style-type: none"> <li>1. CQC – Quality of Care in Kirklees</li> <li>2. Reconfiguration of Bed Capacity</li> </ol>
9 February 2022	<ol style="list-style-type: none"> <li>1. Mental Health and Wellbeing – focus on suicide prevention</li> <li>2. Review of PCNs</li> </ol>
10 March 2022	<ol style="list-style-type: none"> <li>1. Kirklees Public Health – focus on excess deaths data and population health management.</li> <li>2. Adult Kirklees Safeguarding Adults Board (KSAB) 2019/20 Annual Report</li> </ol>
14 April 2022	<ol style="list-style-type: none"> <li>1. Financial position of the Kirklees Health and Adult Social Care Economy (tbc)</li> <li>2. Review of the Work Programme</li> </ol>

All meetings have been scheduled to start at 2:00 pm with a pre-meeting at 1:30 pm

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